

FACTORS AFFECTING PREMARITAL SEXUAL BEHAVIOR IN ADOLESCENTS IN SOUTH SUMATRA

Indah Purnama Sari,^{1*} Sri Lilestina Nasution², Lailatul Alfiah³

^{1,3}Faculty of Public Health, Universitas Sriwijaya, Jl. Palembang-Prabumulih KM 32 Ogan Ilir, 30662, Indonesia

²Indonesia National Population and Family Planning Board, Indonesia

ABSTRACT

Adolescence is one of the stages of the individual growth and development cycle in the age range of 10-24 years and is not yet bound by marital status. One of the risky sexual behaviors that most teenagers do is dating. Dating in adolescence is part of the socialization process, learning intimacy and providing opportunities to create meaningful and unique relationships with the opposite sex, as well as being a context for sexual experimentation and exploration. This study's aim was to determine various factors associated with premarital sexual behavior at risk in adolescents. This study uses secondary data with a cross sectional design from the 2018 Survei Kinerja dan Akuntabilitas Program Kependudukan, Keluarga Berencana dan Pembangunan Keluarga (SKAP) with a total of 637 adolescents aged 15-24 years and unmarried were selected as a weighted samples. Data was collected through interviews using structured questionnaires, and data analysis was carried out using univariate, bivariate using Chi Square's test, and multivariate using logistic regression tests. The proportion of risky premarital sexual behavior in adolescents in South Sumatra was 62,4%. Adolescents with higher knowledge about reproductive health had 2.7 times of risk of premarital sexual behavior than else after being controlled by knowledge of family planning, socioeconomic and residence (95% CI: 1.8 – 3.9). This study concludes that knowledge is one of the factors that influence premarital sexual behavior but is not a direct factor. Therefore, the advice that can be given is to involve various parties comprehensively in providing knowledge in a sustainable manner.

Keywords: adolescents, knowledge, reproductive health, premarital sexual behavior

ABSTRAK

Masa remaja merupakan salah satu tahapan siklus tumbuh kembang individu pada rentang usia 10-24 tahun dan belum terikat oleh status perkawinan. Salah satu perilaku seksual berisiko yang dilakukan sebagian besar remaja adalah berpacaran. Berpacaran pada masa remaja merupakan bagian dari proses sosialisasi, pembelajaran keintiman dan memberikan kesempatan untuk menciptakan hubungan yang bermakna dan unik dengan lawan jenis, serta menjadi konteks eksperimen dan eksplorasi seksual. Penelitian ini bertujuan untuk mengetahui berbagai faktor yang berhubungan dengan perilaku seks pranikah berisiko pada remaja. Penelitian ini menggunakan data sekunder dengan desain cross sectional dari Program Surveilans Kinerja dan Akuntabilitas Kependudukan, Keluarga Berencana dan Pembangunan Keluarga (SKAP) 2018 dengan sebanyak 637 remaja berusia 15-24 tahun dan belum menikah dipilih sebagai sampel tertimbang. Pengumpulan data dilakukan melalui wawancara dengan menggunakan kuesioner terstruktur dan analisis data dilakukan secara univariat, bivariat menggunakan uji Chi Square, dan multivariat menggunakan uji regresi logistik. Proporsi perilaku seks pranikah berisiko pada remaja di Sumatera Selatan adalah 62,4%. Remaja dengan pengetahuan yang lebih tinggi tentang kesehatan reproduksi memiliki 2,7 kali risiko perilaku seksual pranikah daripada yang lain setelah dikendalikan oleh pengetahuan keluarga berencana, sosial ekonomi dan tempat tinggal (95% CI: 1,8 – 3,9). Peningkatan perilaku seksual dan pacaran pranikah berbanding terbalik dengan peningkatan pengetahuan yang tinggi terkait kesehatan reproduksi pada remaja Sumatera Selatan. Penelitian ini menyimpulkan bahwa pengetahuan merupakan salah satu faktor yang mempengaruhi perilaku seksual pranikah tetapi bukan merupakan faktor langsung. Oleh karena itu, saran yang dapat diberikan adalah melibatkan berbagai pihak secara komprehensif dalam memberikan pengetahuan secara berkelanjutan.

