

The “Kimcil” Phenomenon: Sexual Knowledge and Safe Sex Behaviour among Adolescents in Kediri

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Abstract

The purpose of this cross-sectional study was to test relationships among sexual knowledge, and safe sex behavior. The study collected data from 98 adolescent students at a junior high school in Kediri. Participants were assessed using the Sexual Knowledge Scale and Safe Sex Behaviour Questionnaire and the demographic data were collected. Results revealed that sexual knowledge had no significant effect on safe sex behaviour. Adolescents with more sexual knowledge did not show increased practices of safe sex behaviour. No significant correlation was found between sexual knowledge and safe sex behaviour of adolescents. In order to ensure safe sexual health, it is strongly suggested that adolescents learn to be responsible for their own behaviours and obtain correct knowledge about their understandings and evaluations of sexuality.

Keywords: Sexual Knowledge, Safe Sex Behaviour, Adolescents

15 INTRODUCTION

Human immunodeficiency virus (HIV) and Acquired immunodeficiency syndrome (AIDS) continue to pose serious health threats worldwide. Since the first case of AIDS was reported in 1981, the epidemic has spread around the globe. In 2005, approximately 36 million adults and children worldwide were living with HIV/AIDS. Current global data show that approximately 90% of all people living with HIV/AIDS are from low- or middle-income countries (World Health Organization, 2000).

HIV/AIDS remain a public health problem worldwide, and adolescents and young adults are at increased risk of HIV/AIDS (Dehne KL, 2001) Knowledge of HIV/AIDS prevalence and risk factors are essential tools to elaborate preventive strategies. However, the internationally available information regarding the epidemiology

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of HIV/AIDS very few studies (Domeika M, 2002).

New evidence suggests that adolescents and young adults HIV infection rates have decreased in certain countries and that change in behavior to prevent infection, such as an increased use of condoms, a delay in first sexual experience, and fewer sexual partners, have played key roles in these declines (The Joint United Nations Programme on HIV/AIDS, 2009). Although these trends are encouraging, it is important to identify key factors, such as knowledge, and behavior, to continue to reduce infection rates, especially in countries where infection rates are still rising like Indonesia.

AIDS is arguably the greatest health problem of our time. According to the Centers for Disease Control and Prevention (CDC), HIV infection has caused approximately 20 million deaths, and an estimated 36 million persons are

infected around the globe. During 2000, more than 25 million persons in sub-Saharan Africa alone were infected with HIV (CDC, 2001).

According to UNAIDS (2005), more than 75% of the world's HIV/AIDS cases are in sub-Saharan Africa. In 2005, an estimated 3 million people in the region became newly infected and about 2 million adults and children died of AIDS (UNAIDS & WHO, 2005).

Reports have indicated that, although the AIDS epidemic has been slowed down in most developed countries, such as the United States and in a few developing countries, it is still spreading at a rapid pace in several developing countries, including Indonesia (Wardani, 2012).

The risk behavior is associated with age of respondent. Younger ages of IDUs were more like to have more than one sex partners and sharing needle; and again 27 percent of younger ages 15-19 year have started to be involved in high risk behavior (Lolong D.M., 2009)

The teenagers' understanding about HIV/AIDS was still poor. Their answers about the cause of HIV/AIDS were 27.7% correct; about the media of infection, 23% correct; about the signs and symptoms, 15.3% correct; about the prevention of HIV/AIDS, 75.3% correct; about the stigma of HIV/AIDS, 63% correct; about using the same utensils, 33.9% correct; and about living in the same house, 49.1% correct (Soselisa, 2012).

METHODS

The purpose of this study is to investigate the associations of sexual knowledge with safe sex behaviour among a sample of 98 adolescent

students at a junior high school in Kediri.

The design for this study is cross-sectional and observational; the study had 98 samples by using proportional sampling method in process of collecting data. Data collection by interviewing respondent using questionnaire. Chi-square statistical test and Yates correction were used to analyze data to find out the relationship between independent variables and dependent variable

RESULTS

During the study period, 98 subjects (52 women and 46 men, aged 13–15 years) were approached by the study recruiters. Of them, 98 subjects (53,1%; 52 women and 46,9%; 46 men) were eligible to participate in the study. The subjects who were not eligible were adolescent who refused to complete the questionnaire or completed less than 90% of it. The mean age of the women was 22.5 years (median, 14 years; range, 13-15 years). The mean age of the men was 14 years (median, 15 years; range, 13-15 years).

The female subjects and male subjects significantly differed in many characteristics. In general, the men displayed riskier sexual behaviours compared to the women. The men less frequently reported being married or living with a constant partner ($P = 0.002$), as well as currently having a constant partner ($P = 0.018$). The mean age at first sexual intercourse in the men was lower (15.6 ± 1.6 years) than that in the women (16.8 ± 2.0 years) ($P < 0.0005$). The men more often reported having more than five sexual partners during lifetime ($P = 0.001$), having multiple (≥ 2) partners during the latest 6 months ($P < 0.0005$), ever having sex

with a casual partner ($P = 0.019$), ever smoking ($P = 0.027$) and frequently consuming alcohol.

