

Peer relationships with attitudes towards sexual violence

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ABSTRACT

Background: Based on Regulation Indonesian Minister of Health Number 25 of 2014, adolescents are peoples aged 8-10 years old but according to the National Population and Family Planning Board (BKKBN) adolescents are peoples with an age range of 10-24 years and unmarried. Proportion of first-time dating adolescents in Indonesia at the age of less than 15 years. Based on data from the Global School Health Survey 2015, there are 3.3% of adolescents aged 15-19 years have AIDS, only 9.9% of teenage girls and 10.6% of teenage boys have comprehensive knowledge about HIV AIDS, and as many as 0.7% of teenage girls and 4.5% of teenage boys have had premarital sexual relations. Adolescents who understand about the signs of puberty and about reproductive health are still very lacking. Yogyakarta City is still poor in knowledge with various health problems, especially adolescent reproductive health. Sexual violence cases in the city of Yogyakarta rank 5th out of 34 provinces in Indonesia, with a total of 894 victims.

Objectives: To determine the relationship between peers and attitudes towards sexual violence.

Methods: We conducted analytical descriptive correlation method and study design cross sectional study. The independent variable in this study was peers and dependent variable in this study was attitudes towards sexual violence. Data analysis uses univariate analysis and bivariate analysis to analyze the relationship between two variables. The statistical analysis used in this study is the spearman rank test.

Results: The results showed that there was a relationship between peers (p value 0.009) and showed a sufficient correlation ($r = 0.174$) which means there is a relationship with attitudes towards sexual violence.

Conclusions: There was a significant relationship between peers and attitudes toward sexual violence.

KEYWORD : peers; attitude; sexual violence;

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INTRODUCTION

Adolescents are peoples aged 8-10 years old but according to the National Population and Family Planning Board (BKKBN) adolescents are peoples with an age range of 10-24 years and unmarried. Reproductive health is a state of physical, mental, and social health as a whole, not solely free from diseases or disabilities related to reproductive systems, functions, and processes (1).

In adolescents, sexual violence often occurs and is still become a national problem. There will be 3360 total incidents of sexual violence in 2023, with 659 male victims (19.6%) and 2701 female victims (80.4%). The incidence of sexual violence in adolescents aged 13-17 years was 1174 cases (34.94%), 18-24 years old was 379 (11.28%). Sexual violence occurs mostly in school children at the Senior High School level and occurs in the household environment (2).

Reproductive health problems and risky behaviors in adolescents. Based on data from the Global School Health Survey 2015, there are 3.3% of adolescents aged 15-19 years have AIDS, only 9.9% of women and 10.6% of men aged 15-19 years have comprehensive knowledge about HIV AIDS, and as many as 0.7% of adolescent girls and 4.5% of adolescent boys have had premarital sexual relations (1). Based on BKKBN data (2019), it shows that adolescents know about the fertile period, namely (40.7%) but of this percentage only (13.4%) really know about

the fertile period correctly. Furthermore, there are still adolescents who assume that women will not get pregnant when they have sexual intercourse only once (28.9%) and do not know as much (18.3%), and there are adolescents (49%) who do not know the consequences of marrying at a young age (3).

The most perpetrators of violence in Indonesia are committed by men 13,057 out of 14,467 total men and women. The most perpetrators of violence based on relationships are from among husbands / wives and the second order is from among friends / girlfriends. The type of violence experienced by the most victims is sexual violence cases with a total of 8,340 cases in Indonesia (4).

The problem that still often occurs in society is the act of sexual violence, which often occurs along with other forms of violence, can range from direct physical contact to exposure to unwanted sexual language and images. Although children of all ages are prone to this condition, adolescence is a very vulnerable period, especially for girls (5)

Yogyakarta City is one of the big cities that has become the second favorite destination after Bali which is minimally accompanied by various health problems, especially adolescent reproductive health. In 2016, the Yogyakarta City Health Office recorded the number of adolescents who gave birth as many as 720 people. Then, as many as 340 cases of marriage dispensation for adolescents on the grounds of pregnancy out of wedlock. In 2018, the number of early

marriages in Yogyakarta was around 240 cases, citing unwanted pregnancies. Meanwhile, throughout 2019 there were 74 cases of unwanted pregnancies with adolescents under 18 years old (6). Yogyakarta City is a city that has found sexual violence cases ranked 5th out of 34 provinces in Indonesia, with a total of 894 victims (4).

