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Adolescents' Sexuality: The Role of Parent and Microsystem Education of Sexuality

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Abstract. *Adolescence is a phase in which a person experiences significant change and maturity in their sexuality. Adolescents seek various sources of knowledge through media access and peers and try to follow their peers' attitudes, values, and behaviour. Religious beliefs and parental interactions are other contributing elements. This research aims to determine the influence of religiosity, sexuality education, references from social media, and peer attachment on sexuality. This research was conducted in Tangerang Regency and involved 180 respondents, consisting of high school, vocational, and madrasah aliyah students in grades 10 and 11, with the criteria of being Muslim, living with both parents and actively using social media. The sampling technique used a stratified non-proportional random sampling method, which was carried out using an interview method using a questionnaire. Adolescents in this study had high religiosity. Sexuality education carried out by fathers is categorized as low, while sexuality education carried out by mothers is categorized as moderate. Adolescents' social media references and peer attachment are categorized as moderate. The results of the Structural Equation Modeling analysis found that religiosity, sexuality education, references from social media, and peer attachment had a significant positive effect on sexuality. These findings imply the importance of interventions that target good and correct values related to sexuality, both in the smallest domain, namely the family, through instilling religious values, sexuality education, and parental control over references in media consumed by adolescents and their peers, as well as more broadly, namely government policy.*

Keywords: *Religiosity; sexuality education; references of social media; peer attachment.*

INTRODUCTION

After the sexual revolution occurred in the period 1960 to 1970 in the West and other developed countries, the meaning of the term sexuality was no longer as simple as referring to biological activities related to the genital organs of both men and women. According to Husein (2018), Sexuality is a concept about human existence that contains aspects of emotion, actualization, expression, perspective, and orientation towards other bodies. It is more than just a matter of biological body desires. In this context, sexuality is a cultural space for humans to express themselves towards others with very complex meanings. According to Scott and Jackson (2010), the term sexuality is not only limited to sex acts. It also includes the way humans are defined or

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determined as sexual creatures by others, as well as the way individuals express themselves regarding their sexuality. Weeks (2002) also said that sexuality is no longer just a discussion of biological drives that find or do not find release but has come to a discussion of how and to whom it is released, how humans think about it, and how humans live with it.

One of the discourses that developed in the West and began to enter Indonesia after the sexual revolution was SOGIE (sexual orientation, gender identity, and expression) and CSE (comprehensive sexual education) as a method formulated to minimize the risks of sexual liberalization. What is meant by sexual orientation is a pattern of attraction or sexual interest to someone; gender identity is a person's awareness of defining his or her identity as male or female; while gender expression is a person's pattern of behavior, behavior, interests or appearance that is associated with their gender. In Indonesia, the value content contained in Western-style SOGIE and CSE is not by religious norms and the foundation of national ideals because SOGIE is inclusive with sexuality such as homosexuality and LGBTQ (lesbian, gay, bisexual, transgender, queer) (Baams et al., 2017; Goldfarb & Lieberman, 2021; Hong et al., 2022), safe sex and contraception without considering marital status and issues about abortion (Chibuye & Kumatongo, 2022; Mbarushimana et al., 2023). These two discourses will further limit this research.

As a natural experience, sexuality indeed occupies a developmental phase. Although this formation process is formed from the time humans are born, it will culminate at a certain age, especially when humans actively seek identity and knowledge to strengthen their identity. If we refer to Hurlock's (1981) opinion, the mental age that most has these characteristics is the adolescent phase. Through this adolescent phase, a person will search for self-identity diminutive by little according to his chronological and mental age. There are integrative changes in physical, emotional, psycho-sexual, and cognitive aspects so that what he does is integrated with the knowledge he has. This knowledge is also influenced by various factors that have shaped a person's self-identity in previous times. Hurlock (1981) also said that the adolescent phase will be marked by self-acceptance of one's physical condition and sexual maturity by building good relationships with the opposite sex and understanding the role of mature sexual age. In the context of sexuality, a person who has entered the adolescent phase has confirmed gender identity, gender expression, and sexual orientation and understands sexual activity and how he views everything related to reproduction more maturely by what he believes. However, adolescence is still influenced by factors outside and within oneself in forming one's identity and understanding of one's sexuality. Therefore, according to Pikunas (1976), changes can still possibly occur as they have achieved independence from parental autonomy and engaged in expanded peer relationships and romantic lives.

