

JURNAL KEDOKTERAN DAN KESEHATAN

Predisposing, Enabling and Reinforcing Factors Associated with Sexual Intercourse Intention among Indonesian Young Men

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ABSTRAK

Seks pranikah diantara laki-laki muda lebih diterima daripada perempuan muda. Data Survei Demografi dan Kesehatan Indonesia secara konsisten memperlihatkan persentase pengalaman seksual pada laki-laki muda lebih tinggi dibandingkan perempuan muda dan selalu meningkat setiap tahunnya (6% berbanding 1% di tahun 2007 dan 8% berbanding kurang dari 1% di tahun 2012). Penelitian ini bertujuan untuk menyelidiki faktor apa saja yang mempengaruhi niat laki-laki muda di Indonesia untuk melakukan hubungan seksual. Penelitian ini memanfaatkan data dari Survei Demografi dan Kesehatan Indonesia tahun 2012 terutama komponen Kesehatan Reproduksi Remaja dengan jumlah responden sebesar 9.109. Data dianalisis secara deskriptif maupun inferensial dengan menggunakan uji *Chi-square* dan *Mann Whitney*. Ada sebanyak 21,1% laki-laki muda yang berniat untuk melakukan hubungan seks pranikah. Faktor predisposisi seperti pengetahuan dan sikap, faktor pemungkin seperti perilaku pacaran, serta faktor penguat seperti sumber informasi kesehatan reproduksi (teman sebaya, saudara, penyedia layanan kesehatan, pemuka agama dan media) ditemukan berhubungan dengan niat melakukan hubungan seksual. Temuan ini menunjukkan perlu adanya penguatan peran pendidik sebaya dan penyedia layanan kesehatan serta pelibatan pemuka agama dan media dalam program kesehatan reproduksi remaja.

Kata kunci: *seksualitas, laki-laki muda, Indonesia*

ABSTRACT

Premarital sex among young men is more acceptable than young women. The Indonesian Demographic and Health Survey data consistently shows that the percentage of sexual experiences in young men is higher than that of young women and is increasing every year (6% versus 1% in 2007 and 8% versus less than 1% in 2012). This study aims to investigate which factors influence sexual intercourse intention among young men in Indonesia. This study obtained data from the 2012 Indonesian Demographic and Health Survey, especially the Adolescent Reproductive Health component with a total number of respondents of 9,109 young unmarried men. Data were analyzed descriptively and inferentially using the chi-square test and the Mann Whitney test. There are 21.1% of young men who intend to have premarital sex. Predisposing factors such as knowledge and attitudes on reproductive health, enabling factors such as dating behavior, as well as reinforcing factors such as sources of reproductive health information (peers, siblings/relatives, health service providers, religious leaders and the media) were found to be associated with the intention to have sexual intercourse. These findings indicated the need to strengthen the role of peer educators and health service providers as well as the involvement of religious leaders, and the media in adolescent reproductive health programs.

Keywords: *sexuality, young men, Indonesia*

Introduction

Some studies revealed that sexual experience is more common among unmarried young men.^{1,2} The 2012 Indonesian Demographic and Health Survey (IDHS) found that there were around 2.93% of male respondents below 19 years old who reported ever having sex but only 0.06% of female respondents with age below 16 years who reported this.³ Even though, in an Islamic society, sexuality and loss of virginity are seen as something flawed and taboo.⁴⁻⁶ Premarital sex, called *zina*, both for men and women, is seen as a great *sin*.⁷

The age of sexual debut in Indonesia is quite young: about 1% of males and 4% of females reported having sex before age of 13. About one-third of young people will have at least one sexual relationship by the time they are 17 years old.⁸ Unlike females, premarital sex is more acceptable for males and males are more probable to report having had sex.⁹ As justification for participating in a casual sex, men were more likely to claim status among friends, and women are more like to do so due to mutual feelings of attraction and friendship.¹⁰ Men were also more likely to report positive emotional responses to hooking up.¹¹

Sex is still seen as a taboo in some contexts among young people in Indonesia. It is quite difficult for young people who are not married to gain access to sexual and reproductive health services because of legal constraints. The condom use promotion remains problematic, certain regions oppose this on religious or moral value.⁸ The government regards this issue as controversial and sensitive.

