

Effects of Parental Monitoring and Communication on the Prevention of Sexual Risk Behavior in Adolescents: Meta-Analysis

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ABSTRACT

Background: Risky sexual deviations in adolescents are habits that include having sex at an early age, using condoms that are inconsistent, having more than one sexual partner or being a commercial sex worker. Communication between parents and children plays an important role in fostering the relationship between the two and parents who are less able to communicate with their children will cause relationship conflict so that it can have an impact on adolescent sexual behavior. This study aims to estimate the influence of parental monitoring and parental communication on sexual risk behavior in adolescents based on the results of primary research.

Subjects and Method: This was a review of meta-analytic studies and this article was obtained from databases namely PubMed, Google Scholar, Elsevier, Spinger Link and Science Direct. The articles used in this study are articles published from 2012-2022. The article search was carried out by considering the eligibility criteria defined using the PICO model, namely P: Adolescents, I: Parental monitoring and parental communication C: No parental monitoring and no parental communication O: Sexual risky behavior. The articles included in this research are full text articles with a cross-sectional study design. This article was analyzed using the Review Manager 5.3 application.

Results: A total of 17 cross-sectional studies from 5 Americas, 1 Europe, 2 Asia and 9 Africa with a sample size of 13,404. The results of the meta-analysis showed that adolescents with parental monitoring reduced risky sexual behavior 0.84 times compared to those without parental monitoring, but the effect was not statistically significant (aOR=0.84; 95% CI=0.61-1.17; p=0.300), adolescents without parental communication has the possibility of having risky sexual behavior 1.26 times compared to adolescents who communicate with parents (aOR=1.26; 95% CI 0.81-1.95; p=0.310) which is not statistically significant. The results of research on parental monitoring showed that there was high heterogeneity ($I^2=74\%$; $p=0.001$) and parental communication ($I^2=90\%$; $p<0.001$), so that the average effect estimation calculation on the forest plot used the random effect model.

Conclusion: Parental monitoring and parental communication have no effect on sexual risk behavior in adolescents.

Keywords: parental monitoring, parental communication, sexual risk behavior, youth.

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BACKGROUND

According to WHO (2016), youth are defined as individuals aged 10-19 years and youth as 15-24 years and while young people range from 10-24 years. Adolescents are the largest population, namely 18% of the world's population, the problems of adolescents today are very complex, one of which is the increase in risky sexual behavior among junior high and high school adolescents, namely 62.7% where adolescents are no longer virgins.

According to UNICEF (2018), there are around 1.2 billion people or around 16% of the world's total population are adolescents with an age range of 10-19 years. The results of research conducted in Africa showed that the high number of respondents, namely 89.8%, had had sexual intercourse (Youths, 2014). In Indonesia, female adolescents receive more information related to reproductive health from friends 60%, mothers 44% and teachers 43% while male adolescents 59% from their friends and 39% from teachers (Infodatin 2012).

Based on data from the SDKI (Indonesian Demographic and Health Survey) and several other studies, it is shown that premarital sexual intercourse is higher among male adolescents than female adolescents. The results of the 2017 IDHS (Indonesian Demographic and Health Survey) show that 8% of men have had premarital sex, of which 3.6% are male youth aged 15-19 years and 14% aged 20-24 years. One of the factors that influence sexual risk behavior in adolescents is the family environment, but very little is done to understand how it affects adolescent sexual health (Dimbuene, 2012).

Parental monitoring can be interpreted as supervision or monitoring and communication by parents (kinship system in a family that is related to parents as the center of power in supervising the teenager). Facts have proven that parents' negligence in supervising and communicating with their children contributes to an increase in risky sexual behavior, social problems and results in criminal acts (Azeze et al., 2021).

Communication between parents and children plays an important role in fostering the relationship between the two and parents who are less able to communicate with their children will cause relationship conflict so that it can have an impact on adolescent sexual behavior. Effective communication about the development of sexual and reproductive health can reduce sexual risk and as the main means for parents to instill sexual values, beliefs, hopes and knowledge for adolescents (Ayalew, 2014). In the research results of Firdanianty et al. (2016) showed that communication between parents and boys is lower than that of girls. The poor quality of communication between parents and adolescents can be a factor causing adolescent behavior deviations (Gunawan 2013).

In Indonesia, one of the reasons for increasing concern about communicating with school-age children is reflected in a graphic depicting the blurry portraits of Indonesian youth due to being smeared with pornographic cases, ranging from free sex, abortion, to exposure to HIV/AIDS. The data comes from a survey conducted by the Indonesian Child Protection Committee (KPAI) and the Ministry of Health (Kemendes) in October 2013. The graph shows that around 62.7% of adolescents in Indonesia

have had sex outside of marriage, 20% of the 94,270 women who experienced pregnancy out of wedlock also came from the age group of teenagers and 21% of them had had an abortion, and in cases who had been infected with HIV within the span of 3 months there were 10,203 cases and 30% of the sufferers were teenagers. One effort to break the chain of HIV transmission is the use of condoms when having sex.

