

# The Relation between Sexuality Knowledge and Sexual Behavior of Adolescents

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**Abstract**—Poor sexual behaviour among adolescent is closely related to the lack of knowledge regarding sexuality. The purpose of this present study was to determine the relationship between knowledge about sexuality and adolescent sexual behaviour. The method used in this study is analytic survey with cross sectional approach. The sample includes 293 students. The data is presented in a form of distribution table. Furthermore, chi-square statistics is used to analyse the whole variable. The result of the study shows that 64.3% of adolescents have limited knowledge on sexuality. 38.6% adolescents receive information regarding sexuality from friends. Adolescent's sexual behaviour that is classified as less as much as 2.7%. There is a significant relationship between knowledge about sexuality and adolescent sexual behaviour, statistically  $p=0,000 < 0.05$ . In conclusion, there is a positive relationship between knowledge of sexuality and adolescent sexual behaviour.

**Keywords**—sexuality knowledge; sexual behavior; adolescence

## I. INTRODUCTION

The results of 2015 Interdenatal Population Survey showed that the populations aged 15 – 24 years reached 42,061.2 million and it accounts for 16,5 per cent of Indonesia's total population [1]. The high number of adolescents in Indonesia is accompanied by a number of specific challenges. From various teenage problem, sexuality issue is the most prominent area which is highlighted by other parties. Sexuality issue is a complicated matter among the teenagers since the teenager phase is a period in which a person should face various challenges and problems, both developmental and environmental problems. These challenges and problems will affect adolescent behaviour, especially their sexual behaviour. Data shows that 15 million female adolescent aged 15-19 years give birth every year, around 15-20% of school-age teenagers in Indonesia have had sexual relations outside of marriage. The high rate of premarital sex among adolescents is closely related to the increasing number of abortions nowadays, and the lack of knowledge about healthy reproduction. The number of abortions is currently around 2.3 million and 15-20% of them are done by teenagers. This condition also makes the high maternal and neonatal mortality rates at Indonesia [2].

West Java Province with 8,5 million adolescents has high rate of adolescent problem. In this current moment, it is easy to locate prostitution areas, such as Saritem-Bandung where most of sex offenders are teenagers in the age range of 16-18 years

and reach about 200 people [2]. There are 8,5 million adolescents in West Java Province. This high amount of population leads to bigger problems as well. In this current moment, it is easy to locate prostitution areas, such as Saritem-Bandung where most of sex offenders are teenagers in the age range of 16-18 years and reach about 200 people. Meanwhile, in Subang teenage prostitution is commonly found, especially in Purwadadi, Ciasem, Patok eusi and Pagaden sub-districts [3].

The fact shows that most teenagers do not understand the effect of sexual activity they do. On numerous occasions the teenagers are not very mature to have sexual relationship especially if they have to bear the risk of sexual intercourse.

The increasing rate of premarital sex conducted by teenagers leads to risky effect, such as unwanted pregnancy. Every year 1.7 babies are born to women aged below 24 years old, some of which are unwanted pregnancy. This means that some Indonesian adolescent may have children of their own.

Early marriage in Indonesia is ranked 37<sup>th</sup> in the world and it becomes the second highest early marriage in ASEAN after Cambodia. The other adolescence issue is premarital-sex. The average age of premarital sex is done by 17 years old citizen, while generally teenagers in Indonesia start dating at the age of 15,5 years old. The other problem among adolescents is drugs [4].

Adolescents often lack of basic information about reproductive health system and access to reproductive health services that are affordable and confidential. Concerns about the guarantee of confidentiality, ability to pay, and adolescents' perception of the displeasure shown by health workers, further limits access to services, even though the service exists. In addition, there are also legal barriers relating to the provision of services and information to the adolescent. Many among the adolescents do not have a stable relationship with their parents, with other adults or with whomever they should be able to talk to about reproductive health problems or other concerns.

Education which is one of the medias to deliver information to an individual or groups functions to create awareness or enlightenment about particular knowledge and real portrayal of past, on-going and future events. Biologically, adolescents become more mature. Furthermore, they are naturally ready to reproduce. This leads to two different impacts. Education is a delivering information media with the aim of providing awareness or enlightening an individual or a group of people

about a particular knowledge and portrayal of past, on-going and future events. Biologically, adolescents become more mature. Furthermore, they are naturally ready to reproduce. This leads to two different impacts. First impact is either producing appropriate or destructive activity. Destructive behaviour in channelling biological desire is caused by ignorance, incomprehension of religious views and inadequate information about sex.

