

Teenagers Knowledge On Sexually Transmitted Diseases at SMK Negeri 2 Banjarmasin

Anita Herawati^{1*} Ika Mardiatul Ulfa¹, Septin Hawini²

¹ Academy Of Midwifery Sari Mulia Banjarmasin

² Academy Of Midwifery Sari Mulia Banjarmasin

E-mail: anita_herawati@akbidsarimulia.ac.id

ABSTRACT

Background: Sexually Transmitted Disease is one of the first ten causes of illness in young adult males and the second largest cause of young adulthood of women in developing countries. According to the data of the existing sexually transmitted diseases in the city of Banjarmasin in adolescents classified in large numbers that are in 2014, there are 359 people suffering from PMS and 46 of them tested positive for HIV while 45 of them positive AIDS that 60% of them come from teenagers. In 2015 known 42 people tested positive for HIV while 18 people positive AIDS.

Objective: To know the description of adolescent knowledge about the sexually transmitted disease in SMK Negeri 2 Banjarmasin.

Method: The research method is a descriptive method. This research was conducted in SMK Negeri 2 Banjarmasin on April 1, 2017, with a sample of teens as much as 81 respondents using sampling technique with proportional random sampling technique and simple random sampling. The instrument used is a standard questionnaire or has been tested for previous research.

Result: The result of the research shows that adolescents in class X SMK Negeri 2 Banjarmasin mostly have enough knowledge that is 41 people (50,6%), good knowledge 36 people (44,4%), and knowledge less 4 people (5 %).

Conclusion: Knowledge of adolescent about the sexually transmitted disease of class X teenager at SMK Negeri 2 Banjarmasin in enough category.

Keywords: Knowledge, Youth, Sexually Transmitted Diseases.

Introduction

Sexually Transmitted Disease (STD) is one of the first ten causes of illness in young adult males and the second largest cause of young adulthood in developing countries. Sexually transmitted diseases (STDs) are infections caused by bacteria, viruses, parasites or fungi, which are transmitted mainly through sexual contact of an infected person to their sexual partners (Prawihardjo, 2011).

According to the World Health Organization (WHO, 2011), as many as 70% of female patients and some male patients who are infected with gonorrhea or chlamydia have asymptomatic symptoms. Between 10% - 40% of women with untreated chlamydial infection develop into pelvic inflammatory disease. Sexually transmitted diseases are also the most common cause of infertility, especially in women.

The incidence of STDs from 340 million newly curable cases (syphilis, gonorrhea, chlamydial infections, and trichomonas infections) occurs annually in men and women aged 15- 49 years. Epidemiologically, the disease is spread

throughout the world, the highest incidence rates recorded in South Asia and Southeast Asia, followed by African Sahara, Latin America, and the Caribbean. In America, the number of women suffering from chlamydial infection is 3 times higher than that of men. Of all women with chlamydial infection, the age group who contributed greatly was 15-24 years old (Centers for Disease Control and Prevention (CDC), 2011).

The prevalence of STDs in developing countries is much higher than in developed countries. In pregnant women in the world, the incidence of gonorrhea is 10 - 15 times higher, chlamydial infections 2 - 3 times higher, and syphilis 10 - 100 times higher when compared with the rate of occurrence in pregnant women in industrialized countries. In adolescents (15-24 years) constitute 25% of all sexually active populations, but contribute almost 50% of all newly acquired STD cases. Detected cases of STDs illustrate only 50% - 80% of all cases of STDs in the United States. This reflects the limitations of "screening" and low coverage of PMS (Prawirohardjo, 2011)

In Indonesia, based on the Integrated Biochemical and Behavioral Survey Report (STBP) by the Ministry of Health (2011), the prevalence of sexually transmitted diseases (STDs) in 2011 in which gonorrhea and chlamydia infections were 179% and syphilis by 44%. In the case of Human immunodeficiency virus (HIV) and Acquired immunodeficiency syndrome (AIDS) during the last eight years from 2005 to 2012 showed an increase. New cases of HIV infection increased from 859 cases in 2005 to 21,511 cases in 2012. While new cases of AIDS increased from 2,639 cases in 2005 to 5,686 cases in 2012 (<http://www.depkes.go.id>).

Based on data from Health Ministerial Decree from July to September 2014 the number of new HIV infections was reported as 22,869 cases from 100,000 people. The highest percentage of sexually transmitted infections was reported in the 25-49 age group (69.1%). Followed by age group 20-24 year (17,2%), and age group > 50 years (5,5%). As for the case of HIV in Indonesia, there are 7 335 cases of 100,000 residents. The HIV ratio between men and women is one to one. The highest

percentage of HIV risk factors were heterosexual sex (57%), LSL (15%), and non-sterile needle syringe (4%). From July to September 2014 the highest number of AIDS in the 30-39 year age group (42%), followed by the age group of 20-29 years (36.9%) and the age group of 40-49 years (13.1%). The ratio of AIDS between men and women is 2: 1. The highest percentage of risk factors for AIDS was risky heterosexual sex (67%). LSL (6%), non-sterile needle syringe in IDU (6%) and HIV-positive mother to child (4%).

