



Original Research

Level of Knowledge, Attitude About Reproductive Health and Gender with Teenager Sexual Behaviour at SMAN 4 Kendari

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Abstract

To know the correlation between the level of knowledge about reproductive health, attitude about reproductive health and gender with the teenager sexual behavior at SMAN 4 Kendari. The research population is class X and XI SMAN 4 Kendari student which amount 827 people. The sample retrieval technique is proportional stratified random sampling thus gained as much as 270 respondents. Data collection technique are done with an analytic survey through a cross sectional approach. The data analysis technique's using descriptive and inferential statistics. The results: Showed that the men as much as 117 respondents (43,33%), women 152 respondents (56,67%), high level of knowledge as much as 160 respondents (59,26%), level of intermediate knowledge 73 respondents (27,04%), low knowledge level 37 respondents (13,7%), a good attitude as much as 76 respondents (28,15%), a medium attitude 147 respondents (54,44%), a deficient attitude 47 respondents (17,41%), sexual behavior is risk as much as 244 respondents (90,37%), and sexual behavior is not risk 26 respondents (9,63%). The level of knowledge is unrelated to the teenager sexual behavior ($p > 0,05$), attitude is related to the teenager sexual behavior ($p < 0,05$), and gender is related to the teenager sexual behavior ($p < 0,05$).

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1. Introduction

Adolescence is a period of growth and development both physically, psychologically and intellectually. Adolescents in general have a great curiosity, like adventure and challenges and tend to dare to bear the risk of their actions without being preceded by careful consideration so that it can lead to the emergence of physical and psychosocial health problems.¹ One aspect that hinders the productivity of adolescent growth and development is the problem of sexual behavior. According to The 2017 Indonesian Demographics and Health Survey (SDKI) showed that 8% of men and 2% of women aged 15-24 years had sexual intercourse where 19% of adolescents had sexual intercourse for the first time at the average age of 17 years. Teenage boys who claim to have had more premarital sex than teenage girls.³

Sexual behavior puts adolescents at risk of sexually transmitted disease transmission, young marriage, unwanted pregnancy and abortion that will impact the future of the teenager and his family.² Indonesia is among the second countries in ASEAN to have a high percentage of young marriages after Cambodia with the minimum age of women to marry in Indonesia is 16 years old.¹⁰ According to The 2017 Indonesian Demographics and Health Survey (SDKI) found that unwanted pregnancies in women in the 15-19 age group were twice as large (16%) compared to the 20-24 age group (8%). Then 23% of women and 20% of men claimed to know someone or friend who was known to have an abortion³. Based on the 2019 Indonesian Health Profile, it was found that the 15-24 years old age group (adolescents) was the second highest contributor to HIV /AIDS cases after the productive age group (25-49 years), where the proportion of HIV / AIDS was more experienced by men (65% / 69%) than women (35% / 31%).⁴

Sexual behavior is influenced by two factors: external factors and internal factors. External factors that affect family / parents, culture and social, peer influence, poverty, status of residence, mass media, narcotics, alcohol, psychotropics and addictive substances (NAPZA). While internal factors that affect age, gender, experience of sexual intercourse, knowledge of reproductive health, attitudes towards reproductive health, religiosity and lifestyle.⁸

Sexual diseases at risk can occur as a result of a lack of adolescent knowledge about reproductive health. Based on the Indonesian Demographic and Health Survey (SDKI) in 2017 shows that, adolescent knowledge about reproductive health is

inadequate where the percentage of women and men who think women can get pregnant after one sexual intercourse is higher in the age group of 20-24 years compared to the age group of 15-19 years.³ In addition, adolescent attitudes that are relatively poor can cause reproductive health problems and have the opportunity to engage in risky sexual behavior.¹

According to the 2013 Indonesian Demographic and Health Survey (SDKI), Southeast Sulawesi Province is one of the regions with the highest percentage of adolescents who engage in premarital sexual behavior.²⁰ Based on data from BKKBN Sultra in 2016, of the 14,681 teenagers in Kendari who had had a girlfriend, 4% had sexual intercourse.¹⁰ The behavior that adolescents often do in courtship is 88% handrails, 32% kiss lips, and 11% groping/merangsang.¹⁸

