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## The Roles of Parents, Health Workers, and Peer in Preventing Youth Premarital Sex Behaviour in Indonesia

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### Abstract

Adolescents are a vital component in the nation's development for the future, comprising 10% of the total population aged 15-24 years old. However, many adolescents are engaging in premarital sex, which contributes to various adverse effects including an increased risk of contracting STIs, HIV/AIDS, unintended pregnancies, and more. This study aims to analyze the roles of parents, peers, and healthcare providers in providing sexual education to prevent premarital sex among adolescents. Using a cross-sectional approach, the study analyzed the role of parents, healthcare workers, and peers in sexual education and its influence on premarital sexual behavior. The research was conducted in nine districts in Bali Province, with a total sample size of 455 individuals. The results revealed that the majority of adolescents consider sexual and reproductive health education important but feel uncomfortable discussing it, particularly with their parents. The absence of parental involvement was indicated by other findings, as only the roles of healthcare workers and peers were significantly associated with a history of receiving sexual education. The role of parents as the primary source of sexual education and guidance can be enhanced through training and education to improve their understanding of adolescent reproductive counseling. This would foster a sense of comfort and openness in discussing the sexual and reproductive issues experienced by adolescents.

**Keywords:** adolescents, sexual, reproductive, pre-marital sex, education

### INTRODUCTION

Pre-marital sexual relations refer to sexual activity conducted without the bond of marriage, lacking commitment and responsibility. Factors driving adolescents to engage in sexual relations include the development of reproductive hormones, leading to attraction to the opposite sex, and a high level of curiosity.(1) According to the IPPF declaration, sexual relations are a fundamental human right, limited by the laws of a country. However, irresponsible sexual activities place adolescents at various risks related to reproductive health issues.(2) There are several negative impacts of premarital sex, including increased risks of contracting STIs, HIV/AIDS, unintended pregnancies, unsafe abortions, mental health disorders, baby dumping, and contributing to increased maternal and child mortality rates.(3)

Indonesia has a large population, with a significant portion of the population being

adolescents. According to population data from the Indonesian Central Statistics Agency (BPS) in 2020, the number of adolescents aged 15-24 years old reached 44.9 million.(4) Adolescents are a vital component in the nation's development for the future. However, in the era of globalization, many adolescents are getting involved in casual relationships and premarital sex. Based on data from the Indonesian Demographic and Health Survey (SDKI) in 2017, it shows that among adolescents aged 15-24 years old, 3.5% of women and 17.6% of men engaged in sexual intercourse before married.(5) A study conducted in Samarinda Regency, Indonesia, indicated that 20% of high school adolescents expressed positive support for casual sexual behavior, and 8% stated that they had engaged in sexual intercourse.(6)

Sexual education becomes crucial in addressing the issue of casual sexual behavior among adolescents. In providing educa-

tion, the roles of parents, healthcare providers and peers are crucial. However, opportunities to discuss sexual issues with parents are still very limited because it is still considered taboo to talk about them.(7) Yet, parents should play the primary role in informing about social, cultural, and religious values regarding intimate and sexual relationships to their children. Parents who rarely communicate contribute to weak communication and control over their children and this yield limited access to professional sources of sexual information. Thus, it can increase the risk of premarital sexual relations among adolescents.(8) In addition, comprehensive sexual education has not been implemented properly due to persistent barriers in implementation because Indonesia adheres to conservative beliefs where sexuality is considered not a common topic to discuss with children.(9)

Healthcare providers are another important actor in providing sexual education programs for adolescents, as they play a role in giving education and reproductive health services. Sexual education should be provided while considering the cognitive development, emotional maturity, and social development of adolescents without discrimination and judgment.(10) However, several cases show the stigmatizing behavior experienced by adolescents when consulting on sexuality issues with health workers.(11) Because of inconvenience situation, mostly adolescents will find information on social media which has chance of being exposed to hoax information.(12) Moreover, they tend to be more open about various things with their peers as adolescents enter their teens. This peer environment will greatly influence adolescent behavior, especially their sexual behavior. A healthy peer environment will lead adolescents to good behavior, and vice versa. (13) Considering the characteristics of adolescents, it is important for healthcare providers to involve the adolescent community in reproductive health education activities. This study aims to analyze the factors that contribute to premarital sexual behaviour among adolescents including the roles of parents, peers, and healthcare providers in

providing sexual education. It also explores the adolescents perspective and needs from those three actors needs to prevent premarital sexual.

