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## RESEARCH ARTICLE

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# Affecting Factors of Teenage Sexual Lifestyle and Its Implications for Transmission of HIV/AIDS in Jayapura District

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## ABSTRACT

Sexual lifestyle in present days has become a social perspective, which deals with marriage and sexual relationships, as well as adolescent moral decadence, cohabiting, liquor, and intercourse by which no rules above them. This research aimed to find out factors that affected adolescent sexual lifestyle and its implication on HIV/AIDS transmission in Jayapura District. Using an explanatory research method, this research, which took place on October 2012, applied a cross-sectional approach with 280 adolescences from three Jayapura-based colleges as study samples, which were collected by a simple random sampling and measured by a pre-tested structured questioner. Results obtained from descriptive analysis reported risky sexual lifestyle (51.4%), poor knowledge of sexually transmitted disease and condom (67.9%), permissive response to sexuality (62.9%), and peers permissive response to sexuality (63.2%). Factors that correlated to the adolescent sexual lifestyle included knowledge (p-value = 0.000), attitude (p-value = 0.001), leisure time activities (p-value = 0.000), parental attitude (p-value = 0.000), peer attitude (p-value = 0.000), and residency status (p-value = 0.000). Furthermore, the most significant effect on the adolescent sexual lifestyle proved to be peer attitude (p-value = 0.000) and OR = 6.540, which meant that the peer permissive response had a possible effect of 6.540 higher than the non-permissive response.

**Keywords:** HIV/AIDS; sexual lifestyle; adolescent; transmission

## INTRODUCTION

### Background

The achievement of the Millennium Development Goals (MDG's) set in Indonesia includes 8 Goals, in goal 6 stating combating HIV/AIDS and other infectious diseases, with the target of controlling the spread of HIV/AIDS and starting to decrease the number of new cases in 2015. For fulfilling this goal, the President established INPRES RI No.3 of 2010 concerning equitable development programs, to take the necessary steps in accordance with their respective duties, functions & authorities in the framework of implementing equitable development programs as contained in the annexes to presidential instructions<sup>(1)</sup>.

According Kemenkes RI (2012) that Teenagers are among those at high risk for HIV which can develop into AIDS. Sexual lifestyles among teenagers, especially students in Indonesia, have the potential to increase the number of people with AIDS. This, of course, can threaten the future of adolescents. Based on Ministry of Health Data, in Indonesia there are 21,770 positive AIDS cases and 47,157 HIV positive cases with the highest percentage in the age group of 20-29 years (48.1%) and ages 30-39 years (30.9%) while based on high-risk groups transmission was heterosexual (49.3%) and IDU or syringe (40.4%).

Data from the Papua Provincial Health Office said that HIV/AIDS cases in the Papua region reached 10,522 cases as of October 14, 2011. The surge in cases was so fast and alarming, the results of data in September 2010 where HIV/AIDS cases in Papua had only reached 7000 cases and now reached 10,522 cases. Most of the spread is known due to heterosexual relations<sup>(2)</sup>. Research in Papua shows that the use of condoms among CSW customers reaches 41.49%. CSW customers who don't want to use condoms because they are

drunk. Drug use reaches 20%, especially among young people. The influence of dance culture of young people and modern dance parties has made many teenagers involved in the practice of free sex. Liquor and localization have a bad influence on parents and young people in Papua. Papuan women say that they have struggled repeatedly to call on local governments and people's representatives (DPR) to immediately make local regulations, but to date, there has been no response from the DPR<sup>(3)</sup>.

The results of a survey in Papua Province of 6,305 residents aged 15-49 obtained about 82% of the population of Papua had had sex. The average age of the population of Papua when first having sex is at the age of 19. As many as 54.7% of the male population and 23.8% of the female population have sex for the first time with their friends, meaning that the relationship is carried out outside of marriage or free sex. The male population in Papua who had anal sex with permanent partners was 3.7% and the female population was 3.1%. Meanwhile, Papuans who have anal sex with non-permanent partners are 7.4% for the male population and 6.7% for the female population<sup>(4)</sup>.

As many as 52% of students and students often have unhealthy sex or free sex. This action then adds Papua's highest branch as the second-highest epidemic of HIV/AIDS cases after DKI Jakarta, which has reached the general population. This is due to various factors on average those who are met are forced to take this action due to economic factors lack of cost in the education process and lack of family income and the influence of broken home families, lack of attention from parents and environmental influences such as negative associations with peers with escape to discos, cafes, and watch pornographic films<sup>(5)</sup>.