The information is given in the adolescent reproductive health (ARH) program is limited to the promotion of marriage and family as well as religious values and morality, instead of practical knowledge about sexual health, e.g. how to prevent unsafe sex and avoid pregnancy or skill to negotiate in a sexual relationship. As a result, the need for healthy reproduction among unmarried but sexually active young people is still not met.¹²

A study among secondary school students in Semarang, Central Java, revealed that 60% of adolescents had low reproductive health knowledge. Nearly 40% of them incorrectly answered whether a woman becomes pregnant if she had sex for the first time.¹³ A study among Jamaican adolescents and young adults showed that comprehensive knowledge of HIV was associated with sexual initiation among male respondents.¹⁴ Permissive attitudes towards premarital sex are a significant predictor of sexual intention to engage in premarital sex.¹⁵ Adolescents are more likely to have sex if they think peers have more favorable attitudes toward childbearing, have permissive beliefs about sex, or are already having sex.¹⁶

Adolescents are exposed to various type of media (television, movies, music, online and games) portraying sexual situation. A study among youth aged 14 to 21 revealed that the frequency of sexual media exposure was associated with their sexual experience.¹⁷ A Dutch panel survey research showed that sexual explicit internet content can affect outcomes related to sexual health of people, especially among males.¹⁸ Besides media, peer group

norms also have a significant influence on the timing of sexual initiation.¹⁹ However, the quality of relationship with parents substantially decreased the effects of peer norms and pressure on sexual intercourse intention among adolescent.²⁰ Adolescents, in a thoughtful relationship, may become closer to their partner and create distance between themselves and their friends.²¹ A previous study found that there was a positive association between dating behaviors and sex initiation among Latino male adolescents.²²

Research on premarital sexual intercourse intention among young people is useful to inform the current debate about whether Indonesian youth have truly experienced liberalization of sexual norms despite of Indonesia being a Muslim country. It is also required to know which factors are underlying adolescents' intention to have sex before marriage in Indonesia. This study investigates whether knowledge about reproductive health and attitude towards premarital sex as predisposing factors, source of information as reinforcing factors, as well as dating behavior as enabling factors have a relationship with sexual intercourse intention among young unmarried men aged 15-24 years in Indonesia.

This study focuses on young unmarried men and excludes young unmarried women for several reasons: 1) there is an increasing percentage of young men having premarital sex while there is a declining percentage of young women; and 2) it is assumed that a focus on young unmarried males would give benefits also for females. The findings are expected to

generate inputs for the government to develop policies and programs that can encourage unmarried men to delay sexual initiation and avoid unprotected sexual behavior.

Research Methodology

The source of data of this study comes from secondary data, the Adolescent Reproductive Health (ARH) component of the Indonesian Demography and Health Survey (IDHS), particularly from unmarried men's questionnaire. The data collection was accomplished by Statistics Indonesia and the Government of Indonesia. The IDHS has been conducted 8 times since 1987 with interval every 3 to 5 years. This study used the 2012 IDHS due to it can be used as a baseline data or reference for similar research for the following version of 2017 IDHS and also open the opportunities for carrying out the trend study on sexual intention which is still new in the discourses using the IDHS data sources.

The youth sample in the ARH component of 2012 IDHS was selected randomly using stratified multi-stage sampling. The sample was taken from the households which been selected from the census block, and being selected as the respondent. The sample was stratified by province and urban-rural areas. Data were collected from May 7 to July 31 in 2012.²³

The sample size of the ARH component of the 2012 IDHS was determined based on the adolescent unmarried population age 15-24 years from the 2010 national population census. This study uses a sub-sample from unmarried men dataset who never had sexual intercourse

and who answered ‘yes’ or ‘no’ on the question about sexual intercourse intention. After excluding 457 cases (4.8%) who answered “depends” on this question, the number of unmarried men who never had sex used for this study was 9,109 respondents.

Data were downloaded from the DHS website (www.measuredhs.com) by signing up on the website. This study also received an approval letter from the Institute for Population and Social Research (IPSR) – Institutional Review Board (IRB) Committee, Mahidol University. The reference code is COA. No. 2016/07-060. The parent/guardian is asked for consent before the interviewing process, mainly for respondents below 18 years old.

The more suitable theories to explain intention was the Theory of Reasoned Action (TRA) and Theory of Planned Behavior (TPB). However, due to the limited availability of variables in the dataset, this study used the approach of PRECEDE (Predisposing, Reinforcing and Enabling Constructs in Educational Diagnosis and Evaluation) model which was developed by Green and colleagues in 1974 with the assumption that the intention always comes before behavior manifests. Predisposing, enabling, and reinforcing factors apply a different type of influence on behavior, but all three are necessary for some combination to motivate, facilitate, and sustain behavioral change.²⁴ In this study, independent variables or in another word the predisposing factors include knowledge on reproductive health and attitudes towards premarital sex; enabling factor includes dating behavior; and reinforcing factor includes the sources of reproductive health information.

