

What Drives Adolescent Sexual Behavior in Dormitories: Freedom or Influence?

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ABSTRACT

Background: Similar to teenagers his age, teenagers who live in dormitories also experience sexual attraction and are curious to try new things. **Objectives:** This study aims to investigate the sexual behavior of adolescents living in dormitories. **Methods:** The cross-sectional method was used on 147 students using the proportionate random sampling technique. The dependent variable in this study is pupils' characteristics (sex, age, and puberty status), while the independent variable is the behavior of pornography consumption (content, context, onset, frequency, media, duration, reason, and peer influence). The data obtained were then analyzed by univariate and independent sample t-tests. **Results:** Most of the respondents in this study were women (77.6%), aged 19-26 years (71.4%), and diploma graduates (53.7%). There is no correlation between knowledge and attitude about reproductive health toward practicing sexual behavior among adolescents in dormitories. Age and education are related to adolescents' knowledge about reproductive health, while gender affects adolescents' practices in sexual behavior. **Conclusion:** It suggests improving adolescents' skills to resist pressure from peers and boy/girlfriends. It is needed to create a safe and supportive environment for adolescent development. A well-rounded educational program should include information about reproductive health, healthy relationships, and communication in relationships. Joint efforts from parents, educators, and the community are needed to create a safe and supportive environment for adolescent development.

Keywords: attitude, boarding school, dormitory, knowledge, reproductive health, sexual behavior

INTRODUCTION

Adolescence is one of the phases in human life. This is a critical phase because it is a transitional stage from childhood to adulthood. At this time, the desire to find identity and gain recognition from family and the environment is high. Sometimes to get recognition from their environment, teenagers do things beyond ethics and rules (Hoffmann-Wróblewska, Janik and Zawiślak, 2021).

School is an extension of the family in laying the foundation of behavior for the next life of the child, including healthy behavior. Meanwhile, the population of adolescents in a community is quite large, between 40% - 50%. Therefore, health promotion in schools is very important. Including schools, are Islamic boarding schools which are non-formal educational institutions that still

do not have many interventions in terms of health. Health education in schools is a human investment for the nation (Haruna, Hu and Samuel, 2018; Rizkianti *et al.*, 2020; Sa, Tian and Wang, 2021).

The process of maturation of adolescents of high school age/equivalent has become more prominent and exposure to external influences that can damage healthy living behaviors has become very vulnerable, such as smoking, liquor, narcotics and drug abuse, sexual deviation, and other acts of violence (Shaluhayah, Musthofa, *et al.*, 2020). Health education programs in this group should be integrated into the adolescent health program if it already exists. Therefore, the existence of educational institutions that may have an informal status but very potential should not be ignored (Kemigisha *et al.*, 2019).

Indonesian adolescents are currently experiencing increased

vulnerability to various health risk threats, especially those related to reproductive health, including increased threats from Sexual Transmission Infections (STI), HIV/AIDS, unwanted pregnancy, and abortion, which have received global attention. Other problems related to drugs, liquor, cigarettes, bullying, promiscuity, and violence against children/adolescents (Karna *et al.*, 2011; Shu *et al.*, 2016; Nyoko and Hara, 2020; Shaluhayah, Suryoputro, *et al.*, 2020; Indraswari *et al.*, 2023). Based on a preliminary study, it is reported that adolescents who live in a dormitory or boarding school experience a similar problem. The health problems that are often faced are those related to skin diseases (scabies), malnutrition, and reproductive health including menstrual personal hygiene, and the risk of contracting HIV/AIDS (Mustikawati, Prabamurti and RatihIndraswari, 2017; Basri *et al.*, 2024; Luo *et al.*, 2024; Round, 2024).

Adolescents who live in Islamic dormitories or boarding schools are adolescents who have natural sexual desires like other general adolescents. The difference is that they get more religious lessons that should be a guideline for life in behavior. This guideline is in line with the teachings of healthy living behavior, including the prohibition of premarital sex. Based on preliminary studies, it is known that some adolescents who live in Islamic boarding schools engage in dating experiences. They had and still have boy/girlfriends. Lack of parental control may trigger risky behaviors in dating activities (Handayani *et al.*, 2024). This study aims to investigate sexual behavior in adolescents living in dormitories. This research stands out due to its focus on the unique social dynamics of adolescents living in dormitories, particularly in an Indonesian context where cultural, religious, and educational influences are deeply intertwined. Compared to other studies, it provides a more nuanced understanding of the interplay between knowledge, attitude, and sexual behavior in a structured dormitory environment.