This study aims to estimate the influence of parental monitoring and parental communication on sexual risk behavior in adolescents based on the results of primary research.

SUBJECTS AND METHOD

1. Study Design

This research is a review of meta-analytic studies and this article was obtained from databases namely PubMed, Google Scholar, El-sevier, Spinger Link and Science Direct. The keywords used in the search for articles in the database are "Parental Monitoring" OR "Parental Communication" AND "sexual risk behavior" AND "adolescents" AND "cross sectional study" AND "adjusted Odds Ratio").

2. Step of Meta-Analysis

The meta-analysis was carried out in five steps as follows:

- 1) Formulate research questions in the PICO format (Population, Intervention, Comparison, Outcome).
- 2) Search for primary study articles from various electronic and non-electronic databases.
- 3) Conduct screening and critical assessment of primary research articles.
- 4) Perform data extraction and synthesize effect estimates into RevMan 5.3.
- 5) Interpret and conclude the results

3. Inclusion Criteria

The inclusion criteria used in this study were full text articles with a cross-sectional

study design. The articles were published in English and Indonesian from 2012 to 2022. The final results of the study are reported using the adjusted odds ratio (aOR).

4. Exclusion Criteria

Exclusion criteria in this study are operational definitions that are different from those intended in research, published research, anonymous research, articles that do not use univariate and bivariate analysis and articles that use quasi-experimental study designs, protocol studies, pilot studies, cohorts, case control, and RCTs.

5. Operational Definition of Variables

Parental monitoring was defined as participants' perceptions that their parents were aware of their whereabouts, and that of their peers.

Parental communication is the concept of communicating between parents and children, to find out directly whether the messages conveyed by parents are well received by their children.

Sexual risky behavior refers to risky behavior such as having sex at an early age, using condoms inconsistently, having more than one sexual partner or being a commercial sex worker.

6. Instruments

This systematic review was carried out following the PRISMA flow diagram guidelines, with an assessment of the quality of the articles using the Critical Appraisal Skills Program for Cross-Sectional (CEBMA, 2014).

7. Data Analysis

Research that has been collected is selected based on predetermined criteria. This study uses secondary data from the results of previous studies. Data processing from articles that have been collected will use the Review Manager application (Revman 5.3). Data processing is done by calculating the effect size and heterogeneity values to determine

the combined research model and form the final results of the meta-analysis in the form of forest plots and funnel plots.

RESULTS

The process of searching for the articles used in this study from various electronic journal databases can be seen in Figure 1.

