The Relationship Between the Level of Religiosity and Teenage Sexual Behavior in Senior High School

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Abstract— **Based on data from the Family Planning and Coordinating Board (BKKBN) in 2011 showed that 51% of adolescents in Jakarta, Bogor, Depok, Tangerang, Bekasi (JABODETABEK) have had sex before marriage. According to Handayani (2010) there is a significant relationship between the level of adolescent religiosity with adolescent premarital sexual behavior in Serba Bakti high school and Madrasah Aliyah Serba Bakti Tasikmalaya. Farmer (2008) shows that among girls who have good religiosity, teenage girls who have had sexual intercourse was 0.67%, while the rate was 2.9% worse religiosity. This shows that women's sexual behavior is influenced by religiosity. The purpose of this study is knowing the correlation between adolescent religiosity on sexual behavior in Senior High School in Bogor Barat. his study is a follow-up study of a 2013 study with a population of studies to obtain accurate data. The method used in this study is the analytical method with the cross-sectional approach. The data used is primary data obtained from the questionnaires taken from Senior High School in Bogor Barat. Research results in 2013 showed that five variables that were confonder were knowledge, attitude, organization participation, dating status and influence of friends. The interaction of that factors give influence for the adolescent sexual behaviour. Whereas in 2019 the results of the study showed that the four variables that were the confonder were attitude, parental influence, gender, friend influence.**

Keywords— Religiosity, attitude, sexual behavior

I. INTRODUCTION

This template, modified in MS Word 2007 and saved as a " Several studies on sexual behavior reveal the number where sexual intercourse was first performed at a young age, around high school age or at the beginning of the lecture with an age range of 16 to 18 years[1].

According to the *World Health Organization* (WHO) adolescents have had greater sexual relations in 12th grade students than 9th grade students, respectively 49.5% and 19.8%[2]. According to the study, McCabe and Collins discuss how sexy desires and behavior of Australian teenagers aged 16-17 years, such a clear desire to increase the sexy intimacy of the first date dating. 88% of boys and 29% of girls had breast petting, 41% of boys and 6% of girls had female genital stimulation on their first date[3]. The adolescent age category is the age category that is most vulnerable to various negative behaviors, such as risky sexual behavior. Risk sexual behavior is defined as sexual behavior that threatens health due to the exposure of various diseases that can be transmitted through sexual contact such as hepatitis C, hepatitis B, Human Immunodeficiency (HIV) and various other sexually transmitted infections[4].

In Indonesia, Survei Kesehatan Remaja Republik Indonesia (SKRRI) 2012 get 29.5% of teenage boys and 6.2% of teenage girls have touched or stimulated their partners, 48.1% of teenage boys and 29.3% of teenage girls have kissed lips, and 79.6% of teenage boys and 71.6% of adolescent girls have held hands with their partners[5].

Based on the results of Ariyandini's research in 2012, it was found that 10.2% of general high school students agreed about premarital sex. On the other hand 22.2% of religion-based high school students agreed about premarital sex. This shows that there is no difference in attitudes between high school students and religious-based high school students, because the level of religiosity is not only influenced by education in schools, but is also influenced by education provided by parents, the environment and others[6].

There are two important things that underlie sexual behavior in adolescents, namely the hope to get married in a relatively small age (age 20 years) and the increasingly rapid flow of information that can cause sexual arousal in adolescents, especially adolescents in urban areas. These stimuli encourage teens to have premarital sexual relations[7].

Other factors that influence adolescent sexual behavior are puberty, sex, parental supervision, level of knowledge about reproductive health and attitudes towards various sexual behaviors[8].

II. METHOD

This study is a follow-up study of a 2013 study with a population of studies to obtain accurate data. This research used analytical method with cross sectional approach. Population of this study were all of the 2nd grade students of SMAN 5 Bogor with the amount of the students is 348 people. This research used the Proportionate Random Sampling Technique because the population consists of 9 classes (6 science classes and 3 social studies classes). In the calculation of the size of the sample using the Solvin Technique, counted 186.09,integratongg the sample to 186 respondents. Research location is a place for research activities, that located in SMA Negeri 5 Kota Bogor. This research started from data collecting and ended with processing the result of the research. Time of the research is July 2013. Data used in this research is

primary data with the research instrument is questionnaire tested in validity and reliability of each question.

