Proceedings of the International Conference on Nursing and Health Sciences, Volume 6 No 2, July- December 2025
e-ISSN 2774 – 5104, Global Health Science Group
http://jurnal.globalhealthsciencegroup.com/index.php/PICNHS

DEGREE OF SEXUAL BEHAVIOR AMONG ADOLESCENTS: A CROSS-SECTIONAL STUDY

Niken Yuniar Sari*, Herlina, Stephanie Dwi Guna, Musfardi Rustam
Nursing Faculty, Universitas Riau, Jl. Pattimura, Cinta Raja, Sail, Pekanbaru, Riau 28127, Indonesia
*nikenyuniarsari@lecturer.unri.ac.id

ABSTRACT

Adolescent sexual behavior represents a critical public health concern, as it is closely associated with increased risks of unintended pregnancy, sexually transmitted infections (STIs), and various psychosocial consequences. This study aims to identify and describe the levels of adolescent sexual behavior and to analyze the factors associated with its severity. A cross-sectional quantitative descriptive design was employed, involving 233 adolescents aged 13–18 years. Data were collected using a standardized questionnaire measuring the index of adolescent sexual behavior. Statistical analysis revealed significant relationships between age ($p = 0.035$), access to knowledge ($p = 0.012$), and the family system ($p = 0.028$) with the category of adolescent sexual behavior. Targeted interventions focusing on enhancing digital sexual literacy, empowering adolescents, and strengthening the family's protective role are essential to promote healthy and responsible sexual behavior among adolescents.

Keywords: adolescents; determinant factors; degree of sexual behavior

INTRODUCTION

Early adolescence represents a critical stage of development characterized by rapid physical, social, cognitive, and emotional transitions. The onset of sexual and reproductive maturation during this period often leads to natural curiosity, experimentation, and heightened sexual feelings and impulses. (Mudhune et al., 2024). Adolescence is a developmental stage that requires clarity, guidance, and empowerment. However, access to accurate and age-appropriate information regarding sexuality and reproductive health remains limited. This lack of access increases adolescents' vulnerability to misinformation, engagement in risky behaviors, and exposure to adverse health and psychosocial outcomes (Afolabi et al., 2025). This stage of life is characterized by rapid biological changes, particularly the maturation of the reproductive system and the emergence of sexual drives. Beyond these physical transformations, adolescence is also marked by profound emotional and social developments, including the search for self-identity, a growing sense of independence, and evolving patterns of relationships with family members and peers.

Adolescence is generally divided into three stages: early adolescence (12–13 years), middle adolescence (14–17 years), and late adolescence (18–21 years), each characterized by distinct patterns of physical, emotional, and social development. This period serves as a crucial phase for personality formation and the development of independence in decision-making. (Atiqah et al., 2024). In the Indonesian sociocultural context, which upholds strong moral norms and recognizes marriage as the only legitimate framework for sexual relations, adolescents' sexual drive and curiosity often create internal conflicts and dilemmas. These factors can lead to risky or unconventional sexual behaviors. Consequently, adolescent sexual behavior emerges as a critical and urgent issue that warrants comprehensive research and understanding (Ery Kurnia & Albar Aliyyus, 2025).

Adolescent sexual behavior is not limited to premarital sexual intercourse but encompasses a wide spectrum of activities, ranging from relatively mild behaviors such as holding hands, hugging, and kissing, to more intimate forms of physical contact. (Yulianto, 2020). The increasing intensity of sexual behavior among adolescents indicates a gradual erosion of normative boundaries that traditionally regulate sexual conduct (Eriyanto Eriyanto et al., 2025). A detailed assessment and mapping of the most

prevalent sexual behaviors are crucial, as such behaviors often constitute early stages that may progress into riskier sexual practices, potentially influencing adolescents' reproductive health outcomes and future trajectories. (Marisa et al., 2022).

