

THE INFLUENCE OF ETHNIC'S WAR WITH TEENAGERS REPRODUCTION HEALTH AT MIMIKA REGENCY PROVINCE OF PAPUA YEAR 2016

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ABSTRACT

Background : war of ethnic is still often Mimika Regency happening with medley cause of conflict. Problem happen is mark sense to culturize “ Kur ” one where happens enforcing for woman in particular the interesting woman stripling. Happening impact so adverse health reproduces and the teenagers economy social.

Aim of research: This research to to be know the influence of Ethnic's war with Teenagers Reproduction Health At Mimika Regency in Papua Province.

Method: This observational type is observational observasional by designs studi crosssectional . Research is done at Kwamki Naramas canton and Regency gold confluence canton Mimika in September 2016. Population that is analyzed is adolescent woman by total sample as much 120 woman striplings. Data acquiredding to utilize kuesioner and analyzing utilizes by chi square .

Research Result : there is war of ethnic influence for pregnancy to run the risk on stripling (p value 0,048; RP= 1,254; CI 95% =0,980 1,605) increase stress on adolescent(p value 0,000; RP = 9,889; CI 95%= 3,379 28,938), sexual contagion(p value 0,041; RP = 4; CI 95%= 1,004 15,932), act violence(p value 0,000; RP = 12; CI 95%= 3,133 45,961), sexual contagion science(p value 0,904; RP = 0,957; CI 95% = 0,757 1,208) and education (p value = 0,000; RP = 1,646; CI 95% = 1,167 2,320).

Summary : Local government and on duty health can do war of ethnic prevention with plays ball with religion figure and society figure and prohibiting explicitly culture “ Kur ” one stills frequent happening with pidana's punishment, causing intimidated effect and health education application reproduces on woman stripling, so gets to prevent is mixed up in culture “ Kur ”

Keyword: *Ethnic's war, Reproduce health, teenagers, kur.*

1. BACKGROUND

World Health Organization (WHO) 2014 report on teenage's pregnancy in the world as many as 16 million young women aged 15-19 years, or an average delivery one of 299/1000 live births and the tallest in Sub-Saharan Africa. In most teens, the pregnancy was planned and desirable due to early marriage due to poverty, low education levels and countries with laws - marriage law is low, with 30% aged 15-18 years and 14% before the age of 15 years, but most teenage pregnancy occurs outside of marriage. Pregnancy in adolescents is the second

leading cause of maternal mortality rate with various complications and the incidence of unsafe abortion as the first cause of maternal death.

15-19 years age group in Indonesia amounted to 21,825,503 people (8.78%) of the total population of Indonesia as many as 248 422 956 million inhabitants (MoH RI, 2013). Reports Indonesian Demographic Health Survey (IDHS) in 2012, 8.3% of teenage boys and 1% girls aged 15-19 years had the highest effect on premarital sex occurred in urban areas, the consequences of teen pregnancy data from the National Basic Health Research (2013) of 1.97% or

429 962 teen pregnancy and teen birth rate is 48 / 1,000 live births (MoH RI, 2014).

Teenage pregnancy, including high-risk pregnancies. MoH RI (2014) reported a pregnancy in adolescents at risk of anemia was 18.4%. According Manuaba (2013), anemia in pregnancy at risk of abortion, hemorrhage which is a direct cause of maternal death.

Indonesia Demographic Health Survey (IDHS) in 2012 showed high maternal mortality rate 359 per 100,000 live births, which is not much different with the achievements of 17 years ago, in which AKI 1995 was 373 per 100,000 live births. When paired with the Millennium Development Goals (MDGs) by 2015, of AKI in 2012 further away from the expectation that the 2015 MDG targets to 102 per 100,000 live births. The difficulty of achieving the MDG target of maternal mortality rate in 2015 due to problems associated with teenage pregnancy.

Maternal mortality rate in Papua from the data IDHS (2012) in Papua reached 575/1000 live births. Report of the Central Statistics Agency Papua Province, in 2013 early marriage age 15-19 years to reach 839 089 people (27.67%) or teenage pregnancy than the total population of 3,032,488 people (BPS Papua, 2014).

Implementation of gender in Indonesia still faces many challenges and problems, namely the micro and macro levels. At the macro level, there are allegedly 21 Law / Act (statement of Ministry, 2007) and gender bias as well as laws that discriminate against women .. In article 19 of the law mentioned a husband and wife have the same rights and obligations as well as equal position in determining way of birth control.

Until now, in the current era of modern life and high technology has become a lifestyle most Indonesian citizen, there are other interesting phenomena in the eastern part of Indonesia's earth. There is a reality that can not be denied that life is still primitive and traditional still lived by almost all Papuans. While there are many who have experienced and forward-thinking academic world, but in fact the traditional values and customs of their culture can not be uninstalled (Amisim, 2013).

All the customary rules and traditions given their ancestors passed down from generation to

generation, will inevitably be maintained and adhered to. For the people of Papua that tradition is sacred and sacred value, so that whatever happens they will remain menjalankkannya. On the other hand, the tradition is often no longer relevant for the application in this lifetime. Even those traditions and customs rules they are actually breaking the law, human rights and moral human life.

Papua community is known for a sense of solidarity and kinship families are very high. Whatever is experienced and perceived by his relatives, would definitely participate perceived by other family members, relatives and even family away. So that if one family member there are hurt by other people, the other family members did not hesitate to defend his family even reply to such actions accordingly.

Most of the territory of Papua, formerly unknown since their kingdom or sultanate or other forms of community partnership is feudal. Leaders or leaders of community groups in Papua commonly referred to as "Chief". No general leadership pass to his son. Each group association or confederation at any time can be set or replace its own leader based on objective criteria of ability, intelligence, wealth, courage, and dignity of a person at a certain time (Amisim, 2013).

Mimika region inhabited by seven tribes are accommodated by the local government, namely Amungme, Kamoro, Dani, Damal, Nduga, Mee, and Moni. Kamoro tribes inhabit the coastal plains and Amungme rendah Timika inhabit mountainous areas. These two tribes known as native tribes in Mimika, while five other tribes came from the area around the Mimika district. Dani source region of Jayawijaya district (Wamena) west. While the Damal tribe from Papua Puncak district, halfway between the Peak District with Intan Jaya district.

According to Philip in Amisim (2013), a private hard-hitting is the hallmark of the indigenous people from the influence of the natural topography and lifestyle in the countryside. Consequently, when dealing with the development of daerah significantly, causing *shock culture* (culture shock). So sometimes change is faced with the emotional attitudes and lead to a power struggle physically.

There are two main problems that usually make citizens 'lift arrows' (tribal war), the first of revenge

because a family member is hurt or killed there. The second is the issue of infidelity, either the family or the relatives of the other tribes.

According to Philip who was also a member of Mimika DPRD, almost all residents in the Mimika Dani is coming from the interior (Baliem Valley, Kab. Jayawijaya), so when I have to follow the rules of positive law is difficult. They are more concerned with legal / customary rules and traditional customs. In general, it is these two tribes including the backward tribes in Papua, it is seen from the slow acceptance of the education sector and their social life.

Based on the problems of the tribal wars, also raised issues of reproductive health for women, especially teenage pregnancies. Dari Profil Dinas Mimika District Health 2016 sebanyak year 4975 pregnant women and pregnant remajayang 285 votes (5.72%). From the data, women who suffer from sexually transmitted diseases, including pregnant women, 113 people (2.27%). This has led to health problems and psychological disorders such as stress, sehingga the woman locked up by her family because of a mental disorder.

The war in Kwamki recently Lama is a war between two tribes, namely Dani and Damal. But in fact the war was no effect of siblings (same tribe and clan). According to data compiled by Radar Timika, both Dani and Damal has a number of clans. In Dani are Wakerkwa clan, Kogoya, Tabuni, Wenda, and Wanimbo. While the Damal tribe, ie Mom, Murib, Waker, Wandikbo, Wandik, Kum, Kiwak, Jolemol, and Magai. The cause of the problem which are when girls taken without the consent of a parent or close family girl child especially if the teenager is pregnant, then the solution is fined five pigs (the 1990s), but now the fine could be paid with money and when his wife was having an affair with another man (although his is still a relative), then fined five pigs and can be at peace, but if the man insisted the customary fine after the wife will be divorced.

Tribal war can not be separated from the culture carried out during this in Timika reGENCY tribe, namely culture "kur" (salam-shake) kur culture is one of several unique tradition that still survives. This culture was initially held for release lara for those bereaved family members. In the culture of Kur all the unmarried women, married women are exempted in the sense that culture have a bond, so that the woman can be raped or do influence the sex of all -

men who participated in the Amisism versus Philipus (2013).

This problem as the cause of the disease incidence rate of sexually transmitted diseases is quite high in the Mimika Regency. In the 2016 first quarter report 31 March in Papua province health bureau reported the cumulative HIV / AIDS as many as 25 233 people, consisting of as many as 9362 people with HIV and HIV as many as 15 871 people. Cases of HIV / AIDS at the highest of 28 Mimika district in Papua province as much as 4,524 people, consisting of as many as 2,492 cases of people with HIV and AIDS as much as 2,032 people.

Based on these issues, so that researchers interested in conducting research with the title "The Effect of War Against the Tribe on Adolescent Reproductive Health in Mimika Regency".

Formulation of the problem

Based on the background, then the problem in this study, the formulation caused as outlined in the formulation of the following research questions:

1. Is there any influence of ethnic's war against the risk of teens pregnancy rate.
2. Is there any influence of ethnic's war with the rate level of stress in adolescents
3. Is there any war's influence tribe against sexually transmitted diseases.
4. Is there any influence of tribal war against violence in adolescent women
5. Is there any influence of tribal war against teens about knowledge of sexually transmitted diseases
6. Is there any influence of tribal war against youth education.

C. Research purposes

1. General purpose

To know war influence rate of reproductive health in adolescents in the District Mmika.

2. Special purpose.

- a. To know war influence for tribal against teens risk pregnancy.
- b. To know the war rate to the level of stress in adolescents
- c. Knowing the influence of tribal war against sexually transmitted diseases.
- d. To know the influence of tribe against violence on women.
- e. Knowing the influence of tribal war against the knowledge of adolescents about sexually transmitted diseases.
- f. The tribal warfare to education in adolescents

2. LITERATURE REVIEW

A. Concep of War's Tribe

Conflict is a part of life that arise and always exists because of the complexity of human influences which each person is unique, has a value system, philosophy, structure, kepribadaian, options and patterns (Marquis and Huston, 2010). Conflict as a process of social interaction in which two or more people, or two or more groups, different or contrary to the opinions or their tujuam (Abubakar, 2011). Robbins (2001) in Arini (2011), defines the conflict is a process that began when one party feel that the other party has negatively affected or will soon negatively affect something considered the first party.

Conflict or tribal war comes from the verb [Latin](#) Configere which means to beat each other. Sociologically, the conflict is defined as a social process between two people or more (can also group) where one party trying to get rid of the other party by destroying or made powerless.

According Taquiri in Newstorm and Davis (1977), the conflict is a legacy of social life that may apply in different circumstances than those state due to disagreement, controversy and conflict between two or more parties in the quest.

According to Gibson, et al (1997), the effect of addition can create a cooperative, interdependent influence can also result in conflict. This happens if each - each component of the organization has its own interests or goals - his own and do not cooperate with each other.

Conflicts can be defined as; interaction between two or more parties are interdependent with each other but separated by goal difference in which at least one of the parties aware of these differences and take action against tersebut. Implikasi action of the definition of conflict is:

1. Conflicts can occur inside or outside a regulatory system work.
2. Conflicts should be realized by at least one of the parties involved in the conflict.
3. Sustainability is not an important thing because it will be stopped when a goal has been reached
4. The action could be refrained from for inaction ,

B. Overview Tribes

In Big Indonesian Dictionary tribes explained that social cohesion can be distinguished from other social unity based on the awareness of the identity of the cultural differences, especially language; There was also another opinion that tried men's define what information is ethnicity.

According Koentjaraningrat (1989), the ethnic group is a social group or entity who has a life of human interaction system, system of norms that regulate the interaction, continuity and a sense of identity mempersatuan all its members as well as having its own leadership system.

According Theodorson and Theodorson cited by Hidayah (1999), the ethnic group is a social group that has a tradition of culture and a sense of common identity as part of a larger group of people.

According to Philip (2015), there are two main problems that usually make citizens 'lift arrows (tribal war) in Mimika, first of revenge because a family member is hurt or killed there. The second is the

issue of infidelity, either the family or the relatives of the other tribes.

Here is an explanation of the causes of the war and the consequences are usually borne.

1. When the girls were taken without consent of a parent or close family girl child, then the solution is fined five pigs (the 1990s), but now the fine could be paid with money.

2. When the affair with another man's wife (although his is still a relative), then fined five pigs and can be at peace, but if the man insisted the customary fine after the wife will be divorced.

3. Theft of valuables such as shells are commonly used as a dowry from the groom. Then the cuts will be made customary two pigs and items stolen must be returned.

4. Theft of domestic animals, such as pigs, birds, and plants in bekon (fields). Then the meeting will be held and the payment is made with a fine of three pigs as restitution.

5. If two different clans eat together and then after that one of them fell ill, this could lead to suspicion among people who ate with him before he was sick.

6. If there are 10 people working in the fields and then one was injured, then the suspicion of victims injured by 9 others could arise if there is no explanation to his family.

7. If there are 3 small children to play together and then one of them suddenly ill, then the other two would be asked for an explanation. If there is no good explanation of the two children, then parents will finish it (Philip, 2015).

According to the NW and Edwin Mom in (Philip, 2015), the Dani and Damal have an agreement in the fight, which is at war both sides are communicating. The way through each warlord who spoke of the distance that can be heard clearly by both sides. The contents of the second communication warlords are asking both sides not to be disturbed land, the two sides should not impede the main street, does not interfere with the possessions of others, should not interfere with the

children and women, as well as to agree on the location, meals, and rest periods.