METHODS

This study is a quantitative study using a descriptive approach and a cross-

sectional study design. The population that became the subject of this research were pupils in fourth and fifth grade at the 4 public elementary schools in Semarang (SD Negeri Tlogosari Kulon 01, SD Negeri Muktiharjo Kidul 03, SD Negeri Pedurungan Tengah 02, and SD Negeri Tlogosari Wetan 02) which amounted to 289 pupils. The four schools were selected based on the response rate of informed consent from the pupils' parents. Not all parents allow their children to participate in this research because of the research topic that is considered taboo in Javanese people. We exclude schools with response rates under 80% to minimize the bias. (Fincham, 2008) The sample in this study is determined using a simple random sampling technique. The sample size was determined based on the Lemeshow formula, and the sample for this study was 261 respondents.

The data in this study were taken using a questionnaire filled directly by the pupils after the school activities were over on March 26th - April 8th, 2022. The researchers also state that the research continues to use health protocols due to the COVID-19 pandemic situation. The dependent variable in this study is pupils' characteristics (sex, age, and puberty status), while the independent variable is the behavior of pornography consumption (content, context, onset, frequency, media, duration, reason, and peer influence). The data obtained were then analyzed by univariate and independent sample t-test.

This research has been approved by ethics committee of Faculty of Public Health, Universitas Diponegoro No. 290/EA/KEPK-FKM/2020.

RESULTS AND DISCUSSION

Most of the respondents in this study were women (77.6%), aged 19-26 years (71.4%). At this age, there is an increase in reproductive hormone activity, ongoing brain development, and the formation of self-identity. This can certainly be accompanied by emotional instability or often impulsive decision-making (Wiglesworth *et al.*, 2024). Many Indonesian teenagers in this transition period are experiencing challenges adapting to their changing lives, difficulty managing their time, and experiencing an increase in loneliness when studying and

migrating to cities far from where they live (Safaria, Saputra and Arini, 2024). Most of the respondents have graduated from high school and are studying in Semarang City.

Table 1 shows that as many as 81% of respondents come from outside the city of Semarang. Some others come from Semarang City, but they still live in the dormitory every day. The transition of adolescents to adulthood is filled with various challenges and new experiences that require responsibility for any decisions or choices they make. By being in the dormitory, teenagers are expected to be independent and hone their sense of responsibility (Dwiputra and Halimi, 2022). This is in line with the beginning of a decrease in parental control. Weak parental control is often used by teenagers to try new things that have negative values in society. Triggered by hormones, weak parental control, and a desire to try new things, it can lead to health-risky sexual behaviors in adolescents' dating activities (Widjanarko *et al.*, 2022).

Based on Table 2, it is reported that 19.73% of students allow their boy/girlfriend to come into their room. It shows the level of intimacy and trust in their relationship. However, it can also be an indicator of riskier sexual behavior, as the private space is often a place for sexual exploration. Living in a dorm usually provides greater freedom for teenagers, allowing them to explore their identities and relationships (Chaudhary *et al.*, 2024). They also experienced

watching porn movies together with their boy/girlfriend. Watching porn with your partner can be a form of sexual exploration. This is often seen as a way to reinforce closeness in relationships, but it can also affect unrealistic expectations and norms regarding sexuality (Hesse and Floyd, 2019).

As much as 6.12% of students who lived in dormitories have had sexual intercourse before marriage. This number may sound low, but it's important to note that it only includes those who are willing to report their experiences. The actual number may be higher, especially when considering the social stigma that is often attached to this behavior. In dorms, they frequently have greater freedom to act without parental supervision (Shaluhayah, Suryoputro, *et al.*, 2020).

Table 1. Respondent characteristic

Characteristic	n	%
Sex		
Male	33	22.4
Female	114	77.6
Age		
15-18 y.o.	42	28.6
19-26 y.o.	105	71.4
Origin		
Semarang	28	19
Another city	119	81
Education		
Junior high school	4	2.8
Senior high school	26	17.7
Diploma	79	53.7
Undergraduate	38	25.9
Total	147	100.0

Source: Primary data, 2023

Table 2. Sexual behavior among adolescents

Variable	n	%
I have had sex before marriage	9	6.12
My boy/girlfriend came into my room	29	19.73
My boyfriend and I watched porn videos together	11	7.48
I can not refuse my boy/girlfriend when they ask for sex	14	9.52
I do not refuse to have sex for religious reasons	11	7.48
I am not worried about getting pregnancy	18	12.24
I am worried about getting an STI	20	13.61
I am worried about getting left by my boy/girlfriend	6	4.08
I have sex because my friends have done it too	4	2.72

Source: Primary data, 2023

Table 3. Crosstab between sex, age, origin, and education toward knowledge, attitude, and sexual practice

