STRADA Jurnal Ilmiah Kesehatan
DOI: 10.30994/sjik.v10i1.682
ISSN: 2252-3847 (print); 2614-350X (online) Vol.10 No.1 May 2021 Page. 652-662

Determinant of Adolescent Sexual Behavior In West Nusa Tenggara Province (2015 RPJMN Data Analysis)

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ABSTRACT
Adolescent problems are very complex problems ranging from a large number to the problem of TRIAD KRR (Adolescent Reproductive Health) and the increasing number of births among adolescents (15-19 years). The National Population and Family Planning Board (BKKBN) stated that the birth rate among girls is still high, around 48 per 1,000 women aged 15-19 years.
To determine the determinants of sexual behavior among adolescents in West Nusa Tenggara Province, consisting of characteristics, adolescent knowledge about reproductive health, youth participation in PIK KRR, drug use, influence of media access.
The design of this study is a cross-sectional study using secondary data from the 2015 RPJMN BKKBN survey. The sample was 42,469 adolescent respondents. The variables in this study were characteristics, adolescent knowledge about reproductive health, adolescent participation in PIK KRR, drug use, influence of media access. The data analysis used was regression test.
The results of the bivariate analysis showed that age, area of residence, education, gender, knowledge of adolescent reproductive health, participation in PIK KRR, drug use, and access to media were associated with adolescent sexual behavior (p-value <0.05). Multivariate analysis showed that age was a dominant factor in adolescent sexual behavior (p value = 0.000; OR = 3.123 95% CI = 2.526-3.86).
The determinants that influence adolescent sexual behavior in West Nusa Tenggara province based on the analysis of the 2015 RPJMN survey data include the level of education, age, knowledge of HIV and place of residence.

Keywords: Determinants, Sexual Behavior, Adolescents

Received February 17, 2021; Revised March 12, 2021; Accepted April 8, 2021

STRADA Jurnal Ilmiah Kesehatan
DOI: 10.30994/sjik.v10i1.682
ISSN: 2252-3847 (print); 2614-350X (online) Vol.10 No.1 May 2021 Page. 652-662

BACKGROUND

Indonesia is currently experiencing a change in the structure of the population, the pattern seen in the structure of Indonesia's population looks like in developed countries at this time. The visible pattern is the small number and proportion of the childrens population, followed by the number of adolescents and elderly people. BPS-Statistics Indonesia shows that the number of adolescents (aged 10-24 years) in Indonesia reached more than 66.0 million or 25% of the total Indonesian population of 255 million in 2015, which means that 1 person in 4 people in Indonesia is a teenager. Unfortunately, some of Indonesia's teenagers have problems, both internal and external problems.[1]

Adolescent problems are very complex, problems ranging from a large number to the problem of Adolescent Reproductive Health and the increasing number of births among adolescents (15-19 years). National Family Planning Coordinating Board (BKKBN) Indonesia stated that the birth rate among girls is still high, around 48 per 1,000 women aged 15-19 years. This achievement is still far from the 2015 MDGs target of around 30 per 1,000 adolescent girls aged 15 to 19 years.[2]

Typical of behavior that arise due to sexual urges or activities to get pleasure from sexual organs through various behaviors that are actually understood as the essence of sexual behavior are not seen in society as the same thing. Public only understands that sexual behavior is carried out if there is penetration and ejaculation. Teens tend to have strong sex desire under certain conditions. However, the compensation for this feeling of encouragement towards the opposite sex, adolescents lack good self-control and what is worrying is that it is channeled through inappropriate activities.[3]

Adolescents behavior who lack of self-control and channel it to negative things can cause problems at school, including dropping out of school, getting ridicule from the environment, unmarried pregnanncy, and sexually transmitted diseases. Adolescence is a time of expression and self-exploration so that many sexual relations outside of marriage occur during adolescence. The consequences of unprotected sex in adolescents are unwanted pregnancies, and sexually transmitted infections, including HIV. When adolescents become pregnant, especially in early adolescence, they are at risk of complications both during pregnancy and at the time of delivery. In addition, the risk of mortality and morbidity is higher in infants born to adolescent mothers, compared to older women[3]

Adolescent sexual behavior is increased or progressive in nature. Usually begins with necking (kissing up to the chest area) then followed by petting, then continued sex or even in some cases, oral sex increases in adolescents.

