

Determinants of Adolescents' Knowledge of Sexuality: A Cross-Sectional Study among Students of Syarif Hidayatullah State Islamic University Jakarta

Rahmah Hida Nurriszka^{1*}, Moh. Irvan², Siti Rahmah Hidayatullah Lubis¹, Fajaria Nurcandra³

¹Department of Public Health, Faculty of Health Sciences, Universitas Islam Negeri Syarif Hidayatullah Jakarta, South Tangerang, Banten 15412, Indonesia

²Faculty of Psychology, Universitas Islam Negeri Syarif Hidayatullah Jakarta, South Tangerang, Banten 15412, Indonesia

³Public Health Department, Faculty of Health Science, Universitas Pembangunan Nasional "Veteran" Jakarta, UPNVJ Campus II, Limo, Depok, West Java 16515, Indonesia

Abstract

Background: Sexual knowledge is essential for adolescents as it plays a role in increasing their awareness of reproductive health, preventing unintended pregnancies, and reducing the risk of sexually transmitted infections (STIs). However, data show that 85% of adolescents in Indonesia aged 12–17 still lack adequate knowledge about sexuality. The aim of this study was to analyse the determinants related to adolescents' understanding of sexuality.

Method: This research was a cross-sectional survey with a sample size of 319 students at UIN Syarif Hidayatullah Jakarta. The sampling was conducted using a multistage sampling technique across 12 faculties. The inclusion criteria for this study were active students in good health, while the exclusion criteria were students who were unwilling to participate. The research was conducted from January to November 2023.

Result: The research shows that many students still do not know well about gender stereotypes (51.1%), the difference between primary and secondary signs of puberty (90.3%), and sexual relations (58.9%). The dominant variable influencing students' knowledge of sexuality was whether they had discussed reproductive health (p -value=0.021; OR=2.139; 95% CI 1.119-4.809).

Conclusion: Adolescents' knowledge of sexuality was generally quite good. However, their understanding remains low in several key aspects, such as gender differences, physical and emotional changes during puberty, and the misconception that first-time sexual intercourse cannot lead to pregnancy. This highlights the need for more comprehensive education to enhance adolescents' understanding of various aspects of sexuality.

Keywords: Adolescents, College student, Knowledge, Sexuality

INTRODUCTION

Currently, the proportion of adolescents within the population structure in Indonesia is significantly large.^{1,2} According to data from the Central Bureau of Statistics, Indonesia's number of adolescents (aged 10-24 years) reached 67.1 million, accounting for 24.8% of the total population.³ This population structure will position Indonesia to experience a demographic bonus by 2035⁴, where the structure of the productive-age population is significantly larger compared to the non-productive-age population.⁵ Therefore, starting now, the government must prepare young people to face the demographic bonus by improving the quality of human resources, both in terms of education and health.^{6,7,8}

In terms of education, young people must be equipped with academic abilities, including hard and soft skills.⁹ The education system must provide young people with broad opportunities to receive education not only in terms of access but also in the quality of education.¹⁰ This is important because

Correspondence*: Rahmah Hida Nurriszka
E-mail: rh.nurriszka@uinjkt.ac.id

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most young people are of school age, ranging from basic to higher education.

In addition to education, young people must also have access to good health care guarantees.¹¹ Good health will foster proper growth and development in young people.¹² Moreover, during adolescence, there is a transition in the body's metabolism and hormones that requires good health adaptation capabilities.^{13, 14} During this transitional period, if adolescents lack proper adaptation, it can disrupt their growth, development, and cognitive abilities.¹⁵ If this happens, it poses a risk to the decline in the quality of human resources in the future. Therefore, young people must improve their health knowledge, including in areas such as sexuality.

Reproductive health, including sexuality, is crucial to obtain during adolescence.¹⁶ The reproductive organs become more mature at this age, and rapid physical and mental changes occur.¹⁷ Adolescents must have reproductive health and nutrition to support these changes during this phase.¹⁸ Adolescents' knowledge of reproductive health and nutrition needs to be enhanced.¹⁹ The goal is for adolescents to adopt a healthy lifestyle in both reproductive health and nutrition.²⁰

However, knowledge about reproductive health and sexuality among adolescents is still insufficient. According to Widyastuti, many young people, especially in the university student group, are unaware of the importance of reproductive health.²¹ At this age, they should be aware of the functions of reproductive health and have adopted healthy behaviours regarding reproduction.²⁰ They will soon enter adulthood and start families. It could impact their reproductive capacity and productivity if they remain vulnerable during this phase.¹⁵ The same findings were also obtained by Natalia, stating that 97,4% of adolescents still have low knowledge.¹⁹ This study analyzes the determinants of adolescents' knowledge of sexuality among students of Universitas Islam Negeri (UIN) Syarif Hidayatullah Jakarta. The aim is to assess students' knowledge about sexuality based on empirical facts.

