

## Factors that Influence Adolescent's Attitude to Plan A Family Life

**Willa Follona, Nessi Meilan, Delmaifanis**  
Poltekkes Kemenkes Jakarta III, Indonesia  
*Email: willafollona@gmail.com*

### Article history

Posted, Aug 5th, 2020  
Reviewed, Sept 10th, 2020  
Received, Sept 27th, 2020

### ABSTRACT

*Adolescents are an age group between 10 and 19 years old, which is the transition period from childhood to adulthood. Adolescence is the capital of the nation's future development, so it must prepare to achieve its goals by planning a family life. However, there are still many teenagers who behave unhealthily, the percentage of young marriages and divorce rates is relatively high. Family life planning for an adolescent is urgently needed to prepare for future family life. The purpose of this research is to examine factors that affect family life planning in students. The research uses analytical survey methods with a cross-sectional approach. The study subjects were new students of Health Polytechnic of Jakarta 3 with a sample of 81 respondents taken using simple random sampling techniques. The results showed a relation between adolescent knowledge (p-value 0.000) and information sources (p-value 0.043) and attitudes towards family life planning. In contrast, maternal education (p-value 0.096) and family economy level (p-value 0.654) were not related to adolescent attitudes. This study concludes a significant relationship between knowledge and resources and attitudes towards family life planning for adolescents. To related parties such as schools, social institutions in the community, and health workers are expected to provide information about Family Life Planning for Adolescents more intensively.*

**Keywords:** *attitude; family life planning; adolescence*

### ABSTRAK

Remaja merupakan kelompok usia antara 10 hingga 19 tahun yang merupakan masa transisi dari masa kanak-kanak hingga dewasa. Remaja merupakan modal pembangunan bangsa di masa depan, sehingga harus mempersiapkan diri mencapai cita-citanya dengan merencanakan kehidupan berkeluarga. Namun, masih banyak remaja yang berperilaku tidak sehat, persentase kawin muda dan angka perceraian cukup tinggi. Perencanaan kehidupan keluarga bagi remaja sangat dibutuhkan untuk mempersiapkan diri memasuki kehidupan keluarga di masa depan. Tujuan penelitian ini adalah untuk meneliti faktor yang mempengaruhi perencanaan kehidupan berkeluarga pada mahasiswa. Penelitian menggunakan metode survei analitik dengan pendekatan *Cross Sectional*. Subjek penelitian adalah mahasiswa baru Poltekkes Jakarta 3 dengan jumlah sampel 81 responden yang diambil menggunakan teknik *Simple Random Sampling*. Hasil penelitian menunjukkan adanya hubungan antara pengetahuan remaja (p value 0,000) dan sumber informasi (p value 0,043) dengan sikap

terhadap perencanaan kehidupan berkeluarga, sedangkan pendidikan ibu (p value 0,096) dan tingkat ekonomi keluarga (p value 0,654) tidak berhubungan dengan sikap remaja. Simpulan dari penelitian ini adalah terdapat hubungan yang signifikan antara pengetahuan dan sumber informasi dengan sikap terhadap perencanaan kehidupan berkeluarga bagi remaja. Kepada pihak terkait seperti sekolah, lembaga sosial di masyarakat maupun tenaga kesehatan diharapkan dapat memberikan informasi tentang Perencanaan Kehidupan Berkeluarga bagi Remaja dengan lebih intensif.

**Kata kunci:** sikap; perencanaan kehidupan berkeluarga; remaja

## INTRODUCTION

The World Health Organization defines adolescents as an age group between 10 and 19 years old, a phase transition period from childhood to adult individuals. The number of teenagers in the world is about 20% of the world's population. Of the 1.2 billion adolescents, about 88% live in developing countries, and more than 50% of all adolescents live in Asia. The 2015 Inter-Census Population Survey results show that the population aged 15-24 reached 42,061.2 million or 16.5 percent of Indonesia's total population. (LDFEBUI, 2017).