The level of risky sexual behavior among Indonesian adolescents has reached a concerning threshold. Findings from the 2017 Indonesian Demographic and Health Survey (SDKI) reveal that around 2% of female adolescents and 8% of male adolescents aged 15–24 admitted to engaging in premarital sexual intercourse (Meylawati & Anggraeni, 2024). More detailed findings from the 2012 Indonesian Adolescent Reproductive Health Survey (SKRRI) reveal a considerably higher prevalence of non-intercourse intimate behaviors. The survey reported that 48.1% of male adolescents and 29.3% of female adolescents had engaged in kissing on the lips, and nearly 30% of male adolescents had participated in sexual stimulation. These figures suggest that sexual activities both moderate- and high-risk have become increasingly widespread among adolescents and therefore warrant serious attention and intervention (Suci Sholihat, Endah Dian Marlina, Rosita Syaripah, 2024).

High levels of sexual activity, particularly those that escalate into high-risk behaviors, have various serious negative consequences. The most immediate impact is the increased incidence of unintended pregnancies, which often result in unsafe abortions or early marriages, thereby disrupting adolescents' education and overall quality of life. In addition, risky sexual behaviors heighten adolescents' vulnerability to sexually transmitted infections (STIs), including HIV/AIDS, with the productive age group identified as one of the most at-risk populations. These consequences not only pose significant threats to adolescents' individual well-being but also contribute to broader social and public health challenges (Fadilah et al., 2025).

Given the profound impact of sexual behavior on adolescents, conducting specific research on the level and determinants of such behaviors is both relevant and urgent. This study aims to identify and describe the levels of sexual behavior among adolescents and to analyze the factors associated with them. The findings are expected to provide a strong empirical foundation for stakeholders including the government, educational institutions, and parents to design more targeted, effective, and evidence-based prevention programs, reproductive health education, and psychosocial interventions. Ultimately, these efforts aim to protect adolescents, as the nation's future generation, from engaging in risky sexual behaviors.

METHOD

This study employed a cross-sectional design aimed at describing and analyzing the level of sexual behavior among adolescents aged 13–18 years, as well as the factors influencing it. The study population comprised adolescents residing within the working area of the Umban Sari Community Health Center in Pekanbaru, Riau. A total of 233 respondents were selected using a purposive sampling technique based on inclusion criteria, namely adolescents aged 13–18 years. Data were collected using the Risky Sexual Behavior Index questionnaire, which consists of 20 items and has been tested for validity and reliability. The validity test showed that all calculated r values exceeded the r table values, while the reliability test yielded a Cronbach's Alpha coefficient of 0.979, indicating excellent internal consistency (Thoriq Maulana et al., 2015). The questionnaire was developed using Google Forms and distributed online to the respondents. Prior to data collection, the researcher provided an explanation of the study's objectives and procedures, and respondents were given the opportunity to ask questions before providing informed consent. Data analysis was conducted using SPSS software, comprising univariate analysis to describe

the distribution of demographic characteristics and bivariate analysis using the Chi-Square test to examine the relationships between influencing factors and adolescent sexual behavior. This study received ethical clearance from the Research Ethics Committee of Mitra Indonesia University under approval number S.25/189/FKES10/2025.

RESULTS AND DISCUSSION

Table 1.
Frequency Distribution Based on Adolescent Characteristics (n=233)

Characteristic	Category	Number of Respondents	Percentage (%)
Age	Early Adolescence (12-13 years)	34	14.59
	Middle Adolescence (14-17 years)	197	84.54
	Late Adolescence (18-21 years)	2	0.87
Gender	Male	131	56.2
	Female	102	43.8
Education	Elementary School (SD)	2	0.9
	Junior High School (SMP)	97	41.6
	Senior High School (SMA)	134	57.5
Ethnicity	Melayu	38	16.3
	Minang	119	51.1
	Batak	33	14.2
	Nias	3	1.3
	Javanese	39	16.7
	Bugis	1	0.4
Access to Knowledge	School	14	6
	Mass Media	33	14.2
	- Internet	161	69.1
	- Peers	25	10.7
Parental Income	Below Regency/City Minimum Wage	174	74.7
	Above Regency/City Minimum Wage	59	25.3
Family System	Nuclear Family	208	89.3
	Extended Family	25	10.7
Place Grown Up	Urban	230	98.7
	Rural	3	1.3
Living With Whom	Biological Parents	221	94.8
	Step Mother/Father	11	4.7
	Other Relatives	1	0.5
Smoking	Yes	56	24
	No	177	76
Alcohol Consumption	Drinker	28	12
	Non-Drinker	205	88

