



## Analysis of factors associated with adolescent sexual behavior

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### ABSTRACT

Adolescence is a time full of turmoil and during this period teenagers have great curiosity and begin to seek freedom. Adolescence is a period that is vulnerable to negative influences, such as free sex, drugs, crime and rape which can endanger them because they can contract venereal diseases, especially AIDS. Premarital sexual behavior in teenagers is a problem that often occurs and many teenagers have had sex. There are several factors related to premarital sexual behavior, such as mental health, knowledge, peers and information media. The aim of this research is to analyze factors related to premarital sexual behavior in adolescents. This research method uses analytical survey research, namely a survey or research that tries to explore how and why the phenomenon of adolescent sexual behavior occurs. Data was obtained through interviews using a questionnaire measuring tool. Data analysis was carried out using univariate and bivariate methods and Chi-square tests. The results of this study indicate that respondents are at risk of engaging in premarital sexual behavior on mental health  $P$ -value = 0.001, knowledge  $P$ -value = 0.000, peers  $P$ -value = 0.000, and information media  $P$ -value = 0.001 so that the bivariate results obtained : Mental health, knowledge, peers and information media are related to free sexual behavior in adolescents. Based on the results of this research, it is hoped that there will be programs that can increase knowledge, such as counseling, dissemination of correct sexual information and parental supervision of adolescent children.

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### 1. Introduction

Adolescence is a unique transition period, various changes occur during this period. These changes include physical, psychological and social, physical changes occur more faster than psychological and social changes. This can make teenagers feel confused about the changes that are occurring. Sexual hormones begin to function during adolescence, this encourages teenagers to carry out various types of sexual behavior (Mahmudah, 2016). Based on data from WHO which conducted research in several developing countries, it shows that 40% of male adolescents aged 18 years and 40% of adolescent girls aged 18 have had sexual relations even without being married (UNESCO, 2018). Basic health research (Risksedas) in 2018 on reproductive health and risk behavior in adolescents found that 0.7% of adolescent girls and 4.5% of adolescent boys had had premarital sexual relations (Ministry of Health, 2019). From the results of the research above, there are still many teenagers who engage in risky sexual behavior. This affects teenagers because this risky sexual behavior has an impact that affects the growth and development of teenagers.

According to the Indonesian Demographic and Health Survey (SDKI, 2017), Adolescent Reproductive Health in 2017, the percentage of never-married women and men aged 15-24 years who agreed to premarital sexual relations was found to be 8% for male adolescents and only 1% for female adolescents. When teenagers were asked about the sexual experiences of male teenagers (8%) and female teenagers (2%). According to Kollman (1988 in Sari, 2012) sexual behavior activities include holding hands, light kissing (forehead and cheeks), hugging, kissing lips/mouth and neck, touching and kissing sensitive parts such as breasts and genitals, masturbation, touching genitals. /petting, oral sex, intercourse/coitus. The results of a survey conducted by SDKI (Indonesian Demographic and Health Survey) 2012 (in Anniswah, 2016) regarding adolescent sexual behavior activities were holding hands 79.6% of men and 71.6% of women, kissing lips 48.1% of men and 29.3% in women, touching/stimulating 29.5% in men and 6.2% in women, intercourse/intercourse 8.3% in men and 0.9% in women.

Riau Province according to BKKBN (2007, in Ezalina, 2012) among teenagers who have had sexual relations is 45%. Program Manager of the Indonesian Red Cross HIV/AIDS Handling Commission (DKAP PMI) Riau Province Department (2010, in Rany, 2012) said that every month there are 10-20 cases of teenagers getting pregnant out of wedlock, most of them are students who come for counseling without being accompanied. her parents. The risk factors for teenagers engaging in premarital sexual behavior are based on various factors, including males tending to engage in sexual behavior more often. There are looser norms for men than women, men tend to be freer than women because parents are more protective of teenage girls than boys (Sarwono, 2012, in Mahmudah, 2016).

Based on the research results of Purwandiyarti, et al, 2023) Factors that also influence teenage pregnancy are socio-cultural factors, economic factors and environmental factors. The results of the study conducted by researchers Amzal Mortin Andas et al in January 2020 were obtained from 18 representative students from each class said that there were still many students who dated excessively, such as holding hands tightly, stroking their hair romantically and carrying out hugging actions in the classroom during break times (Amzal Mortin Andas et al., 2020).