Kata kunci: remaja, pengetahuan, kesehatan reproduksi, perilaku seksual pranikah

Correspondence Address: Indah Purnama Sari, Faculty of Public Health, Universitas Sriwijaya, Jl. Palembang-Prabumulih KM 32 Ogan Ilir, 30662, Indonesia, E-mail: indah_purnamasari@fkm.unsri.ac.id

Received : February 14, 2022 Accepted : March 25, 2022 Published: March 31, 2022

Introduction

Reproductive health problems are often experienced by adolescents due to very rapid physical, intellectual, and psychological growth and development characterized by a great sense of curiosity. This is observed in their interest in the opposite sex, development of sexual urges, interest in challenges, and bravery to engage in risky actions without careful consideration. These allow them to be easily trapped in risky sexual behavior such as Dating, thereby leading to premarital sex.^{1,2} Dating is a familiar and common phenomenon normally observed among some groups of adolescents. It was reported to be a normal thing according to a psychological review, but some adolescents are observed to be deviating from the norms associated with dating in society, religion, or law.³

The results of the Adolescent Reproductive Health Survey in Indonesia since 2007, 2012, and 2017 show that the proportion of adolescent boys and girls admitting to having dated has fluctuated by 72% and 77%, 85% and 85%, 84%, and 80%, respectively. The results of the 2018 *Survei Kinerja dan Akuntabilitas Program Kependudukan, Keluarga Berencana dan Pembangunan Keluarga (SKAP)* on adolescents aged 15-24 years also showed that more than 70% of male and female adolescents admitted to having had their first date with over 35% recorded by those between 15-17 years old. It is important to note that Dating and risky sexual behavior are inseparable. This is due to the fact that Dating has the ability to increase sexual experience or contact by engaging in 5 stages of touching, dating without kissing, kissing, touching of sensitive parts from breasts to genitals, and sexual intercourse. This is possible because most adolescents engaged in Dating usually hold hands, hug, and kiss each other on the lips.^{4,5}

It was discovered that Dating and premarital sexual behavior having increased among adolescents in Indonesia, specifically in South Sumatra Province. This is indicated by the findings of the result of the 2018 *Survei Kinerja dan Akuntabilitas Program Kependudukan, Keluarga Berencana dan Pembangunan Keluarga (SKAP)* that 62.1% of male and female adolescents admitted to having had their date with the highest, 54.5%, recorded among those between 15-17 years old. This proportion was discovered to be higher than the 53.4% recorded for the national survey (Indonesia Demographic and Health Survey 2017). Moreover, 70.1% of those who claimed to having been dating had held hands, 19.1% hugged, 4.6% kissed on the lips, and 3.7% touched or stimulated body parts. It was also discovered that 52% having had premarital sex, and the average age they had the first sex was 19 years.⁵

Previous research found that factors associated with premarital sexual behavior include knowledge about reproductive health⁶⁻¹², socioeconomic condition, and the place of residence.¹³⁻¹⁶ This means dating behavior among adolescents having the ability to increase their engagement in

irresponsible sexual behavior such as premarital sexual relations, which can lead to early and unwanted pregnancies and subsequently, unsafe abortions. They can also contract sexually transmitted diseases (STDs) and are affected by social impacts such as dropping out of school, community stigma, and other social sanctions.⁴ These various things run the risk of hampering the achievement of the demographic bonus that will be achieved in 2020-2035. Thus, it is important to know the various factors that influence risky premarital sexual behavior in adolescents as one of the promotive and preventive actions. This study aim was to determine various factors associated with premarital sexual behavior at risk in adolescents the determinants of risky premarital sexual behavior among adolescents in South Sumatra Province using 2018 SKAP data.