Data from the Health Office of Jayapura District and KPA Office shows that there was an increase in HIV/AIDS cases from 2006 to March 2012. The number of HIV/AIDS cases recorded from 2006 was 128 cases until 2011 as many as 726 cases experienced a surge each year. STI data according to Health Office of Jayapura District in 2011, found that there were STI patients who had treatment for adolescents aged 15-19 years totaling 1 male and 4 female while those aged 20-24 were 1 male and 37 female<sup>(6)</sup>. This study aims to analyze the factors that influence adolescent sexual lifestyles and their implications for the transmission of HIV/AIDS in adolescents at three tertiary institutions in Jayapura District.

## METHODS

This type of research was explanatory research, which explains the correlation between independent and dependent variables through hypothesis testing. Data collection techniques with the cross sectional approach. This research was carried out in Jayapura District, adolescents aged 18-24 years who were in 3 High Schools in Jayapura District in October 2012. The data collection instruments in the study were questionnaires that had been tested for validity and reliability at Jayapura University of Science and Technology. The questionnaire was distributed to 280 respondents who were taken by simple random sampling. Retrieval of data from the independent variables of this study, namely data about gender, age, ethnicity, residency status, parental education, parental occupation, knowledge of sexuality, STDs and condoms, attitudes towards sexuality, leisure activities. Environmental factors consist of parents' attitudes toward sexuality, peers' attitudes towards sexuality. While the dependent variable is an adolescent sexual lifestyle. The data that had been collected was then processed and analyzed quantitatively, in this case, the analysis used was descriptive analysis, bivariate analysis with chi-square and multivariate analysis with logistic regression.

## RESULTS

### Characteristics of Respondents

Table 1. Distribution of Respondents Characteristics (Gender, Age, Education, Semester, Department and University of Origin)

Variable	Category	Frequency	Percentage
Sex	Male	140	50
	Female	140	50
Age (Years)	Mid Adolescents	81	28.9
	Late Adolescents	199	71.1
Education	Diploma	22	7.9
	Bachelor	258	92.1
Status of residence	A residence without supervision	152	54.3
	A residence with supervision	128	45.7
Total		280	100

Based on table 1, the sex categories of men and women were the same, namely 50%. The age of respondents was the most prevalent in late adolescents at 71.1%. The highest bachelor education was 92.1%. Distribution of most respondents' residence status in the Dormitory and Boarding House or the contract without the owner of the boarding house, so that the category of residence status without supervision as much as 54.3%.

Table 2. Distribution of Respondents Based on Research Variables

Variable	Category	Frequency	Percentage
Sexual lifestyle	At-risk	144	51.4
	No risk	136	48.6
Knowledge of Sexuality, STDs and Condoms	Milt	190	67.9
	Good	90	32.1
Attitudes towards sexuality	Permissive	161	57.5
	Not permissive	119	42.5
Leisure time	At-risk	141	50.4
	Less risk	139	49.6
The attitude of parents towards sexuality	Permissive	176	62.9
	Not Permissive	104	37.1
The attitude of friends towards sexuality	Permissive	177	63.2
	Not permissive	103	36.8
Total		280	100

Based on table 2, the lifestyle of respondents at risk was 51.4%, respondents have less knowledge about sexuality, sexually transmitted diseases and condoms as much as 67.9%. Respondents who were at risk of doing 50.4% of leisure activities. The attitude of the respondents' permissive parents towards sexuality was 62.9%. The attitude of respondents' friends is more permissive towards sexuality as much as 63.2%.

### Bivariate Analysis

Based on table 3, the sex of men who have a risky sexual lifestyle as much as 57.1% compared to women who have a lifestyle of risk as much as 45.7%, with (p-value = 0.073) meaning that there is no meaningful relationship between gender differences with adolescent sexual lifestyles. The age of respondents in the middle adolescent age limit had a risky sexual lifestyle of 51.9% compared to the age limit of the late adolescent age who had a risky sexual lifestyle 51.3%, with (p-value = 1.000) meaning there was no meaningful relationship between age and style teenage sexual life. Respondent's residence status without supervision has a risk lifestyle impact of 67.8% compared to a residence with supervision 32.0%, with (p-value = 0.000) meaning there was a significant relationship between residence status and adolescent sexual lifestyle.