The results of the 2012 Indonesian Demographic and Health Survey (IDHS) compared to the 2002 and 2007 IDHS show an increase in premarital sex among adolescents aged 15-24 years. Most sexual intercourse was carried out in adolescents aged 20-24 years at 9.9%, and 2.7% at 15-19 years. One of the factors causing premarital sex is the dating behavior of adolescents. According to the 2012 Youth Reproductive Health Survey (SKRRI), 28% of male adolescents and 27% of female adolescents stated that they started dating before the age of 15, while according to the 2007 SKRRI, only 19% of young men and 24% of young women started dating before the age of 15. Dating behavior of 30% of male adolescents and 6% of female adolescents engage in sensing or stimulating sensitive body parts during courtship.[4]

The 2014 National Mid-Term Development Plan (RPJMN) Performance Indicator Survey shows that 77% of male adolescents and 76% of female adolescents have been dating and 5.6% of them have had sexual intercourse before marriage, this figure is higher than in 2013, namely 3 , 6% and in 2012 namely 2.5% In the same survey, data for the province of

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ISSN: 2252-3847 (print); 2614-350X (online) Vol.10 No.1 May 2021 Page. 652-662

NTB shows that around 27 adolescents have had sexual intercourse before marriage, this number has increased in 2015, namely 45 adolescents had sexual relations before marriage.[5]

The total number of adolescents (15-19 years) in West Nusa Tenggara Province is 441,739 million people (9.2%), where this figure is the third largest of the total population of West Nusa Tenggara province. The large number of adolescents in the province of West Nusa Tenggara is an advantage and opportunity for local governments to be able to increase their human resources. Data related to adolescent reproductive health problems in the province of West Nusa Tenggara is still very limited, so it is necessary to carry out an assessment of the factors that cause adolescent reproductive health problems in order to support the implementation of programs related to reproductive health in West Nusa Tenggara Province.[6]

Sexual behavior that appears in adolescents is influenced by sexual attitudes. This sexual attitude is a description of the 3 components of the process, namely labeling / interpretation of premarital sexual behavior and the rules for doing so, an assessment of premarital sex and a knowledge structure that supports the assessment of premarital sex. Based on a study conducted in Korea by Kim et al,factors that associated with first time sexual intercourse in students in Busan were gender, parental attitudes, access to pornography, smoking and alcohol. Meanwhile, based on a study in Europe conducted by Krauss et al, it was stated that in addition to gender, the level of education of parents and region (village /city) also affects premarital sexual initiation in adolescents.[7]

The aim of this study was to analyze the influence of adolescent characteristics, knowledge about reproductive health, adolescent participation in adolescent reproductive health information and counseling center (PIK KRR Program), effect of drug use, and effect of access media on adolescent sexual behavior.

METHODS

This study is a cross sectional survey. The subjects in this study were all adolescents in the selected cluster who were willing to be interviewed and answered all the questions given by the enumerators in the 2015 RPJMN survey. The data used in this study were secondary data which was the result of interviews with the 2015 RPJMN youth questionnaire, totaling 32,731. Data is raw data. Data analysis was performed using univariate analysis by describing the results with percentages, bivariate analysis to determine the relationship between variables using the chi square test, while multivariate analysis was used to determine the effect between variables with Odd Ratio and to determine the dominant influencing factors.

RESULT

Table 1 is the result of univariable quantitative data analysis that includes a description of adolescent sexual behavior, adolescent characteristics, knowledge of reproductive health, youth participation in adolescent reproductive health information and counseling center activities, drug use and access to media.

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Table 1. Univariate Analysis Result

