Do Schools Affect Unsafe Sexual Behaviors among High School Students in Boyolali, Central Java? A Multilevel Analysis Approach

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ABSTRACT

Background: Premarital sexual behavior is a multidimensional problem, which is influenced by various factors, one of them is school. The majority of adolescents engage in risky sexual behavior the first time when they are in high school, namely at the age of 15-18 years. The purpose of this study was to analyze the influence of schools on unsafe sexual behavior in high school students in Boyolal, Central Java.

Subjects and Method: This was a cross sectional study conducted in senior high schools in Boyolali, Central Java, from October to November 2018. A total of 200 students was selected by cluster random sampling. The dependent variable was unsafe sexual behavior. The independent variables were knowledge, attitude, self-efficacy, understanding of region, parental supervision, access to information, and subjective norm. The data were collected using questionnaire and data were analyzed using multilevel logistic regression.

Results: Premarital sexual behavior decreased with high knowledge (b= -3.33; 95% CI= -5.88 to -0.79; p= 0.010), positive attitude (b= -5.16; 95% CI= -8.63 to -1.70; p= 0.004), strong self-efficacy (b = -4.65; 95% CI = -7.37 to -1.94; p = 0.001), good understanding of religion (b= -3.95; 95% CI = -6.82 to -1.10; p= 0.007), strict parental supervision (b= -3.70; 95% CI= -6.60 to -0.80; p= 0.012), good access to information (b = -3.61; 95% CI = -6.10 to -1.12; p = 0.004), and subjective norm (b = -2.43; 95% CI= -4.60 to -0.25; p= 0.029). Schools had negligible contextual effect on premarital sexual behavior with ICC <0.1%.

Conclusion: Premarital sexual behavior decreases with high knowledge, positive attitude, strong self-efficacy, good understanding of religion, strict parental supervision, high exposure to information access, and subjective norm. Schools has negligible contextual effect on premarital sexual behavior.

Keywords: unsafe sexual behavior, senior high school, multilevel analysis

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BACKGROUND

Population Projection Results show that the population of adolescents will increase until 2030 (Brief Notes on Demographic Institutions FEB UI, 2017). Teenage is a period where the transition occurs both physically, psychologically and socially. One important challenge for adolescents is sexual behavior

and attitudes toward sex (Iordanescu, 2015)).

The results of Rohkmah's research, D & Khoiron (2015) in adolescents aged 15-18 years showed that 15% of students had sexual relations, 6% of them used condoms, only 7% of students had sexual relations with boyfriends, 2% of students had sexual relations with commercial sex workers, and

there are 5% of students having sexual relations with more than one person, there are 47% of students have masturbated, and 5% of students have symptoms of sexually transmitted infections.

Premarital sexual behavior can increase the likelihood of teenage pregnancy, sexually transmitted diseases and sexual violence (Browning, 2010). The number of abortion cases in Indonesia every year reaches 2.3 million, 30% of which are carried out by adolescents, the number of cases carried out in nine major cities in Indonesia shows 37,000 cases of unwanted pregnancies, 27% of them occur in premarital settings and 12.4% are teenagers (BKKBN, 2018).

Central Java is one of the provinces with relatively high rates of HIV / AIDS and STIs, the number of patients with HIV / AIDS is 1467/1296 people and the number of STI patients is 14.302. Based on data on the incidence of HIV cases in Boyolali District in 2013 amount to 54 people and in 2017 amount to 69 people, this indicates an increase in the number of cases in Boyolali Regency.

In the theory by Bandura (1977), namely Social Cognitive Theory (SCT), there are 3 factors that can influence premarital sexual risk behavior, namely personal factors (knowledge of sexual behavior, attitudes toward sexuality, self-efficacy and understanding of religion), environmental factors (parental supervision, access to information, and subjective norms) and behavioral factors (health events, use of contraception).

The purpose of this study is to analyze the relationship between knowledge about sexual behavior, attitudes towards sexuality, self-efficacy, understanding of religion, parental supervision, access to information, subjective norms with premarital sexual behavior.

SUBJECTS AND METHOD

1. Study Design

This study is an observational analytic study with a cross-sectional approach. This research will be conducted in 25 senior high schools / vocational high schools in Boyolali, from October - November 2018.

2. Population and Samples

The population in this study were senior high school students. The sampling method in this study uses cluster random sampling. The number of samples was taken based on the representation of 8 samples on the independent variables so that 200 samples were selected.