This research was conducted for the public, in order to provide mutual information that it is important for adolescents to consult their reproductive health problems to health workers or to the Adolescent Reproductive Health Information and Counseling Program (PIK-KRR), but in this study one of the factors that influence the lack of reproductive health knowledge for adolescents is the lack of socialization about this program, even not knowing the existence of the PIK-KRR program, so that most of the information adolescents receive in Indonesia about reproductive health is only sourced from peers. Adolescents have a tendency to interact with their peers and adopt information received by their peers, without having a significant foundation of information from reliable sources. Based on 2012 IDHS data in Anggraeni research (2019) shows that 57.1% of men and 57.6% of women discuss/vent about reproductive health with their friends (7). In this article will also explain the relationship of obtaining information from peers with attitudes towards sexual violence, because information from peers with this attitude has positive and negative influences, if peers are in a good environment it will have

a good impact, and vice versa if peers are in a negative sphere then it is likely to lead to sexual violence, Where the perpetrators of sexual violence are usually from the scope of the environment or friends of the victims of sexual violence themselves.

One of the Government policies that have been made to overcome the problem of sexual violence in adolescents is the Child Friendly Cities or "*Kota Layak Anak (KLA)*" in accordance with the regulation of the Minister of Women's Empowerment and Child Protection No. 12 of 2022 concerning the Implementation of Districts or Child Friendly Cities or "*Kota Layak Anak (KLA)*". The existence of this policy is expected to reduce the incidence of sexual violence in adolescents because it involves the role of the district or city government (8). In practice, the policy experienced several obstacles, namely limited budgets, socialization that was not right on target, and parents who did not pay attention to the development process in their children. Parental factors are the main factor to prevent sexual violence in adolescents. Parents who are busy working and lack of attention to their children can trigger sexual violence in adolescents (9).

To overcome this problem, the author's team conducted a study to reveal whether there is a relationship between peers and attitudes towards sexual violence in general by providing questions through questionnaires containing material on the form, impact, way of prevention & management of adolescent problems in sexual deviant

behavior; sexual diseases common in adolescents; sexual perversion from a religious point of view; The danger of violence of contraceptive drugs.

MATERIALS AND METHODS

This study used a cross-sectional design. We conducted an online survey using Google Form in July 2022. The online questionnaire was distributed to adolescents in Indonesia. All participants provided written informed consent before filling out the questionnaire. The instrument used in this study is in the form of a questionnaire adopted from Ramadini's research (2019). The questionnaire used has been tested for validity and reliability with a value of Cronbach's Alpha > 0.6 (10). Ethical permission obtained from the ethics commission of Alma Ata University. Number of Ethical Clearance: KE/AA/VII/1011751/EC/2022.

Our participants consisted of 223 adolescents and adults selected using a total sampling. The inclusion criteria were adolescent in Indonesia and willing to be a research subject. The dependent variable of this study was peers, whereas the independent variable was attitude towards sexual abuse. We defined peers as a person of the same age, the same social position, or having the same abilities as other people in a group. The attitude towards sexual abuse was sexual behavior or a sexual act forced upon a woman, man or child without their consent. For statistical analyses, we used

descriptive statistics and spearman rank test. The level of significance was set at 0.05. All of the analyses were done using SPSS.

RESULTS AND DISCUSSION

RESULTS

Univariate analyses were used to determine respondents' characteristics **Table 1**, distribution of attitudes towards sexual violence **Table 2**, and information received from peers **Table 3**. To determine the peer relationship to sexual violence behavior in adolescents, we used bivariate analysis with spearman's rho statistical test using SPSS 25 **Table 4**. The respondents used in this study were the majority of adolescents but there were also respondents in the adult age category with a total of 223 respondents, with details of 10 male respondents and 213 female respondents **Table 1**. The characteristics of respondents in this study include gender, age, received of information used by adolescents. Based on **Table 1** known that most of the respondents are women, which is as many as 213 (95,5%) with the most age groups of late teens (18-24 years) 121 (54.3%). Most respondents have received information about reproductive health, which is 219 (98.2%). **Table 2** shows that 133 people (59.6%) had a good attitude towards sexual violence. **Table 3** shows that the majority of people in the environment received information from peers as many as 186 people (83.4%) out of a total of 223 people. **Table 4** shows on spearman's rho analysis.

Table 1. Frequency distribution of respondents' characteristics

Characteristics	Frequency	%
Gender		
Male	10	4.5
Female	213	95.5
Total	223	100%
Age		
15-17 (middle adolescence)	15	6.7
18-24 (late adolescence)	121	54.3
>24 (Adult)	87	39
Total	223	100%
Information received		
Yes	219	98.2
No	4	1.8
Total	223	100%

Table 2. Distribution of attitudes towards sexual violence

	Frequency	%
Violent Attitude		
Good	133	59.6
Not good	90	40.4
Total	223	100

Table 3. Distribution of Information Received from Peers

	Frequency	%
Peers		
Yes	186	83.4
No	37	16.6
Total	223	100

Table 4. Peer relationships with attitudes toward sexual violence

		Sexual violence attitudes
Spearman's rho	Peers Correlation Coefficient (2-tailed) N	.174** 0.009 223

Based on **Table 2** and **Table 3** informed that a total of 223 respondents there were 133 adolescents showing good attitudes towards sexual violence and there were 186 adolescents getting information from peers about sexual violence. The results of bivariate analysis using Spearman's rho in **Table 4** showed a significant relationship between peers and attitudes towards sexual violence in adolescents with a p value = 0.009 which means significant (<0.05) and shows a sufficient correlation ($r = 0.174$).