Fewer respondents knowledge about sexuality, STDs and condoms with risky sexual lifestyles as much as 61.1% compared with good respondent knowledge with risky sexual lifestyles as much as 31.1%, with (p-value = 0.000) meaning there was a meaningful relationship between knowledge with a teenage sexual lifestyle. Permissive attitude toward sexuality with risk lifestyle 60.2% compared to non-permissive attitude with risky lifestyle as much as 39.5% with (p-value = 0.001) meaning that there was a significant relationship between the attitude of respondents with risky sexual lifestyle.

Free time activities were undertaken by risk respondents with risky lifestyles as much as 64.5% compared to leisure time activities undertaken by respondents less risky as much as 38.1%, with (p-value = 0.000) meaning that there was a significant relationship between risky leisure activities of respondents with a teenage sexual lifestyle. The attitude of permissive parents toward sexuality with risky lifestyles was 61.9% compared to the attitude of parents who were not permissive towards sexuality as much as 33.7%, with (p-value = 0.000) meaning there was a meaningful relationship between the attitude of respondents' parents with style teenage sexual life. Permissive peers' attitudes toward sexualit with risky lifestyles as much as 68.4% compared with non-permissive peers' attitudes with risky lifestyles of 22.3%, with (p-value = 0.000) meaning that there was a meaningful relationship between peer attitudes and styles teenage sexual life.

Table 3. Analysis of Respondent Characteristics and Adolescent Sexual Lifestyles

Characteristic	Category	Sexual Lifestyle				P-value
		Yes		No		
		f	%	f	%	
Sex	Male	80	57.1	60	42.9	0.073
	Female	64	45.7	76	54.3	
Age	Mid Adolescents	42	51.9	39	48.1	1.000
	Late Adolescents	102	51.3	97	48.7	
Status of residence	Without supervision	103	67.8	49	32.2	0.000
	With supervision	41	32.0	87	68.0	
Knowledge of Sexuality, STDs and Condoms	Less	116	61.1	74	38.9	0.000
	Good	28	31.1	62	68.9	
Attitudes towards sexuality	Permissive	97	60.2	64	39.8	0.001
	Not permissive	47	39.5	72	60.5	
Leisure activity	At-risk	91	64.5	50	35.5	0.000
	Less risk	53	38.1	86	61.9	
The attitude of parents towards sexuality	Permissive	109	61.9	67	38.1	0.000
	Not permissive	35	33.7	69	66.3	
The attitude of friends towards sexuality	Permissive	121	68.4	56	31.6	0.000
	Not Permissive	23	22.3	80	77.7	

### Multivariate Analysis

Based on table 4, the final model in the logistic regression test proved that there was an influence of the independent variable on the dependent variable, was the factor of peers' attitudes towards sexuality with p-value = 0.000 and OR = 6.540 (95% CI: 3.382 – 12.646), adolescent residence status factors with p-value = 0.000 and OR = 4.736 (95% CI: 2.529 – 8.871), adolescent knowledge about sexuality, STDs and condoms with p-value = 0.000 and OR = 3.637 (95% CI: 1.837 – 7.201), parental attitudes towards sexuality with p-value = 0.003 and OR = 2.861 (95% CI: 1.440 - 5.684), adolescent attitudes towards sexuality with p-value = 0.005 and OR = 2.467 (95% CI: 1.306 - 4.662).

Table 4. Final Results of the Logistic Regression Test Model

Sexual Lifestyle	B	SE	Wald	Df	Sig	Exp (B)	95% C.I. for EXP (B)	
							Lower	Upper
Status of residence	1.555	0.320	23.596	1	0.000	4.736	2.529	8.871
Knowledge of Sexuality, STDs and Condoms	1.291	0.349	13.722	1	0.000	3.637	1.837	7.201
Attitudes towards sexuality	0.903	0.325	7.739	1	0.005	2.467	1.306	4.662
Leisure activity	0.620	0.332	3.490	1	0.062	1.860	0.970	3.565
The attitude of parents towards sexuality	1.051	0.350	9.002	1	0.003	2.861	1.440	5.684
The attitude of friends towards sexuality	1.878	0.336	31.154	1	0.000	6.540	3.382	12.646
Constant	-4.380	0.567	59.638	1	0.000	0.013	-	-