But when there is a war in violation of the agreement, the warlords on both sides will sit down together carefully asks who did it and why. After that will be discussed issues fines to be paid in accordance with the joint decision.

The war between the Dani and Damal recently is causing a lot of regrets from various public figures. Because both of these tribes have similarities and differences that can not be separated. Both are derived from the middle area of Paniai and Jayawijaya. Either way brekebun pattern of life and social life are not much different. So the actual need to be considered and addressed as an act of revenge when a relative hurt or killed. The term tooth for a tooth and a life for a life.

The peaceful resolution customary fine example when the settlement between the Dani and Damal. Customs fines collected Rp 2 Miliar. Uang much as it is obtained through the help of companies that operate in Timika and government setempat. Juga obtained from the results of operations bertikai. Dana parties as much as it is not to pay the enemy or the opposition but parties to pay the victim's family in sendiri. Akhirnya tribal revenge between warring tribes still continue berlanjut. Jika Police officials did not reveal who the perpetrators of the shooting and also if not given a proportionate punishment, then revenge still berlanjut. Jika seen carefully, then the conflict in Timika is more intensive than conflict happened other cities in Papua. This was probably because there are actors who 'play' behind the conflict between tribes in the county Mimika Papua.

Factors other conflict problem is the culture of "kur". Kur cultural force every woman is in each - each group is required to attend or be involved with having sex on a man who fought a war. Culture kur done at night after the end of the war. Typically, men and women sat together in one house with every group. After the exchange of money given by the man to convey meaning sexual intercourse in women. Rarely rejection, both men and women to be his partner. This is because there is coercion and encouragement parents to daughter was involved in a tribal war by giving sex in men after the war (Philip, 2015).

C. Adolescent Reproductive Health

1. Understanding

Opinions about adolescent age range varies among some experts, organizations, or health institution. Adolescence is a period of transition from childhood development to adulthood, between the ages of 10-24 years. In etimologi, juvenile means "grow into adults. Definition teenagers (*Adolescence*) according to the World Health Organization (WHO) is the period between ages 10 to 19 years, while the United Nations (UN) called youth (*youth*) for ages between 15 to 24 year (Kusmiran, 2012).

According to MOH (2009) divides the classification of early adolescents between the ages of 11-16 years and 17-25 years late teens. Sibagariang (2010) divides the period of adolescence between the ages of 10-19 years is a period of transition from childhood to adulthood when the change in the physical, mental and psychosocial quickly and have an impact on various aspects of the next life. Etymologically, a teenager means growing into adolescence dewasa. Masa is the transition from childhood to adulthood, which include all the developments experienced in preparation for adulthood Kusmiran (2012). Reproductive health is a prosperous state of physical, mental and social as a whole, not merely free of disease or infirmity in all matters relating to the reproductive system and its functions and processes (Aisyaroh, 2012).

Adolescent reproductive health is a healthy condition concerning the system, functions and processes of reproduction owned by teenagers. Understanding healthy here does not merely mean disease-free or free of disability, but also mentally as well as socio-cultural (Rostina, 2008). According Rostina (2008), a sign; - a sign of healthy and unhealthy adolescents are as follows:

- a. Healthy adolescents is to have reproductive organs healthy danberperilaku hygines and normal behavior as capable of judging yourself realistik, able to assess the situation realistically, able to assess the achievements obtained in realistic, accept responsibility, self-sufficient, able to control the emotions, goal-oriented, outward, social acceptance, has a philosophy of life and happiness.

- b. Teens are not healthy are adolescents with disorders of the reproductive organs, and hygiene behavior is not abnormal or deviant behavior such as sexually deviant behavior (masturbation, seksual influence, abortion, drug use). Additionally irritability (irritability), expressed concern and anxiety, often feel depressed (stress or depression), to be cruel or happy disturb others much younger or to animals, the inability to avoid deviant behavior despite being warned or punished, customs lying, hyperactivity, being hostile to all forms of authorization, happy criticize / deride others, sleeplessness, lack a sense of responsibility, often experience headaches (though the cause is not a factor that is organic), lack of awareness to obey religious teachings, pessimistic life and his lack of passion in life (Rostina, 2008).

2. According to the Youth Classification Feature Development

According Pinem (2009), adolescence according to the characteristics of its development is divided into three phases:

- a. Early adolescence (10-12 years) with typical among others: to be free, closer to peers, began to think abstractly and more attention to the state of his body.
- b. Middle adolescence (13-15 years), with a characteristic, among others search for identity, the desire to go out, thinking about sexual activity, have a sense of deep love.
- c. Late adolescence (16-19 years) with typical among others: able to think abstractly, to be more selective in the men find their peers, have a physical image of itself, can create a sense of love, freedom of self expression.

3. Growth and Physical Development Youth

According Cahyaningsih (2011), the growth and physical development of teenagers pad early teens, middle and end as follows:

- a. Early adolescence

1. Growth

In girls, high growth acceleration usually begin soon after the *thelarche* (onset of breast growth) and peaked approximately one year later, is generally achieved at the age of 10 -14 years (average 12 years). At the time of this high growth acceleration girls grew an average height of 25 cm. At the time of entering early adolescence, girls weight gain of 59 percent, weight gain remains the same as at the end of childhood, ie 2.0 kg / year.

2. Reproduction

b. Feature - primary sex characteristics

The development and release of the egg from the ovarian follicle approximately every 28 days. The ovary contains a full complement of ova at birth. With the start of gonadotropin stimulation of the pituitary gland at puberty ovulation begin to mature and produce estrogen. The size of the uterus during this time is divided equally between the body and cervix, as in childhood. The secretion of estrogen resulting in thickening and differentiation of the endometrium, the increase in the number of cells of *actinomyosin*, *creative phosphokinase* and myometrium, perhaps in preparation for menstruation and birth. The ratio of the size of the *uterine corpus* and *cervix* increases.

Menarche is not so different from the present, which is between 11-15 years (average 13 years). Time to *menarche* puberty berpengaruh with other events. When the onset of *menarche* also mostly determined by the pattern in the family. Influence, between the age of *menarche* among siblings closer than that between mother and daughter. There are also ethnic differences in age at *menarche*

b.Feature - secondary sex characteristics

Breast development (*thelarche*) is one of the early manifestations of puberty. Glandular tissue under the areola started to grow in response to estrogen produced by the ovaries . Average *thelarche* (breast development) occurs at the age of 11 years (9-13 years). Interval between the stages of breast development is approximately 1 year. Axillary hair grows approximately 1 year after the appearance of pubic hair. Coinciding with the growth of pubic hair, vulva and axillary apocrine glands start functioning.

b.Middle adolescence

1.Growth

Growth rate in girls at the peak is on average 9.0 cm / year. the overall period of accelerated growth of girls 25 cm. Body growth also, increased after the growth of the lower extremities which increase the seat height is greater than the length of the leg, influence with a body length overall. Most of the facial bones as well, more prominent jaw and thicker than the time of childhood.

In girls puberty accelerated weight mainly because of increasing the size and number of adipocytes cells. Body fat content daughters grow from approximately 8% before, puberty being more than 20% when the peak of the curve acceleration of weight.

2.Reproduction

b.Feature - primary sex characteristics

Ovaries enlarged in the year before *menarche*, where the average weight of each into 6 grams. Not long before *menarche*, developing endometrial, cervical and uterine corpus and enlarged cervical glands begin to secrete fluid like milk, odorless, like mucus in large quantities (physiological fluids). Vaginal fluid also secreted in large quantities than before and the pH became acidic due to lactic acid production by bacilli that inhabit the vagina. Most are anovulatory menstrual initially, but there is great variation so unreliable as a method of contraception.

b.Feature - secondary sex characteristics

In girls achieved at an average age of 12 years and survived an average of 0.5 years (0.2 to 0.9 years). SMS 3 (breast) is reached at an average age of 12 years and survived for an average of 0.9 years (0.1 to 6.8 years). Axillary hair grows sometimes precedes the appearance of pubic hair. Hair around the anus is usually grown not long before axillary hair. The hair in advance on, boys tend to grow approximately 1 year after axillary hair. Apocrine sweat glands start functioning at the same time, the growth of axillary hair. With the ever continuing sexual maturity, acne is greatly increased. Breasts will be widened during pubertal. At this time, the enlargement of breast tissue under the areola of one or both breasts. This

condition is usually temporary, lasting less than 18 months.

4. Psychological Changes in Adolescents

According Janiwarty & Pieter (2012), in adolescence, mental changes occur more slowly than physical and the unstable include:

- a. Emotional changes: sensitive (weepy, anxious, laughed and frustration), easily react to external stimuli, so it is easy to fight aggressively.
- b. Development of the intelligentsia: capable of abstract thinking and are happy to give criticism, want to know new things se until the behavior wanted to try something new. Behavior wanted to try this is very important for reproductive health.

The characteristics of these changes is very important to know that the handling of the problem can be done well. In terms of reproductive health, behavioral want to try new things driven by sexual stimulation that if not guided properly can bring teenagers, especially teenage girls fall under the influence of premarital sex, with all its consequences.

5. Adaptation of physical and psychological changes in adolescence

According Janiwarty and Piter (2012), the physical phenomenon of adolescence consists of two adaptations, namely:

a. Adaptation Physical Growth

The dramatic changes in the shape and physical characteristics influential closely with the onset of puberty. The activity of the pituitary gland at this time resulted in increased secretion of the hormone, the physiological effects are widespread. Growth hormone produces a rapid growth spurt and brought closer to the body height and weight within two years. Physical changes in turn is related to psychological adjustment.

b. Adaptation to Psychosexual

Adaptation of adolescent sexual development is closely related to the extent to which adolescents perceive themselves as sexual beings, to know his

own sexual orientation, receive sex turmoil and formed a romantic attachment sexual or influence.

6. Adolescent Reproductive Health Issues

According Aisyaroh (2013), issues related to sexuality and reproductive health are still faced by many teens. Such problems include:

a. Rape

The crime of rape is usually a lot of food. Victims are not just young women, but also men (*sodomy*). Adolescent girls vulnerable to rape by her boyfriend, due to be persuaded by reason to show proof of love.

b. *Free sex* (sex)

Sex is done with a partner or girlfriend is alternated. This free sex in adolescents (under 17 years) is medically addition can increase the likelihood of sexually transmitted diseases and HIV (*Human Immuno Deficiency Virus*), also can stimulate the growth of cancer cells in the uterus of female adolescents. Because, among girls aged 12-17 years active experience changes in cells in the mouth of her womb. In addition, sex is usually accompanied by the use of illicit drugs among teenagers. So this will further aggravate the problems faced by adolescents related to reproductive health.

c. Unwanted pregnancy (KTD)

Effect of premarital sex among adolescents constituted also by myths surrounding the issue of sexuality. For example, the myth of sexual influential with girlfriends is a proof of love. Alternatively, the myth that sexual effect only once will not cause pregnancy. Though the influence of sex even just once can lead to pregnancy during the adolescent women in the fertile period.

d. abortions

Abortion is the release of an embryo or fetus in the womb prematurely. KTD-related abortion in adolescents usually classified in category provokatus abortion, or abortion deliberate. However, there is also a naturally occurring miscarriage or spontaneous abortion. This happens because among other things because of the condition of adolescent girls who

experience unwanted pregnancy generally depressed psychological, psychosocial because he was not ready for pregnancy. Unhealthy psychological conditions is likely to impact the physical health is not supported to establish a pregnancy.

e. Early marriage and pregnancy

Early marriage, especially the case in rural areas. In some areas, the dominance of the parents are usually still strong in determining child marriages in this case young women. The reasons for early marriage is promiscuity such as pregnancy outside of marriage and economic reasons. Teens who married early, both physically and biologically not mature enough to have children so vulnerable to cause child and maternal mortality during childbirth. Women younger than 20 years who underwent pregnancy often suffer from malnutrition and anemia. These symptoms associated with food distribution uneven, between fetus and mother are still in the process of growth and the immature female tersbeut menajadi mother in the care of the household.

f. STDs (sexually transmitted diseases) or STDs (Sexually Transmitted Diseases) and HIV / AIDS

PMS is often called venereal diseases or diseases that are transmitted through the influence of sex, including HIV / AIDS can be transmitted through the influence of sex either vaginal, oral, or anal while for HIV / AIDS itself can be transmitted by blood transfusion and from mother to fetus. Its impact is also very immense, ranging from reproductive organ disorders, miscarriage, infertility, cervical cancer, up to birth defects and death.

D. Teen pregnancy

1. Definition

Pregnancy is defined as fertilization or the union of *sperm* and *ovum*, followed by nidasi or implantation (Prawirohardjo, 2012). In etimologi, teenager means growing into adulthood. Adolescence is a period of transition from childhood to adulthood, which include all the developments experienced as preparation for entering adulthood with an age limit 10-19 years (Kusmiran, 2012).

From the above, it was concluded that teenage pregnancy is a pregnancy that occurs under the age of 20 years is one of the criteria for high risk pregnancy.

2. The cause of pregnancy in adolescents

According Kusmiran (2012), teenage pregnancy is a pregnancy that is not cool. Many factors can cause unwanted teenage pregnancies, which are as follows:

- a. Menstrual age, the earlier age at marriage with higher lead times of cartilage that is active sexual behavior tendency increasingly elongated. This is evidenced by the many cases of teenage pregnancies out of wedlock.
- b. Ignorance or lack of knowledge about sexual behavior that can lead to pregnancy.
- c. Do not use contraception.
- d. Contraception tool failure due to teens using contraceptives without sufficient knowledge about contraception methods are correct.
- e. Pregnancy due to rape, including rape by her date.

Aside from some of the above causes, according Janiwarty and Pieter, (2012), revealed that the occurrence of teenage pregnancy may be due to early marriage. Early marriage is a marriage partner who is still very young and have not been able to meet the requirements of health that has been mating with an age limit of girls under the age of 16 and boys under the age of 19 years.

According Sibagariang (2010), the causes of juvenile kehamilanpada is socio-cultural factors, economic, environmental, social, and education.

a. Socio-cultural factors

Sosio culture in some areas in Indonesia, women aged 17 years if unmarried spinster considered unsold and still it was thought women did not sell well because it never got married at the age of 20 years.