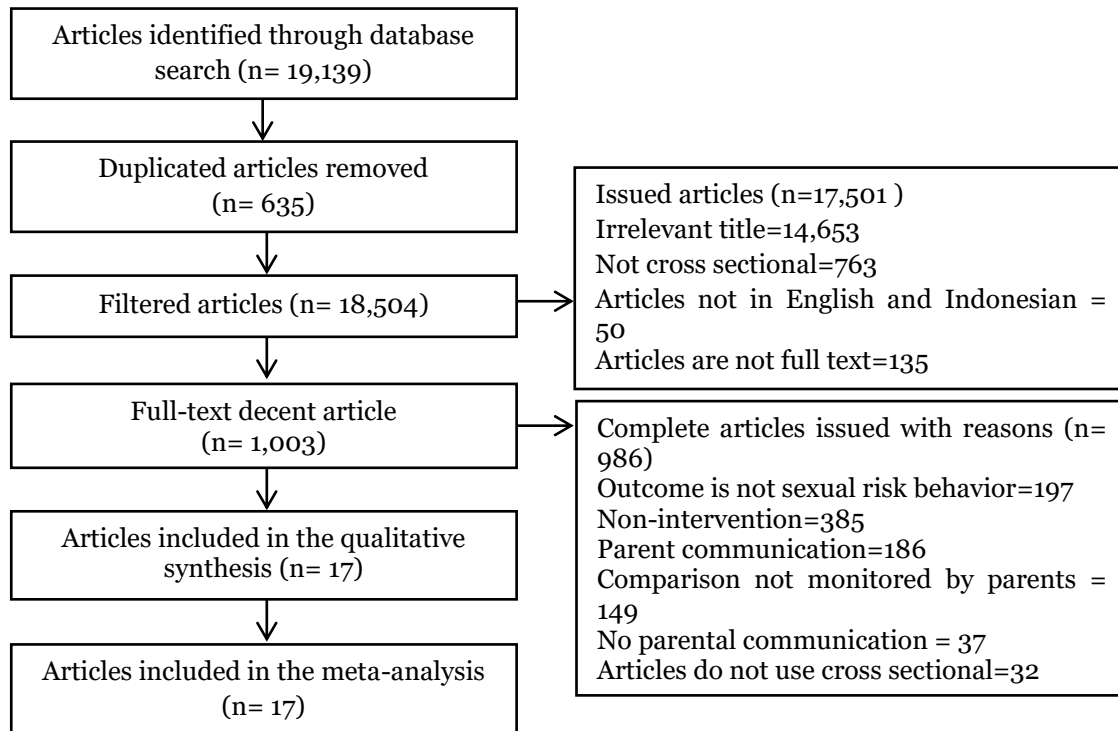


Figure 1. Results of Prisma Flow Diagrams



Figure 2. Research Distribution Map

Figure 2 illustrates where the main study was conducted. In total there were 17 main studies from 4 continents namely Africa, America, Asia and Europe. The main studies are six from Africa and three from America. The two main studies are three from Africa, two from America, two from Asia and one from Europe.

Table 1. Critical Appraisal using CEBM

Primary Study	Criteria												Total
	1	2	3	4	5	6	7	8	9	10	11	12	
Mlunde et al. (2012)	2	2	2	2	2	2	2	2	2	2	2	2	24
Morales-Campos et al. (2012)	2	2	2	2	2	2	2	2	2	2	2	2	24
Yemane Berhanie (2015)	2	2	2	2	2	1	2	2	2	2	2	2	23
Abosetugn et al. (2015)	2	2	2	2	2	2	2	2	2	2	2	2	24
Jones et al. (2017)	2	2	2	2	2	1	2	2	2	2	2	2	23
Alemu et al. (2018)	2	2	2	2	2	2	2	2	2	2	2	2	24
Yimer and Ashebir (2019)	2	2	2	2	2	2	2	2	2	2	2	2	24
Zakaria et al. (2019)	2	2	2	2	2	0	2	2	2	2	2	2	23
Isaksen et al. (2020)	2	2	2	2	2	0	2	2	2	2	2	2	22
Bhatta et al. (2021)	2	2	2	2	2	1	2	2	2	2	2	2	23
Fekadu Wakasa (2021)	2	2	2	2	2	1	2	2	2	2	2	2	23
Patel et al. (2021)	2	2	2	2	2	1	2	2	2	2	2	2	23
Bizuwork et al. (2022)	2	2	2	2	2	1	2	2	2	2	2	2	23

Description of the question criteria:

1. Do the research objectives clearly address the focus/problem of the research?
2. Is the research method (research design) suitable for answering the research question?
3. Is the research subject selection method clearly written?
4. Does the sampling method give rise to bias (selection)?
5. Does the research sample take represent the designated population?
6. Was the sample size based on pre-study considerations?
7. Is the measurement method achievable?
8. Are the research instruments valid and reliable?
9. Was statistical significance assessed?
10. Was a confidence interval given for the main outcome?
11. Are there any confounding factors that have not been taken into account?
12. Are the results applicable to your research?

Description of scoring:

Yes = 2;
 Hesitate=1;
 No =0

Table 2. Summary of cross-sectional primary studies in a meta-analysis of the effect of parental monitoring on sexual risk behavior in adolescents.

Author (Year)	Country	Sample	Study Design	Population	Intervention	Comparison	Outcome
Mlunde et al. (2012)	Tanzania, Africa	2.217	Cross-sectional	High school student	Parental monitoring	No parental monitoring	Condom use
Morales-Campos et al. (2012)	Texas, United States of America	655	Cross-sectional	Middle school students	Parental supervision	Without parental supervision	Sexual risky behavior
Yemane Berhanie (2015)	Ethiopia	723	Cross-sectional	School Youth	Parental monitoring	No parental monitoring	Risky sexual behavior
Jones et al. (2017)	United States of America	702	Cross-sectional	Black adolescent boys (African and American)	Parental monitoring	No parental monitoring	Sexual risky behavior
Alemu et al. (2018)	Ethiopia	1.067	Cross-sectional	School Youth	Parent monitoring	No parental monitoring	Risky sexual behavior
Yimer and Ashebir (2019)	Ethiopia	406	Cross-sectional	School Youth	Parenting, parental monitoring	Without parenting and without parental monitoring	Sexual behavior and reproductive health
Fekadu Wakasa et al. (2021)	Ethiopia	352	Cross-sectional	High school student	Parental monitoring	No parental monitoring	Risky sexual behavior
Patel et al. (2021)	United States of America	543	Cross-sectional	Teenage Girls	Parental supervision	Without parental supervision	Sexual risky behavior
Bizuwork et al. (2022)	Ethiopia	338	Cross-sectional	High school teenager	Parental monitoring	No parental monitoring	Risky sexual behavior

Table 3. Summary of cross-sectional primary studies in a meta-analysis of the effect of parental communication on sexual risk behavior in adolescents.