Based on the results of data analysis, this study involved a total of 233 respondents. The majority were categorized as middle adolescents aged 14–17 years, with the dominant education levels being junior high school and senior high school. In terms of gender, male respondents slightly outnumbered female respondents, accounting for 56.2% of the total sample. Geographically, nearly all respondents resided in

urban areas (98.7%), and more than half belonged to the Minangkabau ethnic group (51.1%). From a socioeconomic perspective, most respondents (74.7%) came from families with monthly incomes below the city minimum wage. Furthermore, the majority (89.3%) lived in nuclear families with their biological parents. Regarding sources of information, the internet was identified as the main medium for obtaining knowledge (69.1%). Although most respondents reported not engaging in smoking or alcohol consumption, 24% were identified as smokers and 12% as alcohol consumers.

Table 2.
Frequency Distribution Based on the Degree of Adolescent Sexual Behavior (n = 233)

Adolescent Sexual Behavior	f	%	95%CI	
			Lower	Upper
Mild	121	51.9	45.3	58.8
Severe	112	48.1	41.5	54.7

Analysis of the distribution of adolescent sexual behavior revealed that out of 233 respondents, 121 (51.9%) demonstrated mild sexual behavior, while 112 (48.1%) exhibited severe sexual behavior. Based on the 95% confidence interval (95% CI), the estimated proportion of adolescents with mild sexual behavior ranged from 45.3% to 58.5%, whereas the proportion with severe sexual behavior ranged from 41.5% to 54.7%.

Table 3.
Relationship Between Respondent Characteristics and Adolescent Sexual Behavior (n = 233)

Characteristic	Adolescent Sexual Behavior				P *value*
	f	%	f	%	
	Mild		Severe		
Age					0.035
- Early Adolescence (11-13 years)	14	11.57	20	17.85	
- Middle Adolescence (14-17 years)	105	86.77	92	82.15	
- Late Adolescence (18-21 years)	2	1.66	0	0	
Gender					0.237
- Male	73	60.33	58	51.78	
- Female	48	39.67	54	48.22	
Education					0.070
- Primary School	2	1.65	0	0	
- Junior High School	43	35.53	54	48.21	
- Senior High School	76	62,82	58	51.79	
Ethnicity					0.117
- Malay	15	12.39	23	20.53	
- Minang	75	61.98	44	39.28	
- Batak	14	11.57	19	16.96	
- Nias	2	1.65	1	0.89	
- Javanese	14	11.57	25	22.34	
- Bugis	1	0.84	0	0	
Access to Knowledge					0.012
- School	10	8.26	4	3.57	
- Mass Media	12	9.92	21	18.75	
- Internet	87	71.90	74	66.07	
- Peers	12	9.92	13	11.61	
Parents' Income					0.913
- Below Minimum Wage	90	74.38	84	75	
- Above Minimum Wage	31	25.62	28	25	
Family System					0.028
- Nuclear Family	105	86.77	103	91.96	

Characteristic	Adolescent Sexual Behavior				P *value*
	f	%	f	%	
	Mild		Severe		
- Extended Family	16	13.23	9	8.04	
Place of Upbringing					0.516
- Urban	120	99.17	110	98.21	
- Rural	1	0.83	2	1.79	
- Living With					0.552
- Biological Parents	113	93.39	108	96.42	
- Stepmother/Stepfather	7	5.79	4	3.58	
- Other Relatives	1	0.82	0	0	
Smoking					0.131
- Yes	34	28.09	22	19.64	
- No	87	71.91	90	80.36	
Alcohol Consumption					0.429
- Drinker	17		11		
- Non-drinker	104		101		

Based on the results of statistical analysis, a significant relationship ($p < 0.05$) was found between age ($p = 0.035$), access to knowledge ($p = 0.012$), and family system ($p = 0.028$) with the category of adolescent sexual behavior (mild vs. severe). These findings indicate that these factors play an important role in shaping adolescents' sexual behavior. Specifically, younger adolescents tend to exhibit milder sexual behaviors, while the internet serves as the most dominant source of knowledge in both behavior categories. In contrast, gender ($p = 0.237$), education ($p = 0.070$), ethnicity ($p = 0.117$), parental income ($p = 0.913$), place of residence ($p = 0.516$), living arrangement ($p = 0.552$), smoking behavior ($p = 0.131$), and alcohol consumption ($p = 0.429$) did not show statistically significant associations with adolescent sexual behavior categories.