At the tribes in Mimika Regency, pregnancy in adolescents can disebabkan karena culture "Kur" so

that the male - male sex can influence on women who are not spouses (Philip, 2013).

b. economy

Family economic problems, parents consider their daughters if there has been applying for and invite married, at least he is expected to be self-sufficient no longer depend on their parents, because there is already a husband who is ready to feed. Though, age daughter has not yet reached maturity, both physically especially mentally. Unfortunately, the girls are also married to an economic status is not much different, so instead create new poverty.

c. Environmentally and socially

Early marriage that occurs due to pregnancy in courtship.

d. Education

Teens especially women have less opportunity to get a formal education and work that ultimately affect the decision making capability of empowering them to delay marriage.

3. Complications in teenage pregnancy

According Kusmiran (2012), some of the risks arising from pregnancies in teenagers are as follows:

a. medical risks

1. Unsafe abortion contributes to maternal morbidity and mortality.

2. Health problems.

3. Babies born with low weight

4. The risk of fetal abnormalities and high infant mortality rates (Kusmiran, 2012).

A woman's age affects the risk of pregnancy, girls aged less than 20 years, are more susceptible to the occurrence of pre-eclampsia (a condition characterized by high blood pressure, protein in the urine and fluid retention setama pregnancy) and eclampsia (seizures due to pre-eclampsia), remajajuga more at risk of having a baby with a low birth weight or infant malnutrition (Romauli, 2011).

Also according to Lockhart & Saputra (2014), Mother pregnant too young, that the reproductive organs are not yet ready for fertilization and-risk of anemia, dysfunction labor and disproportion cephalopelvic (narrow pelvis).

In addition to the teenagers who are still developing and may be pregnant that do not reach the tow weight <145 cm at risk of pregnancy, particularly in the labor process that causes complications that narrow pelvis potential occurrence of bleeding if not dealt with immediately in the service of pregnancy (Kurniawati, 2013),

b. Psychological

1. Guilty feeling

2. Depression

3. Anger and aggression

4. Teenagers or mothers feel wanted and was not ready to get pregnant.

c. psychosocial

1. Mental tension and confusion about social roles abruptly changed.

2. Pressure from the people who denounce and reject these circumstances.

3. Excluded from society and the lost confidence (Kusmiran, 2012).

As a result of lack of mental and emotional maturation adolescents, early marriage will lead to feelings of anxiety, sometimes easily lead distrust and bickering spouses often happens when the past month made already ended. The problem will increase if the pair were forced to stay in the place of parents and do not have a job / an adequate income. Not infrequently the pair is experiencing disharmony in family life, so, marriage is unhappy, it can even end in divorce. In this case the disadvantage girls (Sibagariang et al, 2010).

d. The future of youth and fetus

1. affect health

2. Marriage adolescents and abortion

3. Dropout

4. When the baby is born, the child's future may be displaced (Kusmiran, 2012).

4. Teen pregnancy prevention

Some of the ways that sexual behavior in adolescents did not experience the problems that led to the pregnancy as follows:

- a. Sex education should be given a holistic and integrated to- parents and counselors
- b. There needs to change people's understanding of sexuality that is of the understanding that rigid to be flexible.
- c. Public awareness of safe sex and healthy needs to be improved (Kusmiran, 2012).

One way to overcome sexual problems in teens is through sexual education. Sexual education is a way of teaching or education to help youth to face life's problems are rooted in the sexual impulse seksual. Describes educational goals with a more complete is as follows.

- a. Provide an adequate understanding of the changes in the physical, mental, and emotional maturity of the processes associated with sexual problems in adolescents.
- b. Reduce fear and anxiety se influence the development and sexual adjustment (roles, demands and responsibilities).
- c. Forming attitudes and provide understanding of sex in all manifestations vary.
- d. Gives the sense that the influence of man can bring satisfaction to both individual and family life.
- e. Provide an understanding of the essence of the moral values need to provide a rational basis in making decisions ber influence sexual behavior.

f. Provide knowledge about the mistake and sexual perversions that individuals can protect themselves and against the exploitation that can interfere with physical and mental health.

g. To reduce prostitution, sexual fear of the irrational and excessive sexual exploration.

h. Provides insight and conditions that can make people engage in sexual activities effectively and creatively in a variety of roles, for example: as a wife or husband, parents and community members (Aryani, 2010).

According Kusmiran (2012), how do teens to prevent pregnancy, among others:

- a. Busied themselves with various activities.
- b. For students and female students busy themselves with learning activities
- c. Busied themselves with exercise.
- d. Reproduce worship and draw closer to God.

5. Handling of teenage pregnancy

Teenage pregnancy is a pregnancy risk, because it's teenagers who become pregnant should intensively check ups. It is expected disorders and complications that will occur can be treated. Finally expected to pregnancy and childbirth can be passed properly and safely (Sibagariang et al, 2010) .

According to MoH RI (2014), the handling of teenage pregnancies by improving nutritional status, improve reproduction health education starting from the scope of the family, increasing premarital counseling for the bride, increasing the active role of the husband, the family, religious leaders, traditional leaders, cadres and the public in maintaining the quality family health (especially mothers) included Delivery Planning and Prevention of Complications or P4K as well as the urgent need for family planning (FP).

E. Basic Concepts of sexually transmitted diseases.

1.Understanding

Sexually transmitted diseases (STDs; STD / sexually *transmitted disease*) is an infectious disease that is transmitted through the influence of sex with an infected partner. Despite all STDs can have serious repercussions, but during pregnancy there are certain types of STDs that puts patients at risk were more likely to experience problems as a result of the impact of the disease in pregnancy, fetal or neonatal (Lockhart and Saputra, 2014).

Infection or disease from person to person by sexual contact are called sexually transmitted diseases (*sexually transmitted diseases*). These infections can affect your ability to get pregnant and can harm your developing baby (Sibagariang et al, 2010). PMS is one of reproductive tract infections (RTI) whose mode of transmission is primarily through the influence of sex, but can also be transmitted through blood transfusion or direct contact with body fluids or blood products and from mother to child during pregnancy, at birth or after birth. STDs can be caused by bacteria, fungi, viruses and parasites (Pinem, 2009).

Based on some of the above opinion, concluded that sexually transmitted diseases in pregnancy as a disease that persists in pregnancy that have previously been infected with a sexually transmitted disease under the influence of sex, blood transfusions or direct contact with body fluids or blood products and from mother to child during pregnancy and bacteria, fungi, viruses and parasites.

2.Type - the type of sexually transmitted diseases

According Prawirohardjo (2012), the type - the type of sexually transmitted disease is as follows:

a. Servicitis

Cervicitis is infection of the cervix uteri. Cervicitis acute infection is common in sexually influence while that is a chronic disease found in most women who have given birth (Manuaba, 2010).

b. gonorrhea

Gonorrhoea is an infection caused by all *Neisseriagononivem* . *N. gonorrhoeae* under a light microscope appear as a coffee bean-shaped

diplococci with sheets of 0.8 gm and is resistant to acid.

c. Urethritis is inflammation of the urethra caused olehkuman gonorrhoe or other germs, sometimes urethritis occur in the absence of bacteria.

d. Urethritis Non Gonollus / Non Gonroe is not a sexually transmitted disease caused by *Neisseria gonorrhoea* or bacterium that causes gonorrhoea.

e. Klamidiasis genital

Klamidiasis genital is an infection caused by bacteria *chlamidia trachomatis* , measuring 0.2 to 1.5 micron, spherical, motionless, and an obligate intracellular parasites. The incubation period ranges from 1-3 weeks.

f. Trichomoniasis

Trichomoniasis is a disease caused by a protozoan infection *trite vaginalis* (TV), usually transmitted through sexual influence and often attack *tract urogenital* bottom.

g. *Bacterial vaginosis*

Bacterial vaginosis is a clinical syndrome due to the change *Lactobacilusspp* producing H_2O_2 which is the normal vaginal flora with anaerobic bacteria in high konsenuasi uses (such as: *Bacteroides spp*, *Mobduncus spp*, *Gardnerella vaginal*, and *Mycoplasma bominis*).

h. *syphilis*

Syphilis is a systemic infectious disease caused by *Treponema pallidum* to the entire organ, ranging from skin, mucosa, heart to the central nervous system, din also be without manifestation of lesions in the body. Infection is divided into several face, namely primary, secondary syphilis, early and late latent syphilis, and neurosyphilis (tertiary syphilis). Syphilis is usually transmitted through sexual contact, but can also be vertically during pregnancy.

i. *Genital Warts* (Genital Warts)

Genital warts, also known as condylomata acuminata caused by *human papilloma virus* (HPV). Lesions may proliferate during pregnancy and often regress spontaneously after delivery.

j. *herpes genitalia*

Genital herpes (HG). PMS is a virus which ranks second in the world and is the most common cause of genital ulcer common in developed countries. Herpes simplex virus type-2 (VHS-2) is the cause of HG most common (82%), while the herpes simplex virus type-1 (VHS-1) is more often associated with lesions in the mouth and lips, can also be found in 18% of cases genital herpes.

k. HIV Infection and AIDS

Acquired immunodeficiency syndrome (AIDS) is a syndrome with symptoms of opportunistic infections or certain cancers as a result of the immune system by infection with *Human Immunodeficiency Virus* (HIV).

According Pinem in his book reproductive health and contraception, revealed that sexually transmitted diseases, are found in Indonesia at this time are:

- a. *Gonorrhea* (GO or gonorrhoea) in women, GO can be lowered on newborns in the form of eye infection that can cause blindness.
- b. Syphilis (syphilis), in pregnant women, pregnant this disease can be transmitted to the baby such as mental retardation, skin disorders, liver and spleen.
- c. Chlamydia: In women defects can cause the fallopian tubes, infertility, urinary tract inflammation, tearing of membranes that cause birth prematurely (premature). In infants can cause eye disease and penafasan channels.
- d. Genital Herpes: the women are often the cervical cancer in later years.
- e. *Trikomomiasis vaginalis* in women can cause fallopian tube tract infections that result in narrowing of the egg.

f. *Candidiasis vaginalis*: infections caused by fungi and cause whitish itchy and hot.

g. Genital warts: in women can lead to cervical cancer or cancer of the skin around the genitals, while in men the symptoms are not visible, so they often do not realize it (Pinem, 2009).

3. Clinical manifestations

According Mansjoer (2009), a sexually transmitted disease clinical manifestations are as follows:

a. *Servicitis*

The clinical manifestations is a discharge of blood spotting or bleeding, vaginal bleeding after coitus, leukorrhea (vaginal discharge), cervical redness, pain waist sacral, lower abdominal pain, itching, often at a young age and people who are active in the influential sexual, impaired urination (dysuria) and menstrual disorders.

In chronic cervicitis usually erosion will occur, a condition characterized by the loss of the superficial layer of squamous epithelium and endocervical tissue overgrowth.

b. gonorrhoea

Complaints under the genitourinary tract, most commonly, increased discharge (pus) genital body, dysuria which is sometimes accompanied by polyuria, bleeding between menstrual periods and menorrhagia. The areas most commonly affected are the cervix.

c. urethritis

Sat stung or burning urination, itching, burning tingling, or irritation.

d. Urethritis Non Gonollus

Common symptoms experienced by such patients would be more frequent urination and pain; stomach sufferers bottom will often feel pain. At the time of the sexual influence, felt pain in the vagina. of vaginal mucus like pus and yellowish. Disease can

also appear in the mouth or anus, this happens when often influence oral or anal sex.

e. Klamidiasis genital

Pregnant women infected with *C. trachomatis* showed excess symptoms of vaginal discharge, bleeding, dysuria, and pelvic pain. A pelvic exam may help indicate servisititis. Endocervical bleeding can also lead to cervical infections in pregnancy.

f. trichomoniasis

Vaginal discharge, itching, and irritation. Signs of infection include discharge (pus) in the vagina (42%), smell (50%), and edema or erythema (22-27%). Pus classic yellow-green colored and frothy, but this situation is only found in 10-30% of cases. Kolpitis makularis (*strawberry cervix*) is a clinical signs specific for this infection, but rarely found on routine examination. The diagnosis of trichomoniasis is most often enforced with a view trikomonad live in direct preparation pus patients in physiological NaCl solution. The gold standard for the diagnostic is culture.

g. *Bacterial vaginosis*

Have abnormal vaginal odor typical to that fishy smell, especially at a time after intercourse. The smell is due to the fishy vaginal fluid vaporizes when getting wet. Diagnosis Amsel criteria, namely the existence of three of the four following signs such as vaginal fluid homogeneous, grayish-white, and attached to the wall of the vagina, vaginal pH > 4.5, fishy smelling vaginal discharge before or after addition of KOH 10% (*whiff test*) and *clue cells* on microscopic examination.

h. syphilis

1.Primary syphilis in the form of ulcers that usually occur in the genital area ekstema da lam within 3 weeks after contact. In women abnormalities often found in la bia majora, labia minora, *fourchette*, or *cervix*. Induration initial lesion is a painless papules.

2.Secondary syphilis is characterized by malese, fever, headache, generalized lymphadenopathy, generalized rash with lesions on the palmar, plantar, oral or genital mucosa, condylomata, in the area intertrigenosa and alopecia.

3.Latent syphilis is a phase of syphilis without clinical symptoms and serological just reactive. This indicates that these organisms are still present in the body.

4.Tertiary syphilis occurs in 1/3 of untreated patients. This phase can occur several months to several years after the latent phase and cause damage to the system, the central nervous system kardiuvaskular, eyes, skin, and other organs.

