

**UNDERSTANDING PREMARITAL SEXUAL ATTITUDE AND BEHAVIOUR:
THEORITICAL AND EMPIRICAL CONTEXTS**

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Sexual activity among teenage populations has tended to increase as indicated by a decrease in the age at the first intercourse and the increasing proportion of *sexually* active teenagers (Forrest and Singh, 1990; Hofferth et al., 1987). Sexually active adolescents are faced by pregnancy and sexually transmitted disease problems because they are usually not *protected*. They do not know enough about the consequences of their sexual activities nor are they often aware of the range of contraceptive methods available as a means of protection. Alternatively, they may know that there are a lot of contraceptive methods but they do not have access because of societal control. The lack of accessibility seems to influence the knowledge of the contraception use.

The issue of premarital sex has been discussed widely. There are two important issues in respect to premarital sex. On one hand, especially in a western society in which premarital sex is more widely accepted, the problem is basically concentrated on health risks. Issues such as unwanted teenage pregnancy, abortion and sexually transmitted diseases tend to be major area of concern. On the other hand, there are community members who are more concerned about social problems related to norms and moral values than health risks.

The young person who is physically and psychologically unprepared for sexual intercourse faces risks such as pregnancy and health riskss when his or her activity is not *protected*. Pregnancy in young women under 17 is dangerous because they are exposed to greater risks of obstetric complications than those somewhat older (Rosenfeld, 1991). The major complications for them include pregnancy-induced high blood pressure, iron-deficiency anemia and cephalopelvic disproportion, or the large size of the infant's head in proportion to the mother's pelvis (Population Reports, 1985). If they are unmarried as well as poor, young women are less likely to receive prenatal care and both mothers and

children are faced with health problems and considerable risks. There is also evidence of low birth weight, prematurity, neonatal and infant mortality in children of young mothers reported by many studies (see Elster, 1984; Mangold, 1983; Population Reports, 1985).

Young men and women who are sexually active risk contracting sexually transmitted diseases (STDs) if they do not use proper protection, such as condoms, which protect them from STDs (Fisher, 1991; Rosenfeld, 1991; Woods, 1991). Gonorrhea, syphilis and genital herpes are common STDs among sexually active adolescents. Moreover, there are considerable effects of STDs toward pregnancy, which can cause spontaneous abortion, stillbirth and prenatal death. STDs can also cause men's infertility. In recent years STDs are of increasing concern as a result of the widespread publicity about acquired immune deficiency syndrome (AIDS), which to date has no known effective cure. However, it should be kept in mind that AIDS is transmitted not only through sexual intercourse but also through intravenous drug use and blood transfusion.

It is not only illness and death caused by human reproduction that are matters of concern but also the social consequences of sexual activity among young unmarried adults such as pregnancy and early parenthood. Some young pregnant women turn to abortion to solve the problem (Ajayi et al., 1991). Some succeed in terminating the pregnancy, but some others fail. The failure may cause larger problems because they face both health and social consequences. In Indonesia, for instance, the fundamental issue regarding premarital sex is morality. Sexual activity before marriage is not accepted by most community members. The increase in premarital sex is perceived as moral degradation. Thus, the community gives sanctions to those indulging in premarital sex and its consequences. Siahaan (cited in Sarlito, 1990) found that parents would force children to leave home immediately if they were found to have been engaged in premarital sex. In Indonesia and other countries such as Liberia (Nichols et al., 1987), Nigeria (Nichols et al., 1986) and Zimbabwe (Boohene, 1991) pregnant women are not allowed to attend school. They also cannot return to schools after the birth of their children. If they do have opportunities to go to schools, they are likely to remain financially dependent on parents. It is very common that parents become angry when they find their unmarried daughters pregnant. They may refuse to pay tuition fees if their daughters continue schooling after having babies. In developing and developed countries

young girls who become pregnant frequently have limited educational opportunities, which can have adverse economic consequences. Young mothers may depend on parents because of their unmarried status or because their husbands are unable to support them. Young women who are less educated are likely to marry partners with similar characteristics, i.e. young age and low levels of education. They marry because they are pregnant and often face unstable marriages.

Studies undertaken by Ajayi et al. (1991), Nichols et al.(1987), and Hofferth et al. (1987) show that in western and non-western countries premarital *sex* has become more common in recent years. The difference is that adolescents in western countries are much more *experienced*, compared with the youths in non western countries where premarital sex is becoming much more common than in the past. Consequently, adolescents in non western countries will increasingly face more problems in respect to health issues as well as moral and social dilemmas.