The inclusion criteria are boys and girls, living in Boyolali Regency, and have had a boyfriend. Exclusion criteria are those who are not willing to be respondents.

3. Research Variables

The dependent variable in this study is risky sexual behavior. The independent variables in this study are knowledge about sexual behavior, attitudes toward sexuality, self-efficacy, understanding of religion, parental supervision, access to information, subjective norms.

4. Operational Definition of Variables Knowledge of sexual behavior is the knowledge about reproductive health, sexual behavior is at risk and the consequences of sexual behavior are at risk. The data were measured using a questionnaire, the data are continuous scale measurement and at the time of analysis was changed to dichotomy (o = knowledge, 1 = high).

Attitudes toward sexuality are responses from research subjects. Data was measured using a questionnaire, scale measurement was continuous and at the time of analysis was changed to dichotomy (0 = negative, 1 = positive).

Self-efficacy is the belief not to risk sexual behavior before marriage. Data was measured using a questionnaire, scale

measurement was continuous and at the time of analysis was changed to dichotomy (o = weak, 1 = strong).

Understanding of religion is the type and activities carried out by adolescents related to religion and obedience in carrying out religious orders. Data was measured using a questionnaire, scale measurement was continuous and at the time of analysis was changed to dichotomy (0 = good religious understanding, 1 = bad religious understanding).

Parental supervision is the effort and attention of parents in controlling the occurrence of risky sexual behavior. Data was measured using a questionnaire, scale measurement was continuous and at the time of analysis was changed to dichotomy (o = loose parental supervision, 1 = strict parental supervision).

Access to information, namely exposure in various types of information media that can affect risky sexual behavior. Data were measured using a questionnaire, scale measurements were continuous and at the time of analysis were changed to dichotomy (o = low exposure, 1 = high exposure).

Subjective norms are rules that develop in the environment of research subjects that can affect research subjects to engage in risky sexual behavior. Data was measured using a questionnaire, scale measurement was continuous (O = negative, 1 = positive).

5. Data Analysis

Univariate analysis was conducted to determine the frequency distribution and the percentage. Bivariate analysis was conducted to examine the relationship between risky sexual behavior and independent variables using the chi-square test and odds ratio calculation (OR) with a confidence level (CI) of 95%. Multivariate analysis was performed using multilevel logistic regression with Stata 13.

6. Research Ethics

Research ethics include informed consent, anonymity, confidentiality and ethical clearance. The ethical clearances in this study were conducted at the Faculty of Medicine, Universitas Sebelas Maret, Surakarta.

RESULTS

1. Sample characteristics

The research subjects were 200 senior high school students. The frequency of distribution of the characteristics of the research subjects is explained in table 1.

Table 1 shows the proportion of female subjects (132, 66%), age <16 years (162, 81%), Muslim (168, 84%), living with parents (175, 87.5%), father's education are \geq Senior high school (109, 54.5%) and mother education \geq Senior high school (111, 55.5%).

As many as 200 students had low knowledge, weak attitudes (114, 57%), low self efficacy (122, 61%), low understanding of religion (109, 54.5%), low parental supervision (110, 55%), exposure information access (110, 55%), negative subjective norms (117, 58.5%) and risky sexual behavior (126, 63%).

2. Bivariate analysis

Table 2 shows the relationship between knowledge, attitude, self-efficacy, understanding of religion, parental control, access to information, subjective norms and risky sexual behavior.

Table 1. Sample Characteristics of Research Subjects

Characteristics	(n)	(%)
Gender		
Male	68	34.0
Female	132	66.0
Age	_	
< 16 years	162	81.0
≥ 16 years	38	19.0
Religion	_	ŕ
Non Moslem	32	16.0
Moslem	168	84.0
Residence		·
Living with parents	175	87.5
Not living with parents	25	12.5
Paternal education	-	-
<senior high="" school<="" td=""><td>91</td><td>45.5</td></senior>	91	45.5
≥Senior high school	109	54.5
Maternal education	-	
< Senior high school	89	44.5
Knowledge	-	
Low	120	60.0
High	80	40.0
Behavior		-
Weak	114	57.0
Strong	86	43.0
Self-Efficacy		
Low	122	61.0
High	78	39.0
Understanding about the religion		
Low	109	54.5
High	91	45.5
Parents Control		
Low	110	55.0
High	90	45.0
Information Access	-	
Not exposed	90	45.0
Exposed	110	55.0
Subjective Norms		
Negative	117	58.5
Positive	83	41.5
Sexual Behavior	-	
Not risky/safe	74	37.0
Risky	126	63.0

