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PARENTS AND SEX EDUCATION FOR ADOLESCENTS: INDONESIAN NURSE EDUCATORS' EXPERIENCE

ABSTRACT

Background & Aim: Sex education towards adolescent remains the most controversial subject due to the various thoughts and ideas of different values present in society. Nurse educator as a parent, must exemplify sex education to their children. The aim of this present study was to explore parents' experience, with nurse educators background to be exact, on how they convey sex education to their children.

Methods & Materials: This study is descriptive qualitative study and the sample is recruited by purposive sampling technique. The qualified participants filled in the informed consent, demographic data, and were interviewed. Saturation data was obtained at the sixth interview in this study. The interview is transcribed to find themes and sub themes using conventional content analysis.

Results: We derived three main themes: parents' approach, sex education's topic, and children's reaction. Parents' approach contained four sub themes, including gender match, parent-child closeness, media and attitude. Sex education's topic included the five sub themes of bodily autonomy, health and safety, reproductive anatomy, pubertal-related changes and how to maintain healthiness. Children reaction experiences also included four sub themes of uncomfortable, questioning, acknowledging and laughing.

Conclusion: Sex education helps adolescent to enrich their knowledge about sexuality and parents, especially nurse educators hold a great role in conducting sex education to their children at home. Nurses and nursing students might acquire the picture in conveying sex education to adolescent.

Key words: Parents and sex education, adolescent, Indonesian nurse educators, experiences

Introduction

Sex education was recognized a fundamental human health right and an important quality of life health issue by the World Health Organization (1). Sex education is also defined as sexual health education⁴ or reproductive health education. Specifically, the topics may include human sexual anatomy, reproduction, sexual intercourse, reproductive health, emotional relationships, reproductive rights and responsibilities, and other aspects of human sexual behaviour (2). In an ideal world, the greatest place to teach sex education or sexual health is at home, and parents' attitude are critical.

Studies have shown that sex education is a pivotal need for the aged of adolescence (3). In this stage, reason and self-awareness emerge, as well as a wealth of physical energy (4). Sexuality development designated with self-exploration and evaluation. Likewise values and morals development started off in this stage.

Therefore, this stage of developmental years is the right time to internalize any moral values in sex education (5).

Sex education has been shown to have many benefits for adolescent. WHO (2021) has reported the advantages of sex education such as initiation of sexual activity is postponed, reduce the number of unintended early pregnancies, as well as the difficulties that come with them. There will be fewer unwanted children and reduces the likelihood of sexual exploitation and abuse. It also helps to reduce the use of abortion and the risks associated with unsafe abortion. Nevertheless, it stops the spread of HIV and other sexually transmitted illnesses and reduces risk-taking behavior (6).

In fact, many adolescents lack knowledge of sexual and reproductive health in various countries in the world. Adolescents lack knowledge of menstruation, STIs other than HIV, AIDS, and other ramifications of risk taking sexual behavior (7; 1; 8). This leads to poor health outcomes and death among adolescents (9). The Directorate General of P2P, Indonesia Health Ministry dated May 29, 2020 reported the cumulative number of HIV/AIDS cases placing West Java region in the 4th rank cases of HIV/AIDS nationally (10). Moreover, maternal and infant mortality rate in Indonesia is high which exacerbated by early marriage, early pregnancy, STIs, premarital sex and abortion (11).

It is vital to start sex education early in family rather than the children get from untrusted sources (12). Parents should be active in conducting sex education to their children by seeking and giving information regarding to sexual health (13). Parents' knowledge and perception toward sex education will affect their decision, either to provide sex education or not. The education's material should be varied to improve children's knowledge about sexuality. However, parents might think that giving sex education is talking about intercourse only, but actually it's more to give understanding about sex organ and its function (14).

Conducting sex education itself is one of the problems that happen in eastern countries. Sexuality is a private matter which is not discussed openly regarding to eastern culture (15); people who ask and talk about sex is considered to have dirty mind (16). Teachers in high school as educators considered sex education as a problem because talking about sex would make them feel taboo and uncomfortable because of the culture (17). Even nursing educators has the same problem when conveying sex education regarding to social and cultural considerations (18). In fact, nurse educator is one of qualified person to provide sex education.