Decision Models

According to decision models (Loewenstein and Furstenberg, 1991; Morrison, 1985), adolescent sexuality and contraceptive use can be understood by employing two theories: rational and emotional models. The first theory is well-known, in psychological terms, as a cognitive theory. The basic assumption of this model is that people will firstly decide consciously whether or not to undertake any particular behaviour. The rational decisions are based on the information available to them. In contrast, emotional models believe that sexual activity is more spontaneous rather than rational, especially among adolescents. They tend to react to sexual activity on the basis of their emotions rather than rational common sense. The latter concept is more difficult to test because the nature of emotional states is unreliable. In short, it is very difficult to measure emotional states. In addition, there are suggestions that their emotions are often manifested in the belief that they cannot become pregnant if they only have intercourse a few times (Collins and Robinson, 1986). This belief seems to be caused by a general lack of information rather than emotional expression. Therefore the emotional model is not described in any detail in this chapter. However, there is another model, called developmental. (Morrison, 1985), which is complementary to the decision model because decision models are originally

employed for analyzing adult behaviour. Both models are useful to understand adolescent sexuality and will be explained in detail here.

One rational model that has been applied to contraceptive behaviour is Fishbein and Ajzen's Theory of Reasoned Action (Fishbein and Ajzen, 1975). According to this model, one's behaviour can be best predicted from his or her intention as a function of attitude toward performing the act and normative beliefs about it. Intention to behave seems very important in this model since the direct correlation between various attitudes and corresponding behaviours tends to be low (Jorgensen and Sonstegard, 1984). While attitude and normative components taken together are very strong predictors of behavioural prediction (Morrison, 1985).

The Theory of Reasoned Actions emphasizes that specifications in the measurement of attitudes and behaviours are very important. There are four elements in behavioural intention: the action, the object of the action, the situation and, finally, the time at which the action is performed. The best relationship between attitude and behaviour is obtained if both are measured at the same level because each element can vary in generality. A low correlation could be found between general attitudes toward specific contraceptive methods and current regular usage of any method. For instance, the correlation between negative attitude toward IUD (without specifying the time) with current irregular usage of pill could be weak. The measurement of attitude in this case is specific about the object of action (a particular method), but *does* not specify action or time. On the other hand, the behaviour is measured toward a general object (any contraception), but specifies time (currently). When attitude and behaviour are at the same level of specificity, a high correlation between them will be obtained.

Regarding sexual attitudes and behaviour, the model also could fit. Individuals who do not agree with premarital sex will not have sexual intercourse before getting married. On the other hand, if someone agrees with premarital sex, she or he can be predicted to have premarital intercourse. However, there are some more specific attitudes toward premarital sex. Many people agree with premarital sex without any restriction (Ajayi et al., 1991; Nichols et al., 1986; 1987). Many other people may agree with premarital sex only if specific conditions such as if the couple love each other, are engaged, or only if they want to marry in the near future.

Can decision models be applied in every society? In other words, is the model sufficient for every culture? Ancok (1989) and Sarlito (1990) agree that the model basically can be applied in Indonesia. Ancok employed the model to understand contraceptive behaviour while Sarlito used the model when explaining the inconsistency of relationship between the awareness of the health benefit of certain behaviours and the practice of those behaviours. However, they noted that the model should be applied carefully. Two issues must be considered. First, the social influence of the formation of attitudes and behaviours is stronger in a community like Indonesia. Second, the measurement of attitudes and behaviours are more difficult. Non westernized people are generally less assertive (Achmad, 1988) when expressing their opinions or attitudes in respect to behaviour.

Developmental Models

It is difficult to predict sexual and contraceptive behaviour of young adults or adolescents. Many adolescents still engage in unprotected sexual intercourse, despite the fact that it is shown that they know about the risks of pregnancy and STDs (see Collins and Robinson, 1986; DeWeis et al., 1991; Mosher and Bachrach, 1987; Reschovsky and Gerner, 1991; Sonenstein et al., 1989; 1991). Without understanding the nature of adolescence, which is a stage in the human life span characterized by its inconsistency and unpredictability, the phenomenon related to adolescents cannot be explained clearly.

The discrepancies between adolescents' attitudes and their behaviour are caused by value conflicts (Jorgensen, 1980). Their parents' beliefs and values are still basic references of attitudes toward several objects such as sexual and contraceptive behaviour. Meanwhile, they are beginning to behave as their peers do and as a consequence adopt peer's norms. Adolescents will experience conflict if they find any differences between parents' and peers' values and attitudes. The conflict will lead to inconsistencies in their behaviour. In other words, there are competing elements influencing adolescent's behaviour including their own, parents' and peers' values and attitudes.

