

ORIGINAL ARTICLE

Premarital Sex Behavior Among Adolescent: The Influence of Subjective Norms and Perceived Behavioral Control Toward Attitudes of High School Student

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ABSTRACT

Introduction: Modernization has brought shifts in social norms especially in adolescents, including their sexual behavior. Girls between the ages 15-19 about 38 million were at risk of pregnancy, 21 million of adolescents had pregnancy experience, and 49% of them were unwanted pregnancies. The aim of the study was to determine the influence of subjective norms and behavioral controls on adolescent attitudes to prevent premarital sex behavior. **Methods:** This quantitative study used a cross-sectional study design. Data were taken using questionnaires that tested for validity and reliability. The population in this study was high-school students in Trenggalek Regency in East Java Indonesia as one of the regencies with increasing problems related to premarital sexual behavior. The population of this study was high-school students of first grade, second grade, and third grade as the majority of adolescents that conducted the premarital sex behavior were among that age range. **Results:** 97.3% of students have positive norms conducive to prevention of premarital sex behavior and 98.7% of students have behavioral controls and positive attitudes to prevent premarital sex. **Conclusion:** Subjective norms and perceived behavioral controls in this study did not affect adolescent attitudes to prevent premarital sex behavior.

Keywords: Subjective norms, Behavior control, Attitudes, Premarital sex

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INTRODUCTION

The forms of sexual behavior are varies and range from feelings of interest to dating behavior to intercourse (1). According to WHO, 38 million girls between the ages 15-19 are at risk of pregnancy. Adolescents who experience pregnancy each year amounted to about 21 million, and 49% of them were unwanted pregnancies (2).

In Indonesia, 97% percentage of adolescents who have watched of pornographic movies, 93.7% had a kiss of genital stimulation and oral sex, 62.7% adolescents admitted that they had sexual intercourse and 21.2% of them had an abortion (3). Unmarried adolescents age 15-24 years old who have had premarital sexual intercourse were 0.9% of women and 8.7% of men in urban areas as well as 1.0% of women and 7.8% of men in rural areas (4).

The impacts of premarital sex behavior make adolescents vulnerable to reproductive diseases such as

sexually transmitted infections and the transmission of HIV and AIDS, unwanted pregnancies, abortion, drug use, and psychological disorders that lead to decreased confidence, stress, and depression (5, 6, 7). Based on data released by the Ministry of Health of the Republic of Indonesia in 2008 mentioned that 15,210 people living with HIV and AIDS in Indonesia and 54% of whom are adolescents.

Premarital sex behavior lead to the occurrence of early age marriage that may lead to many health problems due to low birth rate and parental care. The number of Indonesian adolescents who already have children was high (48 out of 1000 adolescents). Data showed that many adolescents were pregnant with their first child at age less than 15 years old (8). The proportion of premarital sex at age 15-24 years old (female) were 0.1% higher in rural areas rather than urban area (9).

Early marriage as a norm in several regions in East Java. Social norms had a stronger influence on behavioral intentions than attitudes on behavioral intentions (10). Social norms regarding premarital sex may be still acceptable to some parents as long as their children get married if they get pregnant. This condition is allowing teenager in engaging in premarital sex and eventually what is acceptable in social norm becoming their

subjective norm. The compliance of the social norms is the definition of subjective norms (11). Subjective norms in this study are the norms of the informant regarding the premarital sex behavior. Although there is a shift in the social norms regarding the normality of conducting premarital sex, the respondent in this study still considering the norms of their significant others such as the norms of their family and their teachers.

East Java Province was ranked third with the highest adolescent problem in Indonesia (8). Adolescents who first had premarital sex most aged between 17-18 years (12). Other adolescent issues were unwanted pregnancies, HIV / AIDS, and drug abuse. The problem of adolescents who were married at young age (less than 17 years old) in 2016 in average were 21.16% higher from 2015 (8.99%) (8). This condition is worsen by the inability of teenager to have control of their own behavior. The teenager were unable to denied or even argue their parent wishes to marriage. As Kartono (2008) stated that teenager in general lack of perceived behavioral control (13). This lack of control lead to many risky behaviors of these teenagers and one of them is engaging in premarital sex. The inability to have control of their own behavior also the cause of many teenagers experience health problem related to teenager delinquency, drug abuse, and other social problem (1).