Adolescence is the capital of future nation-building, so it must prepare to achieve its goals by planning a family life. However, family life planning behavior is hampered by unhealthy behavior, a high percentage of young marriages, and high divorce rates in young married couples. The Adolescent SDKI report (2017) that adolescents' 15 - 24 years old knowledge of reproductive system knowledge, fertile period, and

pregnancy risk, as well as pre-marriage health screening, is still lacking, with only 33% of women and 37 men answering correctly about a woman's fertile period. There are still 7.5% of adolescents not aware of the physical changes in adolescent men's puberty, and 17% of adolescents do not know the physical changes of puberty in women. Unni (2010) showed a lack of knowledge among teenagers in Kerala, India, with 93% of teenage boys masturbating at the age of 15, 32% unaware of the first menstrual moment. More than 50% of teens receive information about sex and sexuality from peers. Data from LEDFEUI, 2017, shows in general, male adolescents who claim to have had more premarital sex than teenage girls are even more likely to increase compared to 2007. Premarital sex in adolescents is at risk of pregnancy at a young age and transmission of sexually transmitted diseases. Unplanned pregnancies in teenage girls can continue in abortions and early marriages. Both of these risks will impact the future of the

adolescent, the conceived fetus, and the teen's family.

Family life planning must be presented to the adolescent in order to prepare to enter family life. Family life planning for Adolescents is a program to facilitate teenagers who behave healthily, avoid the risks of The Triassic Reproductive Health (Sexuality, Napza, HIV, and AIDS). Furthermore, delay marriage, have family life planning to realize a Happy Prosperous Little Family and become models, idols, and resources for peers (Muadz, 2010). The Adolescent Knowledge Index measures successful efforts to improve adolescent quality by providing access to information, education, counseling, and services about family life through the Adolescent Resilience Program on Adolescent Reproductive Health. The Knowledge Index measures knowledge of, first, fertile times; second, age should marry and give birth; third, anemia and HIV/AIDS, and fourth, drugs. It is hoped that after knowing these four aspects, adolescents do not perform sexual activity before marriage, which is the cause of unwanted pregnancy and marriage at an ideal age that will add to the long list of births in the adolescent age group.

The four knowledge, fertile period, and age should marry and give birth are always much lower than the other two knowledge (anemia and HIV/AIDS, and drugs). Many risky behaviors, such as too young marriage and courtship activities, lead to sexual intercourse that results in pregnancy. Adolescents need much information about preparing themselves for the family both physically and psychologically, and adolescents need a mature person to prepare to build a harmonious family (Martin et al., 2003). Premarital sex is a sexual contact that a teenager has with the opposite sex or a same-sex friend without a valid marriage bond. The impact of premarital sexual intercourse: unwanted pregnancy (KTD), low physical health status, bleeding, complications and problematic pregnancies, adolescents becoming stress, and embarrassment, adolescents achieving low or drop out, rejection or expulsion by family, ostracized by society, high levels of financial dependence even poverty, children born will have low health status, delays in intellectual development and other social problems.

The age of the first marriage is the age at which the first legal and biological marriage is legal and biological. Referring to Law No. 1 of 1974 on marriage that

changed from Law No. 16 of 2019, what is meant by marriage is the inner birth bond between a man and a woman as a husband and wife to form a happy and eternal family or household based on the One Godhead. The minimum age of a man and woman is 19 years. In Article 2, marriage is declared valid if done according to each religion (belief) and recorded according to the prevailing laws and regulations. The Marriage Age Maturity Program is an effort to increase the age at the first marriage so that marriage is expected to reach a minimum age of 20 years for women and 25 years for men. The Marriage Age Maturity Program is essential because if marriage is done at the right age, it will bring happiness for families and couples. However, it will bring many consequences such as health, education, economy, and social if done at a young age. Getting married at a young age has a more significant potential to fail (divorce) due to mental unpreparedness in the face of household dynamics and responsibility for their respective roles, such as in managing/managing the household, adequate family economy, and parenting/ educating the child. The Marriage Age Maturity Program consists of three reproductive periods: 1. It is delaying marriage and pregnancy, 2. Pregnancy, 3. Period prevents pregnancy.

