

## Comparison of Knowledge and Attitudes Regarding Free Sexual Behavior Among Male and Female University Students

Yuanita Ani Susilowati<sup>1\*</sup>, Emanuel Ade Nugraha<sup>1</sup>, Ferdinan Sihombing<sup>1</sup>, Yosi Maria Wijaya<sup>1</sup>, Stepanus Prihasto Septiawan<sup>1</sup>, Dian Putrawangsa<sup>2</sup>

<sup>1</sup> Department of Nursing, Santo Borromeus University, Padalarang, Indonesia

<sup>2</sup> Department of Digital Business, Santo Borromeus University, Padalarang, Indonesia

Corresponding Author Email: [yuanita@ustb.ac.id](mailto:yuanita@ustb.ac.id)

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### ORIGINAL ARTICLES

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### ABSTRACT

Free sexual behavior among adolescents encompasses activities such as hugging, kissing, and intercourse, which are influenced by knowledge and attitudes. This issue is particularly concerning among university students, who are at a developmental stage characterized by heightened sexual drive. This study aimed to analyze differences in knowledge and attitudes toward free sexual behavior between male and female university students. A comparative quantitative study was conducted using a convenience sampling technique involving 398 students aged 18–25 from a private university in Bandung. Data were collected through a validated and reliable questionnaire consisting of 15 knowledge questions and 15 attitude questions. The Mann–Whitney test was used to assess the differences in average scores between the groups. The results showed that female students had higher average scores in both knowledge (Mean = 9.77 vs. 9.18;  $p = 0.009$ ) and attitudes (Mean = 49.12 vs. 44.02;  $p < 0.000$ ) compared to male students. Only a small proportion of students had good knowledge, and most male students exhibited negative attitudes, indicating approval or willingness to engage in such behavior. These findings suggest that knowledge and attitudes play a critical role in shaping sexual behavior among university students. These findings underscore the urgency of developing gender-responsive sexual health education interventions in higher education settings.

#### Key Messages:

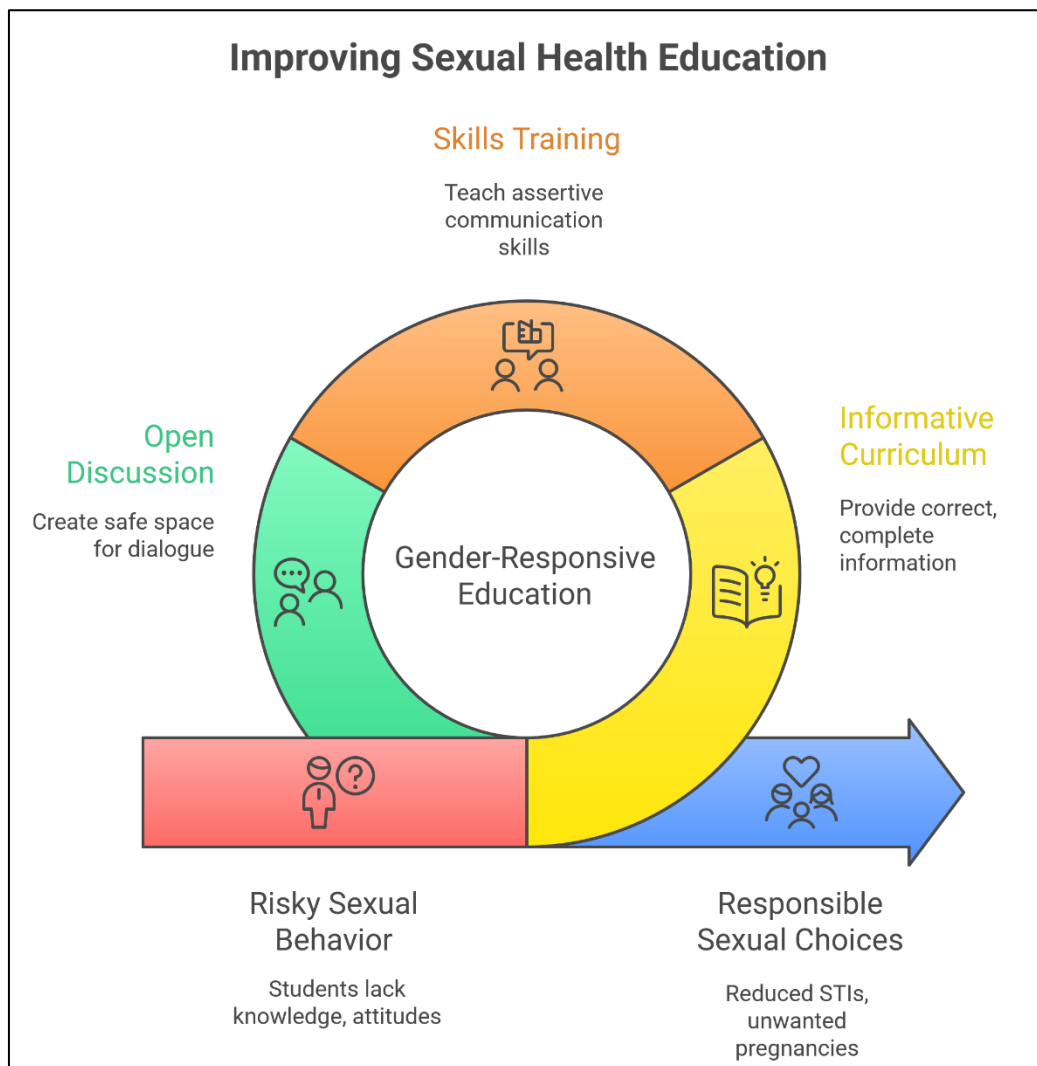
- Male students tend to agree with free sexual behavior and express a willingness to engage in it.
- Female students tend to disagree with free sexual behavior.
- The findings can serve as baseline data to design student guidance programs aimed at preventing free sexual behavior.