Method

A cross-sectional design was used in this research using secondary data obtained through the Performance and Accountability Survey on the Family Planning and Family Development Program (SKAP) of Adolescent 2018 conducted by the National Population and Family Planning Agency (BKKBN). The data were collected in the 2018 SKAP from 67,525 households, 60,599 reproductive age's women, 69,515 families, and 22,210 adolescents aged 15-24 years. It was a national-scale survey designed to estimate the parameters at the provincial and national levels and conducted in 34 provinces. It is also important to note that the data were collected through interviews of each selected cluster in all 34 provinces. The respondents were family members in selected households which are male and female adolescents, aged 15-24 years, unmarried, and either biological, step, adopted, or foster children considered to having been under the care of a family and lived together for the last 6 months in South Sumatra. Therefore, this led to the selection of 637 adolescents as respondents.

The dependent variable is the risky premarital sexual behavior which is defined as all sexual activity conducted to express affection before marriage, such as holding of hands, hugging, kissing on the lips, touching or being touched, stimulating or being stimulated at certain sensitive body parts such as around the genitals, breasts, and thighs, as well as engaging in sexual intercourse with a partner. This variable was categorized into two, which include code 0 for no risk (at no time dating or having sex) and code 1 for risky (dating and having sex). Meanwhile, the independent variables used include gender, age at first, Dating, education, as well as knowledge of contraception, reproductive health, Generation Planning (GenRe) program, and Adolescent Information and Counseling Centers (PIK-R). The other factors include attitudes towards premarital sexual relations, education, and occupation of the family head, knowledge of parents about family functions, socio-economic condition of the family, and residence.

The data were analyzed using univariable and bivariable analysis through Chi-Square Test with an error rate (α) of 5% and a confidence interval (CI) of 95%. Meanwhile, the multivariable analysis was conducted using multiple logistic regression tests, and the data were presented in the form of narratives and tables. In addition, this research is a study using secondary data from the 2018 SKAP so that it does not require an ethical review.

Results

The descriptive analysis presents an overview of adolescents in South Sumatra according to social, economic, and demographic characteristics. Table 1 shows that 62.4% of adolescents engaged in premarital sexual behavior are at risk, they are mostly dominated by males with 57.2%, and the most prevalent age of first Dating was 15-17 years with 33.8%. It was also discovered that 72.9% having a minimum of high school education, and 54.4% having high knowledge of contraception. Meanwhile, 61% having low knowledge of reproductive health, 80.2% for GenRe programs, and 91.5% for PIK-R. The findings also showed that the attitude of 99.0% does not support premarital sexual relations. Furthermore, most of the family head, represented by 72.1%, has junior high school as the minimum education, 94.2% are working class, 59% having lower economic status, and 56.3% live in villages. The analysis also showed that almost 6 out of 10 parents represented by 59.2% having poor knowledge of family functions.

Table 1. Adolescents and Family Characteristics in South Sumatra Province

Variables	Total (n)	Percentage (%)
Risky Premarital Sexual Behavior		
Yes	397	62.4%
No	240	37.6%
Gender		
Male	364	57.2%
Female	273	42.8%
Age of First Dating*		
<15 years	79	12.5%
15-17 years	215	33.8%
18-20 years	73	11.5%
Above 21 years	3	0.5%
Not know	24	3.8%
Adolescents Education		
Maximum of High School Education	173	27.1%
High School Education and above	464	72.9%
Knowledge of Contraception		
Low	291	45.6%
High	346	54.4%
Knowledge of Reproductive Health		
Low	388	61.0%
High	249	39.0%
Knowledge of GenRe Program		
Low	511	80.2%
High	126	19.8%

Variables	Total (n)	Percentage (%)
Knowledge of PIK-R		
Low	583	91.5%
High	54	8.5%
Attitude towards Premarital Sexual Relations		
Support	6	1.0%
Not Support	631	99.0%
Education of the Family Head		
Maximum of High School Education	460	72.1%
High School Education and above	177	27.9%
Occupation of the Family Head		
Not Working	37	5.8%
Working	600	94.2%
Parents' Knowledge of Family Functions		
Poor	377	59.2%
Good	260	40.8%
Family's Socioeconomic Status		
Lower	375	59.0%
Middle	116	18.2%
Higher	146	22.9%
Residence		
Urban	278	43.7%
Rural	359	56.3%
Total	637	100.0%