The influences referred to are society's conditions or the environment surrounding adolescents. This is in line with what Brofenbrenner (1979) said: that the ecological environment will influence the psychology of human development. Azinar (2013), stated in his research that the factors that influence it come from internal and external sources, including religious beliefs, knowledge or education, the influence of friends, information media, and parental interactions. Forming social networks with friends during adolescence is also a significant development. This is also confirmed by Sunarti, who wrote that the environment can be the cause of a person's homosexual orientation, namely due to parenting errors and family conflicts, the influence of friends, exposure to pornography and social media, and being a victim of sexual violence (Sunarti, 2021).

Religiosity is a strong predictor of sexuality. Alfita et. al. (2021), found a significant positive relationship between religiosity and sexual behavior in dating adolescents. Quinn & Lewin (2019), found that greater individual religiosity is associated with a lower likelihood of having engaged in any sexual activity and a higher likelihood of condom use for students who have had vaginal sex.

Negy et al. (2016) also suggested that religion is a stronger predictor than parent-child communication. Church attendance was negatively associated with sexual behavior; the more church attendance a person had, the fewer sexual partners they had.

Sexuality education is one of the methods currently designed by the World Health Organization (WHO) to reduce the spread of sexually transmitted diseases and unwanted pregnancies among adolescents. WHO also emphasizes that informal sexuality education provided by parents, relatives, and peers is an essential resource for adolescents to learn about relationships and human sexuality (Bundeszentrale für gesundheitliche Aufklärung [BzgA], 2016). The WHO Policy Brief No.1 document writes that sex education does not cause adolescents to have sexual relations earlier than the average age. However, in several countries, for example, Finland and Estonia, adolescents can be more responsible when entering into a relationship or engaging in sexual behavior (BZgA, 2016). Some of what is learned from sexual education in the West, especially in Europe, is about the cognitive, emotional, social, interactive, and physical aspects of sexuality. The aim is that in the future, adolescents can understand and enjoy their sexuality, have safe and satisfying relationships, and be responsible (BZgA, 2016). In Indonesia, sexuality education is closely related to religious values. Therefore, there are profound differences between the Western concept of sexuality education and the concept of sexuality education in Indonesia. For example, the goal of understanding their sexuality is not to enjoy their sexuality, although they are, in turn, responsible for it. Understanding sexuality in Indonesia means that a person can engage in sexual activity and enjoy it, but it must begin with marriage; apart from that, it must be done in the right way, for example, towards the opposite sex, towards fellow humans, towards adults and done in a good way (not using violence). This value is what researchers will operate as a reference. According to Haglund & Fehring, (2010), participants whose formal and parental sexual education included abstinence and those from two-parent families were 15% less likely to have had sex and had fewer partners. Okigbo et al. (2015) found parental monitoring, discipline, and communication with fathers predicted transition to first sexual intercourse for female adolescents; however, only communication with fathers remained statistically significant after controlling for relevant covariates.

Social media is one of the leading agents of sexuality socialization for adolescents (Fevriasanty et al., 2021). The positive sexuality representations on social media revolve around the ease of access to information and the privacy of being able to search and answer your questions via the internet and other means of communication. The mentioned negative representations point to the little media approach on the subject, in addition, they indicate sporadic approaches centered on festive periods and dates such as carnivals, a unique focus on AIDS, and aimed specifically at adult audiences (Sousa et al., 2020). Other negative representations of sexuality on social media for example, pornography broadcast on TV and the internet influences adolescents to act on things they have seen (Svedin et al., 2011). The higher the level of television viewing, the more male adolescents adopt a sexual pleasure mentality and agree with assumptions about male sexual desire (Vandenbosch & Eggermont, 2014). Many of the messages about sexual behavior that adolescents encounter in popular culture shape their identities and influence their experiences at school (Murphy-Erby et al., 2011). Adolescents acknowledge that exposure to sexual behaviour in the media desensitizes them to the risks of sexual behavior and thereby increases the pressure they feel about participating in certain sexual behaviors (Polacek et al., 2006). Arisjulyanto et al. (2023) found that social media is a factor that influences adolescent sexual behavior, which is then followed by sex talk, strong peer influence, and low self-efficacy ($p < 0.05$).

