Introduction

Adolescents account for a large portion of the population in Indonesia. BKKBN explained that, in 2010, the population of Indonesia was 237.6 million, and 26.67% of it was adolescents. Adolescence is the most vulnerable period in an individual’s life span because of the many physical, cognitive, and psychosocial changes that occur at this stage. Indeed, adolescence marks the transition from childhood to adulthood. During this stage, individuals expand their social relationships, so their usual daily interactions can affect their lives. These changes that occur during adolescents’ growth and development make them vulnerable to many problems.

The problems that can occur during adolescence are many and include emotional disorders and suicide, violence, substance abuse, pregnancy, sexually transmitted infections, dermatological issues, nutritional issues such as obesity or deficiency of micronutrient, and premarital sex. Arist said that research by the Child Protection National Commission in 2012 showed that 93.7% of 4,726 respondents had engaged in premarital sex, and 21.26% had undergone abortions. The study showed an increase from 2008, when 62.7% had reported having engaged in premarital sex, and 21.2% had undergone abortion. In Jakarta,
51% of adolescents reported having engaged in premarital sex in 2014. Based on that number, the number of adolescents engaging in premarital sex is still high and increasing. This increase may have an effect on the rates of adolescent pregnancy, early marriage, and maternal and infant mortality.

Premarital sex is sex before or without marriage. Some adolescent sexual behaviors, such as dating, may be a precursor to sex. Sexual behavior has some steps, and we need to understand these steps to determine the risk of adolescents engaging in premarital sex. Duvall and Miller identified the stages of sexual behavior as physical touch, kissing, flirting, and sex. There are some factors that may contribute to sexual activity in adolescents: if they are part of a couple or if they have a friend who supports the idea of premarital sex. Some of the factors that affect adolescents' choices about premarital sex include education, reproductive knowledge, personal attitude, media exposure, societal pressures, parents, school, and peers. Parents act as a main system of support, educators, role models, supervisors, friends, counselors, and communicators. Thus, parents can have an impact on adolescents' premarital sex risk. Based on previous research, bad family relationships may increase the risk of premarital sex to around 72.7%. Barnes and Olson explained that family relationships may also have an impact on the communication between parents and adolescents.

Previous research explains there is a correlation between the quality of parent-adolescent communication and premarital sex among adolescents. However, there is also research that explains there is no correlation between parent-adolescent communication about sexuality and premarital sex among adolescents. Based on Olson theory about family correlation and Anwar's research result about premarital sex factor, there should be a correlation between parent-adolescent communication and premarital sex among adolescents. The differences between Anwar's and this research were populations studied. Therefore, there is a need for conducting research related to the connection between parent-adolescent communication and premarital sex among adolescents within population. This population have good school environment that is school with minimum risk or no student smoking, supportive peers and no premarital sex history. The hypothesis of this research is that there is a correlation between parent-adolescent communication and adolescents' premarital sex risk.

Method

This quantitative research applied a cross-sectional design with independent t-test to determine if a correlation exists between parent-adolescent communication, and the risk of premarital sex among adolescents. The population studied in this research consisted of students at one senior high school at Jakarta, with a total student body of 1,060. The researcher used the Slovin formula to set the sample number, with class X and XI as a population. Purposive sampling will be applied to 253 participants. The inclusion criteria are willing to be participated, and living with parents.

The variables in this study included parent-adolescent communication (numeric) and premarital sex risk (categorical). The instrument was a questionnaire, which consisted of three parts: (a) demographics such as age and gender; (b) risk of premarital sex, and (c) the David Olson Parent-Adolescent Communication Scale which has 2 aspects (positive communication such an honesty to parents and negative communication such as avoiding some topics with parents), ten questions of which had been modified with the Likert Scale (a five choice scale ranging from strongly disagree to strongly agree).

The data collection procedure began with a research proposal letter for collecting data that was then submitted to the school. The researcher met the teacher and some students, who helped the researcher to identify suitable respondents. After that, the researcher met respondents and explained the aim of the study and also obtained informed consent before handing out the questionnaires. The researcher then collected the questionnaires and ensured that each item had been answered in full. Univariate and bivariate analysis was performed with the SPSS program. In terms of ethical considerations, the researcher obtained permission from the school and the respondents to conduct the study. All results study were kept privately, only researcher who can access to the data.

Results

The results of this study indicated that the adolescents surveyed have a high risk of engaging in premarital sex. Of the total respondents, 150 (59.3%) are at risk for engaging in premarital sex, and 103 (40.7%) are not at risk. Parent-adolescent communication was found mostly positive. According to data analysis, 110 respondents (43.5%) received a score lower than 34, indicating a negative communication pattern between parents and adolescents. In contrast there were 143 respondents (56.5%), who reported having good communication with their parents such as tell their feeling to their parents voluntarily.