The analysis indicates that this study involved a population primarily composed of middle adolescents (aged 14–17 years) with predominantly junior high and senior high school educational backgrounds. The findings suggest that high school adolescents are more likely to engage in risky sexual behaviors compared to their junior high school counterparts (Gyane et al., 2025). This age group represents a crucial stage in the formation of identity and behavioral patterns. This characteristic is further reinforced by the predominance of respondents residing in urban areas (98.7%), making the findings of this study highly relevant to the urban context, which is characterized by abundant stimuli and greater access to information. Urban populations generally report higher levels of risky sexual behavior compared to their rural counterparts. Several studies have demonstrated that adolescents—particularly males—living in urban areas tend to engage in risky sexual activities more frequently.

This tendency is likely influenced by factors such as wider exposure to media and the internet, as well as more permissive social norms regarding sexual behavior. The present findings are consistent with these patterns, as the majority of respondents in this study lived in urban areas and exhibited varying degrees of risky sexual behavior, reflecting the influence of the social environment and increased access to sexual information in urban settings (Amoah et al., 2025). Although the proportion of male respondents was slightly higher (56.2%), another noteworthy finding relates to the ethnic composition of the sample, with the majority of respondents belonging to the Minangkabau ethnic group (51.1%). Cultural orientation and values play a crucial role in shaping adolescents' understanding and expression of sexuality, as they learn to perform sexual roles within the cultural contexts in which they are raised. Adolescents who grow up with different cultural orientations and levels of familism may display varying patterns of sexual behavior. These findings highlight the importance of cultural factors in influencing

adolescent sexuality, particularly in shaping attitudes, values, and decision-making processes related to sexual behavior (Killoren et al., 2011).
From a socioeconomic perspective, the majority of respondents (74.7%) came from families with incomes below the City Minimum Wage (UMK). This relatively low economic status is often associated with an increased risk of various health and social problems, including limited access to education, health services, and information, which may indirectly influence adolescents' engagement in risky sexual behaviors (Wang & Geng, 2019). However, this socioeconomic vulnerability appears to be mitigated by the finding that the majority of respondents (89.3%) live in nuclear families with their biological parents. This intact family structure may serve as a protective factor by providing emotional support and parental supervision, which can help buffer the negative effects of economic stress. Regarding access to information, the internet was identified as the primary medium used by respondents (69.1%). Notably, adolescents who actively engage with at least one social media platform are significantly more likely to participate in risky sexual behaviors, suggesting that greater exposure to online content may influence sexual decision-making and behaviors. (Gyane et al., 2025). Young women in Africa are disproportionately affected by the HIV epidemic and unplanned pregnancies due to multiple vulnerabilities that heighten their sexual risk. These vulnerabilities stem from limited access to sexual health information, education, and resources, which hinder their ability to make informed decisions about their sexual health. Consequently, many lack the knowledge and skills necessary to protect themselves from HIV infection and unintended pregnancy (Feyisa et al., 2025). These findings suggest that interventions and educational strategies targeting adolescents should leverage digital platforms to align with their information consumption patterns and enhance effectiveness.

Although most respondents reported abstaining from smoking and alcohol consumption, a notable proportion still engaged in these risky behaviors. Specifically, 24% of respondents reported smoking and 12% reported consuming alcohol. Overall, the study found that approximately 30–40% of adolescents smoke, while 25.9% consume alcohol (Pinaria et al., 2023). Research findings indicate that adolescents who reported using both tobacco and alcohol were more likely to engage in overall sexual activity and risky sexual behaviors compared to those who used only tobacco or only alcohol. (Sun et al., 2024). These figures are concerning, as smoking and alcohol use during adolescence are major risk factors for long-term health problems and may serve as early indicators of other emerging risky behaviors (Arfiani Arfiani et al., 2023).