While sex education remains the most controversial subject due to the various thoughts and ideas of different values present in society, educators must be the center of influence to promote sex education both in the family and school (19). One essential thing is an exemplified by nurse educator as a parent who must provide sex education to their children (20). Therefore, this the present study aimed to explore the experience of parents, with nurse educators background to be exact, on how they convey sex education to their children.

Methods

Study Design

This present study employed descriptive qualitative design because it does not attempt to delve into the data in any interpretive depth and instead prefers to give thorough summaries of phenomena (21). In addition, this design tends to be eclectic and founded on naturalistic inquiry premises (22).

Setting and Samples

This study was undertaken at the private nursing school located in Bandung, West Java, Indonesia. This university offers a total of fourteen higher education degrees, two of which belong to the faculty of nursing science: diploma and bachelor of nursing. Six nursing faculty members were purposely recruited, they were male and female nursing faculty aged 40-65 years old, and has 10-18 years old and has given sex education to their child/ren. Data saturation was achieved with these six participants. For a qualitative study, the suggested number of participants is three to ten, preferably at least six (23). The participants approached by personal communication via telephone to confirm participation. There were two people who refused to participate for exclusion criteria consideration. The informed consent was given prior to the interviewee availability scheduled. Both researcher and participants were at their own place during the interview since it was conducted via online.

Data Collection

The researcher utilized an interview protocol to remind them to communicate important bits of information to the interviewees (21). Interviews proceeded with the general questions such as (1) Based on your experiences, as a parent how you communicate sexuality issues to your adolescent child/ren?, (2) What sexuality issues would you consider to discuss with them?." Probing inquiries were asked if more information or clarification was required. The duration of the interviews ranged from 40 minutes to 50 minutes. Interviews were conducted via Zoom and being recorded. The interviews were verbatim transcribed right away, and subsequent, the rough transcribed data were referred back to the participants for correction. Data collection took place between May and June 2021.

Data Analysis

The data collection and analysis were simultaneously carried out. The conventional content analysis suggested by Creswell (2015) was used to analyze the data. According to this method, the steps are from the specific to the general and involve multiple levels of analysis conducted as (1) organize and prepare the data analysis, it involved transcribing, scanning, typing notes, cataloguing visual materials, sorting and arranging data, (2) read and look all data to shape ideas, (3)

start coding all of the data, (4) generate a description and themes, (5) representing the description and themes.

Ethical Considerations

This study protocol was approved by Ethic Committees from Nursing Faculty of UNAI (No. 163/KEPK-FIK.UNAI/EC/VI/21 and approval date on 17 June 2021). Subsequently, this study was granted approval by the UNAI Administrator headed by the Nursing Faculty Dean with letter number 023/INT-SU/VII/21 and approval date on 12 July 2021. Participants were given informed consent prior to participating in the study. They were guaranteed of confidentiality, and the purpose of the audio-recording was conveyed to them. The transcripts of the researchers' interviews were kept in a protected file and stripped of all identities by the corresponding author. The importance of voluntarily participating in the study and the possibility of declining to withdraw at any time was explained. The interviews were performed one-to-one in private using the zoom meeting platform at the participants' preferred time.

Trustworthiness

The trustworthiness of a study refers to the degree of confidence in data interpretation and methods used to ensure the quality of a study. The rigor of this study was maintained through the principles of credibility, transferability, dependability and confirmability. Data credibility was established by immersion on the data and member checking. Transferability was achieved by providing bold description of study to equip the readers in application to the result of research study. Dependability was considered through stepwise replication approach to enable future researchers to repeat the work. Lastly, all steps were documented to meet the confirmability criterion, so that other researchers may check the codes and categories.

Results

1. Demographic characteristics of the participants

Demographic data of participants are presented in Table 1. This study included 6 participants, 1 male and 5 females. On range, participants were from 41 to 53 years of age. All participants have completed master's degrees in nursing education and are Adventist Christian. Participants have various cultural background, which are Batak (66,67%), Manado (16,67%), and Toraja (16,67%). All participants have adolescent children aged 10-18 years and they have conveyed sex education to their children.

