

The Source of Adolescents Reproductive Health Information and Dating Behavior Among Senior High School Students

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ABSTRACT

Background: The adolescence period is a crucial time for laying the foundations of good health. Having access to high Adolescents Reproductive Health (ARH) information decreases premarital sex, child marriage, adolescent pregnancy, Sexually-transmitted infections (STIs), and HIV/Aids. Premarital sex was associated with dating behavior. About 57% of adolescents have dating behavior. This study aimed to analyze the source of adolescents' reproductive health related to dating behavior among adolescents. **Method:** This was a cross-sectional study carried out in July-September 2022. The study population was high school students in Yogyakarta. A multistage random sampling technique was employed, involving 80 respondents. The instrument used was a questionnaire that has been tested. Data analysis in chi-square and logistic regression using statistical test software. **Results:** Females (56.1%) and males (43.9%) had dating behavior. The father's education ($p=0.012$), the mother's communication about ARH ($p=0.040$), and the father's communication about ARH ($p=0.018$) were related to dating behavior among adolescents. Father's education affects dating behavior among adolescents OR 5.01. Adolescents who have a father who graduated >12 years of education were 5 times more likely to have no dating behavior. **Conclusion:** The role of parents is needed to prevent dating behavior among adolescents.



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Introduction

Adolescents as ages 10-19 years depending on World Health Organization (WHO) definition [1]. In the year 2021, about 17% of Indonesia's total population is adolescents. The population of adolescents in Indonesia is 4.6 million [2]. Adolescence was characterized by significant physical and psychosocial changes that bring both risks and opportunities for influencing the life prospects of young people [1]. Adolescents have a great curiosity, love exploring adventure and challenges as well to tend dare to take a risk without consideration. It makes adolescents easier to do sexual risky behavior. WHO promotes the importance of Adolescents' Reproductive Health (ARH) to meet these challenges to decrease the reproductive health problem among adolescents [3].

Adolescents have some threats related to adolescents reproductive health. In general, there were three threats to adolescents include sexuality, HIV/AIDS, Narcotics, Psychotropics, and Addictive Substances (NAPZA) [4]. Sexuality problems indicated by adolescents' sexual risky behavior such as

premarital sex can cause injury, death, and illness. That's problems were dating violence, child marriage, adolescent pregnancy, Sexually-transmitted infection (STIs), and HIV/AIDS [5].

A previous study showed that 18.5% of high school students in Yogyakarta had premarital sex. Lack of knowledge about ARH, lack of parents' awareness, and source of information about ARH are related to premarital sex behavior [6]. Premarital sex has impacts on several health consequences, including regrets, guilt, loss of self-respect, depression, loss of family support, substance abuse, and even suicidal death [7].

Another qualitative study in Yogyakarta showed that there was a relationship between dating behavior and premarital sex. All the respondents mentioned if the urge to have sexual activity belonged to their boyfriend. The duration of having a boyfriend, their style of relationship, how many times they met in a week and what sexual activity they did in, and how they spent the meeting time including the chance for having sex were associated with having premarital sex [8], [9]. The previous study of high school students stated that about 57% of students have dating behavior [10].

Dating behavior influenced adolescents' risky sexual behavior that can cause several health consequences ($p=0.001$) [11]. A study conducted on junior high school students in East Java showed that 49.4% of respondents were active in risky sexual behavior. This risky sexual behavior starts from dating [12]. Male adolescents who are dating have a 4 times more highrisk of doing premarital sex [13], [14]. Females in the community may engage in sex for financial benefits and lack parental supervision. Males were also favorable to premarital sex out of curiosity, peer pressure, a test of virility, a chance to gain experience, and their reward for giving a girl gifts, especially his girlfriend [15].

Adolescents' reason for dating behavior was influenced by peers, need someone to share with and can be relied on, and to get motivation and enthusiasm. Dating behavior in a romantic relationship showed higher levels of well-being than those who were single [16]. Dating behavior among adolescents has been linked to both positive and negative outcomes, yet the specific qualities of such relationships determine the outcomes. The experiences of separation are also mostly done if the quality of the relationship was poor, or if a new relationship started shortly after the separation before. It's increased mental health problems among adolescents. The imbalance between romantic expectations and reality is associated with a greater risk of depression and suicidal behavior [17].

Adolescents may have emotionally unstable due to the period of transition and lack the relationship experience, coping skills, and communication strategies. The inability to manage conflict with a partner may impact dating violence and psychological problems over time. Heightened conflict predicted anxiety, sadness, guilt, and worry [18]. Girls reported higher rates of verbal abuse (31%), harassment (22%), and touching against their will (18%). Adolescents who experienced dating violence were also at a greater risk of reporting negative academic adjustment. Dating violence affects their motivation to do well in school, achieve good grades, or attend school [19].