Author (Year)	Country	Sample	Study Design	Population	Intervention	Comparison	Outcome
Mlunde et al. (2012)	Tanzania, Africa	2.217	Cross-sectional	High school student	Parental communication	No parental communication	Condom use
Morales-Campos et al. (2012)	Texas, United States of America	655	Cross-sectional	High school student	Parent-child communication	No parent-child communication	Risky sexual behavior
Yemane Berhanie (2015)	Ethiopia	723	Cross-sectional	School Youth	Parental communication	No parental communication	Risky sexual behavior
Abosetugn et al. (2015)	Ethiopia	290	Cross-sectional	Adolescents	Parental communication	No parental communication	Risky sexual behavior
Zakaria et al. (2019)	Ethiopia	1.174	Cross-sectional	Teenager	Parent-adolescent communication	No parent-adolescent communication	Risky sexual behavior
Isaksen et al. (2020)	Bangladesh	4.343	Cross-sectional	Teenage girl	General mother-daughter communication	Not common mother-daughter communication	Risky sexual behavior
Patel et al. (2021)	Norway	543	Cross-sectional	Female student	Parent-child communication on issues of sexuality	No parent-child communication about sexuality issues	Risky sexual behavior
Bhatta et al. (2021)	United States of America	594	Cross-sectional	teenage girl	Parental communication	No parental communication	Risky sexual behavior

Table 4. Adjusted odds ratio (aOR) and 95% CI regarding the effect of parental monitoring on sexual risk behavior in adolescents

(Author, year)	aOR	95% CI	
		Lower Limit	Upper Limit
Mlunde et al. (2012)	1.54	0.71	3.37
Morales-Campos et al. (2012)	0.51	0.34	0.75
Yemane Berhanie (2015)	0.52	0.32	0.92
Jones et al. (2017)	1.00	0.98	1.02
Alemu et al. (2018)	2.63	1.12	6.19
Yimer and Ashebir (2019)	0.81	0.51	1.28
Fekadu Wakasa et al. (2021)	0.33	0.14	0.79
Patel et al. (2021)	1.40	0.26	7.62
Bizuwork et al. (2022)	1.11	0.49	2.52

Table 5. aOR and 95% CI data of anxiety on increased alcoholic beverage consumption behavior

(Author, year)	aOR	95% CI	
		Lower Limit	Upper Limit
Mlunde et al. (2012)	1.60	0.76	3.37
Morales-Campos et al. (2012)	1.29	0.76	2.17
Yemane Berhanie (2015)	0.56	0.31	0.94
Abosetugn et al. (2015)	2.02	1.02	4.21
Zakaria et al. (2019)	2.62	1.87	3.66
Isaksen et al. (2020)	0.72	0.61	0.85
Patel et al. (2021)	0.84	0.47	1.51
Bhatta et al. (2021)	1.70	1.29	2.23

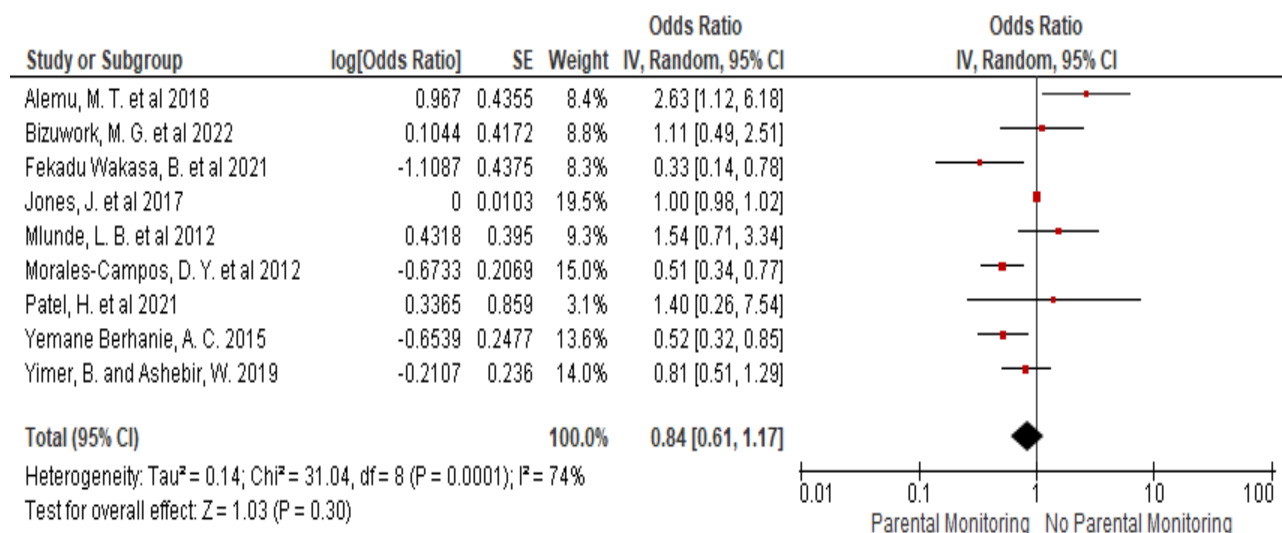


Figure 3. Forest Plot of the influence of parental monitoring on sexual risk behavior in adolescents