Table 1. The demographic data of respondents

Participant's Classification	N	%
Gender		

Male	1	16,67
Female	5	83,33
Education Level		
Magister	6	100,00
Ethnicity		
Bataknese	4	66,67
Manadonese	1	16,67
Torajanese	1	16,67
Gender of Adolescent Child		
Male	3	50,00
Female	1	16,67
Both	2	33,33
Religion		
Adventist Christian	6	100,00

In the initial data analysis, 55 primary codes were extracted. The codes were classified into three themes and thirteen sub themes. Each theme with its sub-themes is shown in Table 2 following the description next.

Table 2. Theme and Sub-theme

Theme		Sub theme	
I.	Parents' Approach	i.	Gender Match
		ii.	Parent-Child Closeness
		iii.	Media
		iv.	Attitude
II.	Sex Education's Topics	i.	Bodily Autonomy, Consent, and Healthy Relationship
		ii.	Health and Safety
		iii.	Male and Female Reproductive Anatomy
		iv.	Pubertal-Related Changes
		v.	How to Maintain Healthiness
III.	Children's Reaction	i.	Uncomfortable
		ii.	Questioning
		iii.	Acknowledging
		iv.	Laughing

2. *Theme 1: Parents' Approach*

Parents' approach refers to the overall experiences of parents, who are a nurse educator conveyed sex education to their child/ren. The sub themes include gender match, parent-child closeness, media and attitude.

2.1. *Gender Match.*

Participants who have different gender with their adolescent children don't talk much about sexuality matters. The child will look for the parents with same gender to discuss that since the same-gender-parent had the experience to explain it to them. An experienced parent depicts this situation as follows:

"We talked about that if I'm not mistaken, but it wasn't detailed because maybe he told more to his father . . . but my daughter prefers to tell me." (P.1)

2.2. Parent-Child Closeness.

All participants have a close relationship with their children. They often have family activities to strengthen the bonding within the family, especially between parents and children. Sex education can be conveyed during family time, including routine in the religious activity of the family. This experience was articulated by them.

"Every Sabbath, close the Sabbath day, because we will face a new week, we give the education at that time." (P.6)

2.3. Media.

Using media will be helpful to explain sexuality material to children. Most of the respondents will use a media in situational case so that they can explain more. The media that are usually used are YouTube, pictures, textbooks, or television. The sample of participants' statement is quote below:

"Sometimes we access YouTube, and also use some pictures. Their Science textbook also has a topic about sperm cells and ovum, so we can also explain using that." (P.4)

2.4. Attitudes.

Most of the time, respondents would like to convey this education in a relaxed environment. Sometimes they need to talk in private since the topic is sensitive to others. Parents have to adjust which attitude to be applied to their children.

"But when she got her menstruation, I told her that I wanted to explain something to you. I made it in a serious way." (P.2)

3. Theme 2: Sex Education's Topics

3.1. Bodily Autonomy, Consent, and Healthy Relationship.

Keeping their children safe is what all parents want. Participants taught their children to recognize and know what they should do when they are sexually abused. This sub theme is also included in healthy romantic relationships and attitudes towards different genders.

“If they start touching, they shout and run. So, I taught them to know sexuality and how to protect it.” (P.1)

“We told him that there is a boy and a girl. He should be careful to play with girls because girl is more gentle.” (P.6)

3.2. Health and Safety.

This sub theme is related to contraception and sexually transmitted diseases. Most participants taught their children the general overview of sexually transmitted diseases. Some participants explained about contraception but there is a warning to not use it before marriage related to Eastern culture.

“So, it was explained already by their teacher. If they ask questions, I just add some information, like AIDS or fungi . . .” (P.5)

“ . . . but when you get married later, there are pregnancy precautions.” (P.2)

3.3. Male and Female Reproductive Anatomy.

All participants taught their children to differentiate both gender, male and female. This topic is important to form the sexual identity of the children. It will also let them acknowledge that there is another gender aside from theirs.

