

# Peer education prevents premarital sexuality in adolescents

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## ABSTRACT


**Background:** The problem often experienced by adolescents today is around sexuality, especially premarital sex. There is a need to increase knowledge of premarital sex among adolescents by providing health education through peer education. **Objective:** The objective of the study was to determine the effect of peer education on the knowledge and attitudes of premarital sexuality in adolescents. **Materials and Methods:** The present study is a quasi-experimental pre-post-test with a control group. The total sample of 90 adolescents aged 14–18 years was recruited from two senior high schools in Bantul, Yogyakarta, Indonesia. They were divided into treatment and control groups. The treatment group received peer education about premarital sexuality conducted by peer educators in eight sessions. Researchers conducted peer education training on 10 peer educators and 2 research assistants and then conducted a pre-test of premarital sexuality knowledge and attitudes in both groups before intervention. Researchers were conducted deep interviewed with six respondents. Post-test knowledge and attitudes in both groups were done 4 weeks after intervention. Quantitative statistical analysis used Wilcoxon test and stages according to Colaizi for qualitative. **Results:** There was an increase of 3.55 in the mean knowledge score and 2.37 in the mean attitude score from pre- to post-intervention using peer education. Peer education method was affected the knowledge of premarital sexuality indicated by  $P = 0.002$  ( $P < 0.05$ ) and attitudes of premarital sexuality indicated by  $P = 0.021$  ( $P < 0.05$ ). Qualitative analysis identified uncertainty as a significant them for both knowledge and attitude of premarital sexuality, then evaluate feelings after participating in peer education. **Conclusions:** The result revealed that peer education significantly improved adolescents' knowledge and attitude of premarital sexuality.

**KEY WORDS:** Adolescents; Attitude; Knowledge; Peer Education; Premarital Sexuality

## INTRODUCTION

Sexual maturation that occurs during adolescence as well as psychological and psychosocial changes in life can cause problems in adolescents if not addressed wisely. Based on the WHO data that conducted research in several developing countries showed that 40% of adolescents had sex even though there were no marital ties.<sup>[1]</sup>

The Indonesia Demographic and Health Survey 2012 report on the adolescent reproductive health showed that premarital sexual among adolescent girls is 1% and young men is 8.3%.<sup>[2]</sup> Premarital sexual in adolescents is mostly due to curiosity (45.2%), it just happens (27.5%), the influence of friends (4.5%), and coercion from partners (4.4%). As a result of premarital sexual relations, around 12% have tested positive for sexually transmitted diseases (STDs), around 27% are HIV positive, and 30% of adolescent girls have become pregnant, half of them giving birth but half have an abortion.<sup>[1]</sup> Pregnancy and childbirth in adolescents will result in increased health problems and worsening adolescent sexual health indicators.<sup>[3]</sup> Human papillomavirus (HPV) infections in the genitals were increased after starting sexual activity with a cumulative incidence of HPV infection rates of 50–80% in 2–3 years after the first sexual intercourse.<sup>[4]</sup>

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Factor that influences premarital sexual occurrence in adolescents is the occurrence of cultural changes that are currently developing and adhered to by adolescents, namely, virginity. According to the Indonesian Basic Health Survey report in 2012, teenagers who perceived that virginity was important to be maintained in both female and male adolescents had decreased compared to 2007.<sup>[2]</sup> Adolescent knowledge of sexual behavior is still lacking. Lack of knowledge can occur due to incorrect information obtained from wrong sources, such as myths about sex, porn video compact discs, peers, porn sites on the internet, and others that will make children's understanding and perceptions about sex wrong.<sup>[5]</sup>

Therefore, it is necessary to increase knowledge of premarital sex in adolescents. Efforts to increase adolescent knowledge can be done by providing sexual health education. From several studies explained that peer education can improve knowledge, attitudes, foster positive beliefs, and behaviors in maintaining and protecting reproductive health.<sup>[6-9]</sup> Peer education is also effective to provide motivation, support for anxiety, confusion, and fear because as a means of discussion, sharing stories, and sharing experiences without shame carried out between peers.<sup>[10-12]</sup>

The authors are interested in conducting research on a mixed method: Peer education as an effort to increase knowledge and attitudes and prevention of premarital sexuality in adolescents in Bantul. The specific purpose of this study was to determine the knowledge and attitudes of adolescent premarital sexuality before and after being given peer education. The urgency of this research is to prevent unwanted pregnancy, abortion, and STDs.