On examination discovered secretions homogeneous, thin and grayish colored. Not found signs of inflammation of the vagina and vulva.

i. *Genital Warts* (Genital Warts)

Arising warts on the genital area. Clinical diagnosis of *genital warts* is usually sufficient. Although the examination for HPV serotypes are available, it is not necessary for the diagnosis and management of *genital warts*.

j. herpes genitalia

Symptoms usually diawalidengan burning and itching in the lesions that occurred a few hours before the onset of lesions. In addition, it can also be accompanied by constitutional symptoms such as malese, fever, and muscle aches. The diagnosis was clinically confirmed by their typical symptoms of vesicles grouped on the basis of erythema, and a history of recurrent similar symptoms.

k. HIV Infection and AIDS

Not found the signs and symptoms in the early stages until the symptoms are severe, more advanced stage. After diawai with acute infection, they can lead to chronic infection are asymptomatic for several years with slow viral replication. Then, after a decline in the immune system that is heavy, then there is a variety of opportunistic infections and can be said patients have been entered on the state of AIDS. Perform three (3) ELISA as a test filter wear different reagents and techniques.

4.Complications PMS

According Ramadhy (2014), complications of sexually transmitted diseases in pregnant women and

the fetus based on the type of sexually transmitted diseases are as follows:

a. Servicititis

1. In pregnant women

The infection can spread into the uterus, fallopian tubes and the pelvic cavity. If a pregnant woman is infected, it can happen abortion, premature parturition

2. Fetal

Stillbirth and premature delivery.

b. gonorrhea

1. In pregnant women

Infection of the cervix can lead to complications salpingitis or pelvic inflammatory disease (PID). PRP is symptomatic or asymptomatic can causing tubal scarring, resulting in infertility or ectopic pregnancy.

2. Fetal

Neonatal infections including meningitis, disseminated sepsis with arthritis and infections of the genital and rectal.

c. urethritis

1. In pregnant women

Infection of the oviduct (at risk of ectopic pregnancy and infertility) or infection of the tissue around the heart.

2. Fetal

An infection in the eye or lung - the lung.

d. Non Gonococcal urethritis and cervicitis

1. In pregnant women

Infection of the oviduct (at risk of ectopic pregnancy and infertility) or infection of the tissue around the heart.

2. Fetal

An infection in the eye or lung - the lung.

e. Klamidiasis genital

1. In pregnant women

Can lead to spontaneous abortion, premature delivery, and perinatal death.

2. fetal

Lead to conjunctivitis in neonates and infantile pneumonia.

f. trichomoniasis

1. In pregnant women

Can lead to premature rupture of membranes and abortion

2. fetal

Babies with low birth weight (LBW).

g. *Bacterial vaginosis*

1. In pregnant women

Can lead to spontaneous abortion in the first and second trimester of pregnancy, premature birth, premature rupture of membranes, preterm labor.

2. fetal

Babies with low birth weight (LBW).

h. *syphilis*

1. In pregnant women

Can result in skin lesions are usually symmetrical, can be macular, papular, papulosquamous, and pustules accompanied by complaints are found in lesions in the mucous membranes or lesions such as condyloma lata appears wet to the skin, internal organs bones.

2. fetal

It caused congenital syphilis can cause infection or sepsis in newborns.

i. *Genital Warts* (Genital Warts)

There were no complications in pregnant women and fetuses. *Genital warts* are rarely transmitted to neonates, but there are reports of *papillomatosis lacing* and respiratory and in infants can cause *papillomatosisrespiratoris* in infants and children.

j. genital herpes

1. In pregnant women

Typical lesions can result in vesicles, but does not threaten the safety of pregnant women.

2. fetal

Approximately 70% of infections in neonates occur during direct contact changes when the baby through the birth canal of the vagina infected mothers. Infection can occur when the fetus is still in the womb are ascending and cervix or vulva, or Transplacental.

k. HIV / AIDS

1. on mother

The effect of HIV infection in pregnancy is associated with abortion and spontaneous abortion.

2. fetal

Intrauterine growth disorders, fetal death, transmission of HIV / AIDS to the fetus, low birth weight, stillbirth.

5. Treatment

a. gonorrhoea

CDC recommended therapeutic option is cefixime 400 mg orally, 250 mg intramuscular ceftriaxone, ciprofloxacin 500 mg orally, 400 mg orally ofloxacin, levofloxacin 250 mg orally or spectinomycin 2 g single dose intramuscular.

b. Klamidiasis genital

Drugs recommended is doxycycline 100 mg per ora 2 times a day for 7 days or azithromycin 1 g orally, single dose, or tetracycline 500 mg, orally, 4 times per day for 7 days, or erythromycin 500 mg, orally, 4 twice daily for 7 days, or ofloxacin 200 mg, 2 times a day for 0 days. For pregnancy drugs known as quinolones and tetracyclines deprecated.

c. trichomoniasis

For the treatment to date is an effective antimicrobial metronidazole to treat trichomoniasis. The recommended dose of metronidazole is a single dose of 2 g orally or it can be administered in a daily dose of 2 x 500 mg / bari for 7 days. Giving metronidazole has dkekomendasikan by FDA during pregnancy.

d. *Bacterial vaginosis*

The recommended treatment is metronidazole 500 mg 2 times daily for 7 days, metronidazole 2 g orally single dose or clindamycin orally 2 x 300 mg / day throughout a period of 7 days.

e. *syphilis*

Penicillin injection therapy benzathine 2.4 million. MU for primary, secondary, and latent, late latent syphilis As for (further) or of unknown duration, received 3 doses of the injection. Alternative treatment for penicillin-allergic and non-pregnant can diiberi oral doxycycline.

f. *Genital Warts* (Genital Warts)

Dose acyclovir / valaciclovir are recommended for. primer13-12 infection: Acyclovir orally 5 x 200-mg / day for 7 days; in severe lesions acyclovir Lv. 3-5 mg / kg / day, for 7-10 days or Valacyclovir 2 x 500 mg / day for 7 days.

g. genital herpes

For recurrent infection: Acyclovir 5 x 200 mg / day for 5 days or Valacyclovir 2 x 500 mg / day for 5 days for the treatment of neonates with VHS infection can be given acyclovir 10 mg / kg intravenously every 8 hours for 10-21 days.

h. HIV / AIDS

Until saatini not found drugs to people living with HIV / AIDS, but the *World Health Organization* (WHO) recommends therapy, ie anti-retroviral HIV virus weakens taken for life.

6. Factors Occurrence behavior PMS

Factors that influence the occurrence of sexually transmitted disease is behavioral factors and biological factors.

a. Factors Behavior

According Pinem (2009), the behavior that allows a person is infected with STDs including HIV / AIDS are:

1. Frequently changing sexual partners ataumempunyai more than one sexual partner, both known and unknown, for example prostitute (whore).
2. Doing influence sexual with a partner who also have other sexual partners.
3. Keep doing the influence of sex although mem NESS PMS complaints and did not tell her partner.
4. Do not use condoms when her influence sexual partner at risk (Pinem, 2009).

There are several types of STDs mostly derived from the effect of unprotected sex. Effect of unsafe sex, namely:

1. Influence Sexual through the vagina without a condom in the vagina.
2. Influence Sexual through the anus without a condom inside the anus.
3. Effect of sexually through oral or penis in the mouth without the use of condoms and oral genital touching ne (Mulyani and Nuryani, 2013).

b. Biological factors

1. Age

Young women having vaginal mucosa and cervical tissue are easily infected.

2. Gender

Women are more easily infected than men because female genital surface wider.

According Romauli (2013), factors - risk factors influence sexually disease transmitted are:

1. Biological factors

The growth of the child - the child into adolescence and adulthood, bringing a dramatic change to the histology servile and vagina. Very vaginamasa teenager by the influence of estrogen, the vaginal epithelium layer into a thin layered. These epithelial changes as important to servile, karma layered cylindrical epithelium are particularly vulnerable to STDs.

2. Psychological factors

Various new developments occur from time to rise teens to teenagers approaching adulthood, including developmental and cognitive psychology.

3. Sexual behavior

Socio-cultural influence along - together with changes in biological psycho cause risk STDs.

7.STD prevention

Efforts were made in the control of STDs are as follows:

a. Effective early treatment

Education and communication to encourage people to behave sexually safe and healthy, to help those at risk of contracting, encouraging patients to obtain effective treatment.

b. Promotion of condom use time do influence sexual in those at risk.

c. Pay special attention to high-risk behavior in the transmission of which women or men are frequently changing partners, working to leave the house in a long time, injecting drug users (Pinem, 2009).

According to Mulyani and Nuryani (2013), a few ways to avoid and prevent the transmission of

sexually transmitted diseases to ourselves or others, namely:

a. For Not Doing Effect of Sex Before Marriage

Better not to influence sex with others is essential in order to keep the sanctity, so it will remain a virgin or virgin until married someday and legitimate partner, so as to avoid sexually transmitted diseases are very easily transmitted through the exchange of genital fluids through the influence of sex.

b. Health Checks Before Marriage

Health checks as a couple before marriage, so as to ensure the influence of a husband and wife that will be done will not result in transmission of sexually transmitted diseases each other, thus the necessity of awareness between the two sides to jointly undertake health checks of various diseases and health problems. With so later be known health condition of each and if a problem can be immediately addressed before the wedding took place.

c. Doing the influence of sex only with a legitimate partner (Husband / Wife)

It would not hurt to be a loyal person with a partner, this is a very important thing. If you are not faithful with a partner and then do influence sex with someone else, it could have been infected with a sexually transmitted disease. The possibility of sexually transmitted diseases that we are contracting will be transmitted back to the spouse and children.

d. Choosing a faithful partner

Pick a couple (husband / wife) loyal to determine our success in protecting yourself and your family from sexually transmitted diseases. The importance of the participation of the husband or wife in the prevention of sexually transmitted diseases. Avoid choosing a husband or wife who likes cheating or are fond of using the services of prostitutes or even like to become prostitutes because with such behavior would cause adverse effects and prolonged to a family in which we have coached.

e. The use of sterile syringes

As for the prevention of sexually transmitted diseases is to ensure that we use syringe sterile and has never been used by anyone else, because the principle disposable. Besides contracted through sexual influence, STDs are also transmitted through needles that been used by the PMS sufferers. As a patient, have the right to ask the doctor whether the needle used sterilization or not and do not hesitate to ask a sterile syringe.

f. Maintaining the health of sex organs

Trying to stay, clean the sex organs and maintain their health. Sometimes in maintaining the cleanliness less by letting it alone or cleaned spontaneously our sex organs. Sex organs require special handling and treatment, so prevention of sexually transmitted disease is the most appropriate measure than cure.

F. Stress

1. Definition

Stress is a condition where the body's state of impaired because of psychological pressure. Usually stress is not due to a physical illness, but more about the psyche. However, because of the influence of stress, the physical illness can appear due to a weak and low endurance at the time (Wirawan, 2012).

According to the WHO, stress is the body's reaction to mental stress. Body reactions to mental stress can be expressed in terms of emotions, self defense, and coping processes contained in a person (Rafeatun, 2011).

Stress is a stimulus or situations that cause distress and creates physical and psychological demands on a person. Stress requires coping and adaptation. General adaptation syndrome or Selye's theory describes the stress as the damage done to the body regardless of whether the cause of stress is positive or negative. The body's response can be predicted without regard to certain stressors or cause (Zulistianah, 2009).

2.Type Stress

Common stress is defined as the inability to address the threat faced by the mental, physical, emotional, and spiritual man. Where it can affect

physical health for people with stress. Usually people who are exposed to stress will experience fear, anxiety, frustration, torn, guilt, worry and so on.

In general, stress is divided into two:

- a. *Eustress* or positive stress that occurs when stress levels are high enough to motivate a person to act or move to achieve what he expected. *Eustress* is good stress. This stress is unbelievably beneficial to human health.
- b. *Distress* or negative stress that occurs when the stress is too high Possible classes so that the body and mind responds with a negative response. *Distress* is stress which interfere with health and stress causes an imbalance between the demand and the ability to meet the demands.

3. Causes of Stress

The cause of the stress is divided into three parts, namely: physical stress, psychological stress and social stress (Kusuma, 2013).

- a. Physical stressor is a stressor that comes from outside the individual such as noise, pollution, radiation, air temperature, food, chemicals, trauma, and physical exercise are forced.
- b. Psychological stressor, a source of stress comes from pressure from within the individual that is negative such as frustration, anxiety (*anxiety*), guilt, excessive worry, anger, hate, sadness, jealousy, self-pity and low self-esteem.
- c. Social stressor is a traumatic stressor that can not be avoided such as loss of a loved one, job loss, retirement, divorce and financial problems.

Gaps that exist within the individual would pose a conflict which affects the emergence of stress. At least there are some things that can lead to the emergence of stress on the individual, such as feeling anxious about the results achieved, activities that are not balanced, the pressure yourself, uncertainties

and socio-economic conditions (Sarastika, 2014).

Sources of stress can be a trigger of stress on individuals, namely:

- a. Stressor or frustration External (Frustration = deep disappointment). External stressors: comes from outside oneself, for example, significant changes in ambient temperature, changes in the role of the family or social pressure from a partner.
 - b. Stressor or Frustration Internal. Stressor Internal comes from inside a person, such as fever, conditions such as pregnancy or menopause, or an emotional state such as guilt.
4. Factors - factors that Influence Stress (Hawari, 2011):

a. Lifestyle

Everyone has stressed and it was reasonable. However unwittingly, lifestyle people live also open up greater opportunities for stress.

1. Too much work without balance

Work hard without a break is very possible to experience stress. Therefore, despite having a busy schedule, tuck in a little flurry of activity are preferred.

2. A monotonous routine

Although it does not make a dizzy, but the schedule is monotonous and routine activity may dry emotion or mood. Routines make such a life in the *auto mode* and make could not enjoy the day-to-day. Individuals become more sensitive, feeling stuck, so the stress arises.

3. Less social support

A person needs a *shoulder to cry on* to devote the emotional burden. Ketersaingan without having someone as a place to tell when experiencing the problem could be the driving factor of stress.