The forest plot in Figure 3 shows that there is an effect of parental monitoring on risky sexual behavior in adolescents, but it is not statistically significant. Adolescents with

parental monitoring are likely to reduce risky sexual behavior 0.84 times compared to those without parental monitoring (aOR= 0.84; CI95%= 0.61-1.17; p=0.300).

The forest plot also showed high heterogeneity of effect estimates between primary studies in this meta-analysis ($I^2 = 74\%$; $p =$

0.001). Thus, the calculation of effect estimation is carried out using the random effect model approach.

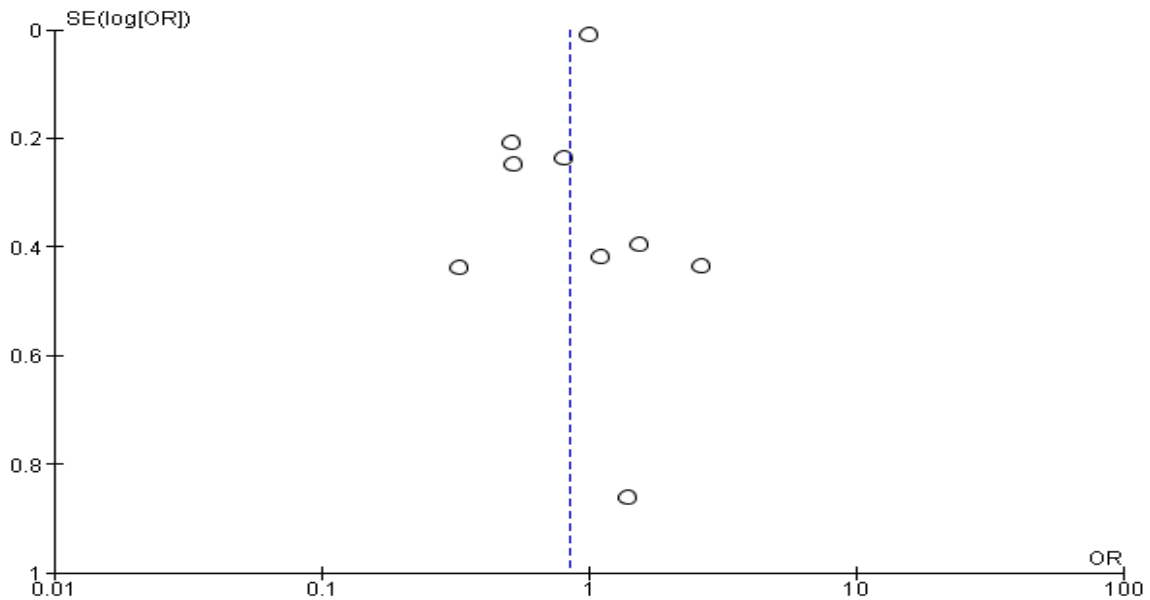


Figure 4. Funnel Plot of the influence of parental monitoring on sexual risk behavior in adolescents

The funnel plot showed asymmetrical to the right and left of the average vertical line of estimation. The effect estimates are located to the right of the average vertical line more than to the left, thus identifying publication bias. Because the distribution of effect estimates is more to the right of the average

vertical line of effect estimates, as opposed to the location of the average estimate in the forest plot image which is located to the left of the vertical line of hypothesis 0, publication bias reduces the true (under-estimated) effect estimate.

