



What Is the Role of Parents, Teachers, and Peers in Shaping Adolescent Sexual Behavior?

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Keywords:	Abstract
Reproductive health information	Background: Premarital sexual activity among adolescents is a growing public health concern in Indonesia. Adolescents often rely on parents, teachers, and peers as primary sources of reproductive health information. However, their influence on sexual behavior remains underexplored in large-scale national surveys. This study aims to analyze the relationship between reproductive health information sources and adolescent sexual behavior using data from the 2017 Indonesian Demographic and Health Survey (SDHI). Methods: A cross-sectional design was used with a quantitative approach, involving 10,643 unmarried adolescents aged 15–24 years. Data were analyzed using descriptive statistics and Chi-square tests to assess associations between information sources (parents, teachers, and peers) and adolescent sexual behavior. Results: The results of this study showed that (There was a significant relationship between information sources from parents ($p = 0.000$), teachers ($p = 0.003$), and peers ($p = 0.000$) and adolescent sexual behavior. Implications: Strengthening communication between parents and children, optimizing the role of teachers in reproductive health education, and empowering peer groups can contribute to reducing risky sexual behaviors in adolescents.
Parents	
Teachers	
Peers	
Sexual behavior	

INTRODUCTION

Teenagers or *adolescence* It is the time when an individual experiences changes in cognitive (knowledge), emotional (feeling), social (interaction), and moral (moral) aspects. By *United Nations* (UN) age limit for young people (*Youth*) are 15-24 years old which is then consolidated within the boundaries of youth (*young people*) which includes the age between 10-24 years (Badan Perencanaan Pembangunan Nasional, 2019). Adolescents are an age group that has undergone rapid changes both physically, psychologically, and socially. This change makes adolescents a vulnerable group to external influences, including in terms of sexual behavior. One of the issues of concern is the increase in premarital sexual

behavior among adolescents. WHO (2013) notes that about 25% of adolescents aged 15–19 years have had premarital sexual intercourse.

Southeast Asian countries such as Malaysia report 37.9% of adolescents are sexually active, of which more than half are adolescent boys (Renjhen et al., 2016). There is a 24.1% prevalence of premarital sex behavior in Thailand and as many as 36.4% of adolescent boys who engage in premarital sexual practices (Srijaiwong et al., 2017). In Indonesia, a survey from R&D and UNESCO stated that 5.6% of adolescents had had sexual intercourse, and about 63% admitted to having had sexual contact with the opposite sex. This shows the importance of education and information-based interventions, especially related to reproductive health. The right source of information is crucial in shaping adolescents' understanding and attitudes towards sexuality. Parents, teachers, and peers are the closest parties and have great potential to influence adolescent sexual behavior. Early sexual initiation is an important health and social issue. The existence of the term dating for teenagers is also no longer a strange thing.

The number of cases of adolescents who have engaged in sexual activity at a young age is the most unfortunate. Various things that refer to sexuality are very easy to find anywhere. The poor needs and curiosity are not balanced with good knowledge and the right role. All of these activities ultimately affect the intention of teenagers to have sex further. In fact, many teenagers think that adolescence is a period of dating. However, courtship, which was initially a positive step as a period of exploration towards the level of marriage, has now become a conflict that can have a detrimental impact on the teenager himself. Research (Israwati et al., 2018) In the case study, it was stated that the percentage of unhealthy adolescent dating behavior included 63% of adolescents who dated to feel each other's intimate parts, 82% of adolescents who had kissed, and 92% of adolescents who held each other's hands when dating.

Several studies related to early sexual behavior have been conducted. This is also in line with research (Yulianto, 2011) which stated that as many as 93.7% of junior high and high school students had kissed, 21.2% of junior high school teenagers admitted to having had an abortion, and 97% of junior high and high school teenagers had watched pornography. The number of cases of adolescents who have engaged in sexual activity at a young age is the most unfortunate. Various things that refer to sexuality are very easy to find anywhere. The poor needs and curiosity are not balanced with good knowledge and the right role. All of these activities ultimately affect the intention of teenagers to have sex further. Sexual behavior done before marriage can result in various further losses such as unwanted pregnancy, abortion, sexually transmitted infections, and an increase in the age of marriage in adolescence. According to (Meilan et al., 2018) states that reproductive health problems that can be experienced by adolescents are promiscuous sex that can lead to pregnancy in adolescence and can even lead to the transmission of sexually transmitted diseases. Previous studies explained that peer influence (Cahyaning Tyas & Setiyadi, 2023) and information sources (Umaroh et al., 2015) contributed to sexual behavior. There is a tendency for respondents to access reproductive health information to be higher in the group that does not experience barriers than those who experience cognitive access barriers (Arifah & Sharfina, 2019). The prevention of premarital sex used education modifying the Cublak-Cublak Suweng game that significantly increased knowledge and attitudes of adolescents (Widananda & Arifah, 2024).