METHOD

Participants and Study Design

This study used a quantitative method. The type of study employed was analytical with a cross-sectional approach. The research was conducted from January to November 2023. This research was conducted at UIN Syarif Hidayatullah Jakarta, comprising 12 faculties. The sample for this study includes students currently enrolled in the 12 faculties at UIN Syarif Hidayatullah Jakarta who were selected during the sampling process. The required sample size for this survey was a minimum of 317 respondents, which were selected through multistage sampling. The inclusion criteria for the sample in this study were students from the 12 faculties at UIN Syarif Hidayatullah Jakarta who were still actively enrolled, students in good health, and students who were willing to participate in the data collection process. The exclusion criteria for the study sample were students with physical disabilities or conditions affecting the limbs and spine that could influence the results of anthropometric measurements.

Measurements and Procedure

The quantitative methods applied in this study include bivariate analysis and multivariate analysis through logistic regression.

Statistical Analysis and Ethical Clearance

The quantitative methods applied in this study include bivariate analysis and multivariate analysis. This study was approved by the Ethics Committee of UIN Syarif Hidayatullah Jakarta (Un.01/F.10/KP.01.1/KE.SP/10.08.016/2023).

RESULT

Based on the univariate analysis result, the distribution of respondents is evenly spread across each faculty, with the majority being female (64.3%). Most respondents live close to health service facilities (91.2%), and most do not have family members working in the health sector (90%). More students discuss reproductive health issues (67.4%), and most seek reproductive health information independently (79.0%). Most students have received reproductive health information (85.0%), and the majority believe that reproductive health discussions among students are not considered taboo (68.7%)

Table 1. Characteristics of Students and Risk Factors

Characteristics	n (%)
Department	
Faculty of Tarbiyah and Teacher Training	27 (8.5%)
Faculty of Adab and Humanities	27 (8.5%)
Faculty of Ushuluddin	25 (7.8%)
Faculty of Sharia and Law	26 (8.2%)
Faculty of Da'wah and Communication Sciences	26 (8.2%)
Faculty of Islamic Studies	29 (9.1%)
Faculty of Psychology	26 (8.2%)
Faculty of Economics and Business	24 (7.5%)
Faculty of Science and Technology	26 (8.2%)
Faculty of Health Sciences	26 (8.2%)
Faculty of Medicine	28 (8.8%)
Faculty of Social and Political Sciences	29 (9.1%)
Sexual Knowledge	
Good	79 (24.8%)
Insufficient	240 (75.2%)
Gender	
Female	205 (64.3%)
Male	114 (35.7%)
Distance from Residence to Health Service Facility	
Close	291 (91.2%)
Far	28 (8.8%)
Family Members Working in the Health Sector	
Yes	32 (10%)
No	287 (90%)
Ever Received Information Related to Reproductive Health	
Yes	271 (85.0%)
No	48 (15.0%)
Ever Sought Information Related to Reproductive Health	
Yes	252 (79.0%)
No	67 (21.0%)
Ever Discussed Reproductive Issues with Others	
Yes	215 (67.4%)
No	104 (32.6%)
Reproductive Health Information Considered a Taboo (Not to be Discussed) in the Environment	
Yes	219 (68.7%)
No	100 (31.3%)

The study's results show that out of 319 subjects who were sampled in this research, the majority of respondents correctly answered 10 questions related to sexual knowledge. However, there were three questions that the majority of students answered incorrectly. These included a lack of knowledge about gender stereotypes (51.1%), the differences between primary and secondary signs of puberty (90.3%), and the understanding of sexual intercourse (58.9%) (Table 2). The results indicate that a lack of knowledge is more common among male students (85.1%), students with a short distance from their home to health service facilities (75.6%), students who have family members working in the health service (84.4%), students who have never received reproductive health information (81.3%), students who have never sought reproductive health information (80.6%), students who have never discussed reproductive health (85.6%), and reproductive health information that is still considered taboo in the student environment (80%) (Table 3).