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## GRAPHICAL ABSTRACT



## INTRODUCTION

Sexuality is an integral part of human life that develops alongside biological, psychological, social, and cultural factors. (1). Sexual activity is normal, but problems arise when it occurs without clear personal boundaries or outside rules accepted by law and culture. In such cases, the behavior is often described as free sexual behavior (2). This type of behavior does not occur in one form. It can start with hugging or kissing and then progress to more intimate contact, even premarital sex. Extensive research has been conducted on adolescent sexual behavior, but given the increasing prevalence of deviant sexual behavior among both boys and girls, this research data is crucial as a baseline for designing more effective prevention programs (3), (4), (5), (6).

Adolescents and university students are often at a stage in life where they are more vulnerable to such behavior. In late adolescence, which generally includes those aged 18 to 25, hormonal changes become stronger, curiosity about sexuality increases, and relationships with peers often become more intimate and emotionally close (7), (8). Simultaneously, many students begin living away from their families. With less parental monitoring and more freedom to manage their own lives, there are naturally more opportunities for risky sexual behavior. The behavior of adolescents living away from their parents is greatly influenced by their peers. If their peers behave appropriately, the adolescents tend to do the same; however, if peers view sexual relations as a modern lifestyle, the adolescents are likely to follow that perception, this is proven in the research of Hasanah et al (2020) where peers are the dominant factor with OR: 3.917 (9).

Reports from Indonesia show that sexual activity among young people has become more common.

National surveys have revealed data that raise concerns. According to the BKKBN, 59 percent of females and 74 percent of males aged 15–19 years have reported engaging in premarital sexual intercourse (5). Other studies have described how a lack of life skills and limited discussions about sexual matters contribute to unhealthy dating practices (Health Research and Development Agency, 2018). More recent findings from different regions have shown that the proportion of adolescents involved in premarital sexual activity ranges between 30 and 60 percent, which suggests that this issue continues despite cultural and religious taboos (10).

Knowledge plays an important role in shaping behavior. Sexual knowledge does not only mean knowing human anatomy. It also involves understanding reproduction, contraception, the risks of sexually transmitted infections, and guidance on how sexual relationships should be carried out in a responsible and lawful way (11). According to Bloom's taxonomy, knowledge influences attitudes, and attitudes influence behavior. In practice, this means that what young people know will influence how they feel about certain behaviors, and those feelings will then guide the decisions they make. Many studies have shown that adolescents with better sexual knowledge tend to have healthier attitudes and are less likely to engage in risky sexual practices (12), (13). Unfortunately, sexual education in Indonesia is still often limited to what is taught in biology classes, and many cultural norms prevent open discussions about sexual matters between parents, teachers, and students (14), (15).

