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| RESEARCH ARTICLE

The Relationship between the Perception of Virginity Values and Adolescent Attitudes in Maintaining Reproductive Health in Islamic High School (Man) 1 Semarang City

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| ABSTRACT
Virginity over virginity in Indonesian society is a symbol of pride, dignity, and respect for women. This study aims to determine the relationship between the perception of virginity values and adolescent attitudes in maintaining reproductive health in Madrasah Aliyah Negeri (MAN) 1 Semarang City. The method used in this study is the Cross-Sectional approach. The data taken were primary data using questionnaires to 307 students with sampling techniques using random sampling. The statistical test used is chi-square with = 0.05. The results of most adolescents in MAN 1 Semarang support virginity values by 59.9%, while 40.1% of adolescents do not support virginity values in adolescents. The results also showed that most adolescents had a good attitude toward maintaining reproductive health (57.7%) (177 people), while the rest had a bad attitude toward maintaining reproductive health, as much as 42.3% (130 people). The results of the Chi-Square test obtained a p-value of 0.001 < 0.05, so it can be concluded that there is a meaningful relationship between adolescent perceptions of virginity values and adolescent attitudes toward maintaining reproductive health. The magnitude of the relationship odd ratio value is 2,171; in other words, adolescents who support the virginity value have a 2,171 times better chance of maintaining reproductive health compared to adolescents who do not support the virginity value. The conclusions of this study are that adolescents' perceptions of the value of virginity have a meaningful relationship with adolescent attitudes toward maintaining reproductive health.

| KEYWORDS

Perception, Virginity, Reproduction.

| ARTICLE INFORMATION

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1. Introduction

Every human activity always produces waste, one of which is medical waste. Medical waste is all waste generated from hospital activities in the form of solid, liquid, and gas. The hospital, as a health service facility, is a gathering place for sick and healthy people and can be a source of disease transmission and allows environmental pollution and health problems, also producing waste that can transmit disease. To avoid these risks, it is necessary to manage waste in hospitals. The purpose of medical waste management is to protect patients, health workers, visitors, and the community around the hospital from the spread of infection and injury. Dust particles in Waste can cause air pollution, which will cause disease and contaminate medical equipment and food.

According to the World Health Organization (WHO), waste generated by health service activities includes various kinds of materials, from used needles to soiled sanitary napkins, body parts, diagnostic samples, blood, chemicals, drugs, medical devices, and radioactive materials (Paudel & Pradhan, 2010). The medical waste produced consists of 75-90% non-media waste and 15-25% medical waste (hazardous). The average production of hospital waste in developing countries ranges from 1-3 kg/bed days, while in developed countries such as Europe and the United States reaches 5-8 kg/bed. Health care waste contains potentially hazardous microorganisms that can infect patients, health workers, and the general public (Wulandari & Kusnoputranto, 2015). Medical waste management is still not optimal, especially in developing countries, even though medical waste is included as B3 waste (Hazardous

and Toxic Materials), which is very dangerous for the environment, health, and survival of humans and other living things. Several factors are associated with inadequate planning and monitoring, logistics issues, storage, and accessibility issues (Roland, 2020).

Medical waste management is a requirement for every health facility to ensure human safety and environmental sustainability. According to government guidelines, every health facility, large medical institution, or small clinic must ensure proper biomedical waste management (Dixit et al., 2021). Health service facilities such as health facilities at regional public hospitals, sub-health centers, and private facilities are places where diagnosis, treatment, or immunization is given to humans, regardless of the type and size of the health care system and the research activities associated with it. The existence of health service facilities such as hospitals, clinics, health centers, and the like has become a vital need of the community. The services provided at these locations aim to serve the community and, at the same time, improve the standard of human life in terms of health (Chuks et al., 2013). However, hospitals, clinics, and health centers also have a negative impact, especially from the waste they produce. Therefore, an understanding is needed of how to manage the medical waste produced properly and safely.