Based on this explanation, although many studies discuss factors that affect adolescent sexual behavior, there are still few that specifically examine the relationship between reproductive health information sources and adolescent sexual behavior based on national data such as SDKI 2017. This study aims to analyze the relationship between reproductive health information sources (parents, teachers, and peers) and adolescent sexual behavior based on 2017 SDKI data.

METHODS

Type and Design

This study uses a *cross-sectional* study design with a quantitative approach based on secondary data from the 2017 Indonesian Demographic and Health Survey (SDKI). Analytical research is used to explain the relationship between all the variables studied.

Data and Data Sources

The population in this study is adolescents aged 15–24 years who are covered in SDKI 2017. The total sampling technique was used, involving 6,576 adolescent boys and 4,067 adolescent girls.

Research variables

- Dependent variables: Adolescent sexual behavior (including sexual activities such as holding hands, kissing, and touching sensitive parts).
- Independent variables: Sources of information about reproductive health, including parents, teachers, and peers.

Data collection technique

This study uses secondary data from the 2017 Indonesian Demographic and Health Survey (SDKI). SDKI data is obtained through submitting an access request to the DHS (Demographic and Health Surveys) Program. Once approved, the researchers used a specific dataset for adolescents aged 15–24 years.

The data collection process includes:

- Access and download SDKI 2017 data from the official DHS website
- Perform relevant data extraction related to variables: Reproductive health information sources (parents, teachers, and peers) and Adolescent sexual behavior (based on indicators from SDKI).
- Carry out the *process of cleaning, recode*, and analyzing data using statistical software (SPSS).

Data Validity

The data used in this study is sourced from the 2017 Indonesian Demographic and Health Survey (SDKI), which was organized by the Central Statistics Agency (BPS) in collaboration with BKKBN, the Indonesian Ministry of Health, and ICF International through the DHS (*Demographic and Health Surveys*) program. SDKI is a national survey that uses a standardized methodology and has gone through a rigorous validity, reliability, and enumerator training process.

In this study, the researcher used a dataset of adolescents aged 15–24 years that has been systematically available and structured. The data is accessed through an official request to DHS and has been authorized to use.

Data analysis

Data analysis in this study was carried out quantitatively, descriptively, and inferentially using the Chi-Square test.

- Univariate analysis
Used to describe respondent characteristics, distribution of reproductive health information resources, and adolescent sexual behavior. The results are displayed in the form of frequency and percentage distributions.
- Bivariate analysis
It was conducted to determine the relationship between each source of information (parents, teachers, and peers) and adolescent sexual behavior, using the Chi-Square test (χ^2) at a significance level of 0.05 (5%).

Statistical processing and analysis using a specific version of SPSS.

RESULT

This study involved a total of 10,643 adolescents consisting of 6,576 males and 4,067 females aged 15–24 years, who were unmarried and met the inclusion criteria of SDKI 2017. The analysis was conducted to determine the relationship between three sources of reproductive health information—parents, teachers, and peers—and adolescent sexual behavior.

Respondent Characteristics

Most respondents lived in urban areas, with education levels varying from not finishing elementary school to college. The majority of teenagers have never been married and are in the age range of 15–19 years.

Reproductive Health Resources

Table 1. Distribution of Respondent Frequency based on Parents, Teachers, and Peer Information Sources on Sexual Behavior (SDKI Analysis 2017)

Category	Frequency (n)	Percentage (%)
Parent Information Resources		
Not	6456	60.7
Yes	4187	39.3
Teacher Information Resources		
Bad	5058	47.5
Good	5585	52.5
Peer Resources		
Bad	2458	23.1
Good	8185	76.9
Total	10643	100

Based on table 1, 76.9% of peers and 52.5% of teachers are categorized as both a source of information and people who are invited to discuss premarital sex.