Variables	N	%
1. Sexual Behaviour		
- Holding hands		
- Ever	28197	86,1
- Never	4534	13,9
- French Kissing		
- Ever	10422	31.8
- Never	22309	68.2
- Groping		
- Ever	3953	12.1
- Never	28778	87.9
- Intercourse		
- Ever	2138	5.0
- Never	38656	91.3
2. Age		
- 15-19 years old	27491	64.7
- 20-24 years old	14978	35.3
3. Place of living		
- Urban	20402	46.3
- Rural	23709	53.7
4. Level of education		
- No School	894	2.1
- Elementary School	5783	13.8
- Junior High School	16678	39.7
- High School	16997	40.4
- Junior collage	787	1.9
- Higher education	915	2.2
5. Gender		
- Male	23560	53,3
- Female	20551	46,6
6. Knowledge Of Reproductive Health		
- Fertile period		
- Know		
- Not know	24142	56.9
- Drugs	18298	43.1
- Have heard		
- Never heard	39470	93.1
- HIV	2942	6.9
- Have heard		
- Never heard	38229	90.1
- Sexually Transmitted Infection (STI)	4194	9.9
- Have heard		
- Never heard	24140	56.9
	18278	43.1
7. Youth Participation In Adolescent Reproductive Health Information and Counseling Center Activities (PIK KRR Program)	2056	22.6
	7046	77.4
- Join		
- Not join		

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8.	**Using Drugs**		
	- Ever	3061	7.8
	- Never	36408	92.2
9.	**Media Access**		
	- Mass media and outdoor media	15065	34.2
	- Mass media or outdoor media	27301	61.9
	- Never getting information	1745	4.0

The bivariate analysis shows the results of the chi square test in this study, which aims to determine the relationship between adolescent characteristics, knowledge of reproduvtive health, youth participation in adolescent reproductive health information and counseling center activities (PIK KRR Program), drug use and access to media on adolescent sexual behavior. The test results are be related if p <0.05. The results of the bivariate analysis can be seen in table 2

Table 2. Bivariate Analysis Result

Variabel		Perilaku Seksual											
		Holding hands		p value	French Kissing		p value	Groping		p value	Intercourse		p value
		Ever	Never		Ever	Never		Ever	Never		Ever	Never	
1.	**Age**												
	- 15-19	16015 (48,9%)	3276 (10%)	0,000*	4990 (15,2%)	14301 (43,7%)	0,000*	1739 (5,3%)	17552 (53,6%)	0,000*	901 (2,1%)	26511 (62,6%)	0,000*
	- 20-24	12182 (37,2%)	1258 (3,8%)		5432 (16,6%)	8008 (24,5%)		2214 (6,8%)	11226 (34,3%)		1237 (2,9%)	13689 (32,4%)	
2.	**Place of living**												
	- Urban	13358 (40,8%)	2093 (6,4%)	0,067	4785 (14,6%)	10666 (32,6%)	0,001*	1640 (5%)	13811 (42,2%)	0,000*	796 (1,9%)	18801 (44,4%)	0,000*
	- Rural	14839 (45,3%)	2441 (7,5%)		5637 (17,2%)	11643 (35,6%)		2313 (7,1%)	14967 (45,7%)		1342 (3,2%)	21399 (50,6%)	
3.	**Level of education**												
	- No School	509 (1,6%)	104 (0,3%)	0,000*	252 (0,8%)	361 (1,1%)	0,000*	116 (0,4%)	497 (1,5%)	0,000*	93 (0,2%)	797 (3,9%)	0,000*
	- Elementary School	2871 (8,8%)	606 (1,9%)		1029 (3,2%)	2448 (7,5%)		457 (1,4%)	3020 (9,3%)		275 (0,7%)	5488 (13,1%)	
	- Junior High School	9960 (30,6%)	2068 (6,4%)		3174 (9,8%)	8854 (27,2%)		1137 (3,5%)	10891 (33,5%)		594 (1,4%)	16041 (41%)	
	- High School	13248 (40,8%)	`1577 (4,9%)		5290 (16,3%)	9536 (29,3%)		1983 (6,1%)	12842 (39,5%)		1030 (2,5%)	15925 (38%)	
	- Junior collage	651 (2%)	67 (0,2%)		292 (0,9%)	426 (1,3%)		104 (0,3%)	614 (1,9%)		53 (0,1%)	728 (1,8%)	
	- Higher education	772 (2,4%)	68 (0,2%)		313 (1%)	527 (1,6%)		113 (0,3%)	727 (2,2%)		62 (0,1%)	851 (2,1%)	
4.	**Gender**												
	- Male	15734 (48,1%)	1969 (6%)	0,000*	6831 (20,9%)	10872 (33,2%)	0,000*	2996 (9,2%)	14707 (44,9%)	0.000*	1676 (4%)	20846 (49,3%)	0,000*
	- Female	12463 (38,1%)	2565 (7,8%)		3591 (11%)	11437 (34,9%)		957 (2,9%)	14071 (93,6%)		462 (1,1%)	19354 (45,7%)	
5.	**Knowledge Of Reproductive Health**												
	- Fertile period - Know	17145	2594	0,000*	6237	13502	0,136	2244	17495	0,000*	1169	22930	0,000*