## METHODS

### Study Design and Location

This study was quantitative research with a cross-sectional approach to analyze the role of parents, health workers and peers in sexual education and its influence on premarital sexual behavior among adolescents. The research was conducted in nine districts in the Province of Bali, namely Denpasar City, Jembrana, Tabanan, Badung, Gianyar, Klungkung, Bangli, Karangasem, and Buleleng. The total sample size was 455 individuals, where the Probability Proportion to Size (PPS) sampling technique was used to calculate the sample size per district in the Province of Bali. This was done to ensure that all individuals in the population in each district had an equal chance of being selected as samples. The sample size in each district is as follows:

**Table 1.** Number of respondents in each districts

Regencies	Number of Sample
Denpasar	72
Jembrana	37
Tabanan	46
Badung	42
Gianyar	62
Klungkung	26
Bangli	25
Karangasem	55
Buleleng	90
<b>Total</b>	455

Selection of sampled respondents in each district was done by consecutive sampling technique, wherein every respondent who meets the research criteria will be included as a sample within a certain period until the required sample size was met in each district. The inclusion criteria for the sample are adolescents aged 15-24 years, residing in the Province of Bali, and un-

married. Exclusion criteria for respondents are unwillingness to participate as a respondent and only temporarily residing in the province of Bali.

### Data Collection and Analysis

Data was gathered from March to May 2021 utilizing a questionnaire that had been previously tested for validity and reliability on 30 adolescents who met similar inclusion criteria but were not part of the research sample. For the validity and reliability test for questionnaire, data was analyzed using Pearson correlation test which showed significant results ( $\alpha=0.05$ , hence the critical value of  $r$  is 0.3494). The valid and reliable questionnaire was then translated into a Google Form with a Likert scale and distributed to respondents in each district. There was one data supervisor in each district to ensure that the data collection process on point, met minimum sample size and to filter the respondents based on inclusion criterias. All the data was cleaned and analyzed univariately, bivariately, and multivariately using data processing application STATA with statistical test chi-square and logistic regression ( $p$ -value=0.05).

### ETHICAL CLEARANCE

This study has received ethical ap-

proval from the Health Research Ethics Committee of STIKES Bina Usada Bali. No.030/EA/KEPK-BUB-2021.

### RESULTS

Based on the collected data, it was found that almost all respondents were in the age group of 20-24 years old (92.75%) and only a small portion were in adolescents' group (7.25%). In terms of gender, slightly more than half of the respondents are female (62.64%) and the rest was male (37.36%). Nearly all respondents (87.25%) stated that they have been in romantic relationships with the opposite sex. Only 26.37% of respondents were currently or have been involved in youth organizations such as Youth Information and Counselling Center (PIK-R) and Planning Generation (GENRE). In the other hands, most of the respondents stated that they actively use social media to search information related to Sexual and Reproductive Health and Rights (SRHR) with the most common frequency of social media use being several times a week (77.58%). Respondents also stated that Instagram (63.52%) and YouTube (59.56%) are the two types of social media they most commonly use to search for information and discuss that issue.

**Table 2.** Demographic characteristics of respondents

Category	Frequency (%)	Category	Frequency (%)
<b>Age Category</b>		<b>Romantic Relationship</b>	
15-19 yo	33 (7.25)	Yes	397 (87.25)
20-24 yo	422 (92.75)	No	58 (12.75)
<b>Sex Category</b>		<b>Experience in Youth Organization</b>	
Male	170 (37.36)	Yes	120 (26.37)
Female	285 (62.64)	No	335 (73.63)
<b>Education Level</b>		<b>Frequency of Social Media Use to Search Information about SRHR</b>	
Junior High School	5 (1.1)	Never	16 (3.52)
Senior High School	274 (60.22)	Once in several weeks	353 (77.58)
University	176 (38.68)	Once in several days	67 (14.73)
<b>Domicile</b>		Every day	19 (4.18)
Badung Regency	42 (9.23)	<b>Type of Social Media Used</b>	
Bangli Regency	25 (5.49)	Facebook	109 (23.96)
Buleleng Regency	90 (19.78)	Instagram	289 (63.52)
Klungkung Regency	26 (5.71)	Twitter	67 (14.73)
Karangasem Regency	55 (12.09)	Youtube	271 (59.56)
Gianyar Regency	62 (13.63)	Tiktok	107 (23.52)
Jembrana Regency	37 (8.13)	Chat application	125 (27.47)
Tabanan Regency	46 (10.11)	Others	39 (8.57)
Denpasar City	72 (15.82)		
<b>Employment Status</b>		<b>Respondents</b>	<b>455 people</b>
Yes	164 (36.04)		
No	291 (63.96)		

