



Scientia Research Library

ISSN 2348-0416

USA CODEN: JASRHB

Journal of Applied Science And Research, 2016, 4 (3):10-17

<http://www.scientiaresearchlibrary.com/archive.php>

THE INTEGRATION OF FAMILY CENTRED NURSING AND TANNAHIL'S MODEL TOWARD FAMILY'S ABILITIES TO CONTROL TEENAGERS RISKY SEXUAL BEHAVIORS IN BANGKALAN MADURA INDONESIA

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ABSTRACT

Risky sexual deviations (*paraphilias*) are heterosexual vaginal coitus with partners who do not want pregnancy and who do not use contraceptive methods without marital status. Nowadays, prevalence increasingly rises and result in worrying effects. This research was aimed to prove the effects of integration of family centered nursing and Tannahil's model on family's abilities to control teenagers' risky behaviors. This research used a quasi experiment, control group pretest-posttest design. Research subject was the parents who had 10th and 11th grade-teenagers having lovers and having been invited to counseling teachers due to their behaviors, in SMA in Bangkalan. Sample consisted of 45 experiment group and 45 control group. Sample used purposive sampling technique. The result indicated that there was difference of before and after treatment with value of family's abilities ($p=0,00$), teenagers' self control ($p=0,00$), knowledge ($p=0,00$), teenagers' activities ($p=0,00$), searching patterns of information access ($p=0,04$), and success commitment for group behaviors ($p=0,003$). It meant that there were effects of integration of family centered nursing and Tannahil's model on family's abilities to control teenagers' risky behaviors. It is suggested that public health center establish partnership program among nurses, families and teenagers to create comfortable environment full of protection for teenagers so that the teenagers will not make outside environment to look for solutions.

Keyword : Family centred nursing, Tannahil's model, Family's abilities, Teenagers Risky Sexual Behaviors.

INTRODUCTION

Teenagers are at transitional period between childhood and adulthood. In 2010, the Health Minister of Indonesian Republic defined teen ages between 10 and 19 years and unmarried. Compared with other group age, teenagers have uniqueness in physical, psychological and social growth and development which are fast. Adolescence is a period full of shocks and stress so problems teenagers undergo look very complicated and for family it is the most difficult period. Recently, teenagers are frequently involved in social problems by committing high risk actions which threaten physical and mental health, that is, deviant sex behaviors (Monks, 2009).

In family and society with values, sexual relationship is ruled with religious, social, and moral norms to prevent deviations. For Indonesian people, deviant sex behaviors such as premarital sex intercourse and sex relationship in public places are considered as unacceptable actions either socially or culturally. However, the young tends to be tolerant to this (Suryoputro. at all, 2007). Sex behaviors are deviant because they are against social norms about marriage in Indonesia. If norms are disobeyed, they have consequences in society.

Madurese people who are well-known for their religious identities consider sexual intercourse as something holy and having value of honor, teenagers' abilities at maintaining self control and also consider sexual activities as something sacral and it can be done under marriage binding. Sex as human gift in men and women has to be managed as well as possible. Sex behaviors which are against religious norms and social values are deviant actions and categorized as big sins, and are considered reprehensible actions which can result in very bad effects on good names of big family. Deviant sex behaviors are considered big sins for family and relatives (Mustopaat *all.*, 1982) and considered to result in disasters in places where people live so they condemn those actions.

Madurese teenagers, as others, need to have abilities at decision making as part of life skills (BKKBN, 2010) and have strong self concept so that they can prevent bad social effects which can bring about deviant sex behaviors. The population number of Indonesian teenagers is sufficiently big, 64 millions or 27% of Indonesian population (Depkes, 2011). The bigger, the population number of teenagers, the more the problems teenagers undergo in relation to growth and development periods. Modernization, globalization in technology and information, and other aspects also influence changes of teenagers' life behaviors which in turn influence their life behaviors of reproductive health and teenagers are easily trapped in deviant sex behaviors. Teenagers' sex behaviors, in fact, are both in big cities and in small cities as well as in rural areas. Incidence of deviant sex behaviors in Madura, which is well-known for strong religious life, was an indication of failure in preventive patterns. Data of sexual actions as part of teen deviant sex behaviors from Polres Wilayah Madura (Madura Police Resorts) can be seen in the following table 1.

Table 1. Incidence of Teenagers' Sexual Cases in Madura 2010-2014

Years	Regency in Madura Indonesia			
	Bangkalan	Sampang	Pamekasan	Sumenep
2010	9	20	17	19
2011	11	24	32	33
2012	7	7	27	39
2013	16	17	30	11
2014	20	10	30	17

Data : PPA Polres Bangkalan, Sampang, Pamekasan, Sumenep

Teenagers' sexual cases including sexual harassment and free sex in Madura rose. Data obtained from 4 polres in Madura were forms of administrative small reports. Cases of deviant sex behaviors in teenagers were like phenomena of icebergs visible on surface. From January to May 2015, in PolresPamekasan 40 teen sexual cases were recorded.