Data were analyzed descriptively and inferentially using the chi-square test and the Mann Whitney test.

Results

Sexual intercourse intention refers to the intention to have sexual intercourse soon. Table 1 shows that 21,1% or one-fifth of young unmarried men intend to have sexual intercourse before marriage. More respondents are 15 to 19 years old (65,1%), completed some secondary school (52,3%), and lived in the urban area (55.6%).

Table 1. Percentage distribution of sexual intercourse intention and socio-demographic variables

	n	%
Sexual intercourse intention		
No	7,187	78.9
Yes	1,922	21.1
Age group		
15 – 19	5,978	65.1
20 – 24	3,131	34.9
Mean = 18.5; SD = 2.7; Min = 15; Max = 24		
Level of education		
Less secondary	1,190	13.8
Some secondary	4,690	52.3
Higher secondary	3,229	33.9
Residence status		
Rural	4,221	44.4
Urban	4,888	55.6

Table 2 presents the respondents’ percentage distribution of each of the eight knowledge questions about sexuality and reproductive health. More than half of respondents can answer correctly questions on knowledge of pregnant by having one sexual intercourse (51.5%), contraception avoids pregnancy (59%), condom prevents pregnancy (78.7%), condom protects again AIDS (69.5%), the condom cannot be reused (88.5%), reduce getting chance of AIDS by having just one sex partner (73.8%). The mean score of knowledge

on reproductive health is 5.14 of eight questions. It means that on average most respondents could answer correctly more than half of the total questions.

Table 2. Percentage distribution of each question on knowledge about sexuality and reproductive health and mean score of overall knowledge

	n	%
Knowledge of fertile period (n = 9,108)		
Incorrect	4,645	51.0
Correct	4,463	49.0
Knowledge of pregnant by having one sexual intercourse (n = 9,094)		
Incorrect	4,411	48.5
Correct	4,683	51.5
Abstain avoid pregnancy (n = 9,076)		
Incorrect	7,488	82.5
Correct	1,588	17.5
Contraception avoid pregnancy (n = 9,076)		
Incorrect	3,721	41.0
Correct	5,355	59.0
Condom prevent pregnancy (n = 8,340)		
Incorrect	1,776	21.3
Correct	6,564	78.7
Condom protect against AIDS (n = 8,339)		
Incorrect	2,543	30.5
Correct	5,796	69.5
Condom cannot be reused (n = 8,334)		
Incorrect	958	11.5
Correct	7,376	88.5
Reduce getting chance of AIDS by having just one sex partner (n = 7,524)		
Incorrect	1,971	26.2
Correct	5,553	73.8
Mean Score = 5.14 (5.07-5.21 95% CI, SE = 0.03)		

Table 3 shows the respondents' percentage distribution of each 10 statements measuring attitudes towards premarital sex. For statements about the number of partners, only 27.4% of respondents approved if a man has many partners/girlfriends, while only 11.5% of respondents approved if a woman has many partners/boyfriends at the same time. Fewer respondents approved (or said it depends) if a woman had sexual intercourse before marriage (3.7%) than if a man has sexual intercourse before marriage (6.3%). Those who answer

premarital sex is approved if they both like to have sex (17.2%) was slightly higher than those who answer premarital sex is approved if they both love each other (16.9%). For other statements about acceptable reasons for having sex before marriage, respondents approved someone has premarital sex if they plan to get married (19.5%), the woman is an adult and knows the consequences (12.6%), and if they want to show their love (10.9%). Nevertheless, the majority of respondents agree that woman should maintain their virginity (98.7%).

Table 3. Percentage distribution of each question/statement on attitudes toward premarital sex and mean score of overall attitudes

	n	%
Respondents approve or agree that/if		
Man has many partners (n = 9,109)		
Conservative	6,613	72.6
Liberal	2,496	27.4
Woman has many partners (n = 9,109)		
Conservative	8,061	88.5
Liberal	1,048	11.5
Woman had premarital sex (n = 9,106)		
Conservative	8,769	96.3
Liberal	337	3.7
Man had premarital sex (n = 9,096)		
Conservative	8,523	93.7
Liberal	573	6.3
Premarital sex if like to have sex (n = 9,106)		
Conservative	7,540	82.8
Liberal	1,566	17.2
Premarital sex due to love each other (n = 9103)		
Conservative	7,565	83.1
Liberal	1,538	16.9
Premarital sex if plan to get married (n = 9,100)		
Conservative	7,325	80.5
Liberal	1,775	19.5
Premarital sex if woman adult knows consequences (n = 9,090)		
Conservative	7,945	87.4
Liberal	1,145	12.6
Premarital sex due to show their love (n = 9,089)		
Conservative	8,098	89.1
Liberal	991	10.9
Woman should maintain virginity (n = 9,085)		
Conservative	8,967	98.7
Liberal	118	1.3
Mean score = 1.27 (1.20-1.35 95% CI, SE = 0.04)		

The mean score of attitudes toward premarital sex is 1.27 of 10 questions. The higher the score indicates the more liberal of respondents. From the mean score, it was known that most respondents are conservative in terms of attitude toward premarital sex.