Attachment is an individual perception of how good figure caregivers can provide a source of psychological security for themselves (Armsden & Greenberg, 1987). In the sexuality context,

adolescents are influenced by their peers in decision-making to romantic/sexual relationships. Peers are the main source of information about sexual health, which means they are possibly getting “not trustworthy” information (Dias et al., 2019). Data from the National Population And Family Planning Board, Indonesia also shows that around 21% of female adolescents and 26% of male adolescents receive information about the reproductive health of their peers (National Population and Family Planning Board [BKKBN], Statistics Indonesia [BPS], Ministry of Health [Kemenkes], & ICF, 2018). Adolescents try to follow the attitudes, values, and behavior of their friends (McMillan et al., 2018). Peci found that adolescents were more likely to have sex if their friends and peers were older, used alcohol or drugs, or engaged in other harmful behavior. Likewise, they were more likely to have sex if they believed their friends had more positive attitudes toward childbearing, holding permissive values about sex. The research also found that most studies assessed the negative aspects of peer influence (Peci, 2017). It shows that the sexual permissiveness of peers is associated with a higher frequency of sexual practices considered risky (Potard et al., 2008). The sexual norms of peers influence youths' individual attitudes and behaviors. (Potard et al., 2008) Affiliation with antisocial peers and perceived peer norms favoring sex increased the odds of transition to first sex (Bingenheimer, Asante, & Ahiadeke, 2015).

Therefore, this research aims to find out the characteristics of religiosity, parent-adolescent sexuality education, references to social media, peer attachment, and adolescent sexuality status. Several previous studies (Darmasih, 2018; Mahmudah et al., 2016; Mariani & Arsy, 2017; Theresia et al., 2020; Ulfah, 2019) have examined adolescent sexuality, but the aspects of sexuality studied were only limited to sexual behavior that leads to the risk of free sex or premarital sex; other elements, such as gender identity, gender expression, and adolescents' understanding of sexual orientation, were not aspects studied. Therefore, the question of this research is ‘does religiosity, parent-adolescent sexuality education, references from social media, and peer attachment influence and correlate with adolescent sexuality?’.

METHOD

This is a cross-sectionally descriptive and correlational quantitative research. The selection of research areas was specifically determined: SMAN 2 Tangerang Regency, SMKN 5 Tangerang Regency, and MAN 3 Tangerang Regency, with the samples taken being grades 10 and 11. The three schools were chosen purposely because they have varying family economic statuses in Tangerang Regency. The sample was chosen randomly after the researcher obtained a list of students with criteria of adolescents who are Muslim, live with both parents and use social media. This research was conducted using a questionnaire. Students are guided to fill out the questionnaire together in one class. The number of samples collected was 180 students, with 60 students from each school with a male-to-female ratio of 50:50.

The religiosity variable (Outer loading > 0.5 , AVE = $1.000 > 0.5$, Composite reliability = $1.000 > 0.7$) was measured using the modified results of the Indonesian-Psychological Measurement of Islamic Religiousness (I-PMIR) instrument (Salsabila et al., 2019). Religiosity is a condition within an adolescent that encourages them to behave according to his level of obedience. There are two dimensions, namely the dimension of Islamic beliefs (10 statements) with four scales (0 = strongly disagree, 0 = disagree, 1 = agree, 2 = strongly agree) and the dimension of obligatory practices in Islam (10 statements) with four scales (0 = never, 1 = once, 2 = a few times, 3 = always). Islamic beliefs are adolescents' perceptions about Islamic teachings, which include the pillars of Islam and the pillars

obligatory practices in Islam are adolescents' behavior towards the commandments in Islam, for example, the commands to pray, fast, make dhikr, read the Koran, cover the private parts, and the command to avoid adultery.

The parent-adolescent sexuality education variable (Outer loading > 0.5 , AVE = $0.525 > 0.5$, Composite reliability = $0.778 > 0.7$) is a process of knowledge transfer between parents and their adolescent children regarding sexuality knowledge as measured by an instrument created by researchers. The sexuality education instrument is divided into two dimensions, namely the dimension of reproductive health education (10 statements) and education about sexual risks (10 statements). Both use a 0-3 Likert scale (0 = never discussed, 1 = rarely discussed, 2 = discussed quite often, 3 = often discussed). Education about reproductive health is knowledge about controlling desires and the health of the genital organs, which parents convey to adolescents. Education about risks is knowledge about the consequences of deviant and inappropriate sexual acts and sexual threats that exist in the surrounding environment, which parents inform adolescents about.