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## 2. Methods

This research uses analytical survey research, namely a survey or research that tries to explore how and why the phenomenon of adolescent sexual behavior occurs, then analyzes the dynamics of the correlation between phenomena or between risk factors and effect factors. What is meant by effect factor is all the consequences of the existence of a risk factor, while a risk factor is a phenomenon that results in an effect or influence (Notoatmodjo, 2010).

In this research, the risk factors are the role of parents, peers, social media, knowledge, information systems and the effect factor (consequence) caused by the risk factor is the incidence of adolescent sexual behavior. This research was conducted with a cross sectional design. Cross sectional research is research that studying the relationship between independent variables (risk factors) and dependent variables (effects). Risk variables and effect variables are assessed at the same time and measured only once (Sastroasmoro, 2011)

### 3. Results and Discussion.

#### Univariate Analysis

Table 1.  
Frequency distribution of respondents based on gender, age, menarche and dreawet age.

No	Characteristics	Frequency (F)	Percentage (%)
1.	Gender		
	Man	16	26.7
	Woman	156	73.3
	Total	172	100.0
2	Age of Menarche (Women)		
	< 12 Years	9	20.0
	> 12 Years	11	80.0
	Dreamet Age (Male)		
	< 12 Years	9	46.7
	> 12 Years	11	53.3
	Total	172	100

Based on Table 1, the distribution is knownvariable frequency of respondents. A total of 156 respondents (73.3) were female, 136 respondents (80.0) female experienced menarche at the age of >12 years, and male respondents experienced menarche at the age of >12 years amounted to 11 respondents (53.3).

#### Bivariate Analysis

Table 2.  
The relationship between mental health and sexual behavior

Sexual Behavior	Mental health							
	Normal		Borderline		Abnormal		Total	
	f	%	f	%	f	%	f	%
<i>Slight risk</i>	103	60.0	6	4.7	6	3.5	117	68.8
<i>Serious Risk</i>	46	27.1	4	2.4	3	1.8	53	31.2
							0.00	6.14

The table above shows that mental health factors are related to sexual behavior in adolescents with p-value analysis results of 0.001, as many as 117 (68.8%) respondents were at light risk of engaging in sexual behavior with normal mental health of 103 (60.0%), 6 (4.7%) respondents had borderline mental health and 6 (3.5%) respondents had abnormal mental health. Meanwhile, 53 (31.2%) respondents had a severe risk, 46 (27.1%) respondents had normal mental health, 4 (2.4%) respondents had borderline mental health and 3 (1.8%) respondents had abnormal mental health. ) respondents.

According to the researchers' assumptions from the results of the analysis of mental health factors that influence the incidence of sexual behavior in adolescents, it can be concluded that good mental health will encourage adolescents to do good things and positive activities while abnormal mental health in adolescents has the potential to engage in deviant sexual behavior. . This fact can also be associated with negative emotional experiences such as hostility, anger, stress or anxiety. In fact, previous research suggests that negative emotions can trigger positive outcomes of sexual desire due to the motivating effects of anxiety to explore and engage in sexual interactions and maintain sexual desire. The results of

other research also confirm this research that there is no relationship between mental health function and sexual desire, except for the dimension of loss of emotional control (A'im Matun Nadhiroh, 2020).

Table 3.  
The relationship between knowledge and sexual behavior

Sexual Behavior	Knowledge			P	QR
	Good f %	Not enough f %	Total f %		
Light Risk	85 50.0	32 18.8	117 68.8	0,000	8,361
Noisyo Heavy	37 21.8	16 9.4	53 31.2		

Based on table 3, it can be seen that 85 (50.0%) respondents had good knowledge and 32 (18.8%) respondents had poor knowledge with a total of 117 (68.8%) respondents at light risk of engaging in sexual behavior, while respondents who had severe risk with good knowledge as many as 37 (21%) and respondents who had insufficient knowledge were 16 (9.4%) with a total of 53 (31.2%) respondents. From the results of the table analysis above, it can be seen that the p-value is 0.000, so the knowledge factor is related to sexual behavior in adolescents.

Knowledge about the sexual behavior of adolescents who lack low self-control. Lack of adolescent knowledge about sexual reproductive health can lead to misperceptions about sexual information from the adolescent's perspective.