## DISCUSSION

### Sexual Lifestyle

The results of this study indicate that adolescent sexual lifestyles are at risk (51.4%) while adolescent sexual lifestyles are not at risk (48.6%). This is evidenced by the results of a study of 280 respondents who had kissed 68.2%, 8.6% necking, 18.2% petting, 16.4% oral sex, 31.1% vaginal sex, and anal sex 3.9%. The first age of intercourse <18 years was 16.4%, ages 18-19 years were 24.6% and ages 20-24 were 10.4%. The relationship status of respondents with sex partners during intercourse (commercial sex workers) was 10.7%, normal acquaintances 12.5%, friends 33.9%, girlfriends 43.6%, and fiancée 29.3%. Respondents had a sexual partner of 1 person as much as 3.2%, 2 people 21.8%, 3 people 22.5% and more than > 3 people 3.9%.

Respondents who consumed liquor before intercourse as much as 31.4% by not using condoms while intercourse 93.6%, due to risky sexual activities undertaken by respondents gave an impact on STI complaints as much as 41.4% namely gonorrhoea 3.6%, siphilis 21.8%, genital herpes 16.1%. Respondents or their partners had experienced a pregnancy of 24.6%, with a lack of information and mental unpreparedness that caused some respondents to end up having an abortion of 18.2%, a miscarriage of 1.8% and guarded until birth 4.6% and the practice of abortion respondents conducted by visiting the traditional birth attendants as much as 13.6%, taking medicines or traditional medicines as much as 4.6%. Adolescents know about modern contraception, only 33% of adolescents who claim to use condoms in their first sexual experience. The most common reason given for not using contraception in the first sexual relationship was 76% not ready.

This study is in line with the results of Uncen and Butt's research that some Papuans in cities and villages behave in unprotected sex (changing partners and not using condoms). Only about 2 out of 10 people studied have used condoms. Those who have used condoms are not consistent in the use of condoms so they can transmit STIs or HIV<sup>(7)</sup>. This study is consistent with the results of research conducted on college students in the state of Rivers Ibe, observing risky behavior among students who have unprotected sex 57.0% by having some sexual partners 42.1% and using condoms on first sexual relations 22.8%. Some students have many partners today with 3.5% who have 4 to 6 sex partners now. Various factors have been raised for risk behaviour among young people in Nigeria<sup>(8)</sup>.

According to social learning theory, concerning adolescent development, experts argue that adolescent behaviour is the result of several previous practices. Teenagers usually behave in the same way as they learned

during childhood. Only a few teenagers who exhibit deviant behaviour from the learning process, some researchers report that there are three main sources of role models for children, namely parents, peers and the media<sup>(9)</sup>.

### **Peer Attitude towards Sexuality**

The results showed that permissive peer attitudes have a risk of 6.540 times the risky sexual lifestyle compared with adolescents who have non-permissive peers. The results of the univariate analysis showed that peers who had permissive attitudes toward sexuality were 63.2% compared to peers who were not permissive towards sexuality by 36.8%. Based on questions about peers' attitudes towards sexuality, 88.5% of respondents have an agreed attitude that according to my friend, not to be embarrassed because getting pregnant before marriage to have an abortion is better than marriage and 85.7% of respondents have an attitude of agreeing that my friend said that he had some couples/girlfriends are common at this time. This study is in line with the study of Muryatun (2013), in his research on the role of peers in premarital sexual behaviour in adolescents at Senior High School of Muhammadiyah 3 Surakarta, found a meaningful relationship between peers with premarital sex behavior. It's means that adolescents who are influenced by peers have the opportunity to behave premarital sex 19.727 times compared to adolescents who are not influenced by peers<sup>(10)</sup>.

In this study, the influence of the closest person also plays a role in adolescent knowledge. Someone we consider important or close to us, whose approval is expected for our every move and opinion, someone we don't want to disappoint, or someone who has special meaning for us will greatly influence our knowledge of something. This is where a problem often arises in the lives of adolescents because they want to try everything, including those related to the function of their needs which also involve their partners<sup>(11)</sup>. In Kaplan's research cited by Shaluhiah stated that friends are important sources in sexual socialization for adolescents because they are at the right time when teens want to explore themselves, find out who they are and what they want in the world. According to Steel in the same quote that, in adolescence, a person obtains information about the relationship of the same sex and the opposite sex from his peers. They also learn to know love, who needs to be loved, what it's like to fall in love and more. The learning process comes from their exploration of others who become models, cultural models and from feelings that grow in themselves<sup>(11)</sup>. Theoretically, humans can learn through their own experiences and from others. Social learning theory explains that humans can learn through observation, which makes them able to increase knowledge and abilities based on information obtained from the influence of modelling<sup>(12)</sup>.