4. Lack of sleep

- People usually do not realize the importance of meeting the needs of bedtime. And if lack of sleep will lead to a lack of concentration, not productive at work, and cpas emotion when troubleshooting (Wirawan, 2012).
- b. Marriage
- As a result of one of the spouses was a prisoner causing marital crisis is not doing religious life in the household.
- c. Problem Parents
- Being a parent in today's age is not an easy as in ancient times (eg in the 60s) it is due to the condition of social and economic order are far different Parents ancient times have many children is not a problem, is not the case now many children are considered troublesome even into custody
- d. Effect of Interpersonal (Inter-Personal)
- The influence between people (individuals / individual) in custody were not good can be a source of stress.
- e. Work
- Losing a job due at resistance which results in unemployment and does not generate revenue.
- f. finance
- Financial problems in everyday life it is one. The main stressors. For example, do not earn income as a result of being held in jail
- g. Law
- The involvement of a person with legal issues can be a source of stress. For example, lawsuits, courts, prisons and so forth. Other than that not upholding the rule of law that impact injustice pads can also be a source of stress.
- h. Development
- Is meant here is developmentally both physical and mental (life cycle). For example mass adolescent, adult mass, menopause, advanced age, and so forth; which should naturally be experienced by everyone. And, if the development stage can not be exceeded with good (not able to adapt), the question may be experiencing stress.
- i. Physical Illness or Injury
- Various physical illnesses, especially chronic or injury resulting invalidity can cause stress in a person, for example such as heart disease, stroke, cancer, liver stiffness, HIV / AIDS, accidents, and so forth.
- j. Factor Family
- Conditions are not harmonious family can be stressful.
- k. Trauma
- Someone who experienced natural disasters, transport accidents (land, sea, and air), fire, riot, war, violence, kidnapping, robbery, rape, pregnancy outside marriage and so forth, are traumatic experiences which in turn concerned may experience stress (PTSD).
- 5.Symptoms of Stress
- Symptoms of stress are divided into three sections, namely in terms of the physical, in terms of psychic and psychological terms as follows (Sarastika, 2014):
- a. Symptoms of Stress on Physical Aspects
- Physical symptoms are easily detected as a result of stress are:
1. Sleep disorders (insomnia, too much or too little).
 2. The reduced level of activity, people with depression showed a passive behavior, like activities that do not involve other people like watching tv, eating, sleeping.
 3. The decline in work efficiency. The cause of people affected by depression would be difficult to focus or mind on a matter or work so that they will also be difficult to focus your energy on things a priority. Most are in fact doing things that are inefficient and useless, such as

snacking, daydreaming, smoking continue to occur, often called unnecessary.

4. Decreasing productivity. Circumstances are forcing them to move makes it increasingly losing energy because energy is already widely used to defend themselves in order to continue to function as usual. They are easily tired, tired though not perform its activities.
5. Easy to feel inferior and ill. If someone saves your negative feelings will make it clear exhausted by burdensome thoughts and feelings, and he had to carry it anywhere and anytime, likes or dislikes.

b. Stress Symptoms of Segi Psychic

Psychic stress-related symptom is characterized by:

1. Lose confidence. The cause of people who experience stress tend to see things from the negative side, including the judge yourself.
2. Sensitif dan delighted to associate everything with him. As a result, they are irritable, irritable, sensitive, suspicious of the intentions of others, easily sad, moody, and prefer to be alone.
3. Feeling useless. This feeling arises because they feel that fail, especially in the field or environment they are supposed to control.
4. Guilt. They looked at an event that happened to him as a punishment or as a result of their failure to carry out the responsibilities which are actually.
5. Feeling overwhelmed. They feel burdened because it felt too heavy in overload a heavy responsibility.

Stress begins with ourselves ultimately affects the environment and employment. Environment would react to the behavior of people with depression are generally negative (Easy angry, irritable, withdrawn, sensitive, easily tired, easily hurt).

- c. Symptoms of stress in terms of the psychological aspect

Opinions Taylor (2003) and was also mentioned by Davis and Nelson can be concluded that the signs or symptoms of stress in general can be grouped as follows below (Agoes, et al., 2013):

1. Emotional aspects (feelings). Highlights include: feeling anxious (*feeling anxious*), fearful (*feeling scared*), feel irritable (*feeling irritable*), feel moody (*feeling moody*), and feel unable to cope (*feeling of inability to cope*)
2. Cognitive Aspects (Mind). Include: Appreciation for the lower self (*low self esteem*), fear of failure (*fear of failure*), inability to concentrate (*inability to concentrate*), easy to make a spectacle of oneself (*embarrassing Easily*), worried about the future (*worrying about the future*), Easy to forget (*forgetfulness*), and emotionally unstable (*emotional instability*)
3. Aspects of social behavior. Include: If talk stutter or nervousness and difficulty talking more (*stuttering and other speech Difficulties*), reluctant to cooperate (*Uncooperative activities*), was not able to relax (*inability to relax*), crying for no apparent reason (*crying for no apparent reason*), act impulsive or acted at will (*acting impulsively*), easily startled or surprised (*Startling easily*), gritted his teeth (*grinding teeth*), frequency of smoking increases (*increasing smoking*), the use of drugs and alcohol increases (*increasing use of drugs and alcohol*), doggone easy (*being accident prone*), and loss of appetite or excessive appetite (*losing appetite or overeating*)
4. Physiological aspects. Include: Sweating (*perspiration or sweaty*), increased heart rate (*Increased heart beat*), chills or shaking (*Trembling*), restless or nervous (*nervous*), mouth and throat dry (*dryness of throat and mouth*), easy fatigue (*tiring Easily*), frequent passing of urine (*urinating frequently*), have problems with sleep (*sleeping problems*), diarrhea / indigestion / vomiting (*diarrhea / indigestion / vomiting*), stomach or constipation (*coil around in stomach*), headaches (*headaches*), high blood pressure (*high blood pressure*), and pain in the neck or lower back (*pain in the neck and or lower back*).

6. Measurement of Stress

Stress measurements below the psychological stress measurements based on measurements *Depression Anxiety Stress Scales* (DASS 42) consists of 42 items of questions as follows:

1. Angry for trivial things

My lips are often dry

1. Can not feel positive feelings
2. Experiencing difficulty in breathing (eg often panting or can not breathe when not doing physical activity before).
3. No longer strong enough to perform an activity
4. Tended to overreact to a situation.
5. Feeling shaky (for example, the legs feel like ' dislodged ').
6. Find it difficult to relax.
7. Finding myself in a situation that makes me feel very anxious and I would feel very relieved if this is all over.
8. Nothing can be expected in the future
9. I find myself easily irritated
10. I feel I've spent a lot of energy to feel anxious.
11. Depressed.
12. Impatient when delays
13. Limp like going to faint
14. Loss of interest in all things
15. Not worth as a human being
16. Easily offended
17. excessive sweating (eg: sweaty hands), but the temperature was not hot or not doing physical activity before
18. Fear for no apparent reason

19. Life is not helpful

20. Difficult to rest

21. difficulty in swallowing

22. Unable to feel the comfort of the things I do

23. Feel the heart rate increases or weakened

24. Hopeless

25. Very irritable

26. Easy to panic

27. It's hard to calm down after something upset me.

28. Fear hampered by the unusual task done

29. Did not feel enthusiastic in any case

30. No patient in the face of interference

31. agitated

32. Worthless

33. Can not understand it obstructs to finish things being done

34. Very scared.

35. There is no hope for the future

36. Life does not mean

37. anxious

38. Alarmed by the situation in which I might panic and embarrass yourself

39. Shaking (eg on hand)

40. It's hard to improve the initiative in doing something.

How to vote:

Of the 42 questions in each group were given ratings numbers (score) of 0-4, which means it is:

1. Score 0: No or never
2. Score 1: In accordance with that experienced by up to a certain level, or sometimes
3. Score 2: Frequent
4. Score 3: Very accordance with experienced, or almost every time.

Assessment results that by adding together the scores with the provisions of (Hawari, 2011) as follows:

1. Skor0 - 14: Normal
2. Skor15-18: Lightweight
3. Score 19- 25: Medium
4. Score 26- 33: Severe
5. Score > 33: Very severe

G. Civil War Impact on Education Youth

A study of literacy *United Central of Foundation* (UNICEF) found that the interaction of various factors cause children risked marriage at an early age. It is widely known that the marriage of children related to the tradition and culture, so it is difficult to change. Economic reasons, the hope of achieving social and financial security after marriage causes many parents encourage their children to get married at a young age (BKKBN, 2013).

Analysis Inter- Census Population Survey (SUPAS) 2005 from the National Family Planning Coordinating Board (BKKBN) that young women in rural areas a lot more to marriage at a young age. Although child marriage is a predominant problem in developing countries, there is evidence that this incident is still ongoing in developed countries that the parents agree to his son's wedding less than 15 years old (Fadlyana et al, 2009).

According Aisyaroh (2012) one of the factors is the lack of education in women an unwanted pregnancy. These unwanted pregnancies caused by rape dan pernikahan early.

According to Philip in Amisism (2013), the impact of war on the tribes in Mimika Kanupaten

impact on her off at school and the worst is the indigenous native tribes in Mimika experiencing tribal war. Moreover, in women, especially due to the impact of cultural remaka "kur" are being subjected to the influence of sex. These teens are women aged between 10-19 years. As a result, teenage pregnancy and is not known who the man - a man who is responsible, so that the adolescent female dropouts.

Education is a process of changing attitudes and code of conduct of a person or group of people in a mature business man through teaching and training efforts. Meanwhile, according to Law No. 20 of 2003 on National Education System, that education is a conscious and deliberate effort to prepare students through guidance, instruction and or training for the role dimasyang come. In Chapter Act mentions about the track, level and type of formal education consists of primary education, secondary education and higher education. According to the Law of the Republic of Indonesia Number 20 of 2003 on National Education System, basic education is the underlying secondary education (Prayoto, 2014).

In terms of levels, education track is divided into:

1. Basic education

Primary education in the form of elementary school (SD) and Madrasah, Ibtida'iyah (MI) or other equivalent forms, as well as the Junior High School (SMP) and MTs (MTS) or other equivalent form.

2. Middle education

Based on the Law of the Republic of Indonesia Number 20 Year 2003 on National Education System, an advanced secondary education is a basic education level. Secondary education consists of general secondary education and vocational secondary education. Shaped secondary education high school (SMA), Madrasah Aliyah (MA), vocational schools (SMK) and Madrasah Aliyah Religious (MAK) or other equivalent form.

3. Higher education

Based on Republic Act No. 20 of 2003 on National Education System, higher education is an education after secondary education which includes diplomas, bachelor's, master's, specialist, and doctoral organized by the college. Higher education

can take the form colleges, polytechnics, colleges, institutions or universities (Prayoto, 2014).

Education requires people to do and fill his life to attain salvation and happiness. Education is needed to get informaasi, for example, things that support health so as to improve the quality of life. Thus it can be interpreted that the higher one's education, then the easier to receive information so that the more knowledge he has, otherwise less education would hinder the development of one's attitude to the values that were introduced (Prayoto, 2014).

H. Basic Concepts Behavior

1. Understanding

Behavior is all either human activity or activities that can be observed directly and can not be observed by outsiders. Human behavior is essentially human action itself that the range is very wide from the start to walk, talk, cry, laugh and work and so on (Alam, 2014).

Behavior is an activity or activity of an organism or living thing in question. Behaviour is the person's response or reaction to the stimulus (stimuli from the outside). Thus, human behavior occurs through a process of stimulus, and the responses of organisms (Adnani, 2014).

According Lawrena Green (1981) in Notoatmodjo (2011) there are three factors that affect the establishment or determinant behavioral, namely:

1. Factors that facilitate (*predisposing factors*)

The main factors that influence behavior is the attitude, knowledge, self-concepts, beliefs, values the habit of keeping the genitals. Besides demographic factors such as economic status, age, gender and family size also affect behavior change.

2. Factors supporting (*enabling factors*)

Factors that pointed desires were fulfilled such as resources, facilities, infrastructure, expertise and skills.

3. The driving factor (*renforcing factor*)

Factors that reinforce a person's behavior changes due to the behavior and attitudes of others such as teachers, peers and family environment.

2.Theory - Theory of Behavior

a.Planned Behavior (*Theory of planned behavior*)

Kurt Lewin (1951) in Azwar (2010) formulated a model of behavioral effects which says that behavior is a function of the characteristics of the individual and the environment. The individual characteristics include variables such as motives, values, personality traits, and attitudes that interact with each other and then interact also with environmental factors in determining behavior. Environmental factors have great power in determining behavior, even sometimes strength is greater than the individual characteristics. Icek Ajzen and Martin Fishbein suggests Cogent Measures Theory (*theory of reasoned action*) (Ajzen & Fishbein, 1980 in Brehm and Kassin, 1990; Ajzen, 1988).

By trying to see the antecedents of behavioral cause volitional (current behavior of their own accord), this theory is based on the assumption that humans generally do things in ways that make sense, that humans consider all available information, and that explicitly or implicitly humans into account the implications of their actions. The theory of reasoned behavior later expanded and dimodifikas by Ajzen (1988). This modification is called theory of planned behavior (*theory of planned behavior*). The core theory of planned behavior remain on the determinant factor but intense behavioral intentions are not just two (attitude toward the behavior in question and subjective norms) but with the inclusion of the three aspects of the internalized behavior control (Anwar, 2010).