As stated by Darmasih et al (2011), the higher the knowledge about sexual reproductive health that teenagers have, the lower their sexual behavior will be. On the other hand, the higher the premarital sexual behavior, the lower the knowledge about sexual reproductive health possessed by teenagers. Knowledge will increase if individuals obtain information correctly and responsibly Notoatmodjo (2003). Increased knowledge can cause someone to behave in accordance with the knowledge they have. Individuals who obtain half-hearted knowledge will have more dangerous consequences than individuals who do not know at all (Nita Istiqomah, et al, 2016).

Table 4.  
The relationship of peers to sexual behavior

Sexual Behavior	Mental health			P	QR
	Good f %	Not enough f %	Total f %		
Light Risk	86 50.6	31 18.2	117 68.8	0,000	7,928
Noisyo Heavy	38 22.4	15 8.8	53 31.2		

Table 4 shows that the positive influence of peers with low risk in sexual behavior amounted to 86 (50.6%) respondents and the negative influence of peers amounted to 31 (18.2%) respondents with a total of 117 (68.8%) respondents. Peers who have a positive influence are 38 (22.4%) respondents and 15 (8.8%) respondents who have peers who have a negative influence are at serious risk of sexual behavior with a total of 53 (31.2%) respondents. The result is a p-value of 0.000, which means sexual behavior can occur due to influence from peers.

From the results of the analysis, peers have a contribution to adolescent sexual behavior. Peers have an important role in the social life and development of adolescents. Information about reproductive health and deviant sexual behavior obtained through peers can encourage teenagers to have better knowledge. Teenagers who have friends who have had premarital sex is more likely to engage in risky sexual behavior (Novi Wulan Sari, 2020).

Table 5.

Information media on sexual behavior

Sexual Behavior	Information Media			P	QR
	Good	Not enough	Total		
	f %	f %	f %		
Light Risk	80 47.1	37 21.8	117 68.8	0.001	7,228
Noisy Heavy	35 22.4	18 8.8	53 31.2		

Based on table 5 above, it can be seen that the number of respondents who were exposed to information media was 80 (47.1%), and 37 (21.8%) respondents were less exposed with a total of 117 (68.8%) respondents having a mild risk of sexual behavior while respondents who were at severe risk had a total of 53 (31.2%) respondents with the number of respondents exposed to 35 (22.4%) and the number less 18 (8.8%) respondents were exposed.

With sophistication in the current era of globalization it is very easy for teenagers to access all information related to pornography. Research on the use of information media states that respondents who are exposed to information media have a risk of adolescent sexual behavior. This result is in line with the results of the APJIIg2d8 survey in the 2016 internet user behavior survey, namely the frequency of using information media is 1 to 3 hours per day, namely 84%.

Based on the research results, it turns out that information media shows a significant relationship with adolescent sexual behavior. These results are in line with research by Dahani Mulati and Dini Indah, 2019, that many factors influence sexual behavior in teenagers, one of which is social media (the internet). Social media are electronic forms in which users create online communities to share information, ideas, personal messages and other content. This fact shows that respondents who use social media heavily are more likely to engage in risky sexual behavior. So a pattern of relationship between social media use and premarital sexual behavior is formed.

Exposure to mass media, both print (newspapers, magazines, pornographic books) and electronic (TV, VCD, Internet), has an influence on teenagers to have premarital sexual relations. Knowledge about reproductive health obtained by teenagers from the mass media has not been used to guide sexual behavior healthy and responsible. In fact, exposure to information about sexuality from mass media (both print and electronic) which tends to be pornographic and pornographic can be an unedifying reference for teenagers. Teenagers who are in the period of curiosity and want to try will imitate what they see or hear from the mass media. Therefore, good and responsible sources of information are needed by teenagers, so that teenagers do not make mistakes in getting sources of information (Rohmawati DA, 2008).

#### 4. Conclusion

The conclusion of this research is the analysis of factors related to adolescent sexual behavior, such as mental health, knowledge, peers, and information systems, which have a significant influence on sexual behavior in the adolescent environment. Regarding this matter, it is very necessary to instill good and positive attitude values for teenagers, especially students and university students regarding understanding of premarital sexual and reproductive health of teenagers through increasing guidance and/or incorporating lessons into the school curriculum and for parents. Open communication relationships are really needed between parents and children in order to implement good and democratic parenting patterns.

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