



# Adolescent Knowledge, Attitude, and School Roles About Premarital Sexual Behavior at High School in Batu City

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**Abstract.** Teenagers are prone to premarital sexual behavior problems. SDKI in 2017 reported premarital sexual behavior of 59% in women and 74% in men. Premarital sexual behavior in adolescents can be influenced by school knowledge, attitudes, and roles. This behavior affects cases of HIV/AIDS, abortion, and early marriage. According to the Indonesia National Population and Family Planning Board has report 14.2 million teenage girls make weddings every year, one of them is in Batu City. The number of early marriages in Batu City is increasing. One of the high schools in Batu City there has been a violation of norms due to premarital sexual behavior, poor school programs and activities in the field of reproductive health that can affect youth's knowledge, attitudes and behavior. The purpose of this study was to find the relationship between the level of knowledge of adolescent reproductive health, adolescent attitude and school role and premarital sexual behavior. The study used a cross-sectional design with a sample of 41 students and students obtained from the total sampling population. The chi-square test results show that there is a relationship between reproductive health knowledge variables, attitudes and roles of schools and premarital sexual behavior. In the multivariate test results, the adolescent attitude variable was the most influential variable in premarital sexual behavior.

**Keywords:** adolescent · premarital sexual behavior · reproductive health

## 1 Introduction

The results of several studies that have been obtained from the National Population and Family Planning Agency (BKKBN) show that based on the facts that occur at the age of teenagers, they are currently faced with several problems including being vulnerable to premarital sexual behavior, adolescent abortion, early marriage, Sexual diseases Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome (AIDS), Narcotics, Alcohol, Psychotropics and other Addictive Substances or abbreviated as Drugs, and other juvenile delinquency [1]. Herna's research said that at least every year approximately 15 million adolescents aged 15–19 years have given birth, a total of 4 million

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Y. N. Hanief et al. (Eds.): ICSSH 2022, 54, pp. 60–69, 2022.

[https://doi.org/10.2991/978-94-6463-072-5\\_8](https://doi.org/10.2991/978-94-6463-072-5_8)

adolescents have had abortions and nearly 100 million adolescents have been infected with HIV and other preventable sexually transmitted diseases or STDs [2]. The total number of adolescents aged 15–19 years who experienced pregnancy has reached 840,000 or 79% [3].

From data from the Indonesian Demographic and Health Survey (IDHS) in 2017 regarding adolescents, 80% of female adolescents and 84% of male adolescents in Indonesia have been dating starting at the age of 15–17 years and have engaged in sexual behavior, both risky sexual behavior and inappropriate sexual behavior risky. The IDHS data also reports that the behavior of adolescents who have had premarital sex is 59% in women and 74% in men, the behavior is carried out by adolescents for the first time in the 15–19 year age group where the highest percentage occurs in the 17 year age group both in men and women. Women by 19% [4]. National Community Indonesia in 2012 recorded data on 17 big cities conducted with the subject of junior high school (SMP) and high school (SMA) youth groups showing results, where from a total of 4,726 respondents 93.7% of teenagers were not virgins and 21.26% of adolescents have had an abortion.

The World Health Organization says that one fifth of the world's population is teenagers, in Indonesia alone there are 35.8 teenagers. Data from the Central Statistics Agency (BPS) of Batu City shows that the total number of adolescents in Batu City in 2019 with the age group 15–19 years is 15,468 people, then in the 20–24 year age group there are a total of 17,111 teenagers. Noveri said premarital sexual behavior in adolescents is very vulnerable to the occurrence of reproductive health risks, one of which is the transmission of HIV/AIDS [5]. This is in line with Noveri's research on Sexually Transmitted Infections which states that in approximately 100 million adolescents in a year, approximately 100 million adolescents have been infected with HIV and other preventable Sexually Transmitted Diseases (STDs) [2]. The Central Bureau of Statistics of Batu City itself recorded the number of HIV cases in Batu City in 2018 there were 83 cases, this number increased in 2019 with a total of 310 cases.

The National Population and Family Planning Agency says that 14.2 million young girls get married every year or 39,000 teenagers every day [1]. Data from the Central Statistics Agency in 2018, stated that 1 in 9 or 11% of women aged 20–24 years married before the age of 18. Data on early marriages in Batu City during the beginning of the Coronavirus Disease-2019 (Covid-19) pandemic, according to the Head of the Islamic Community Guidance Section (Kasi) of the Ministry of Religion, Batu City, noted that at least 105 marriages had been carried out. Based on data from the Office of Religious Affairs (KUA) in Batu City, the total number of cases of early marriage in Batu City from year to year has increased. The results of interviews with the Office Religious Affairs (KUA) in Batu District, early marriages in Batu City are mostly caused by pregnancies that occur outside of marriage.