One of the regencies in East Java that experienced an increase of cases of adolescent problems was Trenggalek Regency. Data on adolescent cases at the Trenggalek Health Office (2014) showed that there are several health problems associated with the impact of premarital sex, namely unwanted pregnancies, sexually transmitted infections, HIV and AIDS, drugs, smoking, and abortion. The number of cases of pregnancy out of marriage recorded in 2012 was 0.041% and higher in 2013 (0.126%). This number decreased in 2014 (0.085%) but increase again in 2015 (0.092%). Pregnancy cases outside of marriage are the effects of premarital sexual behavior. Data from the Trenggalek Health Office in 2014 were the highest cases of premarital sex in the Karangany Health Center work area with a percentage of 28.2% compared to 21 other Health Center areas. Abortion cases in the Karangany Health Center area also were the second highest percentage in the Trenggalek (10.5%) (14).

The results of a survey conducted by Karangany Health Center (2012) among several junior high-schools and senior high-schools in its proximity areas showed that there were deviant behaviors in the form of conducting sexual intercourse, viewing pornographic shows, smoking, and drugs abuse. Data on juvenile cases in the Adolescent Reproductive Health polyclinic in Karangany Health Center showed an increase number of adolescent deviant behavior related to premarital sex increased from 22 cases (2012) to 46 cases (2015) (15). The survey that has been conducted identified one state-own high-

school that was at risk for premarital sexual behavior and therefore the school was chosen as the location of this study.

A positive attitude to prevent premarital sex behavior determined by subjective norms and perceived behavioral controls of adolescents. Adolescents reported to lack of good self-control that will be a risk of influencing their attitudes to prevent premarital sex behavior (16). The lack of self-control of adolescents becomes one of the triggers of the increasing cases of deviant sexual behavior (17). Kissing, hugging, and holding hand were not considered as behavior that may lead to premarital sex. Premarital sex behavior was defined as sexual intercourse by the respondents of this study. Therefore, this study was conducted to analyze of the influence of subjective norms and self-control on adolescent attitudes to prevent premarital sex behavior among high-school female students.

MATERIALS AND METHODS

Study Design

This research was observational research using cross-sectional study design. This research was conducted in one of the high-schools in Trenggalek Regency with increasing problems related to premarital sexual (unwanted pregnancy, abortion, infectious infections, HIV / AIDS, and drugs). Data collection was carried out from February to April 2017. The population in this study was female student first grade, second grade, and third grade with the total number of 182 students. The sample size was calculated based on the Lemeshow formula (1997). The minimum sample size in this study was 64 respondents. Therefore, to anticipate the inconsistency of respondents with this study the sample taken by researchers was 75 respondents.

The sample consisted of students of first grade, second grade, and third grade in one of the high-schools in Trenggalek Regency. High-school female students were chosen as samples because in this problem female adolescents were more vulnerable and included as less empower group. The sample in this study uses a Simple Random Sampling technique.

The inclusion criteria in this study are:

1. High-school female students of first grade, second grade, and third grade. High-schools in Indonesia are 3 years program.
2. High-school female students who are willing to be respondents in research.

Data Collection

Primary data were obtained from the questionnaires and completed field observations. This data collection technique begins with an explanation of the purpose and implementation of research provided by the researcher to the respondent. The researcher asked

the respondent's willingness to join the research by filling informed consent. Respondents answered several questions through the questionnaire sheets given to the respondents. Before the data collection, The questionnaire has been validated by 10 respondents with similar characteristics. Theory that underlying this questionnaire based on Theory Perceived Behavior and modified to the need in answering research questions. The secondary data in this study were data from District Health Office, Basic Health Research, Population and Planned Parenthood Bureau, Central Bureau of Statistics, Indonesian Youth Reproductive Health Survey, World Health Organization and previous research related to premarital sex topic.

The instrument of data collection in this research is questionnaire which contains 34 questions addressed to the respondents. Questions are arranged using Likert scale to find attitudes, subjective norms, and perceived behavior controls on premarital sex. By using Likert scale, variables were measured and then translated into indicators and then the indicator was used as a starting point for composing instruments in the form of questions. Calculation for variable values of attitude toward behavior:

$$ABi \propto \sum bi ei$$

ABi : total attitude value for each respondent
 bi : score of behavioral beliefs for each question
 ei : score of outcome evaluations for each question

Subjective norms values:

$$Sni \propto \sum ni mi$$

Sni : total subjective norm value for each respondent
 ni : score of normative beliefs for each question
 mi : score of motivation to comply for each question

Perceived behavioral control values:

$$PBCi \propto \sum ci pi$$

PBCi : total Perceived Behavioral Control value for each respondent
 ci : score of control belief for each question
 pi : score of perceived power for each question

There are three categories for subjective norm, perceived behavioral control and attitude toward behavior, they are: not good, good, and very good. In order to test the relationship for ordinal data, correlation analysis with Gamma correlation test with significance level ($\alpha = 0.05$) was conducted. The dependent variable is tested with the independent variable to see the effect of the relationship between variables. The hipotesis for this research was there is a relationship between subjective norm and attitudes toward behavior, and there is a relationship between perceived behavioral control and attitudes toward behavior.