3. The Result of Multilevel Analysis

Table 3 showed that premarital sexual behavior was decreased by high knowledge (b= -3.33; 95% CI= -5.88 to - 0.79; p= 0.010), positive attitude (b= -5.16; 95% CI= -8.63 up to -1.70; p= 0.004), strong self-efficacy (b= -4.65; 95% CI= -7.37 to -1.94; p= 0.001), good understanding toward religion (b= -3.95; 95% CI= -6.82 to -1.10;

p= 0.007), strong parental supervision (b= -3.70; 95% CI= -6.60 to -0.80; p= 0.012), high exposure to information access (b= -3.61; 95% CI= -6.10 to -1.12; p= 0.004), positive subjective norm (b= -2.43; 95% CI= -4.60 to -0.25; p= 0.029) and it was statistically significant. School has a small contextual effect on risky sexual behavior with ICC <0,1%.

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Table 2. Bivariate analysis on determinants of premarital sexual behavior

	Premarital Sexual Behavior						
Variables	Not Risky		Risky		OR	CI (95%)	p
_	n	%	n	%	-		
Knowledge							
Low	15	12.5	105	87.5	0.05	0.02 - 0.10	<0.001
High	59	73.8	21	26.3		0.02 - 0.10	<0.001
Attitude							
Negative	18	15.8	96	84.2	0.10	0.05 0.00	40 001
Positive	56	65.1	30	34.9		0.05 - 0.20	<0.001
Efficacy							
Weak	13	10.7	109	89.3	0.33	0.00	40.001
Strong	61	78.2	17	21.8		0.02 - 0.07	<0.001
Understanding of							
Religion							
Poor	12	11.0	97	89.0	0.06	0.00 0.10	40.001
Good	69	68.1	29	31.9		0.03 - 0.12	<0.001
Parental supervi-							
sion							
Weak	17	15.5	93	84.5	0.11	0.05 - 0.21	< 0.001
Strong	57	63.3	33	36.7			
Information Access							
Low Exposure	5	5.6	85	94.4	0.04	0.01 - 0.09	< 0.001
High Exposure	69	62.7	41	37.3			
Subjective Norm							
Negative	20	17.1	97	82.9	0.11	0.06 - 0.21	< 0.001
Positive	54	65.1	29	34.9			

Table 3. Multilevel logistic regression

Independent variables	b -	CI 9		
		Lower limit	Upper limit	р
Fixed Effect				
Knowledge (high)	-3.33	-5.88	-0.79	0.010
Attitude (positive)	-5.16	-8.63	-1.70	0.004
Self-efficacy (strong)	-4.65	-7.37	-1.94	0.001
Understanding of Religion (good)	-3.95	-6.82	-1.10	0.007
Parental Supervision (strong)	-3.70	-6.60	-0.80	0.012
Information Access (high exposure)	-3.61	-6.10	-1.12	0.004
Subjective Norm (positive)	-2.43	-4.60	-0.25	0.029
Random Effect				
School	9.15e-34	1.04e-16		
n observation = 200				
Log likelihood = - 13.92				
LR test vs. logistic regression, p<0.001				
ICC <0.1%				

RESULTS

1. The effect of knowledge on premarital sexual behavior

This study showed that there was a significant effect of knowledge on premarital sexual behavior. Adolescents with low knowledge were more likely to engage in risky sexual behavior. Adolescents were very vulnerable to sexually transmitted

disease (STD). Knowledge of sexual behavior included reproductive health, as a result of risky sexual behavior, and the types of sexual activity that were usually done. The results of this study indicated that low knowledge increased risky sexual behavior (Brüll et al., 2016).

Descriptive analysis showed a high risk of contracting to sexually transmitted

disease and unplanned pregnancies related to moderate to low levels of knowledge about sexual health (Morales et al., 2018). A study conducted by Albertos et al., (2016), a questionnaire answered by 6208 adolescents showed that the greater the knowledge, the lower the frequency of risk behavior among adolescents, and vice versa, if the knowledge was low then the frequency of risky behavior was high.

A study by Berten & Van Rossem (2009), showed that the relationship between AIDS knowledge and sexual behavior was quite complex, good knowledge lead to risky sexual behavior and low knowledge can have an impact on risky sexual behaviors such as inappropriate condom use and wrong sexual activity. Research conducted by Larasati et al. (2018) showed that healthy sexual behavior and knowledge of prevention can reduce the prevalence of HPV transmission and would improve women's health in general, while low knowledge affected unhealthy sexual behavior and would result in transmission of sexually transmitted disease.