Adolescents aged 15-17 who experienced Teen Dating Violence (TDV) were 1.92 times more likely to have experienced suicidal ideation, and 1.67 times more likely to have made a suicide plan when compared with their counterparts who experienced no TDV. Dating in more advanced ages >23 or adulthood periods decreased violent relationships. Exposure to early poor-quality of dating behavior may set the stage for future relationship dysfunction, which in turn is linked to increased mental distress [20].

Dating behavior among adolescents was associated with knowledge level about ARH [10]. Having access to high ARH information can decrease adolescents' health problems. The adolescence period is also the most critical time for laying the foundation of good health [21]. Parents also have a very important role to prevent dating behavior and should be role models for teenagers. ARH education should begin at home [22].

Young people's access to sex education and comprehensive reproductive health services and youth-friendly was limited therefore, their knowledge level about ARH was still low. Data showed that most adolescents had little or no understanding of ARH. The point above indicates the importance of education to prevent reproductive health problems. Reproductive health services need to be available in the community. These include health education, counseling, and the provision of

contraceptive services [23]. This study goal's was to analyze the source of adolescents' reproductive health related to dating behavior among adolescents.

Materials and Method

This type of study was a quantitative descriptive analytic study with a cross-sectional approach. This study was conducted in Yogyakarta in July-September 2022. The population in the study was high school students in Yogyakarta. A multistage random sampling technique was used to identify study subjects. The first stage was to choose the high school that will be used in the study. The second stage was to select respondents from each school. All of these stages use a random technique. The sample was 80 adolescents consisting of 40 males and 40 females from 5 senior high school grade XI in Yogyakarta.

Dating behavior among adolescents was the dependent variable. While the independent variables tested were the adolescents' communication and access to information about Adolescents' Reproductive Health (ARH). Data were collected by questionnaires that have been tested. Data were analyzed by statistical testing software. The data were analyzed using the frequency distribution and the Chi-square test and logistic regression. Ethical approval for this study was e-KEPK/POLKESYO/0530/VI/2022 from the ethical committee Poltekkes Kemenkes Yogyakarta.

Results and Discussion

Results

The respondents in the study were high school students in XI class in Yogyakarta. Respondents in this study were adolescents consisting of 40 male students and 40 female students. The largest proportion of students was at the age of ≤ 16 years old (87.5%). Based on Table 1, it was known that most parents' education graduates with 12 years of education. Students' fathers' and mothers' education who graduated with 12 years of education was 64.2%.

Table 1. Respondents' Characteristics

Variables	F	%
Age groups		
≤ 16 years old	70	87.5
> 16 years old	10	12.5
Gender		
Male	40	50
Female	40	50
Father's education		
12 years	52	64.2
> 12 years	28	34.6
Mother's education		
12 years	52	64.2
> 12 years	28	34.6

Adolescents got information about reproductive health from various sources. Adolescents communicate with their fathers, mothers, and friend about ARH. Our findings in Table 2 showed that high mother communication about ARH was higher among female adolescents (77.8%) than males (22.2%). No difference in high father communication about ARH in both groups of adolescents (50%). Female adolescents got a higher prevalence than male adolescents in high peer communication about ARH and other sources of information about ARH. Sources of information among adolescents about ARH were school, the internet, leaflet or module, newspaper or magazines, and health providers.

Table 2 explained dating behavior among adolescents. The majority of female adolescents (56.1%) had dating behavior. While in males, almost half of them had dating behavior (43.9%). In identifying dating activity among adolescents based on Table 3, most of the adolescents' dating activity was hand in hand (85.4%). One of them (2.4%) admitted to having kissed. Only 12.2% of adolescents do not physically touch.

Table 2. Bivariate Analysis of Communication and Acces Information towards Adolescents' Reproductive Health and Dating behavior among male and female adolescents

Variables	Male		Female		P-value	Exp (B)
	f	%	f	%		
Mother's Communication about ARH					0.000*	9.808
No	10	90.9	1	9.1		
Low	24	57.1	18	42.9		
High	6	22.2	21	77.8		
Father's Communication about ARH					0.647	-
No	15	44.1	19	55.9		
Low	22	55	18	45		
High	3	50	3	50		
Peer Communication about ARH					0.583	-
No	6	50	6	50		
Low	25	54.3	21	45.7		
High	9	40.9	13	59.1		
School's Information about ARH					0.659	-
No	6	42.9	8	57.1		
Low	23	54.8	19	45.2		
High	11	45.8	13	45.2		
Internet Information about ARH					0.899	-
No	1	50	1	50		
Low	24	52.2	22	47.8		
High	15	46.9	17	53.1		
Leaflet Module Information about ARH					1.000	-
No	20	51.3	19	48.7		
Low	20	48.4	21	51.2		
High	0	0	0	0		
Newspaper/ Magazine Information about ARH					0.933	-
No	11	52.4	10	47.6		
Low	24	50	24	50		
High	5	45.5	6	54.5		
Health Provider Information about ARH					0.349	-
No	8	47.1	9	52.9		
Low	24	57.1	18	42.9		
High	8	38.1	13	61.9		
Dating behavior					0.263	-
No	22	56.4	17	43.6		
Yes	18	43.9	23	56.1		