The Ministry of Health of the Republic of Indonesia said that the knowledge of adolescents on reproductive health is still insufficient. Lack of knowledge can be the cause of adolescent premarital sexual behavior [6]. Knowledge of reproductive health, especially for adolescents, needs to be taught, so that adolescents understand how to take appropriate actions to behave and protect their own reproductive health [7]. Attitudes and knowledge of adolescents about reproductive health is something important, the

wrong information obtained will make the knowledge and perceptions of adolescents become incorrect too, so that it can be an indicator of an increase in free sex behavior in adolescents [8]. Insufficient knowledge on sex makes teenagers more curious and tends to try it themselves, from this it is said that one of the factors that will shape premarital sexual behavior is the lack of knowledge [7]. Sarwono said the low knowledge possessed by adolescents was due to the lack of information received by adolescents themselves [9].

Factors that influence sexual behavior in adolescents include age, gender, family roles, peer influence, lack of knowledge, lifestyle and religious understanding. In a study it was said that one of the forms of sexual deviation among adolescents is premarital sexual behavior, where the factors that can cause this behavior are too dominant environmental influences and the mass media that disseminate free sexual information, while the role of schools and health workers which is still lacking in providing knowledge about sexual and reproductive health so that it is not comparable to what teenagers get from the internet or mass media [5]. In research journals it is said that the provision of knowledge about healthy behavior in children obtained from parents is still not sufficient, so that in that case other factors are still needed, one of which is the role of schools, schools play an important role in changing and providing an understanding of healthy behavior [10]. Schools have a strategic role in health promotion as an effort to create an environment with a high degree of health [11].

Teenagers need to get education about adolescent reproductive health and the dangers of premarital sexual behavior from the school, so that teenagers can be more alert and take care of themselves [12]. The IDHS stated that the percentage of reproductive health lessons learned in schools regarding human reproductive health was only 59% and 55%, this indicates that lessons on reproductive health given in schools were less than 100% [4]. Research in Indonesia regarding the relationship between internal and external factors on premarital sexual behavior in the journal Ayu, it was found that adolescents who have bad attitudes are at risk for premarital sexual behavior when compared to adolescents who behave well [13]. However, from Made's research, it is said that if teenagers have good knowledge, it will be followed by a good attitude, and vice versa [14].

The theory of behavior states that the behavior of a person will be influenced by his knowledge and attitude and is supported by other supporting roles, one of which is the school as a place of learning. One of the Batu City Health Office programs to increase knowledge in the field of reproductive health is holding an educational safari, this activity is routinely carried out by visiting schools in the Batu City area that have been targeted. From the results of interviews with the Batu City Health Office, one of the senior high schools that has not been reached by this activity. In addition, from data from the Office of Women's Empowerment, Child Protection, Population Control and Family Planning (DP3AP2KB) Batu City, this high school still has never had a Youth Information and Counseling Center (PIK-R) during the last 6 years. Another reason is based on the location of the research, there have been cases of violations of sexual norms, and there has never been a similar study. Therefore, researchers want to know and examine the relationship between the level of knowledge of adolescent reproductive health, adolescent attitudes and school roles with premarital sexual behavior at High

School in Batu City in order to add information and become the basis for planning programs in the field of reproductive health for adolescents in related environments.

## 2 Method

In this study, the type of research carried out is an analytic study with a cross sectional approach. The researcher aims to find out whether or not there is a relationship between the level of knowledge of adolescent reproductive health, adolescent attitudes and school roles with premarital sexual behavior in High School in Batu City. The population in this study were all students in class X and XI at High School in Batu City totaling 41 people in May 2022. Class X consisted of 22 students and class XI had 19 students. Sampling method using Total Sampling. Data on knowledge, attitudes, school roles and behavior variables were collected directly using a questionnaire or questionnaire or primary data.

The questionnaire has been tested for validity in order to measure whether it is valid to use and can be trusted in accordance with the existing reality. The results of the validity of the knowledge variable about reproductive health were declared valid with a correlation coefficient of  $> 0.396$  with a range of 0.343–0.765. The adolescent attitude variable was declared valid with a correlation coefficient  $> 0.396$  in the range of 0.397–0.733. School role variable with correlation coefficient  $> 0.396$  with a range of 0.467–0.780. Then on the premarital sexual behavior variable questionnaire with a correlation coefficient  $> 0.396$  in the range of 0.433–0.765. While the results of the reliability test measured by Cronbach's Alpha on the knowledge variable questionnaire, the reliability results were 0.863, the reliability for the attitude variable was 0.864, 0.894 for the reliability of the school role variable and the premarital sexual behavior variable questionnaire obtained reliability of 0.887. The ethical review conducted with certificate number Reg. No.: 424/ KEPK-POLKESMA / 2022. This study using multiple logistic regression.