Sex is another important factor that affects sexual behavior. In many communities, male adolescents are given more freedom in social interactions, experience less strict parental supervision, and are less likely to face stigma for engaging in premarital sex. These conditions can increase the chances of engaging in risky sexual activities (16), (17). In contrast, female adolescents are usually more closely monitored and influenced by cultural expectations that encourage modesty and careful behavior. These factors often lead to more cautious sexual attitudes (18). However, stricter rules do not guarantee safety. Many young women still have limited access to accurate sexual knowledge, which can leave them vulnerable to coercion, misinformation, or unsafe practices when they enter intimate relationships (19), (6).

The use of technology adds another challenge. The Internet makes it very easy for students to access pornography and sexual information that is not always accurate (17), (14). Studies have shown that frequent exposure to explicit sexual content online is linked to more permissive attitudes and a higher likelihood of engaging in premarital sexual activity (16). On social media, romantic relationships are often portrayed with physical intimacy as something normal, even desirable, reinforcing peer norms and increasing social pressure that may encourage free sexual behavior (20).

The impact of free sexual behavior is serious and extends beyond physical health issues. The risks include unintended pregnancies, unsafe abortions, and sexually transmitted infections (STIs) such as HIV, gonorrhea, and syphilis. They also include emotional and social consequences such as feelings of guilt, experiences of stigma, and even interruptions in education that can affect a person's future opportunities (21), (22), (23).

Considering these concerns, this study examined the differences in knowledge and attitudes toward free sexual behavior between male and female students at a private university in Bandung. The results are expected to provide updated evidence that can help develop sexual education programs that respond to gender-specific needs and can be applied effectively in a university context.

## **METHODS**

This study employed a comparative quantitative design and a cross-sectional approach. The sample consisted of 398 male and female university students aged 18–25 years, obtained using convenience sampling. The inclusion criteria were students willing to participate and provide informed consent. The exclusion criteria included students who were ill or enrolled in special programs during the data collection period.

The operational definition of knowledge refers to what adolescents know, understand, and apply regarding sexual activity, risky sexual behavior, the consequences of sexual activity, pregnancy, and sexually transmitted diseases. Knowledge was measured using a knowledge questionnaire consisting of 15 question

items that have been tested for validity and reliability with a value of 0.73, consisting of the domain of sexual activity (four question items), risky sexual activity (two question items), the impact of sexual activity (three question items), pregnancy (two question items), and sexually transmitted diseases (four question items) (Guttman scale). The operational definition of attitude is the views or opinions of students regarding sexual activity, which includes the domain of personal value, norms, and prohibitions. Attitudes were measured using a questionnaire of 15 items from Muflih (2018), which includes the personal value domain (seven items), the norm domain (five items), and the prohibition domain (three items). The questionnaire was tested for validity and reliability, with a value of 0.70. (Likert scale). The questionnaire was distributed using Google Forms.

The data were processed using SPSS. Univariate analysis described the demographic characteristics and distribution of knowledge and attitude categories. Normality was tested using the Kolmogorov–Smirnov. As most variables were not normally distributed, the Mann–Whitney U test was used to compare mean scores between genders.

### CODE OF HEALTH ETHICS

This study was approved by the Ethics Committee of Universitas Santo Borromeus (approval number: 083/USTB/Etik/Has/VI/2024).

### RESULTS

A total of 398 university students participated in the study, and both general and specific data were collected. General data included age and sex, while specific data focused on knowledge and attitudes toward free sexual behavior.

**Table 1. Characteristic Respondents**

Characteristic		n	%
Gender	Male	66	16
	Female	332	84
Age	18-20	251	63
	21-25	147	37
<b>Total</b>		<b>398</b>	<b>100</b>

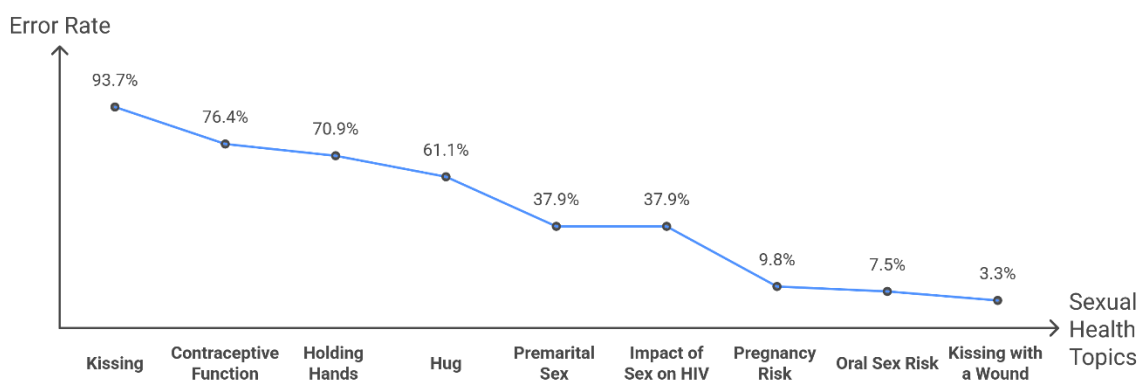
Based on Table 1, the majority of respondents (84%) were female, comprising 332 students. The average age of the students who completed the questionnaire was 20, with a minimum of 18 and a maximum of 25.