*) $p < 0.05$

Table 3. Dating Activity among Adolescents

Variables	F	%
No Physical Touch	5	12.2
Physical Touch		
Hand in hand	35	85.4
Kissing	1	2.4

Our findings in [Table 4](#) showed that the father's education ($p=0.012$), the mother's communication about ARH ($p=0.040$), and the father's communication about ARH ($p=0.018$) were related to dating behavior among adolescents. Adolescents who have a father who graduated >12 years of education have a higher percentage of do not have dating behavior (67.9%). A total of 61.9% of adolescents who have low communication about ARH with their mothers and 60% with their fathers have no dating behavior. Meanwhile, the majority of adolescents who have high communication about ARH with their mothers were in dating behavior (63%). All of the adolescents who have high communication about ARH with their father were in dating behavior (100%).

The variables with p -value < 0.25 were analyzed for multivariate analysis. Logistic regression was used for multivariate analysis. The final results were presented in [Table 5](#). In terms of dating behavior among male and female adolescents, the father's education significantly affects dating behavior among adolescents with a p -value < 0.05 . Father's education was the factor that affect dating behavior among adolescents with a p -value of 0.033, OR 5.01 (95% CI 1.138-22.074).

Adolescents who have a father who graduated >12 years of education were 5 times more likely to have no dating behavior.

Table 4. Factor Related towards Dating Behavior among Adolescents

Variables	Dating				P-value	Exp(B)
	No		Yes			
	f	%	f	%		
Sex					0.366	-
Males	22	55	18	45		
Females	17	42.5	23	57.5		
Father's education					0.013*	5.013
12 years	20	38.5	32	61.5		
>12 years	19	67.9	9	32.1		
Mother's education					0.116	-
12 years	22	42.3	30	57.7		
>12 years	17	60.7	11	39.3		
Mother's Communication about ARH					0.040*	-
No	3	27.3	8	72.7		
Low	26	61.9	16	38.1		
High	10	37	17	63		
Father's Communication about ARH					0.018*	-
No	15	44.1	19	55.9		
Low	24	60	16	40		
High	0	0	6	100		
Peer's Communication about ARH					0.247	-
No	4	33.3	8	66.7		
Low	26	56.5	20	43.5		
High	9	40.9	13	59.1		
School's Information about ARH					0.780	-
No	6	42.9	8	57.1		
Low	22	52.5	20	47.6		
High	11	45.8	13	54.2		
Internet's Information about ARH					0.339	-
No	0	0	2	100		
Low	22	47.8	24	52.2		
High	17	53.1	15	46.9		
Leaflet/ Module Information about ARH					0.650	-
No	18	46.2	21	53.8		
Low	21	51.2	20	48.8		
Newspaper/ Magazine Information about ARH					0.282	-
No	12	57.1	9	42.9		
Low	20	41.7	28	58.3		
High	7	63.6	4	36.4		
Health Provider Information about ARH					0.768	-
No	7	41.2	10	58.8		
Low	21	50	21	50		
High	11	52.4	10	47.6		

Table 5. Multivariate analysis related to dating behavior among adolescents

Variables	Sig	Exp B	CI
Father's education (<12 years)	0.033	5.013	1.138 – 22.074

Discussion

The largest proportion of students was at the age of ≤16 years old consisting of 40 males and 40 females. According to WHO, adolescence is the phase of life between childhood and adulthood, from ages 10 to 19 years. It is a unique stage of human development and an important time for laying the foundations of good health [1].

The parental education was in graduates with 12 years of education. Students' father's and mother's education who graduated with 12 years of education showed that most of them graduated from secondary education. The higher the education level of parents the higher level of human capital investment in the family. Human capital is a form of capital relative to physical capital, which is

represented by the knowledge, skills, experiences, and health that people process. Parental education is an extremely important part of human capital investment, especially for the child in the family [24].

Our findings suggested that high mother communication about ARH was higher among female adolescents than males. No difference in high father communication about ARH in both groups of adolescents. The previous study suggested that the highest communication between parents and children about reproductive health occurs between mothers and children [25]. Another study stated that the proportion of adolescents who discussed reproductive health with their parents was very low at 35%. This is because adolescents feel taboo and oppose social norms when discussing sex and reproductive health with their parents [26].