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		(52,4%)	(7,9%)		(19,1%)	(41,3%)		(6,9%)	(53,5%)		(2,8%)	(54,1%)	
	- Not know	11052 (33,8)	1940 (5,9%)		4185 (12,8%)	8807 (26,9%)		1709 (5,2%)	11283 (34,4%)		969 (2,3%)	17270 (40,9%)	
	- Drugs												
	- Have heard	26758 (81,8%)	4212 (12,9%)	0,000*	9915 (30,3%)	21055 (64,3%)	0,000	3728 (11,4%0	27242 (83,2%)	0,187	1972 (4,7%)	37442 (88,5%)	0,000
	- Never heard												
	- HIV	1439	322		507	1254		225	1536		166	2758	
	- Have heard	(4,4%)	(1%)		(1,5%)	(3,8%)		(0,7%)	(4,7%)		(0,4%)	(6,5%)	
	- Never heard	26164 (79,9%)	4002 (12,2%)	0,000*	9644 (29,5%)	20522 (62,7%)	0,000*	3591 (11%)	26575 (81,2%)	0,001*	1893 (4,5%)	36272 (85,7%)	0,000*
	- STI												
	- Have heard	2033 (6,2%)	532 (1,6%)		778 (2,4%)	1787 (5,5%)		362 (1,1%)	2203 (6,7%)		245 (0,6%)	532 (9,3%)	
	- Never heard												
		17433 (53,3%)	2349 (7,2%)	0,000*	6892 (21,3%)	12800 (39,1%)		2695 (8,2%)	17087 (52,2%)		1403 (3,3%)	22707 (53,6%)	0,000*
		10764 (32,9%)	2185 (6,7%)		3440 (10,5%)	9509 (29,1%)		1258 (3,8%)	11691 (35,7%)		735 (1,7%)	17493 (41,35)	
6.	**Youth Participation In Adolescent ReproductiveHealth Information and Counseling Center Activities (PIK KRR Program)**												
	- Join	1491 (20%)	223 (3%)	0,41	523 (7%)	1191 (16%)	0,647	209 (2,8%)	1505 (20,2%)	0,297	137 (1,5%)	1917 (21,1%)	0,001*
	- Not join	4976 (66,8%)	761 (10,2%)		1784 (23,9%)	3953 (53,1%)		647 (8,7%)	5090 (68,3%)		325 (3,6%)	6720 (73,8%)	
7.	**Using Drugs**												
	- Ever	2611 (8,4%)	172 (0,6%)	0,000*	1765 (5,7%)	1018 (3,3%)	0,000*	1017 (3,3%)	1766 (5,7%)	0,000*	718 (1,8%)	2335 (5,9%)	0,000*
	- Never	24147 (8,4%)	4040 (13%)		8150 (26,3%)	20037 (64,7%)		2711 (8,8%)	25476 (82,3%)		1254 (3,2%)	35107 (89%)	
8.	**Media Access**												
	- Mass media and outdoor media	12502 (38,2%)	1767 (5,4%)	0,000*	4647 (14,2%)	9622 (29,4%)	0,000*	1700 (5,2%)	12569 (38,4%)	0,000*	899 (2,1%)	2098 (39,3%)	0,000*
	- Mass media or outdoor media	15695 (48%)	2767 (8,5%)		5775 (17,6%)	12687 (38,8%)		2253 (6,9%)	16209 (49,5%)		1239 (2,9%)	23552 (55,6%)	

Multivariate analysis shows the results of logistic regression in this study, which aims to to determine the relationship between adolescent characteristics, knowledge of reproduvtive health, youth participation in adolescent reproductive health information and counseling center activities (PIK KRR Program), drug use and access to media on adolescent sexual behavior. The results of multivariate analysis can be seen in table 3.