Ethical consideration

Ethical clearance has been obtained from the Health Research Ethics Committee of Faculty of Public Health

Universitas Airlangga (ref: No: 31-KEPK).

RESULTS

The location of this study was in one of the high-school that identified as a high-risk area for premarital sex behavior in Trenggalek from the survey conducted by Karangany health office. This school was built in 1997 and it is located in a rural area. The distance from the school to the sub-district center is only 1.5 km. The distance from the school to the center of regional autonomy is 8.0 km.

The results of processing data showed that the distribution of respondents consists of age and the class level. At the time of the research, respondents in study were at 15-19 years old with the highest percentage at 17 years old (44.0%). In addition, data showed the majority of respondents were at second grade (41.3%).

Based on table I, Subjective Norms of the respondent are the compilation of their Normative Beliefs of people around them and their motivation to comply with these norms. The most of respondents were supported the preventive of premarital sex behavior (97.3%).

Perceived Behavior Control of respondents were the compilation of Perceived Power and Control Belief regarding the prevention of premarital sex behavior. Most of respondent felt that they have power to prevent premarital sex behavior (98.7%). Attitude toward behavior of respondents was the compilation of Behavior Belief and Outcome Evaluation. The results showed that the respondent possesses a positive attitude to prevent premarital sex behavior (98.7%).

Based on the table II, the result of statistical test of subjective norm influence on adolescent attitude to prevent premarital sex behavior has p-value = 0,406 > 0,05. Thus, this value indicates that there was no

Table I: Frequency Distribution Subjective Norms, Perceived Behavioral Control, and Attitudes Toward The Teen Behavior To Prevent Premarital Sex Behavior

Variable	Number n= 75 (%)
<i>Subjective Norms</i>	
Not Good	0 (0%)
Good	2 (2,67%)
Very Good	73 (97,3%)
<i>Perceived Behavioral Control</i>	
Not Good	0 (0%)
Good	1 (1,3%)
Very Good	74 (98,7%)
<i>Attitudes Toward the Behavior</i>	
Not Good	0 (0%)
Good	1 (1,3%)
Very Good	74 (98,7%)

Table II: Statistical Test Results Subjective Norms and Perceived Behavioral Control Against Attitudes Toward The Teen Behavior To Prevent Premarital Sex Behavior

Variable	Attitudes Toward the Behavior						Total		t	p-value
	Not Good		Good		Very Good		n	%		
	n	%	n	%	n	%				
<i>Subjective Norms</i>										
Not Good	0	0	0	0	0	0	0	0	-1,000	0,406
Good	0	0	0	0	2	2.7	2	2.7		
Very Good	0	0	1	1.3	72	96.0	73	97.3		
<i>Perceived Behavioral Control</i>										
Not Good	0	0	0	0	0	0	0	0	-1,000	0,474
Good	0	0	0	0	1	1.3	1	1.3		
Very Good	0	0	1	1.3	73	96.4	74	98.7		

influence between subjective norms on attitudes toward adolescent behavior to prevent premarital sex behavior. Table 2 also shows that there is no influence between perceptions about behavioral control of attitudes toward adolescent behavior to prevent premarital sex behavior (p-value = 0.474).

DISCUSSION

Characteristics of respondents based on the level of education in this study, indicates that the majority of respondents were in grade 10 which is the first year at high-school. At this level, students are still experiencing the process of adjustment from the junior to high-school. At this time, they are still figure at the norms in the new school. In understanding these new norms in new school, the students may interact with students that are conducting risky behavior. If these students are welcomed by this group, they will perceived the norm of the group as the acceptable norm for the school. However, the results of this study were not in line with other studies which stated that there is a relationship between subjective norms with adolescent attitudes about premarital sex behavior in adolescents (18).

This respondent in this study was female students because in Indonesia female are still in the weak position in regards to sexual matters. Females tend to become a victim in premarital sexual behavior due to their inability to deny the request from their sexual partner. According to previous research, the percentage of female who engage in premarital sex was higher than males (19). Patriarchy custom also contributes to the root of the premarital problem experience by females as the victim (20).