Table 4 shows the percentage distribution of dating behavior. There were 32.6% ever held hands with their girlfriend, 21.8% ever kissed lips with their girlfriend and 23.3% ever touched (or being touched) or aroused (being aroused) on sensitive body parts (such as genital, breast, thigh, etc.) with their girlfriend. However, there was only 6.0% whoever or currently has a girlfriend but never held hands, kissed lips, or petted with their girlfriend. Only one-sixth of respondents (16.3%) who never have experienced had a girlfriend in their lifetime.

Table 4. Percentage distribution of dating behavior (n = 9,104)

	n	%
Never have a girlfriend	1,484	16.3
Ever or currently have a girlfriend but never held hands, kissed, petted	546	6.0
Ever or currently have a girlfriend and ever held hands only	2,968	32.6
Ever or currently have a girlfriend and ever kissed lips (held hands)	1,985	21.8
Ever or currently have a girlfriend and ever petted (kissed and held hands)	2,121	23.3

Table 5 presents the sources of information about reproductive health. More than half of the respondents mentioned that they got information about sexuality from their teacher (51.7%) and friends (50.5%). Printed media such as books, magazines and newspaper

were mentioned by 15.8% of respondents, while television was mentioned by 12.6% and the internet was only mentioned by 5.6% of respondents. Radio was only mentioned by 2.5% of respondents. From the family side, parents (either father or mother) was mentioned by 4.7% of respondents, while siblings and relatives were mentioned by 3.6%. More respondents mentioned religious leaders (3.7%) than health service provider (1.4%) as their source of information about reproductive health. There is 2.4% of respondents did not get any information about reproductive health.

Table 5. Percentage distribution of source of information (n = 7,971)

	n	%
Teacher	4,121	51.7
Friends	4,025	50.5
Book/magazine/newspaper	1,259	15.8
Television	1,004	12.6
Internet	446	5.6
Parents	375	4.7
Religious leader	295	3.7
Siblings/Relatives	287	3.6
Radio	199	2.5
Health service provider	112	1.4
No information	191	2.4

Table 6 shows the association between predisposing, enabling, and reinforcing factors with sexual intercourse intention. It reveals the z-score of sexual intercourse intention associated with predisposing factors by running the Mann Whitney test due to knowledge and attitude scores were not normally distributed (ladder test). Both p-values are below 0.01 which means that knowledge and attitude were significantly correlated with sexual intercourse intention. By running chi-square test, it was known that dating behavior factor was associated with sexual intercourse intention (p value < 0.01). Percentage of those who had no

sexual intercourse intention gradually declined from those who never have a girlfriend (92.5%) to those who ever or currently have a girlfriend and ever petted (only 58.1%).

Table 6. Association between predisposing, enabling, and reinforcing factors with sexual intercourse intention (the Mann Whitney test and Chi Square test)

Variables	Sexual Intercourse Intention			
	No (%)	Yes (%)	n	Z-score
Knowledge and attitudes as predisposing factors				
Mean score of knowledge	4.98	5.51	7,254	-10.9***
Mean score of attitudes	1.15	2.57	9,053	-23.5***
	No	Yes	n	Chi-square
Dating Behavior as enabling factor				
Never have a girlfriend	92.5	7.5	9,103	918.9***
Ever or currently have a girlfriend but never held hands, kissed, petted	94.1	5.9		
Ever or currently have a girlfriend and ever held hands only	86.8	13.2		
Ever or currently have a girlfriend and ever kissed lips (held hands)	75.2	24.8		
Ever or currently have a girlfriend and ever petted (kissed and held hands)	58.1	41.9		
Source of information as reinforcing factor				
Friends	75.0	25.0	7,971	46.5***
Parents	78.9	21.1		0.12
Sibling/relatives	70.8	29.2		9.3**
Teacher	79.2	20.8		5.1
Health service provider	66.1	33.9		9.4**
Religious leader	86.1	13.9		11.4**
Media	76.0	24.0		7.5*

*p<0.10 **p<0.05 ***p<0.01

The exception of its trend was happened on ever or currently have a girlfriend but never held hands, kissed lips and petted. Regarding the source of reproductive health

information, the finding reveals that friends, siblings and relatives, health service provider, religious leader, and media were associated with sexual intercourse intention (p value < 0.01 for friends, p value < 0.05 for siblings and relatives, health service provider, and religious leader, p value < 0.10 for media). The percentage of those who had sexual intercourse intention was higher if they have obtained the information from friends, siblings and relatives, health service provider, and media compared to if they have not. Only on the religious leaders, the percentage of those who had sexual intercourse intention was smaller in percentage than if they have not obtained information from the religious leaders (13.9%. compared to 22.1%).

