

## Research Article

## Determinants of Premarital Sexual Behavior of Young Men in Indonesia (IDHS Data Analysis 2017)

Uswatun Hasanah Purnama Sari<sup>1\*</sup>, Apik Indarty Moedjiono<sup>1</sup> and M. Nadjib Bustan<sup>2</sup><sup>1</sup>Department of Reproductive Health, Faculty of Public Health, Hasanuddin University, Indonesia<sup>2</sup>Department of Statistics, Faculty of Mathematics and Science, State University of Makassar

\*Corresponding Author

Uswatun Hasanah Purnama Sari

**Abstract:** Adolescence is a period of growth and bloom that occurs dynamically and rapidly both physically, psychologically, intellectually, socially. sexual behavior that is associated with the onset of puberty. Health problems in adolescence are one of the important problems in the life cycle. One of the adolescent health problems today is sexual activity before marriage. Premarital sexual behavior is an adolescent health problem that needs attention because this behavior risks in causing unwanted pregnancy, and various diseases such as STIs, or even HIV / AIDS. This study was conducted to determine the factors that influence the behavior of premarital sexual relations of young men in Indonesia by using Indonesian Health Demographic Survey (IDHS) data in 2017. Respondents in this study were unmarried young men aged 15-24 years numbered 12,523 people. The analysis showed that 1,258 young men had sexual relations before marriage (10.0%). There is a relationship between age (0,000), residence (0.005), knowledge (0,000) and attitude (0,000) towards premarital sexual behavior. Knowledge is one of the factors that can underlie a person's attitudes and behavior. It is hoped that adolescents will be given comprehensive reproductive health education to minimize the occurrence of premarital sexual behavior.

**Keywords:** IDHS, Sexual Relations, Knowledge, Male Teenagers.

### INTRODUCTION

Adolescence is a period of growth and bloom that occurs dynamically and rapidly both physically, psychologically, intellectually, socially, sexual behavior that is associated with the onset of puberty. The UN mentions youth for ages 15-24 years. This is then incorporated into the terminology of young people which covers the ages of 10-24 years.

Adolescence is one of two periods of individual life span, where there is a very large physical change, namely the maturation of organs and reproductive functions (Golub, 2000). Regarding these changes, adolescent also begins to feel a sexual urge and show interest in the opposite sex (Savin-Williams & Ream, 2007). As a result, the adolescent begins to experiment in terms of sexuality. Deviant sexual behavior that is often done by adolescents includes masturbation, masturbation, petting, and sexual relations. This behavior can have a detrimental impact on themselves such as contracting STIs and HIV and

AIDS, pregnancy out of wedlock, abortion, physical, social, and psychological disorders (Masae *et al.*, 2019).

Research in Sub-Saharan Africa, reports that up to 25% of children aged 15 to 19 have had sexual relations before the 15<sup>th</sup>. In most countries,  $\geq 5\%$  of women are reported to be married before 15<sup>th</sup>, and  $> 20\%$  have given birth. The first time having sex and giving birth is more common in women who live in rural areas that are less educated. Having sex with changing partners is more common in men than women, but decreases with time (Doyle *et al.*, 2012)

The results of Adolescent Reproductive Health Survey (SKRR) 2012 (Ministry of Health, Republic of Indonesia, 2014) showed that adolescent knowledge about reproductive health was inadequate, where only 35.3% of female adolescents and 31.2% of male adolescents aged 15 years knew that women can get pregnant with one sexual intercourse, and only 9.9% of teenage girls and 10.6% of teenage boys have

Quick Response Code



Journal homepage:

<http://www.easpublisher.com/easiehl/>

Article History

Received: 23.10.2019

Accepted: 06.11.2019

Published: 16.11.2019

Copyright @ 2019: This is an open-access article distributed under the terms of the Creative Commons Attribution license which permits unrestricted use, distribution, and reproduction in any medium for non commercial use (NonCommercial, or CC-BY-NC) provided the original author and source are credited.

comprehensive knowledge about HIV / AIDS (Afrianti & Tahlil, 2017).

Indonesian Demographic and Health Survey report 2012 showed that 2.5% of women and 19.1% of men aged 15-24 years had premarital sexual relations. Based on the acceptance attitude of premarital sexual behavior, the attitudes of young men (15-24 years) who agree to premarital sexual relations by 8.1% if done by women and 15.5% if done by men (Wijaya, 2015).