DISCUSSION

The results of the study showed that the characteristics of the majority of respondents were women with the late adolescent age group (18-24 years) most of whom had received information about reproductive health from their peers. The results of this study are in line with the results of Anggraeni's research (2019) that adolescents aged 15-19 years prefer to discuss/vent about reproductive health problems to their peers. Health education provided by peers (peer groups) in the health sector is a form of health promotion to change healthy living behaviors for their peers. Adolescents entering the transition period must be equipped with adequate knowledge about reproductive health. The purpose of adolescent reproductive health education is expected not only to increase adolescent knowledge that affects attitudes, but further can generate motivation for adolescents to learn more about sexual health through appropriate educational

methods. The benefits of peer group education related to reproductive health knowledge are getting relevant information in accordance with daily adolescent life, communication becomes more comfortable because it is done with friends (11). Peer counselors must be able to invite their friends to behave in a healthy life, understand and be able to inform the correct understanding of the impact of unwanted pregnancy (KTD), the dangers of drugs, HIV-AIDS and other adolescent health problems which is one of the efforts to fortify themselves from their peers from the negative influence of the environment and the negative impact of association that is increasingly free along with the rapid development of technology (5). Education provided by peers is proven to increase adolescent knowledge, especially in the field of health (12).

Education can increase knowledge, in this study it is important to have a good attitude towards sexual violence, because knowledge is very influential on a person's attitude. There is an article that explains the higher the reproductive health knowledge possessed by adolescent girls, the lower the sexual harassment experienced by adolescent girls, then the lower the reproductive health knowledge possessed by adolescent girls, the higher the sexual harassment experienced by adolescent girls (13). Peers have a large share in adolescent life, the essence of peer friendship is how a person can be accepted in an association with friends who have similarities in age, environment,

and life line. Relationships can last very closely and can even provide trust between friends, peers have a huge role in the development of adolescent behavior and personality (14).

Attitude is also a risk factor for the formation of behavior, because from the environment can shape the attitude of adolescents from an early age. Many adolescents in this era hang out with their peers in the school environment, if the friendship environment is good then the adolescents has a good attitude. Because of the high influence of peers, adolescents follow activities like their friends. Peers have a role in adolescent behavior, this is because the peer environment can lead to positive directions such as in achievement and creation as well as in negative directions such as in demands for dating, appearance etc. The adolescent group of girls reported a predisposing risk for early pregnancy, one of which was peer influence to engage in early sex (15).

Adolescents are prone to imitate and follow the behavior of their friends because adolescents spend a lot of time together and exchange ideas with friends and in making decisions to behave. This is in line with the results of a study by Anindya and Irawati (2022) that adolescents who show negative attitudes are 3.14 times more at risk than adolescents with positive attitudes (16). It is explained in Suwandi's research (2019) that 80% of perpetrators of sexual violence are known by victims through the form of

relationships such as in the context of school friends. Sadly, with the context of friends known only through social media, this relationship from social media is currently dominating the increase in cases of violence by peers (17). Peers have an important role in preventing and educating positive incidents of sexual violence. Peers with good characteristics will build a good personality. There are no official rules for norms in peer relationships (18). The existence of direct communication and more frequent togetherness will make teenagers behave the same as their friends. Information obtained by peers from social media will be easily accepted in adolescents. Community also has an important role to play in preventing the incidence of sexual violence, but it cannot have a direct impact because some adolescents can accept or reject their community (19)

At this time adolescents also have a distinctive trait, namely high curiosity related to reproductive health, if adolescents get wrong information, it can trigger risky behavior. Providing appropriate information and understanding can increase adolescent reproductive health knowledge (20). But in this case it should be noted, negative attitudes towards reproductive health can increase risky sexual behavior in adolescents, while positive attitudes can reduce the likelihood of adolescent sexual behavior. This is in line with Anwar et al., (2020) research on victims of physical and verbal sexual violence, one of which is predicted

from peer aggression (21). However, this study contradicts the results of Anindya and Inrawati's (2022) research analysis which shows that bad peer influence does not necessarily cause adolescents to engage in risky sexual behavior, as well as the influence of good peers (16). Therefore, adolescent attitudes are strongly influenced by knowledge and environmental factors, so it is necessary to have additional reproductive health education starting early and supported by the surrounding environment starting from family or parents who must foster and accustom adolescents to be positive and provide support by providing religious knowledge.