## MATERIALS AND METHODS

This research was a quasi-experimental pre-post-test with the control group. The study was conducted in two senior high schools in a Bantul, Yogyakarta, Indonesia. The sample in this study was adolescents aged 14–18 years amounted to 90. The sample was divided into two groups, 45 people as the treatment group and 45 people as the control group. The treatment group was divided into 10 small groups with each group consisting of 4–5 people who received about premarital sexuality education and the control group received health education at the end of the study. Data were collected on July–September 2019. Researchers conducted peer education training on 10 peer educators and 2 research assistants for 2 days. The peer educator criteria are students aged 14–15 years and active during the learning process in class. Peer educator training materials are arranged in the form of booklets. Before the study, a formal written permission was taken from the principal of the school. Flowchart of the study sample selection and intervention process was captured in Figure 1. The participants were explained the study and

a written informed consent to participate was obtained from them. Ethical clearance for this study was granted by the Ethics Committee of Jenderal Achmad Yani University, Yogyakarta, Indonesia (protocol number: Skep/040/KEPK/V/2019).

## Variables and Measurement

The independent variable in this study was health education about premarital sexuality with peer education methods. The dependent variable was knowledge and attitudes of premarital sexuality in adolescents. Measurement of knowledge and attitudes used the questionnaires.

## Statistical Analysis

Qualitative data analysis used seven stages according to Colaizzi.<sup>[13]</sup> Qualitative previous studies that have used the Colaizzi seven step method conducted by Ahmari *et al.*,<sup>[14]</sup> Lee *et al.*,<sup>[15]</sup> Kim.<sup>[16]</sup> Specifically, transcripts of the questions were coded to identify consistent repetition of relevant word; phrases, sentences, and categories were created and sorted into themes. Categories were then labeled on the basis of the connections between the codes that made them up.

## RESULTS

In this study, we examined the effect of peer education with knowledge and attitude of premarital sexual health in adolescent. The mean value of knowledge in the treatment group before the intervention was 85.56 and after the intervention was 89.11. This increased to 3.55 after peer education intervention. There is a significant difference between knowledge before and after treatment with  $P < 0.002$  [Table 1]. The mean attitude score before peer education was 89.67 which increased 92.04 after got peer education [Table 2].

### Qualitative Analysis

Based on the results of data analysis using a method developed by Collaizi (1978), three themes were found: Knowledge of premarital sexuality, premarital sexuality attitudes, and feeling after participating in peer education.

#### *Theme 1: Knowledge of premarital sexuality*

Various opinions regarding the knowledge of premarital sexuality are conveyed from the following statements:

##### *The source of information on premarital sexuality*

Sources of information regarding premarital sexuality come from the parents, seminars, and counseling by health center staff and friends as follows:

“... I know from mom and dad ... mom says you can't hold a girl carelessly ... if my dad says ... tomorrow after married ...” (P2)

**Table 1:** The effect of peer education on the knowledge of premarital sexuality in adolescents

Knowledge	Control			Treatment		
	Mean (SD)	Median (Min.-Max.)	P	Mean (SD)	Median (Min.-Max.)	P
Pre-test	78.89 (10.29)	80.00 (55–100)	0.181	85.56 (7.55)	85 (65–100)	0.002*
Post-test	81.33 (9.85)	80 (45–95)		89.11 (7.40)	90 (75–100)	

**Table 2:** The effect of peer education on premarital sexuality attitudes in adolescents

Attitude	Control			Treatment		
	Mean (SD)	Median (Min.-Max.)	P	Mean (SD)	Median (Min.-Max.)	P
Pre-test	84.56 (9.08)	87.00 (60–100)	0.775	89.67 (6.21)	90.00 (78–100)	0.021*
Post-test	83.84 (8.79)	84 (64–100)		92.04 (5.35)	92.04 (79–100)	

“... *hmmm sometimes my friends talk dirty like pornography, then we want to know ... then we already know ....*” (P5)

#### *The meaning of premarital sexuality*

The meaning of premarital sexuality, namely, having sex before marriage, body contact, and handling can be seen from what the respondents said as follows:

“... *having sex before marriage ...*” (P1)

“... *body contact, holding hand ....*” (P2)

#### *Causes of premarital sexuality*

Premarital sexuality conveyed by participants due to having close friends, trial and error, the influence of the internet, the influence of friends, temporary lust, often met in a quiet place, and can be seen as follows:

“... *have close friends ... try to making in love ...*” (P1)

“... *the influence of the internet ... friends hang out ... promiscuity*” (P4)

“... *I often meet and meet with each other ... then they choose a quiet place ....*” (P6)

#### *As a result of premarital sexuality*

Premarital sexuality can cause HIV, AIDS, pregnancy, infectious diseases, expelled from school, reputation is tainted. This can be seen from the statement as follows:

“... *can cause HIV and AIDS ...*” (P1)

“... *pregnancy ... drop out from the school ....*” (P5)

#### **Theme 2: Premarital sexuality attitudes**

Participants are not agreed, disgusting, and not very good. This statement can be seen as follows:

“... *yes, I am not in agreement ... because there are so many consequences ...*” (P1)

“... *not very good ... not ready to be a parent ... not ready physically, ready for material, still troublesome for parents ....*” (P5)

#### **Theme 3: Feelings after participating in peer education**

Peer education is fun, relaxed, not shy, and exciting. In addition, participants also revealed the benefits they gained after participating in peer education including useful, easier to express opinions, and not shy because with peers. This is consistent with the participant's statement as follows:

“... *the activities are really useful ... it's also fun ... we are the same age so don't be ashamed to ask ...*” (P1)

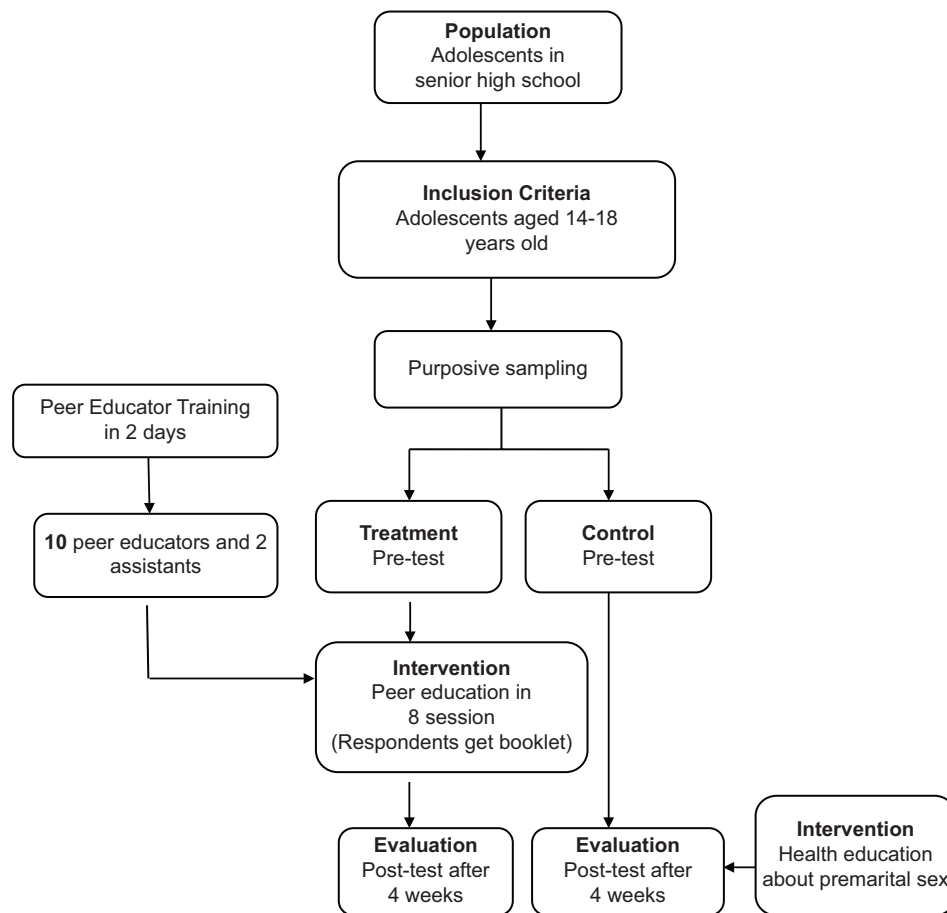
“... *fun ... played ... but get knowledge ...*” (P2)

“... *really fun to be able to discuss with friends same age and be more relaxed ... not shy so exciting ....*” (P6)

## DISCUSSION

This study was conducted to assess the knowledge and attitude regarding premarital sexuality in adolescent, with a view to develop information using peer education method and booklet. Adolescents received information related to sexuality from their friends. They convey that *sometimes my friends talk dirty like pornography, then we want to know*. The meaning of premarital sexuality which they understand is only limited, having sex before marriage, body contact and attitude of participants related to premarital sexuality is not agreed, disgusting, not very good. It can be seen from difference in the mean score and significantly increased pre- to post-test respondents' knowledge of 3.55 with  $P = 0.002$  and attitude of 2.37 with  $P = 0.021$  after given peer education.