Data from the Indonesian National Family Planning Surveillance Survey of the National Family Planning Coordinating Board (BKKBN) mentions 5,912 women aged 15-19 years nationally had sexual intercourse. While men in the same age amounted to 6,578, or 3.7% had had sex. The absence of specific subjects that teach and provide information for high school students is also one of the causes of the high incidence of sexually transmitted diseases among adolescents. This may be due to the lack of counseling conducted by the government and other health agencies (Murtiastutik, 2013).

Data from the Health Service of Banjarmasin City (2016), PMS sufferer in 2013 amounted to 348 patients from total 779 people who risk having PMS. By 2014 there are 359 people with STDs out of a total of 893 people who are at risk of PMS and 46 of them are HIV positive while 45 are AIDS positive, and that is of concern because 60% of them are from teenagers with 14-24 years of age. By 2015 it is known that 42 people are tested positive for HIV while 18 are AIDS positive, 55% of which are from age range 20-29 years old. The city of Banjarmasin is the city with the first rank of HIV / AIDS from 20 major cities in South Kalimantan (Dinkes Kota Banjarmasin, 2016).

Adolescence is a period of transition from childhood to adulthood were at that time there was a rapid growth including reproductive functions that affect the changes of development, both physical, mental, and social role. Nowadays, teenagers' association needs to get the main attention, because at present teenagers are very worried because of the development of global modernization flow and the depletion of morals and beliefs of a

person, especially teenagers at this time. The association of teenagers today is very worrying, this can be seen from several things namely the high rate of drug use among adolescents, and the existence of free sex among teenagers outside marriage (Yudrik, 2012).

The data obtained by researchers from the city health office Banjarmasin got high PMS incidence that occurred in adolescents, here is the highest number of PMS incidence rates based on public health centers in 2015:

Table 1 Number of PMS Occurrence by Public Health Centers

No	Public Health Centers	Cases	Total
1	Kayu Tangi	Gonore	30
		Syphilis	28
2	Karang Mekar	Gonore	20
		Syphilis	11
3	Cempaka Putih	Gonore	22
		Syphilis	5

SMK Negeri 2 is one of the vocational high schools located in the area of wood tangi. A preliminary study conducted at SMK Negeri 2 Banjarmasin on August 08, 2016 found that out of 10 students only 3 people (30%) are well informed about sexually transmitted diseases and 7 people (70%) are less aware of sexually transmitted diseases.

Based on the above background, researchers interested in conducting research on Sexual Knowledge About Sexually Transmitted Diseases In SMK Negeri 2 Banjarmasin because the school is the location of the highest prevalence of sexually transmitted diseases in Banjarmasin city.

Method

This research method is descriptive research that is research which only aims to depict knowledge.

The population of this study is adolescents from class X in SMK Negeri 2 Banjarmasin with the total of 421 students.

Samples in this research are teenagers as much as 81 respondents using sampling technique with proportional random sampling technique and simple random sampling.

Source of data obtained in this study obtained from the primary data is data obtained directly from the respondents through a given questionnaire, and also obtained from secondary data collected as complementary data that support in this study.

Result

1. Respondents' Characteristics Based on the Genders

Image of Youth Knowledge on Sexually Transmitted Diseases by Sex in SMK Negeri 2 Banjarmasin. Namely, as follows:

Table 2 Distribution of Frequency Based on Genders

Ages	Frequency	Percentage
Females	44	54.3
Males	37	45.7
Total	81	100

Table 2 shows that of 81 students of SMK Negeri 2 Banjarmasin based on sex between men and women who have the most number of female students with the number of 44 people (54.3%) while male students amounted to 37 people (45.7%)

2. Adolescent Knowledge at SMK Negeri 2 Banjarmasin

The study was conducted in SMK Negeri 2 Banjarmasin, with the total sample of 81 people.

Table 3 Frequency Distribution Based on Adolescent Knowledge

About Sexually Transmitted			
No	Knowledge	Frequency	Percentage (%)
1	Good	36	44.4
2	Adequate	41	50.6
3	Inadequate	4	5
Total		81	100

The table above shows the results that show that adolescents in grade X SMK Negeri 2 Banjarmasin mostly have enough knowledge about sexually transmitted disease (STD) for 41 students (50.6%).