The results of this study indicate that adolescent sexual behavior is almost evenly split between mild and severe categories. Among the 233 respondents, 51.9% exhibited mild sexual behavior, while 48.1% were classified as severe, supported by 95% confidence intervals of 45.3%–58.5% and 41.5%–54.7%, respectively. These findings highlight significant variation in sexual behavior among adolescents, likely influenced by contextual factors such as family environment, sexual education, peer influence, and access to reproductive health information and services (Arfiani Arfiani et al., 2023). Severe sexual behavior may indicate a higher risk of reproductive and social health problems, including unintended pregnancy, sexually transmitted infections (STIs), and other psychosocial consequences (Pebrianti & Maryanti, 2021). Given that the proportion of adolescents exhibiting severe sexual behavior is nearly equal to those in the mild category, it is essential to enhance public health interventions and sexual education programs that are responsive to adolescents' needs (Fahrurrajib & Hakimi, 2019). A holistic prevention strategy combining comprehensive sex education, youth empowerment, and active support from families and communities is essential for reducing risky sexual behavior among adolescents (Fina Ekawati, 2021).

The statistical test results showed a significant relationship between three factors: Age (p=0.035), Access to Knowledge (p=0.012), and Family System (p=0.028) with the category of Adolescent Sexual Behavior (Light vs. Heavy). This finding confirms that these three factors play an important role in determining the level of risk of sexual behavior in adolescents. The identified pattern indicates that younger adolescents tend to be in the light sexual behavior category. This inverse relationship likely reflects the stage of psychosocial development, where early adolescents are still in the exploration phase and are not yet fully exposed to social pressures or the influence of greater autonomy compared to older adolescents. Older adolescents tend to be more likely to engage in sexual activity, as physical and emotional maturation increases sexual desire and readiness. Age is also interrelated with school grade, as adolescents in high school tend to be older and more mature, providing a possible explanation for why they are more likely to engage in sexual intercourse. Puberty accelerates sexual activity, as adolescents may experience increased curiosity and opportunities for sexual behavior (Ipinnimo et al., 2025). In addition, the dominance of the internet as the main source of knowledge in both behavioral categories shows the crucial role of digital media in shaping adolescents' sexual understanding and attitudes, so it needs to be a focus in sexual education intervention strategies (Ririn Darmasih, 2018).

In contrast, most other demographic and risk-behavior factors showed no significant associations with adolescent sexual behavior categories. Variables such as gender ($p = 0.237$), education ($p = 0.070$), ethnicity ($p = 0.117$), and parental income ($p = 0.913$) did not statistically differentiate between light and heavy sexual behavior groups. Likewise, smoking ($p = 0.131$) and alcohol consumption ($p = 0.429$), often considered indicators of risk behavior, were not significant predictors. These findings challenge the common assumption that adolescent sexual behavior is primarily determined by sociodemographic factors or conventional risk behaviors (Aima & Erwandi, 2024). This implies that adolescent health interventions should prioritize intrapersonal and contextual factors such as developmental stage, quality of access to information, and family systems rather than focusing solely on demographic characteristics (Pamekasan, 2025). The significant association between family systems and adolescent sexual behavior highlights the critical role of communication, supervision, and emotional support within the family—factors that appear more influential than family structure alone (e.g., living arrangements). Further research is warranted to examine in greater depth the quality and type of information accessed via the internet, as well as the mechanisms through which family systems shape adolescents' sexual decision-making. Such insights could inform the development of more contextually tailored and effective prevention programs.

CONCLUSION

This study shows that adolescent sexual behavior is significantly influenced by age, access to knowledge, and family systems, while other demographic and risk factors—such as gender, parental income, smoking, and alcohol use—were not significant. Most respondents were urban adolescents aged 14–17 years, from lower-middle socioeconomic backgrounds, with high internet access, highlighting their vulnerability to unsupervised digital exposure. The nearly equal proportions of mild (51.9%) and severe (48.1%) sexual behavior underscore the need for comprehensive, contextually relevant sexual education. These findings point to the importance of enhancing digital sexual literacy, empowering adolescents, and leveraging family systems as protective factors in promoting healthy sexual behavior.

ACKNOWLEDGEMENTS

The authors sincerely express their gratitude to Lembaga Penelitian dan Pengabdian kepada Masyarakat (LPPM) of Riau University for providing the financial support that made this research possible. We also thank the Umban Sari Community Health Center for granting permission and supporting the data collection process. Finally, we extend our heartfelt appreciation to all adolescent participants for their willingness and honesty, which were essential to the success of this study."