“I will explain the general first. Boys will stand when urinating because of their genital appearance. Girls need to sit when urinating because their genitals are different.” (P.3)

3.4. Pubertal-Related Changes.

All participants explained to their children about the physical changes that happen when they reach puberty. This topic explains about the changes of appearance and physiology of the body. The action to certain changes is also included.

“One of the changes is the changing in the sexual organ. The changes can be in the increasing size and appearance of soft hair.” (P.4)

“If she said her stomach is cramping, I taught her about warm compress. And then, I explain to her that exercise is good.” (P.2)

3.5. How to Maintain Healthiness.

All participants taught their children how to keep their genitals in a hygienic state. Adolescents should pay attention to keep their body clean since hormonal changes will increase sweat production. Bathing and changing the sanitary pad while menstruating will be necessary.

“I taught them about hygiene issues every time we bathed, including wearing underwear. If they already wear it, they need to wash it, and it can't be used repeatedly.” (P.3)

“If you get menstruation, don't let it (softex) stay, change it every three hours.” (P.5)

4. Theme 3: Children's Reaction

Children reaction refers to the overall experiences of parents, who are a nurse educator conveyed sex education to their child/ren. Children reaction to the sex education conveyed by parent concluded to the subthemes of uncomfortable, questioning, acknowledging and laughing.

4.1. Uncomfortable.

Some children might be uncomfortable at the beginning when parents initiate sex education. They considered it as a sensitive topic and weird to be discussed with parents. Rejection might happen when this feeling exists.

“Their reaction when I talked about that, they will say what's wrong with you at the beginning.” (P.3)

4.2. Questioning.

Some children were more questioning since they were curious. They wanted to know more from their parents about what happened or will happen to them in their development. This was a good sign that they are comfortable with the discussion and willing to improve their knowledge.

“They (children) are usually active. They will ask how about this and that.” (P.5)

4.3. Acknowledging.

Some children will absorb the information calmly, or they will just acknowledge since school already taught them about that. They are not ignorant about this conversation, but absorb it to have deeper knowledge about sexuality.

“She is calm and mature so she just kept quiet when I explained, but she listened to me.” (P.2)

4.4. Laughing.

Some children laughed while parents talked about sexuality. It was related to parents' attitude on how they convey the sex education because some parents started the conversation with humor. Humor relaxed the situation to convey sex education successfully.

“Usually they laughed and responded 'so it is like that'.” (P.5)

Discussion

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This study aimed to explore the experience of parents, with nurse educators background to be exact, on how they convey sex education to their children. The study revealed that conveying sex education has three areas of parent and children experiences namely parents' approach, sex education's topics and children's reaction. In approaching children, same gender between parents and children are preferable because the both parties can relate to the discussion about sex since they have similar body parts and/or experiences (24). Parents need to build close relationships with their children as this closeness is important in developing healthy habits (25), healthy sexual habits in this case. When family bonding is strong, sex education can be conducted in anytime, including in family activity. Using a media will be helpful for parents if it is needed, because not all parents will have the related media for the explanation. Parents can use humor in conveying sex education, but sometimes seriousness and privacy are also needed depends on the topic and situation. Appropriate talking is needed in certain condition related to diminish embarrassment and anxiety, while using humor needs to be considered since it can help or being a hindrance in conveying sex education (26).

From our findings, all respondents explain gender differentiation between male and female to their children. It is important to build their knowledge that will affect their attitude to their same and opposite gender in social relationships. Parents then will focus on explaining their children's bodies based on the children's gender, both for anatomy and physiology especially the changes that happen during puberty. Both topics about gender differentiation and anatomy are similar with the study conducted by Cameron and Bunoti (27; 25). Since the changes will increase sweat and fat glands of the body, explanation about maintaining body's hygiene, especially genital area, is necessary. This topic about genital hygiene is aligned with the study of Astuti (5).

Contraception and sexually transmitted disease topics are important to achieve health and safety of reproduction organ (28). Research from Britain stated that these topics will protect adolescents for having sexual competence in their first intercourse in the future, which can prevent STIs and unplanned pregnancy (29). However, the explanation needs to be adjusted with the culture because Eastern culture doesn't allow sex before marriage, considering it is forbidden and cause for shame on family (30). Parents can explain that contraception can be used to prevent pregnancy after marriage. Last but not least, children need to be taught about how to recognize sexual abuse so that they can protect themselves from it (5). This topic is important considering child sexual abuse happened to 118 from 1,000 children and will cause negative holistic health consequences to them (31).