3. Teenagers' Knowledge Based on the Genders

Table 4 Distribution of Frequency of Knowledge by Sex

Gender s	Knowledge							
	Good		Adequate		Inadequate		Total	
	F	%	F	%	F	%	Num ber	%
L	16	19.7	20	24.6	1	1.2	37	45.7
P	20	24.7	21	26.1	3	3.8	44	54.3
Total	36	44.4	41	50.6	4	5	81	100

Table 4 shows that the knowledge of adolescents SMK Negeri 2 Banjarmasin about sexually transmitted diseases is the most with enough category with the

number of 41 people (50.6%) consists of male students as many as 20 people (24.6%) and female students 21 people (26%).

Discussion

1. The Knowledge Teenagers at SMK Negeri 2 Banjarmasin

The results showed that adolescents in class X SMK Negeri 2 Banjarmasin mostly have sufficient knowledge about sexually transmitted diseases (PMS) that is as much as 41 people (50.6%), knowledge good 36 people (44.4%), and who have less than 4 people (5%).

According to Notoadmodjo (2012), Knowledge is the result of human sensing, or the result of knowing a person to the object through the senses he possesses the sense of sight, hearing, smell, taste and touch, most of the human knowledge obtained through the eyes and ears. Knowledge of cognitive is a very important domain in the form of one's actions.

Sexually transmitted diseases (STDs) are defined as diseases caused by

the invasion of viral, bacterial, parasitic and genital organisms, most of which are transmitted through sexual intercourse, either different or same-sex (Prawirohardjo, 2011). In accordance with the name of the mode of transmission of sexually transmitted diseases is mainly through unprotected sexual relations, either per vaginal, anal, or oral. Another mode of transmission perinatal, ie from the mother's kebaya, either during pregnancy, at birth or after birth. Can be through blood transfusion or direct contact with blood fluids or blood products. And also through the use of underwear or towels that have been used by people with STDs (Manuaba, 2011).

Knowledge of adolescent about sexually transmitted disease (STD) in class X SMK Negeri 2 Banjarmasin most of the respondents are knowledgeable enough. Sufficient knowledge is intended because most do not understand the signs of symptoms, the mode of transmission, and prevention. The number of adolescents who are knowledgeable is quite possible

because of the facilities about counseling in adolescents that are not yet available, as well as the lack of understanding of information received by individuals, where the information will affect better knowledge of adolescents and if the individual is not well informed, the knowledge gained also will be less. This is probably caused by several factors such as physical facilities, socio-cultural community and so forth. Knowledge of sexually transmitted diseases is very important for all teenagers because sexually transmitted diseases can affect anyone and because the class X students are still classified as new students in SMK Negeri 2 Banjarmasin so have never get counseling about sexually transmitted diseases from local health officials and related agencies. Counseling from teachers and related institutions, as well as the support of doctors, midwives or other health workers is especially needed for early and middle adolescents to improve their knowledge.

The results also show that 44.4% of adolescents are well-informed, this is likely due to the frequent exposure of teenagers and have a good understanding of information through electronic media, print media, friends, teachers, and parents, and a good understanding of it. According to Notoadmodjo (2012), Information obtained from both formal and nonformal education can provide immediate impact (immediate impact) to produce changes or increase knowledge. The advancement of technology will be available in a variety of mass media that can affect people's knowledge about new innovations. As a means of communication, various forms of mass media such as television, radio, newspapers, magazines, and others have a major influence on the formation of opinions and beliefs of people. In the delivery of information as the main task, the mass media also carry messages that contain suggestions that can direct one's opinion. The existence of new information about something provides a new cognitive

foundation for the formation of knowledge about it.

Knowledge of adolescents in SMK Negeri 2 Banjarmasin about sexually transmitted diseases, it can be concluded that affecting adolescent about sexually transmitted disease not only knowledge but also information (from various sources that is electronic media, print media, friend, teacher, and parents), from personal experience because the more one's experience the better the knowledge, the association among teenagers and culture / culture.

Based on the results of the questionnaire found that most of the teenagers in SMK Negeri 2 Banjarmasin do not understand the signs of symptoms, ways of transmission, and prevention. So most of the class X students at SMK Negeri 2 Banjarmasin gave wrong answers to the statements contained in the questionnaire about how sexually transmitted diseases such as Hepatitis B, HIV and syphilis are transmitted from mother to child during pregnancy and

birth, as well as through blood and tissue body, STDs can be transmitted through blood transfusions or direct contact with blood fluids or blood products, use of underwear or towels that have been worn by PMS sufferers. About signs and symptoms such as PMS that show clinical symptoms of discharge of pus out of the genitals, namely disease Gonorrhea and Non-Specific Urethritis (UNS). About prevention as STDs will only strike a person over the age of 25 years. Sexually transmitted diseases do not result in infertility and do not damage the female reproductive organs.