**Table 2. The students' knowledge regarding sexual health**

No	Question	Number of Wrong Answers	Error Percentage
1	<b>Self-Stimulation:</b> (Self-stimulation is a part of sexual activity)	85	21%
2	<b>Holding hands:</b> (Holding hands is not a form of sexual activity)	282	70.9%
3	<b>Hug:</b> (Hugging is a form of sexual activity)	243	61.1%
4	<b>Contraception:</b> (Sexual activity performed alone without a partner does not have negative impacts)	73	18.3%
5	<b>Kissing:</b> (Kissing is a forbidden activity in adolescent social interactions)	373	93.7%
6	<b>The Impact of Hugging:</b> (Hugging among adolescents can trigger free sex behavior)	100	25.1%
7	<b>The Impact of Kissing:</b> (Kissing with a mouth that has a wound carries a risk of transmitting a sexual disease)	13	3.3%
8	<b>Oral sex:</b> (Oral stimulation on a premarital partner is a part of risky sexual activity)	30	7.5%
9	<b>The Impact of Oral Sex</b> (Oral stimulation on a partner's body)	103	25.9%

No	Question	Number of Wrong Answers	Error Percentage
	with the use of contraception carries no risk of transmitting HIV at all)		
10	<b>Contraceptive Function:</b> (Intercourse with contraception does not guarantee prevention of pregnancy)	304	76.4%
11	<b>Having Sex:</b> (Intercourse without involving the genitals is not a risky activity)	105	26.4%
12	<b>The Impact of Having Sex</b> (Intercourse without involving the genitals can transmit HIV)	151	37.9%
13	<b>The Impact of Having Sex</b> (Intercourse only once does not carry the possibility of pregnancy)	39	9.8%
14	<b>Having sex:</b> (Intercourse after getting engaged is not premarital sex activity)	151	37.9%
15	<b>The Impact of Having Sex:</b> (Premarital sex can cause academic performance decline issues in school.)	68	17.3%

Table 2 presents the frequency and percentage of incorrect responses to 15 questions on sexual health knowledge among the respondents. The results indicate significant variations in students' understanding of different topics.



### Student Misconceptions in Sexual Health Knowledge

Figure 1. Student Misconceptions Regarding Sexual Health Knowledge.

#### Areas of Highest Misconception (High Error Rates)

**Social Interactions and Sexual Activity Definitions:** The highest error rate was observed in Question 5 (Kissing), with 93.7% of students answering incorrectly. This suggests a widespread misconception regarding social norms or definitions of kissing in adolescent interactions. **Contraception:** A substantial number of students lacked accurate knowledge about Contraceptive Function (Question 10), with a 76.4% error rate. This indicates that many students may incorrectly believe that contraception guarantees a 100% prevention of pregnancy. **Nonsexual Physical Contact:** There considerable confusion regarding what constitutes sexual activity. High error rates were found for Question 2 (Holding hands) at 70.9% and Question 3 (Hug) at 61.1%, suggesting that many students mistakenly categorized these displays of affection as forms of sexual activity.

#### Areas of Moderate Misconception

Misconceptions regarding the definition of Premarital Sex (Question 14) and the Impact of Having Sex on HIV transmission (Question 12) were both notable, with an identical error rate of 37.9%.

### Areas of High Knowledge (Low Error Rates)

Disease Transmission: Students demonstrated the highest level of accuracy regarding the risk of disease transmission. Question 7 (Impact of kissing with a wound) had the lowest error rate at 3.3%, followed by Question 8 (Oral sex risk) at 7.5%. This implies that students are generally well informed about the biological risks of transmission through specific acts. Pregnancy Risk: Knowledge about the possibility of pregnancy from a single intercourse (Question 13) was also relatively high, with a low error rate of 9.8%.