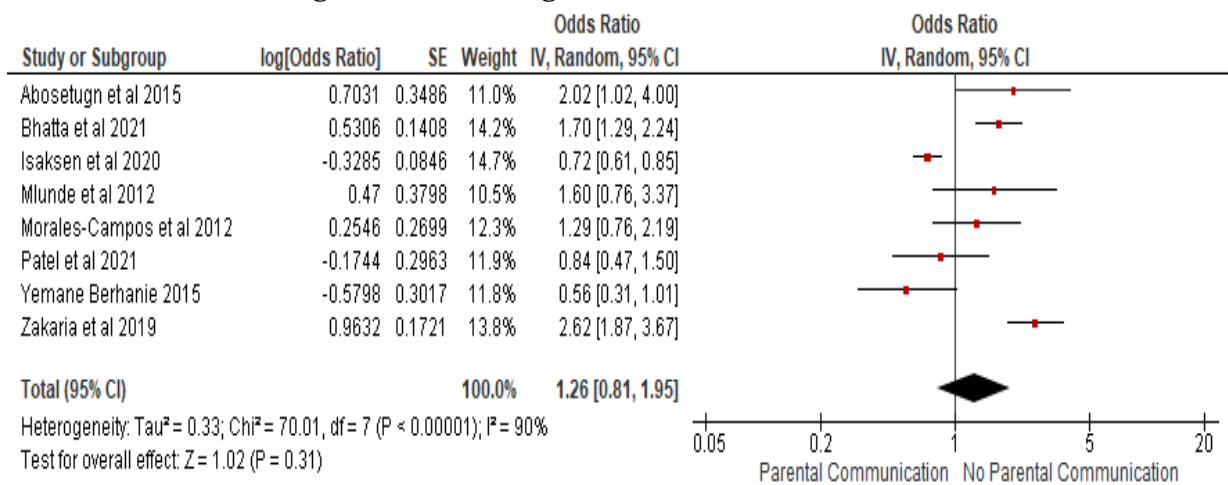


Figure 5. Forest Plot of the influence of parental communication on sexual risk behavior in adolescents

The forest plot in Figure 5 shows that there is an effect of parental communication on risky sexual behavior in adolescents, but it is not statistically significant. Adolescents without parental communication are 1.26 times more likely to engage in risky sexual behavior compared to adolescents who

communicate with their parents (aOR= 1.26; 95% CI 0.81-1.95; p=0.310).

The forest plot also showed high heterogeneity of effect estimates between primary studies in this meta-analysis ($I^2=90\%$; $p<0.001$).

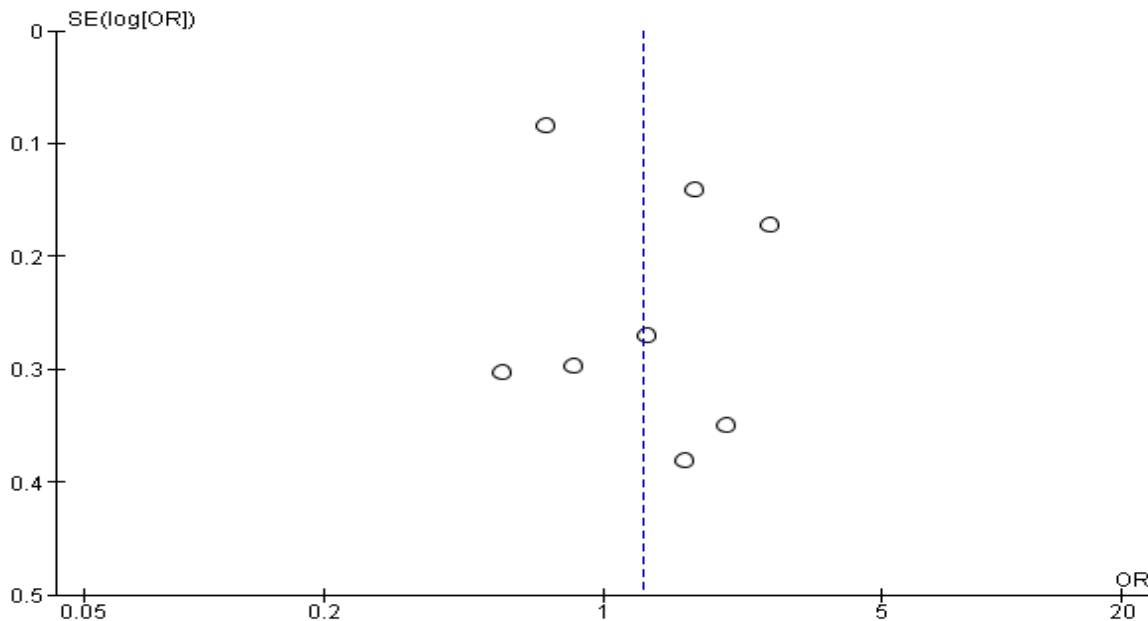


Figure 6. Funnel plot of the effect of parental communication on adolescent sexual risk behavior

Funnel plot Figure 6 presents the influence of parental communication on adolescent sexual risk behavior. The funnel plot shows the distribution of the effect estimates that are not symmetrical to the right and left of the estimated mean vertical line. The effect estimates are located to the right of the average vertical line more than to the left, thus identifying publication bias. Because the distribution of effect estimates is more to the right of the average vertical line of effect estimates, which corresponds to the location of the average estimate in the forest plot image which is located to the right of the vertical line of hypothesis 0, publication bias overestimates the actual effect estimates (overestimates).

DISCUSSION

This systematic review study and meta-analysis takes the theme of the influence of parental monitoring and communication on adolescent sexual risk behavior. The independent variables of this study are parental monitoring and parental communication. The dependent variable of this study is adolescent sexual risk behavior.

