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**Character Education Model In Preventing Pre- Sexual Behavior In Rural And Urban
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Abstract

The low understanding and awareness of adolescents about premarital sexual behavior is one of the problems of adolescent reproductive health (KRR) in Indonesia. This can be seen from the high premarital sexual behavior in some teenagers which results in unwanted pregnancies. This study aims to determine the differences in

trials of family-based adolescent character education models in preventing premarital sexual behavior in adolescents in rural and urban areas. This study was a quasi-experimental with a pretest-posttest design on 60 adolescents who were randomly selected in rural and urban areas. The results showed that the trial of the family-based adolescent character education model in the prevention of sexual behavior could increase knowledge, feelings and moral actions of urban and rural adolescents with $p < 0.001$. However, there was no significant difference in the increase in knowledge, feelings and moral actions with $p > 0.05$, so that trials of this model can be carried out in various regions so that support from various parties is needed for adolescent character education training to avoid premarital sexual behavior.

Keywords: Model Trial, Adolescent Character Education, Prevention Of Premarital Sexual Behavior, Rural, Urban.

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Introduction

Adolescence is a stage of development from the transition to adulthood. According to the Regulation of the Minister of Health of the Republic of Indonesia number 25 of 2014 says that adolescents are the age group of 10 years to the age of 18 years. The determinant of the future of every teenager lies in the initial process of the individual's life (Sebayang et al., 2018). Adolescence is a process where everyone will experience several changes in terms of changes in various aspects of cognitive, emotional, social and moral (Wirenviona., 2020). Cognitive problems that affect adolescents, namely the lack of knowledge related to adolescent reproductive health due to lack of access to information and reproductive health are still considered taboo among adolescents (Irawan, 2016). Adolescents are one of the country's assets that have become a vulnerable group and must receive special attention. Teenagers always have a high curiosity, love challenges and are brave in taking risks without being based on mature thoughts (Fitriana and Siswantara, 2019).

Adolescence is an individual who is in a period of transition, a group that is no longer children and is not yet an adult. This period is marked by physical, intellectual and psychological growth and development accompanied by sexual maturation so that sexual attraction to the opposite sex is quite large, this often leads adolescents to premarital sex behavior, the development and sexual drive felt by adolescents are biologically natural because they are curious to try new things. novelty and great curiosity (WHO, 2018).

The deviant sexual behavior felt by teenagers is very worrying, news related to immoral acts that have been committed by teenagers are increasingly circulating in various mass media, both electronic and print. The 2017 Indonesian Demographic and Health Survey (IDHS) report showed a decline in adolescent attitudes towards the importance of maintaining virginity by 32% in boys and 22% in girls. On the other hand, the increasing prevalence of adolescent sexual behavior in terms of dating has led to a phase of risky behavior, namely holding hands between male and female adolescents has increased by 21.9% in male adolescents while 4.8% in female adolescents. Kissing increased by 24.9% in boys and girls by 10.3%.

Based on the results of the 2007 and 2012 IDHS, premarital sexual behavior tends to increase, in 2007 adolescents with the age group 15-19 years admitted to having had premarital sexual intercourse as much as 3.7% increased to 4.5% in 2012 followed by the age group 20-24 years increased from 10.5% to 14.6%, slightly decreased in the 2017 IDHS by 2% in female adolescents and 8% in male adolescents, including those aged 15-19 years around 3.6% and aged 20-24 years around 14.0% 5,6,7. According to the 2017 RPJMN Survey, adolescents who have



had a boyfriend and have had sexual relations have increased in the past year, from 6% to 8% in male youth (BKKBN, 2017).

According to WHO (2018), it is estimated that 30% of the 40 million PLWHA (i.e. 10.3 million) are young people aged 15-24, according to WHO (2018). There is an increase in the number of HIV/AIDS cases in Indonesia every year, there were 48,300 HIV cases in 2017, of which 20% of adolescents aged 15-24 years were infected with HIV and of them there were 9,280 AIDS cases (Ministry of Health, 2018).

Another impact that can be caused by premarital sexual behavior is unwanted pregnancy. In 2017 there were 7% of men and 12% of women who reported having had premarital sexual relations and experienced unwanted pregnancies so that teenagers were forced to marry early to cover up the disgrace of premarital sexual behavior, which could lead to divorce (Ayu, et al, 2019).