According to Green and Kreuter, a person's behavior is influenced by several factors, one of which is a predisposing factor consisting of knowledge and attitude. The problem of the adolescent who is currently very complex and worrying, one of which is less knowledge of adolescent about sex education, young girls and men aged 14-19 years who claim to have a partner or boyfriend had had premarital sexual relations each reached 34.7 % and 30.9% (Faswita *et al.*, 2018).

Findings from various studies show that an increase in sexual activity among adolescents is not accompanied by an increase in knowledge about sexual and reproductive health. Knowledge about reproductive health plays an important role in preventing and protecting individuals from risky sexual behavior and other behaviors that can affect reproductive health (Lestari and Sefitri, 2016).

In a study conducted in 2011, it was found that risk behaviors in adolescents in Indonesia where boys are 5 times more likely to have sexual intercourse when compared to adolescent girls (Lestary and Sugiharti, 2011). Based on the description of these problems, researchers are interested in researching the determinants of knowledge and attitudes towards premarital sexual relations behavior of young men in Indonesia.

**METHODOLOGY**

**Research Design**

This type of research is quantitative with a cross-sectional method based on the 2017 IDHS data design. Indonesian Demographic and Health Survey 2017 (IDHS) was conducted by the Central Statistics Agency (CSA) and in collaboration with the National Population and Family Planning Agency (NPFPA) and the Ministry of Health. Data collection took place in 34 provinces, 47,963 households in Indonesia

**Population and Sample**

The population is all unmarried men aged 15-24 years who were successfully interviewed as many as 13,079 people. The sample of the study was as many as 12,523 people after going through the cleaning process based on the variables studied and respondents' answers that were not answered (symbol 9 in the 2017 IDHS data) as well as answers not knowing (symbol 8 in the IDHS data 2017) of respondents on the dependent variable.

**Data collection**

The data collection method used secondary data from IDHS data 2017 on the Adolescent Reproductive Health sub-survey. This data was obtained from the National Population and Family Planning Agency (NPFPA) of Indonesia. Before data collection, researchers observed the 2017 IDHS questionnaire to find out what questions related to sexual behavior and factors related to the premarital sexual behavior of young men.

**Data analysis**

Data analysis uses univariate to describe distributions based on independent variables, and bivariate analysis to see whether there is a relationship between the independent variables and the dependent variable. The statistical test used in this study is the chi-square test, and multivariate sees the independent variable that most influences the dependent variable using multiple logistic regression statistical tests.

**RESULTS**

**Univariate Analysis**

**Table 1. Distribution of Young Men in Indonesia by Age in 2017**

Age (year)	Frequency (n)	Percentage (%)
15	1.686	13,5
16	1.652	13,2
17	1.777	14,2
18	1.339	10,7
19	1.263	10,1
20	1.163	9,3
21	1.003	8,0
22	1.022	8,2
23	875	7,0
24	743	5,9
<b>Total</b>	<b>12.523</b>	<b>100,0</b>

Table 1 shows that the distribution of adolescent males by age, the largest was at the age of 15 years i.e. as many as 1,686 people (13.5%). While the smallest percentage is found in young men with the age of 24 years as many as 743 people (5.9%).

**Knowledge**

**Table 2. Distribution of Young Men in Indonesia Based on Knowledge of the Possibility of Pregnant Women in 2017**

Knowledge	Agree		Disagree		Depend		Total	
	n	%	n	%	n	%	N	%
The possibility for a woman to become pregnant if having sex between the first menstrual day with the next menstrual day.	4.235	33,8	1.807	14,4	6.481	51,8	12.523	100,0
The chance of women to get pregnant when having sex only once.	6.308	50,4	3.233	25,8	2.982	23,8	12.523	100,0
The possibility of a woman to get pregnant when having sex before menstruation again after childbirth.	2.379	19,0	3.781	30,2	6.363	50,8	12.523	100,0

The distribution of young men is based on knowledge about the possibility of pregnant women having sexual intercourse between the first menstrual day with the next first menstrual day, most of which answered Yes to 4.235 (33.8%). While the fewest were male teenagers who answered there was no possibility, namely 1,807 (33.8%).

Distribution of adolescent boys based on knowledge about the possibility of women to become pregnant when having sexual intercourse once, the most

are those who answered Yes to 6,308 (50.4%). While the fewest were male teenagers who answered Don't Know, namely 2,982 (23.8%).

Distribution of adolescent boys based on knowledge about the possibility of women to become pregnant when having sex before menstruation again after giving birth, the most are those who answered Don't Know as many as 6,363 (50.8%), while the least were those who answered Yes to 2,379 (19, 0%).