*) Never Dating (n=242 adolescents; 37.9%)

Source: SKAP 2018 (processed)

The relationship between the independent and dependent variables as determined by the Chi-Square Test is presented in Table 2. The cross-tabulation shows there is a relationship between adolescent education, knowledge of contraception, reproductive health, GenRe program, PIK-R, and residence ($p\text{-value} \leq \alpha$). Meanwhile, gender, attitudes towards premarital sexual relations, education and occupation of the family head, parents' knowledge of family functions, and family's socioeconomic status are not associated with risky premarital sexual behavior.

Table 2. Determinants of Risky Premarital Sexual Behavior in Adolescents in South Sumatra Province

Variables	Risky Premarital Sexual Behavior				PR (95% CI)	p-value
	Yes		No			
	n	%	n	%		
Gender						
Female	171	62.9	102	37.1	1.01 (0.89-1.14)	0.906
Male	226	62.1	138	37.9	Reference	
Adolescents Education						
High School Education and above	301	64.9	163	35.1	1.17 (1.01-1.36)	0.037*
Maximum of High School Education	96	55.5	77	44.5	Reference	
Knowledge of Contraception						
High	239	69.2	107	30.8	1.27 (1.12-1.45)	<0.0001*
Low	158	54.3	133	45.7	Reference	
Knowledge of Reproductive Health						
High	193	77.5	56	22.5	1.47 (1.31-1.66)	<0.0001*
Low	204	52.6	184	47.4	Reference	
Knowledge of GenRe Program						
High	89	70.6	37	29.4	1.17 (1.02-1.33)	0.045*
Low	308	60.3	203	39.7	Reference	

Variables	Risky Premarital Sexual Behavior				PR (95% CI)	p-value
	Yes		No			
	n	%	n	%		
Knowledge of PIK-R						
High	42	77.8	12	22.2	1.28 (1.09-1.49)	0.021*
Low	355	60.9	228	39.1	Reference	
Attitude towards Premarital Sexual Relations						
Support	6	100.0	0	0.0	1.61 (1.52-1.72)	0.088
Not Support	391	62.0	240	38.0	Reference	
Education of the Family Head						
Maximum of High School Education	289	62.8	171	37.2	1.03 (0.89-1.18)	0.741
High School Education and above	108	61.0	69	39.0	Reference	
Occupation of the Family Head						
Working	376	62.7	224	37.3	1.10 (0.83-1.47)	0.586
Not Working	21	56.8	16	43.2	Reference	
Parents' Knowledge of Family Functions						
Good	165	63.5	95	36.5	1.03 (0.91-1.16)	0.682
Poor	232	61.5	145	38.5	Reference	
Family's Socioeconomic Status						
Higher	98	67.1	48	32.9	1.12 (0.97-1.29)	0.160
Middle	74	63.8	42	36.2	1.06 (0.91-1.25)	
Lower	225	60.0	150	40.0	Reference	
Residence						
Rural	247	68.8	112	31.2	1.27 (1.12-1.45)	<0.0001*
Urban	150	54.0	128	46.0	Reference	

*) Significant at $\alpha: 0,05$

Source: SKAP 2018 (processed)

Binary logistic regression analysis also showed that the knowledge about reproductive health and place of residence significantly influenced premarital sexual behavior, as indicated in Table 3. Meanwhile, knowledge of contraception and family socio-economic conditions were found to be the confounding variables, while knowledge about reproductive health is the most dominant variable with the strongest influence on adolescent premarital sexual behavior. It was also discovered that adolescents with high knowledge of reproductive health tend to be 2.7 times more at risk of premarital sexual behavior than those with low knowledge after controlling for variables of residence, contraception knowledge, and family socioeconomic conditions (95% CI: 1.87-3.99).