Efforts to prevent sexual violence by using GlobalConsent in adolescents are one effective way to do. In this study, the method used was using Focus Group Discussion (FGD). Regarding characteristics of sexual violence prevention programming, some participants preferred online formats for busy students while others suggested hybrid or in-person formats, peer education, and incentives. Participants generally accepted the content of GlobalConsent and suggested adding more content for women, ancillary support services, and adapted content for high-school students (22).

Adolescents who are victimized by peers or family members or who witness intimate partner violence within the family report more victimization and perpetrators of sexual assault, likely because these experiences hinder the teen's capacity to

develop the skills needed to form and maintain healthy relationships (23). These predictors of sexual violence differ based on patterns of victimization and perpetrators of sexual violence and across types of violence. Gender nonconformity is also associated with a greater risk of being in a high class of sexual violence because gender nonconformity has a high dependence (24).

Adolescents active in sports activities avoid incidents of sexual violence. Especially in women, sexual violence can be avoided because sports activities increase self-confidence. While this specific pathway has not been empirically examined in the context of sports preventing sexual violence, research supports the components of the pathway. Positive psychosocial and interpersonal factors, such as emotional well-being and social support, have been connected to lower risk for sexual violence perpetration. In a systematic review of the benefits of sports among children and adolescents, sports involvement was associated with better emotional well-being and regulation, higher self-esteem and confidence, and higher relationship quality (25).

Reproductive health is a state of physical, mental and social well-being in all aspects related to the system, function, and process. The impact of reproductive health problems is the occurrence of unwanted pregnancy, transmission of sexually transmitted diseases (26), pregnancy at the age of < 20 years which is at risk for

premature birth and stunted fetal growth and development (27). Another impact of sexual violence is the occurrence of sexually transmitted diseases (STDs) such as HIV / AIDS, as many as 76% of HIV / AIDS cases in the Special Region of Yogyakarta are transmitted through sexual contact (28). In general, the symptoms of this disease can be felt in the next 5-10 years, but only a small percentage of people understand about HIV / AIDS and how to treat the disease. A study conducted by Sundari (2017) showed that the percentage of respondents' knowledge about HIV / AIDS was less (61.7%), while in this study it was explained that knowledge about the disease suffered and drugs taken was very important and affected adherence, low knowledge of treatment could have an impact on treatment (29).

Before sexual violence cases occur, there is a gradual adolescent sexual behavior, for example dating cases that occur, with the possibility that the same adolescent partner wants to do, or one of the adolescents is forced by his partner. The stages of sexual behavior in Sari's research (2019) include stages from chatting cool, watching, walking together, holding hands, hugging, kissing cheeks, kissing lips/necks, touching/squeezing breasts, touching sensitive areas/genitals, petting each other with limited clothing and without limited clothing, rubbing the partner's genitals (oral sex), having sex (sexual intercourse). It can be concluded that these stages start from non-risky sexual behavior to finally become

risky sexual behavior. Holding hands or hugging will cause feelings of comfort and can cause erotic stimulation even though initially done only to show affection, this erotic stimulation leads a person to perform the next stages of sexual behavior, such as kissing, petting, and sexual intercourse (30).

This research shows that knowledge about reproductive health is mostly obtained from peers, possibly because someone has a habit of confiding in friends about their problems, both dating problems and family problems. The results of research on the Implementation of Peer Educator and Peer Counselor Activities in Efforts to Prevent KRR Triad at the Adolescent Information and Counseling Center by Permatasari and Suprayitno (2020) obtained interview results similar to the possibility mentioned, namely the number of vents that arise when there are problems with their girlfriends and even problems with their families, thus these peer educators who have an important role to provide counseling to friends his peers. Peer educators are peer companions to share their problems so that they are expected to help their friends solve problems and provide knowledge related to the prevention of KRR TRIAD (31).

CONCLUSION AND RECOMMENDATION

The result showed that there was a significant association between peers associated with attitudes towards sexual violence among adolescents and adults. Health institutions can intervene on targets,

for example by creating educational and promotional programs in the form of interesting content through social media such as Instagram, TikTok, etc. Then actively provide counseling in schools and village adolescent communities about reproductive health. BKKBN can evaluate the PIK-KRR program in each region to ensure that the program in the area is running as planned or not, so that adolescent reproductive health problems can be handled properly. Adolescents are expected to be able to selectively choose friends and partners, for further researchers to be able to conduct further research on the dominant factors of attitudes towards sexual violence by means of more in-depth interviews.

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