The data (Table 2) suggest that while students possess strong knowledge of biological risks and disease transmission (HIV/STIs), there are significant gaps in their understanding of the definitions of sexual activity (e.g., holding hands, hugging) and the limitations of contraception.

**Table 3. The students' Attitude regarding sexual health**

No	Statement	Agree	Disagree
1	I would be proud if I could protect my honor from my partner's advances	377	21
2	Sexual problems are private matters that do not need to be discussed.	174	224
3	Holding hands with your partner is a normal activity.	339	59
4	Providing stimulation to your own body is a prohibited action	265	133
5	Wanting to be invited to kiss is proof of love for your partner.	43	355
6	Kissing activities while dating are not allowed for teenagers.	337	61
7	Touching the body parts of non-mahram is prohibited.	364	34
8	Hugging before marriage can be done to strengthen feelings of affection	259	139
9	It is forbidden to use your mouth on your partner's body before marriage	32	366
10	Sexual intercourse is permissible as long as it does not involve the genitals	49	349
11	Religious norms prohibit premarital sex	381	17
12	Sexual intercourse is permissible if you are engaged	39	359
13	Sexual intercourse is permissible if you use contraception	70	328
14	Free sex impacts the future of adolescent education	384	14
15	Free sexual behavior cannot be prevented by sexual health education	242	156

Table 3 illustrates that the respondents largely hold conservative and religiously aligned attitudes toward premarital sex yet display permissive attitudes toward lesser forms of physical intimacy, indicating cognitive dissonance between belief and practice.

### Strong Adherence to Conservative Norms

The vast majority of respondents agreed that religious norms prohibit premarital sex (Item 11:381 agree), that free sex negatively impacts education (Item 14:384 agree), and that they take pride in protecting their honor (Item 1:377 agree).

### Permissiveness in Romantic Affection

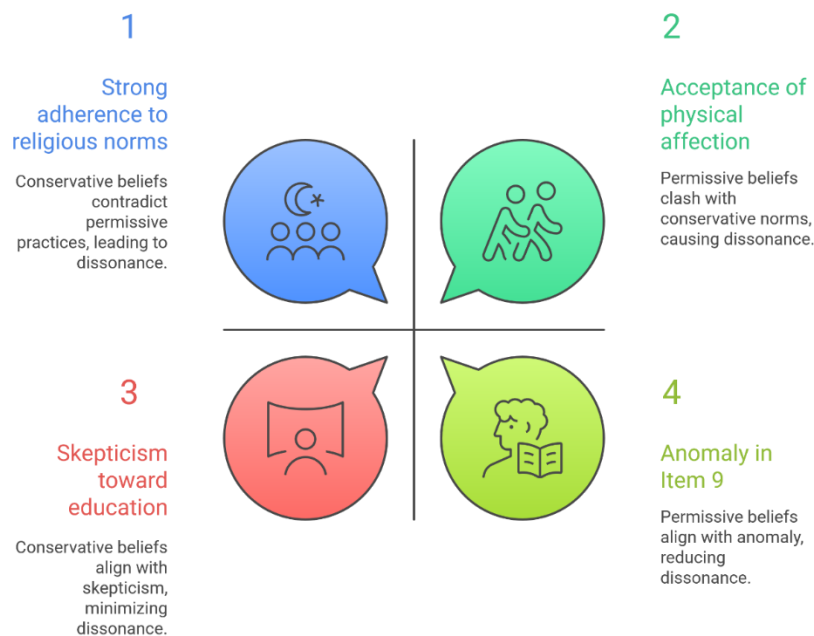
Despite the strict stance on intercourse, there is widespread acceptance of physical affection among Korean adolescents. For instance, 339 respondents (approx. 85%) agree that "Holding hands is a normal activity," and 259 agree that "Hugging... can be done to strengthen feelings." This contradicts their response to Item 7, where 364 agreed that "Touching non-mahram (unrelated opposite gender) is prohibited," highlighting a gap between abstract religious knowledge and practical daily behavior.

### Skepticism Toward Education

A concerning finding was observed in Item 15, where 242 respondents (approximately 60%) agreed that free sexual behavior *cannot* be prevented by sexual health education. This indicates a fatalistic attitude or lack of confidence in current educational interventions. Anomaly in Item 9: There is a notable inconsistency in Item 9, where 366 respondents *disagreed* that "It is forbidden to use your mouth on your partner's body." Given the conservative responses to other items, this may result from a misunderstanding of the question's phrasing or a lack of knowledge regarding the religious classification of such acts

compared to intercourse.