**Table 3. Distribution of Young Men in Indonesia based on Knowledge How to Avoid Pregnancy in 2019**

Knowledge of how to avoid pregnancy		Frequency (n)	Percentage (%)
A	Not having sex	2.009	16,0
A	Not having sex	985	7,9
B	Use the contraceptive device		
A	Not having sex	17	0,1
B	Use the contraceptive device		
X	Others		
A	Not having sex	64	0,5
X	Others		
B	Use the contraceptive device	4.887	39,0
B	Use contraceptive device KB Others	75	0,6
X			
X	Others		
Z	Don't know	4.321	34,5
Total		<b>12.523</b>	<b>100,0</b>

Table 3 shows that the distribution of adolescent boys was based on knowledge about how to avoid pregnancy, the most answered was knowing only one way of using family planning tools/methods as much as 4,887 (39.0%). While the percentage of

respondents' knowledge about how to avoid pregnancy at least answering was those who knew three ways namely By Not Having Sex, Using Family Planning Tools / Methods, and Other as much as 17 (0.1%).

**Table 4. Distribution of Young Men in Indonesia based on Knowledge About Condom Can Prevent Pregnancy in 2019**

The condom can prevent pregnancy	Frequency (n)	Percentage (n)
Yes	9.346	74,7
No	1.556	12,4
Don't know	718	5,7
Never heard about contraception	903	7,2
Total	<b>12.523</b>	<b>100,0</b>

Table 4 shows that the distribution of adolescent boys based on knowledge about condom knowledge can prevent pregnancy, most of which answer Yes condoms can be used to prevent pregnancy as many as 9,346 (74.7%). While the fewest were those who did not know, as many as 718 (5.7%).

**Research variable****Table 5. Distribution of Determinants of Pre-Marriage Sexual Behavior in young men in Indonesia in 2017**

Variable	Frequency (n)	Percentage (%)
<b>Sexual behavior</b>		
Having Sex	1.258	10,0
Not having sex	11.265	90,0
<b>Total</b>	<b>12.523</b>	<b>100,0</b>
<b>Age</b>		
Adolescent	4.806	38,4
Early Teens	7.717	61,6
<b>Total</b>	<b>12.523</b>	<b>100,0</b>
<b>Residence</b>		
Rural	5.627	44,9
Urban	6.896	55,1
<b>Total</b>	<b>12.523</b>	<b>100,0</b>
<b>Education</b>		
Higher Education	1.919	15,3
Low Education	10.604	84,7
<b>Total</b>	<b>12.523</b>	<b>100,0</b>
<b>Knowledge</b>		
High	6.724	53,7
Low	5.799	46,3
<b>Total</b>	<b>12.523</b>	<b>100,0</b>

Table 5 shows that the distribution of adolescent males who have premarital sex is 1,258 (10.0%), while the distribution of adolescent males who do not have premarital sex is 11,265 (90.0%). The distribution of male teenagers in the early adolescent group (15-19 years) was 7,717 (61.6%), while the distribution of male adolescents in the final adolescent group (20-24 years) was 4,806 (38.4%). The distribution of male teenagers in urban areas is 6,896 people (55.1%), while the distribution in rural areas is 5,627 people (44.9%).

The distribution of young men in the education group is as low as 10,540 people (84.6%). While the distribution of young men in the higher education group was 1,919 people (15.4%) (Table 5).

The distribution of young men with high knowledge is 6,724 people (53.7%). While the distribution of young men with low knowledge is 5,799 people (46.3%). The distribution of the role of schools is 6,420 (51.3%). While the distribution did not play a role as many as 6,103 (48.7%) (Table 5).