Rahmawati (2012), about the level of knowledge of adolescents about sexually transmitted diseases of grade XI students in SMA Batik 1 Surakarta is sufficient knowledge of 23 respondents (77%), less knowledge of 4 respondents (13%) and good knowledge of 3 respondents (10 %). Adolescence is one of the transitional periods from childhood to adulthood that includes biological changes, psychological changes, and social

change. Knowledge of sexually transmitted diseases should be known by teenagers so that adolescents are able to solve problems related to management resulting from sexually transmitted diseases to avoid transmission of the disease. Knowledge is influenced by a variety of factors such as age because of the increasing age of the information that is encountered and the better one's analysis of a problem. The level of knowledge is also influenced by experience because it can develop the ability to make decisions to overcome problems.

2. Knowledge of Teenagers Based on the Genders

Table 4.3 shows that the knowledge of students of SMK Negeri 2 Banjarmasin on Sexually Transmitted Diseases based on Gender that much is known with enough category as many as 41 people (50.6%) consist of male students as many as 20 people (24.6%) and female students 21 (26%), 36 categories of good knowledge (44.4%) consisted of male students as many as 16 people (19.7%) and

female students 20 people (24.7%), while those with little knowledge, 4 people consisting of male students as much as 1 person (1.2%) and female students 3 people (3.8%).

Septiani, et al (2015), about sex relationship with adolescent knowledge about the sexually transmitted disease in SMA Negeri 1 Warunggunung showed good knowledge about sexually transmitted diseases more proportion in the adolescent boy that is 89.1% compared to female teenager 17.6%.

It can be concluded that adolescent knowledge of sexually transmitted diseases based on the sexes of both men and women may vary due to their personality and association, and the ability of each individual to receive and understand the information he or she obtains. The research results of adolescent knowledge about sexually transmitted diseases can vary from each location of the research that may be caused by environmental, social and cultural, as well as information obtained.

Proper sexual knowledge can lead a person toward rational, responsible, and able sexual behavior that can help make important personal decisions about sexuality. Conversely, the wrong sexual knowledge of sexuality will further lead to erroneous sexual behavior with all its consequences (Prawirohardjo, 2011)

References

- Arikunto, Suharsimi. 2011. *Prosedur Penelitian Suatu Pendekatan Praktik*. Jakarta : Rineka Cipta
- Centers For Disease Control And Prevention (CDC). 2011. *Sexually Transmitted Diseases Surveillance*. Mmwr Morb Mortal Wkly Rep
- Depkes RI. 2011. *Pedoman Penatalaksanaan Penyakit Menular Seksual*. Dari <http://www.depkes.go.id> Di Akses Tahun 2016
- Dinas Kesehatan Kota. 2016. *Angka Kejadian Infeksi Reproduksi*. Banjarmasin
- Djuanda, A. 2011. *Ilmu Penyakit Kulit Dan Kelamin*. Jakarta : Balai Penerbit FKUI
- Hidayat, Aziz Alimul. 2013. *Metode Penelitian Kebidanan Teknik Analisis Data*. Jakarta : Salemba Medika
- Kemenkes. 2014. *Peringatan Hari HIV/AIDS Sedunia 1 Desember*. Jakarta

- Manuaba. IGB. 2011. *Ilmu Kebidanan, Penyakit Kandungan, Dan Keluarga Berencana Untuk Pendidikan Bidan*. Jakarta : EGC
- Murtiastutik, Dwi. 2013. *Buku Ajar Infeksi Menular Seksual*. Surabaya : Erlangga
- Notoatmodjo, Soekijo. 2012. *Pendidikan Dan Perilaku Kesehatan*. Jakarta : Rineka Cipta.
- Noviarahma. 2013. *Tingkat Pengetahuan Remaja Tentang Penyakit Menular Seksual*. Karya Tulis Ilmiah
- Prawirohardjo, Sarwono. 2011. *Ilmu Kebidanan*. Jakarta : Yayasan Bina Pustaka Sarwono Prawirohardjo
- Sarwono, W. S. 2012. *Psikologi Remaja*. Jakarta. Raja Grafindo Persada
- Soetjiningsih. 2011. *Tumbuh Kembang Remaja Dan Permasalahannya*. Jakarta : Sagung Seto
- Syafrudin, Dkk. 2012. *Himpunan Penyuluhan Kesehatan Pada Remaja, Keluarga, Lansia, Dan Masyarakat*. Jakarta : Trans Info Medika
- Widyastuti, Dkk. 2013. *Kesehatan Reproduksi*. Jakarta : Fitramaya
- Yudrik, Jahja. 2012. *Psikologi Perkembangan*. Jakarta : Kencana