The references of social media variable (Outer loading > 0.5 , AVE = $0.521 > 0.5$, Composite reliability = $0.785 > 0.7$) are the attitudes and perceptions of adolescents in managing information or content related to sexuality on social media. The instrument for measuring references from social media was prepared by researchers with statement items adapted to theory and research objectives. The references from social media are divided into two dimensions: first, positive references on social media, namely adolescents' experiences and attitudes regarding positive information on social media related to sexuality, which is the reference (10 statements), and negative references on social media, namely adolescents' experiences about the information on media. Hostile social relations related to the sexuality of the reference (10 statements). Both use a Likert scale (0 = not suitable, 1 = quite suitable, 2 = suitable, 3 = very suitable).

Researchers also compiled the measurement of the peer attachment variable (Outer loading > 0.5 , AVE = $0.577 > 0.5$, Composite reliability = $0.780 > 0.7$). Peer attachment is a reciprocal correlation that exists between adolescents and their peers. There are four dimensions namely the trust dimension, namely openness of feelings or honest conversations with peers about sexuality (2 statements), and the attachment dimension, which is the bond between peers who are always together in discussing matters of sexuality (3 statements). The involvement dimension is the condition of peers participating in every behavior related to sexuality (5 statements). The guidance dimension is the actions carried out by peers that help shape the personalities and actions of their peers in the context of sexuality (4 statements). The four dimensions use a Likert scale (0 = never, 1 = sometimes, 2 = often, 3 = always).

The sexuality variable (Outer loading > 0.5 , AVE = $0.544 > 0.5$, Composite reliability = $0.755 > 0.7$) is adolescents' perception of themselves and their understanding of sexuality. Researchers prepared the sexuality instrument, which includes four dimensions: first, the gender identity dimension (2 statements), namely the affirmation of the adolescent's identity as male or female. Second, the dimension of gender expression (2 statements), namely the appearance and behavior of adolescents according to their gender. The third dimension is sexual orientation (3 statements), namely who adolescents are attracted to, and the fourth dimension is sexual ideology (3 statements), namely the attitude of adolescents regarding sexuality issues; in this case, the researchers limited it to the issues of abortion, adultery, and sexual crimes. The scale used for these four dimensions uses a Likert scale (0 = very inappropriate, 0 = not suitable, 1 = suitable, 2 = very suitable).

The data that has been collected is then processed through editing, coding, scoring, entry, and cleaning processes via Microsoft Office Excel and analyzed via SPSS and SmartPLS. Descriptive analysis to identify the distribution of respondents' answers, namely number, percentage, mean value,

of faith, as well as other teachings related to sexuality, for example, about adultery. Meanwhile, standard deviation, minimum value, and maximum value of the variables adolescent characteristics, family characteristics, religiosity, parent-adolescent sexuality education, references of social media, peer attachment, and sexuality, which is then transformed into an index score which is categorized based on cut-off points, namely low (<60), moderate (60-79), high (≥80) categories (Sunarti, 2005). The index score is obtained from the following formula below.

$$Index = \frac{Total\ score - Minimum\ score}{Maksimum\ score - Minimum\ score} \times 100$$

Figure 1.
Index Score Formula

Correlation analysis to analyze the correlation between religiosity, sexuality education, references from social media, peer attachment, and adolescent sexuality. SEM (Structural Equation Modeling) analysis to determine the influence both directly and indirectly.

RESULTS AND DISCUSSION

According to Bronfenbrenner (1979), a person will face various environments throughout their age, which can influence their behavior in various aspects. Bronfenbrenner shares several aspects of ecological theory in developmental psychology that can influence a person's development, one of which is the microsystem, namely the smallest environment directly faced by children, including home, school, and peer groups. This research took four variables that are thought to influence adolescent sexuality, namely religiosity, sexuality education carried out by parents, social media references, and peer attachment.