From the results of research conducted by Syaputri, et al,²⁵ it was found that there was a difference in sexual behavior between students of SMAN 1 Kendari and SMAN 4 Kendari, where it was found that in SMAN 4 Kendari there were some students who were found directly dating blatantly in the school environment as in the lesson hours found students were alone in the school cafeteria sitting side by side very closely and when no teaching teacher was found. Students are alone at the corner of the class, unlike in SMAN 1 Kendari in accordance with the results of observations of students there are dating but not blatantly in the school environment. Based on the above background, the author is interested in conducting research with the title "Relationship of Knowledge Level, Attitudes about Reproductive Health and Gender with Adolescent Sexual Behavior in SMAN 4 Kendari School Year 2020/2021".

2. Method

This research has been carried out in April - August 2021, located at SMAN 4 Kendari, located on Jl. Jend. Ahmad Yani No. 13A, Bende Village, Kadia District, Kendari City, Southeast Sulawesi. The population in this study is SMAN 4 students from grades X and XI which amounted to 827 students. The research sample was determined using *proportional stratified random sampling* techniques because the population members were heterogeneous and berstrata so that a sample of 270 respondents was obtained.

Data collection is carried out by *analitic survey* technique through a *cross sectional approach*. This research instrument uses a questionnaire format

that contains questions / statements about the variables studied and then circulated to be filled in by respondents. Furthermore, the data will be processed using Microsoft Excel 2010 and *statistical product and service solution* (SPSS) computing program version 26, because this program has statistical analysis capabilities with a fairly high level of validity. The data analysis techniques in this study used descriptive and inferential statistics (*Chi-Square* test). Data that has been processed and analyzed will be presented in the form of tables and graphs.

3. Results

3.1 Descriptive Analysis

Descriptive/univariate analysis is used to see the frequency and percentage on each variable whose processed data results are as follows:

a. Gender Factor

The distribution of respondents by gender can be seen in table 1 below:

Table 1. Distribution of Respondents by Gender

Gender	Frequency (Org)	Percentage (%)
Men	117	43,33
Women	153	56,67
Total	270	100

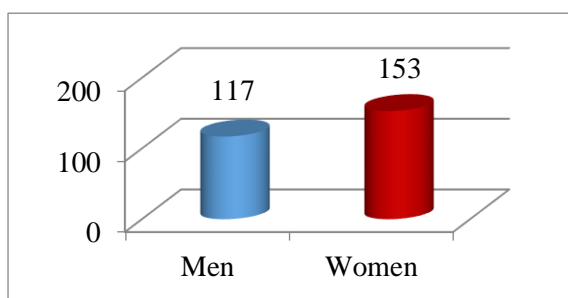


Figure 1. Respondent Gender Distribution

Based on Table 1 and Figure 1 above, it is known that the percentage of male students is 43.33% (117 respondents) and women are 56.67% (153 respondents).

b. Factors of Knowledge Level of Reproductive Health

The distribution of respondents based on the level of knowledge about reproductive health can be seen in table 2 below:

Table 2. Distribution of Respondents Based on Level of Knowledge about Reproductive Health

Knowledge Score Range	Frequency (Org)	Percentage (%)
Tall	76,19 – 100	160
Average	57,14 – 76,19	73
Low	< 57.14	37
Total		270

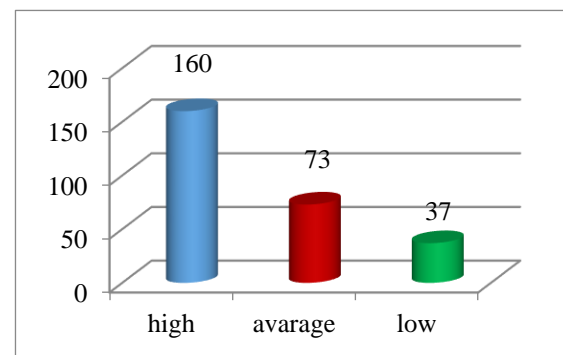


Figure 2. Distribution of Respondents' Knowledge Levels

Based on Table 2 and Figure 2 above, it can be known that the level of knowledge of students with high categories as many as 160 respondents (59.26%), the level of knowledge with the middle category as many as 73 respondents (27.04%), and the level of knowledge with low categories as many as 37 respondents (13.7%).