**Bivariate Analysis****Table 6. Determinants of Pre-Marriage Sexual Behavior in young men in Indonesia in 2017**

Variable	Pre-Marriage Sexual Behavior						P value
	Having Sex		Not Having Sex		Total		
	n	%	n	%	N	%	
Age							<b>0,000</b>
Early Teens	387	5,0	7.330	95,0	7.717	100,0	
Adolescents	871	18,1	3.935	81,9	4.806	100,0	
<b>Total</b>	<b>1.258</b>	<b>10,0</b>	<b>11.265</b>	<b>90,0</b>	<b>12.523</b>	<b>100,0</b>	
Residence							<b>0,005</b>
Urban	646	9,4	6.250	90,6	6.896	100,0	
Rural	612	10,9	5.015	89,1	5.627	100,0	
<b>Total</b>	<b>1.258</b>	<b>10,0</b>	<b>11.265</b>	<b>90,0</b>	<b>12.523</b>	<b>100,0</b>	
Education							<b>0,000</b>
Low Education	988	9,3	9.616	90,7	10.604	100,0	
High Education	270	14,1	1.649	85,9	1.919	100,0	
<b>Total</b>	<b>1.258</b>	<b>10,0</b>	<b>11.265</b>	<b>90,0</b>	<b>12.523</b>	<b>100,0</b>	
Knowledge							<b>0,000</b>
Low	411	7,1	5.388	92,9	5.799	100,0	
High	847	12,6	5.877	87,4	6.724	100,0	
<b>Total</b>	<b>1.258</b>	<b>10,0</b>	<b>11.265</b>	<b>90,0</b>	<b>12.523</b>	<b>100,0</b>	

Table 6 shows that the proportion of premarital sexual intercourse behavior of male adolescents is more common in the late adolescent age group (20-24 years)

which is as much as 18.1% compared to the early adolescent age group (15-19 years) which is as much as 5.0 %. The results of the chi-square test showed the

value of  $p(0,000) < \alpha(0.05)$  this indicates the influence of age on the premarital sexual behavior of adolescent boys in Indonesia in 2017.

The proportion of premarital sexual relations behavior of young men is more common in young men who live in rural areas which is as much as 10.9% compared to adolescents who live in urban areas which is as much as 9.4%. The results of the chi-square test showed the value of  $p(0.005) < \alpha(0.05)$  this indicates the influence of residence on the premarital sexual behavior of adolescent boys in Indonesia in 2017.

The proportion of premarital sexual relations behavior of young men is more common in young men with higher education which is as much as 14.1% compared with young men with low education which is as much as 9.3%. Chi-square test results showed the value of  $p(0,000) < \alpha(0.05)$  this indicates the influence of education on the premarital sexual behavior of adolescent boys in Indonesia in 2017.

The proportion of premarital sexual behavior among boys is more common in teenagers with high knowledge (prevention of pregnancy) which is as much as 12.6% compared to young men with less knowledge which is as much as 7.1%. Chi-square test results showed the value of  $p(0,000) < \alpha(0.05)$  this indicates the influence of knowledge (prevention of pregnancy) on the premarital sexual behavior of adolescent boys in Indonesia in 2017.

## DISCUSSION

Adolescents aged 20-24 years have 2.3 times the chance to have risky sexual behavior compared to adolescents aged 15-19 years. This is influenced by changes and developments that occur during adolescence. As adolescents get older, the reproductive organs that affect sexual drive develop so that a person begins to feel the increase in sex drive that can arise in the form of attraction towards the opposite sex and the desire for sexual satisfaction.

People who live in urban areas tend to have more permissive characteristics, this attitude is related to high individualism. Urban communities are reluctant to interfere in the affairs of others, in urban areas such as teenagers who make out (holding hands, hugging, and kissing lightly) in public places is commonplace. Some still gave warnings but most were reluctant to interfere in other people's business. Besides, urban facilities such as cafes, night clubs, and discotheques support the occurrence of sexual behavior in adolescents (Suwarni *et al.*, 2015).

This study shows that the proportion of young men who have premarital sexual relations is more common in adolescents who have high knowledge (prevention of pregnancy) (12.6%) compared to those who have low knowledge (7.1%). Chi-square test

results show the value of  $p(0,000) < \alpha(0.05)$  this indicates the influence of knowledge (prevention of pregnancy) on the premarital sexual behavior of adolescent boys in Indonesia. Knowledge is the result of knowing, and this happens after people have sensed a certain object (Notoadmodjo, 2007). Knowledge is one of the factors that can underlie a person's behavior.

Knowledge of reproductive health is very much needed by teenagers. This is because by having the right information and knowledge, adolescents will benefit a lot. The positive impact of correct knowledge about reproductive health is that it can prevent premarital sexual behavior and its effects including unwanted pregnancy, HIV / AIDS, and STIs can be prevented (Imron, 2012).

The risk of premarital sexual behavior can be caused by the low level of knowledge possessed by adolescents regarding the risks and effects of such deviant behavior. This low knowledge can be caused by a lack of proper and correct understanding of the actions that will be taken concerning the risks and impacts of their behavior (Rosdarni *et al.*, 2015). This study is in line with the results of previous studies in Uganda that knowledge is in line with the behavior displayed by adolescents (Chacko, 2007), while research in Iran shows that an understanding of improper reproductive health makes sexual deviant behavior in adolescents increased (Mohammadi *et al.*, 2006).

