

The Role of Peers on Adolescent Sexual Behavior in Indonesia

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ABSTRACT

Background: Teenagers are very vulnerable to sexual behavior that can have adverse health effects. Many factors influence sexual behavior that occurs in a teenage environment.

Aim: This study aimed to determine the role of peers in adolescent sexual behavior in Indonesia.

Method: This study applied secondary data from 2012 Indonesian Demographic and Health Survey (IDHS) with a correlation design retrospective approach. The research sample was 10,131 adolescents in Indonesia; the sample was excluded according to the inclusion and exclusion criteria. The analysis used a chi-square test with a significance level of 5% and a 95% confidence level.

Results: The results showed that the proportion of teenagers who were motivated to have sexual intercourse due to peer influence was 26.6%, there was a significant relationship between peers with adolescent sexual behavior (POR: 0,000, 5.33; 95% CI: 3.88-7.31).

Conclusion: Peers had a significant correlation to adolescent sexual behavior in Indonesia

Keywords: Peers, sexual behavior, adolescent

INTRODUCTION

According to the World Health Organization (WHO), about 20% of the world's population are adolescents with an age range of 10-19 years, and about 900 million come from developing countries [1]. A demographic survey in the United States shows that the number of teenagers aged 10-19 years is around 15% of the population. The Asia Pacific population is 60% of the world's population, and 20% are teenagers aged 10-19 years. The results of WHO research in several developing countries show that 40% of adolescents aged 18 years have had sexual intercourse. Also, about 12% have been positively affected by Sexually Transmitted Diseases, about 27% positive for HIV). 50,000 teenagers in the world die every year due to pregnancy and labor complications. This condition is due to adolescents' irresponsible behavior and sexual activities, which puts adolescents at risk of various reproductive health problems [2]. Adolescent sexual behavior is based on data from the 2012 IDHS, showing that holding hands is the most common thing teenagers do (72% of young women and 80% of young men). Teenage boys tend to report 48% kissing behavior more than 30% teenage girls and feel/stimulate sensitive body parts (petting) (30% and 6%, respectively). In general, very few female respondents said they had had sexual intercourse (less than 1%), while men tended to have more (8%) [3].

In Indonesia, teenagers aged 15-19 years became the biggest proportion to have dating for the first time at the age of 15-17 years. Approximately 33.3% of girls and 34.5% of boys aged 15-19 began dating when they were not 15 years old. It is feared that they do not have adequate life skills at this age, so they have risk having unhealthy dating behavior, including sexual intercourse [4].

The results showed the relationship of peer roles with premarital sexual behavior. The study found that adolescents exposed to peers in obtaining sexuality information risked premarital sexual behavior compared to adolescents who did not obtain sexuality information from

peers, which was 19,727 times the risk of premarital sexual behavior. For young men and women, friends of the same age and kind are significant. Approval and suitability of one's attitude with peer groups' attitude are significant to maintain its affiliates with friends, keep it from being considered foreign and avoid being ostracized by the group. Significant sources of information about sex are also obtained from peers to shape adolescent sexual knowledge, attitudes, and behavior. However, information obtained from peers can have a negative impact [5].

Adolescent reproductive health programs are integrated into the Youth Health Program in Indonesia. Since 2003, the Ministry of Health has developed a health service model called the Youth Care Health Service. The hallmark of adolescent care health services is counseling services and increasing adolescents' ability to implement Healthy Life Education and Skills. Until the end of 2014, 81.69% of districts/cities had at least 4 Youth Care Health Service health centers and 2,999 out of 9,731 primary health centers (31%) capable of implementing Youth Care Health Service. The coverage of districts/municipalities capable of Youth Care Health Service continues to increase but is still below the target of 90% by the end of 2014. By the end of 2019, it is targeted that 45% of health centers in Indonesia have organized adolescent health activities [6]. Based on the description, this study aimed to determine the relationship of peer influence with adolescent sexual behavior in Indonesia.

METHOD

This research method applied an analytical method. This type of research was a correlation with a retrospective approach. The study's independent variable was peers' influence, and the dependent variables are adolescent sexual behavior. This study's population was all teenagers in Indonesia 15-24 years, amounting to 19,882 people. After going through the exclusion process, the sample in this study were all teenagers 15-24 years, totaling 10,131

people. The sampling technique used total sampling or sample population. The type of data in this study employed quantitative data, namely secondary data from the 2012 IDHS data. This data is obtained from the Indonesian Central Statistics Agency. Before data collection, researchers conducted a 2012 IDHS questionnaire observation to find out what questions related to sexual behavior in adolescents and factors related to sexual behavior.

The universal analysis was performed on each variable from the study. This analysis only produced distributions and percentages of variables. Bivariate analysis was carried out on two variables that were thought to correlate. Statistical tests were performed using the chi-square correlation test (χ^2) with a 95% confidence level and P-Value <0.05.