c. Attitude Factors about Reproductive Health

The distribution of respondents based on attitudes about reproductive health can be seen in table 3 below:

Table 3. Distribution of Respondents Based on Attitudes about Reproductive Health

Attitude	Score Range	Frequency (Org)	Percentage (%)
Good	$X \geq 74$	76	28,15
Medium	$62 < X < 74$	147	54,44
Bad	$X < 62$	47	17,41
Total		270	100

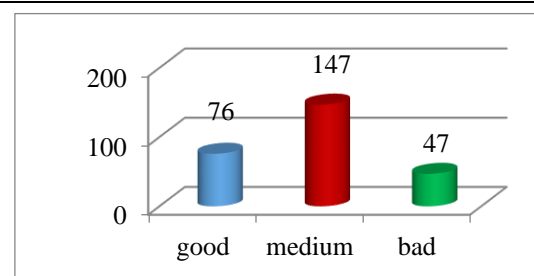


Figure 3. Distribution of Respondents' Attitudes

Based on Table 3 and Figure 3 above, it shows that attitudes with good categories as many as 76 respondents (28.15%), attitudes with medium categories as many as 147 respondents (54.44%), and attitudes with less categories as many as 47 respondents (17.41%).

d. Adolescent Sexual Behavior Factors

The distribution of respondents based on adolescent sexual behavior can be seen in table 4 below:

Table 4. Distribution of Respondents Based on Adolescent Sexual Behavior

Knowledge	Frequency (Org)	Percentage (%)
Non- Risk	244	90,37
At Risk	26	9,63
Total	270	100

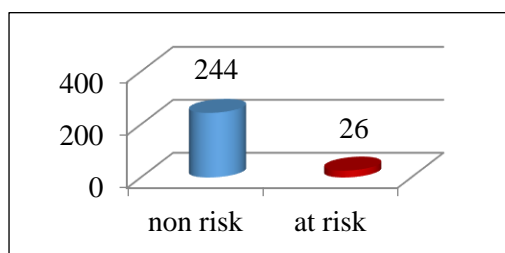


Figure 4. Distribution of Respondents' Sexual Behavior

Based on Table 4 and Figure 4 above, it can be known that behavior with non-risk categories as many as 263 respondents (90.37%) and behavior with risk categories as many as 13 respondents (9.63%).

3.2 Inferential Analysis

Inferential/bivariate analysis is carried out to determine the relationship between free and bound variables whose processed data results are as follows:

a. Relationship of Knowledge Level with Adolescent Sexual Behavior

Based on Table 5 and Figure 5, it shows that the level of knowledge of high category with sexual behavior is not at risk as many as 147 respondents, knowledge of high category blessings with risky sexual behavior as many as 13 respondents, knowledge of middle category with sexual behavior is not at risk as many as 64 respondents, knowledge of intermediate category with risky sexual behavior as many as 9 respondents, knowledge Low category blessings with sexual behavior are not at risk as many as 35 respondents,

and knowledge of low category with risky sexual behavior as many as 4 respondents. From the results of the hypothesis test, $X_{\text{hicalcation}}$ of 1.09 and X_{tabel} of 5.99 with a value of $\rho = 0.58$ so that it can be said that H_0 is accepted and H_1 rejected because $X_{\text{ghibel}} < \text{calculation}$ or $\rho > 0.05$ which means that the level of knowledge about reproductive health is not related to adolescent sexual behavior.