Table 3. Risky Premarital Sexual Behavior in Adolescents in South Sumatra Province

Variables	Model I		Model II	
	PR (95% CI)	<i>p</i> -value	PR (95% CI)	<i>p</i> -value
Knowledge of Reproductive Health				
High	2.68 (1.81-3.97)	<0.0001	2.73 (1.87-3.99)	<0.0001
Low	Reference		Reference	
Residence				
Rural	2.18 (1.48-3.21)	<0.0001	2.03 (1.43-2.88)	<0.0001
Urban	Reference		Reference	
Knowledge of Contraception				
High	1.35 (0.94-1.95)	0.106	1.39 (0.98-1.98)	0.065 ^{*)}
Low	Reference		Reference	
Family's Socioeconomic Status				
Higher	1.41 (0.87-2.27)	0.162	1.49 (0.96-2.32)	0.073 ^{*)}
Middle	1.13 (0.70-1.83)	0.611	1.16 (0.73-1.85)	0.525 ^{*)}
Lower	Reference	-	Reference	-
Adolescents Education				
High School Education and above	1.34 (0.89-2.01)	0.157	-	
Maximum of High School Education	Reference			
Gender				
Female	0.81 (0.65-1.16)	0.243	-	
Male	Reference			
Knowledge of GenRe Program				
High	1.28 (0.79-2.06)	0.303	-	
Low	Reference			
Education of the Family Head				
Working	0.86 (0.41-1.79)	0.679	-	
Not Working	Reference			
Knowledge of PIK-R				
High	1.14 (0.54-2.38)	0.730	-	
Low	Reference			
Education of the Family Head				
Maximum of High School Education	1.01 (0.69-1.66)	0.735	-	
High School Education and above	Reference			
Parents' Knowledge of Family Functions				
Good	0.99 (0.69-1.42)	0.955	-	
Poor	Reference			
Attitude towards Premarital Sexual Relations				
Support	-	0.999	-	
Not Support	Reference			

*) Confounding Variables

Source: SKAP 2018 (processed)

Discussion

Adolescence is a stage in the growth and development cycle normally experienced by individuals between the ages of 10-24 years who are not yet bound by marital status. This is the period they transition from being children to adults, and it is normally marked by several physical, biological, cognitive, social, and emotional changes. One of the biological changes is the maturity of the function and shape of their sexual organs, followed by strong sexual desire. This normally reflects in their sexual or dating behavior, which involves seeing other people, either the same or opposite sex, as sexual objects.¹⁷

Dating is usually the beginning of sexual behavior, which is characterized by activities such as kissing, necking, petting, and sexual intercourse. According to Paul and White, dating in adolescence is part of the socialization process, which involves learning intimacy and providing opportunities to create meaningful and distinctive relationships with the opposite sex, as well as a context for sexual experimentation and exploration.¹⁸ Therefore, Dating is no longer taboo but needs to be accompanied by preventive measures to avoid risky premarital sexual behavior such as damage to sexual organs, vulnerability to sexually transmitted diseases such as HIV/AIDS, gonorrhea, genital herpes, and syphilis, and psychological impacts such as feelings of guilt, regret, low self-respect, and negative emotions associated with an unwanted pregnancy.¹⁹ This means there is a need for adolescents to embrace religious values, adequate knowledge and understanding of reproductive health, training from their parents, the environment, and several other elements to living a quality life.

Some of the things required to be known concerning reproductive health include the fertile period of women, the process of pregnancy, consequences of early marriage, drugs, HIV/AIDS and its dangers, Sexually Transmitted Infection Diseases (STI), and Adolescent Reproductive Health (KRR). Meanwhile, it was discovered that female adolescents having a higher knowledge of reproductive health with 60.8% than males with 55.9%. Another important factor is the knowledge of contraceptives which is associated with the ability of adolescents to avoid risks such as unwanted pregnancies, STIs, and HIV/AIDS. Most adolescents feel they can satisfy their sexual desires responsibly even though they are not married by using contraceptives.²⁰ This is indicated by the fact that 73.4% having high knowledge of contraception while 39.7% having a low level related to it.