Discussion

Regarding predisposing factors, unmarried young men with a higher score of knowledge about reproductive health have a higher intention to have sexual intercourse soon. Most respondents could answer correctly questions about condoms and HIV/AIDS, but few respondents could answer correctly questions about the fertile period and other pregnancy preventive interventions. The finding is in line with a study in Jamaica that revealed HIV and STIs knowledge of boys was associated with initiation of having sex.¹⁴

Unmarried young men with a higher score of attitudes toward premarital sex which means they were more liberal have higher intention to have sexual intercourse soon. They tend to be more accepting of a man who has many partners and had premarital sex than

accepting of a woman who did the same things. They tend to be more approving of premarital sex if both like to have sex than if it was due to love each other and show their love. It indicates that premarital sex with casual partners or sex workers are more acceptable than with girlfriend. However, if the relationship is nearly to become a marriage, they tend to more approve of premarital sex with their girlfriend. The finding is similar to previous study which revealed that liberal attitudes towards premarital sex were a significant predictor of intention to have sex.¹⁵

Regarding the enabling factor, this study found that dating behavior has high correlation with sexual intercourse intention, particularly on unmarried young men have ever touched (or being touched) or aroused on sensitive body parts with their girlfriend. Teenagers may become closer to their partner or girlfriend.²¹ Sexual intercourse intention was also found as mediating factor between perceived social norms and perceived behavior control and sexual initiation behavior in another study among heterosexual dating partners.²⁵

Regarding the reinforcing factor, teacher is the most mentioned as source of information due to sexuality education has already started to be implemented in Indonesia. Unlike printed media and television, internet still has not reached all areas evenly in Indonesia. More respondents mentioned religious leader than health service provider as their source of information about reproductive health may due to young unmarried men seek health service providers if only, they have a health problem. According to the questionnaire,

the survey was only asked about source of information on reproductive health particularly about physical changes from childhood to adolescence.

Since sexuality is seen as taboo in Indonesia, comprehensive information about sexual and reproductive health remains lacking. Harding (2008) reviewed some sources of sexuality information for Indonesia's adolescents. The media, rather than presenting the right information, has picked up on the phenomenon of student prostitutes for instance. Islamic guide books which represent the views of religious leaders mainly denounce adolescent sexuality as unhealthy and use scare tactics to discourage their sexuality, instead of providing accurate information. Television in Indonesia is not allowed to show kissing and sexual demonstration due to censorship regulations.²⁶ Parents, teachers and religious leaders are figures that should be followed or obeyed by children and adolescents in Indonesian culture and they are considered to have an important role to suppress adolescent's sexuality.²⁷ A previous study revealed that adolescents who had more parental knowledge and more family rules on dating were less likely to initiate sexual intercourse.²⁸ However, the prospect of talking about sexuality-related subjects creates anxiety and discomfort for most parents and their teen, and this can lead to avoiding discussion.²⁹

Conclusion and Recommendation

This study revealed that predisposing, enabling and reinforcing factors have an association with sexual intercourse intention among unmarried young men. The findings are

consistent with the theory of the PRECEDE model, which explains that predisposing, reinforcing and enabling factors can influence behavior. It further complements the PRECEDE model by adding intention right before the behavior. However, further research also needs to be done to see the relevance of this reflection to the current context.

In response to adolescent reproductive health issues, the government should focus more on providing comprehensive sexual education as early as possible using combination of several sources of information. The internet can be more utilized in urban areas, while printed media can be more utilized in rural areas that have limited access to the internet. A more moderate approach can be developed to make adolescents more openly discuss their sexuality issues with teachers, health service providers and religious leaders. Health service providers can be more active in visiting school and collaborating with teachers to give information about a healthy sexual lifestyle as a counterbalance to incorrect information that young people got.

Friends also play an important role as a source of information. Thus, peers remain need to be included and strengthened in adolescent reproductive health programs. Since the study did not find parents as a significant factor, a communication program for youth and parents are needed to be developed. It can help parents have a better understanding of youth issues and youth be more open to their parents.

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