Adolescence is also a period in which cognitive development is not fully mature. Morrison (1985: 564) concluded that many adolescents "had not yet reached the stage of operational thinking and were not fully capable of anticipating future consequences of

present actions". Consequently, they cannot think analytically, even about themselves. This can lead adolescents to an occurrence that they have not anticipated, such as pregnancy, even though they are sexually active. They assume that pregnancy cannot occur if there is no regular intercourse.

The latter concept can be applied to understand the fact that younger adolescents at first intercourse, are less likely to use contraception. They may not know the effect of having intercourse or they understand but ignore the effect or risks until they become pregnant.

Several reports (see Ancok et al., 1988) argued that Indonesian adolescents tended to be dependent upon others. The social structure which emphasizes communality is one of the determinants of this characteristic. Thus, to employ the development model, it is necessary to consider social influences on adolescent knowledge, attitude and behaviour.

Antecedents of Premarital Sex

The study of sexual attitudes and behaviour can be divided into two categories: within- and across-subjects (Davidson and Morrison, 1983). The decision model best matches with the within-subjects procedure which will predict the most likely determinant of a set of alternative states or characteristics that people have. The across-subjects model, on the other hand, stresses the differences among subjects. The latter model seems to fit with differential analyses.

There are some similarities and differences in the determinants of sexual and contraceptive attitudes and behaviour. Theoretical explanation as well as empirical findings of the main characteristics of young adults which influence sexual and contraceptive attitudes and behaviour will be described briefly in the following section.

Factors influencing the initiation of coitus among young adults can briefly be divided into external and internal factors. Etiological predispositions should be mentioned primarily to understand adolescent sexual behaviour. However, many studies have neglected these factors. The hormonal changes of puberty are the foundation of libido (Udry, 1988). At puberty androgenic hormones increase significantly, and lead to the increasing predisposition to engage in sexual activity. Many correlational studies (see Udry, 1988) show a positive relationship between androgens and sexual interest and

behaviour. The hormonal changes mostly occur during the teenage years. Even though the occurrence of hormonal changes is difficult to measure, the age of respondents can be a proxy for hormonal changes in this group. Not only is the age a proxy for hormonal changes but more importantly it implies the maturity of individuals. The mature individuals will be accepted by their communities as people ready for sex. This opportunity, taken together with biological maturity, leads young adults to be sexually active.

Age and education are also seen as being major determinants of sexual activity. Educated people have better access to information about sexuality and contraception. If they want to be sexually active without taking risks they can practice their knowledge about safe sex to protect themselves from pregnancy and STDs.

The other important variable is place of residence. People living in urban areas are predictively more sexually active before getting married (Population Reports, 1985; Reschovsky and Gerner, 1991). There are two major reasons why they are usually more sexually active than those from rural areas. First, urban areas tend to facilitate premarital sexual activities, especially through the wider availability of information. Second, urban communities are generally more permissive than rural communities toward premarital sexual activity because people in urban areas stress more individualism rather than togetherness. As a result, there is less social control over people living in urban areas (Reschovsky and Gerner, 1991).

A basic source of external factors of premarital coitus initiation could be social controls. Every adolescent encounters a different normative environment. As a result, each adolescent possibly experiences social control differently. Udry and Billy (1987) conceptualized social control into two components including restrictions and opportunities presented by the social environment and internalized controls.

Social control sources of premarital sex are religion, family, friends and community (DeLamater, 1981; Udry and Billy, 1987). Most religious doctrines embody procreational rather than recreational orientations toward sex. Because religion also places a high value on the family, taken together with a procreation orientation, premarital as well as extra marital sex is prohibited, or at least discouraged. The teachings of religious institutions are likely to play a role in the formation of attitudes, values, deci-

sions and behaviour because religious values are the source of moral proscriptions for many people. Individuals who attend religious institutions frequently will receive frequent religious messages concerning premarital sex restrictions. This involvement facilitates the acceptance of the teachings. Thus, they want to be consistent with religious teachings in terms of values, attitudes and behaviour. Many studies (Haurin and Mott, 1990; Miller et al., 1987; Thornton, 1985; Thornton and Camburn, 1987, 1989; Trlin et al., 1983) show consistently that religious participation negatively influences premarital sexual attitudes and behaviour.