Research conducted by Boyke Nugraha showed that 10 % - 20% teenagers lack of information regarding sexuality. As a result, they have strong sexual desire due to their physical growth, but they precisely kept away from information about sexuality. In similar vein, Synovate research revealed that 65% information about sex was gotten from friends and 35% information was gotten from porn. Ironically only 5% of the respondent received information about sexuality from their parents [5-9].

Through a survey conducted in secondary schools in the USA, Mc Carry found that most students criticized their parents for not giving them adequate information about sex. Through a survey conducted in secondary schools in the USA, Mc Carry found that most students criticized their parents for not giving them adequate information about sex. Two-thirds of them do not receive any information about sex from their parents while the rest only receive minimal information about sex [10-13].

Teenagers' knowledge about sex is usually obtained from friends with the same age through dirty jokes. Therefore, they receive wrong response and negative emotions. Late in understanding sexuality may result negatively during puberty. For instance, 2/3 boys have known sexual intercourse before their parents explain it to them. Through the survey, it was found that 70% of women get information (especially their mothers) that sex is dirty. This happens because parents themselves also felt shame and guilt about sex, so they do not have a control on matters of sexuality and sexual behaviour.

Research conducted on female adolescents who are pregnant before marriage revealed that generally the respondents have never received sex education at school or at home (parents). WHO states that the cause of unhealthy sexual behaviour is not knowledge, but ignorance about sex? Research conducted on female adolescents who are pregnant before marriage revealed that generally the respondents have never received sex education at school or at home (parents). WHO states that the cause of unhealthy sexual behaviour is not knowledge, but ignorance about sex. Even parents may not have sufficient knowledge about sex. However, parents should openly and honestly explain what they know to their children.

From year to year adolescent reproductive health issues are increasing. Various types of sexually transmitted diseases (STDs) are increasing in adolescents. Even premarital sex is increasingly common. Unfortunately, the number of teenagers who carry out abortion is also high. Adolescents who are looking for self-identity are pruned to receive wide access of information related to their reproductive function. Therefore, it leads to free sex activity. This results in various reproductive health issues such as high maternal mortality rate, sexual abuse,

high number of HIV / AIDS sufferers in each region and each year.

There are several factors that encourage teenagers in middle and high school to have sex before marriage. These factors include the influence of liberalism or liberalism way of living, environment, family and mass media that support the wrongdoing behaviour. The flow of information through mass media in the form of magazines, newspapers, tabloids and electronic media such as radio, television, and computers, accelerate the change. Although this information flow supports various development sectors, it also weakens the socio-economic system that supports Indonesian society. Teenagers are a group of people who are easily affected by the flow of information, both negatively and positively. Improvements in women's status, which occur rapidly as a result of demographic transitions and family planning programs, have resulted in an increase in the age of first marriage and the increasing proportion of unmarried teenagers.

This condition is caused the increasing number of adolescents both male and female who continue their education to a higher level and the increasing number of adolescents participating in the labour market.

The length of time in single status as well as the opportunity to have income influence adolescents to engage in negative demeanour, such as having premarital sexual relations, drinking liquor and using drugs that can lead to unwanted pregnancies and other reproductive disease, as well as having sexually transmitted infections (HIV / AIDS).

The need for early sex education is affected by problems that dominate people's lives. The need for early sex education is affected by problems that dominate people's lives. This problem is related to sexual misconduct supported by the development of globalization in the areas of science, technology, economics, and politics. The need for early sex education is affected by problems that dominate people's lives. This problem is related to sexual misconduct supported by the development of globalization in the areas of science, technology, economics, and politics. Sexual misconduct can be categorized as prostitution, homosexuality, lesbians, imagining sex with tools that resemble opposite sex vital organ, committing violence with the opposite sex to encourage sexual desire. Such aberrant behaviour is often found in several private homes, hotels, boarding houses, and localization area [14].

Lack of sex education results in an adequate information regarding sexuality which creates unwanted issues among the adolescent. These issues include teenage pregnancy, premature, congenital deformities in the fetus, abortion, dropout from school, marriage at a young age, divorce and venereal disease. The most dangerous effect for the adolescent who never receives any sex education is the chance of being infected by incurable HIV/AIDS from sexual activity.

## II. RESEARCH METHODS

### A. Research Methods

Research method which was used in this present study was an analytical survey by using a *cross sectional* approach [15,16]. The data obtained were primary data using a questionnaire. This research was conducted at SMA 1 Subang, KH Dewantara no. 14 A Subang.