2. The effect of attitude on premarital sexual behavior

This study showed that there was a significant effect of attitude on premarital sexual behavior. Adolescents with weak attitude were more likely to engage in risky sexual behavior.

Attitude was a predisposing factor that included components such as beliefs, ideas, concepts and emotional expressions that were expressed with behavior which related to action. The results of a study showed that reproductive health behaviors were significantly influenced by sexual knowledge and sexual attitudes. Structural equation modeling showed that sexual knowledge directly and indirectly influenced reproductive health behavior with

sexual attitudes which acted as mediators (Kim, Park, & Lee, 2018).

The results of this study indicated that weak attitudes increased risky sexual behavior. This study was supported by a study conducted by Park et al., (2017), which showed that young women in Korea who have fewer sexual relations have a positive attitude toward sex, and vice versa, if young Korean women have a negative attitude towards sex, then they can improve sexual relations. A similar thing was expressed by Idowu et al., (2017), overall 23% of respondents have at least one impact of sexual behavior, respondents who have a negative attitude have a 24% increase in opportunities for risky sexual behavior compared to those who have positive attitudes.

3. The effect of self-efficacy on premarital sexual behavior

This study showed that there was a significant effect of self-efficacy on premarital sexual behavior. Adolescents with low self-efficacy were more likely to engage in risky sexual behavior.

Self-efficacy played a very important role in everyday life, someone would be able to use his/her potential optimally when it was supported by self-efficacy. The development of self-efficacy was determined by errors in self-assessment. If in everyday life people always remembered bad appearance, then the conclusions about self-efficacy would be low (Bandura, 1997 in Rustika, 2016). This showed that the lower a person's efficacy, the more the risky sexual behavior was conducted.

The result of this study was similar to a study by Settheekul et al., (2018), who examined factors that related to risky sexual behavior in 397 adolescents in Northern Thailand, the significant predictors of higher precocital behavior was age, sexual rejection self-efficacy, having a boyfriend, authoritarian parenting style, parental con-

sent for sex, and norm perception of peer. The lower the efficacy of sexuality, the higher the risk of sexual behavior.

4. The effect of understanding of religion on premarital sexual behavior

This study showed that there was a significant effect of understanding of religion on premarital sexual behavior. Adolescents with understanding about religion were more likely to engage in risky sexual behavior.

Gazalba in Khairunnisa (2013), stated that religiosity came from the religious word in Latin "religio" and the basic word was religure which mean binding. Thus it implied that religion generally has rules and obligations that must be obeyed and acted upon by its adherents. It has a function to bind a person or group of people in relation to God, fellow humans and the surrounding environment.

The results of this study indicated that a low understanding of religion can increase risky sexual behavior. It was supported by a study done by Moodley (2017) which argued that religion has an important role in moderating risky sexual behavior among adolescents, perceptions of religion understanding have an influence on sexual decision making and practice in adolescents. The same idea was expressed by Agardh et al., (2011), showing that 46% of men and 23% of women had three or more sexual partners, related to religion which emerged as an important determinant of sexual behavior among adolescents, this finding was related to the increasing number of demands in religion guidance on premarital sex in adolescents in many countries with high risk of HIV/AIDS. A study done by Chanakira et al., (2014) showed that students with high religious understanding were less likely to have risky sexual activity due to academic considerations and high moral values.

5. The effect of parental supervision on premarital sexual behavior

This study showed that there was a significant effect of parental supervision on premarital sexual behavior. Adolescents with low parental supervision were more likely to engage in risky sexual behavior. Parents mediation was any strategy used by parents to control, supervise, or distribute media content for children and adolescents (National Association for Media Literacy Education. & Montclair State University. College of Education and Human Services., 2009).

More than half of mothers and young women have negative perceptions about communication of reproductive health problems. Only 2.7% of women discussed SRH problems with their mothers more than four times in the past six months. Factors found to create barriers to communication about reproductive health were higher family income, good knowledge of puberty, good knowledge of sexual and reproductive health issues and positive perceptions of communication among mothers, and good knowledge of contraception and sexually transmitted disease among young women (Noe et al., 2018). Based on the research of Albertos et al., 2016, the supervision criteria of parents might be influenced by gender stereotypes, which would have a harmful effect on young men, because lower levels of knowledge put them at the opportunity of higher risky behavior.

