**Sexual education intervention for the prevention of premarried sexual behavior in early adolescents:A literature review**

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***Abstract*---**Sexual education interventions are needed as an effort to prevent premarital sexual behavior in early adolescents. The purpose of this study was to identify and analyze sexual education interventions for the prevention of premarital sex in early adolescents. The research keywords were sexual education, prevention, premarital sexual behavior, and early adolescence. Data collection using an electronic database from articles that have been published through the Proquest portal, Sciencedirect, Google Scholar, and Pubmed, published from 2010 to 2020. The results of the literature review identify sexual education interventions for premarital sexual prevention in early adolescents that have been carried out in several countries through the integration of sexual education at the education level, sexual education through guidance and counseling by professional health workers, sexual education through guidance and counseling based on the cooperation of schools and parents. Sexual education has been shown to reduce the incidence of premarital sexual behavior in early adolescents.

***Keywords*---**sexual education, prevention, premarital sexual behavior, early teens.

**Introduction**

Adolescence is a period of transition from childhood to adulthood which involves changes in various aspects both biologically, psychologically and socially (Miswanto, 2019). Biologically increase growth hormone (androgen in men and estrogen in women) which causes increased libido in adolescents. This condition causes teenagers' curiosity about sexuality to increase (Ismainar, Marlina & Harnani, 2018). Information about sexuality can be accessed by teenagers through the internet. Regardless of whether the information obtained is true or false, curiosity about sex can be answered (Isnugroho & Triratnawati, 2019). The process of building knowledge about sexuality and health independently by adolescents leads to wrong perceptions about sexuality and even creates a desire for adolescents to try (Abdillah, 2017).

Premarital sexual behavior by teenagers is increasingly concerning. Nearly 80% of junior high school teens have had kisses and hugs. Even 45% of them have had sexual intercourse (Suwarsi, 2017). Data from the study found that 78% of pregnant women under the age of 20 years, 32.5% of whom had unsafe abortions (Tias, 2019). Premarital sexual behavior by teenagers is a bad practice. Adolescent problems are adolescent problems in various countries that require comprehensive treatment (Wayne, 2020).

In some developed countries, the consequences of premarital sexual relations among adolescents can be controlled by adherence to condom use. However, in developing countries, the use of condoms by teenagers who want to have premarital sex is still a polemic. Socio-cultural considerations cause the risk of premarital sexual behavior that is different in each country (Wayne, 2020).. In the United States, for example, premarital sexual behavior in adolescents has become a legal requirement, but this is offset by a very high commitment to using condoms, so that the transmission of diseases due to premarital sexual behavior can be reduced (Breuner, & Mattson, 2018). Whereas in eastern states premarital sexual behavior is prohibited and even illegal, so that access to protection from the consequences of premarital sexual behavior is very limited (Kontula, 2019).

To protect healthy adolescents and prevent premarital sexual behavior, several efforts are needed through increasing the provision of information, motivation and skills regarding sexual actions (Kontula, 2019). These efforts need to be supported by government policies and programs. In Indonesia, through the National Family Planning Coordinating Board (BKKBN) with the Generation Planning (Genre) program, they are aggressively disseminating information about sex education through a Youth Information and Counseling Center (PIK-R). This program aims to provide information and counseling services about planning a family life for teenagers (Masfiah, Shaluhiyah & Suryoputro, 2016). However, in its implementation it has not touched all teenagers in Indonesia. It is also necessary to integrate PIK-R in every school and tertiary institution in order to maximize it in achieving its goals.

**Method**

Data collection for this literature review is based on a collection of national and international articles. Articles were collected through databases on Proquest, Sciencedirect, Google Scholar, and Pubmed. At the initial stage, 91 articles were collected using the keywords sexual education, prevention of premarital sexual behavior and early adolescence. Furthermore, identification of articles relevant to the title was carried out and resulted in 43 articles. A total of 40 articles of good quality, one article of moderate quality, and two articles of low quality. A total of 48 other articles highlighting adolescent premarital sex behavior, the driving factors for premarital sex behavior in adolescents, adolescents' perceptions of premarital sex and the influence of the social environment on adolescent premarital sex behavior.