Table 2 below shows adolescents' views on the roles of parents, healthcare providers, and peers as sources of reproductive information. Two aspects were queried: whether they feel it is important and convenient to discuss their reproductive issues with these three groups. The feelings of importance and comfort expressed by adolescents indicate the role of these three groups as trusted actors from their perspective. The majority of adolescents feel it was important to discuss reproductive health with parents (82.64%), healthcare providers

(90.77%), and peers (80.44%). However, when the question asked if they feel comfortable expressing their reproductive knowledge needs to these three groups, the percentage results were smaller compared to the feeling of importance. Only 49.23% of adolescents feel comfortable discussing with parents and 67.03% feel comfortable discussing with peers. The highest percentage of feeling comfortable to discuss SRHR was with healthcare providers (81.76%), although this percentage was lower than the importance rating.

**Table 3.** Adolescent's Perspective on Role of Parents, Health Workers, and Peers as source of SRHR.

Adolescents Perspective on Discussing about Sex-	Yes (%)	Somewhat (%)	No (%)
Feel important to discuss with parents	376 (82.64)	51 (11.21)	28 (6.15)
Feel comfortable discuss with parents	224 (49.23)	122 (26.81)	109 (23.96)
Feel important to discuss with health workers	413 (90.77)	34 (7.47)	8 (1.76)
Feel comfortable discuss with health workers	372 (81.76)	69 (15.16)	14 (3.08)
Feel important to discuss with peers	366 (80.44)	65 (14.29)	24 (5.27)
Feel comfortable discuss with peers	305 (67.03)	101 (22.20)	49 (10.77)

SRHR education is crucial for adolescents as a foundation for choosing healthy relationships with the opposite sex. Additionally, reproductive knowledge can prevent adolescents from engaging in risky sexual behaviors. Table 4 illustrates the relationship between the roles of parents, healthcare providers, and peers with the history of receiving reproductive health ed-

ucation. The test results indicate that the roles of peers and healthcare providers are significantly associated with teenagers who have received reproductive health education, including knowledge of contraception, Sexually Transmitted Infections (STIs), HIV/AIDS, ways to maintain genital health, as well as knowledge related to the menstrual cycle and fertility period.

**Table 4.** Association between role of parents, health workers and peers with adolescent's experience of receiving SRHR education.

Variables	Adolescent's Experience of Receiving SRHR Education		N	P-Value
	Ever (%)	Never (%)		
<b>Role of Parents</b>				0.476
Do not play a role	69 (88.46)	9 (11.54)	78	
Less role	140 (90.91)	14 (9.09)	154	
Significant role	207 (92.83)	16 (7.17)	223	
<b>Role of Health Workers</b>				0.000*
Do not play a role	23 (65.71)	12 (34.29)	35	
Less role	46 (83.64)	9 (16.36)	55	
Significant role	347 (95.07)	18 (4.93)	363	
<b>Role of Peers</b>				0.048*
Do not play a role	71 (85.54)	12 (14.46)	83	
Less role	65 (89.04)	8 (10.96)	73	
Significant role	280 (93.65)	8 (10.96)	299	
<b>Total</b>	416 (91.43)	39 (8.57)	455	

Based on the survey results, approximately 21.76% of adolescents admitted to having engaged in sexual intercourse before marriage. However, this figure tends to be lower than the actual prevalence due to feelings of shame and fear of admitting to having had premarital sexual intercourse.

Among adolescents who have engaged in sexual intercourse, approximately 91.92% have used condoms during sexual activity. However, there are still 8.08% of teenagers who engage in risky sexual intercourse without protection.



**Figure 1.** Prevalence of premarital sex behaviour and condom use

Multivariate analysis was conducted using logistic regression by including all variables that met the analysis requirements and had the potential to be factors related to premarital sexual behavior among adolescents. The results of the multivariate analysis indicate four predictors significantly associated with premarital sexual behavior: male gender, employment status, having a history of dating, and frequency of using social media for discussions related to reproductive health. Among the four significant predictors, one stands out as the strongest predictor, which is the history of dating. Adolescents who have had romantic relationships with the opposite sex have a 34.8 times higher risk of engaging in premarital sexual intercourse compared to adolescents who have never dated. The analysis results indicated that the roles of parents, healthcare providers, and peers were not significantly associated with premarital sexual behavior among teenagers. Instead,