The result of this study was in line with Schouten et., (2007) who stated that women who have positive beliefs about talking to parents about sexuality would be positively related to the amount of communication between parents and adolescents, whereas if communication with parents was low, it would have an impact on risky sexual behavior, increasing the amount of communication between parents and ado-

lescents was an effort to change beliefs of adolescents to engage in sexual behavior.

6. The effect of information acces on premarital sexual behavior

This study showed that there was a significant effect of information access on premarital sexual behavior. Adolescents who were not exposed to information access were more likely to engage in risky sexual behavior.

Entering an increasingly advanced technological era can affect human's life. Increasingly sophisticated technology made things very easy to be done. Papalia et al. (2011) stated that many adolescents got most of their "sex education" from the media which presented the views of distorted sexual activity, associated these activities with pleasure, excitement, competition, danger or violence and rarely showed the risk of unprotected sexual activities and several studies have shown the relationship between the influence of the media and early sexual activity.

The result of this study was in line with a study by Muche et al. (2017), 31 studies with 43,695 participants showed the number of risky sexual practices was 42.8%, participants who accessed information by watching pornography (OR: 3.6; 95% CI: 2.21-5.86) were factors associated with increased risky sexual practices. If participants were not exposed to positive information about sexual behavior, then it would not increase risky sexual practices

7. The effect of subjective norm on premarital sexual behavior

This study showed that there was a significant effect of subjective norm on premarital sexual behavior. Adolescents who have negative subjective norm were more likely to engage in risky sexual behavior.

Adolescents were susceptible to deviant sexual behavior such as premarital sexual behavior. The number of adolescents

who have premarital sex tend to increase every year. There were various factors that can lead to risky sexual behavior, one of them was subjective norms. Subjective norm was perceptions or views of others about the beliefs of others that would influence the intention/interest in doing or not doing the behavior.

The results of this study indicated that negative subjective norms can increase risky sexual behavior. This was supported by the study of Schouten et al., (2007) which stated that subjective norms were significant predictors that enhance sexual behavior, if subjective norms were negative, then sexual behavior would also have a negative impact. While research done by Bekeera-Kitaka et al., (2018) showed that of 580 adolescents who lived with HIV (AL-HIV) aged 13-17 years old (317 women and 263 men) from Kenya and Uganda, the research showed that the norm subjectively conducive to sexuality, and poor women's health experience increased the risk of sexual behavior.

REFERENCES

Agardh A, Tumwine G, Östergren PO (2011). The Impact of Socio-Demographic and Religious Factors upon Sexual Behavior among Ugandan University Students. PLoS ONE, 6(8), e23670. https://doi.org/10.1371/journal.pone.0023670

Albertos A, Osorio A, Lopez-del Burgo C, Carlos S, Beltramo C, & Trullols F. (2016). Parental knowledge and adolescents' risk behaviors. Journal of Adolescence, 53, 231–236. https://doi.org/10.1016/J.ADOLESCENCE.2 016.10.010

Bandura A. (2001). Social Cognitive Theory: An Agentic Perspective. Annual Review of Psychology, 52(1), 1–26. https://doi.org/10.1146/annurev.psyc

h.52.1.1

- Bakeera-Kitaka S, Smekens T, Jespers V, Wobudeya E, Loos, J, Colebunders R, Nöstlinger C (2018). Factors influencing the risk of becoming sexually active among HIV Infected Adolescents in Kampala and Kisumu, East Africa. AIDS and Behavior. https://doi.org/10.1007/s10461-018-2323-y
- Berten H, Van Rossem R (2009). Doing worse but knowing better: An exploration of the relationship between HIV/AIDS knowledge and sexual behavior among adolescents in Flemish secondary schools. Journal of Adolescence, 32(5), 1303–1319. https://doi.org/10.1016/J.ADOLESC ENCE.2008.12.004
- Brüll P, Ruiter RAC, Wiers RW, Kok G (2016). Identifying psychosocial variables that predict safer sex intentions in adolescents and young adults. Frontiers in Public Health, 4, 74. https://doi.org/10.3389/fpubh.2016-.00074
- Chanakira E, O'Cathain A, Goyder EC, Freeman JV (2014). Factors perceived to influence risky sexual behaviours among university students in the United Kingdom: a qualitative telephone interview study. BMC Public Health, 14(1), 1055. https://doi.org/-10.1186/1471-2458-14-1055
- Idowu A, Ayodele AO, Omotade PG, Anu OS, Omolola FF (2017). Risky Sexual Behavior of Senior Secondary School Students in an Urban Community of Oyo State, South West Nigeria. International Quarterly of Community Health Education, 37(3–4), 173–180. https://doi.org/10.1177/027268-4X17736154
- Iordanescu E, Iordanescu C, Draghici A (2015). Time and Gender Influence in Sexual Behavior of Romanian Adoles-