Fitriyani (2016) found that in West Java, 51% of respondents showed communication patterns and information from parents to their children about reproductive health that was still lacking. It is closely related to adolescents' behavior in deciding to marry and the occurrence of teenage marriage. Related to teen marriage, the incidence of teenage pregnancy in Indonesia is high. According to Riskesdas 2018, the proportion of pregnancy history in women aged 10-19 (adolescents) in Indonesia is 58.8%. Bulahari's research et al. (2015) states that parental knowledge, resources and peers are factors that influence adolescents' knowledge of reproductive health with a p-value of  $<0.05$ ). The results of Angraini's study (2019) mention that the factors that influence early marriage incidence are the first age of menstruation, knowledge, and resources with  $p > 0.05$ .

There has been no research on teenagers' knowledge and attitude in planning their family life, so research is needed on factors that influence adolescent attitudes in family life planning. Entering a family life certainly requires careful preparation for each couple. Preparing a mature person is indispensable in building a harmonious family. It can be done by carrying out the planting and application of moral values

through 8 family functions: religious functions, cultural functions, love and compassion functions, protection functions, reproductive functions, social and educational functions, economic functions, and environmental functions. Eight family functions are defined as several functions that should be performed by each family to be able to believers and faithful to the One True God, resilient, responsible, healthy, caring, tolerant, independent, and resilient to answer every challenge of life (Muadz 2010).

**METHOD**

This research is an analytical-quantitative study with a cross-sectional approach. In this study, the independent variables are

knowledge, parental education, resources, family economic level, while dependent variables are attitudes about family life planning in adolescents. The sample in this study was a year one student of Jakarta Health Polytechnic 3 totaling 73 students. To avoid dropout or bias, then the number of respondents added 10% of the sample count, so the number of samples studied was 80 people. The sampling method used in this study uses a simple random sampling design. Data retrieval was conducted using questionnaires directly on respondents. Attitude measurement is done using the Likert scale (Azwar, 2013). Data analyzed with univariate and bivariate analysis using statistical tests of the Chi-Square method.

**RESULTS AND DISCUSSION**

Table 1. Distribution of Frequency of Adolescent’s Attitudes, Knowledge, Mother’s Education, Resources, and Family Economic Levels

Variable	N	%
Attitude		
Positive	43	53,8
Negative	37	46,3
Adolescent Knowledge		
Good	45	56,3
Less	35	43,8
Resources		
Print	30	37,5
Electronic Media	50	62,5
Mother's Education		
Low	24	30
High	56	70
Family Economy Level		
Less	40	50
Sufficient	40	50

Based on table 1, the positive attitude of adolescents about PKBR is considerable at 53.8% (43 adolescents) and negative attitudes by 46.3%. For the source of information about family life planning, most teenagers get information from print media by 37.5% and from electronic media by 62.5%. No teenagers received

information from teachers or health workers. However, 56.3% of teenagers have good knowledge, but there are still 43.8% of teenagers with less knowledge. The vast majority (70%) mothers are highly educated, while 30% is still low. The family economy rate is 50% sufficient and 50% less.

Table 2. The Influence of Knowledge on Adolescent's Attitudes in Family Life Planning

Adolescent's Knowledge	Attitude				N		OR (95% CI)	P value
	Negative		Positive					
	n	%	n	%	n	%		
Less	25	71,4	10	28,6	35	100	2,562-18,448	0,000
Good	12	26,7	33	73,3	45	100		

In table 2, it was seen that adolescents who had less knowledge and negative attitudes were 71.4%, and teenagers with high knowledge and positive attitudes towards family life planning were 73.3%. The results of this study show a significant relationship between knowledge and adolescent attitudes in planning family life, with a p-value of <0.05, which is 0.000 and OR 2,562-18,448. It is in line with Projo and Widyawati (2014) research that the majority of students who have high knowledge of family life planning behavior also have good family life planning behavior, which is 89.80 percent. Besides, of all students with common knowledge of family life planning, there were 56.70 percent of students had poor

behavior. This condition indicates the tendency of students with a high knowledge to have good family life planning behavior, and vice versa.