Pre-research on 127 high school students (SMA) in Bangkalan showed that 70% had boyfriends/girlfriend and 40 students (31%) conducted sexual relationship such as kissing, grasping, caressing, hand holding, sexual expressions, self sexual action and couple sexual action but not intercourse. Of deviant sexual behaviors, 82% was carried out with boy/girlfriends or fiancé. Radar Madura wrote news dealing with incidence of raping, 4 teenagers aged 15-16 years raped an eleven

year old girl under the authority of PolresSampang. In relation to height of cases of teenagers' deviant sex behaviors, it was necessary to carry out preventive efforts effectively in family and teenagers directly.

Many factors contribute to teenagers' deviant sexual behaviors. Research of Musth of aand Winarti (2010) explained permissive attitudes toward sex, self efficacy, sex, ages, media access, and parents' control influenced premarital sex behaviors. Factors and access to pornography media, close friends' attitudes, and close friends' sex behaviors significantly influenced premarital sex behaviors risky of unwanted pregnancy. Usage of health facilities as prevention of premarital sex behaviors in teenagers was stated in Lucin' research (2012). Frankel's research (2012) explained intention to conduct premarital intercourse was determined by sex, parents' presence, and environment disorders. Factors which influenced teenagers' attitudes toward sex behaviors were those of environment and social culture. As globalization of information and technology goes and develops, very big changes occur in sexual norms especially in teenagers.

Friedman's model of Family Centered Nursing (2003) was a strategy of controlling and preventing teenagers' deviant sex behaviors. Practice of family centered nursing is based on perspective that family is a basic unit for individual nursing from family members and from broader unit. It can be seen in Susanto (2010) research that explained the giving of family therapy, that is, health education, accompaniment and counseling in family skill development in effective communication for increasing family independence of teenager problems. Research of Sjattar.,*at all* (2011) proved that applying of family model for family which was an integration of concept of family centered nursing and self care influenced family independence in caring sick family members.

To optimize preventive efforts for teenagers' deviant sex behaviors, model of health promotion can be used. Health promotion consisted of efforts for increasing health levels and reducing risks of catching diseases through health education, prevention, and health protection (Downie.,*et al* 1990). One of health promotion models which can be used as theoretical framework for above problems was Tannahill' model. All nursing aspects including effects of family culture could play a role in strengthening family functions for maintaining health of family members, that is, family's convince about health definition and disease causes (Ball & Bindler, 2008). The aim of this research was to prove the effects of integration of family centered nursing and Tannahil's Model on family's abilities of controlling teenagers' risky sex behaviors

MATERIALS AND METHODS

This research used a queasy experiment, control group pretest-posttest design. Objects of research were responsible persons who had 10th and 11th grade teenagers already having boy/girlfriends and once having been invited by BK teachers due to pacaran behaviors, at SMA Bangkalan from July to December 2014. Sample which used purposive sampling technique was composed of 45 respondents of experiment group and 45 respondents of control group. Intervention/treatment was carried out by providing teenagers with sexual modules and finding out their future effects. Families were given guidance for 6 months and were visited every four weeks. Independent variable was integration of family centered nursing and Tannahil's Model and dependent variable was family's abilities at controlling teenagers' risky sex behaviors. Data collection technique used questionnaires. Instrument for family ability used format for self-evaluation on family cognitive ability, family knowledge of controlling teenagers' sex behaviors and psychomotor skills of controlling teenagers' sex behaviors. Filling in questionnaires was conducted through direct interviews by trained team. This research assessed family's abilities of controlling teenagers' sex behaviors before and after treatment. Paired test was used to analyze effects of integration of family centered nursing and Tannahil's Model between control group and experiment group. Independent t-test was used to find

out effects of integration of family centered nursing and Tannahil's Model on family abilities at controlling teenagers' sex behaviors in Bangkalan Madura. This research applied ethical principles (autonomy, beneficence, maleficence and justice).

RESULT AND DISCUSSION

Characteristics of Respondents

The following are data of characteristics of responsible persons in family as respondents in table 2.