This study uses the statistical results of the adjusted odds ratio (aOR) from the results of multivariate analysis which aims to control for confounding factors. This confounding factor causes research results to be invalid because these confounding factors also affect relationships or affect the population studied (Anulus et al., 2019).

1. The effect of parental monitoring on adolescent sexual risk behavior

Parental monitoring is the process of watching children and following what they are doing. This can be monitoring their on-line activity, monitoring their friends and having fun with them and it can be asking them what they are doing and teaching them manners. This monitoring can help ensure that they are kept safe and out of harm's way.

Recent research highlights the need to consider the linkage of parental monitoring and adolescent disclosure to adolescent problem behavior as a child-driven process, i.e. potentially two-way. Whereas adolescent disclosure was consistently found to predict less adolescent problem behavior at the population level, the association of parental monitoring behavior with subsequent problematic behavior may be less clear-cut than previously assumed and the effect of delinquency on subsequent decreased monitoring has occasionally been reported. Future research is needed to clarify whether, when, and for whom parental monitoring can be an effective deterrent to problem behavior (Keijsers, 2016).

The results of this study used a cross-sectional study design using a meta-analysis with adolescents who were not monitored by their parents and were likely to engage in risky sexual behavior 0.84 times compared to parents who monitored their children and the results showed that it was not significant (aOR = 0.84; CI 95 % = 0.61 to 1.17; $p=0.030$). The results of this study indicated a high variation in effect estimates between the primary studies included in this meta-analysis ($I^2=74\%$; $p=0.001$). Thus, the calculation of effect estimation is carried out using the random effect model approach. Weaknesses in meta-analysis are bias in sampling and publication, sampling

bias is caused by differences in each study (Heri, 2018).

2. The effect of parental communication on adolescent sexual risk behavior

Parental communication is good communication between parents and children and is the key to maintaining a strong and respectful relationship. Parental communication can also help increase trust and openness between parents and children. Parents should be good listeners and make sure that they can listen to their children carefully and understand what they are saying. Parents must also provide reasonable reasons for the various policies that parents set, especially if the parents refuse their child's request.

Communication between parents and children is a variable that has received little attention and previous studies have linked it to behavioral problems in adolescence and have also shown that poor communication is a risk factor for problematic behavior (Varela et al., 2013).

The results of data processing using meta-analysis showed that adolescents with parental communication had 1.26 times the risk of sexual behavior compared to those without parental communication, but the effect was not statistically significant (aOR= 1.26; 95% CI 0.81 to 1.95; $p=0.031$). The forest plot showed high heterogeneity ($I^2=90\%$; $p<0.001$). Thus, the calculation of effect estimation is carried out using the random effect model approach.

AUTHOR CONTRIBUTION

Elsa Jumasni Ayu as the main researcher who chose the topic, conducted a search for data collection in this study. Argyo Demartoto and Hanung Prasetya conducted data analysis and reviewed research documents.

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This study is self-funded.

CONFLICT OF INTEREST

There is no conflict of interest in this study.

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REFERENCES

- Abosetugn AE, Zergaw A, Tadesse H, Adisu Y (2015). Correlations between risky sexual behavior and parental communication among youth in dilla town, geddo zone, South Ethiopia. *Biology and Med*, 7(5). Doi: 10.4172/0974-8369-1000253
- Alemu MT, Dessie Y, Gobena T, Mazeingia YT, Abdu AO (2018). Oral and anal sexual practice and associated factors among preparatory school youths in Dire Dawa city administration, Eastern Ethiopia. *PLoS ONE*, 13(11), 1–16. Doi :org/10.1371/journal.pone.0206546.
- Anulus A, Murti B, Prasetya H (2019). Risk Factors of HIV among Male Military Personnels: A Meta Analysis. *J Heal Promot Behav*, 4(3), 178–188. DOI: org/10.26911/thejhpb.2019.04.03.03
- Ayalew M, Mengistie B, Semahegn A (2014). Adolescent - parent communication on sexual and reproductive health issues among high school students in dire dawa, Eastern Ethiopia: A Cross Sectional Study. *Reprod Health*. 11(77)
- Azeze GA, Gebeyehu NA, Wassie AY, Mokannon TM (2021). Factors associated with risky sexual behaviour among secondary and preparatory students in Wolaita Sodo town, Southern Ethiopia; Institution based cross-sectional study. *Afr Health Sci*, 21(4), 1830–1841. Doi: 10.4314/ahs.v21i4.41.
- Bhatta BR, Kiriya J, Shibanuma A, Jimba M (2021). Parent-adolescent communication on sexual and reproductive health and the utilization of adolescent-friendly health services in Kailali, Nepal. *PLoS ONE*, 16(2 February 2021), 1–19. Doi: 10.1371/journal.pone.0246917
- Bizuwork MG, Hailu A, Taderegew MM, Alebie A, Zegeye B (2022). Assessment of risky sexual behaviours and associated factors among adolescents in Shewa Robit Town, Northeast, Ethiopia: a cross-sectional study. *Pan Afr Med J*, 41. Doi : 10.11604/pamj-2022.41.264.25846.
- BKKBN (2019). *Survei Kinerja dan Akuntabilitas Program KKBPK tahun 2018*. Panduan Pewawancara. Jakarta: BKKBN
- CEBM (2014). *Critical Appraisal of a Cross-Sectional Study (Survey) Appraisal questions*. 1.
- Dimbuene TZ, Defo KB. Family environment and premarital intercourse in Bandjoun (West Cameroon). *Arch Sex Behav*. 2012;41(2):351-61.
- Fekadu Wakasa B, Oljira L, Demena M, Demissie Regassa L, Binu Daga W (2021). Risky sexual behavior and associated factors among sexually experienced secondary school students in Guduru, Ethiopia. *Prev Med Reports*, 23, 101398. Doi: 10.1016/j.pmedr.-2021.101398.
- Isaksen KJ, Musonda P, Sandøy IF (2020). Parent-child communication about sexual issues in Zambia: a cross sectional study of adolescent girls and their parents. *BMC Public Health*,