It is argued that the socialization and internalization of restrictions or permissiveness in respect to sexual attitudes and behaviour, begin early in life. The environment of the home and the attitudes, values and behaviour of parents influences a child's development. In other words, since the family provides role models, the social environment, and standard of sexual conduct, it is a central institution formatting sexual attitudes and behaviour (Thornton and Camburn, 1987).

Premarital pregnancies of mothers and unmarried parents at the first birth are associated with premarital coitus among female adolescents (O'Connell and Rogers, 1984). The relationship among these variables need not be direct. A premarital pregnancy of a mother can also be viewed as a consequence of permissive attitudes of their parents toward premarital sex. The perceived attitudes then will be adopted and practiced by children. The mechanism of parent's premarital sexual behaviour adopted by their children is the same as sexually active divorced parents. In addition, the absence of a parent 'due to divorce could also decrease the quality of parent-child relationship, especially parental control. The latter condition can cause an increase in premarital sexual behaviour among children (Haurin and Mott, 1990; Thornton and Camburn, 1987).

However, parental permissiveness probably cannot be predicted correlating sexual attitudes and behaviour linearly. Miller et al. (1986) found that the relationship was curvilinear. Adolescents who viewed their parents as not having any rules or alternatively being very strict were most permissive and had the highest incidence of sexual experiences (Baker et al., 1988). In contrast, adolescents who perceived moderately Strict parents generally had the lowest incidence of sexual experiences. Some explanations for the curvilinear pattern can be suggested. First, adolescents are not only adopting parent's

permissiveness but also using the opportunity to gain sexual experience if there are no strict rules. Second, among those who are strictly supervised there are frequently strong efforts to break the rules because they have other references such as friends who may support them. These explanations are based on the assumption that parental discipline and control are antecedent to, and affect the sexual attitudes and behaviour of, children. On the other hand, it can be argued that adolescent permissiveness may lead to a change in parental behaviour (Baker et al., 1988). When their children become highly permissive parents may either become very strict or not strict at all.

Research in the United States has shown that most adolescents initiate their sexual activity in the home of one partner (Zelnik et al., 1981). They frequently have intercourse while other members of the family, especially parents, are not at home. Thus, if parents are often absent from home, it is more likely that intercourse may occur among adolescents. This may lead to more permissive attitudes and increase sexual activity among adolescents who have mothers working outside the home (Trlin et al., 1983). However, these findings should be interpreted cautiously due to the lack of studies in this field, especially in less developed countries. In Indonesia, for example, female labour force participation is still relatively low (CBS, 1987). If mothers do work outside the home, other people such as grandparents are often present at home. Thus the effect of working mothers should be less significant, however, in urban areas such as Medan (Tempo, 1991) it has been shown that many adolescents have intercourse when their parents are not at home.

The relationship between the education levels of parents and adolescent sexuality are shown to be either positive or negative. On the one hand, schooling lengthens the intermediate period between puberty and marriage that could lead to premarital sexual acceptance. On the other hand, educated parents tend to have great educational aspirations for their children. To realize these aspirations parents may discourage their children from any sexual activity. Educated parents also have better skill and greater resources to control children's activities (Thornton and Camburn, 1987). As a result their children are less likely to be sexually active (Haurin and Mott, 1990). However, the parent's education as a variable is often mediated by other variables that influence

adolescent sexual activity, as well as the direction of the relationship between these variables.

There is evidence in western countries that the number of family members tends to be associated with adolescent sexual activity. Thornton and Camburn (1987) argued that large families frequently have more sexually active children. In large families there can be less interaction with children that may reflect difficulties to adequately supervise them. Other studies (Hogan and Kitigawa, 1985; Rodgers, 1983) support the finding that the relationship between large families and adolescent sexual activity is positive.

As mentioned earlier, according to the developmental perspectives, adolescents tend to conform with their peer groups. During adolescence close friends become more important. It is not surprising that, to some extent, adolescent sexual behaviour is also influenced by friends' behaviour (Billy et al., 1984; Billy and Udry, 1985). The influence may occur through modeling, imitating peer behaviour or in order to conform to their normative standards.

Effect on Marriage

In many developing countries the timing of first sexual intercourse has social and cultural meanings that are linked to adulthood, marriage, and fertility. However, the traditional norm of waiting to have intercourse until marriage, has weakened in recent years (Miller and Heaton, 1991). Becoming sexually active has some consequences since age at first intercourse is an important life course transition (Billy et al., 1988). Some studies have reviewed the consequences of premarital sex, such as on social and psychological development (Billy et al., 1988), the timing of marriage and childbirth (Miller and Heaton, 1991), and the risk of divorce (Kahn and London, 1991). This section focuses on the consequences of premarital sex on family formation.