The phenomenon of premarital sexual behavior in Indonesia among adolescents can be found in urban and rural areas, regardless of ethnicity, religion or even educational background. This sexual revolution, often referred to as a trend which is one of the striking characteristics of the Western sociocultural environment, some teenagers consider this as normative and not a taboo thing anymore (Raharjo, 2017)

Based on their place of residence, male adolescents with rural areas/residences are more likely to engage in premarital sexual behavior than male adolescents who live in urban areas due to technological advances that are growing rapidly to rural areas with ease of accessing various information causing high premarital sexual behavior among adolescents. youth in rural areas. Based on statistics, it shows that there is no significant relationship between area/place of residence and premarital sexual behavior. This is in line with the research conducted by Pumaika and Riano which showed that there was no influence between residence and adolescent sexual behavior (OR=1.22 95% CI: 0.73-0.92), due to the lifestyle of adolescents in urban and rural areas. rural areas are very difficult to distinguish nowadays, This is due to technological advances that have spread in the countryside (Pumaika, et al, 2019). Based on this background, this study aims to determine the differences in trials of adolescent character education models as an effort to prevent premarital sexual behavior in rural and urban areas.

METHOD

This research trial was conducted in the working area of Puger Health Center and Summersari Health Center. The time of the research will be in September-December 2021. The sample in this



study were teenagers in the Puger and Summersari Puskesmas working areas with the criteria for adolescents aged 17-19 years.

The trial phase of the family-based adolescent character education model in the prevention of premarital sexual behavior, the research begins with completing the licensing process to related parties. After that, the researchers screened prospective respondents. The prospective respondents were given information for consent about the research to be carried out. The willingness of prospective respondents to become research respondents is evidenced by the signing of the research informed consent.

The researcher started the activity by conducting a pre-test to the respondents using a questionnaire followed by training to the respondents on adolescent character education for the prevention of premarital sexual behavior by using a module that had been compiled based on the model found in previous research, after that a post-test related to the training was carried out. For the pre-test and post-test, respondents filled out questionnaires using a google form, and the training was carried out by delivering material using the zoom application.

RESEARCH RESULT

Table 1. Frequency Distribution of Respondents' Characteristics in Urban and Rural Areas, 2022 (n=30)

Characteristics	Category	urban		Rural		P
		Amount	%	Amount	%	
Gender	Man	8	26.7	5	16.7	0.347
	Woman	22	73.3	25	83.3	
Religion	Islam	30	100.0	30	100.0	-
Parent's education	SD	10	33.3	6	20.0	0.361
	JUNIOR HIGH SCHOOL	20	66.6	24	80.0	
Family economic level	< UMR	11	36.7	15	50.0	0.297
	>UMR	19	63.3	15	50.0	

Based on the characteristics of the respondents, it shows that most of the respondents are



female in urban areas (73.3%) and rural (83,3%), all respondents are Muslim (100%), the education of parents is mostly junior high school education in urban areas (66.6%) and rural (80.0%), with socioeconomic level > UMR in urban areas (63.3%) and rural (50.0%).

Table 2. Knowledge of knowledge, feelings and moral actions before and After training in Urban and Rural Areas, 2022 (n=30)

Knowledge, feelings and moral actions	Model Trial Training		p-Value
	Pre test	Post test	
urban			
Mean (95% CI)	69.3 (95% CI 65.2-73.3)	90.0 (95% CI 87.4 -92.6)	0.001
SD	10.9	6.9	
median	69.4	88.9	
Range	38.9-88.9	72.2-100.0	
Rural			
Mean (95% CI)	72.9 (95% CI 67.9 - 91.9)	93.99 (95% CI 91.9 – 95.9)	0.001
SD	13.5	5.3	
median	72.2	94.4	
Range	44.4-94.4	83.3-100.0	

Note: *) p value is calculated based on the Wilcoxon test

Based on knowledge, feeling and action morale in urban areas before training have an average value 69.3% and 90% post-test. knowledge, feeling and action morale in rural areas before training have an average value 72.9% and post test 93.99%, so can increase the knowledge, feelings and moral actions of urban and rural adolescents with $p < 0.001$

Changes in Knowledge with the Intervention of Adolescent Character Education Models in the Prevention of Premarital Sexual Behavior in Jember Regency