DISCUSSION

To our knowledge, this is reported study that assessed sexual knowledge and safe sex behaviours in adolescent at junior high school in Kediri. The system of adolescent - friendly youth clinics, which has been adopted in Indonesia, provides a great opportunity to improve the HIV/AIDS situation among the youth in Indonesia. To initiate new and strengthen existing HIV/AIDS prevention programmers, comprehensive epidemiological data on HIV/AIDS prevalence and socio-economic and behavioural correlates among young people are crucial.

The study has examined the relationship [24](#)ween the sexual behaviour and the perception of HIV/AIDS among youths in Kediri. The findings of this study based on thorough examination of the sexual behaviour of youths using the percentage responses on their sexual behaviour, showed that a greater percentage of youths are sexually active and are already engaged in high risk sexual behaviour such as casual, anal, multiple, same sex as well as sexual in exchange for money or favour. The frequency of sexual contacts with the opposite sex, casual, regular, anal, multiple and sex with individuals whom they are not sure are having HIV/AIDS, wearing of the cloth of the opposite sex and watching of sexual films to stimulate sexual urge is very high among the youths in Kediri (Pawestri, 2013).

Seeks to find out if youths have the knowledge of basic concept on HIV/AIDS. The finding of this study

shows that youths have very high knowledge of key basic concept on HIV/AIDS, however many youths are confused about cure of AIDS by spiritual, traditional or medical practitioners. Hence youths still have some misconception about cure of HIV/AIDS (Lolong D.M. I. S., 2009, Jun).

The findings of an aspect of this study, which reported a high level of knowledge is supported by Odu (Ogundana, 2002) who found that have high knowledge of HIV/AIDS and risk reduction, but most people still lack knowledge of key basic concept. However report from the National HIV/AIDS Reproductive Health Survey in Kediri also indicates that accurate knowledge on key basic information on HIV/AIDS, which is a prerequisite for taking prevention and care action,

is generally low.

The findings of the study is fully supported by (Ogundana, 2002) who reported that nearly all respondents got to know about HIV/AIDS through information provided by government and non governmental agencies. However, the message appears less effective in depicting AIDS particularly as an incurable disease.

The finding of the study about a belief in the possibility that a spiritual, medical or traditional practitioner can cure AIDS is not surprising at all, this is partly because newspapers frequently report the discovery of cures especially by indigenous medical practitioners, spiritualists and traditional healers. Little wonder youths believed that there is a cure for AIDS (Olawale, 2001).

Hypothesis one sought to find out if a significant relationship exists between the perception of HIV/AIDS in youths

and their sexual ²¹behaviour. The result of the hypothesis shows that there is a significant relationship between the

perception of HIV/AIDS in youths and their sexual behaviour. This result was supported by the findings of Masters and

Johnson's (Masters, 2004), that human sexual behaviour is largely a result of sexual script. These mental representations or schemata help to guide the individual through a sexual episode. These sexual scripts that a person comes to adopt or has, is influenced by belief, attitude, values or perception. In the view of Olawale (2012) perception, thinking pattern, attitude, belief about an issue, object or an idea can have an impact on observable behaviour, the role of perception in controlling behaviour cannot be over emphasized, the way in which people perceive, label, interpret, think and imagine events determine how they behave. When people perceive or interpret wrongly they may behave in a particular manner, which may be unacceptable or acceptable to the society. Furthermore the study agrees with the view of Achebe (Grimley DM, 2005), which reported that the thought processes, influence human behaviour. Our belief or thought process determines how an individual privately views situations, an event and therefore how he acts towards the situation or events. The thought processes explain an individual's attitude towards an institution, a group of people and the value system he has developed.

A possible reason for the observed relationship between perception of youths and their sexual behaviour may

be that there are a number of barriers to behaviour change such as belief, a range of traditional practices and socio-cultural norms which allow sexual experimentation in testing the fertility of a lady one wants to marry, a belief in cure of AIDS and irrational thoughts inherited from the process of socialization or day by day interaction with peers or other unreliable sources of information on sexuality. This is because the traditional Yoruba Cultural norms permits or allows men some exception from premarital sex abstinence but favours premarital chastity for unmarried girls (Crosby RA, 2005).

The finding of hypothesis two shows there is no significant difference in the knowledge of HIV/AIDS of youths who

live in rural and those who live in urban locations. The finding of this study disagrees with NARHS (Soselisa S. M., 2012), which reported that, the knowledge of HIV/AIDS in youths in urban areas were higher than those in the rural.

This could be because those youths from urban or rural locations could have come from similar types of educational

and socio-economic, background, their knowledge might therefore be similar, it may also be because everybody has equal opportunity to listen to jingles on radio, or may be because in most societies in South West, electronic and print media provide equal opportunities for HIV/AIDS messages both in rural and urban locations.

CONCLUSION

This conception about cure of AIDS exists and therefore it can be concluded that misconception about cure of AIDS is a factor militating against the adoption of safe sex. It can also be

concluded that the continuous educational efforts in the wake of UNAIDS has only contributed to some amount of awareness of HIV/AIDS and very little behavioural change. The messages have not motivated the expected logical behavioural change among youths

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