Children might have various reactions during sex education is being conveyed. It is not surprising that some children might be uncomfortable since we

are talking about private parts of the body, which they understand since they have learned in school. It is normal and they can be comfortable if parents approach them in the right way or have build a strong bonding with them. When the bonding is strong enough, children will usually acknowledge the information conveyed by the parents. Aside from strong bonding, another factor that can make children comfortable with sex education is both children and parents have high knowledge on that topic (32). Some children will also ask more questions since they are curious and want to have better understanding about sex. Parents are encouraged to answer the questions from children in discussion to make sure children's voices are heard to provide opportunity for future discussion (33). In some cases, children might laugh about it related to parents' approach using humor in explaining the topics.

Moreover, the ² content, messages, and approaches used to provide sex education differ across countries (34). Sex education is a sensitive topic in public health and education policy in western Chinese culture for a variety reasons. The first is the deeply ingrained idea of sex a "taboo" in Asian countries (35). Some doubters claim that sex education fosters juvenile promiscuity and that this topic should be ignored in order to avoid "awakening the sleeping bear." While policy makers, educators and parents have observed that adolescent sexual behavior is "out of control," they disagree on how to reduce young people's problematic sexual behaviors (36). Yet, Indonesia research finding on improving sex education awareness in community service concluded that it is critical to provide sex education since at an early age of children. This is a prevention strategy for providing children with the information they need about their sex and sexuality (37).

Conclusion

Sex education is a great weapon to prevent young generation discover sexuality in a wrong way. Parents need to approach their adolescent children appropriately by gender match, form strong bonding with them, using related media, and positive attitude. Gender differentiation, male and female reproductive anatomy, pubertal-related changes, STD, contraception, genital hygiene, and safety from sexual abused are important topics of sex education. These topics may be sensitive in Eastern culture, but all are important to improve children's knowledge about themselves. Children's reaction is also varied which depends on the parents' approach and bonding level.

The findings of this study may provide nurses and nursing students a picture in conveying sex education to adolescent. They also will be able to educate parents on how to do it themselves as family. Thus, providing sex education to adolescents at home and at school should not be considered taboo by either parents or teachers. It is predicted that if adolescents have sufficient understanding of sex education, they will no longer engage in dangerous sexual activities, allowing the harmful

effects of free sex to be avoided or at least mitigated, As a result, on of the primary goals of the 2030 Agenda for Sustainability Development (SDGs) points 3 and 3B, “ensuring a healthy life and increasing the welfare of people of all ages,” can be met.

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Conflict of Interest

The authors have no conflict of interest either in conducting the study or publishing of this article.