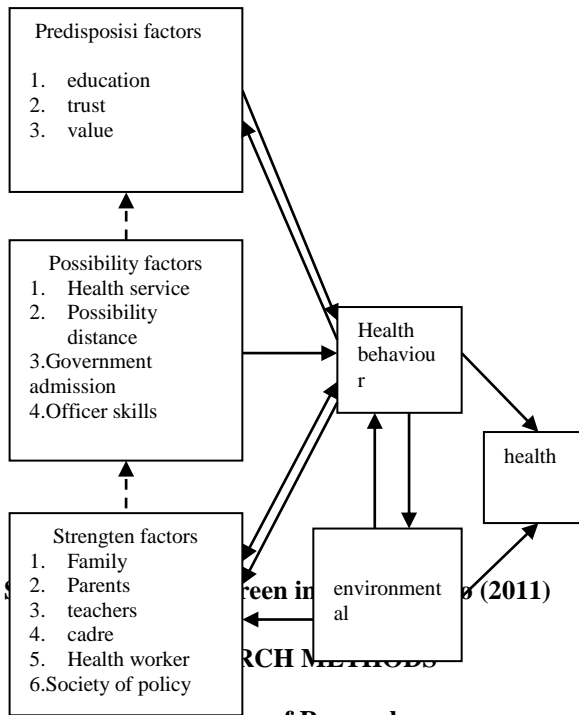
According to the theory of planned behavior among the various beliefs that ultimately will determine the intentions and beliefs about a particular behavior is available whether or not the opportunity and resources needed. This belief can be derived from the experience with the behavior in question in the past, can also be influenced by informnasi indirectly on the conduct of that instance by looking at the experience of a friend or someone else who has tried it, and it can also be influenced by other factors which reduce or increase

impression of the difficulty of doing the act in question (Anwar, 2010).

b. The theory of behavioral health status

According to H .L.Blum (1981) there are four factors that affect the health status of community health status or individual, namely heredity, environment, behavior and health.

I. Theoretical framework



A. Types of Research

This study was an observational study with a *cross design sectional*. The study was a *cross sectional* study design study variables - variables included risk factors and variables - variables include the effect observed while at the same time (Notoatmodjo, 2012).

B.The scope of research

This study limit ourselves to the assessment of the impact of tribal warfare for pregnant in adolescents, the level of stress to teens sexually transmitted diseases, teenage education levels and acts of violence on women.

C.Time and Location Research

This research was conducted in the District Kwamki Narama and Kuala Kencana Mimika District on September 6 by collecting 201 secondary and primary data. The reason for choosing Mimika as a place of research are:

1. Risk in adolescents as a result of tribal warfare
2. Figures disease transmitted infections HIV / AIDS) is the highest in the province of Papua

D.Population and Sample

1. Population

Population is the set of all objects or individuals which will be studied or group of origin from which a sample is selected (Tiro, 2011). The population in this study were young in the 2-Narama district they are: Kwamki District and District of Kuala Kencana Mimika total of 120 pregnant teenagers Mimika District Profiles 2016.

2. Samples

Samples are half of total population characteristics investigated or measured (Saepudin, 2011). The sampling technique used in this research that is by *sampling saturated*.

E.Variables Research and Operational Definitions

1. Pregnancy risk in adolescents

Pregnancy risk in adolescents according to WHO classification teen age limit (15-24) include, age during pregnancy <20 years, height <145 cm, as well as disease and a history of sexually transmitted diseases

Scale Nominal :

objective criteria :

Risk : When pregnant at age <20 years, height 145 cm ≤ and no history of infectious disease sexual

No risk: When pregnant aged ≥ 20 years, height > 145 cm and no recording Kual infectious disease.

2. Stress in adolescents

Feelings experienced by young women who felt the impact of war on the tribal culture of "Kur" greeting greetings home that has been specified by the head of the war. Measurement of stress measured using the instrument (Dass 42) (Hawari, 2011)

1 : Stress: if the score> 26

2 : Do not stress: if score <26

3. Sexually transmitted disease

Sexually transmitted diseases occurs due to the influence of sex in tribal warfare in the culture of "Kur"

objective criteria

1. There is a sexually transmitted disease

2. None of sexually transmitted diseases

4. Knowledge of sexually transmitted diseases

An understanding of adolescents about sexually transmitted diseases including the understanding, causes, types - types of sexually transmitted diseases and their prevention.

Objective criteria:

1: Less, if the correct answer scores <50%

2: Well, if the correct answer score > 50%

5. Education

Graduates of formal education followed by respondents.

. Low: If teens do not continue and finish to complete primary school education

2.High : If a teenager graduated to complete primary school, junior high and high school

6. Violence

Violence experienced by young women as a result of tribal warfare

1: High, when the score answer > 5 0%

2: Low, when the answer score <50%

7. Tribal wars is a process so s ial between two or more people (can also group) where one party trying to get rid of another group by destroying or made powerless (Abubakar, 2011)

1: Risk, if teens are involved culture of "Kur" in a tribal war

2: No risk, if the teen not getinvolved in the culture of "Kur" in a tribal war.

F. Types and Sources of Data

This type of data use you two types of data, primary data and secondary data.

1. Primary data

The primary data obtained directly by using the questionnaire given to respondents.

2. Secondary data

Data obtained indirectly in the form of profiles and reports Mimika about clan war of Kwamki District.Narama.

G. Research Instruments

The research instrument used in this study are as follows:

- 1 Questionnaires
- 2 Stationary
- 3 Camera

H.Data collection technique

Data collected by collecting primary and secondary data and then do the recording in accordance variables required by the questionnaire with - steps as follows:

- a. After receiving permission from the Faculty of further research aimed at the Mimika District Health Office.

- b. Give an explanation to the respondent and give consent form (*informed consent*) as a respondent consent
- c. Gave questionnaires to respondents with a charging time of 60 minutes and collected back
- d. To examine the completeness of the data from the questionnaires
- e. Furthermore, assessment and analysis

e. *Cleaning* (data cleansing). Data cleansing is done on all the worksheets to clear errors that may occur during the process of data input. This process is done through frequency analysis on all the variables. As for the *missing* data is cleaned by inputting the correct data.

2. Univariate analysis

Univariate analysis aims to look at the picture of a frequency distribution with a single percentage for each variable related research with the purpose of research and presented in a frequency distribution table.

Data Analysis Techniques

1. Data processing

Data processing was performed using SPSS (*Statistical Product and Service Solutions*) who advance through several stages, namely:

- a. *Editing* (editing data). Editing the data starts in the field and after the data is collected, the questionnaire examined criteria apparatus according to the sample and if there is an incomplete questionnaires, the questionnaire will include return.
- b. *Coding* (coding data). When all the data has been collected and are finished editing in the field, and then will do the coding of data based on the book code that had been developed previously.
- c. had been transferred to the application formats SPSS computer program.
- d. *Entry* (data entry). Data were then inputted into SPSS worksheet for each variable. Sequence data input based on the number responder in the questionnaire.

3. The bivariate analysis

The bivariate analysis aims to look great risk Inde pendent variables on the dependent variable. Given the research design was a *cross sectional study*, the analysis of the effects done by using *cross sectional* calculations performed by mengg unakan cross-tabulation between vari abel. Knowledgeable value prevalence ratio (RP), memungk Inkan to predict the effects of the impact of tribal warfare. The hypothesis was tested with a test of significance $\alpha = 0.05$. The statistical test used is *RP* to determine the influence of the independent variable risk pregnancies with the following formula:

Table 3.3. *Cross Sectional* Data Analysis Research

Risk factors	Group		amount
	+	-	
+	a	b	a + b
-	c	d	c + d
amount	a + c	b + d	a + b + c + d

Source: Hasmi, 2016

The size of the power of association used was the prevalence ratio (PR).

Prevalent in the exposed group	in the exposed group	: $a / (a + b)$	If the value of $p \geq \alpha$ (0.05), the research hypothesis H_0 is accepted
Prevalent in the unexposed group	in the unexposed group	: $c / (c + d)$	
Calculation of prevalence ratio (PR)	of prevalence ratio	: $RP = \frac{a/(a+b)}{c/(c+d)}$	If the value of $p < \alpha$ (0.05), the research hypothesis H_0 is rejected

Interpretation Ratio prevalence (RP):

a. If the value of $RP = 1$ means that the variable is suspected as a risk factor that there is no impact on the occurrence of an effect, or in other words not as a risk factor for the effect (disease / health problems).

b. If the value of $RP > 1$ and the range of the confidence interval does not include the number 1, it means that the variable is not a risk factor for the effect (disease / health problems).

c. If the value of $RP < 1$, and the range of the confidence interval does not include the number 1, meaning the factors studied a protective factor for the effect.

RP provisions are:

a. Or confidence intervals *Confidence Interval (CI)* of 95%

b. Values of significance to see the risk factors with the cases found by ba bag-limit following the interpretation of meaningfulness:

- 1) If the value of LL and UL are under the value of 1 (one) or are above a value of 1 (one), then the value of RP gained influence meaningfulness.
- 2) If the value of LL and UL includes a value of 1 (one), then the value obtained RP has no effect meaningfulness.

Conclusion:

A. Overview Location Research

Mimika District consists of islands with yangberagam cultural characteristics and customs are different, including behavior that related with. Timika is the capital of Mimika district with an area of 19.592 km² area or 4.75% of the area of Papua province. Before became district, Mimika is a district that is currently under government administrative district called Fak-Fak regency. Through the laws Act No. 45 of 1999, officially became a regency Mimika definitive. M according located in the surrounding counties, it can be describes as following:

West Side : Regency Kaimana- Province

West Papua in longitude 134 ° 31 'east longitude.

East : Regency of Asmat and Yahukimo- Papua Province at longitude 138 ° 31 'east longitude.

North : Regency of Intan Jaya and Puncak Jaya Regency, Papua Province at 04 ° 60 'LS

South side : Bordering the Arafura Sea at 05 ° layout 18'LS



Figure 4.1. Administrative Area map of Mimika

Mimika Regency topography plateau and lowland. Bertopografi plateau district is District Tembapapura and Jila district. The districts other than the two districts the districts which have low-lying topography. New Mimika District, District of Kuala Kencana, District Tembapapura and Jila district is a district that does not have a beach. While, West Mimika district, Mimika district Midwest, West Mimika District Far, East Mimika District, Middle East Mimika District, Mimika District Far Eastern District Agimuga and distri Jita most territories adjacent to the sea, so that these districts have a beach.

Based on data obtained from BPS total population Mimika regency in 2012 is 188 830 people spread on the 12th District. The population of each district can be seen in Table 4.1.

Table 4.1. Total Population by Gender Age Group Mimika District

No	District	Province Area (km ²)	Village / regency	Total population
1	Mimika	2,914	10	4,032
2	Barat	2,356	9	2,100
3	Central West	2868	5	1,831
4	Mimika	1789	8	9185
5	Far West	726	5	3,101
6	Mimika	1049	5	3064
7	East Mimika	2,216	11	123 233
8	Middle East	511	7	18.0932
9	Mimika	1280	8	17 199
10	Far East	1,772	4	883

11	Mimika	1097	8	3,877
12	Mimika	1014	5	1393
	Baru			
	Kuala			
	Kencana			
	Tembagapura			
	a			
	Agimuga			
	Jila			
	Jita			
	Amount	19 592	85	188 830

Source: BPS Mimika 2015

The data shown in Table 4.1 above shows that distrikyang have the highest number of inhabitants is Barudengan Mimika district population of 123 233 people (65.3%) there are 8 villages d 3 villages with an area of 2,216 km² (11.3%) having growth population of 55.61 per km². While the district is the smallest population has Agimuga District with total population of 883 inhabitants (0.46%), there are 4 villages with area surface 1,772 km² (9%) have a population density of 0.49 each Km².

Based on data obtained from BPS District Mimika grouping total population by gender and kelompokumur can be seen in the table below:

Table 4.2. Total Population by Gender and Age Group Mimika District

No.	Age	Man	female	Amount
1	0-4 years	11 925	11 393	23 318
2	5-9 years	11 457	11 082	22 539
3	10-14 years	9,290	8082	17 372
4	20-24 years	6906	5940	12 846
5	25-29 years	8,630	7792	16 422
6	30-34 years	12 339	10 483	22 822
7	35-39 years	13 067	9391	22 458
8	40-44 years	11 314	7,211	18 582
9	45-49 years	9118	4807	13 925
10	50-54 years	5419	2,834	8253
11	55-59 years	3467	1,774	5,241
12	60-64 years	1,632	1,000	2632
13	> 65 years	804	542	1,346
	Amount	106 007	82 823	188 830

Source: BPS Mimika 2015

The data shown in Table 3 above shows that the age group that has the highest percentage of that age group 25-29 years as many as 22 822 people (12.08%), which consists of men as many as 12 339 people (6.53%) and women as much as 10 483 inhabitants (5.55%), while the age group that has the lowest percentage ie the age group over 65 years as many as 1,131 people (0.59%) consisting of men as much as 639 people (0.33%) and women as many as 492 people (0.26%).

Based on data obtained from the county educational facility BPS Mimika per district at this time can be described as follows:

Table 4.3. Distribution Facility Services Based Education District Mimika District

No	District	SD	JS	SM	SM	Amou
.			S	U	K	nt
1	Mimika	3	1	1	0	5
2	Barat	8	1	0	0	9
3	Central	6	1	0	0	7
4	West	12	1	0	2	15
5	Mimika	5	1	0	0	6
6	Far West	4	1	0	0	5
7	Mimika	41	17	7	5	70
8	East	8	4	0	1	14
9	Mimika	6	2	0	0	8
10	Middle	4	1	0	0	5
11	East	4	1	0	0	5
12	Mimika	3	1	0	0	4
	Far East					
	Mimika					
	Mimika					
	Baru					
	Kuala					
	Kencana					
	Tembagapura					
	Agimuga					
	Jila					
	Jita					
	Amount	10				
		4				

Source: BPS Mimika 2015

The data shown in the table 4.3 The above shows that the number of Mimika district educational facilities by 2012 as many as 153 facilities consisting of 104 elementary schools, 32 Junior High School and 17 High School. Most educational facilities in the district New Mimika 70 units (45.75%) consisting of 41 primary schools, 17 junior high school, and 12 high school educational facilities while at least that is contained in Jita District 4 units (2.61%), which consists of three primary schools and one junior high school. Based on data obtained from the Department of Education and Culture Percentage level of education of Mimika demonstrated by looking at the literacy rate above 10 years of age. On In 2012 the literacy rate is equal to 8.90%. Districts with numbers literate age 10 years and older is Jila district that is equal to 48.22% while districts with the lowest adult literacy rates are District Tembagapura ie 0.94%

The livelihoods of most of the Mimika regency farming, trade, while still others are fishermen and negeri. Wilayah employee Mimika with variety geographical conditions there are three types of transportation used. For each town region including the lowland areas can be reached by land using transportation (two wheels and four wheels), while for mountain road only be reached by air transport (helicopter and small plane load or 5 people) while for beach area can be reached by sea transport (boat Motorcycle / loangboath) . Main accomodation communication from the district to the districts are using telephones or phonecells but for areas cannot reached yet by phonecells , Radio Communications (SSB).