RESULTS

Table 1 shows a description of the demographic characteristics of respondents in adolescents in Indonesia in 2012. Ten thousand one hundred thirty-one respondents were included in this study: 5,970 male adolescents (57.9%) and 4343 female adolescents (42.1%) with an age range of 15-24 years.

Table 1: Variable Frequency Distribution of Respondents

Variable	N	%
Age		
Youth	6035	58.5
Early adult	4278	41.5
Total	10131	100
Sex		
Male	5970	57.9
Female	4343	42.1
Total	10131	100
Education		
Primary School	735	7.1
Junior High	1777	17.2

School		
Senior High	5521	53.5
School		
Diploma	517	5.0
Bachelor	1763	17.1
Total	10131	100
Residence		
Rural	6517	63.2
Urban	3796	36.8
Total	10131	100
Peers		
Yes	2746	26.6
No	7567	73.4
Total	10131	100
Sexual Behavior		
Yes	9692	94
No	621	6
Total	10131	100

Table 1 Frequency distribution of respondents' characteristics showed that most respondents were in the late teenage age category (14-19 years) with the number of 6,035 respondents (58.5%). Most of the study respondents were male, 5,970 respondents (57.9%). The majority of respondents had a high school education level of 5521 respondents (53.5%). The majority of respondents' residences were urban areas totaling 6517 respondents (63.2%). Most teenagers in Indonesia in 2012 felt that there was no peer influence in the formation of sexual behavior 7567 respondents (73.4%). Indonesia's highest teenage sexual behavior was in sexual behavior, totaling 9692 respondents (94%). The study's meaning of sexual behavior was that teenagers who perform one or more actions hold hands, kiss, petting, and do intercourse. Regarding adolescent sexual behavior, the categories obtained were 94% holding hand, 58.7% kissing, 33.6% petting, and 13.2% intercourse.

Table 2: Peer relationships with adolescent sexual behavior in Indonesia in 2012

Sexual Behavior							P Value	OR	CI 95%	
Variable	Yes		No		Total				Lower	Upper
	n	%	n	%	n	%				
Peers										
Yes	2704	98.5	42	1.5	2746	100	0.000	5.334	3.888	7.319
No	6988	92.3	579	7.7	7567	100				
Total	9692	94	621	6	10131	100				

Calculation using chi-square analysis was to evaluate variables potentially related to adolescent sexual behavior with P-value <0.05. The analysis results showed that peers had a significant relationship to teenage sexual behavior in Indonesia in 2012 (P-value 0.000) with OR 5.33; 95% CI; 3.88 to 7.31. This means that peers increased the risk of sexual behavior in adolescents by five times. The results indicated that the hypothesis was accepted.

DISCUSSION

This study indicated that the prevalence of sexual behavior by Indonesian teenagers in 2012 was 94%. Adolescent sexual behavior was assessed through 94% handhold, 58.7% kissing, 33.6% petting, and 13.2% intercourse. This result was much higher than adolescent sexual behavior in

Malaysia. Namely, the prevalence of adolescent sexual behavior among male and female adolescents was 55.1%. There was no specific standard for the tolerance of adolescent sexual behavior according to WHO [3].

This study's results were similar to previous studies in that the prevalence of active reproductive health behavior in boys was 56.6% and in girls 43.7% [7]. Also, the research results in Riau Province stated that most of the sexual behavior of adolescents at risk was 28% [8]. Teenagers who have premarital sexual intercourse have a greater risk of unsafe sex. This can increase the risk of contracting sexually transmitted infections (STIs) and HIV / AIDS. Also, adolescents will be more susceptible to unwanted pregnancy and trigger an abortion that could threaten adolescents' health and safety [9] [10].

Why do people have sex with their date? Some reasons include expressing love, wanting to please a partner, feeling peer pressure, and wanting physical pleasure. In one study in Texas, participants revealed 237 reasons to engage in sex, which analyzed factors to produce four significant factors: physical reasons (for pleasure), goal attainment (to get social status), emotional reasons (for love and commitment), and reasons for insecurity (beyond obligation or pressure) [11]. An article on sexual motivation discusses the service/promotion carried out by sexual activists better to understand risky sexual behavior in adolescents [12].

Adolescence is a period of a turbulent and challenging time in life [13]. Adolescent age should be used to develop interest and talent in positive things, not to fall into behaviors that can pose health risks. This behavior can be a bridge for disease transmission. Because sexual behavior will adversely affect adolescents, including achievement is difficult to achieve due to focus and concentration on achievement decreases. The results showed that the prevalence of teenage sexual behavior in Indonesia was very high. Thus, these findings indicate the importance of health promotion strategies for adolescents in preventing sexual behavior in Indonesia.