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ISSN: 2252-3847 (print); 2614-350X (online) Vol.10 No.1 May 2021 Page. 652-662

Table 3. Multivariate Analysis Result

Variables	Holding Hands Step 4a				French Kissing Step 4a				Groping Step 3a				Intercourse Step 4a			
	SE	df	Sig	OR	SE	df	Sig	OR	SE	df	Sig	OR	SE	df	Sig	OR
1. Level of education																
- No School (1)	0.409	1	0.029	2.451	0.324	1	0.294	0.712	0.434	1	0.537	0.765	-	-	-	-
- Elementary School (2)	0.261	1	0.047	1.678	0.174	1	0.138	1.294	0.239	1	0.790	0.938	-	-	-	-
- Junior High School (3)	0.228	1	0.008	1.828	0.135	1	0.021	1.365	0.195	1	0.019	1.580	-	-	-	-
- High School (4)	0.216	1	0.172	1.344	0.120	1	0.957	1.006	0.168	1	0.574	1.099	-	-	-	-
- Junior collage	0.284	1	0.408	1.265	0.160	1	0.330	0.856	0.230	1	0.399	1.214	-	-	-	-
2. Gender (1)	0.079	1	0.000	0.573	0.057	1	0.000	0.606	0.086	1	0.000	0.375	0.120	1	0.000	0.368
3. Drugs Using (1)	0.215	1	0.000	0.340	0.093	1	0.000	0.332	0.102	1	0.000	0.261	0.119	1	0.000	0.177
4. Media access (1)	0.072	1	0.000	0.741	0.053	1	0.002	0.846	0.079	1	0.010	0.817	0.104	1	0.014	0.773
5. Age (1)	0.091	1	0.000	1.441	0.063	1	0.000	1.700	0.093	1	0.000	1.995	0.108	1	0.000	3.123
6. Knowledge of Fertile Period (1)	0.087	1	0.004	0.780	0.067	1	0.011	0.843	-	-	-	-	-	-	-	-
7. Knowledge about (1)	0.079	1	0.000	0.733	0.066	1	0.000	0.761	-	-	-	-	-	-	-	-
8. HIV (1)	-	-	-	-	-	-	-	-	0.255	1	0.039	1.691	0.287	1	0.010	2.095
9. Place of Livingl (1)	-	-	-	-	-	-	-	-	0.078	1	0.000	1.405	0.104	1	0.000	1.691
10. Participation in adolescent reproductive health information and counseling center activities (1)	-	-	-	-	-	-	-	-	0.091	1	0.094	0.858	0.114	1	0.000	0.609

DISCUSSION

The results of bivariate analysis showed that the percentage of sexual behavior was french kissin, groping and having high sexual intercourse in the 20-24 year age group. Meanwhile, the sexual behavior of holding hands has a high percentage in the 15-19 age group. The results of the chi square test showed that age had an effect on adolescent sexual behavior, namely holding hands, french kissing, groping, having sexual intercourse ($p < 0.05$). The results of multivariate analysis showed that age had an effect on the behavior of holding hands (OR = 1.44), kissing (OR = 1.7), touching (OR = 1.99), having sexual intercourse (OR = 3.12).

The opportunity to experience premarital sexual relations is greater for respondents in the 20-24 year age group. Compared to adolescents aged 15-19 years, adolescents aged 20-24 years have a longer distance between puberty and marriage, causing greater sexual health risks, such as an increasing proportion of premarital sexual relations. Theoretically, the increase in the hormone testosterone that occurs during puberty is related to the time of initiation of sexual intercourse and the frequency of sexual intercourse. Whereas in adolescent girls, the hormone testosterone is associated with increased sexual interest and activity. This will lead to increased desire for intimacy and sexual relations as well as sexual attraction.

Based on the results of the bivariable analysis, the results show that the place of living affects the sexual behavior of french kissing, groping, having sexual intercourse. Teens who live in rural areas have a greater percentage of the behavior of having hold hands, french kissing, groping and had a greater sexual intercourse who live in the city. There is an effect of residence on sexual kissing behavior and premarital sexual relations among adolescents (OR = 1.4; OR = 1.69).