### Student Attitudes Toward Sexual Health



**Figure 2. Student Attitudes Toward Sexual Health**

**Table 4. Differences in Average Knowledge and Attitude Scores About Free Sex Behavior at Private Universities in Bandung (n=398)**

Variable	Male		Female		Mean Diff	p-value
	Mean	SD	Mean	SD		
Knowledge	9,18	1,968	9,77	1,881	0,59	0,009
Attitude	44,02	5,739	49,12	5,014	5,10	0,000

Based on Table 4, female students had a higher average knowledge score than male students, with a mean of 9.77. From 15 questions (maximum 15 points), male and female students scored 14 and 3, respectively. It was found that female students had a higher average attitude score than male students, with a mean of 48.14 out of 15 questions (a maximum of 60 points). With a maximum score of 57 and a minimum attitude score of 30 for female students. Significant differences were found in both knowledge and attitude scores between male and female students, with female students scoring higher on both.

## DISCUSSION

Most respondents were female (332 respondents, 83.4%), with 202 (60%) having sufficient knowledge about casual sex and 125 (38%) having negative attitudes toward it. Although most female respondents (207, 62%) held permissive attitudes toward casual sex, their daily behavior did not reflect such practices. Most male respondents (73%) held negative attitudes toward casual sex, which was a protective factor against casual sex.

Table 2 shows that 40% of men had poor knowledge. This is reflected in the questionnaire responses regarding the forms of sexual behavior. Most respondents answered that they did not comply with the guidelines. The questionnaire listed self-stimulation, hand-holding, hugging, and kissing as forms of sexual activity. However, because these activities are common among teenagers, they do not consider them to be sexual activities. The majority of respondents, 304 (76.4%) believed that contraceptives were effective in preventing pregnancy, but they were not always able to prevent pregnancy, as there was a possibility of contraceptive leakage, allowing sperm to enter the female reproductive organs. Another

possibility is that after sexual intercourse, the male genitals were not immediately removed from the female genitals, causing sperm to spill into the vagina and potentially causing pregnancy. However, the respondents did not possess this understanding.

Table 3 shows a mean difference of 5.10 points in the average attitude scores ( $p$ -value < 0.000), indicating a significant gender gap in risk perception and social accountability shaped by cultural expectations. The culture at Saint Borromeus University emphasizes universal values of goodness, emphasizing ICARE (Integrity, Compassion, Assurance, Respect, and Embrace Innovation). All students at Saint Borromeus University are required to maintain integrity and act as role models for others. Saint Borromeus University also enforces a no-sexual violence policy, and a Sexual Violence Prevention Team (PPKS) monitors sexual violence, ensuring that each student maintains their attitudes and behavior.

Bloom's model explains how knowledge can shape attitudes and influence behavior (24). In this study, students with limited knowledge were less likely to hold protective attitudes, which could make them more vulnerable to risky sexual practices. Some of these differences may be related to the social treatment of male and female students. Male students often grow up with more freedom and less supervision at home (13). Many are also exposed to friends who normalize premarital sex, alcohol consumption, and pornography (17). Female students are usually monitored more closely and shaped by religious and cultural expectations that discourage premarital intimacy (3), (25).

Digital media also plays a role. Exposure to sexual content online has been linked to more permissive attitudes toward sex (17), (16). As Shabrina et al. found, urban adolescents often see premarital intimacy as normal because it is so often shown on social platforms (14).

Low levels of knowledge reflect gaps in sexual education. Sexuality is still considered taboo in Indonesia, which means that students have fewer opportunities to learn about it in safe and structured ways (15). Nur Irmayanti et al. found that structured reproductive health education can improve both knowledge and attitudes (25). Without such a program, students often turn to friends or the Internet, where information is not always reliable, which can lead to unsafe practices.

These findings indicate broader public health issues. Free sexual behavior contributes to unintended pregnancies, unsafe abortions, and sexually transmitted infections, such as HIV/AIDS (22), (26). Preventive efforts should focus not only on providing knowledge but also on developing skills, such as assertiveness and communication, to help students make informed choices. Bachri et al. found that participatory health education was more effective than lectures alone (27).