- cents. Procedia Social and Behavioral Sciences, 187, 757–761. https://doi.org/10.1016/J.SBSPRO.2015.03.1
- Khairunnisa A (2013). Hubungan Religiusitas Dan Kontrol Diri dengan Perilaku Seksual Pranikah Remaja D MAN 1 Samarinda, 1(2), 220–229. Retrieved from http://ejournal.psikologi.fisip-unmul.ac.id/site/wp-content/uploads/2013/10/ejournal pdf (10-03-13-10-14-57).pdf
- Kim HY, Park M, Lee E (2018). A crosssectional survey of relationships between sexual knowledge, sexual attitudes, and reproductive health behaviour among female university students. Contemporary Nurse, 1–11. https://doi.org/10.1080/10376178.20 18.1556104
- Larasati L, Afiyanti Y, Rahmah H, Milanti A (2018). Women's knowledge, beliefs, and behaviors toward the prevention of human papillomavirus transmission. Enfermería Clínica, 28, 191–194. https://doi.org/10.1016/S1130-8621-(18)30065-2
- Moodley CG. (2017). Perceptions of South African emerging adult FET College students on sexual practices in relation to religion. Journal of Religion and Health, 56(5), 1515–1536. https://doi.org/10.1007/s10943-016-0312-x
- Morales A, Vallejo-Medina P, Abello-Luque D. Saavedra-Roa A, García-Roncallo P, Gomez-Lugo M, Espada JP (2018). Sexual risk among Colombian adolescents: knowledge, attitudes, normative beliefs, perceived control, intention, and sexual behavior. BMC Public Health, 18(1), 1377. https://doi.org/10.1186/s12889-018-6311-y
- Muche A., Kassa GM, Berhe AK, Fekadu GA (2017). Prevalence and determinants

- of risky sexual practice in Ethiopia: Systematic review and Meta-analysis. Reproductive Health, 14(1), 113. https://doi.org/10.1186/s12978-017-0376-4
- National Association for Media Literacy
 Education K, Montclair State University. College of Education and Human Services. (2009). The journal of media literacy education. Journal of Media Literacy Education (Vol. 1).
 National Association for Media Literacy Education. Retrieved from https://digitalcommons.uri.edu/jmle/vol1/iss1/3
- Noe MTN, Saw YM, Soe PP, Khaing, M, Saw TN, Hamajima N, & Win HH. (2018). Barriers between mothers and their adolescent daughters with regards to sexual and reproductive health communication in Taunggyi Township, Myanmar: What factors play important roles? PLOS ONE, 13(12),e0208849. https://doi.org/10.-1371/journal.pone.0208849
- Papalia DE, et al. (2011). Human Development (Psikologi Perkembangan). Terjemahan. Jakarta: Kencana
- Park J, Min B, Shin H, Oh S, Song WH, Cho SY. Son H. (2017). A 10-Year Interval Study About the Sexual Life and Attitudes of Korean Women: The Korean Internet Sexuality Survey (KISS) 2014, Part 2. The Journal of Sexual

- Medicine, 14(9), 1142–1151. https://doi.org/10.1016/J.JSXM.2017.07.009
- Pharr JR, Enejoh VO, Mavegam B, Olutola A, Karick H, Ezeanolue E (2017). A Cross-Sectional Study of the Role of HIV/AIDS Knowledge in Risky Sexual Behaviors of Adolescents in Nigeria. International Journal of High Risk Behaviors and Addiction, 6(4). https://doi.org/10.5812/ijhrba.63203
- Rustika IM (2016). Efikasi Diri: Tinjauan Teori Albert Bandura. Buletin Psikologi, 20(1–2), 18–25. https://doi.org-/10.22146/bpsi.11945
- Schouten BC, van den Putte B. Pasmans M, Meeuwesen L (2007). Parent-adolescent communication about sexuality: The role of adolescents' beliefs, subjective norm and perceived behavioral control. Patient Education and Counseling, 66(1), 75–83. https://doi.org/10.1016/j.pec.2006.10.010
- Settheekul S. Fongkaew W, Viseskul N, Boonchieng W, Voss JG (2018). Factors influencing sexual risk behaviors among adolescents: A community-based participatory study. Nursing & Health Sciences. https://doi.org/10.-1111/nhs.12580.