The study is also in line with Nugraheni's study (2011), which stated that adolescents' knowledge of adolescent reproductive health is relatively low, especially about knowledge and fertile times (index value 39.6) as well as knowledge of married and childbirth (index value 45.4). When calculated throughout Adolescent Reproductive Health knowledge, the average adolescent in Indonesia has a composite index value of Adolescent Reproductive Health knowledge reaching 55.4 from the index

range of 0-100. The common knowledge of adolescents about their reproductive health relates to the source of information they obtain. Information about adolescent reproductive health is obtained from various sources such as schools and information media. Health officials are the most prominent source of information, while the sources of information coming from forums/meetings and between individuals are relatively lower. The average of every teenager in Indonesia has a relatively low composite index of adolescent reproductive health resources of 49.4. By increasing adolescents' knowledge of reproductive health, adolescents will ward off various adverse effects of the tide of globalization. Projo

and Natalia (2014) also stated that the higher the knowledge about family life planning behavior, and the more positive attitude towards family life planning, the better the behavior of family life planning. The right knowledge will increase self-control, which is a shield in fortifying oneself from harmful things that can damage a teenager's self-mindset. In this case, self-control includes three aspects that are behavioral control, cognitive, and decision. These three aspects play an essential role in controlling sexual behavior due to sexual-related impulses or impulses. Sexual behavior in adolescents concerns various biological, psychological, social, and cultural (Ligit, 2016).

Table 3. The Effect of Maternal Education on Adolescent's Attitudes in Planning Family Life

Maternal Education	Attitudes				N	OR (95% CI)	P value	
	Negative		Positive					
	n	%	n	%				
Low	15	62,5	9	37,5	24	100	0,962- 0,898	0,096
High	22	39,3	34	60,7	56	100		

Table 3 shows that mothers with low education and negative attitudes were 62.5%, while mothers who had higher education and positive attitudes towards family planning were 60.7%. From the study results, it was found that maternal education was not related to attitudes in

family life planning in adolescents with a p-value of <0.05 (0.096). This is incompatible with Refirman's research et al. (2016), which showed that maternal knowledge of reproductive health relates to the mother's attitude towards adolescent sex education despite its shallow

relationships. It means that maternal knowledge and attitudes have relationships. However, the relationship is not so strong that the implications or application of knowledge to sex education attitudes in adolescents have no significant effect. Mothers have a role as communicators in adolescent discussions about reproductive health issues. Parents should be able to provide information about reproductive health issues and be able to answer questions about reproductive health issues.

According to BKKBN (2017), low parental education can cause teenagers to drop out

of school. Low-educated parents will say that teenagers are better off working as proud as they can make money than schools that do not necessarily succeed and only spend money. As-Syakiri research, 2017, shows a significant link between maternal and father education and early marriage. The education and knowledge of parents, children, and low society tend to marry children who are under age. A mother's education is critical to educate her children and comply with the government's regulations, which is mandatory learning 12 years.