DOI: 10.30994/sjik.v10i1.682
ISSN: 2252-3847 (print); 2614-350X (online) Vol.10 No.1 May 2021 Page. 652-662

This is in line with research conducted by (Pratiwi and Basuki, 2011) which states that there is a significant relationship between sexual behavior and where they live, teenagers who live in villages are at risk of unsafe sexual behavior. Increasing education to youth groups through peer groups in villages is prioritized given the lack of access to information on HIV-AIDS preventive measures in villages compared to cities.[8]

The results showed that the level of education had an effect on sexual behavior. Adolescents who do not complete elementary school have an effect on adolescent sexual behavior. This is in line with research conducted (by Pratiwi and Basuki) that adolescents with low education have a tendency to behave in unsafe sex compared to highly educated adolescents. The results of the multivariate analysis showed that adolescents who graduated from elementary school had a risk of 1.67 to hold hands, and 1.29 to kiss.[8]

This can be explained that psychologically, sexual behavior before marriage also brings the person to experience various changes. The study of Billy et al, for example showed that person of premarital sex experienced some kind of decreased aspiration. This aspiration further reduces the motivation to learn. It is therefore not surprising that many of them have experienced a decline in academic achievement. Of course there are other psychological effects. However, adolescents with high school education level have a large percentage of sexual behavior. This is because emotional conditions are still unstable, making it more risky for premarital sexual behavior.

Results of the analysis show that gender relate to adolescent sexual behavior, whether it is holding hands, french kissing, groping and having sexual intercourse. The behavior of having hold hands, kissed lips, touched / stimulated and had sexual intercourse was far more common in boys than girls.

This finding is in line with the research conducted by Pinandari, Wilopo, et al, which used the 2012 Indonesia Demographic and Health Survey (IDHS) data. When comparing the opportunities for sexual intercourse according to sex, men have a greater chance of having premarital sexual relations than women. In countries with large differences in the prevalence of premarital sexual relations between men and women (Indonesia, based on the 2012 IDHS, the prevalence of premarital sexual relations between men and women is 8.3% and 1%, respectively), the risk difference is due to adolescents and adults. Young men were more likely to report experiences of premarital sexual relations with sex workers (Wellings, Collumbien et al). According to Wellings et al, the proportion ranges from 1-14%. In Indonesia in 2012, the proportion of male adolescents who reported having had sex with female sex workers reached 3.71%.[9]

Based on the results of research conducted by Rosdarni et al, gender has a direct effect on premarital sexual behavior. Practically, adolescents who are male provide a 1.4 times more risk of engaging in risky premarital sexual behavior. Multivariate analysis showed that male gender was able to predict risky premarital sexual behavior by 16% when adolescents had low knowledge, were permissive to sexuality, and had low self-esteem and self-efficacy.

This can be seen through in-depth interviews that when adolescents are about to have sexual relations with their partners, men are the ones who invite them to do this (Rosdarni, Dasuki et al, 2015). Previous studies have also stated that the male gender is more permissive or open to sexual relations than women.[10]

There was a significant relationship between adolescent knowledge about HIV and sexual behavior. There is an influence of knowledge about HIV with sexual intercourse behavior before marriage (OR = 2.09). The results of the analysis using the chi square test on the variable knowledge about adolescent reproductive health which includes knowledge about fertility, drugs, AIDS and STIs, there is a significant influence between adolescent

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knowledge about reproductive health and adolescent sexual behavior, p value 0.000 (p value <0.05).

The need for adolescents to understand their reproductive health is for them to know their bodies and reproductive organs, understand the function and development of their reproductive organs properly, understand their physical and psychological changes, protect themselves from various risks that threaten their health and safety, prepare for a healthy and bright future, and develop responsible attitudes and behaviors regarding the reproductive process.

The level of knowledge on reproductive health is one of the factors that can influence premarital adolescent sexual behavior. This phenomenon shows that premarital adolescent sexual behavior in various provinces is increasing due to the lack of knowledge of adolescents about reproductive health. These adolescent problems have impacts such as pregnancy, young marriage, and high abortion rates so that the impact is bad on adolescent reproductive health.

Lack of adolescent knowledge about adolescent reproductive health can lead adolescents into premarital sex behavior and conversely, knowledge about adolescent reproductive health can delay premarital sex behavior among adolescents. Lack of understanding of sexual behavior during adolescence is very detrimental to adolescents themselves, including their families, because at this time adolescents experience important developments, namely cognitive, emotional, social, and sexual.[1]

The results of this study also show that there is also a small percentage that adolescents who know about Adolescent Reproductive Health still engage in risky sexual behavior such as kissing or intercourse, for example as much as 3.3% of adolescents know about STIs and have sexual intercourse.