Currently, many health waste facilities have neglected the safe management of health waste (HCWM) because it has not implemented their waste management properly to minimize health risks that may arise. Some adverse health effects have been associated with sarcomas, lymphomas, skin lesions, stomach cancer, biochemical liver-test abnormalities, elevated blood lipids, fatal injuries, immune system, and neurologic effects s (S. Irianti, 2013). This occurs due to an imbalance between the generation of medical waste in health facilities and the capacity for processing waste in health facilities, and the weak supervision of the competent authorities, resulting in cases of misuse of medical waste by the public or certain individuals. A number of studies have been conducted to highlight medical waste issues related to sorting at the point of source, scientifically based collection, handling, and their safe and proper disposal as in Poland, Canada, and China due to infection waste directly endanger human health and the environment (Arub et al., 2020). The world health organization has estimated that 21 million people have hepatitis B, two million from hepatitis C and at least 260,000 from HIV infection with contaminated needles (Paudel & Pradhan, 2010).

Health services in health care facilities must be aware of the potential risk of infection due to medical waste; given the magnitude of the negative impact of medical waste generated, the handling of medical waste must be carried out appropriately, starting from the container, storage, transportation, temporary storage and processing (Babanyara et al., 2013). Good medical waste management is also supported by the use of appropriate personal protective equipment (PPE) in carrying out medical waste management tasks and providing training to medical waste management officers to prevent work accidents. According to the research results of Anand M. Dixit (2021), All hospitals (100%) indicated their needs and willingness to participate in future specialized training programs in medical waste management [4]. In developing countries, for example, in Africa, Indonesia, and Timor-Leste, medical waste has not received serious attention from the management of health care facilities. This is due to lack of knowledge, limited human resources, unclear management, no clear regulations, and lack of operational standards, so medical waste is usually mixed with non-infectious waste (Wafula et al., 2019). Therefore, the transmission of infection from health facilities to health workers, patients, and the general public is very high.

In connection with efforts to increase awareness and joint security, the hospital environment as a service facility Public health is a gathering place for the sick and healthy people so that it can become a place for disease transmission and to avoid risks and health problems, it is the necessary implementation of hospital environmental health, one of which is by carrying out waste management in accordance with the requirements and procedures has been established to protect the patient, the patient's family and all personnel health in the hospital environment (Babanyara et al., 2013). In addition, medical waste bins must be provided according to the type of waste, which is not always used as it should be.

The amount of waste generated from health facilities has increased in recent years due to an increase in the number of health facilities and an increase in the population of people who come to health care facilities (FC et al., 2018). Medical waste is important to manage because it is related to environmental impacts, health, and compliance with regulations. Management of the resulting waste depends on the type and characteristics of each medical waste. In general, medical waste management methods include reduction and sorting, warehousing and storage, transportation, processing, burial, and the landfill (Aboelnour & Abuelela, 2019). Medical waste management can be carried out by internal and external parties. Internal parties from health care facilities can collect, sort, and recycle medical waste, to reduce the capacity of medical waste that must enter the incinerator. If health care facilities are unable to manage their waste, the waste will be managed by a third party or certified institution.

Health services in health facilities have positive and negative impacts. The positive impact is an increase in the degree of public health, while the negative impact is the production of medical and non-medical waste and waste that can cause disease and pollution that needs special [attention 12]. In addition, with the activities or the nature of the services provided, the hospital becomes a depot for all kinds of diseases that exist in the community; it can even be a source of disease distribution because it is always inhabited, used, and visited by people who are vulnerable and weak to [disease13]. In this place, transmission can occur either directly

(cross infection), through contamination of objects, or through insects *(vector-borne infection)* so that it can threaten the health of the general public.

Medical waste management needs to be managed seriously from the source. Building a structured, systematic system from upstream to downstream arranged in such a way will get many benefits. When the discipline of separating solid medical waste starts at the source, it will have a positive impact on the health of paramedics, patients, and the community around health care facilities 14. The reduction in solid medical waste also has an impact on the waste in the *incinerator* to be burned as well; this means that the *pollutant* produced from the combustion will also decrease; thus, the *ambient air quality* will be better maintained, and the environmental risk will be reduced.

In carrying out their functions and duties, health facilities can: produce and produce waste that has the potential to pollute the environment and ultimately can reduce the quality of the environment; in addition to that, health facilities can also cause various kinds of accidents to cause disease transmission when in medical waste management has not been or is not in accordance with the regulations that have been set. Based on this, it can be concluded that the facilities that do not manage the medical waste it produces properly can hurt environmental health aspects as well as be a source of problems for the environment and health.