3. RESEARCH RESULT

1. Univariate analysis

a. Age

Table 4.1 Distribution Characteristics of Respondent by Age Youth-Narama Kwamki District and District of Kuala Kencana Mimika regency in Mimika

No.	Age	n	%
1	11-16 years	40	33.3
2	17-24 years	80	66.7
amount		120	100

Source: Data Primer, 2016

Table 4.1 shows that most respondents age at age 17-24 years as many as 80 people (66, 7%) and less among respondents aged 11-16 years as many as 40 people (33, 3%).

c. Education

Table 4.2. Distribution of Respondents According to the characteristics of Youth Education in the District Kwamki-Narama and Kuala Kencana Mimika District

No.	Education	n	%
1	Low (not school, not completed primary school)	45	37.5
2	High (minimum End SD)	75	62.5
amount		120	100

Source: Data Primer, 2016

Table 4.2 shows that the age of the most respondents with higher education as many as 75 people (62.5%) and lowest among respondents with low education as many as 45 people (37, 5%).

d. tribe

Table 4.3. Distribution of Respondent According to the characteristics Tribe Youth in Kwamki-Narama District and District of Kuala Kencana Mimika

No.	tribe	n	%
1	Amungme	18	15
2	Damal	27	22.5
3	D ani	12	10
4	Mee	2	1.7
5	M oni	57	47.5
6	Nduga	4	3.3
amount		120	100

Source: Data Primer, 2016

Table 4.3 shows that the rate most respondents are of the tribe Moni as many as 57 people (47.5%) and lowest among respondents with Mee tribe as much as 2 (1.7%).

e. pregnancy Risks

Table 4. 4. Distribution of Respondents According to the Youth Risk Pregnancy in Kwamki-Narama District and District of Kuala Kencana Mimika

No.	pregnancy Risks	n	%
1	Risk	100	83.3
2	No Risk	20	16.7
amount		120	100

Source: Data Primer, 2016

Table 4.4 shows that all respondents overall pregnancy and most risky of 100 people (83.3%) and the risk of 20 people (16.7%).

e. Stress level

Table 4. 5. Distribution of Respondents According Teen Stress Levels in Kwamki-Narama District and District of Kuala Kencana Mimika

No.	Stress level	n	%
1	stress	92	76.7
2	No Stress	28	23.3
amount		120	100

Source: Data Primer, 2016

Table 4.5 shows that the level of stress in adolescents are subjected to stress as many as 92 people (76.7%) and not stressed totaling 28 people (23.3%).

f. Sexually Transmitted Diseases

Table 4. 6. Distribution of Respondents by Type of Sexually Transmitted Diseases in the District Youth Kwamki-Narama and Kuala Kencana Mimika District.

No.	Sexually Transmitted Diseases	n	%
1	gonorrhea	3	2.5
2	HIV / AIDS	12	10
3	chlamydia	5	4.2
4	syphilis	6	5
5	No	94	78.3
amount		120	100

Source: Data Primer, 2016

Table 4.6 shows that out of 120 people were 94 people (78.3%) were not infected with sexually transmitted diseases, while 26 people were infected with sexually transmitted diseases was at highest level HIV / AIDS as many as 12 people (10%).

g. Tribal war

Table 4.7. Distribution of Respondents According to the Civil War in the District Youth Kwamki-Narama and Kuala Kencana Mimika District

No.	Tribal war	n	%
1	Involved	90	75
2	Not involved	30	25
amount		120	100

Source: Data Primer, 2016

Table 4.7 shows that out of 120 respondents currently rate war going on and engage in the culture of "kur" amounted to 90 people (75%) and was not involved amounted to 30 (25%).

Violence

Table 4.8. Distribution of Respondents According to Violence Teen in Kwamki-Narama District and District of Kuala Kencana Mimika.

No.	Violence	n	%
1	High	74	61.7
2	Low	46	38.3
amount		120	100

Source: Data Primer, 2016

Table 4.8 shows that out of 120 respondents currently experiencing tribal wars going high hardness amounted to 74 people (61.7%) and low hardness totaled 46 people (38.3%).

i. Knowledge of Sexually Transmitted Diseases

Table 4.9. Distribution of Respondents According to Violence Teen in Kwamki-Narama District and District of Kuala Kencana Mimika

No.	Knowledge of Sexually Transmitted Diseases	n	%
1	Less	89	74.2
2	Good	31	25.8
amount		120	100

Source: Data Primer, 2016

Table 4.9 shows that out of 120 respondents as a large have less knowledge about sexually transmitted diseases amounted to 89 (74.2%) and have a good knowledge about sexually transmitted diseases amounted to 31 (25.8%).

2. The bivariate analysis

a. Influence Tribal War Against Teenage Pregnancy Risk

Table 4.10. Influence Tribal War Against Teenage Pregnancy Risk in Kwamki-Narama District and District of Kuala Kencana Mimika

No.	Tribal war	pregnancy Risks				n	%
		Risk		No Risk			
		n	%	n	%		
1	Involved	79	87.8	11	12.2	90	100
2	Not involved	21	70	9	30	30	100
Total		100	83.3	20	16.7	120	100

p-value = 0, 048; R P = 1, 25, 4; CI 95% (0, 980-1, 605)

Source: Data Primer, 2016

Table 4. 10. showed that respondents were involved in tribal wars and pregnancy risk amounted to 79 people (87.8%) when compared to non-risk amounted to 11 (12, 2%). The results of *chi square* statistical test on the value of the significance of 95% $\alpha = 0.05$ was obtained *p-value* of 0, 048 or $p < \alpha$ (0.05), thus there is the influence of tribal war against the risk of pregnancy in adolescents. When viewed from the value of R P = 1, 2 5 4; CI 95% (0, 980-1, 60 5), the *lower* and *upper* value is below the value of 1, so it is not meaningful.

b. Influence Tribal War Against Teen Stress Levels

Table 4.11. Influence Tribal War Against Teen Stress Levels in Kwamki-Narama District and District of Kuala Kencana Mimika.

No.	Tribal war	Teen Stress Levels				n	%
		stress		No Stress			
		n	%	n	%		
1	Involved	89	98.9	1	1.1	90	100
2	Not involved	3	10	27	90	30	100
Total		92	76.7	28	23.3	120	100

p-value = 0.000; RP = 9.889; CI 95% (from 3.379 to 28.938)

Source: Data Primer, 2016

Table 4.11. showed that respondents were involved in tribal warfare under stress amounted to 89 (98, 9%) l e BIH higher when compared to uninvolved and stressed totally 3 people (1 0%). The test results on the value of *chi square* statistic significance of 95% $\alpha = 0.05$ was obtained *p-value* of 0, 000 or $p < \alpha$ (0.05), thus there are tribal wars influence on the level of stress in adolescents. When viewed from the RP = 9, 889; C I 95% (3, 379-28, 938) which is interpreted that the teens involved in tribal wars probably experiencing stress 9, 889 times greater in adolescents who did not engage in tribal warfare.

f. Influence Tribal War Against Sexually Transmitted Diseases .

Table 4. 11. Influence Tribal War Against Sexually Transmitted Diseases in Adolescents in Kwamki-Narama District and District of Kuala Kencana Mimika.

No.	Tribal war	Sexually transmitted disease				n	%
		There is		There is no			
		n	%	n	%		
1	Involved	24	26.7	66	73.3	90	100
2	Not involved	2	6.7	28	93.3	30	100
Total		26	21.7	94	78.3	120	100

p-value = 0.041; RP = 4; CI 95% (from 1.004 to 15.932)

Source: Data Primer, 2016

Table 4.12 indicates that respondents who are involved in tribal wars infected with sexually transmitted diseases, amounting to 24 people (26.7%) was higher than that is not involved infections sexually transmitted diseases amounted to 2 (6.7%). The test results on the value of *chi square* statistic significance of 95% $\alpha = 0.05$ was obtained *p-value* of 0.041 or $p < \alpha$ (0.05), thus there is the influence of tribal warfare against sexually transmitted diseases in adolescents. When viewed grades RP = 4; CI 95%

(from 1.004 to 15.932) interpreted that the teens involved in tribal wars probably infected with contagious diseases seksuality 4 times greater when compared to teens who do not engage in tribal warfare.

g. Influence Tribal War Against Violence

Table 4. 13. Influence Tribal War Again Violence in Youth in Kwamki-Narama District and District of Kuala Kencana Mimika

No.	Tribal war	Violence				n	%
		High		Low			
		n	%	n	%		
1	Involved	72	80	18	20	90	100
2	Not involved	2	6.7	28	93.3	30	100
Total		74	61.7	46	38.3	120	100

p-value = 0.000; RP = 12; CI 95% (from 3.133 to 45.961)

Source: Data Primer, 2016

Table 4.13 indicates that respondents are involved in a tribal war experience high violence follow totaled 72 (80%) higher than that is not involved amounted to 2 (6.7%). The test results on the value of *chi square* statistic significance of 95% $\alpha = 0.05$ was obtained *p-value* 0.000 or $p < \alpha$ (0.05), thus there is the influence of tribal warfare against violence in adolescents. When viewed from the RP = 12; CI 95% (3, 133-4 5.9 61) is interpreted that the teens involved in tribal wars experienced violence 12 times higher ore 1 greater in adolescents who did not engage in tribal warfare.

e.Tribal War Against Knowledge Effect of Sexually Transmitted Diseases.

Table 4:14. Influence Tribal War Agains transfection Sexual Disease in Adolescents in Kwamki-Narama District and District of Kuala Kencana Mimika

No.	Tribal war	Knowledge				n	%
		Less		Good			
		n	%	n	%		

1	Involved	66	73.3	24	26.7	90	100
2	Not involved	23	76.7	7	23.3	30	100
Total		89	74.2	31	25.8	120	100

p-value = 0.904; RP = 0.957; CI 95% (0.757 to 1.208)

Source: Data Primer, 2016

Table 4.14 shows that the respondents are involved in a tribal war with less knowledge of sexually transmitted diseases as many as 66 people (73.3%) higher compared to that are not involved as many as 23 people (76.7%). The test results on the value of *chi square* statistic significance 95 % $\alpha = 0.05$ was obtained *p-value* of 0,904 or $p > \alpha$ (0.05), the value of RP = 0,957; CI 95% (0,757-1,208) thus no significant influence of tribal warfare against the knowledge of sexually transmitted diseases.

f.Influence Civil War to Education

Table 4. 14. Influence Tribal War Against Youth Education in a pad-Narama Kwamki District and District of Kuala Kencana Mimika

No.	Tribal war	Education				n	%
		Low		High			
		n	%	n	%		
1	Involved	79	87.8	11	12.2	90	100
2	Not involved	16	53.3	14	46.7	30	100
Total		95	79.2	25	20.8	120	100

p-value = 0.000; RP = 1,646; CI 95% (1.167 to 2.320)

Source: Data Primer, 2016

Table 4.14 shows that the respondents were involved in tribal wars causing low education amounted to 79 people (87.8%) was higher than that is not involved totally 16 people (53.3%). The test results on the value of *chi square* statistic significance of 95% $\alpha = 0.05$ was obtained *p-value* of 0.001 or $p < \alpha$ (0.05), thus no influence on the education of tribal warfare in adolescents. When viewed from the RP = 1,646; CI 95% (from 1.167 to 2,320) which is interpreted that the teens involved in tribal warfare likely to experience low education 1.646 times greater in adolescents who did not engage in tribal warfare.

DISCUSSION**1. Influence Tribal War Against Teenage Pregnancy Risk**

The result showed that the influence of tribal warfare against pregnancy risk in adolescents in District Kwamki-Narama and District of Kuala Kencana Mimika (*p-value* 0.048), which re maja involved in tribal wars and pregnancy risk amounted to 79 (87, 8%) when compared to non-risk total of 11 people (12.2%).

Philip (2013) in young women in Mimika, pregnancy in adolescents can be caused due to the culture of "Kur" so that the male - male sex can influence on women.

Pregnancy risk in adolescents is due to the culture of "Kur". When he entered the honai, they immediately formed a line of 3 to 4 rows that will be led by principal war by placing woman in the middle between men sat alternating to do "Kur" men give eagles and money to women. Procession is long enough for the whole night. During the war culture "Kur" also persists even culture "Kur" not only in a state of war, is also implemented in a way of collecting money to pay an established heads of those who were killed during the war.

The impact on women or young women who can not resist the culture of "Kur" so that the influence of sex is done continuously during the war. These women are usually placed in one house or one honai and cultural activities "Kur" do padamalam days after the battle. In addition to the low education as a teenager and the lack of knowledge about the dangers of sexual , so do unprotected sex influences such as condoms that cause pregnant women outside of marriage without the responsibilities of all - men.

This prove of statistically significant (*p-value* 0.048) in young women aged less than 20 years (83.3%) experienced a pregnancy risk than women older than 20 years or at the age unhealthy in reproduction unt u k pregnant, because it found that adolescent physical growth (height) were at risk for pregnancy and childbirth. It Rand a bkan teenagers still in growth. According Kurniawati (20 1 3) women who are pregnant do not reach the height <145 cm at risk of pregnancy, particularly in the labor process that causes complications that narrow

pelvis potential occurrence of bleeding if not dealt with immediately in the service of pregnancy.

According Romali (2011), it is caused for women aged less than 20 years, are more susceptible to the occurrence of pre-eclampsia (a condition characterized by high blood pressure, protein in the urine and fluid retention setama pregnancy) and eclampsia (seizures due to pre eclampsia), teens more at risk of having a baby with a low birth weight or infant malnutrition (Romauli, 2011). Also according to Lockhart & Saputra (2014), Mother pregnant too young, that the reproductive organs are not yet ready for fertilization and-risk of anemia, dysfunction labor and disproportion cephalopelvic (narrow pelvis).