Our results showed that there was increased respondents' knowledge and attitudes after peer education. These results are in line with previous studies conducted by Kwan *et al.*<sup>[7]</sup> The peer education method is quite effective for adolescents in fostering positive behaviors toward health. You<sup>[6]</sup> and Albayrak *et al.*<sup>[9]</sup> have reported that peer education can



**Figure 1:** Flowchart of the study sample selection and intervention process

increase knowledge, attitudes, beliefs, and behavior for maintaining and protecting health. Respondents' mean score of sexual health knowledge is increased after peer education program and it concluded that peer education has potential to increase sexual health knowledge.<sup>[17]</sup>

Information about sexuality health included premarital sexuality should give to adolescent through any methods and setting. In this study, most of the adolescents received information related to sexuality from their friends and researcher provided peer education to them. The previous study suggested that correct information should be disseminated to adolescent in both formal and informal settings so that they do not develop misconceptions and friends are the second-largest source of information.<sup>[18]</sup> Peer education is the process of implementing informal and organized educational activities that can be carried out individually or in small groups with friends for a certain period of time. Peer education activities can be carried out anywhere, in a variety of settings both formal and informal, with a variety of different activities, at any time as long as they are in a conducive environment.<sup>[19]</sup> The change in knowledge scores in the intervention group was allegedly due to combining the delivery of health education by peers (peer educators) with lecture methods, brainstorming, question and answer, and the

provision of booklets with language that is easily understood. The combination of these methods is in accordance with the objectives and benefits. Peer education with the lecture method is the most common way of delivering messages to share knowledge and health facts. However, this method has a weakness because it is often done unilaterally without giving the opportunity to the participants to actively participate. Therefore, this method will be more effective if coupled with questions and answers with participants so that two-way communication occurs.<sup>[20]</sup> From the results of qualitative research after getting peer education, respondents stated that their activities were fun, relaxed, not shy, useful, easier to express opinions, and not reluctant because with peers. This is in accordance with the statement: "... really fun to be able to discuss with friends same age and be more relaxed ... not shy ... so exciting ... " (P6)

The booklet is given because it has several advantages including: (1) Information sources with relatively low cost and easy to use, (2) developed to help health workers provide information and health education, (3) simple health education tools and provide maximum results, (4) simple can studied at any time, and (5) contains evidence-based information.<sup>[21]</sup> The respondent can study the booklet any time so that knowledge of premarital sexuality increases. Booklet is effective to

increase knowledge because booklets are health media that contain more information that is easy to understand and get coping who is facing the problem.<sup>[22]</sup>

Knowledge material provided during peer education included discussing the effect of premarital sexuality. Based on the opinion of participants due to premarital sexuality can cause HIV, AIDS, pregnancy, infectious diseases, expelled from school, reputation is tainted. This can be seen from the statement as follows “... can cause HIV and AIDS ...” (P1) “... pregnancy ... drop out from the school ...” (P5). It was comparable to the finding of the different study by Das and Desai.<sup>[23]</sup> The majority of adolescents (66.7%) did not know any features of STD, preventive measure for AIDS, and no sharing information on STD/AIDS.

Increased knowledge of respondents has impact to better respondents' attitudes. This is consistent with some opinions that attitude formation is influenced by personal experience. Attitude enhancement can also occur because respondents have the opportunity to evaluate certain objects or events in the education process.<sup>[20,24]</sup> Peer education activities are effective in providing motivation and support so that they can change a person's attitude.<sup>[10-12]</sup> In this study, generally, a change in attitude is better due to an increase in knowledge as a result of the learning process. Well-received and pleasant information can influence the formation of attitudes and encourage someone to behave well.<sup>[25]</sup> In this study, a peer educator is someone who plays a role in providing education to peers selected from the same group but has good communication, smooth in expressing opinions, friendly, initiative, creative, able to empathize and understand the emotions of others, sensitive, have an open mind, good relationships, and like to help others. If the communicator is a trustworthy person, people will be more easily persuaded or suggested by what the communicator says.<sup>[24]</sup> The respondents' attitudes toward premarital sexuality were mostly in the positive category where the respondent expressed disagreement, disgust and was not very good in assessing premarital sexuality. This can be seen from the statement:

“... yes, I am not agreed ... because there are so many consequences ....” (P1)

### Strength and Limitation

The time of data collection and peer education interventions must be adjusted to the learning schedule in the school that changes in time so researchers must be prepared at any time if there is a notification from the school. The strengths of this study are researchers conducting in-depth interviews with respondents so we get more information related to premarital sexuality in adolescents.

## CONCLUSIONS

The result revealed that peer education significantly improved adolescents' knowledge and attitude of premarital sexuality. Peer education can be the choice of the right method to provide health education to adolescents, especially premarital sexual.

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