predictors such as individual characteristics and social media engagement were significantly associated with premarital sexual behavior. Respondents who were male have a 4.61 times higher risk of engaging in premarital sexual intercourse compared to females. Additionally, employment status also showed a 2.3 times higher risk of engaging in premarital sexual intercourse compared to adolescents who have never worked. Employment indicated independence and the freedom to make decisions in life. (14) Adolescents who have worked may feel entitled to make decisions, including decisions regarding their sexual lives. The last significant factor associated was the frequency of social media use to seek reproductive health knowledge. Respondents who never use social media have a 7.20 times higher risk of engaging in premarital sexual intercourse compared to adolescents who actively use social media to discuss reproductive health.

**Table 5.** Factors associated with premarital sex committed by adolescents.

Variabels	Category	Premarital Sex		OR (CI)	P-Value
		Ever (%)	Never (%)		
<b>Role of parents</b>	Don't play a role	21 (26.92)	58 (73.08)	1.32 (0.61-2.86)	0.474
	Less role	30 (19.48)	124 (80.52)	1	
	Significant role	48 (21.52)	175 (78.48)	0.92 (0.50-1.69)	0.802
<b>Role of peers</b>	Don't play a role	23 (27.71)	60 (72.29)	1.58 (0.64-3.90)	0.320
	Less role	12 (16.44)	61 (83.56)	1	
	Significant role	64 (21.40)	235 (78.60)	1.46 (0.68-3.15)	0.330
<b>Role of HW</b>	Don't play a role	8 (22.86)	27 (77.14)	0.69 (0.19-2.57)	0.590
	Less role	9 (16.36)	46 (83.64)	1	
	Significant role	82 (22.47)	283 (77.53)	1.19 (0.49-2.88)	0.688
<b>Sex</b>	Male	65 (38.24)	105 (61.76)	4.61 (2.75-7.72)	0.000*
	Female	34 (11.93)	251 (88.07)	1	
<b>Age category</b>	16-19 yo	6 (18.18)	27 (81.82)	1.01 (0.32-3.19)	0.982
	20-24 yo	93 (22.04)	329 (77.96)	1	
<b>Education level</b>	Junior high school	0 (0.00)	5 (100.00)	1.02 (0.59-1.75)	0.935
	Senior high school	60 (21.90)	214 (78.10)	empty	
	University	39 (22.16)	137 (77.84)	1	
<b>Employment</b>	Yes	112 (31.46)	244 (68.54)	2.30 (1.36-3.89)	0.002*
	No	52 (52.53)	47 (47.47)	1	
<b>Romantic relation</b>	Ever	98 (24.69)	299 (75.31)	34.80 (4.08-296.87)	0.001*
	Never	1 (1.72)	57 (98.28)	1	
<b>Youth organization</b>	Ever	18 (15.00)	102 (85.00)	0.609 (0.31-1.19)	0.146
	Never	81 (24.18)	254 (75.82)	1	
<b>Social media use</b>	Never	8 (50.00)	8 (50.00)	7.20 (1.98-26.13)	0.003*
	Once in weeks	70 (19.83)	283 (80.17)	1	
	Once in days	15 (22.39)	52 (77.61)	1.03 (0.50-2.10)	0.935
	Everydays	6 (31.58)	13 (68.42)	1.94 (0.61-6.12)	0.258

**RESULT**

Adolescents are a phase of self-discovery and a desire to explore new things. The adolescent period is a critical time when individuals learn to understand the opposite sex and build relationships with partners. (15) During this phase, reproductive health education is essential to prevent premarital sexual behavior, sexually transmitted infection prevention, and unwanted pregnancies. Additionally, adolescents need to know how to maintain the cleanliness and health of their reproductive organs. In this phase, adolescents need someone they trust to discuss sexual issues

or to enhance their knowledge of reproductive health to prevent risky sexual behavior. (16)