2. Methodology

The research subjects were 306 students of class XI Islamic High School (MAN) 1 Semarang City for the 2021/2022 school year. This study explores the relationship between adolescent attitudes towards maintaining reproductive health and perceptions of the value of virginity. The data analysis used was binary using the chi-square test. The variables of this study consist of free variables, namely the perception of virginity values, and the bound variables are adolescent attitudes toward maintaining reproductive health.

To measure the relationship between virginity values and adolescent attitudes to maintain reproductive health, using questionnaires that are the main data. Data analysis using univariate and bivariate analysis. Univariate analysis is used to describe the frequency distribution of the variable under study, while bivariate analysis is used to see if there is a relationship between two variables. The statistical test was used using chi-square (Notoarmodjo, 2020).

3. Results and Discussion

The perception of the value of virginity is an individual's opinion to always maintain behavior not to have sexual relations up to the level of marriage. The results showed that most adolescents in MAN 1 Semarang supported virginity values of 59.9%, while 40.1% of adolescents did not support virginity values in adolescents. This indicates that the higher the adolescent's support for virginity, the better the adolescent's attitude toward maintaining reproductive health.

Table 1. Perception of Virginity Value in Adolescents in Islamic High School (MAN) 1 Semarang City

No.	Perception of Virginity	Frequency	Percentage (%)
1.	Support	184	59.9
2.	Tikda Support	123	40.1
Total		307	100.0

Table 1. showed that of the 307 respondents, the majority of the adolescents who were respondents supported the virginity value that adolescents should always maintain, namely 59.9% (184 people), while 40.1% (123 people) did not support virginity values. Western society adheres to a permissive attitude towards sexuality so that it talks about sex issues openly, and a person can express sexual impulses in public. The socialization of sexual behavior in adolescents focuses on safe sex practices. In contrast to Indonesia, sexual behavior among adolescents is contrary to the values embraced by the majority of the population. In a semirestrial society, it is a matter of reason that sexuality is a personal matter, and it is taboo to talk about it openly. Parents expect teenagers to postpone sexual intercourse until the wedding day. Therefore, society glorifies the concept of virginity and hates extramarital sexual behavior, including children born from such relationships (Adamczyk & Hayes, 2012). However, research proves adolescent sexual activity in Indonesia. 7.7-11% of adolescents have had sexual intercourse (Sari & Rokhanawati, 2018). A study on adolescents 15-19 years old found that 41.8% of adolescents had had sexual intercourse.

Sexual behavior among Indonesian adolescents can be prevented by the presence of subjective norms. A subjective norm is an assessment of environmental pressures to perform or reject the action. When the individual evaluates the more negative

consequences that important figures forbid to act and many difficulties in carrying out such actions, there will be low behavioral. According to the results of studies, adolescents today lose virginity at an average age of 17 years. With regard to sexual activity, adolescence is indeed a period of rapid transition and change. Although only 16% of teens have sexual intercourse at age 15, nearly two in three teens do so by age 18. For most teenagers, sexual intercourse first occurs with a beloved partner rather than a friend or someone newly met. It is usually seen as a desirable experience and feels ready for it. Nowadays, adolescents wait longer to lose virginity than was done in the past, mainly because they are unprepared, worried about undesirable consequences, or for personal reasons (Mcanulty, 2015). Some teenagers who have religious understandings and beliefs make public statements about the commitment not to have sexual relations until marriage, which is known as the promise of virginity. Adolescents who feel emotionally unprepared and have untimely sexual intercourse are much more likely to see it as a negative experience and then regret it. In contrast, older adolescents, who feel emotionally and romantically prepared, and who use contraception are more likely to remember losing virginity as a positive experience (Carpenter, 2015).