Table 4. The Effect of Family Economics on Adolescent's Attitudes in Planning Family Life

Family Economics	Attitudes				N	OR (95% CI)	P value	
	Negative		Positive					
	n	%	n	%				
Low	17	42,5	23	57,5	40	100	0,3061,785	0,654
Sufficient	20	50	20	50	40	100		

This study found that adolescents with a low level of family economy and negative attitudes were 42.5%, and adolescents with sufficient levels of family economy and had a positive attitude towards family life planning was 50%. From the bivariate test analysis results using Chi-Square, it was seen that the family's economic level was not related to attitudes about family life planning for adolescents with a p-value of 0.05 (0.096). This study's results are

incompatible with Refirman's research, 2016, which stated that socioeconomic factors also support increased maternal knowledge of reproductive health to have a positive attitude towards sex education for adolescents. In her research results, it is said that the mother's knowledge is influenced by the income of the family, where if the income is under a million rupiah, they will be busy making a living and do not have access to useful



information. It makes knowledge less and ignores sexual education for his teenage son.

Table 5. The Influence of Resources on Adolescent's Attitudes in Family Life Planning

Resources	Attitudes				N	OR (95% CI)	P value
	Negative		Positive				
	n	%	n	%			
Electronic Media	28	56	22	44	50	100	1,137-7,756 0,043
Print Media	9	30	21	70	30	100	

Table 5 shows that respondents who obtained the source of information from electronic media and had a negative attitude were 56%. In comparison, respondents who got the source of information from print media and had a positive attitude towards family planning was 70%. This study's results obtained that the source of information relates to attitudes about family life planning for adolescents with a p-value of <0.05 (0.043). The media plays a vital role in disseminating information, including disseminating knowledge about adolescent reproductive health. According to Brown (1976) in Iswarati, 2011, four essential components can affect the socialization process (disseminating information), such as family environment, peers, school environment, and mass media. Asih and Anggraeni (2012) stated that teenagers' attitude about family life planning is still low. The number of children desired is still

more than two, and the number of teenagers who state the excellent distance between two births is less than two years is still relatively high. The resources for adolescents in gaining knowledge about the Juvenile Reproductive Health Triad and the most family life planning programs are from television and the internet. It is because the teen's knowledge of the Adolescent Information and Counseling Center is also low. The analysis results showed the sources of information that influenced teenagers were television, teachers, schools, the internet, outdoor media, and print media (newspapers/magazines).

The role of informal meetings is considered quite effective in conveying adolescent reproductive health information due to two-way communication. Related to this, program implementers need to develop and optimize the socialization of

adolescent reproductive health (ARH) through informal meetings (such as religious gatherings, family welfare empowerment meetings, adolescent organizations, and others) for families and adolescents. Therefore, supplies about ARH are not only given to teenagers but need to be given to teachers, officers (Family Planning and health), religious leaders, and community leaders. (Iswarati, 2011). From this study, the results found that teenagers do not get information about the preparation of family life from teachers and health workers, so they get information from media close to them, such as print media and electronic media. Teenagers should still get enough explanation from parents, teachers, or health workers to get the right and correct information (Iswarati, 2011).

The National Population and Family Planning Agency (BKKBN) is also developing a Generation Planning Program (GenRe) for adolescents and families with adolescents. The program is implemented by the Women's Family Planning and Empowerment Coordination Agency. The Generation Planning Program is directed to realize young people who behave soundly, responsibly, and implemented through two approaches/activities, that is the Adolescent Counseling Information Center

and Adolescent Family Development. These activities are found in the community so that the adolescent can get the right information (Darvina, 2017). To providing appropriate information, educators and peer counselors can also be established at the sub-district level. According to Follona et al. (2014), the provision of reproductive health information in adolescents through peer-group education showed significant results in improving adolescents' knowledge of marital age adulthood. The success of peer group education in improving knowledge is also determined by the adolescent's ability to establish closeness with others, especially peers. In activities conducted with peers, openness, honesty, loyalty, mutual trust, and sharing interests. In the study, adolescents readily accepted and absorbed information about the maturity of their peers' marital age, thus increasing knowledge of the maturity of the marital age. The increase in knowledge is expected to change adolescents' behavior about early marriage.