Adolescent Characteristics and Family Characteristics

The respondents in this study were 180 adolescents consisting of 60 high school students, 60 vocational school students, and 60 madrasah aliyah students, with a ratio of male to female respondents of 50:50. The average age of respondents was 16.23 years with an age range of 13-18 years. The average age of respondents' fathers (43.33 years) was higher than the average age of mothers (42.97 years). The length of education of father and mother is 10.82 years and 10.35 years. The average family income is IDR. 4,836,388, which means that the average respondent's family is above the poverty line (Tangerang Regency's poverty line is IDR 545,065), with the lowest income being IDR. 200,000 and the highest income IDR 60,000,000 show in the Table 1.

Table 1.
Adolescent and family characteristics

	Age (years)			Length of education (years)		Family income (IDR)
	Adolescents	Father	Mother	Father	Mother	
Mean	16.23	43.33	42.97	10.82	10.35	4,836,388
Min	13	30	27	0	3	200,000
Max	18	70	56	19	20	60,000,000
SD	±0.71	±6.48	±5.51	±3.41	±3.17	±5,054,542

Religiosity

The results of the descriptive test showed an average religiosity index of 86.97 (categorized as high) with an average per dimension, namely for the Islamic belief dimension of 93.75 (categorized as high) and the dimension of obligatory practices in Islam of 82.04 (categorized as high) (see Table 2). The average index is obtained from the total index of all respondents divided by the number of respondents.

Table 2.
Descriptive test results of research variables

Variable	Min	Max	Mean	Std. Deviation
Religiosity	66	100	86.97	±7.52
Islamic beliefs	50	100	93.75	±10.78
Obligatory practice in Islam	53.33	100	82.04	±9.78
Father-adolescents sexuality education	33.33	91.67	56.29	±13.17
Reproductive health education	13.33	96.67	59.4	±16.71
Risk education	13.33	100	53.98	±19.48
Mother-adolescents sexuality education	33.33	100	64.65	±15.27
Reproductive health education	30	100	71.5	±17.56
Risk education	10	100	57.91	±20.26
References from social media	36.67	96.67	74.33	±11.16
Positive references	23.33	100	68.67	±16.83
Negative references	30	100	79.04	±15.25
Peer attachment	45.24	100	71.86	±14.56
Trust	16.67	100	78.06	±23.14
Closeness	11.11	100	71.91	±21.25
Involvement	26.67	100	69	±19.20
Guidance	8.33	100	70.51	±19.94
Sexuality	65	100	87.89	±7.69
Gender identity	25	100	92.92	±15.69
Gender expression	0	100	83.33	±18.69
Sexual orientation	0	100	74.07	±20.79
Sexual ideology	0	100	92.96	±18.13

Based on the research results on the Table 2, the average index of the dimensions of Islamic belief and the dimensions of obligatory practices in Islam for female adolescents is higher than for male adolescents. In the dimension of Islamic belief, almost all male and female adolescents are categorized as high. Meanwhile, in the dimension of obligatory practices in Islam, which covers religious practices, only 60% of male adolescents and 70% of female adolescents are categorized as high. This indicates that not all adolescents know Islamic beliefs and practice them in their daily lives.

The distribution of the average items that shows on the figure 2 the highest average is in items 17, 19 and 20. Meanwhile, the lowest average is in items 4 and 8. These results indicate that adolescents close intimate parts (item 17), stay away from adultery (item 19) and consume halal food (item 20). However, adolescents still don't understand well that the Koran is the solution to life's problems (item 4) and paying zakat is an obligation (item 8).

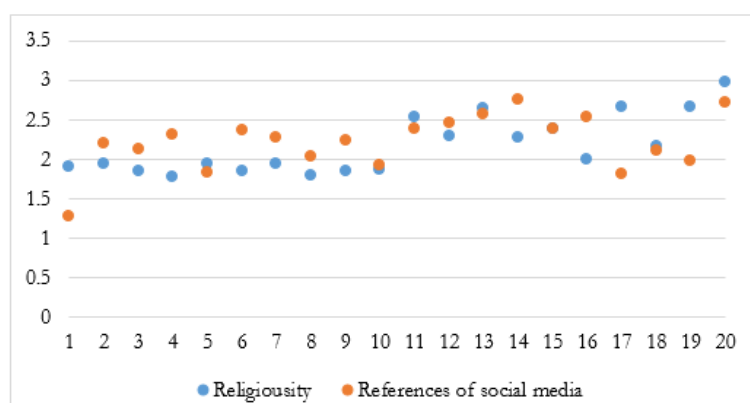


Figure 2.