Furthermore, effective interventions require a comprehensive approach. Key strategies include providing youth-friendly service facilities, delivering health education through appropriate media, and offering peer counseling. However, various challenges, including a shortage of trained personnel, societal stigma, and limited adolescent participation, hinder the effectiveness of these services. Consequently, this study emphasizes the need for multisector collaboration, improvement of health personnel competence, and the involvement of adolescents in the design of educational programs in Indonesia (28). It is essential to develop a comprehensive intervention program that simultaneously focuses on strengthening these three aspects, with a culturally sensitive approach to overcome communication barriers regarding sexuality (29). Strengthening the capacity and accessibility of adolescent health services is crucial in Indonesia to improve the overall sexual health status of adolescents and prevent reproductive health problems at an early age.

This study has some limitations. Data were self-reported, which may have been influenced by social desirability bias. The use of anonymous online questionnaires likely reduced this risk. Future studies could use a mixed-methods approach, combining surveys and interviews, to explore in greater depth the cultural and social factors that shape student behavior.

## CONCLUSION

The findings of this study showed that female students had higher levels of knowledge and more careful attitudes toward free sexual behavior than male students. Despite this difference, the general level of knowledge among all students was still not high, and many male students had negative attitudes, suggesting that they were more open to risky sexual practices.

The findings clearly indicate that sexual education should be tailored to the specific contexts and needs of university students. It should provide accurate and complete information, but it also needs to teach skills and allow for open discussion. When students can talk about these topics without fear or shame, it may help break cultural taboos and encourage them to think more carefully before making decisions about their health. If universities and policymakers take this seriously, it can reduce the chances of premarital sex, sexually transmitted infections, and unwanted pregnancies among young people.

Therefore, St. Borromeus University needs to design a sexual health curriculum that is informative and gender transformative. Such programs should specifically challenge norms that encourage risky behavior among students, while equipping female students with assertive communication skills to make safe and responsible decisions

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## CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

## REFERENCES

1. Afriyani A. Peran Pusat Informasi dan Konseling Remaja (PIK Remaja) dalam Upaya Pencegahan Seks Bebas pada Siswa di SMP PGRI Tegowanu. Skripsi. 2016;1-114.
2. Candra Purnama L, Sriati A, Maulana I. Gambaran perilaku seksual pada remaja. Vol. 14. 2020.
3. Bachri Y, Putri M, Yuli J, Sari P, Ningsih R, Program J, et al. Pencegahan Bullying ada Remaja. Jurnal Salingka Abdimas. 2021;1(1):30-6.
4. Ashar H, Kusriani I, Musoddaq A, Asturiningtyas IP. First sexual intercourse and high parity are the most influential factors of precancerous cervical lesion. *Majalah Obstetri & Ginekologi*. 2020 Dec 7;28(3):113.
5. Ramadhaningtyas A, Besral B. Hubungan Seksual Usia Dini Dapat Meningkatkan Risiko Kanker Serviks. *Jurnal Biostatistik, Kependudukan, dan Informatika Kesehatan*. 2020;1(1):46.
6. Miller E, Jones KA, McCauley HL. Updates on adolescent dating and sexual violence prevention and intervention. *Current Opinion in Pediatrics*. 2018;30(4):466-71.
7. Skoog T, Özdemir SB, Stattin H. Understanding the Link Between Pubertal Timing in Girls and the Development of Depressive Symptoms: The Role of Sexual Harassment. *Journal of Youth and Adolescence*. 2016 Feb 1;45(2):316-27.
8. Trickett PK, Noll JG, Putnam FW. The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study. *Development and Psychopathology*. 2011 May;23(2):453-76.
9. Hasanah, DN., Diah M. Utari, Chairunnisa Chairunnisa PD. Faktor Internal Dan Eksternal Yang Mempengaruhi Perilaku Seksual Pranikah Remaja Pria Di Indonesia. *Muhammadiyah public health journal*. 2020;1(1).
10. Redayanti Redayanti, Sri Muharni, Rachmawaty M.Noer. Faktor-Faktor Yang Mempengaruhi Kesehatan Reproduksi Pada Remaja SMP Di Wilayah Kerja Puskesmas Tanjung Unggat Kota Tanjungpinang Kepulauan Riau. *Journal Clinical Pharmacy and Pharmaceutical Science*. 2023;2(2):112-22.