As mentioned earlier, premarital sex can cause pregnancy. If pregnancy occurs, the mother is faced with choices regarding abortion, birth of the child, and marriage. On the other hand, safe sex may lead to continuing heterosexual intimacy (Thornton, 1990). The more intimate the heterosexual relationships, the more likely the couple will have intercourse and be together (see Knox, 1988; Samson et al., 1991). Thus, many couples need to cohabit when their relationships becomes more intimate. Some studies (see

Newcomb, 1987; Samson et al., 1991; Tanfer, 1987) indicated that sexual need could lead to premarital cohabitation.

Couples involved in premarital cohabitation, not only have their sexual activities *legitimized* but also may delay marriage and childbearing longer. There are evidences that early initiation of sexual activity is associated with a slow initial pace of family formation (Miller and Heaton, 1991) and cohabitation (Newcomb, 1987). In addition, individuals who are sexually active and live together prior to marriage also faced a considerable higher risk of marital disruption than those who were virgins when they married (Kahn and London, 1991; Teachman and Polonko, 1990).

Some Empirical Studies

Studies of sexual and contraceptive behaviours among young adults have been conducted in many countries including Africa, the Caribbean and Latin America, Australia, Canada, Israel, and the United States. The following sections are reviews of several studies which have been done in these countries.

A study in Liberia conducted by Nichols et al. (1987) showed consistent results in which attitudes to premarital sex tended to be associated with age, educational status and sex. Older respondents who were more educated, particularly males, seemed to have more permissive~ attitudes to premarital sex. Poorly educated, non students, tended to show inconsistencies in their attitudes, especially the older males. In Liberia, and Nigeria (Nichols et al., 1986), respondents ere found to be more permissive towards premarital sex if the partners are engaged. The effect of education and gender are also remarkable among Nigerian young adults.

From data of Kenyan adolescents (Ajayi et al., 1991) it is difficult to make conclusions as permissiveness to premarital sex was consistency influenced by age, educational level, gender or the sexual activity itself. This inconsistent finding may be due to the unrepresentative sample. There are very big differences in the number of persons sampled among groups. For instance, the number of male student respondents aged 12-15 years was twelve times the number of non students.

The proportion of female respondents who had ever had sexual intercourse in Latin American and African countries is lower than in the United States (Ajayi et al.,

1991; Boohene et al. 1991; Hofferth et al., 1987; Morris, 1988; Nichols et al., 1987; Sonenstein et al., 1989). The exception is in Jamaica where the percentage of young adults who had had sex is very high. On the other hand, male respondents in Jamaica, Guatemala, Brazil and Kenya, but not in Mexico and Zimbabwe, are sexually more active than respondents in the United States. In all countries male respondents are sexually more active than females. Not surprisingly older respondents generally are more permissive than those at younger ages. The results are quite consistent with attitudes toward premarital sex. Tentatively, it can be concluded that there is a strong relationship between attitudes toward premarital sex and premarital sexuality; however, further research is needed.

There are other data from surveys conducted before 1980 that are useful for comparison. Trlin et al. (1983) quote the study of Sydney students, whereby 45 percent and 35 percent of males and females, respectively, aged 17-19 years reported having a sexual experience. The proportion of older male respondents was 79 percent and female respondents 61 percent in the age group 20-24 years. Meanwhile, in Newcastle 27 percent of males and 16 percent of females reported coital experience before age 17, and nearly 60 percent of females claimed to have had such experience before 20 years of age. In Melbourne, Siedlecky (1979) found that among unmarried females 54 percent of 18 years old and 60 percent of 19 years old had some sexual experiences. In Israel 43 percent of males and 14 percent of females were found to have had some sexual experiences before age 17 (Antonovsky, 1980) and more than 32 percent of Canadian adolescents aged 13-18 years had such an experience (Meikle et al., 1985).

Generally, the higher percentage of sexually active males than females gives rise to the lower mean age at first premarital intercourse. In Jamaica, Guatemala and Brazil the mean age at first premarital intercourse of young adult females is about two years older than that of males. In Mexico the difference is about fifteen months. The mean age at first intercourse of female's partner is higher in five countries as reviewed by Morris (1988).