However, based on the results of the research obtained, it should be that reproductive health knowledge provided to adolescents includes the effects and dangers of premarital sexual behavior, while the material on means/methods of pregnancy prevention should be excluded because adolescents with high pregnancy prevention knowledge have more prenatal sexual relations.

## CONCLUSION

The number of young men who had sexual relations before marriage was 1,258 (10.0%). There is a relationship between age, residence, knowledge, and attitudes towards premarital sexual relations behavior. Knowledge is one of the factors that can underlie a person's attitudes and behavior. It is hoped that adolescents will be given comprehensive reproductive health education to minimize the occurrence of premarital sexual behavior.

## REFERENCES

1. Afrianti, N., & Tahlil, T. (2017). Analisis Implementasi Program Pelayanan Kesehatan Peduli Remaja (PKPR). *Jurnal Ilmu Keperawatan*, 5(2), 15-27.
2. Chacko, S., Kipp, W., Laing, L., & Kabagambe, G. (2007). Knowledge of and perceptions about sexually transmitted diseases and pregnancy: a qualitative study among adolescent students in Uganda. *Journal of health, population, and nutrition*, 25(3), 319.
3. Doyle, A. M., Mavedzenge, S. N., Plummer, M. L., & Ross, D. A. (2012). The sexual behaviour of adolescents in sub-Saharan Africa: patterns and trends from national surveys. *Tropical Medicine & International Health*, 17(7), 796-807.
4. Faswita, W., & Suarni, L. (2018). Hubungan Pendidikan Seks Dengan Perilaku Seksual Pada Remaja Putri Di Sma Negeri 4 Binjai Tahun 2017. *Jumantik (Jurnal Ilmiah Penelitian Kesehatan)*, 3(2), 28-45.
5. Golub, M. S. (2000). Adolescent health and the environment. *Environmental Health Perspectives*, 108(4), 355-362.
6. Imron, A. (2012). Pendidikan kesehatan reproduksi remaja. *Jogjakarta. Ar-ruzz Media*.
7. Lestari, I., & Sefitri, S. (2016). Konseling Bagi Populasi Transgender. *Jurnal Konseling Gusjigang*, 2(1).
8. Lestary, H., & Sugiharti, S. (2011). Perilaku berisiko remaja di indonesia menurut survey kesehatan reproduksi remaja indonesia (SKRRI) tahun 2007. *Jurnal Kesehatan Reproduksi*, 1(3 Agt), 136-144.
9. Masae, V. M., Manurung, I. F., & Tira, D. S. (2019). Hubungan Pengetahuan, Sikap, dan Akses Media Sosial dengan Perilaku Seksual Remaja Perempuan. *Media Kesehatan Masyarakat*, 1(1), 31-38.
10. Mohammadi, M. R., Mohammad, K., Farahani, F. K., Alikhani, S., Zare, M., Tehrani, F. R., & Alaeddini, F. (2006). Reproductive knowledge, attitudes and behavior among adolescent males in Tehran, Iran. *International family planning perspectives*, 35-44.
11. Notoatmodjo, S. (2007). *Promosi kesehatan dan ilmu perilaku*. Jakarta: Rineka Cipta.
12. Rosdarni, R., Dasuki, D., & Waluyo, S. D. (2015). Pengaruh Faktor Personal Berpengaruh Terhadap Perilaku Seksual Pranikah pada Remaja di Kota Kendari Provinsi Sulawesi Tenggara. *Kesmas: National Public Health Journal*, 9(3), 214-221.
13. Savin-Williams, R. C., & Ream, G. L. (2007). Prevalence and stability of sexual orientation components during adolescence and young adulthood. *Archives of sexual behavior*, 36(3), 385-394.
14. Suwarni, L., Ismail, D., Prabandari, Y. S., & Adiyanti, M. G. (2015). Perceived parental monitoring on adolescence premarital sexual behavior in Pontianak City, Indonesia. *Int J Public Health Sci*, 4(4), 211-219.
15. Wijaya, E.C. (2015). *Akses Informasi, Tingkat Pengetahuan Kesehatan Reproduksi dan Perilaku Seksual Pranikah Pada Remaja Di Indonesia (Analisis Lanjutan Data SDKI 2012)*. Thesis, Jember University.