Variable	Knowledge			p-value	Attitude			p-value	Practice			p-value
	Low	Moderate	Good		Permissive	Less permissive	Good		Moderate	Risky		
Sex				0.449			0.654				0.001*	
Male	3	13 (39.4)	17		2 (6.1)	31 (93.9)		14	10 (30.3)	9		
Female	(9.1)	36 (31.6)	(51.5)		5 (4.4)	109 (95.4)		(42.4)	15 (13.2)	(27.3)		
	6		72					95		3		
	(5.3)		(63.2)					(84.2)		(2.6)		
Age				0.001*			0.408				0.932	
15-18 yo	3	30 (71.4)	9		3 (7.1)	39 (92.9)		31	7 (16.7)	4		
19-26 yo	(7.1)	19 (18.1)	(21.4)		4 (3.8)	101 (96.2)		(73.8)	18 (17.1)	(9.5)		
	6		80					79		8		
	(5.7)		(76.2)					(75.2)		(7.6)		
Origin				0.706			1.000				0.789	
Semarang	2	11 (39.3)	15		1 (3.6)	27 (96.4)		20	6 (21.4)	2		
Another city	(7.1)	38 (31.9)	(53.6)		6 (5.0)	113 (95.0)		(71.4)	19 (16.0)	(7.1)		
	7		74					90		10		
	(5.9)		(62.2)					(75.6)		(8.4)		
Education				0.001*			0.339				0.815	
Junior high school	2	2 (50.0)	0 (0)		0 (0)	4 (100)		2	1 (25.0)	1		
Senior high school	(50.0)	20 (76.9)	3		3 (11.5)	23 (88.5)		(50.0)	6 (23.1)	(25.0)		
Diploma	3	18 (22.8)	(11.5)		2 (2.5)	77 (97.5)		18	12 (15.2)	2		
Undergraduate	(11.5)	9 (23.7)	60		2 (5.3)	36 (94.7)		(69.2)	6 (15.8)	(7.7)		
	1		(75.9)					62		5		
	(1.3)		26					(78.5)		(6.3)		
	3		(68.4)					28		4		
	(7.9)							(73.7)		(10.5)		

Note: *Significant

This can encourage sexual exploration, but it also carries risks that need to be understood in depth. They face various pressures, both within themselves and the surrounding environment. Peer influence is one of the main factors. Teens often feel pressured to have sexual intercourse when they see their friends doing the same (Indraswari *et al.*, 2022). In this study, it was found that as many as 2.72% of adolescents have sexual intercourse because their friends have also had sex. Group norms can create the perception that sexual intercourse is part of normal development and is socially acceptable (Widman *et al.*, 2016).

There are various reasons why teenagers do premarital sexual intercourse, including not being able to refuse their boyfriend's invitation (9.52%). This can be caused by a fear of losing a relationship or a desire to please a partner. The inability to resist can reflect the power dynamics in the relationship, where one party may feel more dominant (Maimunah, 2019).

As many as 12.24% of respondents are not afraid of the incidence of unwanted pregnancy that may be experienced by themselves or their partners, and 13.61% of respondents are also not worried about the possibility of

contracting STI. In other words, the majority of responders ignored the probability and risk of pregnancy after sex. This study showed that the total knowledge of the majority of students was moderate and good. This means that adolescents who have good knowledge do not necessarily stay away from the practice of premarital sexual intercourse. Based on the data of this researcher, it was found that some students agreed with sex before marriage. This attitude could lead them to hazardous behaviors. Moreover, this could be synergized with insufficient knowledge of students to deal with sexual and reproductive issues (Kahdoei *et al.*, 2024).

In the world, men tend to show more risky behaviors than women. This difference occurs partly because of expectations and social norms that play an important role in shaping stereotypes between men and women. Some studies show that women tend to have risky sexual intercourse more easily due to weak decision-making power (Kahdoei *et al.*, 2024).

Table 3 shows that age and education are related to adolescents' knowledge about reproductive health. Older and more educated teenagers generally already understand the dangers of risky sexual behavior. Adolescents at

this age are already able to make decisions more rationally and think about the long-term consequences that may arise from their decisions (Wijayati, 2017).

Sex related to the practice of premarital sexual intercourse in adolescents living in dormitories. Adolescents with sexual practices are more at risk in female than male adolescent. Female are the subjects who suffer more in premarital sexual behavior because of the potential pregnancy they carry. In this study, it was found that male adolescent was more engaged in risky sexual behavior. Many teens do not feel worried about the consequences of sexual intercourse. Ignorance or neglect of risks such as unwanted pregnancies, sexually transmitted infections, or violations of religious teachings are often the reasons behind their decisions. The lack of adequate sexual education can also contribute to this attitude (Khadr *et al.*, 2016; Widjanarko *et al.*, 2023).

Inadequate sexual education at school or home often leaves teens without enough information to make informed decisions about sexual health. In many cases, this education only emphasizes prohibitions without providing useful information about risks and responsibilities. The risk of unwanted pregnancies and sexually transmitted

infections is a major concern. Adolescents who engage in unprotected sexual relationships are at high risk of facing serious health consequences (Peçi, 2017).