Table 2. Frequency Distribution of Sexual Knowledge Based on Question Points

No.	Question and Answer	n (%)
1	Gender is a gift from God and cannot be changed, while sex is a product of human construction and cannot be swapped	
	False	293 (91.8%)
	True	26 (8.2%)
2	The belief that "men should not cry" is a form of gender stereotyping	
	False	163 (51.1%)
	True	156 (48.9%)
3	Gender stereotypes are a form of gender injustice	
	False	121 (37.9%)
	True	198 (62.1%)
4	A secondary sign of a female experiencing puberty is menstruation	
	False	288 (90.3%)
	True	31 (9.7%)
5	A secondary sign of a male experiencing puberty is the growth of a mustache and the Adam's apple	
	False	21 (6.6%)
	True	298 (93.4%)
6	Having sex once without protection will not cause pregnancy	
	False	131 (41.1%)
	True	188 (58.9%)
7	Women have the right to decide how many children they will have	
	False	83 (26.0%)
	True	236 (74.0%)
8	Receiving contraceptive services is part of the right to delay/space pregnancies	
	False	58 (18.2%)
	True	261 (81.8%)
9	Catcalling is a form of sexual harassment	
	False	58 (18.2%)
	True	261 (81.8%)
10	Forced marriage is a form of sexual violence	
	False	56 (17.6%)
	True	263 (82.4%)

Based on the data, the distance from home to the health service facility and having a family member working in the health sector show a negative direction towards reproductive health knowledge (-0.192 and -0.681) and are not significant in relation to reproductive health knowledge, as the P-value for both variables is 0.674 and 0.188, respectively ($p > 0.05$). This means that students with a short distance from home to health service facilities and those with family members working in the health sector may have lower knowledge, and these variables do not show a significant relationship with reproductive health knowledge (Table 4).

Three other variables—ever receiving information on reproductive health, ever seeking information on reproductive health, and reproductive health being considered taboo to discuss—show a positive relationship (0.682, 0.149, 0.248, 0.760, and 0.310), and they serve as risk factors for sexual knowledge with an odds ratio (OR) greater than 1 (ever receiving information on reproductive health (OR=1.160; 95% CI 0.516-2.608) ever seeking information on reproductive health (OR=1.281; 95% CI: 0.639-2.569) reproductive health information considered taboo (OR=1.363; 95% CI=0.751-2.474). However, these variables do not significantly correlate with knowledge (p -value > 0.05) (Table 4)

Table 3. Knowledge Description Based on Determinant Variables

Determinants	Knowledge	
	Good	Poor
Gender		
Female	62(30.2%)	143(69.8%)
Male	17(14.9%)	97 (85.1%)
Distance from Residence to Health Service Facility		
Close	71(24.4%)	220(75.6%)
Far	8 (28.6%)	20(71.4%)
Family Member Working in the Health Sector		
Yes	5(15.6%)	27(84.4%)
No	74(25.8%)	213(74.2%)
Ever Received Information on Reproductive Health		
Yes	70 (25.8%)	201(74.2%)
No	9(18.8%)	39 (81.3%)
Ever Sought Information on Reproductive Health		
Yes	66 (26.2%)	186 (73.8%)
No	13 (19.4%)	54 (80.6%)
Ever Discussed Reproductive Health Issues with Others		
Yes	64 (29.8%)	151 (70.2%)
No	15 (14.4%)	89 (85.6%)
Reproductive Health Information Considered Taboo to Discuss		
Yes	59 (26.9%)	160 (73.1%)
No	20 (20%)	80 (80%)

Table 4. Logistic Regression of Determinants Related to Adolescents' Understanding of Sexuality

Variable	B	Standard Error	P-value	OR	95% CI
Gender	0.682	0.316	0.031	1.977	1.065-3.671
Distance from home to health service facility	-0.192	0.457	0.674	0.825	0.337-2.021
Family member working in the health sector	-0.681	0.517	0.188	0.506	0.184-1.394
Ever received information on reproductive health and nutrition	0.149	0.413	0.719	1.160	0.516-2.608
Ever sought information on reproductive health	0.248	0.355	0.485	1.281	0.639-2.569
Ever discussed reproductive health issues with others	0.760	0.331	0.021	2.139	1.119-4.089
Reproductive health information is considered taboo to discuss	0.310	0.304	0.308	1.363	0.751-2.474