From the test results $RP = 1,254$; $CI\ 95\% (0.980\ to\ 1.605)$ that no significant tribal war against the risk of pregnancy in adolescents. It is due to that culture in Kwamki-Narama District and District of Kuala Kencana Mimika often occur early marriage or in adolescence due hu b Ungan free sex, so that 70% of teenagers who are not involved in the culture of "Kur" pregnancy risk.

2. Effect of War Tribes Against Stress Levels

The result showed that the influence of tribal warfare on the level of stress in adolescents in Kwamki-Narama District and District of Kuala Kencana Mimika (*p-value* 0.000), where young people are involved in the tribal war experience str es totaling 89 people (98.9 %) higher than in le BIH not involved and stressed totaling 3 (10%).

Stress is a condition where the body's state of impaired because of psychological pressure. Usually stress is not due to a physical illness, but more about the psyche. However, because of the influence of stress, the physical illness can appear due to a weak and low endurance at the time (Wirawan, 2012).

The result showed that the young women involved in the culture of "Kur" experiencing stress from the research results in the category often, include often experience difficulty in breathing (eg often panting or can not breathe when not doing physical activity before) (25%), often feeling shaky (30.8%), often find it difficult to relax (38.3%), often felt he had to spend a lot of energy to feel anxious (45%), often find myself becoming impatient when the delays (42.5 %), often feel faint as faint (27.5%),

often feel that I'm worthless as a man (27.5%), often excessive sweating (8.3%), often feel scared for no apparent reason (38.3%), often feel that life is not useful (43.3%), often me ngalami difficulty in swallowing (39.2%), often can not feel pleasure from the things I did (46.7%) , despair (32.5%), often find it difficult to calm set elah something made me upset (30%), was scared to death (40%), seeing no hope for the future (40%), feels that life does not mean (46.7%), often find it difficult to raise the initiative in doing something (27.5%). While the young women were not involved in the culture of "Kur" experiencing high stress, which frequently receives threats (6, 7%) because they do not get involved. Statistical test results showed that the respondents were involved in the war in the tribal culture of "Kur" probably stressed 9.889 times greater in adolescents who did not engage in tribal warfare.

According Kusmiran (2012) that young women who mengalami an unwanted pregnancy experience psychological problems such as guilt, depression, anger and aggression, mental tension and confusion will social suddenly changed and lost confidence. It is also expressed by Sibagariang et al, (2010) that the lack of mental and emotional maturation adolescents, pregnancy will lead to feelings of anxiety.

Stress happens on respondents can be caused for their necessity in a culture of "Kur" where women receive psychological pressure as a result of actions that are not wanted. According to Kusuma (2013), stressor psychology comes up of pressure from within the individual that is negative such as frustration, anxiety (anxiety), guilt, excessive worry, anger, hate, sadness, jealousy, pity on yourself, as well as low self-esteem.

The powerlessness of women, especially teenagers who are still in the level of basic education (primary and secondary) as well as their cultural imposition "Kur" make women feel depressed and can not do - anything. This culture is also supported by the group - a group of warring and is chaired by the Chief. The role of head local tribe very significant in preventing culture "Kur", but it is difficult to prevent, because the Chiefs were also involved in the culture of "Kur". As well as threats - a threat to parents who have children and follow the culture of "Kur". Of the 120 population 90 people (75%) get pressure from their parents to get involved in the culture of "Kur"

Intimidation of war, chiefs, parents and the lack of attention from the government, religious leaders and community leaders lead to adolescent women increasingly powerless and forced to accept the harsh reality misleading culture that is still often the case .

3. Influence Tribal War Against Sexually Transmitted Diseases

The research result was that there was the influence of tribal warfare against sexually transmitted diseases in adolescents in District Kwamki-Narama and District of Kuala Kencana Mimika (*p-value* 0.041), where respondents involved in tribal wars infected with sexually transmitted diseases amounted to 24 (26, 7%) was higher than that is not involved yangterinfe k si sexually transmitted diseases amounted to 2 (6.7%).

Sexually transmitted disease is often called venereal diseases or diseases that are transmitted through the influence of sex, including HIV / AIDS can be transmitted through the influence of sex either vaginal, mul ut, or anus while for HIV / AIDS itself can be transmitted by blood transfusion and from mother to fetus, divisive person who kenah arrows by the person who entrusted the principal war using the same knife to defend things that exist in the body of a man with so HIV transmission can not be in bending, impact it has also very big, ranging from reproductive organ disorders, miscarriage, infertility, cervical cancer, up to birth defects and death (Kusmiran, 2012) .

Young women suffering from sexually transmitted diseases transmitted by men who fought wars and follow the culture of "Kur". This habit continue to do it every chance and heredity. Among them, even many who have never done the influence of sex with a prostitute. From this starting point why the disease Menul a r khsusnya sexual HIV / AIDS spread kepa da young women involved in the culture of "Kur" as tribal warfare berlangung.

The results of the study of 120 people were 94 people (78.3%) were not infected with sexually transmitted diseases, while 26 people are infected with a sexually transmitted disease is highest HIV / AIDS (10%), syphilis (5%), chlamydia (4.2 %) and gonorrhoea (2.5%).

Reports first quarter report dated March 31 Papua province health department reported

cumulative HIV / AIDS as many as 25 233 people, consisting of as many as 9362 people with HIV and HIV as many as 15 871 people. Cases of HIV / AIDS at the highest of 28 Mimika district in Papua province as much as 4,524 people, consisting of as many as 2,492 cases of people with HIV and AIDS as much as 2,032 people.

Each of war, one by one people died as victims of war. If war happens continuously, slowly but surely victims who died will be more and more due to the conflict between themselves and the causes of sexually transmitted diseases is increasingly rising. This is evident from the results ratio prevalence = 4; CI 95% (from 1.004 to 15.932) interpreted that the teens involved in tribal wars probably infected with sexually transmitted diseases four times greater when compared to teens who do not engage in tribal warfare.

Communities who runs the culture of "Kur" in the tribal wars need to be eliminated to highlight the individuality. Forming a new culture that accentuate the individuality and not an easy business. Enterprises like that requires considerable time and require continuous and socialization process of both formal and non-formal. Education in Papua will have a very important role in the effort to create a new culture that can eliminate the communality tribes were often at war. The education needs to design a curriculum that is appropriate for that purpose and special education about sexually transmitted disease which impact on the survival of indigenous tribes - the warring tribes in Mimika.

Along with the process of institution building dekatégorisasi and customary law, re-categorial process needs to be built. With re-categorial various ethnic groups that exist together in a larger group with a new collective identity. The main objective to be achieved in the process re-categorial. First, re-categorial intended to seek alternatives to the values of the missing effect of re-categorial process, which eliminates the bonds of communes i bag long by creating a bond - a new community ties. Special " tribal war" in Mimika. Sources of conflict between them not only traditional ones such as women, pigs, adultery or any other, but also a matter of funding assistance Freeport, division . So it takes the security forces and the tribal communities of other outside Mimika participate in changing the tradition war tribe including the culture of "Kur" misleading.

4. Influence Tribal War Against Violence

The results obtained by the influence of tribal warfare against violence on teenagers in Kwamki-Narama District and District of Kuala Kencana Mimika (*p-value* 0.000). Respondents involved in tribal warfare affected by violence is high (80%) was steeper than that is not involved (6.7%).

Violence ya n g experienced by young women during the war lasted rate of 120 respondents currently experiencing tribal wars going high hardness amounted to 74 people (61.7%) and low hardness totaled 46 people (38.3%). The results of the statistical test ratio prevalence = 12; CI 95% (from 3.133 to 45.961) interpreted that the teens involved in tribal warfare experiencing high violence 12 times greater in adolescents who did not engage in tribal warfare.

Violence that high perceived by respondents is an act of sexual violence, which is re sp onden invited to take the influence of sex not because of his own desire (66%) , violence (72%) has been - changing partners (73%), can not resist the influence of sexual (74%), threatened killed (39%) and was under pressure from parents to influence sex during tribal war (75%) . Although most of the respondents sought to prevent the influence of sexual during the war (67%) .

According Chusairi (2000), sexual violence is violence that can occur in the form of coercion and prosecution influence sexual. According to Martha (2003) that women suffer various forms of violence are quite varied kind of violence suffered and stressful physical, emotional or psychological, sexual, even verbally (with words) and economically. According Sutarmi (20 1 3), the level of violence experienced by women in Indonesia is very high. About 24 million women 11.4 % of the total population of Indonesia who have experienced violence.

Measures of respondents in the culture of "Kur" on sexual abuse by silent or caving in . This is because respondents are not powerless in the presence of a pressure group. Besides the pressure of parents who involve their children to participate in the culture of "Kur" , so that respondents simply resigned themselves to the situation by letting it all happened without any real support can be obtained from the support of family, especially parents.

5. Influence Tribal War Against Knowledge

The result showed that no no effect meaningful tribal war against the knowledge of infectious diseases sexual (p -value 0, 957), in man a respondent engaged in tribal warfare with less knowledge of sexually transmitted diseases as many as 66 people (73.3%) more higher than the k's are not involved as many as 23 people (76.7%).

Knowledge is the result of out and this happens after a person perform sensing to a particular object. Domain knowledge is very important for the formation of a person's behavior (Notoatmodjo, 2011).

Lack of education affects the respondents about sexually transmitted diseases. It is known that as many as 74.2% of respondents) have less knowledge about sexually transmitted diseases. Respondents engaged culture "kur" as many as 66 people (73.3%) have less knowledge higher than respondents who have a good knowledge of as many as 24 people (26.7%).

This study is not consistent with the theory that quoted Maryam (2014), that knowledge is the result of know or knowing and sensing occurs after people perform against a particular object. Sensing occurs through the senses of sight, hearing, smell, taste, and touch. Most people's knowledge or obtained through human eyes and ears.

This is because most of the respondents have primary and secondary education. This is in line with the theory put forward by Prayoto (2014), that p Education needed to get information, for example, things that support health so as to improve the quality of life. Thus it can be interpreted that the higher one's education, then the easier to receive information so that the more knowledge he has, otherwise less education would hinder the development of a person's attitude towards the values introduced .

6. Influence Civil War to Education

The result showed that the influence of tribal warfare to education on teenagers in Kwamki-Narama District and District of Kuala Kencana Mimika (p -value = 0.001), the respondents involved in tribal wars causing low education amounted to 79 (87, 8%) was higher than that is not involved with 16 (53.3%).

Results of research conducted by Taufik line (2013) which revealed that the perception of adolescents about sex behavior or premarital cause unwed teenage or unwanted pregnancies that lead to drop outs.

According Sibagariang (2010), an unwanted pregnancy by adolescent women causing embarrassment and stress that teenagers do not go to school. In addition, the woman should take care of her child after birth . As a result of the effect of premarital sex for the community is to improve adolescents drop out of school, so the quality of society decline, mortality rate among mothers and infants, so the degree of reproductive health declined, adding to the economic burden of the people so that the level of public health decreased (Pinem, 2009).

Respondents involved in the culture of "Kur" generally still an elementary school, junior high school. Adolescents who engaged and pregnant, causes of school dropouts due to the shame and stress they experienced. This leads to lower levels of education and the quality of the child's future later and can cause a variety of other social problems.

This is evident from the results of the test prevalence ratio = 1.646; CI 95% (1.167 to 2.320), the teenagers involved in tribal warfare likely not continue education 1,646 times greater in adolescents who did not engage in tribal warfare.

The role of local government to minimize or prevent the involvement of young people in the culture of "Kur" to provide education about sexual health. This education involves the school and parents to provide sex education in a holistic and integrated.

4. CONCLUSIONS AND SUGGESTIONS

Based on the results and the discussion can be summarized as follows:

1. There is the influence of tribal war against the risk of pregnancy in adolescents in Kwamki-Narama District and District of Kuala Kencana Mimika (p -value 0.048; RP = 1.25 4 95% CI = 0.980 to 1.605)
2. There is the influence of tribal warfare on the level of stress in adolescents in Kwamki-Narama District and District of Kuala Kencana Mimika (p -

value 0.000; RP = 9.889; C I 95% = 3.379 to 28.938)

3. There is the influence of tribal warfare against sexually transmitted diseases in adolescents in Kwamki-Narama District and District of Kuala Kencana Mimika (*p-value* 0.041; RP = 4, 95% CI = 1.004 to 15.932) .
4. Not a influence of tribal warfare against violence on teenagers in Kwamki-Narama District and District of Kuala Kencana district Mimika (*p-value* 0.000; RP = 12; 95% CI = 3.133 to 45.961) .
5. Not a influence of tribal warfare against the knowledge of sexually transmitted diseases in adolescents in District Kwamki-Narama and District of Kuala Kencana district Mimika (*p-value* 0.904; RP = 0 , 957, 95% CI = 0 , 7 57 - 1 , 2 0 8) .
6. There is the influence of tribal warfare to education on teenagers in Kwamki-Narama District and District of Kuala Kencana district Mimika (*p-value* = 0.000; RP = 1.646; 95% CI = 1.167 to 2.320).

B. Suggestion

1.For Local Government and the Department of Health.

a. The local government and the Health Service can perform preventive tribal warfare in cooperation with religious leaders and community leaders and strictly prohibits culture "Kur" is still often the case with a criminal conviction, so that a deterrent effect.

b. Provide sex education in an integrated and routine involving parents, chiefs, community leaders and religious leaders about the culture of "Kur", so that the culture of "Kur" can be prevented.

c. Provide tuition assistance for young women who dropped out of school in order to continue their education.

2. For educational institutions

Expected educators can provide sex education so that young women can prevent or fight the

culture of "Kur" misleading and detrimental to women and future generations .

5. For the Young Women

Prevention by avoiding conflicts in the event of tribal warfare that do not engage in tribal warfare.

6. For religious figures and figures people took part Providing information through institutional religion and customs so that the culture of "Kur" is strictly forbidden for violation of the rules - the rules of the norm there.

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