- 20(1), 1–12. DOI: 10.1186/s12889-020-09218-y
- Jones J, Salazar LF, Crosby R (2017). Contextual Factors and Sexual Risk Behaviors Among Young, Black Men. *Am J Mens Health*, 11(3), 508–517. Doi: 10.1177/1557988315617525.
- Keijsers L (2016). Parental monitoring and adolescent problem behaviors: How much do we really know. *Int J Behav Dev*, 40(3), 271–281. Doi: 10.1177/016-5025415592515.
- Kemenkes RI (2018). *Survei Demografi dan Kesehatan Indonesia*.
- Lobis YB, Murti B, Prasetya H (2020). Influences of Peer Support Group and Psychosocioeconomic Determinants on Treatment Compliance in HIV/AIDS Patients: A Path Analysis Evidence from Sragen, Central Java. *J Epidemiol Public Heal*, 5(3), 348–358. Doi: 10.26911/jepublichealth.-2020.05.03.09.
- Mlunde LB, Poudel KC, Sunguya BF, Mbwambo JKK, Yasuoka J, Otsuka K, Ubuguyu O, Jimba M (2012). A call for parental monitoring to improve condom use among secondary school students in Dar es Salaam, Tanzania. *BMC Public Health*, 12(1), 1. Doi: 10.1186/1471-2458-12-1061.
- Patel H, Chambers R, Littlepage S, Rosenstock S, Richards J, Lee A, Slimp A, Melgar L, Lee S, Susan D, Tingey L (2021). The association of parental monitoring and parental communication with sexual and substance use risk behaviors among Native American Youth. *Child Youth Serv Rev*, 129(July), 106171. Doi: 10.1016/j.childyouth.2021.106171.
- Yemane Berhanie AC (2015). Assessment of Parenting Practices and Styles and Adolescent Sexual Behavior among High School Adolescents in Addis Ababa, Ethiopia. *J AIDS Clin Res*, 06(02), 2–6. Doi: 10.4172/2155-6113-1000424
- Yimer B, Ashebir W (2019). Parenting perspective on the psychosocial correlates of adolescent sexual and reproductive health behavior among high school adolescents in Ethiopia. *Reprod Health*, 16(1), 1–9. Doi: 10.1186/s12978-019-0734-5.
- Valera MR, Ávila ME, Martínez B (2013). Kekerasan escolar: Un análisis desde los diferentes contextos de interacción [Kekerasan di sekolah: Sebuah analisis dari konteks interaksi yang berbeda. *Intervensi Psikososial*, 22, 25–32. Doi: 10.5093/in2013a4
- Yemane Berhanie AC (2015). Assessment of Parenting Practices and Styles and Adolescent Sexual Behavior among High School Adolescents in Addis Ababa, Ethiopia. *J AIDS Clin Res*, 06(02), 2–6. Doi: 10.4172/2155-6113-1000424.
- Yimer B, Ashebir W (2019). Parenting perspective on the psychosocial correlates of adolescent sexual and reproductive health behavior among high school adolescents in Ethiopia. *Reprod Health*, 16(1), 1–9. Doi: 10.1186/s12978-019-0734-5.
- Zakaria M, Xu J, Karim F, Cheng F (2019). Reproductive health communication between mother and adolescent daughter in Bangladesh: a cross-sectional study. *Reprod Health*, 16(1), 114. Doi: 10.1186/s12978-019-0778-6.