REFERENCES

Afolabi, A. A., Ilesanmi, O. S., & Ajala, O. (2025). Sexual and reproductive health needs and desire for comprehensive sexuality education among adolescents in Ekiti State, Nigeria: a cross-sectional study. *Discover Public Health*, *22*(1). https://doi.org/10.1186/s12982-025-00463-3

Aima, S., & Erwandi, D. (2024). Determinan Perilaku Seksual Pada Remaja di Indonesia : Sistematik Review. *Muhammadiyah Journal of Midwifery*, *4*(2), 85. https://doi.org/10.24853/myjm.4.2.85-93

Amoah, E. J., Larle, F. K., Beyuo, F., & Be-Ikuu, D. D. (2025). Urban-rural differences in caregivers' willingness to support adolescent girls' contraceptive use in Ghana: a comparative study. *Contraception and Reproductive Medicine*, *10*(1). https://doi.org/10.1186/s40834-025-00370-7

Arfiani Arfiani, Husnul Khatimah, & Kurniati Akhfar. (2023). Faktor-Faktor Yang Berhubungan Dengan Perilaku Seksual Remaja Di Kabupaten Bulukumba. *Jurnal Riset Ilmu Kesehatan Umum Dan Farmasi (JRIKUF)*, *1*(4), 131–146. https://doi.org/10.57213/jrikuf.v1i4.222

Atiqah, N., Sulhan, A., Ardaniah, N. H., & Rahmadi, M. S. (2024). *Behavior : Jurnal Pendidikan Bimbingan Konseling dan Psikologi Volume 1 No 1 Mei 2024 PERIODISASI PERKEMBANGAN ANAK PADA MASA REMAJA : TINJAUAN PSIKOLOGI*. *1*(1), 9–36.

Eriyanto Eriyanto, Moch. Aspihan, & Iskim Luthfa. (2025). Faktor–faktor yang Berhubungan dengan Perilaku Seksual Berisiko pada Siswa SMA Jayapura. *Jurnal Siti Rufaidah*, *3*(3), 249–261. https://doi.org/10.57214/jasira.v3i3.229

Ery Kurnia, & Albar Aliyyus. (2025). Budaya Perkawinan dalam Bentuk Pemaksaan Perkawinan Vs Tindak Pidana dalam Lingkup Perkawinan Menurut Perspektif Undang-Undang Nomor 12 Tahun 2022 tentang Tindak Pidana Kekerasan Seksual. *Referendum : Jurnal Hukum Perdata Dan Pidana*, *2*(1), 51–65. https://doi.org/10.62383/referendum.v2i1.518

Fadilah, R., Fauza, F., Khairina, R., & Mustika, N. (2025). Kesiapan Menjalani Peran Sebagai Ibu pada Remaja Hamil Diluar Nikah. *Jurnal Wahana Konseling*, *8*(1), 131–144. https://doi.org/10.31851/juang.v8i1.19531

Fahrurrajib, F., & Hakimi, M. (2019). Dampak intervensi kesehatan seksual dan reproduksi pada niat perlindungan terhadap perilaku seksual pada remaja: nonequivalent control group design. *Berita Kedokteran Masyarakat (BKM)*, *34*(4), 1–6. https://journal.ugm.ac.id/bkm/article/downloadSuppFile/44675/7659

Feyisa, B. N., Debelew, G. T., & Koricha, Z. B. (2025). Correlates and effects of information, motivation and behavioral skills on primary sexual abstinence among female university students in Ethiopia: a cross-sectional study. *BMC Women's Health*, *25*(1). https://doi.org/10.1186/s12905-025-03664-9

Fina Ekawati. (2021). *Intervensi Perilaku Dalam Pencegahan Seks Berisiko Pada Remaja*. 1–131.