### **Residence Status**

The results showed that the status of adolescent unattended residences such as in a dorm or boarding house without a boarding house has a probability of 4,736 times the risky lifestyle compared to adolescents living under parental supervision like in the house of parents/siblings and boarding house that lives with the boarding house owner. The results showed that respondents who lived without parental supervision were 54.3% compared to respondents who lived under parental supervision as much as 45.7%. According Sprecher in Rimawati stated that a factor related to the standard of premarital sex freedom was the vulnerability of the type of residences such as boarding or boarding. Teenagers who have just entered the world of college have the desire to live independently and away from parents. One way is to live in a dorm or boarding house. In a dormitory or boarding house, the freedom to do something they enjoy and the lack of supervision from the boarding house owner or parents' control can make teenagers have the desire to try new things.

According Bandura (1978) that if adolescents get a negative influence from outside and do not have strong self-defence can fall into premarital sexual behavior. Sprecher in Rimawati stated that a factor related to the standard of premarital sex freedom was the vulnerability of the type of residences such as boarding or boarding. Teenagers who have just entered higher education/college, have the desire to live independently and away from parents. One way is to live in a dorm or boarding house. In a dormitory or boarding house, the freedom to do something they enjoy, and the lack of supervision from the boarding house owner and the control of weak parents make teenagers have the desire to try new things. If adolescents get negative influences from the outside and do not have strong self-defence, they can fall into premarital sexual behavior.

### **Knowledge of sexuality, STDs and Condoms**

The results showed that respondents who have less knowledge about sexuality, STDs and condoms have a chance of 3,637 times greater than respondents who have good knowledge. This study is following the results of Banun and Setyorogo's research, most 70% of adolescents report that they receive information about sex and sexual relations from their parents. According to Masland (2006) Teenagers also got information from peers

53%, through TV and films 51% and magazines as much as 34%. Sexually active adolescents are influenced by peers and adolescent partners as sources of information.

According to the theory of Notoatmodjo S (2010) one's experience of various things can be obtained from the environment, the process of development, organization, and activities to increase knowledge such as attending seminars. These things can increase one's knowledge. Following the theory of human behaviour which is solely determined by the ability to think. The more educated a person is, the better his actions will be to fulfil his needs. According to Ancok, knowledge is a process that is collected in stages from sight and hearing. Meanwhile, according to Moeliono (2015), knowledge before taking action is important and is an internal determinant factor. Knowledge is the result of knowing, and this happens after someone senses a certain object. Someone's knowledge is usually obtained from various media sources, namely mass media, electronic media, books, health workers, posters, close relatives and so on.

Bandura discusses that sexual behaviour is not a direct result of knowledge or skills, but rather a process of the assessment carried out by someone by uniting knowledge, expectations, emotional status, social influence and previous experience to produce an assessment of their ability to master the situation. difficult. Thus, the findings of this study indicate that by only increasing knowledge about sexuality, STDs and condoms, even though the knowledge is good, it is not necessarily sufficient to be able to achieve the desired behavioural changes.

### **The Attitude of Parents towards Sexuality**

The results showed that respondents who have permissive parental attitudes toward sexuality have a 2.861 times greater chance than respondents who have non-permissive parental attitudes. The results showed that respondents who had permissive parental attitudes towards sexuality were 62.9% compared to respondents who had non-permissive parental attitudes towards sexuality by 37.1%. Based on questions supporting parents' attitudes towards sexuality 76.1% of parents agree that premarital pregnancy should be carried out for an abortion to protect the good name of the family and 81.1% of parents consider sexuality issues should not be discussed by children because of taboo. The results of the univariate analysis showed that the majority of respondents' parents 62.9% had permissive attitudes toward sexuality compared to respondents who had non-permissive attitudes towards sexuality 37.1%. Respondents who have risky sexual lifestyles and their implications for HIV/AIDS transmission are more likely to have permissive parents' attitudes 61.9% compared to 33.7% of non-permissive parents' attitudes. While respondents whose sexual lifestyle did not risk more on the attitudes of non-permissive parents 66.3% compared to respondents whose attitudes of permissive parents were 38.1%.