Table 3. Differences in knowledge, feelings and moral actions of adolescents in rural and urban areas, year 2022 (n=30)

Indicator	Model Trial Training		p-Value
	urban	Rural	
Pre test knowledge			



Mean (95% CI)	69.3 (95% CI 65.2-73.3)	72.9 (95% CI 67.9 – 78.0)	0.058
<i>SD</i>	10.9	13.5	
median	69.4	72.2	
Range	38.9-88.9	44.4-94.4	
Post test knowledge			
Mean (95% CI)	90.0 (95% CI 87.4 - 92.6)	93.9 (95% CI 91.9 – 95.9)	0.041
<i>SD</i>	6.9	5.3	
median	88.9	94.4	
Range	72.2-100.0	83.3-100.0	
Improved pre-posttest	19.5	22.2	0.479

Note: *) the p value for the pretest is calculated based on the t test, p-values for posttest and improvement were calculated based on the Mann-Whitney test

Based on the difference in the training model trial in urban and rural areas, it shows that the increase in pre-test and post-test in urban areas is 19.5 and the increase in pre-test and post-test in rural areas is 22.2, there is no significant difference in increasing knowledge, feelings and actions. morale with $p > 0.05$, so that the trial of this model can be carried out in various urban and rural areas.

DISCUSSION

The assessment of the intervention model trial based on the theory that has been built on previous research is measured through pre-training assessments and post-training assessments. Overall the average score after training shows a higher score than the average before training.

The model of character education in the family (parents) can be interpreted as a conceptual framework and systematic procedure regarding efforts to instill character values in children by parents in the family to their teenagers. This study aims to develop a family-based adolescent character education model as an effort to prevent family-based premarital sexual behavior (parents). So far, the review of character education has been dominated by the character education of children in schools in general. The study of family-based adolescent character education as an effort to prevent premarital sex has not been widely discussed. Whereas,

The models given in this training are: 1). Teenagers can prevent premarital sexual behavior if they have the principle of not dating and focus on studies. 2). Premarital sexual behavior can be prevented by adolescents by increasing self-control, so that adolescents have the skills to resist



negative pressure from peers related to premarital sexual behavior. 3). Character education by the family (parents) has a role in preventing premarital sexual behavior through the enforcement of rules by parents which results in increased adolescent self-control.

Adolescent character education in this study is how the implementation of adolescent character education at home by parents for the prevention of premarital sexual behavior and the variable of adolescent character education (morality) is measured based on three indicators, namely: 1) moral knowledge, 2) moral feelings, and 3) action. moral. Good character education must involve good knowledge (moral knowing), good feelings (moral feeling), and good behavior (moral action), so as to form the embodiment of a unified behavior and attitude to life. Youth character education at home is moving from knowing to doing or acting. One of the causes of a person's inability to behave well even though he already has knowledge of goodness (moral knowing) is because he is not trained to do good (moral doing). Lickona, T, 2003).

Moral knowledge as the first aspect has six elements, namely: moral awareness (moral awareness), knowledge of moral values (knowing moral values), determination of point of view (perspective taking), moral logic (moral reasoning), courage take a determination attitude (decision making), and self-knowledge (self knowledge). The six elements are components that must be taught to children to fill their cognitive domain (Lickona, T., 2003).

The results of research on moral knowledge show that there is an increase in knowledge. Knowledge in this model is about training on sexual education. Sexual education is an important part of character education to avoid all risk taking and make objective sexual choices in their best interests and the best interests of society (Thomas L, 2013). Sexuality education is an effort to provide information about sexual problems. The information provided includes knowledge about the function of the reproductive organs by instilling morals, ethics, commitment, religion so that there is no "abuse" of the reproductive organs. Sexuality education is defined as education regarding the anatomy of body organs that can be continued in sexual reproduction and the consequences if it is carried out without complying with the rules of law, religion and customs, as well as one's physical and psychological readiness. Cheryl L., 2018). This is in accordance with the research of Chi, C, 2016 which shows that there is an influence of knowledge of sexual education on adolescent premarital sexual behavior.