In addition to the physical risks, there are also emotional impacts to consider. Teens often experience emotional distress after engaging in sexual relationships, especially if they feel unprepared or if the relationship ends. Teens who engage in sexual relationships before marriage may face stigma from friends or society. This stigma can exacerbate mental health problems and add to the sense of shame or regret (Smith *et al.*, 2016; Moseson *et al.*, 2019).

Table 4 shows that knowledge and attitudes are not related to risky sexual practices. The absence of a relationship between adolescents' knowledge and attitudes about reproductive health and premarital sexual practices among adolescents living in dormitories indicates the complexity of adolescent sexual behavior. While education and positive attitudes toward reproductive health are important, they are not enough to discourage risky sexual behaviors. Social, emotional, and environmental factors play a more significant role in determining sexual behavior (Indraswari *et al.*, 2022).

Table 4. Crosstab between knowledge and attitude toward the sexual practice

Variable	Practice			p-value
	Good	Moderate	Risky	
Knowledge				0.298
Low	6 (66.7)	3 (33.3)	0 (0)	
Moderate	40 (81.6)	5 (10.2)	4 (8.2)	
Good	64 (71.9)	17 (19.1)	8 (9.0)	
Attitude				0.435
Less permissive	5 (71.4)	2 (28.6)	0 (0)	
Permissive	105 (75.0)	23 (16.4)	12 (8.6)	

Reproductive health knowledge includes an understanding of reproductive function, health risks associated with sexual behavior, and ways to prevent unwanted pregnancies and sexually transmitted infections (STIs). While many adolescents may have basic knowledge about reproductive health through sexual education in school, that knowledge often does not cover relevant practical or emotional aspects. Often, the material presented is theoretical and does not reflect the reality faced by adolescents in

the boarding environment (Grose, Grabe and Kohfeldt, 2014).

Attitudes refer to the views and values held by individuals related to reproductive health and sexual behavior. These attitudes can be positive or negative, depending on experience, education, and social environment. While adolescents may have positive attitudes toward reproductive health, they don't always translate into more responsible behavior (Brunelli *et al.*, 2022). This can be caused by a variety of external factors

that are stronger than the individual's attitude or knowledge.

Many teens engage in premarital sexual practices despite knowing the risks and consequences. Some factors that can influence this practice include peer influence, limited access to information and resources, and a desire to be accepted. Pressure from friends to engage in sexual activity can be stronger than an individual's knowledge or attitude. Teens may engage in sexual relationships to gain acceptance or validation from a partner or group of friends (Widman *et al.*, 2016; Indraswari *et al.*, 2022; Wiglesworth *et al.*, 2024).

Living in a dorm provides a unique social dynamic. Greater freedom and lack of parental supervision can lead to sexual exploration, regardless of adolescents' knowledge and attitudes. Emotions and the need for closeness often influence teenage romantic relationships (Espinosa-Hernández *et al.*, 2020). In many cases, adolescents may engage in sexual practices not because of a lack of knowledge, but rather because of emotional and social influences. Although knowledge of risk exists, many teens rationalize their behavior by thinking that they will not experience negative consequences, or feel that it will not happen to them (Reyna and Farley, 2006). This attitude can lead to risky sexual behavior even if the knowledge is quite good.

The intersection of freedom and influence creates a unique dynamic in dormitory settings. While the freedom to explore relationships can lead to positive development, such as emotional growth and self-discovery, it also increases the likelihood of risky behavior when combined with peer pressure. This duality highlights the importance of a structured environment that balances independence with guidance. This study underscores that both freedom and influence significantly shape adolescent sexual behavior in dormitories, and addressing these factors holistically is key to fostering healthy development.

The limitations of this study were the practice questions on sexual behaviors. Despite all of the efforts we made to maximize participants' trust, it seems that some of the participants refused to give a real answer to the mentioned questions.

CONCLUSION

There is no correlation between knowledge and attitude about reproductive health toward practicing sexual behavior among adolescents in dormitories. Age and education are related to adolescents' knowledge about reproductive health, while gender affects adolescents' practices in sexual behavior. The sexual behavior of adolescents in dormitories is a complex and multifaceted issue. While there are a variety of reasons that drive this behavior, it's important to understand that teens need adequate support and information to make responsible decisions. A well-rounded educational program should include information about reproductive health, healthy relationships, and communication in relationships. It should also teach skills to resist pressure from peers and girlfriends. Joint efforts from parents, educators, and the community are needed to create a safe and supportive environment for adolescent development. Designers of adolescent reproductive health programs need to consider separating classes based on sex in the provision of reproductive health education or interventions.

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