The relationship between students' level of knowledge of reproductive health and adolescent sexual behavior can be seen in table 5 as follows:

Table 5. Chi-Square Test Results between Knowledge Level and Adolescent Sexual Behavior

Knowledge Categories	Score Range	Sexual Behavior		X_{Hit}	X_{Tab}	ρ
		Not at Risk	Risky			
High	76,19 - 100	147	13	1,09	5,99	0,58
average	57,14 - 76,19	64	9			
Low	< 57.14	33	4			
Total		270				

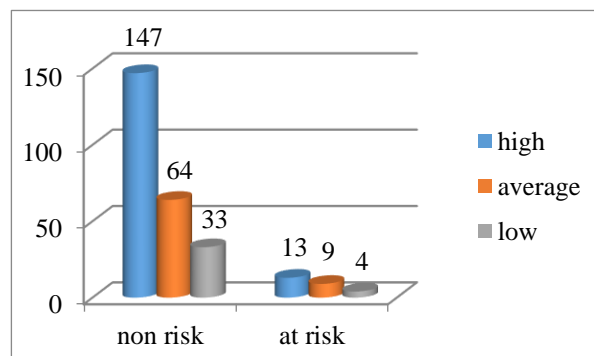


Figure 5. Relationship of Knowledge Level with Sexual Behavior

Based on Table 5 and Figure 5 above, it shows that the level of knowledge of high category with sexual behavior is not at risk as many as 147 respondents, knowledge of high category blessings with risky sexual behavior as many as 13 respondents, knowledge of middle category with sexual behavior is not at risk as many as 64 respondents, knowledge of intermediate category with risky sexual behavior as many as 9 respondents, knowledge Low category blessings with sexual behavior are not at risk as many as 35 respondents, and knowledge of low category with risky sexual behavior as many as 4 respondents. From the results of the hypothesis test, $X_{\text{hicalcation}}$ of 1.09 and X_{tabel} of 5.99 with a value of $\rho = 0.58$ so that it can be said that H_0 is accepted and H_1 rejected

because $X_{ghibel} < \text{calculation}$ or $\rho > 0.05$ which means that the level of knowledge about reproductive health is not related to adolescent sexual behavior.

b. *Attitude Relationship with Adolescent Sexual Behavior*

The relationship between attitudes about reproductive health and adolescent sexual behavior, it was found that good category attitudes with sexual behavior were not at risk as many as 73 respondents, good category attitudes with risky sexual behavior as many as 3 respondents, moderate category attitudes with non-risk sexual behavior as many as 127 respondents, moderate category attitudes with risky sexual behavior as many as 22 respondents, and less categorical attitudes with risky sexual behavior as many as 3 respondents. From the results of the hypothesis test, X_{hibel} was obtained at 6.06 and X_{tabel} by 5.99 with a value of $\rho = 0.05$ and the strength of the relationship was very weak (0.15) so it can be said that H_0 was rejected and H_1 was accepted because $X_{ghicalculation} > X_{tabel}$ or $\rho < 0.05$ which means that attitudes about reproductive health are related to adolescent sexual behavior.

c. *Sex Relations with Adolescent Sexual Behavior*

The relationship between the sex and adolescent sexual behavior, it is known that the sex of men with sexual behavior is not at risk as many as 96 respondents, the male sex with sexual behavior is at risk as many as 21 respondents, the gender of women with sexual behavior is not at risk as many as 148 respondents, and the gender of women with sexual behavior is at risk as many as 5 respondents. From the results of the hypothesis test, $X_{calculation}$ of 16.20 and X_{tabel} of 3.84 with a value of $\rho = 0.00$ and the strength of the relationship is weak (0.24) so that it can be said that H_0 is rejected and H_1 is accepted because $X_{calculation} > X_{tabel}$ or $\rho < 0.05$ which means that the gender about reproductive health is related to adolescent sexual behavior.

4. Discussion

Relationship between Level of Knowledge about Reproductive Health and Adolescent Sexual Behavior

Most students tend to have a high knowledge about reproductive health, where based on table 5 known students who have high knowledge as many as 160 respondents. According to Pakaja,¹³ the level of knowledge can affect adolescent sexual behavior, where the higher the level of knowledge

a person has, the less risk to have sexual intercourse.

Knowledge is the basis for the formation of one's behavior,¹³ but changes in knowledge do not always cause changes in behavior. According to Putri, et al,¹⁶ a person's sexual behavior is formed not only from knowledge but the need for an assessment process by uniting science, attitudes and the environment so as to influence the formation of sexual behavior.