Table 2. Adolescent Attitudes in Maintaining Reproductive Health in Islamic High School (MAN) 1 Semarang City

No.	Attitude to Reproductive Health	Frequency	Percentage (%)
1.	Good	177	57.7
2.	Less	130	42.3
Total		307	100.0

Table 2. It is known that most adolescents have a good attitude toward maintaining reproductive health, which is 57.7% (177 people), while the rest have a bad attitude toward maintaining reproductive health, as much as 42.3% (130 people). Sexually risky behaviors among young adolescents appear to be on the rise; meanwhile, the average age of first having sexual intercourse is decreasing. The average age of first sexual intercourse in male and female students was 13.2 and 13.3 years, respectively. Globally, these 1 million girls aged 15 years or younger give birth every year (World Health Organization, 2016). Around the world, countries are taking steps to ensure that adolescents access high-quality sexual health education and prevention services. Various sexual risk prevention programs based on nursing and public health principles have been implemented to achieve a reduction in adolescent pregnancy and other sexually transmitted infections (STIs), including HIV. A number of publications and programs have described several models for involving adolescents in sexual health through social media or interactive activities. Some interventions explicitly involve parents, peers, and teachers as an important source of influence on adolescent attitudes, norms, self-efficacy, and sexual behavior.

Safeguarding the reproductive health of women and girls is the cornerstone of the United Nations (UN) sustainable development goals, an important foundation for people's health and survival, gender equality, and economic development (UN, 2015). Progress in maintaining reproductive health for women and girls requires cooperation with all parties in challenging unequal gender relations that result in problems with reproductive health. However, a systematic review conducted by the WHO of the evidence suggests that programs that support reproductive health in women that can challenge gender inequality, known as gender transformation interventions, have been slow to develop, so an understanding of the value of virginity needs to be understood to maintain the reproductive health of women.

Table 3. The Relationship between Perceptions of Virginity Values and Adolescent Attitudes in Maintaining Reproductive Health in Islamic High School (MAN) 1 Semarang City

Perception	Attitude				Sum		p-value	Odds
	Good		Less					
	Freq	%	Freq	%	Freq	%		
Support	120	65.2	64	34.8	184	100.0	0.001	2.171
Not Supportive	57	46.3	66	53.7	123	100.0		

From Table 3 above, it is known that among adolescents who are supportive of the values of virginity, the majority show a good attitude in maintaining reproductive health (65.2%), while adolescents who are not supportive of virginity values have a lack of attitude in maintaining reproductive health (53.7%). Based on *the Chi-Square test,* using SPSS 23.0*,* a p-value of 0.001 was obtained; because of the p-value of < 0.05, it can be concluded that there is a meaningful relationship between adolescents' perceptions of virginity value and adolescent attitudes toward maintaining reproductive health. The magnitude of the relationship odd ratio value is 2,171; in other words, adolescents who support the virginity value have a 2,171 times better chance of maintaining reproductive health compared to adolescents who do not support the virginity value. Based on that, it can be seen that adolescents who support virginity values tend to have a good attitude toward maintaining reproductive health; on the contrary, adolescents who do not support virginity values tend to have a bad attitude toward maintaining reproductive health.

Attitudes toward the importance of maintaining virginity are one's opinion or judgment about the importance of maintaining virginity through premarital sex taboos (Bersamin *et al.*, 2015). Therefore, adolescents who have a positive view of the importance of maintaining virginity until marriage tend not to have risky sex, while adolescents who have a negative or disapproving view of the importance of maintaining virginity until marriage later show the importance of maintaining virginity. i.e., their virginity until marriage. They have dangerous sexual behaviors. Likewise, the results of the study by (Rusmiati & Hastono, 2015) on the relationship of virginity with sexual behavior shows that the group of adolescents with negative attitudes has 3.6 times higher risk for risky sexual behaviors than adolescents with positive attitudes. Research by (Bersamin *et al.*, 2015) concluded that self-commitment to abstinence until marriage or adulthood reduces the adolescent's desire to have sex (without having risky sex), and thus the perception of virginity value improves the attitude of adolescents about maintaining reproductive health.

4. Conclusion

This study aimed to determine the relationship between the perception of virginity values and adolescent attitudes toward maintaining reproductive health in Madrasah Aliyah Negeri (MAN) 1 Semarang City. Based on the results of the study, it can be concluded that adolescents support virginity values (59.9%), so most adolescents have a positive attitude toward maintaining reproductive health (57.7%). The study also showed a link between adolescents' perceptions of virginity in maintaining reproductive health. The cost of virginity to maintain reproductive health has a bad attitude.

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