The results of univariate and bivariate analysis between subjective norms and behavioral controls on adolescent attitudes to prevent premarital sex behavior are as follows: In this study, there is no influence between subjective norms and attitudes to prevent premarital sex. The results of this study were similar with previous study which states that there was no relationship between subjective norms with adolescent attitudes

about premarital sexual behavior in adolescents (21). About 73 (97.3%) of respondents have excellent subjective norms. Respondents who have subjective norms in both very good and good categories have a positive attitude to prevent premarital sex behavior. This suggests that social norms in the respondent’s environment support them to prevent premarital sex behavior, such as parents, school and peers. That is in this study, the existence of social norms that exist around the respondents have good support to prevent premarital sex behavior. This subjective norm is defined as the environment of respondents associated with social norms that can support or hinder them in behaving. This subjective norm consists of the respondent’s belief in the existing norms in their environment and the motivation to comply with the norm.

Confidence in the norm is indicated by the compliance of respondents to comply with social norms prevailing in society. Although social norms in society have begun to shift, most respondents still believe that the command and prohibition of family and teachers should be obeyed. Compliance done by respondents related to their belief that the prohibition given to them is a form of attention and environmental care about them. Respondents often get advice from families and the surrounding environment to choose their peer interaction and avoid friends who have a negative influence. There are still many friends of respondents who have a positive influence on the respondents, so it becomes a form of support for respondents behave well. According to previous research showed that more adolescents with poor peer support experienced depression (22).

The result also showed that 74 of respondents (98.7%) have excellent self-control. So, respondents have good confidence and efficacy to prevent premarital sex behavior. They realize that there are several things they can do to control themselves from premarital sex behavior. Some of the things they can do to improve self-control to prevent premarital sexual behavior is to divert the sex drive that comes with doing positive things and increasing faith and relation to God.

The statistical test of self-control influence on adolescent

attitudes to prevent premarital sex behavior has p-value = 0.474. This means that self-control students have no effect with attitudes to prevent premarital sex. The higher self-control can cause better attitude on and decrease delinquency behavior on adolescents (23). Adolescent self-control affects their sexual attitudes and behavior (24). The higher self-control has influence to decrease juvenile delinquency (25). These studies showed that self-control affected their attitudes. In this study, the greater self-control of premarital sex behavior, more positive the attitude to prevent premarital sexual behavior. The results of this study are not in line with other studies that mention that there is a relationship between self-control with adolescent attitudes about premarital sex behavior in adolescents (1).

In this study, the respondents who have self-control in both excellent and good categories all have a positive attitude to prevent premarital sex behavior. Self-control is related to respondent's belief in premarital sexual behavior and self-power to prevent premarital sexual behavior. The self-sufficiency of respondents falls into good category because they can refuse a friend's invitation to watch video/pornographic material and they also assume that maintaining virginity is important for them to do. The behavioral control divided into control beliefs and power received (11). The belief in self-control of the respondent belongs to the good category. Respondents were convinced that sexual desires that arise before marriage must be suppressed. Although the respondent in this study did not consider kissing, holding hand and hugging will lead to sexual desire. Therefore, the respondent in this study did not feel the urge to suppress these behaviors. This warrant a program for teenagers to identified behaviors that may lead to sexual arousal that lead to sexual desire. According to other study, sexual desire is on the third phase after experiencing the second phase (orgasm and sexual satisfaction) and first phase (sexual arousal, lubrication, and pain) (26). These phases also supported by other study that showed sexual desire, sexual arousal, and lubrication were highly correlated (27). Although other study also showed that kissing has small effect on sexual arousal (28).

Most respondents believe that premarital sex can harm their future. Increasing faith, religiousness, and obedience to the existing norms can prevent from premarital sex. The majority of respondents thought that the courtship was forbidden and should be abandoned, although most of them had been dating. Some respondents think that preventing premarital sex behavior becomes a pride for them. This control confidence is also related to their belief that risky sexual behavior can harm their future.

The self-power of the respondent belongs to the good category. Respondents may refuse a friend's invitation to do a negative behavior. Some of them are able to divert the sex drive that comes with doing positive activities.

One form of self-control such as most respondents never watch pornographic videos and they can refuse a friend's invitation to watch a video / pornographic material.