The next indicator is moral feeling, which is the strengthening of adolescent emotional aspects to become human with character. This reinforcement relates to the forms of attitudes that must be felt by adolescents, namely awareness of identity, self-confidence (self-esteem), sensitivity to the suffering of others (emphaty), love of truth (loving the good), self-control (self control). and humility and after these two aspects are realized, then moral acting as an outcome



will easily appear in teenagers (Lickona, T, 2003).

The results of research on moral feelings show that there is an increase in knowledge about moral feelings. The training provided according to the model that has been prepared is about self-control in adolescents. Teenagers act more by using their emotions and are still lacking in rational thinking, parents often have difficulty. Research result Crockett(2020) the family support expected by adolescents during puberty is to want to be cared for, the desire for parents to act as friends, give love, understand, inform and have their needs fulfilled. The challenge for the families of pubertal teens is to respond to the emotional changes of these pubertal teens with an attitude that should not be too harsh and should not be ignored. The form of family treatment that is carried out harshly on adolescents has the potential to cause rebellious adolescent attitudes and if the family is indifferent it will also cause negative behavior for adolescents. Parental attention, affection and understanding of parents in dealing with adolescent attitudes will help adolescents achieve stable emotional maturity.

Adolescence is a transition period between childhood and adulthood which is characterized by growth and change appearing at various opportunities and often facing sexual health risks. Sexual urges or desires are assumed to already exist in adolescents because during adolescence the reproductive organs begin to function, it is necessary to have a place to accommodate the aspirations of adolescents related to the transition they are experiencing. Six adjustments that must be made by adolescents are: 1) accept and integrate their body growth into their personality; 2) determine the role and sexual function that is adequate (qualified) in the culture in which he is located; 3) reach maturity with independence, confidence and ability to face life; 4) achieve a position accepted by society; 5) develop conscience, Donna, H. (2014).

According to Fisher, et al. (2020) the dimensions of adolescent attitudes towards premarital sexuality behavior have four dimensions, namely: 1) the biological dimension is a dimension related to the functioning of the reproductive organs including how to maintain or care for reproductive health, optimally function knowledge about the dangers of carrying out premarital sexual behavior freely. This biological dimension relates to premarital sexual behavior which includes kissing, necking, petting and intercourse; 2) the psychological dimension relates to the problem of one's feelings. adolescent engage in premarital sexual behavior for two reasons, namely: on the basis of mutual love, perform premarital sexual behavior as an outpouring of love, on the basis of satisfying lust and material needs; 3) the moral dimension includes the assumption of an individual towards premarital sexual behavior, for example the assumption that premarital sexual behavior is a normal, abnormal, reasonable, unnatural relationship, permissible, not allowed, or good, not good according to each individual; 4) the social dimension is a dimension



that looks at how premarital sexual behavior appears in relationships between humans, how a person adapts to the demands of the role of the social environment and how the socialization of the role and function of sexuality in human life and on the social dimension it is also explained that premarital sexual behavior is influenced by the existence of environmental norms and customary regulations that determine whether premarital sexual behavior can be accepted or rejected based on existing laws. for example the assumption that premarital sexual behavior is a normal, abnormal, reasonable, unnatural, permissible, not allowed, or good relationship, according to each individual; 4) the social dimension is a dimension that looks at how premarital sexual behavior appears in relationships between humans, how a person adapts to the demands of the role of the social environment and how the socialization of the role and function of sexuality in human life and on the social dimension it is also explained that premarital sexual behavior is influenced by the existence of environmental norms and customary regulations that determine whether premarital sexual behavior can be accepted or rejected based on existing law. for example the assumption that premarital sexual behavior is a normal, abnormal, reasonable, unnatural, permissible, not allowed, or good relationship, according to each individual; 4) the social dimension is a dimension that looks at how premarital sexual behavior appears in relationships between humans, how a person adapts to the demands of the role of the social environment and how the socialization of the role and function of sexuality in human life and on the social dimension it is also explained that premarital sexual behavior is influenced by the existence of environmental norms and customary regulations that determine whether premarital sexual behavior can be accepted or rejected based on existing laws. or good, not good according to each individual; 4) the social dimension is a dimension that looks at how premarital sexual behavior appears in relationships between humans, how a person adapts to the demands of the role of the social environment and how the socialization of the role and function of sexuality in human life and on the social dimension it is also explained that premarital sexual behavior is influenced by the existence of environmental norms and customary regulations that determine whether premarital sexual behavior can be accepted or rejected based on existing laws. or good, not good according to each individual; 4) the social dimension is a dimension that looks at how premarital sexual behavior appears in relationships between humans, how a person adapts to the demands of the role of the social environment and how the socialization of the role and function of sexuality in human life and on the social dimension it is also explained that premarital sexual behavior is influenced by the existence of environmental norms and customary regulations that determine whether premarital sexual behavior can be accepted or rejected based on existing law.