There are only a few studies of adolescent sexuality and contraceptive behaviour in Indonesia. Some of these studies have not been published widely and the findings can only be found from secondary sources such as magazines and newspapers. Thus, the

reliability of the studies with respect to sampling and the characteristics of respondents are difficult to obtain, or more specifically, to understand. The studies that were conducted are mostly among adolescents when they were studying at schools or when attending meetings of particular groups. Moreover, the majority of respondents lived in urban areas, which can obviously bias the findings as respondents only represent particular groups. In addition, the reliability of data gathered collectively is questionable.

An impressive study on attitudes toward premarital sex was conducted by Sadli and Biran (1974) among senior secondary school students in Jakarta in 1972. They found that the proportion of respondents who agreed with premarital intercourse was less than ten percent and that males were generally more permissive than females. Moreover, the higher the degree of affection ties between partners, the higher the percentage of respondents who agreed.

The news magazine Tempo (1981) collected data on adolescent sexuality and of 282 respondents split between North Sumatra (45), Jakarta (98) West Java (49), Central Java and Yogyakarta (45), East Java (45), 17 percent agreed with premarital sex if the partners liked one another. The proportion was higher (34.4 percent) if the partners had a particular reason such as they loved each other, were engaged, or to force their parents to agree with their relationship.

Sahabat Remaja (1987) did not ask respondents directly about attitudes toward premarital sex, but instead questioned on their virginity. Respondents were 15-25 years old from Medan, Yogyakarta, Surabaya and Kupang. More than half of the respondents stated that virginity was still important, however, it appeared that female virginity was more important than male virginity. In Medan, Surabaya and Kupang, male respondents were found to be more permissive towards premarital sex than females, but not in Yogyakarta. Unfortunately, there was no explanation given for these findings.

Many people in Indonesia object to publications that specifically give details about survey findings on premarital sexual behaviour (Kompas, 1988; Tempo, 1981; 1983; 1984a; 1984b; 1985; 1990). This shows that discussion of sexual issues, especially sexual experience, is prohibited. In addition, many people still assume that premarital sex is immoral. So, the findings that there are a number of sexually active adolescents would indicate moral degradation. When Pangkahila (cited in Tempo, 1981) said 155 of 663

respondents had engaged sexual inter-course, there were many protests sent to him. This happened again when Maryoto (cited in Tempo, 1983) found that about 8.5 percent of a senior high school students in Yogyakarta had had a sexual experience. People thought that those percentages were very high and publishing them in the mass media was improper, and as such it was interpreted as publishing moral degradation which many people did not want to see.

A protest against the publication of a study of premarital sex again came when the Faculty of Law, Islamic University of Indonesia (cited in Tempo, 1984b) found that 26.3 percent who married during January-June 1984 had intercourse previously and about fifty percent of them became pregnant. On this occasion, it was not only the community who protested but also the authorities, since asking brides and bridegrooms about sexual activities while they were attending the marriage registration office was deemed to be illegal.

When Tempo (1981) reported that 2.5 percent of respondents were engaged in sexual activities, the community did not protest. There was also no protest to Sahabat Remaja when their findings were not published openly. Sahabat Remaja (1987) found that 3.6 percent of adolescents in Medan, 8.5 percent in Yogyakarta, 3.4 percent in Surabaya, and 13.1 percent in Kupang were sexually active. These phenomena suggest that it is not acceptable to publish findings about the sexual activities of adolescents unless the findings show a low percentage of adolescents having sexual intercourse. Moreover, there seems to be changes taking in respect to the acceptance of premarital sex. In the early 1980s many people were surprised with the fact that adolescents becoming more sexually active and increasing activities are accepted only if the couples get married.

Final Notes

An understanding of sexual and contraceptive behaviour among adolescents should be placed in the context of the knowledge and attitudes youth have in respect to sexuality. Based on decision models, which focus on the interrelationships between attitude and behaviour in respect to premarital sex, this paper also includes the attitude

and behaviour aspects. It is necessary to understand the characteristics of adolescents. Thus, the combination between decision and developmental models is seen to be necessary for a better understanding of premarital sexual phenomenon among youngsters. Many of the empirical studies show that knowledge about sexuality varies significantly between males and females, by age, place of residence, and education. This is also the case in respect to attitudes toward premarital sex, however family and social norms also play an important role. Social control, for instance, is still effective in influencing permissiveness toward premarital sexuality. In addition, family configuration that has been shown to have a significant effect in previous studies conducted in other countries, could also be a major influence in the Indonesian context.

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