This adolescent phase is particularly vulnerable to changes, especially from social and environmental change (29). Respondents who are adolescent girls are more vulnerable due to their weak nature of pressure and coercion. When they have good self-control, they can avoid pressure or coercion from the opposite sex. The fluctuations in adolescents that are affected by growth hormones are natural so they are hard to be stopped or avoided. At this time the adolescent only needs to be directed so that they do not choose wrong way. They also need to be directed to be able to distinguish good and bad behavior. This will affect the self-control they have. Adolescents already form good personality will be able to control themselves from various influences and behaviors.

Respondents also have a harmonious family, because their parents still pay attention to the needs of their children to get a decent education. Majority respondents have residential status of living with parents can be the main support for the respondents to get more attention from parents. Students who were live with parents often get more supervision and monitoring than the student who live in boarding house or dormitory. Students who were living in a boarding house or dormitory have less attention of parents and limited communication intensity with family.

The positive interpersonal communication between parents and children can support prevention of premarital sex behavior. Interpersonal communication between children and parents is needed so parents can understand the development and association of children. Parents can direct and assist the decision making on their child's behavior. When staying at home, parents can find out friends who become the child's group interaction. However, when their child does not live with their parents (boarding house or dormitory), parents may not be sure of their child's social interaction (30).

The school environment of respondents also supports the behavior of respondents to prevent premarital sex behavior. This is proven by the counseling program conducted regularly by the School Health Unit in schools related to adolescent behavior. Students who have problems will be given coaching and supervision by the school. Thus, students will be monitored and assisted to solve the problem (31, 32). In addition, there is a Genre (Planned Generation) program that has been created by Agency of Population and Family Planning National East Java Province to high-school level that aims to instill student understanding to prevent marriage in young age. A good adolescent understanding of premarital sex is expected to influence adolescent attitudes to prevent a negative behavior (33).

Nowadays, the phenomenon of free sex reportedly be one of the respondent fears of premarital sex behavior. Often encountered cases of adolescent problems such as married by accident ended to abortion. According to respondents, keeping virginity before marriage is considered to be very important. This becomes a supporter of self-control to prevent premarital sex behavior.

The result showed other possible factors that may influence adolescent's attitude outside factors examined in this study. Factors that influence adolescent attitudes that deviate about premarital sexual behavior such as poor of knowledge, lack of experience, and negative media exposure. Students' knowledge of premarital sex is caused by flow of varies information received on each adolescent which creating a variety of assumptions about the meaning of premarital sex (17). Experience can affect one's knowledge, experience most obtained from observing and hearing then can be expressed to give motivation to act (34). Media exposure is also one factors that was not researched in this study even though majority respondents already have a smartphone so they can easily access all the information. The social media that develop among students such as Facebook, Instagram, Twitter and many others can facilitate adolescent to early sex behavior in adolescents (35).

The role of peer's interaction, the exposure of pornography, and the status of the respondent's residence relate to premarital sex behavior (36). The role of peer has 0.095 times greater influence to prevent premarital sex behavior (37). Respondents still have the intention to prevent premarital sex behavior because they have a good social interaction and environment. Peer interaction in their group also support the prevention of premarital sex. Adolescents tend to remind each other when they see their friends behave deviant or not in accordance with prevailing norms such as the correct sitting position when there is the opposite sex.

CONCLUSION

The behavior to prevent premarital sex according to behavior theories should be influenced by how the adolescent perceived the norms and their ability to conduct the expected behavior. The respondent in this study, however, comply with the norms of the society to avoid premarital sexual conduct. In this study, whatever norms the students had not influence their behavior in preventing premarital sex. This situation may chance after these students graduate from high-school and live away from their parents. The new norms might emerge and in later age will influence their behavior.

The same situation are implied for perceived behavior control, the students in this study believed that they are able to prevent premarital sex. This situation may also

be changed if they are faced with many temptations after they are dating and living away from their parents. This warrant the stakeholder especially school to introduced the acceptable social norms early in the school years. The school also need to encourage capacity building program to strengthen perceived behavioral norms of the students to prevent premarital sex. District health centers and health offices need to cooperate to increase promotion and counseling about adolescent health and premarital sex behavior with target on school-age children at least 3 months. Health promotion efforts about premarital sex in public places need to be improved.

ACKNOWLEDGEMENTS

We acknowledge the Ministry of Technology and Higher Education for the support provided through the Annual Budget Activities Plan (RKAT) of Universitas Airlangga Faculty of Public Health, and to high-school students in Kabupaten Trenggalek for their participation as respondents.

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