The findings in this study showed peer influences on adolescent sexual behavior in Indonesia. Based on the analysis results, there was a significant relationship between peers with adolescent sexual behavior in Indonesia (P-value 0.000 with OR 5.33; 95% CI: 3.88-7.31). This study is in line with the results of previous studies that adolescents who have friends who have had premarital sex have the risk of having sex marriage [14]. The results of other studies following the results of this study are that research in Italy states that peers influence the formation of teenage sexual behavior [15]. Peer influence shows significant independent relationships with having multiple sex partners and paying sex workers [16].

Analysis of Add Health data found a positive relationship between perceptions of peer approval of sexual behavior and adolescents' involvement in sexual activity. By relying on participant observations in urban tertiary institutions, they found that peer groups have an important influence on the city's nightlife, especially for men. Peer groups provide networks that support and encourage men to actively pursue women hoping that social interaction will result in casual sexual behavior [17].

Some essential findings in previous research are peers who have a big role in adolescent sexual behavior, especially in boys. In addition to peers, other factors such as drug use and illegal drugs have contributed to adolescent sexual behavior improvement. Whereas media exposure, communication with parents, and education status are protective factors for adolescents not to engage in sexual behavior [18]. Education influences one's knowledge, so adolescents with low knowledge have a greater risk of sexual behavior in adolescents. According to the 2012 SKRRI data, the proportion of sexual behavior in male adolescents (8.3%) was higher than that of female adolescents (0.9%). The cause of this is possible because of the lifestyle factors of different teenage boys and girls. Another possible factor is where teenagers live, most of whom live in urban areas [14].

Urban society members have easier access to relationships, making it easier to influence western culture in sexual behavior than teenagers who live in villages. Teenage age is usually holding up self-extensions, so it is easily affected by the presence of new trends that are considered cool and present. Peers are considered a very influential factor in sexual behavior [4]. As much as possible, adolescents will follow the prevailing norms in their peer groups so that they can be accepted and recognized in their groups. Therefore teenagers tend to follow the behavior of their peers. From the results of the analysis in this study, peers have a very high influence, namely teenagers exposed to peers who conduct sexual behavior 11 times more at risk for sexual behavior.

Sexual is the topic most discussed by teenagers, with 33% staying silent with dating couples, 62% discussing with parents, and 58% staying silent with their friends. Significantly more young people communicate with their parents than with their date or their best friend on any topic of sexual health except one more young man communicates with their friends about condom use compared to their parents. Conversations with friends about sex affect teenagers' intention to initiate sexual intercourse, affecting their sexual initiation [19]. Examination of total sexual communication scores showed that 46% of teens discussed at least one topic of sexual health with a dating partner, 71% discussed at least one topic with parents, and 75% discussed at least one topic with their friends. Discussing six topics of less common sexual health, only 8% of adolescents indicated that they had discussed six topics with their date, 26% with their parents, and 20% with their friends [20].

Increasing adolescent access to sexual health information and services is very important. There is a real need to reach young people with sexual and reproductive health information and services that respond to their reality and needs. This is necessary for public health reasons, such as preventing unwanted pregnancies and sexually transmitted infections, including HIV, and supporting healthy sexual development in children, adolescents, adults, and ward off misunderstandings, fears, and insecurities that arise through incompleteness and wrong information about sexuality [21].

Responding to these problems, the Government (cq. *BKKBN*) has implemented and developed the program of the Adolescent Reproductive Health Counseling Information Center (*PIK-KRR*), which is one of the main programs of national development listed in the Medium-Term Development Plan (RP JM 2004-2009). This *PIK-KRR* aims to create a forum for adolescents in overcoming adolescent problems, realizing tough, healthy, responsible teenagers, and raising awareness of various parties in order to prepare the next generation by optimizing the role of peers as role models in providing counseling for youth-related to health teen reproduction [22].

Health Technology Assessment (HTA) analysis results, *PIK-KRR* is one of the programs that have been provided by the Government to be achieved is closely related to the program of adolescent reproductive health. Previous research shows differences in the level of knowledge about reproduction between schools that already have and do not have *PIK-KRR* facilities. So it is

recommended that PIK-RR can be used as an intervention in improving the knowledge of adolescent reproductive health [23].

At present, educators, parents, and teachers should be more responsive in maintaining and educating teenagers to be extra careful of social symptoms, especially those related to sexual problems that can damage adolescent reproductive health. Along with the developments that occur, it is time to give information and knowledge about sexual problems. This is because teenagers understand how to maintain reproductive health properly.

CONCLUSION

The analysis showed that peers had a role in adolescent sexual behavior. Therefore, health workers needed to optimize adolescents' role in adolescent care health programs to reduce adolescent sexual behavior. Based on health technology assessment (HTA), it was recommended that PIK-KRR could be used as an intervention in improving the knowledge of adolescent reproductive health. If teenagers' knowledge about reproduction was good, teenagers could avoid the effects of sexual behavior.

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