The findings indicate that adolescents with high knowledge of reproductive health and contraceptives having a higher possibility to engage in risky premarital sexual behavior. This is in line with the research conducted by Suryoputro *et al.* (2006) and Nurhayati *et al.* (2017), which showed that the knowledge acquired by adolescents does not stop them from engaging in premarital sexual behavior.^{21,22} Moreover, Suryoputro *et al.* (2006) also found that the acquisition of this knowledge is not a direct factor influencing adolescent premarital sexual behavior. This means there are several intermediary factors such as emotional status (adolescent psychology), social influences (role of parents, peers, and the environment), and previous experiences.²¹

However, it is important to note that this information contradicts the findings of previous research that low knowledge possessed by adolescents increases the possibility of engaging in risky premarital sexual behavior.^{6,9,23} This is in accordance with the opinion of Anderson and Krathwohl that the cognitive domain can be divided into 6 stages which include knowing, understanding, applying the knowledge, analyzing, evaluating, and the last stage is creating by developing several elements that having been learned. Knowledge is the result of attention and perception of objects,

one's experiences, and information obtained by the human senses (sight, hearing, etc.). Knowledge is the most important factor for the formation of one's actions. Behavior that is based on knowledge will be more lasting than behavior that is not based on knowledge.^{8,11} According to the BKKBN, several benefits are associated with knowing about reproductive health, and these include knowing the body and its reproductive organs, having a deeper and correct understanding of their functions and development process, having a better understanding of physical and psychological changes in the body, having the ability to ensure protection against different kinds of problems, and developing responsible attitudes and behaviors towards the reproductive process.¹²

Adolescents in South Sumatra Province already having high knowledge, but they do not exhibit good understanding and application. One approach to increase their understanding is by using religious values, peer influence, and parental guidance. For example, the Islamic religion prohibits all activities related to adultery, including premarital sexual activity. It recommends immediate marriage for those who are mentally and financially capable by going through the proposal process first or fasting as an alternative if they are not able to.²⁴ This was also confirmed by Masni and Hamid (2018) that an adequate understanding of religion could prevent adolescents from engaging in risky premarital sexual behavior.¹

Knowledge is an internal factor, while the role of parents, peer influence, socioeconomic conditions, and residence are the external factors that both influence risky premarital sexual behavior in adolescents. It was discovered that socio-economic conditions having the ability to shape the lifestyle of adolescents. This was observed in the findings of Wibisono *et al.* (2017) that an adequate socio-economic ability is required to satisfy the needs and desires of adolescents.¹³ Meanwhile, individuals with high reproductive health knowledge and socioeconomic conditions were discovered to be at a higher risk of premarital sexual behavior due to their level of convenience.¹⁵ This is in line with the research conducted by Yani, Realita, and Surani (2020), which showed that the higher the socioeconomic status, the higher the adolescent will increase the risky premarital sexual. This is in accordance with the theory expressed by Hurwitz (2003), which states that it is important to pay attention to teenagers who come from upper class socioeconomic conditions. In very high socioeconomic conditions of the household, where teenagers are accustomed to living in luxury, adolescents easily get things that make them less appreciative and take things for granted that can create extravagant lives so that they can fall into an antisocial environment. Luxury makes adolescents too spoiled, mentally weak, unable to use the free time with useful things. This situation causes adolescents to become aggressive and rebellious and then try to find compensation for themselves by committing acts that are violating.²⁵ Place of residence also has a role in the risky premarital sexual behavior among adolescents. It was discovered that those living in rural areas are at a higher risk compared to those in urban areas, and this was observed to be in line with the findings of Umaroh *et al.* (2015).¹⁶ Meanwhile, it is possible for

adolescents in urban areas to engage in premarital sexual behavior due to the changes in the order of life in society. This means both rural and urban adolescents recently having the same opportunity to engage in this behavior due to several factors such as misinformation that increases their curiosity and promotes them to try new things.²⁶