Population was the whole object of research or object under study. Population in this present study was all 1010 students of SMA 1 Subang.

The sample was partially taken from the entire object under study and was considered to represent the entire population. Sample of this present study was respondents who were categorized in inclusion characteristics, as follows:

Inclusion criteria:

- Active as a student of SMA Negeri 1 Subang
- Male or Female
- Included in adolescence (10-19 years)
- Willing to fill questionnaire

Exclusion criteria:

- Not a high school student in SMA 1 Subang
- Not included in adolescence age range (<10 or >19 year)
- Not willing to fill out the questionnaire

The entire sample is students in 11<sup>th</sup> grade in SMA N 1 Subang with a total of 293 students, divided into 8 classes: 6 science classes and 2 social studies classes.

### B. Research Variable

Dependent variable in this research was adolescent sexual behaviour, as follows:

- Talking and staring
- Touching
- Hugging
- Holding hands
- Masturbation
- Kissing
- Petting
- Necking
- Having intercourse

Independent variable in this research was the knowledge regarding sexuality, such as

- Adolescent reproductive development
- Anatomy of male and female reproductive organs

- Decision making
- Sexual behaviour
- Sexual transmitted disease

### C. Data Collection Technique

Data collection was done by distributing questionnaires to students in 1<sup>st</sup> Senior High School in Subang under researcher's supervision. Previously an explanation regarding the research had been informed to the students. Furthermore, students agreed and had willingness to become respondents in the study.

### D. Data Analysis

Bivariate analysis was used to analyse the percentage of the variables in this study and presented in a univariate analysis in the form of a frequency distribution table. Univariate analysis in this study measured the knowledge of teenager sexuality, the number of scores then divided by the total number of questions and multiplied by 100%, so that the value of P (percentage) was obtained.

The next data analysis phase was using the bivariate statistical test to reveal the relationship between the independent variables and the dependent variable. In this study the researchers conducted categorical data analysis, thus Chi-Square formula was used in testing.

## III. RESULT

All respondents were class XI of SMA Negeri 1 Subang which consisted of 8 classes: 6 science classes and 2 social studies classes. The total number of respondents is 293 or 29% of the population. Respondents filled out the research instruments in the form of sexuality knowledge questionnaires and sexual behaviour questionnaires. The results of data collection were then processed and presented in 2 (two) types of analysis, namely univariate analysis and bivariate analysis.

TABLE I. RESPONDENT DISTRIBUTION BASED ON CLASS

No	Class	F	%
1	X	320	31.7
2	XI	293	29.0
3	XII	397	39.3
Total		1010	100

From the table above it appears that the number of respondents (class XI) is 29% of the total population.

### A. Univariate Analysis

In this univariate analysis an overview of the relationship among knowledge and sources of information about sexuality and adolescent sexual behaviour were presented.

1) *Sexuality knowledge*: Knowledge regarding sexuality was measured by 17 questions that had been tested for validity and reliability. The measurement results that have been carried out are presented in the following table:

TABLE II. DISTRIBUTION OF RESPONDENTS BASED ON SEXUALITY KNOWLEDGE

No	Category	F	%
1	Excellent	109	37,2
2	Good	170	58,0
3	Poor	14	4,8
Total		293	100

Based on Table 2, it appears that respondents who have less sexuality knowledge are 4.8%.

2) *Sexual behavior:*

TABLE III. DISTRIBUTION OF RESPONDENTS BASED ON SEXUAL BEHAVIOR

No	Category	F	%
1	Excellent	109	72,0
2	Good	170	25,3
3	Poor	14	2,7
Total		293	100

Based on the Table, it is known that respondents who have less sexual behaviour are 2.7%.

3) *Information source:*

TABLE IV. DISTRIBUTION OF RESPONDENTS BASED ON INFORMATION SOURCES

No	Information Source	F	%
1	Parents	34	11,6
2	Teachers	60	20,5
3	Friends	113	38,6
4	Mass media	86	29,4
Total		293	100

Based on Table 4, It can be seen that the majority of respondent got information about sexuality from friends with 38.6%, then followed by mass media as much 29.4%.