On the other hand, the present study stated that peer communication about ARH also occurred between male and female adolescents. During the period of adolescent development, the intensity of communicating with friends increases. The majority of girls said they communicated menstruation to their friends compared to their mothers or father [27]. Although adolescents can increase their time to spend with friends, the bonding relationship between father and mother with adolescents will help adolescents to increase their self-confidence and self-esteem. Self-esteem is related to self-acceptance which affects the tendency to behave positively [28].

The other sources of information among adolescents about ARH were school, the internet, leaflet or module, newspaper or magazines, and health providers. Schools served as an essential source of sexual health information for both males and females, although many said that they have not learned much from them. It's because of the length of time they study at school and they had not taken health-related courses. Outside of school or parents, males looked for advice about sexual health online. They listed Google searches, YouTube videos, or social media as their preferred sources of information. In contrast, females viewed information from online sources as incorrect, misleading, or even harmful. In general, sources of information can be humans and the form of mass media such as television, newspapers, online media, and magazines [29]. The previous study about the implementation of leaflets and animation films was effective to improve knowledge about puberty among adolescents (p -value <0.001) [30].

The majority of adolescents had dating behavior. The prevalence of male and female adolescent dating behavior was almost the same. In identifying dating activity among adolescents, most of the adolescents' dating activity was hand in hand (85.4%). One of them (2.4%) admitted to having kissed. Only 12.2% of adolescents do not physically touch. From the dating activity among adolescents, it can be seen that sexual risky behavior may occur. Sexual risk behaviors among adolescents are often conceptualized as markers along a continuum of sexual development (e.g, from hand-in-hand, hugging, kissing, and making out to premarital sex such as oral, vaginal, and anal sex) [31].

The father's education ($p=0.012$), the mother's communication about ARH ($p=0.040$), and the father's communication about ARH ($p=0.018$) were related to dating behavior among adolescents. Our findings are in line with the previous study that there was a significant relationship between parental communication and adolescents' dating behavior [32]. Parental communication in terms of providing information about reproductive health to their child was related to the adolescents' knowledge level about reproductive health, a p -value of 0.001 [25]. Nevertheless, a qualitative study in 2021 showed that some adolescents admitted that they don't get information about ARH from their parents. Lack of openness with parents is the barrier to the lack of information provided. Some adolescents felt uncomfortable talking to their parents about dating behavior because their parents always think negatively about dating and tend to exercise judgment [33].

The father's education significantly affects dating behavior among adolescents with a p -value <0.05 . Father's education was the factor that affect dating behavior among adolescents with a p -value of 0.033, OR 5.01 (95% CI 1.138-22.074). Adolescents who have a father who graduated >12 years of education were 5 times more likely to have no dating behavior. Father's education who graduated with 12 years of education showed that they graduated from secondary education.

Parent's higher education causes parents to tend to be more open, and flexible, and follow the development of social dynamics which in turn facilitates the relationship between parents and

children [34]. The parental warmth is enough to support children when they display correct behavior and prevent their child's risk behaviors through reasoning and communicative practices. The high-quality parent-adolescent relationship was associated with lower odds of engaging in risky behavior in adolescents [35].

Parental education helps parents promote ARH to reduce sexually risky behaviors and associated outcomes among adolescents [36]. Level of education ($p=0,005$), economic level ($p=0,002$), and source of information ($p=0,000$) were associated with the role of parents in providing sex education [37]. Another study suggested that parents' self-confidence was the most influential factor in reproductive health education for adolescents ($OR=3,052$, $CI=1,534- 6,071$). Low level of education, lack of skills to explain the topic of sexuality, lack of knowledge of the material that will be given, and shame when conveying sexual material are some that affect parents' self-confidence [38].

Parents were the most common source of information about reproductive health. While no gender differences were found between reported parental communication about ARH [39]. Statistical analysis showed there is a relationship between knowledge of reproductive health with dating behavior in high school students [40], [41]. A good knowledge level will protect adolescents from dating behavior and other risky sexual behavior because adolescents have agency over their own bodies. Sexual agency reflects someone's ability to assert themselves and express their sexual desires in terms of what they do and do not want to do. Parental influences play an important role in determining sexual behavior and beliefs. Adolescents who have a positive parental relationship show greater sexual agency [42].

Conclusion

The majority of female and male adolescents had dating behavior. There was a relationship between the father's education, the mother's communication about ARH, and the father's communication about ARH with dating behavior among adolescents. Adolescents communicate with their fathers, mothers, and friend about ARH. Other sources of information among adolescents about ARH were school, the internet, leaflet or module, newspaper or magazines, and health providers. The integration of providing ARH information is needed to prevent dating behavior among adolescents. Our findings can become reference material for the development and improvement of future research.

Declaration

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