Conclusion

It can be concluded that the knowledge of reproductive health and contraceptives as the most dominant variable, socio-economic conditions, and residence influence risky premarital sexual behavior in adolescents living in South Sumatra Province. It was recommended that adolescents are promoted to understand and apply the knowledge they having acquired. This can be achieved through comprehensive coaching involving different stakeholders such as parents, teachers, peers, health workers, and religious leaders, as well as through the activation and re-optimization of the Adolescent Family Development (BKR) program, both in the rural and urban areas. Moreover, there is also the need to frequently and continuously provide good and correct information related to adolescent sexuality and reproductive health through formal (schools) and non-formal education (Islamic boarding schools, courses, training places, and others) to adolescents in the community.

Acknowledgment

The authors are grateful to PUSNA BKKBN for providing the opportunity to participate in the Research Cooperation of the Population, Family Planning and Family Development Program Pusna BKKBN in 2019, as well as to Mrs. Sri Lilestina Nasution for the guidance, direction, and time sacrificed to complete this research. The authors also express their gratitude to Lailatul Alfiah for participating actively in this research.

Funding

This study was funded by Population, Family Planning and Family Development Program Pusna BKKBN in 2019 (Number: 2869/PL.201/PK/H4/2019 and Number: 0130/UN9.SB2.BPU/2019).

Conflict of Interest

The authors declare that they having no conflict of interest.

Reference

1. Masni M, Hamid SF. Determinan Perilaku Seksual Berisiko pada Remaja Makassar (Studi Kasus Santri Darul Arqam Gombara dan SMAN 6). *Media Kesehat Masy Indones*. 2018;14(1):68–77.
2. Evi E, Nasir S, Suriah S. Perilaku Seksual Pada Remaja yang Berpacaran di SMA Negeri 2 Kairatu Kabupaten Seram Bagian Barat. *Media Kesehat Masy Indones*. 2013;9(4):250–6.
3. Tandrianti AZ, Darminto E. Perilaku Pacaran pada Peserta Didik Sekolah Menengah Pertama di Kabupaten Tulungagung. *J BK Unesa*. 2018;9(1):86–95.
4. BKKBN, BPS, Kementerian Kesehatan RI. *Survei Demografi dan Kesehatan Indonesia: Kesehatan Reproduksi Remaja 2017*. Jakarta, Indonesia; 2018.
5. BKKBN. *Survei Kinerja dan Akuntabilitas Program KKBPK (SKAP) Keluarga*. Jakarta; 2018.
6. Ayu SM, Sofiana L, Wibowo M, Gustina E, Setiawan A. Predisposing, Enabling and Reinforcing Factors of Premarital Sex Behavior in School Adolescents. *KEMAS*. 2019;15(1):29–38.
7. Azis SRH, Ratag BT, Asrifuddin A. Hubungan antara Pengetahuan dan Sikap tentang Kesehatan Reproduksi dengan Perilaku Seksual Pranikah pada Remaja di Kos-kosan Kelurahan Kleak Kota Manado. *J KESMAS*. 2018;7(4):1–8.
8. Nuraldila V, Yuhandini DS. Keterkaitan Pengetahuan tentang Kesehatan Reproduksi Remaja dengan Perilaku Seks Pra Nikah pada Siswa- Siswi Kelas Xi di SMA PGRI 1 Kabupaten Majalengka Tahun 2017. *J Care*. 2017;5(3):431–42.
9. Astuti H. Hubungan Pengetahuan dan Sikap terhadap Perilaku Seks Bebas. *J Kebidanan Midwiferia*. 2017;3(2):1–6.
10. Kumalasari D. Hubungan Pengetahuan dan Sikap dengan Perilaku Seksual pada Siswa SMK. *J Aisyah J Ilmu Kesehat*. 2016;1(1):1–5.
11. Aritonang TR. Hubungan Pengetahuan dan Sikap tentang Kesehatan Reproduksi dengan Perilaku Seks Pranikah pada Remaja Usia (15-17 Tahun) di SMK Yadika 13 Tambun, Bekasi. *J Ilm Widya*. 2015;3(2):61–7.
12. Nasution SL. Pengaruh Pengetahuan tentang Kesehatan Reproduksi Remaja terhadap Perilaku Seksual Pranikah Remaja di Indonesia. *Widyariset*. 2012;15(1):75–84.
13. Wibisono ZN, Yuliadi I, Suwito D. Hubungan Tingkat Pendidikan Orang Tua dan Status Ekonomi Keluarga dengan Perilaku Seksual Remaja di SMA Negeri 2 Surakarta. *Nexus Kedokt Komunitas*. 2017;6(2):92–100.
14. Hasibuan R, Dewi YI, Huda N. Faktor-Faktor Yang Mempengaruhi Kejadian Seks Pranikah Pada Remaja Putri Di SMAN 1 Pagai Utara Selatan Kabupaten Kepulauan Mentawai. *J*