Adolescence is a period of rapid growth and development both physically, psychologically, and intellectually. The typical nature of adolescence has a great sense of curiosity, loves adventure and challenges, and tends to dare to risk his

actions without being preceded by careful consideration. Suppose decisions are taken in the face of inappropriate conflicts. In that case, adolescents will fall into risky behaviors and endure short-term and long-term consequences in various physical and psychosocial problems. Risky traits and behaviors in these adolescents require adolescent care health services to meet adolescent health needs, including services for reproductive health (Duncan and Goddard, 2016). Ojo O.D and Fasuba O.B, 2017 stated the results of qualitative research showing that education about family life in school will be an essential solution to adolescent sexuality. The key to improving the quality and stability of family life lies in a better understanding of the nutritional, emotional, and physical needs of adolescents who are still lacking in knowledge but can be improved by creating health awareness (Devi et al., 2019).

## CONCLUSION

There is a significant relationship between knowledge and resources and adolescents' attitudes in family life planning in adolescents. However, the variables of mother's education and economic level are not related to attitudes in family life planning in adolescents. Information about adolescent reproductive health and family

life planning can be provided to adolescents and adolescent peer groups, adolescent organizations, parents, teachers, officers (family planning and health), religious leaders, and community leaders so that adolescents are well and adequately informed.

## ACKNOWLEDGMENT

The researcher would like to express his deepest gratitude to the Health Polytechnic of the Ministry of Health, Jakarta III, who has helped sponsor this research.

## REFERENCE

- Asih, L & Anggraeni, M. 2012. *Pengaruh Sumber Informasi terhadap Pengetahuan Remaja tentang Triad KRR dan Penyiapan Kehidupan Berkeluarga Bagi Remaja (Analisa Lanjut Survey RPJM Remaja Tahun 2011)*. Jakarta: Puslitbang KB dan Kesehatan Sejahtera Badan Koordinasi Keluarga Berencana Nasional.
- As-Syakiri, D.R. 2017. *Hubungan Antara Pendidikan, Peran Orang Tua, Dan Keterpaparan Media Massa Dengan Pernikahan Dini Di Kecamatan Selo Kabupaten Boyolali*. Skripsi. Surakarta: Program Studi Kesehatan Masyarakat Fakultas Ilmu Kesehatan Universitas Muhammadiyah Surakarta.
- Azwar S. 2013. *Sikap Manusia Teori dan Pengukurannya*. Yogyakarta: Pustaka Pelajar.