The results of the study on the level of knowledge about reproductive health with adolescent sexual behavior based on table 4.9, known $X_{calculation} < X_{tabel}$ or $\rho > 0.05$ which means that the level of knowledge about reproductive health is not related to adolescent sexual behavior. This illustrates that adolescents will be able to behave sexually at risk even though their knowledge of reproductive health is quite high. These results contradict research conducted by Entjaurau, et al,⁶ which concluded that there is a relationship between knowledge about reproductive health and adolescent sexual behavior.

This is suspected to happen because most teenagers gain knowledge about reproductive health through the media (internet) which usually contains information that is less precise and contains more pornographic elements so that it can cause misperceptions and can encourage adolescents to behave negatively. According to Sukrelawati,²⁴ the existence of social media (internet) containing negative images or articles that have not been deleted by the authorities can be the biggest contributor to the influence on adolescent attitudes and behavior.

Adolescents who have good knowledge without having a good attitude and efficacy can fall into risky sexual behavior. This is because education about reproductive health is delivered without being accompanied by the cultivation of moral attitudes and values so that it will not have much effect on adolescent sexual behavior.²³ Then according to Sarwono,²¹ teenagers who are in an inquisitive period and want to try will imitate what is seen or heard from the mass media because in general teenagers have never known the full sexual problems of their parents.

These results are in line with research conducted by Fadhlullah, et al,⁷ which concluded that there is no relationship between the level of reproductive health knowledge and adolescent sexual behavior. In addition, supported also by Maelissa, et al,¹¹ in his research concluded that there is no relationship between the level of reproductive health knowledge and adolescent sexual behavior.

Adequate information and knowledge are not indicators that adolescents can avoid sexual behavior. That is, sufficient knowledge does not guarantee that adolescents can avoid sexual behavior, but with the knowledge that is half-hearted then supported by the characteristics of adolescents who are curious can cause the desire of adolescents to channel their curiosity by trying to do things that have never been done so that they finally continue to perform sexual behavior from mild to severe.¹

Relationship between Attitudes about Reproductive Health and Adolescent Sexual Behavior

Most students tend to have attitudes about reproductive health that are towards reproductive health, where based on table 6, it is known that students who have a moderate attitude as many as 147 respondents. From the results of the hypothesis test in table 4.6, $X_{\text{hicalc}} > X_{\text{tabel}}$ or $\rho < 0.05$ which means that attitudes about reproductive health are associated with adolescent sexual behavior with low relationship fatigue (0.15). These results are in line with research conducted by Septiani,²² which concluded that attitudes about reproductive health have a significant association with adolescent sexual behavior. Then supported by Tasidjawa, et al.,²⁶ in his research stated that there is a relationship between attitudes about reproductive health and adolescent sexual behavior. In addition, supported also by Entjaurau, et al.,⁶ in his research concluded that there is a relationship between attitudes about reproductive health and adolescent sexual behavior.

This is allegedly due to moral and ethical values in students instilled by teachers and parents so that students are able to determine a good attitude towards something, either a *favorable* attitude or an *unfavorable* attitude depending on the understanding and point of view of students who are adjusted to their moral and ethical values. According to Palupi and Dian,¹⁵ a person's positive /good attitude will lead to positive /good behavior towards an object.

Attitudes and self-efficacy are important factors that affect adolescent sexual behavior. A person who has a positive attitude (good) assumes that having sexual intercourse before marriage is wrong and violates norms and religion, but on the contrary someone who has a negative attitude (less good) tends to risk behaving according to his perception because he considers that sexual intercourse before marriage is commonplace and okay. In addition, there are other factors that can affect attitudes, namely social environmental factors, situations and opportunities that can cause

their behavior to be inconsistent with their knowledge and attitudes.⁶

The formation and change of attitudes is determined by the way individuals respond selectively to the environment, either rejecting or accepting stimuli from the environment.²⁵ The dividing line between something that can and should not be done is obtained from education (school) and parenting that is very instrumental in determining an individual's attitude towards something. According to Septiani,²² attitudes are influenced by various factors, one of which is the environment that serves as a control in influencing attitudes towards the occurrence of sexual behavior. The environment is a condition that affects a person's development and behavior, where if in responding to the environment stick to the guidance of religion and norms that apply in society it will lead to his good, and vice versa.