11. Rahmawati I, Sulistyarningsih E. Character Education Model In Preventing Pre- Sexual Behavior In Rural And Urban Areas. *International Journal of Health, Education and Social (IJHES)*. 2022;5(6):32–44.
12. Djohan PB, Tjhay F, Hasan S, Widjaja NT. Relationship among Sexual Knowledge, Sexual Attitudes, and Sexual Behavior of Junior High School Students in West Jakarta. *Jurnal Kedokteran Brawijaya*. 2021;31(3):193–8.
13. Mahmudah M, Yaunin Y, Lestari Y. Faktor-Faktor yang Berhubungan dengan Perilaku Seksual Remaja di Kota Padang. *Jurnal Kesehatan Andalas*. 2016;5(2):448–55.
14. Gayatri S, Shaluhiyah Z, Indraswari R. Faktor-Faktor yang Berhubungan dengan Frekuensi Akses Pornografi dan Dampaknya terhadap Perilaku Seksual pada Remaja di Kota Bogor (Studi di SMA 'X' Kota Bogor). *Jurnal Kesehatan Masyarakat (Undip)*. 2020;8(3):410–9.
15. Shabrina SRN, Handoyo PH, Harianto S. Meluasnya Anggapan “Lumrah” Terhadap Sex Bebas Di kalangan Remaja Wilayah Perkotaan. *Bantenese : Jurnal Pengabdian Masyarakat*. 2023;5(1):198–211.
16. Susilowati YA, Tri DT, Shinta PT, Yosi W, Susanti N, Dian P, et al. The impact of inappropriate media exposure on adolescent actions To cite this version : HAL Id : hal-05119668 *Research in Management and Humanities The impact of inappropriate media exposure on adolescent actions In the modern digital age , technological* . 2025;
17. Tripayana IND, Sanjiwani IA, Nurhesti POY. Hubungan Paparan Media Pornografi Dengan Perilaku Seksual Pranikah Pada Remaja. *Coping: Community of Publishing in Nursing*. 2021;9(2):143.
18. Ayuni ID, Islami D, Jannah M, Putri A. Hubungan Pengetahuan Remaja Putri Terhadap Bahaya Kehamilan Pada Usia Remaja. 2022;47–52.
19. Pratama E, Hayati S, Supriatin E, Keperawatan FI. Hubungan Pengetahuan Remaja Tentang Pendidikan Seks Dengan Perilaku Seks Pranikah Pada Remaja Di Sma Z Kota Bandung. *Jurnal ilmu keperawatan*. 2014;(2):149–56.
20. Muflih M, Syafitri EN. Dengan Kuesioner. 2018;5(September):438–43.
21. Farawansya K, Lestari PD, Riski M. Faktor-Faktor yang Berhubungan dengan Kejadian Abortus di Rumah Sakit Muhammadiyah Palembang Tahun 2020. *Jurnal Ilmiah Universitas Batanghari Jambi*. 2022 Mar 8;22(1):621.
22. Morris JL, Rushwan H. Adolescent sexual and reproductive health: The global challenges. *International Journal of Gynecology and Obstetrics*. 2015 Oct 1;131:S40–2.
23. Aksoy H, Aksoy Ü, Karadağ ÖI, Hacimusalar Y, Açmaz G, Aykut G, et al. Effect of threatened miscarriage on maternal mood: A prospective controlled chort study. *Turkiye Klinikleri Jinekoloji Obstetrik*. 2015 Apr 29;25(2):92–8.
24. Nafiati DA. Revisi taksonomi Bloom: Kognitif, afektif, dan psikomotorik. *Humanika*. 2021;21(2):151–72.
25. Irmayanti N, Zuroida A. Pengembangan Model Pengetahuan Perilaku Seks Melalui Seks Education Untuk Siswa Sma. *Journal of Urban Sociology*. 2019;2(1):76.
26. Points K. HIV and Opportunistic Infections , Coinfections , and Conditions What is an Opportunistic Infection ? Why do people with HIV get OIs ? Are OIs common in people with HIV ? Can OIs be treated ? 2021;0440:800.
27. Muflih M, Syafitri EN. Perilaku Seksual Remaja Dan Pengukurannya Dengan Kuesioner. *Jurnal Keperawatan Respati Yogyakarta*. 2018;5(3):438–43.
28. Fitri RP, Syafriani S, Oktaviani Y. The Role of Adolescent Health Services in Promoting Sexual Health in Indonesia. *Journal of Health and Nutrition Research*. 2025 Apr 27;4(1):301–9.
29. Selviana S, Suwarni L. Knowledge and Attitudes toward Sexual Abuse are Positively Correlated with Parents' Self-Efficacy in Preventing Child Sexual Abuse. *Journal of Health and Nutrition Research*. 2025 Apr 29;4(1):328–36.