The results of research on moral action showed an increase. The training provided



according to the model that has been structured is about the desire to do good. According to Likona (2003) the moral tendency consists of five things, as follows. 1) Awareness, namely the ability to recognize ethical and moral standards and commitment to do something good. 2) Self-control, namely the ability to control impulses and immediate gratification and replace them with doing something good and right. 3) Humility, namely knowing one's own limitations and self-rationalization abilities. 4) Moral habits, namely the ability to develop patterns of good behavior, so that it becomes a habit. 5) Willingness, namely self-commitment to do something good and right even in difficult situations.

The issue of the character of teenagers in our country is in the public spotlight. Problems that arise in the community both in rural and urban areas such as premarital sexual behavior and efforts to prevent premarital sexual behavior need to be made. Premarital sexual behavior has major consequences for adolescents, other people and society. Therefore, sexual decision making in this case is premarital sexual behavior is a problem for adolescent character education. Self-control over premarital sexual behavior is a sign of good character. Parents are the most important teachers and the first to provide character education to their children and are fully responsible for the growth process.

CONCLUSIONS AND SUGGESTIONS

- a. Knowledge, feelings and actions morale in urban areas before training have an average value 69.3% and 90% post-test. knowledge, feeling and action morale in rural areas before training have an average value 72.9% and post test 93.99%, so This model training can increase the knowledge, feelings and moral actions of urban and rural adolescents with $p < 0.001$.
- b. The difference in training model trials in urban and rural areas shows that the increase in pre-test and post-test in urban areas is 19.5 and the increase in pre-test and post-test in rural areas is 22.2, there is no significant difference in increasing knowledge, feelings and moral actions. with $p > 0.05$, so that this model trial can be carried out in various urban and rural areas.

SUGGESTION

The function of the family is very influential on the sustainability of the family itself, in this case is the function of socialization and education in the family, namely the implementation of character education by the family (parents). The implementation of character education by the family (parents) needs to be done to prevent premarital sexual behavior because parents are the main and first people in providing education in the family that can shape children's behavior. The theory related to this research is the theory of family centered nursing is a concept of care that focuses on the family to be able to care for themselves to achieve optimal health through healthy living



behavior. In this case, being able to provide character education to teenagers so that they become healthy teenagers and avoid premarital sexual behavior because the family can play an active role in carrying out its functions in the family independently. The life and health of each family member can be determined by the family environment. Parents also play a role in the internalization of character values for adolescents, so that adolescents can play an effective role in society. This model emphasizes the family as an open system that interacts with each other. The drawback of this theory is that it has not specifically discussed family prevention efforts in preventing premarital sex in adolescents. In addition, the results of this study that distinguish its relation to the theory are the theory of the family nursing process with a focus on the family as a client (Family Centered Nursing) consisting of assessment, nursing diagnosis, intervention, implementation and evaluation. This theory still generally discusses all cases that occur in the family. The results of this study are that the family is at the family stage with teenagers regarding the prevention of premarital sexual behavior and has a contribution in the implementation phase of the nursing process, namely that in the family it is necessary to enforce rules against adolescents so that adolescents have self-control over premarital sexual behavior. implementation and evaluation. This theory still generally discusses all cases that occur in the family. The results of this study are that the family is at the family stage with teenagers regarding the prevention of premarital sexual behavior and has a contribution in the implementation phase of the nursing process, namely that in the family it is necessary to enforce rules against adolescents so that adolescents have self-control over premarital sexual behavior. implementation and evaluation. This theory still generally discusses all cases that occur in the family. The results of this study are that the family is at the family stage with teenagers regarding the prevention of premarital sexual behavior and has a contribution in the implementation phase of the nursing process, namely that in the family it is necessary to enforce rules against adolescents so that adolescents have self-control over premarital sexual behavior.



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