Gyane, C. O., Gmayinaan, V. U., & Osei, E. (2025). Association between social media use and adolescents' sexual behaviours: a cross-sectional study among high school students in Drobo, Ghana. *BMC Public Health*, *25*(1). https://doi.org/10.1186/s12889-025-21585-y

Ipinnimo, T. M., Rosiji, O. O., Asake, O. T., Ibikunle, O. O., Ipinnimo, M. T., & Asake, T. M. (2025). Adolescent sexuality education, sexual debut, and associated factors in Nigerian public secondary schools. *Scientific Reports*, *15*(1), 1–10. https://doi.org/10.1038/s41598-025-06360-8

Killoren, S. E., Updegraff, K. A., & Christopher, F. S. (2011). Family and Cultural Correlates of Mexican-Origin Youths' Sexual Intentions. *Journal of Youth and Adolescence*, *40*(6), 707–718. https://doi.org/10.1007/s10964-010-9587-5

Marisa, R., Kurniyati, S., & Fitri, I. (2022). Perilaku Seksual Pada Remaja Usia 11 – 14 Tahun di SMPN 2 Kepahiang. *Jurnal Ilmu Kesehatan*, *8*(1), 81–86.

Meylawati, L. E., & Anggraeni, F. (2024). Analisis Pengetahuan Remaja Terhadap Perilaku Seksual Pranikah. *Jurnal Wacana Kesehatan*, *9*(2), 82. https://doi.org/10.52822/jwk.v9i2.668

Mudhune, V., Winskell, K., Bednarczyk, R. A., Ondenge, K., Mbeda, C., Kerubo, E., Ndivo, R., Arego, J., Morales, M., Halliburton, B., & Sabben, G. (2024). Sexual behaviour among Kenyan adolescents enrolled in an efficacy trial of a smartphone game to prevent HIV: a cross-sectional analysis of baseline data. *Sahara J*, *21*(1), 1–10. https://doi.org/10.1080/17290376.2024.2320188

Pamekasan, D. I. S. (2025). *Jurnal Consulenza : Jurnal Bimbingan Konseling dan Psikologi PENANGANAN SISWA KORBAN BULLYING*. 185–201.

Pebrianti, & Maryanti, S. (2021). Faktor-Faktor Yang Mempengaruhi Perilaku Seksual Pada Remaja Putri Kelas Xii Di Sma Negeri I Unaaha Kabupaten Konawe. *Jurnal Kebidanan Vokasional*, *6*(1), 24–33.

Pinaria, A. S., Manampiring, A. E., & Umboh, A. (2023). Hubungan antara Kebiasan Merokok, Konsumsi Alkohol dan Faktor Sosiodemografis dengan Kualitas Hidup Remaja di Kabupaten Minahasa Utara. *E-CliniC*, *12*(1), 96–106. https://doi.org/10.35790/ecl.v12i1.45748

Ririn Darmasih. (2018). Faktor Yang Mempengaruhi Perilaku Seksual Pranikah Pada Remaja SMA di Surakarta. *Jurnal Biometrika Dan Kependudukan*, *5*(1), 61. https://ejournal3.undip.ac.id/index.php/jkm/article/.../18768%0Aejournal.poltekkes-pontianak.ac.id/index.php/JVK/article/download/7/5%0A%0A

Suci Sholihat, Endah Dian Marlina, Rosita Syaripah, D. (2024). Pengaruh Edukasi Perilaku Seks Beresiko Terhadap Sikap Dan Niat Prilaku Seks Pada Remaja Di Sma Negeri 39 Cijantung Di the Impact of Sexual Education on Risky Sexual Behaviour and Its Implications for Attitudes and Intentions Toward Sexual Behaviour Among. *Journal of Midwifery Science and Women's Health*, *4*(20), 87–94. https://doi.org/10.36082/jmswh.

Sun, J., Zhu, Y., Yang, L., & Ma, C. (2024). Associations of tobacco and alcohol use with sexual behaviors among adolescents in 59 countries: a population-based study. *BMC Public Health*, *24*(1). https://doi.org/10.1186/s12889-024-19939-z

Thoriq Maulana, M., Hilmi Habibullah, M., Sunandar, Sholihah, N., Ainul Rifqi L. P., M., & Fahrudin, F. (2015). Uji Validitas Dan Reabilitas Indeks Derajat Perilaku Seksual Remaja. *Laporan Akhir*, *1*(201310200311137), 78–79.

Wang, J., & Geng, L. (2019). Effects of socioeconomic status on physical and psychological health: Lifestyle as a mediator. *International Journal of Environmental Research and Public Health*, *16*(2). https://doi.org/10.3390/ijerph16020281

Yulianto, A. (2020). Pengujian Psikometri Skala Guttman untuk Mengukur. *Jurnal Psikologi : Media Ilmiah Psikologi*, *18*(2009), 38–48.