- BKKBN. 2014. *Pernikahan Dini Masih Tinggi*. Jakarta.
- BKKBN. 2017. *Usia Pernikahan Ideal 21-25 Tahun*. <https://www.bkkbn.go.id/detailpost/bkkbn-usia-pernikahan-ideal21-25-tahun>
- Darvina, F. 2017. *Implementasi Program Generasi Berencana (Genre) dalam Rangka Penyiapan dan Perencanaan Kehidupan Berkeluarga bagi Remaja (Studi pada Perwakilan BKKBN Privinsi Sumatera Utara)*. Tesis. Medan: Program Studi Magister Administrasi Publik Program Pascasarjana, Universitas Medan Area. <http://repository.uma.ac.id/handle/123456789/11626>
- Devi SA, Mavatkar M, Rani CU. 2019. Effectiveness Of Community-Based Intervention On Family Life Education With Special Emphasis On Nutrition Among Schoolgoing Adolescent Girls In A Village Of Andhra Pradesh. *International Journal of Medical Science and Public Health*, 8(12):1068-1072.
- Direktorat Remaja Dan Perlindungan Hak-Hak Reproduksi-BKKBN. 2010. *Pendewasaan Usia Perkawinan Dan Hak-Hak Reproduksi Bagi Remaja Indonesia*. Jakarta
- Duncan S.F, Goddard H.W. 2016. *Family Life Education: Principles and Practices for Effective Outreach*. USA: SAGE Publications.
- Fitriyani, D. 2016. Faktor Lingkungan yang Memengaruhi Pernikahan Remaja Perempuan. *Jurnal Kesehatan Indra Husada*, 4(2): 23
- Follona W, Raksanagara AS, Purwara BH. 2014. Perbedaan Pendidikan Kelompok Sebaya tentang Pendewasaan Usia Perkawinan di Perkotaan dan Perdesaan. *Jurnal Kesehatan Masyarakat Nasional*, 9(2)
- Iswarati. 2011. Pengetahuan dan Sumber Informasi Kesehatan Reproduksi Remaja Di Indonesia. *Manajerial*, 9(2): 1 – 16
- Unni, J.C. 2010. Adolescent Attitudes and Relevance to Family Life Education Programs. *Indian Pediatrics*, 47(2):176-9. DOI: 10.1007/s13312-010-0029-y
- Laporan Nasional Riskesdas 2018. *Riskesdas Dalam Angka. Kementerian Kesehatan RI*. Badan Penelitian dan Pengembangan Kesehatan.
- LDFEBUI. 2017. *Ringkasan Studi "Prioritaskan Kesehatan Reproduksi Remaja Untuk Menikmati Bonus Demografi."* Brief Notes Lembaga Demografi FEB UI Juni 2017. <https://ldfebui.org/wpcontent/uploads/2017/08/BN-06-2017.pdf>
- Ligit, M. 2016. Kontrol Diri Dan Penyesuaian Diri Dalam Pernikahan Remaja Putri Yang Menjalani Pernikahan Dini Akibat Kehamilan Pra Nikah. *Psikoborneo*, 4 (3): 530 - 543
- Martin PD, Specter HG, Martin D, Martin M. 2003. Expressed Attitudes of Adolescents Toward Marriage and Family Life. *Adolescence*, 38(150)
- Muadz, M. S. 2010. *Penyiapan Kehidupan Berkeluarga bagi Remaja Ditinjau dari Aspek 8 Fungsi Keluarga, Kesehatan, Ekonomi, Psikologi, Pendidikan, Agama dan Sosial*. Jakarta: Direktorat Remaja dan Perlindungan Hak-hak Reproduksi – BKKBN.

- Notoatmodjo S. 2012. *Promosi Kesehatan dan Perilaku Kesehatan*. Jakarta: Rineka Cipta
- Nugraheni. 2011. *Perilaku Remaja Hubungannya Dengan Pendewasaan Usia Perkawinan*. Jakarta: Pusat Penelitian dan Pengembangan Kependudukan - BKKBN.
- Ojo O.D, Fasubaa O.B. 2017. Adolescent Sexuality and Family Life Education in South-Western Nigeria: Responses From Focus Group Discussion. *Journal of Social Sciences*, 10(2): 111-118.  
<https://doi.org/10.1080/09718923.2005.11892466>
- Projo NW, Natalia C. 2014. Perencanaan Kehidupan Berkeluarga Oleh Remaja SMA Di Kabupaten Malang. *Jurnal Ilmiah Widya*, 25(1): 1
- Refirman, Rahayu S, Anggraini A. 2016. Hubungan Antara Pengetahuan Ibu Tentang Kesehatan Reproduksi Dengan Sikap Terhadap Pendidikan Seks Bagi Remaja Di Rawa Pasung, Bekasi Barat. *Jurnal Pendidikan Biologi*, 9(2): 6-13
- Undang-Undang Republik Indonesia Nomor I Tahun 1974 Tentang Perkawinan. 1974.
- Undang-Undang Republik Indonesia Nomor 16 Tahun 2019 tentang Perubahan atas Undang-Undang Republik Indonesia Nomor I Tahun 1974 Tentang Perkawinan.
- World Health Organization. 2002. *Adolescent Friendly Health Services An Agenda for Change*. Geneva: World Health Organization. p. 5. Available from: [https://www.who.int/maternal\\_child\\_adolescent/documents/fch\\_cah\\_02\\_14/en](https://www.who.int/maternal_child_adolescent/documents/fch_cah_02_14/en).