Survey results showed that 21.07% of adolescents have engaged in premarital sexual relations, and 8.08% did not use condoms. Based on certain characteristics, adolescent boys are four times more likely to engage in premarital sexual relations. Adolescent boys are more likely to engage in risky behavior due to social norms, lifestyle, and cultural background. Southeast Asian countries, including Indonesia, have a habit of not closely supervising boys, giving them the opportunity to engage in risky

behavior.(17) A higher level of freedom in adolescents who have jobs is closely related to increased premarital sexual behavior. Jobs are associated with independence, reducing parental supervision, and increasing the likelihood of adolescents engaging in risky sexual behavior if there is no strong foundation of sexual education.(18) Additionally, adolescents with a history of dating are 34 times more likely to engage in premarital sexual relations than those who have never dated. A study conducted in Indonesia showed that dating history, involving sexual stimulation such as holding hands, kissing, and touching sensitive body parts, increases the likelihood of engaging in premarital sexual relations.(19) Having romantic relationship is one of the phases of adolescent development to understand the feeling of loving the opposite sex. Thus, sexual education, reproductive health, and healthy romantic relationship that explained by parents, peers, and healthcare professionals are essential.(20)

Parents are the primary source of information for children because parents are the main companions in their growth and development, including reproductive and sexual development. As a relevant source of information regarding sexuality, parents have the ability to shape values and direct their children's behavior in a positive context.(21) However, research results show that more than half of adolescents feel uncomfortable discussing their reproductive health with their parents (50.77%). Based on study conducted in Indonesia showed that adolescents with low reproductive health information from their parents have 2 times higher chance to perform high-risk sexual behaviour.(22) Yet, when parents' involvement in their children's reproductive development increases, a larger percentage of adolescents receive education about reproductive health, thereby preventing premarital sexual behavior. Based on a study conducted in Malaysia, parents believe that sexual education should be provided to children from an early age. However, parents feel incompetent in providing this information, hence sexual parenting

education for parents is necessary first.(8) A scoping review conducted in 2021 shows several obstacles parents face in providing sexual education to their children, including parents feeling ashamed, feeling uncomfortable communicating reproductive information, and the influence of cultural norms.(7)

Furthermore, when children enter school phase, their behavior is also strongly influenced by their peers. Sometimes, they do not want to obey or believe the advice from parents. During adolescence, peer interaction can be a significant factor influencing responsibility, mindset, and especially sexual behavior. Adolescents are highly vulnerable because they are in a phase of social, emotional, and cognitive development, requiring guidance and supervision from adults.<sup>23,24</sup> Study results show that the role of peers significantly influences the history of receiving reproductive health education ( $p=0.048$ ), and adolescents also feel more comfortable discussing their reproductive health with peers (67.03%). The likelihood of adolescents engaging in positive activities will increase if their peers are also active in positive activities, and vice versa.(25) Therefore, the existence of character development organizations and platforms for discussing adolescent issues is crucial as a barrier to prevent risky adolescent behavior. (26)

Accessing information and reproductive health services is the right of every individual, including adolescents. This is stipulated in Government Regulation (PP) Number 61 of 2014 concerning reproductive health.(27) However, in its implementation, reproductive health services need to be improved, especially the professionalism of healthcare providers in delivering services.(28) Based on a study conducted in Indonesia, there are several obstacles to the implementation of adolescent health services, namely the lack of reproductive health counseling skills among healthcare providers, legal constraints, and social and cultural factors that consider providing services such as adolescent contraception, reproductive education, and other services



still taboo. (29)

A qualitative study conducted in Indonesia also shows that there are still health workers in community health centers who are reluctant to provide contraceptive information to unmarried couples for fear of misuse. This is considered conflicting with religious and cultural norms. Survey results show that 90.77% of teenagers consider it important to seek reproductive health information from healthcare providers. Meanwhile, 81.76% feel comfortable discussing with healthcare providers. A study in Indonesia states that adolescents expect youth-friendly counseling services and health examinations to be provided. Adolescents also hope that the services provided are easily accessible, with affordable service costs and flexible service hours.(30)

Thus, the roles of these three actors need to be enhanced, particularly in their knowledge and skills in conducting adolescent counseling, in order to prevent risky sexual behaviors among adolescents. (31)

## CONCLUSIONS

The involvement of health workers and peers has been significantly linked to adolescents' experiences of receiving education on reproductive health and sexuality, though there is still room for enhancement. In contrast, this study found that the role of parents as primary educators in a child's life, especially during puberty to prevent risky sexual behaviors, remains very limited. It is essential to create a safe and comfortable environment for discussing sensitive issues by providing training and distributing adolescent counseling guidelines to parents, health workers, youth organizations, and other stakeholders. This approach can enhance understanding of adolescent reproductive counseling, promoting a sense of comfort and openness in addressing sexual and reproductive issues among adolescents. In addition, with the presence of safe spaces and trustworthy actors in SRHR, it can reduce the impact of factors that significantly contribute to promoting risky sexual behaviors among adolescents.

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