**Discussion**

Based on the articles that have been collected, the results of the identification of articles on health education interventions for the prevention of premarital sex in early adolescents are obtained. The following are the results of an analysis of health education for the prevention of premarital sex in early adolescents that has been carried out in several countries, namely:

# Implementation of sexual education for all levels of education

Cameroon is one of the countries that has integrated sexual education in schools. Sexual education is given in the form of education on reproductive health conducted by teachers in the field of biology studies to develop teachers' pedagogical skills in mastering and providing information about reproductive health to students (Nchia, et.al,2020). School-based sexual education has a significant impact on increasing adolescents' understanding of reproductive health (Suleiman & Brindis,2018). Health education through sexual education in junior high schools has also been implemented in Kogi, Nigeria by counseling teachers who have attended sexual education training for adolescents. The school arranges a counseling guidance schedule for each class to get counseling services that aim to increase adolescents' understanding of reproductive health (Sule.et.al,2018) . Things are different in the United States. School-based sexual education is still under debate on matters concerning the responsibility of schools to teach students about sexuality and what kind of information schools should provide. The solution found in this regard is that the provision of sexual education must be carried out in a comprehensive manner that is tailored to the age of adolescent development and is aimed at forming positive behaviors regarding sexuality (Hall,et.al,2019). The provision of sexual education at the level of formal education in the United States since 2006 has been able to reduce pregnancy and birth rates at a young age, reduce the number of abortions by adolescents and reduce the use of contraception at a young age (Dodge,2018). Sexual education is also provided at the Elementary and Middle School level in Arusha City, Tanzania. Sexual education is provided by religious teachers who have received training on reproductive health with the aim of integrating values, norms and morals to students. Sex education is a compulsory subject in Arusha (Lyimo, Masinde & Chege, 2017). In Portugal, it also provides sexual education in the form of reproductive health education to students and has a significant influence on increasing student behavior to abstain from not having sex before marriage (Reis, et.al,2017). Sexual education is also taught in schools in Finland. The method of sexual education is given by the teacher telling his sexual experiences naturally. The teacher also discusses sexual problems that can be experienced by teenagers. Everything is discussed in front of the class and then discussed to find a solution together. This method is able to increase adolescent knowledge about healthy sexuality (Kontula,2019).

# Sexual education through counseling guidance by professional health workers

Reproductive health education in the form of sexual education for adolescents has been carried out in several developed countries by involving health professionals such as gynecologists, pediatricians and internal medicine doctors. In conducting sexual education, the health professional provides treatment and also information on how to prevent sexual problems in adolescents. These health professionals actively provide sexual education about the impact of premarital sexual behavior on adolescents (Morris & Rushwan,2019). This method is proven to be effective in increasing the self-confidence of adolescents with the sexuality information they receive from these health professionals (Jones, Jensen & Selzer King,2018).

# Sexual education through school-based counseling and parents

Sexual education in Ghana is different from other countries. Sexual education activities are given to students at the elementary school level in the form of information about the introduction of the reproductive organs and their functions. The provision of this information must be accompanied by counseling teachers and parents. The participation of parents in sexual education is intended so that parents also have an understanding of reproductive health and can still carry out reproductive health education in the family environment. This method has a positive impact on reducing the frequency of early sexual intercourse in children aged less than 16 years at home (Dodge,2018). Parental involvement is important in providing sexual education to adolescents in the family environment. Parental control is needed to reduce exposure to negative information obtained by adolescents through social media. The search for information about sexuality on the internet by adolescents needs to be limited by carrying out supervision and guidance by parents according to their age (Albertino & Berk, 2017). In Kogi, Nigeria, providing sexual education with parent/family involvement in junior high schools has been shown to reduce the incidence of premarital sexual behavior at an early age and reduce the incidence of cases of pregnancy outside of marriage in adolescents (Sule,et.al.2018).

**Conclusion**

Sexual education needs to be given from an early age to adolescents in the form of providing information, motivation and behavioral skills towards healthy and safe sexual behavior. It is necessary to integrate various parties to include sexual reproductive health materials at every level of formal education with educational methods that adapt to the age and development of students. Sexual education can also involve professional health workers so that they can provide treatment and prevent the impact of premarital sexual behavior. In order to support the achievement of school-based sexual education goals, collaboration between teachers and parents is necessary to improve the function of control, guidance and supervision in the school and family environment.

# Acknowledgments

# The authors express gratitude to the lecturers of the University for their friendly support.

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