On the other hand, the variables of gender and ever discussing reproductive health have a significant relationship with reproductive health knowledge, with p-values of 0.031 and 0.021 ($p < 0.05$). This means that gender and discussing reproductive health issues have a significant relationship with reproductive health knowledge and act as risk factors, with odds ratios greater than 1 (OR=1.977; 95% CI: 1.065-3.671) and (OR=2.139; 95% CI: 1.119-4.089). This suggests that female students are 1.977 times more likely to have good knowledge than male students, and students who have discussed reproductive health are 2.139 times more likely to have good knowledge than students who have never discussed reproductive health.

DISCUSSION

Reproductive health issues among adolescents have become a significant concern in global health.¹⁶ Based on the results, it can be seen that discussions about reproductive health are significant for adolescents. The lack of knowledge among adolescents regarding reproductive health and sexuality is one of the factors contributing to the increase in reproductive health problems, such as sexual violence and harassment, early marriage, and teenage pregnancy.¹⁵ These issues not only impact reproductive health but are also related to the growth and nutrition of adolescent girls.²²

Improving reproductive health services for adolescents is crucial in enhancing their overall health status.^{23,24} One of the alternatives that can be done is to incorporate reproductive health education into school programs to ensure that adolescents can live safely and make informed decisions for their future.¹ In this regard, establishing a *Youth Reproductive Health Information Center* at schools can be a platform for adolescents to discuss reproductive health information. By discussing reproductive health, adolescents can gain essential information, including topics related to sexuality. This is part of the components of the *Youth Reproductive Health Information Center*, which includes the three main components of the adolescent reproductive health program, covering sexuality, substance abuse, and STIs/HIV.

A study found that 24.3% of respondents, specifically high school students in Makassar, utilized adolescent reproductive health services. The results indicated that students who used these services had better knowledge about adolescent reproductive health than those who did not. This suggests that when platforms are available for adolescents to discuss reproductive health, their understanding of reproductive health increases, which in turn boosts their willingness to seek adolescent reproductive health services.²⁵

The research found that many reproductive health problems among adolescents occur due to a lack of knowledge about reproductive health.²⁶ This situation is caused by limited information and adolescent reproductive health services available to them. This low level of knowledge poses a risk to reproductive health issues among adolescents. Therefore, there is a need to improve reproductive health services for adolescents in healthcare facilities, including counselling services, to enhance adolescents' knowledge about reproductive health.

Interestingly, the results of this study also show that females are more likely to have good knowledge. According to several studies, male adolescents tend to have different perceptions about sexual health compared to female adolescents. They are less likely to prioritise issues such as contraception and the transmission of sexually transmitted diseases (STDs).^{27,28} They may also be less exposed to accurate information on how to prevent these risks through comprehensive sexual education. This is often due to discomfort or a lack of motivation to seek information.^{29,30}

The importance of reproductive health services in improving adolescent health quality is also emphasized by the Society for Adolescent Health and Medicine.³¹ They state that adolescent reproductive health is crucial to adolescent growth and development. Access to accurate and comprehensive information is crucial in enhancing reproductive health knowledge, enabling individuals to make informed decisions, adopt healthier behaviours, and improve overall well-being.³²

Based on various studies, adolescents' knowledge of sexuality varies. According to Rahma's previous study, 64.3% of adolescent have low levels of sexual knowledge, which is closely related to their sexual behaviour. Additionally, other studies indicate that adolescent sexual knowledge is at a moderate level, with 53.7% demonstrating adequate understanding. This means that nearly half of adolescents still have insufficient knowledge about sexuality.^{33, 34,35}

Therefore, comprehensive reproductive health services for adolescents should be considered a right for every adolescent. Knowledge of adolescents regarding reproductive health and sexuality can be identified through surveillance. Adolescent reproductive health surveillance is periodic monitoring conducted to assess various aspects of reproductive health in adolescents. The results can provide comprehensive information and serve as a basis for adolescent reproductive health policy decision-making.^{36, 37, 38}

CONCLUSION

Adolescents' knowledge of sexuality is generally quite good. However, their understanding remains low in several key aspects, such as gender differences, physical and emotional changes during

puberty, and the misconception that first-time sexual intercourse cannot lead to pregnancy. This highlights the need for more comprehensive education to enhance adolescents' understanding of various aspects of sexuality

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