Table 2 Homogeneity of Research Respondents' Characteristics

Characteristic	Category	Group				p Value
		Experiment		Control		
		N (45)	%	N (45)	%	
Sex	Male	38	84.4	35	77.9	0.222
	Female	7	15.6	10	22.2	
Education	SD	7	15.6	9	20.0	0.455
	SMP	11	24.4	12	26.7	
	SMA	17	37.8	19	42.2	
	PT	10	22.2	5	11.1	
Age	30 – 40	12	26.7	13	28.9	0.857
	41 - 50	14	31.1	13	28.9	
	>51	19	42.2	19	42.2	
Occupation	Peasant	8	17.8	7	15.6	0.766
	Merchant	12	26.7	10	22.2	
	Private	20	44.4	15	33.3	
	PNS	5	11.1	3	6.7	
Pendapatan	< 1 juta	8	17.8	9	20.0	0.322
	1-2 juta	20	44.4	19	42.2	
	> 2 juta	17	37.8	17	37.8	
Child-parent Relationship	Biological Child	37	82.2	39	86.7	0.406
	Foster Child	8	17.8	6	13.3	
Family Structure	Core Family	40	88.9	37	82.2	0.114
	Family Big	5	11.1	8	17.8	
	Family					

Characteristics of respondents showed that control group and experiment group had homogeneity. Test results of homogeneity between control group and experiment group were as follows: characteristics of sex = 0.222, education = 0.455, age = 0.857, occupation = 0.766, income = 0.322, parent-child relationship = 0.406 and family structure = 0.114 all of which was bigger than 0.05. It means both control group and experiment group had the same variation (table.3).

Table.3. Level of Family's Abilities of Controlling Teenagers' Deviant Sex Behaviors

No	Controlling Ability	Experiment (n=45)				Control (n=45)			
		Pre Test		Post Test		Pre Test		Post Test	
		Number	%	Number	%	Number	%	Number	%
1	Good	-	-	22	46.70	15	33.3	15	33.3
2	Fair	22	46.70	22	46.70	16	40	17	46.6
3	Poor	23	46.70	1	6.60	14	26.6	13	20

Table.4 Mean Differences in Levels of Family's Abilities of Controlling Teenagers' Sex Behaviors

No	Controlling Ability	Mean		Mean Difference
		Pre	Post	
1	Controlling Ability of Experiment Group	20.90	30.40	9.50
2	Controlling Ability of Control Group	27.20	27.50	0.30

Table 5.Differences in Levels of Family's Abilities of Controlling Teenagers' Sex Behaviors

No	Group	Family's Controlling Ability	t Value	p Value
1	Experiment	Pre test Post test	-8.087	0.000
2	Control	Pre test Post test	-1.874	0.085

Table. 6 Differences in Family's Abilities of Controlling Teenagers' Sex Behaviors

No	Variable	T	P
1	Family's controlling abilities in experiment group		
2	Family's controlling abilities in experiment group	7.840	0.000

Level of Family's Abilities of Controlling Teenagers' Family's Abilities of Controlling Teenagers' Deviant Sex Behaviors Sex Behaviors

Based on table 3, there was a change of category in experiment group, before treatment 46.70 family had poor ability and after treatment 46.70 family had good ability.

Differences in Mean/Averages of Family's Abilities of Controlling Teenagers' Sex Behaviors

Based on table 4, there was a mean difference in scores of family's abilities of controlling teenagers' sex behaviors, 9.50. In control group, there was a change but not significant, 0.30. of category in experiment group, before treatment 46.70 family had poor ability and after treatment 46.70 family had good ability.

Differences in Family's Abilities of Controlling Teenagers' Sex Behaviors Before and After Treatment

Based on table 5, paired t test of experiment group showed that t value, 8.087 and p value = 0.000 smaller than $\alpha = 0.05$ meant there were differences in family's abilities of controlling teenagers' sex behaviors in Bangkalan after the giving of an integration of family centered nursing and Tannahil's model. Negative t value indicated that family's abilities of controlling teenagers' sex behaviors before treatment was lower than that after treatment. In control group, t value 1.874 and p value = 0,085 higher than $\alpha = 0,05$ meant there were no differences in in family's abilities of controlling teenagers' sex behaviors before and after treatment.

Effects of Integration of Family Centered Nursing and Tannahil's Model on Family's Abilities at Controlling Teenagers' Sex Behaviors

In table 6 the result of independent t test showed that in variable, family's abilities of controlling teenagers' sex behaviors, p value = 0.000 smaller than $\alpha = 0.05$ meant there were effects of integration of family centered nursing and Tannahil's Model on family's abilities at controlling teenagers' risky sex behaviors.