Relationship between Sex and Adolescent Sexual Behavior

Most of the students were female as many as 117 students (43.33%), while male students only amounted to 153 students (56.67%). This is due to the student population in SMAN 4 kendari dominated by female students where based on student data it is known that of the 827 students consisting of 469 female students and 358 male students. Based on the results of research on sex relations with adolescent sexual behavior in table 7, it can be found that $X_{\text{calculation}} > X_{\text{tabel}}$ or $\rho < 0.05$ which means that sex is related to adolescent sexual behavior with low relationship fatigue (0.24). This is thought to be due to the association between teenage boys and women who are increasingly free which is accompanied by the emergence of sexual desire due to hormonal changes, but due to the norm where parents are more protective in adolescent girls than men so that men tend to have a greater chance of sexual behavior at risk.

According to Sarwono,²¹ hormonal changes in adolescents result in increased sexual desire so that adolescents need distribution in certain forms of behavior. According to Risnawati (2016: 345-347), most teenage boys open/watch porn sites more often and engage in sexual behavior than women. The existence of looser norms for men than women resulted in men tending to be more free to do things. Parents are more protective in adolescent girls than men so it can be understood if men have a greater chance of sexually behaved at risk than women.¹²

This result is in line with research conducted by Rahayu, et al.,¹⁷ in his research which states that there is a relationship between the sex and student

sexual behavior. Then supported by Theresa, et al,²⁷ in her research concluded that there is a meaningful relationship between the sexes and sexual behavior. Furthermore, risnawati¹⁹ in her study concluded that most male respondents engaged in more premarital sexual behavior.

5. Conclusion

Based on data analysis and discussion it can be concluded that: The level of knowledge about reproductive health is not related to adolescent sexual behavior in SMAN 4 Kendari ($\rho < 0.05$). This is possible because although most students have high knowledge, the source of information obtained is incorrect or incorrect. In addition, the presence of social environmental factors, influences from peers, situations and opportunities can encourage adolescents to behave negatively. Attitudes about reproductive health are associated with adolescent sexual behavior in SMAN 4 Kendari ($\rho < 0.05$) with very low relationship fatigue (0.15). This is possible because ethical and moral values in adolescents that have been instilled from childhood to adolescence by teachers and parents so that it determines their attitude towards something, whether the attitude of *support (favorable)* or *unfavorable attitude* depends on understanding and viewpoints that are adjusted to the ethical and moral values they have.

Gender is associated with adolescent sexual behavior in SMAN 4 Kendari ($\rho < 0.05$) with low relationship strength (0.25). This is possible because the association between adolescent boys and women is increasingly free accompanied by the emergence of sexual desire due to hormonal changes can encourage adolescents to engage in sexual behavior. In addition, the existence of a norm where parents are more protective in adolescent girls than men resulting in men tending to be free in behavior so that there is a greater chance of sexual behavior risky.

Based on the above conclusions, it can be found that the Education Office (School) is expected to make more efforts to hold counseling on reproductive health and sex education so that students can get the right and correct information. Adolescents are expected to use technology intelligently and avoid pornographic content because it can affect sexual behavior and adolescents should be able to develop their potential by doing positive activities so that they can fill their free time with useful things, and for researchers who want to do research with the same problem can conduct a comparative study (comparison) of this study with more references.

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Author's Contributions

AD and SH contributed to preparing and checking the completeness of tools; MS contributed to control the condition of the samples according to the research design; AN contributed to observing and measuring, and administering; R contributed to assisting with data collection measurements and tabulation of research results; NA contributed to editing and administering of research approval to the documentation of research results. All author have read and approved the contents of the final manuscript.

Conflict Of Interest

The authors had no conflict of interests regarding with respect to the authorship and/or publication of this paper

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