In 2019 the study added the research site to a high school / vocational high school in Bogor Barat district. The study population was all students in the SMA / SMK West Bogor District area with a total population of 1441 students / i. The sample in this study used a total sampling technique using inclusion and exclusion criteria.

III. RESULTS AND DISCUSSION

The results of further analysis found several variables that have a p value of less than 0.05 (p value <0.05). The results of multivariate analysis that have been carried out through all stages obtained final modeling from the analysis as follows:

TABLE I. MULTIVARIATE FINAL MODELING RESULTS IN 2013

Variable	B	SE	Wald	P Value	OR (95%)
Religiousness	4.685	1.307	12.843	0.000	48.263
Attitude	5.923	1.656	12.794	0.000	37.632
Knowledge	6.405	1.647	15.128	0.000	64.706
Participation in Organization	5.313	1.607	10.934	0.001	22.903
Dating Status	5.021	1.630	9.485	0.002	15.544
Friends Influence	3.828	1.356	7.964	0.005	45.958
Constant	4.685	1.307	12.843	0.000	48.263

There are six variables included in the final modeling stage, namely the level of religiosity, attitudes, knowledge, organizational participation, dating status and peer influence.

According to Green theory, behavior is determined or formed from 3 factors, namely predisposing factors, enabling factors and reinforcing factors[9].

Based on the results of the analysis, it can be seen that the variable as the most related confounder is knowledge. The results of this study are consistent with Lisnawati's research that there is a relationship between the level of adolescent knowledge about reproductive health with adolescent sexual behavior (P value 0.009)[10].

TABLE II. MULTIVARIATE FINAL MODELING RESULTS IN 2019

Variable	B	SE	Wald	p Value	OR (95%)
Religiousness	0.399	0.136	8.651	0.003	1.490
Attitude	0.555	0.152	13.328	0.000	1.741
Parental Influence	0.442	0.138	10.329	0.001	1.556
Gender	0.555	0.145	14.644	0.000	1.742
Friends Influence	0.446	0.144	9.541	0.002	1.562
Constant	1.277	0.297	18.473	0.000	3.585

There are variables that include the final modeling, namely the level of religiosity, attitudes, parental influence, gender and peer influence.

As a transitional period from childhood to adulthood, adolescence is the beginning of physical, mental and social developments that will affect functioning in adulthood[11]. This period is full of changes and challenges, also development and opportunities[12]. Adolescents are particularly exposed to high-risk behaviors, and many of such behaviors are founded in this period, which will affect their future health and well-being.[13] Because of selfishness and lack of proper understanding of consequences, adolescence is considered an important stage to start high-risk behaviors.[14] High-risk behaviors can have detrimental effects on adolescents'

development and health, or can impede their future success and development.[15]

The results of this study are in line with the research Lee YM, et, showed that five influential factors were identified: family-centered cultural values, parental relationship, acculturation, gender roles, and lack of knowledge and information about sex and STIs[16].

Based on other research factors contributing to high-risk sexual behaviors in girls can be divided into four general groups including personal, family, peer, school, and community[17].

IV. CONCLUSIONS AND SUGGESTIONS

Research results in 2013 showed that five variables that were confonder were knowledge, attitude, organization participation, dating status and influence of friends. The interaction of that factors give influence for the adolescent sexual behaviour. Whereas in 2019 the results of the study showed that the four variables that were the confonder were attitude, parental influence, gender, friend influence.

The holding of the Community Development Program to develop the implementation of adolescent activities at the Puskesmas level in the form of Youth Care Health Services (PKPR) is considered to be good. PKPR can also be implemented through empowering peer educators and peer counselors for youth and school religious organizations such as health education on sexual and reproductive health, as well as other counseling with approaches to religious norms.

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