References

1. Sexually Transmitted Infections (STIs). Available at: <http://www.who.int/mediacentre/factsheets/fs110/en>. Accessed August 31, 2021.
2. Tripathi N. Does family life education influence attitudes towards sexual and reproductive health matters among unmarried young women in India? Plos one. 2021. e0245883
3. Gurara A, Gizaw A, Ayalew A, & Adem A. Reproductive health service utilization and associated factors among adolescents at public school in Adama town east Shewa Ethiopia, 2018. *Nursing Practice Today*. 2020;7(4):275-285. doi:<https://doi.org/10.18502/npt.v7i4.4037>
4. Bunoti S, Tumwesigye NM, & Atuyambe L. Awareness of Pubertal Body Changes Among Primary School Children Aged 10-14 in Eastern Uganda; Challenges and Opportunities. *Research Square*. 2021. doi:<https://doi.org/10.21203/rs.3.rs-486862/v1>
5. Astuti B, Sugiyanto S, & Aminah S. The Development of Early Childhood Sex Education Materials for Early Childhood Education (ECE) Teachers. *Jurnal Pendidikan dan Pemberdayaan Masyarakat*. 2017;4(2):113-120. doi:<http://dx.doi.org/10.21831/jppm.v4i2.14869>
6. Baker J. What Is "Safe Sex"? Understanding the Need for Sex Education Reform. *Gettysburg Social Sciences Review*. 2019;3(2):66-87.
7. Finlay J, Assefa N, Mwanyika-Sando M, Dessie Y, Harling G, Njau T, & Bukunya J. Sexual and reproductive health knowledge among adolescents in eight sites across sub-Saharan Africa. *Tropical Medicine and International Health*. 2020;25(1):44-53. doi:10.1111/tmi.13332
8. Ramadhani A, & Ramadani ML. Pengaruh Pendidikan Kesehatan Dengan Metode Ceramah Dan Media Audiovisual Terhadap Pengetahuan Tentang Infeksi Menular Seksual Pada Remaja. *Jurnal Keperawatan Muhammadiyah*. 2020;346-352.
9. Rabbitte M. Sex Education in School, are Gender and Sexual Minority Youth Included?: A Decade in Review. *Am J Sex Educ*. 2020;15(4):530-542. doi:10.1080/15546128.2020.1832009
10. Jawa Barat di Peringkat 4 Jumlah Kumulatif HIV/AIDS. Available at: <https://www.tagar.id/jawa-barat-di-peringkat-4-jumlah-kumulatif-hiv-aids>. Accessed August 31, 2021.
11. Panjaitan AA. Model of Prevention of Adolescent Unwanted Pregnancy in Indonesia: Review Article. *International Journal of Research in Law*,

Economic and Social Sciences. 2019;1(2):60-73.
doi:10.32501/INJURILESS.v1i2.125

12. Chasanah I. Psikoedukasi Pendidikan Seks untuk Meningkatkan Sikap Orangtua dalam Pemberian Pendidikan Seks. *Jurnal Intervensi Psikologi*. 2018;10(2):133-150.
13. Mugianti S, Winarni S, & Rasyidah FD. Upaya Keluarga dalam Mencegah Pernikahan Usia Dini. *Jurnal Pendidikan Kesehatan*. 2018;7(2):61-70. doi:10.20885/intervensipsikologi.vol10.iss2.art5
14. Nurhidayah I, & Agustang A. Pendidikan Seks bagi Anak Remaja (Studi pada Orangtua Berpendidikan Menengah di Kelurahan Karuwisi Kecamatan Panakkukang Kota Makassar. *Jurnal Sosialisasi Pendidikan Sosiologi*. 2018;62-68.
15. Rahmah H, Afyanti Y, Rachmawati IN, Ungsianik T, Budiati T, & Kurniawati W. "I Do Not Feel Confident and Uncomfortable Discussing Patients' Sexuality Concerns": A Thematic Analysis of Indonesian Nurses' Experiences in Discussing Sexuality with Patients. *Jurnal Keperawatan Indonesia*. 2020;23(1):23-30. doi:10.7454/jki.v23i1.1173
16. Syamsunardi, & Syam N. Tinjauan Geografi dalam Pelaksanaan Pendidikan Seksual pada Generasi Muda Indonesia. *La Geografia*. 2021;19(2):243-250.
17. Kristianto BS. Eksplorasi Persepsi Remaja Awal tentang Edukasi Seks di Kelurahan Malalayang Satu Barat Lingkungan I Manado. Diss. Universitas Katolik De La Salle. 2019.
18. Santos LM. I Teach Nursing as a Male Nursing Educator: The East Asian Perspective, Context, and Social Cognitive Career Experiences. *International Journal of Environmental Research and Public Health*. 2020;17(12).
19. Souza AP, Costa Milani DR, Ribeiro M, & Rennes P. Sexual education and the role of the educator: Reflections from a transformative social context. *Dialogia*. 2020;95-106.
20. Shen J. Schools' and Parental Responsibility: Students' Experiences of and Perceptions on Sex Education. *International Conference on Humanities Education and Social Sciences (ICHESS 2020)*. 2020;496:109-112.
21. Creswell JW. *Research Design, Qualitative, Quantitative, and Mixed Methods Approaches*. (Fifth Edition). Los Angeles: SAGE; 2018, P.256
22. Polit DF, Beck CT. *Essentials of Nursing Research. Appraising evidence for nursing practice*. (9th edition). Philadelphia: Wolters Kluwer; 2018. P.291