## 3 Results

Table 1 shows the results of the univariate analysis where there are 4 variables with each variable divided into several criteria. In the knowledge variable, the criteria are divided into two, namely poor knowledge ( $<$ median) and good knowledge ( $\geq$ median) [15]. Based on the questionnaire to 41 respondents, there are 16 respondents or 39% who have less knowledge, and 25 respondents or 61% who have good knowledge.

Attitude variables are divided into two criteria, namely negative attitudes or attitudes that support sexual behavior and positive attitudes or attitudes that do not support sexual behavior 48.8% has a positive nature. Furthermore, the criteria for the school role variable are divided into two, namely schools with a weak role as indicated by the results of a questionnaire of 41.5% or 17 respondents and schools that have a strong role with results of 58.5% or 24 respondents. In Table 1, the variables of premarital sexual behavior which are divided into risky and non-risky behavior, show that as many as 25 respondents (61%) have risky sexual behavior and as many as 16 respondents (39%) are not at risk.

From the bivariate analysis with the chi square test, it has been shown that the p-value obtained on the knowledge variable is 0.002 (p 0.05) so that there is a relationship

**Table 1.** Characteristics of respondents

Variable	n	%
<b>Age</b>		
16 years old	10	24.4
17 years old	20	48.8
18 years old	11	26.8
<b>Gender</b>		
Man	20	48.8
Woman	21	51.2
<b>Address</b>		
Batu District	14	34.1
Bumiaji District	16	39.0
Junrejo District	3	7.3
Pujon District	8	19.5
<b>Reproductive health knowledge</b>		
Lack	16	39.0
Good	25	61.0
<b>Attitude</b>		
Negative	21	51.2
Positive	20	48.8
<b>School role</b>		
Weak	17	41.5
Strong	24	58.5
<b>Premarital sex</b>		
Risky behavior	25	61.0
Non-risk behavior	16	39.0

between knowledge of reproductive health and premarital sexual behavior. The data obtained from table 2 related to the attitude variable, the p-value results are  $0.034 > 0.05$  and 95% CI 0.046–0.757, which means that there is a relationship between the attitude variable and premarital sexual behavior. The results of the bivariate analysis on the school role variable also show that there is a relationship between the school role variable and premarital sexual behavior, because the p-value obtained is  $0.042 > 0.05$  and (OR = 5.52) (Tables 2 and 3).

The form of the equation of the regression in the table above is as follows:

$$Y(\text{behavior}) = \alpha + \beta_1 \text{knowledge}(X_1) + \beta_2 \text{attitudes}(X_2) + \beta_3 \text{school roles}(X_3) + e$$

$$Y = 0.039 - 3.149X_1 + 1.706X_2 - 1.970X_3 + e$$

**Table 2.** Bivariate analysis between reproductive health knowledge levels, attitudes, and school roles with premarital sexual behavior

Variable	Premarital Sexual Behavior		OR	p-value
	Risk	No Risk		
<b>Reproductive health knowledge</b>			22.50	0.002*
Lack	93.8	6.3		
Good	40.0	60.0		
<b>Attitude</b>			0.19	0.034*
Negative	42.9	57.1		
Positive	80.0	20.0		
<b>School role</b>			5.52	0.042*
Weak	82.4	17.6		
Strong	45.8	54.2		

**Table 3.** Multivariate analysis between reproductive health knowledge levels, attitudes, and school roles with premarital sexual behavior

Variable	B	S.E.	Wald	df	Sig.	OR	95% CI	
							Lower	Upper
Knowledge	- 3.149	1.248	6.368	1	0.012	0.043	0.004	0.495
Attitude	1.706	0.952	3.212	1	0.073	5.506	0.852	35.57
School role	- 1.970	1.001	3.876	1	0.049	0.139	0.020	0.991
(Constant)	0.039	0.707	0.003	1	0.956	1.040		