- Online Mhs. 2015;2(2):708–18.
15. Setiyono E, Faisal MI. Hubungan Faktor-faktor yang Mempengaruhi Perilaku Seksual pada Remaja SMA Negeri 1 Teluk Jambe Kota Karawang. *J Ilim Kesehat.* 2015;7(1):52–8.
 16. Umaroh AK, Kusumawati Y, Kasjono HS. Hubungan antara Faktor Internal dan Faktor Eksternal dengan Perilaku Seksual Pranikah Remaja di Indonesia. *J Kesehat Masy Andalas.* 2015;10(1):65–75.
 17. Blegur J. Preferensi Perilaku Seksual Remaja. *Proyeksi.* 2017;11(2):9–20.
 18. Ohee C, Purnomo W. Pengaruh Status Hubungan Berpacaran terhadap Perilaku Pacaran Berisiko pada Mahasiswa Perantau Asal Papua di Kota Surabaya. *Indones J Public Heal.* 2018;13(2):268–80.
 19. Ulum B, Hadiwirawan O. Sikap Terhadap Perilaku Seksual Pranikah ditinjau dari Religiusitas dan Konformitas pada Remaja di Jakarta. *J NOETIC Psychol.* 2015;5(2):147–64.
 20. Lestari IA, Fibriana AI, Prameswari GN. Faktor-faktor yang berhubungan dengan Perilaku Seks Pranikah pada Mahasiswa UNNES. *Unnes J Public Heal.* 2014;3(4):27–38.
 21. Suryoputro A, Ford NJ, Shaluhyah Z. Faktor-faktor yang Mempengaruhi Perilaku Seksual Remaja di Jawa Tengah: Implikasinya Terhadap Kebijakan dan Layanan Kesehatan Seksual dan Reproduksi. *Makara Kesehat.* 2006;10(1):29–40.
 22. Nurhayati A, Fajar NA, Yeni. Determinan Perilaku Seksual Pranikah pada Remaja SMA Negeri 1 Indralaya Utara. *J Ilmu Kesehat Masy.* 2017;8(2):83–90.
 23. Ardiyanti M, Muti'ah T. Hubungan Antara Pengetahuan Kesehatan Reproduksi dengan Perilaku Seksual Remaja SMA Negeri 1 Imogiri. *J SPIRITS.* 2013;3(2):42–9.
 24. Kasim F. Dampak Perilaku Seks Berisiko terhadap Kesehatan Reproduksi dan Upaya Penanganannya (Studi tentang Perilaku Seks Berisiko pada Usia Muda di Aceh). *J Stud Pemuda.* 2014;3(1):39–48.
 25. Yani LI, Realita F, Surani E. Pengaruh Sosial Ekonomi dan Peran Keluarga Terhadap Perilaku Seksual Remaja di SMA Kesatrian 1 Kota Semarang. *Link.* 2020;16(1):36–41.
 26. Ahiyanasari CE, Nurmala I. The Intention of Female High School Students to Prevent Premarital Sex. *J Promkes.* 2018;5(1):36–47.