Adolescent Sexual Behavior

Table 2. The Relationship of Parents, Teachers, and Peer Information Sources to Sexual Behavior

Variabel	Sexual Behavior				Total		P-value
	Doing		Not doing				
	n	%	n	%	N	%	
Parent Information Resources							
No	450	7	6006	93	6456	100	0
Yes	457	10.9	3730	89.1	4187	100	
Teacher Information Resources							
No	388	7.7	4670	92.3	5058	100	0.003
Yes	519	9.3	5066	90.7	5585	100	
Peer Resources							
No	305	12.4	2153	87.6	2458	100	0
Yes	602	7.4	7583	92.6	8185	100	
Total	9736	91.5	907	8.5	10643	100	

Based on the results of the statistical test described in table 10, it can be explained that there were significant relationship between parental information sources (0), teacher information resources (0.003), and peer resources (0) and adolescent sexual behavior.

DISCUSSION

Based on the results of statistical tests that have been carried out by researchers, it is shown that there is a relationship between the role of parents as a source of reproductive health information and adolescent sexual behavior. These results are supported by research (S. M. Sari et al., 2022) which states that there is a statistically significant relationship between parental roles and sexual behavior ($P\text{-value}=0.004$) ($OR=4.339$). These results are also in line with Miftahul's (2023) research which shows that there is a relationship between parents as a source of information and reproductive health behaviors in adolescents ($P\text{-value} = 0.014$). Meanwhile, in this study, the tendency of adolescents to behave sexually is more common in parents as a source of good information. This is suspected because the data of this study was limited to asking only about reference places for adolescents to ask about reproductive health and whether parents discuss reproductive health with adolescents. There is no information on how to discuss and communicate, how often to discuss, and what is discussed. In line with some other studies, which state that the higher the role of parents in adolescents, the better premarital sex behavior is and vice versa (Sapitri & Suwarni, 2020).

Parents as a source of information and friends discuss reproductive health correctly and credibly, because basically, parents are an important part of adolescent development. As is known that "al-ummu madrasah al-ula" or parents are the first madrasah for children. This theory is reinforced by research (Suryandari, 2020) One of the reasons to introduce it to teenagers is the attitude of parents in educating their children. Adolescents need parenting guidance from parents to prevent children from juvenile delinquency, including sexual mischief.

Based on the results of statistical tests that have been carried out by Dzakiya et al (2020) which shows that there is a relationship between the role of teachers as a source of reproductive health information and adolescent sexual behavior. These results are supported by research that states that there is a relationship between the role of teachers and adolescent premarital sexual behavior ($p<0.05$). These results are also in line with previous research which stated that there is a relationship between teachers as a source of

information and adolescent reproductive health behaviors ($P\text{-value}=0.000$) (Miftahul, 2023). Meanwhile, in this study, the tendency of adolescents to behave sexually is more in teachers who are a good source of information. This is suspected because the data of this study is limited to only asking about reference places for adolescents to ask about reproductive health and whether teachers discuss reproductive health with adolescents. There is no information on how to discuss and communicate, how often to discuss, and what is discussed. Strengthened by research (Nofarsyah et al., 2022) which revealed that discussion techniques in group guidance carried out by teachers are useful for improving understanding of sexual behavior to students with low standards. When discussing, students will be more active in expressing each other's opinions, giving feedback and suggestions.

Based on the results of statistical tests that have been carried out by researchers, it is shown that there is a relationship between the role of peers as a source of reproductive health information and adolescent sexual behavior. The results of this study are supported by research (Alizar et al., 2023) which states that there is a statistically significant relationship between peer roles and premarital sexual behavior ($P\text{-value}=0.004<0.05$). Then in the results of the research (Harwati & Laksmi, 2022) It also mentions that there is a relationship between the role of peers and premarital sexual behavior. These results are also in line with the research Miftahul (2023) which shows that there is a meaningful relationship between peers as a source of information and reproductive health behaviors in adolescents. Peer roles have a strong effect on the beliefs, attitudes and behaviors of fellow adolescents. Results of the research (Adelse et al., 2021) shows the tendency of sexual activity and romantic relationships between teenage couples to quickly spread to other teenagers.

CONCLUSION

Novelty and Contribution

Previous studies have not analyzed three sources of information at once (parents, teachers, and peers) This study compared the influence of parents, teachers, and peers on sexual behavior in one national analysis model.

Limitation and Future Study

This study uses a *cross-sectional* design, so it cannot explain the direct cause-and-effect relationship between information sources and adolescent sexual behavior. The researcher relies entirely on the structure and content of the variables available in the SDKI.

Implication

This study has three suggestions. First, opening the eyes of parents, especially fathers, to build more positive interactions in order to get the child's happiness and pay attention to the child's development. Second, teachers can create a question-and-answer learning approach that makes students accustomed to and not hesitate to ask, even if it is a reproductive health question. Lastly, teachers can create a question-and-answer learning approach that makes students familiar and not hesitate to ask, even if it is a reproductive health question.

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