This shows that the existence of sufficient information and knowledge is not an indicator that students can avoid premarital sexual behavior. Knowledge arises when a person uses his senses or reason to recognize certain objects or events that have never been seen to recognize certain objects or events that have never been seen or felt before. The existence of a strong influence from other variables such as mating environment and media exposure can be a strong influence on the invitation of a date to engage in sexual behavior.

It can be concluded that the existence of sufficient knowledge does not guarantee avoidance of sexual behavior, instead there is knowledge about sexual behavior that is half-hearted with the nature of curious teenagers so that they vent their curiosity by trying to do things that have never been done and in the end. continue to do sexual behavior from mild to severe.

The results of descriptive analysis in this study indicate that there are as many as 22.6% of adolescents who have participated in the PIK KRR activity. The percentage was higher in adolescents who had never participated in PIK KRR activities and did not engage in sexual behavior, as many as 68.3% of adolescents did not participate in PIK KRR and did not kiss.The results of the chi square test showed that the participation of adolescents in the PIK KRR had an effect on adolescent sexual behavior, namely pre-marital adolescent sexual relations (p <0.05), while the behavior of holding hands, kissing, and feeling had no significant effect (p> 0 , 05).

Research conducted by Lusiana Putri on the relationship between participation in adolescent reproductive health information and counseling center activities and the reproductive health behavior of students at SMAN 13 Medan shows that as many as 77.3% of Participation in adolescent reproductive health information and counseling center activities, the results of statistical tests show that there is no significant relationship between

DOI: 10.30994/sjik.v10i1.682
ISSN: 2252-3847 (print); 2614-350X (online) Vol.10 No.1 May 2021 Page. 652-662

Participation in adolescent reproductive health information and counseling center activities and their behavior. reproduction of students.

The number of adolescents who use drugs in this study was 7.8%. The number of adolescents who use drugs and hold hands is 2611 people (8.4%), the number of adolescents who have used drugs and kissed is 5.7%, those who have touched 5.7%, and those who have had sexual intercourse are as many as 718 people (1.8%). There is a significant relationship between drug use.

The results of the chi square test showed that there was a significant effect between drug use status and premarital sexual relations (p = 0.001), while for other adolescent sexual behavior there was no significant effect (P> 0.05). Covington and Norwood's statement leads to an understanding that drug abuse can encourage a person to have sexual intercourse, where the urge is not directly caused by the effects of the abuse itself, but because sexual behavior is carried out as a result of drug abuse or perhaps sexual behavior can buy drugs.[1]

Drug abuse can biologically affect sexual function. There are several types of drugs that can stimulate sexual desire. Cocaine, marijuana, are sexual stimulants, amphetamines can increase sexual reactions when used in low doses. These findings may imply that abusers of the three types of drugs will tend to indulge their sexual desires after using drugs.[11]

Rikawarastuti's research (Survey Analysis for urban street children support and empowerment programs) conducted in Jakarta, Medan, Bandung states that one of the dominant factors affecting sexual behavior is the use of drugs. The results of research conducted by Risma (2013) show that drug abuse in adolescence can lead to premarital sexual behavior. Research by Ongky Wardana (2015) adolescents aged 16-25 years who are injecting drug users show that 53% have had sex. There was a significant relationship between drug use and premarital sexual relations (p <0.05).[11] The media plays an important role in disseminating information about Adolescent Reproductive Health. Teenagers often feel uncomfortable or taboo to talk about issues of sexuality and reproductive health. However, because of their curiosity they will try to get this information. Often adolescents feel that their parents refuse to talk about sex, so they then look for alternative sources of information such as friends or the mass media.[1]

The results of research in Bulukumba North Sulawesi showed that students obtained reproductive health information in schools from biology teachers, health workers who conducted counseling and from youth Red Cross organization supervisors. In addition, they access this information through the internet, books and pornographic pictures and videos with their friends. This was done because they felt that the information obtained was still lacking.[12]

CONCLUSION

The availability of information on KRR material, youth consultation / counseling, the Genre program with innovative, interesting information media, updates for adolescents, not only through the web site, but also the use of applications and social media groups that are trending among teenagers.

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