**B. Bivariate Analysis**

1) *Relationship between knowledge and adolescent sexual behavior:* To see the relationship between knowledge and adolescent sexual behavior in SMA 1 Subang, bivariate analysis was performed using Chi Square test . Using the help of SPSS 17.0, a cross table was obtained as follows:

TABLE V. RELATIONSHIP BETWEEN KNOWLEDGE AND ADOLESCENT SEXUAL BEHAVIOR

Knowledge	Behaviour				Total		P-Value	Relationship
	Poor		Good		Freq	%		
	n	%	n	%				
Poor	9	64,3	5	35,7	14	100	0,000	Significant
Good	55	32,4	115	67,6	170	100		
Excellent	18	16,5	91	83,5	109	100		

From the table above, it appears that respondents' knowledge about sexuality is low and have less sexual behaviour as much as 64.3%. And  $p = 0.00$  or  $<0.05$  then there is a meaningful relationship between knowledge of sexuality and sexual behaviour.

**IV. DISCUSSION**

*A. Sexuality Knowledge*

Based on the research conducted to 293 respondents, it can be seen that 4,8%. of respondents that have poor knowledge regarding their sexuality.

Adolescents often lack of basic information about reproductive health system and access to reproductive health services that are affordable and confidential. Concerns about the guarantee of confidentiality, ability to pay, and adolescents' perception of the displeasure shown by health workers, further limits access to services, even though the service exists. In addition, there are also legal barriers relating to the provision of services and information to the adolescent. Many among the adolescents do not have a stable relationship with their parents, with other adults or with whomever they should be able to talk to about reproductive health problems or other concerns.

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*B. Sexual Behavior*

Based on the research, it was found that 2.7% respondent have poor sexual behaviour.

Poor adolescent sexual behaviour is closely related to the lack of knowledge about sexuality and reproductive health system. Adolescents lacks of basic knowledge about reproductive anatomy, physiology, how pregnancy occurs, how to prevent pregnancy and where to get protection. Besides that, parents also contribute to the adolescents' basic knowledge of sexuality. Factors such as insecurity and shame felt by parents when they talk to their children may hamper the adolescent overall sexuality issue. During the adolescent period, teenagers highly need guidance to go through physical and psychological changes.

*C. Resource*

Based on the research, it is known that 113 respondents (38.6%) receive information of their sexuality from friends. 34 respondents (11.6%) receive information from parents.

This result is in accordance with Darwin (1997)'s research, which emphasized that adolescents tend to have closed attitude to adults and become more open minded to peers. It gives them the opportunity to access information about sexuality and reproductive health and consider sex as an ordinary problem

they need to get from peers. Parents consider sexual knowledge and reproductive health a taboo problem to be discussed openly to their children. As a result, adolescents get more sexual information from other parties.

In his research, Tumkaya said that the increasing interest of adolescent about the effects of the knowledge of sexual and reproductive health caused by the rise of global information through exposure of internet, audio-visuals, books or newspapers, magazines, television and VCDs that provide pornographic films, peers and partner accessed by teenagers provoke them to adopt unhealthy habits in the form of unhealthy sexual relationship and the use of drugs.

#### *D. Relationship between Knowledge and Adolescent Sexual Behavior*

Based on the research, it is found that 14 respondents have low sexual awareness.

As mentioned by Handayani in his research, knowledge regarding the benefits of a particular thing may affect the intention to do something. Therefore, if the respondents have better knowledge about their sexuality, their sexual behaviour is good as well. Knowledge and behaviour are closely related to each other. Knowledge about the benefits and risk of a particular thing will shape the behaviour. Therefore, this behaviour will form the intention. Intention determines whether an action is taken or not. In conclusion if knowledge regarding sexuality is sufficient, the sexual behaviour will be good.

Knowledge is a process of understanding. It happens after people have sensed a certain object. Sensing occurs through the five human senses, namely the sense of sight, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears. As reinforced by Green's theory, knowledge is a predisposing factor that determines the shape of a person's behaviour. Knowledge is a very important domain in shaping a person's behaviour. From experience and research, it is proven that behaviour based on knowledge will be more impact able than behaviour that is not based on knowledge.

#### V. CONCLUSION

Based on the results of the research and discussion in the previous chapter, it can be concluded that:

- Knowledge about adolescent sexuality is considered poor with 64.3 percentages.
- The percentage of bad behaviour about teen sexuality is 2.7%.

- The majority of teenagers receives information about sexuality from friends with 38.6%, then followed by mass media as much as 29.4%.
- There is a statistically significant relationship between knowledge and adolescent sexual behaviour ( $p = 0,000 < 0.05$ ).

#### VI. SUGGESTION

- Improving communication, information and education about reproductive health system, such as sex education taught by teachers to students in 1<sup>st</sup> Senior High School Subang
- Increasing the participation of parents / families in early sex education to teenager.

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