The result of research showed that there was an increase of family's ability of controlling teenagers' sex behaviors. Before treatment in experiment group, family's ability of controlling teenagers' sex behaviors was categorized *good*, 0% but after treatment, 46.70% was categorized *good* and family's ability of controlling teenagers' sex behaviors was categorized *poor*, 46.70% but after treatment, 6.60% was categorized *poor*. In control group, an increase of family's ability of controlling teenagers' sex behaviors was not significant. Mean differences in experiment group before and after treatment were 9.50 and in control group, 0.30. Test of effects of integration of family centered nursing and Tannahil's Model on family's abilities of controlling teenagers' sex behaviors was significant.

In religious context, Madurese people are well-known for strongly holding Islamic teachings in their life patterns although there are contradictions in formal and substantive Islamic teachings and socio-cultural behavior patterns and their practice of religious life. Confession that Islam is convinced belief for Madurese ethnics does not always describe relevance with their attitudes, principles and patterns of behaviors. It can be seen in the fact many families did not pay attention very much to how to care children in youth development in order not to be involved in sex behaviors potentially resulting in health problems. It was known that before treatment of an integration of family centered nursing and Tannahil's Model, 46.70% of family's ability of controlling teenagers' sex behaviors was categorized *poor*. It could be understood that there was a contradiction between cultural binding and understanding of religion.

Culture of speeding teenagers' engagement in Madurese ethnics was one of the triggers of high incidence of deviant sex behaviors in Bangkalan Madura. Some Mudurese families thought that to prevent child's contact with someone without clear binding, and to prevent daughter from being old virgins, engagement is considered as parents' control on children. Underage engagement causes teenagers to have dating partners. According to Hyde (2007), teenagers who had earlier/faster dating than those of their age were possible to have permissive attitudes towards free sex relation. Such principle should be corrected because it raised various problems for teenagers, including

health problems. Families need education suitable for family's characters.

The family played a role as a stepping point to study health behaviors and basic definition for healthy and ill. Families could influence individual perceptions. The treatment of family nursing by paying attention to family could improve individual's and family's abilities to overcome problems they undergo by paying available family resources.

Nursing treatment such as the giving of education, prevention and specific protection could increase levels of family's abilities. Data showed that there was an increase of average/mean of family's ability of controlling teenagers' sex behaviors, 9.50. With treatment of integration of family centered nursing and Tannahil's Model, nurses could carry out various approaches to prevent incidence of teenagers' health problems due to their wrong behaviors. Practice of family centered nursing was based on perspectives that family is a basic unit for individual nursing from family members and from broader unit. Family is a basic unit from community and society, presents differences in culture, tribe, ethnics and social economy. Implementation of this theory included considering other factors, sociality, economy and culture during conducting of research, planning, implementation and evaluation of nursing in children and families (Hitchcock., *et al*1999) so that it eased nurses to give care.

Efforts to strengthen family's controlling sex behaviors, if left untreated, resulting in risks of health disorders, can be carried out through health education, health protection and prevention. Nurses can combine activities of health education, health protection and prevention, and consequences of disease due to sex behaviors in families with children in youth development (Downie., *at al*1990). Socially, families have an important role as supporting resource for teenagers. Parents played a positive role in giving social support and motivation and could increase healthy group interaction (Pender, 2002). Parents also played a role in internalizing values suitable for teenagers so that they could participate effectively in society. Communication patterns in family needed to be learnt because deviant risky sex behaviors could be caused by ineffective communication patterns in family, existing values or culture.

Treatment of integration of family centered nursing and Tannahil's model made nurses possible to help family focus on relationship and internal dynamic of family, function, family structure and subsystem relationship of family with whole family and family relationship with environment/neighborhood. This concept was in line with that of family nursing used in perspective of disease interaction and family members so it could be used as base of giving intervention (Wright and Leahey, 2000). Consequently, nurses and families can carry out prevention and protection for teenagers through education based on Tannahil's concepts.

CONCLUSION

Research conclusion : 1) there was an increase of families' abilities of controlling teenagers' sex behaviors before and after treatment; 2) families who were not given integration of family centered nursing and Tannahil's model did not show an increase of abilities of controlling teenagers' sex behaviors and 3) the giving of treatment of integration of family centered nursing and Tannahil's model influenced the increase of abilities of controlling teenagers' sex behaviors in Bangkalan Madura, Indonesia.

Suggestion: 1) Intervention of integration of family centered nursing and Tannahil's model can be used to increase families' abilities of controlling teenagers' sex behaviors; 2) it necessary to improve understanding on approach of nursing intervention in preventing risky behaviors potentially resulting in health problems; and 3) puskesmas (public health center) need to establish partnership programs of nurses families and teenagers to create convenient environment full of

protection for teenagers so that teenagers do not make outside environment as a place for seeking solutions. Teenagers need to be protected from risky behaviors which cause occurrence of diseases especially disorders of reproductive health.

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