Further analysis showed that there is no correlation between age and risk of premarital sex. This can be seen from the p value of 0.37 or more than α with Levene's test with the same variant (Table 1).

The results from further analysis between gender and the risk of premarital sex indicate a correlation exists between the two. This can be seen from the p value 0.005 or less than α with Levene's test with a different variant (Table 2).

A correlation was also identified between parent-adolescent communication and the risk of premarital sex. This is can be seen from the p value of 0.021 or less than α with Levene's test with a different variant (Table 3).

Table 1 Correlation between age and the risk of premarital sex among adolescents (n = 253)

<table>
<thead>
<tr>
<th>Risks of premarital sex</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk</td>
<td>16.16</td>
<td>0.795</td>
<td>0.37</td>
</tr>
<tr>
<td>No risk</td>
<td>16.07</td>
<td>0.808</td>
<td></td>
</tr>
</tbody>
</table>
Correlation between parent-adolescent communication and adolescents’ premarital sex risk

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Correlation between gender and the risk of premarital sex among adolescents (n = 253)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risks of premarital sex</td>
<td>Mean</td>
</tr>
<tr>
<td>Risk</td>
<td>0.58</td>
</tr>
<tr>
<td>No risk</td>
<td>0.75</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Correlation between parent-adolescent communication and the risk of premarital sex among adolescents (n = 253)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risks of premarital sex</td>
<td>Mean</td>
</tr>
<tr>
<td>Risks</td>
<td>33.29</td>
</tr>
<tr>
<td>Doesn’t have a risk</td>
<td>35.41</td>
</tr>
</tbody>
</table>

Discussion

This research identified a connection between respondents’ characteristics and their risk of engaging in premarital sex, data distribution of communication between parents and adolescents, and the number of adolescents at risk for engaging in premarital sex. A correlation was also identified between parent-adolescent communication and the risk of premarital sex. The results showed that 150 (59.3%) of the adolescents surveyed were at risk for engaging in premarital sex, while 103 (40.7%) are not at risk. This is relevant to survey data and previous research that similarly identified adolescents at risk for such behavior as compared to those without risk. The Child Protection National Commission has also stated that 93.7% of adolescents have had premarital sex. That number in Jakarta is 51%

Communication between parents and adolescents showed a positive trend in this research. This is supported by previous research findings, which indicate that communication between parents and adolescents tends to be positive—around 62.02%

One theory that supports this research was put forth by Santrock, who stated that, although adolescents do experience conflict with their parents, this conflict increases in early adolescence and decreases in late adolescence. Respondents in this study varied from 15 to 19 years old, so they had been through early adolescence and were experiencing a decrease in conflict with their parents. Consequently, communication was improving. However, this contradicted the results of a previous study, which showed that 76% of adolescents have negative communication with their parents. Potter and Perry, who conducted the study in question, explained that these adolescents were experiencing psychosocial changes, with emotional separation from their parents. Thus, communication between parents and adolescents worsened.

Further analysis of this study’s results showed no correlation between age and risk of premarital sex. Correlations were found, however, between gender and risk of premarital sex. These results are relevant to previous research, which found no correlation between age and risk of premarital sex and an existing correlation between gender and risk of premarital sex.

This study’s results also demonstrated a correlation between parent-adolescent communication and the risk of premarital sex among adolescents. This is in line with previous research, which identified a correlation between parent-adolescent communication and the risk of premarital sex among adolescents. It is also convenient with the theory that explains the risk factors of sexual behavior are lacking education low of reproductive knowledge, misbehavior, high media exposure and societal pressure, low of parents’ guidance, poor school environment and peers. One parental role is as communicator, so that positive or negative communication can have an impact on the risk of premarital sex among adolescents. Negative communication can cause a rift between adolescents and their parents, thereby causing adolescents to become closer with their peers than parents. This may result media and peers exerting give more dominant influence on adolescents’ choices.

In conclusion, the number of adolescents at risk of engaging in premarital sex is higher than the number of adolescents without risk. The communication pattern between parents and adolescents showed a positive trend. There is no correlation between age and risk of premarital sex, but there is a correlation between gender and risk of premarital sex. The hypothesis from this research has been proved that there is a correlation between parent-adolescent communication and the risk of premarital sex among adolescents. Positive communication between parents and adolescents may have impact on prevention for premarital sex behavior. It is recommended for nurses who work at adolescent health services to provide nursing interventions for that foster positive communication within families and adolescents.

Besides that, it can be developed a health promotion program that promotes communication between parents and adolescents.

References