23. Creswell JW. Educational Research. Planning, conducting, and evaluating quantitative and qualitative research. (5th edition). Boston:Pearson; 2015.P. 261
24. Othman A, Shaheen A, Otoum M, Aldiqs M, Hamad I, Dabobe M, & Gausman J. Parent-Child Communication about Sexual and Reproductive Health: Perspectives of Jordanian and Syrian Parents. *Sexual and Reproductive Health Matters*. 2020;28(1):313-323.
25. Anyanwu FC, Akinsola HA, Tugli AK, & Nmehielle NO. A Qualitative Assessment of the Influence of Family Dynamics on Adolescents' Sexual Risk Behaviour in a Migration-Affected Community. *International Journal of Qualitative Studies on Health and Well-Being*. 2020;15(1):1-11. doi:<https://doi.org/10.1080/17482631.2020.1717322>
26. Dobson E, Beckmann N, & Forrest S. Educator-Student Communication in Sex & Relationship Education: A Comparison of Teacher and Peer-Led Interventions. *Durham University*. 2017;35(4):267-283. doi:<https://doi.org/10.1080/02643944.2017.1350202>
27. Cameron A, Smith E, Mercer N, & Sundstrom B. "It is Our Duty": Understanding Parents' Perspectives on Reproductive and Sexual Health Education. *Sex Education*. 2021;20(5):535-551. doi:10.1080/14681811.2019.1704720
28. Ivanski C, & Kohut T. Exploring Definitions of Sex Positivity through Thematic Analysis. *The Canadian Journal of Human Sexuality*. 2017;26(3):216-225. doi:10.3138/cjhs.2017-0017
29. Palmer M J, Clarke L, Ploubidis GB, Gibson LJ, Johnson AM, Copas AJ, & Wellings K. Is "Sexual Competence" at First Heterosexual Intercourse Associated With Subsequent Sexual Health Status? *The Journal of Sex Research*. 2017;54(1):91-104. doi:10.1080/00224499.2015.1134424
30. O'Donnell J, Utomo ID, & McDonald P. Premarital sex and pregnancy in Greater Jakarta. *Genus*. 2020;76(1):1-22.
31. Sumampouw NEJ, et al. The Quality of Forensic Child Interviewing in Child Sexual Abuse Cases in Indonesia. *Journal of Police and Criminal Psychology*. 2020;35(2): 170-181. Doi:<https://doi.org/10.1007/s11896-019-09342-5>
32. Zakaria M, Xu J, Karim F, & Cheng F. Reproductive health communication between mother and adolescent daughter in Bangladesh: a cross-sectional study. *Reproductive Health*. 2019;16(1):1-12. doi:<https://doi.org/10.1186/s12978-019-0778-6>
33. Flores D, & Barroso J. 21st Century Parent-Child Sex Communication in the U.S.: A Process Review. *The Journal of Sex Research*. 2017;54(4-5): 532-548. doi: 10.1080/00224499.2016.1267693

34. Zimmerman J. *Too hot to handle: A global history of sex education*; 2015, Princeton University Press: Princeton, NJ, USA.
35. Leung H, Shek DTL, Leung E, Shek EYW. Development of contextually-relevant sexuality education: Lessons from comprehensive reviews of adolescent sexuality education across cultures. *International Journal of Environment Research and Public Health*, 2019; 16 (621), 1-24. doi:10.3390/ijerph6040621
36. Maimunah S. Importance of sex education from the adolescents' perspective: A study in Indonesia. *Open Journal for Psychological Research*, 2019;3(1),23-30. doi:10.32591/coas.ojpr.0301.3023m
37. Khoriyati S, Amalia ER, Astuti W. Improving sex education awareness of students of Madrasah Ibtidaiyah Setia Budi Tamiajeng Trawas Mojokerto through service-learning approach: A community service. *Jurnal Pengabdian Kepada Masyarakat*. 2021;5(1):12-131. doi:https://doi.org/10.29062/engagement.v5i1.776

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