In this research, it is known that most of the teens consider parents to be important to them (35.5%) because the values instilled by their parents can influence adolescent knowledge because the knowledge that is incompatible with the task of adolescent development, in general, can be influenced by parents. When parents are able to provide an understanding of reproductive health knowledge to their children, their children tend to control their sexual behaviour which can affect the reproductive organs in accordance with the understanding given by their parents this happens because basically the best sex education is given by parents themselves, and can also be realized through the way of life of parents in the family as husband and wife who are united in marriage.

Reiss emphasizes the role of the family in influencing someone. According to him, the higher one's responsibility towards other family members, the greater the possibility that a person has a low permissiveness. Children's attitude tends to reflect the attitude of their parents. Parents who are more permissive to premarital sex tend to have more sexually active children. but specifically, the effect of the permissiveness of the father and mother on the permissiveness of their children is different. Father's permissivity is significantly related to the permissivity of boys, whereas maternal permissivity is significantly related to the permissivity of his daughters. However, each parent affects the child's attitude more than their behaviour<sup>(13)</sup>.

### **Attitude towards Sexuality**

The results showed that the attitude of a teenager who is permissive has the possibility of 2.467 times a risky sexual lifestyle compared to adolescents who have a non-permissive attitude. Univariate analysis showed that respondents who had permissive attitudes towards sexuality were 57.5% compared to respondents who were not permissive towards sexuality by 42.5%. Based on the distribution of questions and answers of respondents' attitudes about sexual relations that as much as 58.9% of respondents agreed premarital sexual relations should be done with a boyfriend, 70% of respondents agreed if premarital sex may be done with ordinary friends. 56.1% of respondents agreed that premarital sexual relations were carried out to adjust after marriage. Respondents agreed if sexual relations aimed at establishing a relationship of 62.5%. Respondents agreed that when having premarital sexual intercourse, there was no need to use contraception as much as 72.9%.

Respondents agreed that there was no need to use a condom during sexual intercourse with a boyfriend alone as much as 76.8%.

This research is in line with the theory revealed by Ajzen (1991) which states that attitudes towards certain behaviours affect one's intention to behave and in the end will influence their behaviour. Associated with this research is the sexual attitude of a teenager who is permissive to premarital sex, it will greatly influence intention in behaviour and ultimately affect premarital sex behaviour. Several previous studies have also shown results that are in line with this study<sup>(14)</sup>. Sexual attitudes affect one's sexual behaviour more permissively, one's sexual attitudes are more likely to engage in premarital sexual behaviour<sup>(15)</sup>.

According to Bandura learning is a business process carried out by individuals to obtain a new behaviour change in the whole, as a result of the individual's own experience in interactions with his environment. The source of behaviour control is reciprocity between the environment, behaviour, and personal. Self-efficacy is an important personal variable, if combined with specific goals and understanding of achievement, will be the next determinant of behaviour that is important, different from the concept of self according to Roger which is general unity, self-efficacy is fragmental. Each individual has different self-efficacy in different situations, depending on abilities demanded by different situations, the presence of other people, especially in the situation, and physiological and emotional states: fatigue, anxiety, apathy, and moody. High or low efficacy, combined in a responsive or unresponsive environment, will result in four possible behavioural predictions<sup>(16)</sup>.

### CONCLUSION

The related variables are residence status, knowledge about the sexuality of STDs and condoms, attitudes toward sexuality, leisure activities, parental attitudes towards sexuality and peers' attitudes towards sexuality. Peer attitude has a probability of 6.540 times risky lifestyles compared to adolescents who have non-permissive peers. The status of adolescent unattended residence such as in a dorm or boarding house/contract without boarding house has a probability of 4,736 times the risky lifestyle compared to adolescents living with supervision such as in a parent's house/siblings or boarding houses/contract with boarding mothers. Lack of teenage knowledge about sexuality, STDs and Condoms have a 3,637 times the possibility of risky lifestyles compared to well-informed adolescents. The attitude of parents who are permissive to sexuality has a possibility of 2.861 times the teenage lifestyle of risky life compared to the attitude of parents who are not permissive. The attitude of permissive adolescents has a 2.467 times likelihood of risky lifestyles compared to adolescents who are not permissive.

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