## 4 Discussion

From the bivariate analysis, it has shown that the p-value obtained on the knowledge variable is 0.002 (p 0.05) so that there is a relationship between knowledge of reproductive health and premarital sexual behavior, and (OR = 22.5) which means someone with less knowledge is 22 times more likely to engage in risky premarital sexual behavior when compared to someone who has good knowledge. These results are in line with the research conducted by Putri in 2017 where there is a relationship with the p-value of 0.000 [16]. Research conducted by Egy Pratama also states that there is a relationship between knowledge about sex and premarital sex behavior in adolescents in high school (p-value < 0.01 and OR = 0.583) [7]. In addition, the study also showed that knowledge of reproductive health is related to sexual behavior where the value of p = 0.00 [17]. Knowledge possessed by a person will affect that person's behavior [18]. Lack of knowledge about reproductive health and its functions can be a risk for adolescents to carry out deviant sexual behavior, this is in line with the research that has

been done by Misrina where there is also a relationship between adolescent knowledge of premarital sex behavior [19]. Mawarni in her research also found that knowledge was significantly related to premarital sexual behavior [20]. Fariningsih obtained research results where there was a relationship between knowledge and premarital sexual behavior [21]. Another study was also conducted in senior high schools in Nigeria which showed that there was a relationship between knowledge about reproductive health and premarital sexual behavior ( $p$ -value 0.05) [22].

Attitude is one of the factors that influence a person's behavior, Thurstone means that attitude is the degree of positive or negative affect about a psychological object [23]. In Ayu's research in 2015 it was also found that adolescents with bad attitudes would be at risk in engaging in sexual behavior where the attitude had the highest OR value of 2.129 and 95% CI 1.963–2.309 [13]. The results of another study from Sri Junita also stated that there was a relationship between attitudes and sexual behavior, where students who had a positive attitude tended to have no risky sexual behavior when compared to students who had a negative attitude where 67 respondents or 53.2% had a positive attitude ( $p$ -value 0.04) [24]. In line with research conducted in Yogyakarta in 2015, which resulted in a relationship between attitudes towards reproductive health and premarital sexual behavior (OR = 3.795 and CI 1.17–61.69)  $p$ -value = 0.000 [26]. The results also showed a significant relationship between attitudes and premarital sexual behavior where  $p$ -value (0.002) < (0.05) [19].

Someone who is influenced by a weak school role will be 5 times more likely to engage in risky premarital sexual behavior than someone who is influenced by a strong school role. In this study, the role of a weak school has an 82.4% greater likelihood for its students to engage in risky premarital sexual behavior when compared to schools that have a strong role. The role of schools for students is found in the description of teachers in terms of educating teaching and counseling guidance [25]. This is in line with Dini's research which says that the role of the school environment has a major impact in efforts to prevent premarital sexual behavior in adolescents, where schools play a role in directing and reminding students or adolescents so that they are not wrong in choosing friends and hanging out [26]. In a study conducted by Desy Qomarasari also said that there is a relationship between the role of the school and sexual behavior, teachers who are less in providing counseling and educating well, students will be more likely to engage in sexual behavior when compared with a strong school role (OR = 0.38 95% CI 0.22–0.66 and  $p$ -value < 0.001). In line with Ayu's research which resulted in a relationship between the teacher's role and premarital sexual behavior where the  $p$ -value was 0.000 and OR = 0.700 CI95% 0.653–0.751 [13].

The results of the multivariate analysis found that the attitude of adolescents is the dominant factor if it is associated with premarital sexual behavior where OR = 5.506. This shows that adolescents or students with negative attitudes or tendencies towards premarital sexual behavior will be 6 times more likely to engage in risky premarital sexual behavior when compared to adolescents with high positive attitudes. In line with Ayu's research in 2015 which resulted that the attitude variable was the dominant variable related to premarital sexual behavior, namely adolescents with bad attitudes had a 2,129 times higher risk for sexual behavior (OR = 2.129 and 95% CI 1.963–2.309) [13]. The theory put forward by LaPierre attitude is a tendency, behavior, predisposition and

anticipatory readiness that a person uses to adjust in social life. Attitude can simply be interpreted as a predisposition of an action or behavior that has not been acted upon or activated by someone. Tyas' research results that attitudes can trigger a behavior, the respondents found a bad attitude will continue to bad behavior. Thurstone defines attitude as the degree of positive or negative affect about a psychological object [23]. The attitude that consists of negative and positive responses will later reflect a form of a person's behavior which in this case is premarital sexual behavior. Attitudes towards reproductive health are divided into two, namely supportive (negative attitude) and not supportive (positive attitude), this attitude can be seen from one's opinion about actions at the premarital sexual stage, health information, and about HIV/AIDS.

## 5 Conclusion

Adolescent attitude is the most dominant factor on the variable of premarital sexual behavior. Preferably, the school can play a greater role in educating and providing counseling guidance to students, especially in the field of adolescent reproductive health, the dangers of promiscuity and other juvenile delinquency. Schools are also expected to increase awareness of cases of adolescent premarital sexual behavior in the school environment and to have programs that support reproductive health in adolescents, whether carried out by the school with its own students or in collaboration with other related parties. Furthermore, for the community, especially parents, to be more active in supervising children's behavior so that events that can later harm the child themselves do not occur.

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