Distribution of the average score of the religiosity and references of social media variables items

Parent-adolescent Sexuality Education

The average sexuality education index carried out by fathers was 56.29 (categorized as low). Meanwhile, sexuality education carried out by mothers was 64.65 (categorized as moderate). The results of the analysis show that the average reproductive health education index carried out by fathers and mothers is 59.40 (categorized as low) and 71.50 (categorized as moderate), respectively. The average reproductive health education index carried out by fathers and mothers is 53.98 (categorized as low) and 57.91 (categorized as low), respectively (see Table 2). These results indicate that mothers are more active in educating their adolescents regarding sexuality than fathers. Parents often experience challenges with their adolescents related to their role as sexuality educators (Burgess et al., 2005; Byers et al., 2013). Parents as educators experience challenges in conveying sexuality education and cultural influences related to sexual knowledge (for example, biological differences between men and women, sexual behavior, and the consequences of sexual behavior), the age at which to start sexuality education, and providing sources of information about sexuality education to their adolescent (Dittus & Jaccard, 2000).

The specificity of the topic of sexuality, which is often considered taboo, makes parents' attitude in providing sex education to adolescents non-committal and carried out in a non-systemic manner. According to Mahajan & Sharma (2005), parents avoid mention of sex in their daily correlations with their children. Another reason is that parents themselves lack scientific knowledge about this matter (Wang & Uk, 2009). Three out of four parents also lack understanding of sexual behavior and consequences, the biological differences between men and women and more than half (52.5%) of parents also do not consult with their partners regarding sexuality education issues for their adolescent (Lavanya et al., 2011).

The distribution of the average index on the Figure 3 shows that the average index of sexuality education carried out by mothers, both for male and female adolescents, in the dimensions of reproductive health education and risk education is higher than the sexuality education carried out by fathers. These results indicate that mothers discuss and educate their adolescents more often than fathers.

These findings are in line with Raffaelli & Green (2003), which found that mothers were more likely to communicate with their children about sexual matters than fathers and that daughters reported higher levels of communication than sons. The average index of father's and mother's sexuality education for female adolescents, in each dimension, shows a higher figure than for male adolescents, except for the dimension of reproductive health carried out by fathers. This indicates

that parents are more attentive and tend to think that female adolescents are more at risk than male adolescents, so sexuality education is needed explain in Figure.

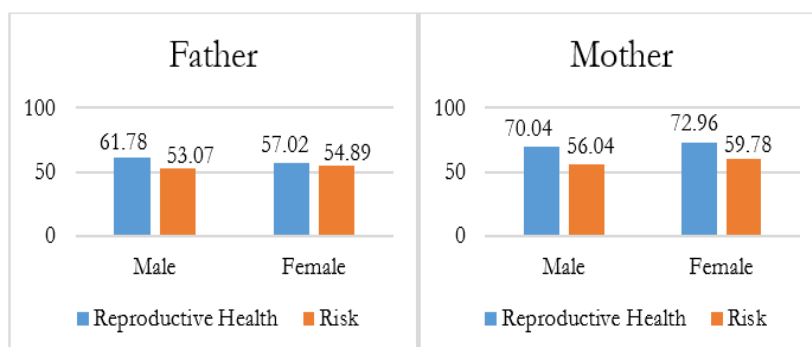


Figure 3.
Distribution of the average index of the parent-adolescent sexuality education variable based on gender

The distribution of the average items shows that the highest average education received by the father is in items 1, 2, and 4 explain in Figure 4. Meanwhile, the lowest average is in items 10 and 17. These results indicate that the adolescent has received a good education from his father regarding the concept of mahram and non-mahram (item 1), the concept of hadats (item 2), and the boundaries of women's and men's private parts (item 4). The topics with a high average seem closely related to religion, but other issues related to health still need to be maximally addressed. Adolescents also do not receive sufficient education from fathers regarding the process of pregnancy (item 10) and the topic of abortion (item 17). This could be because the topic of pregnancy is better discussed with the mother.

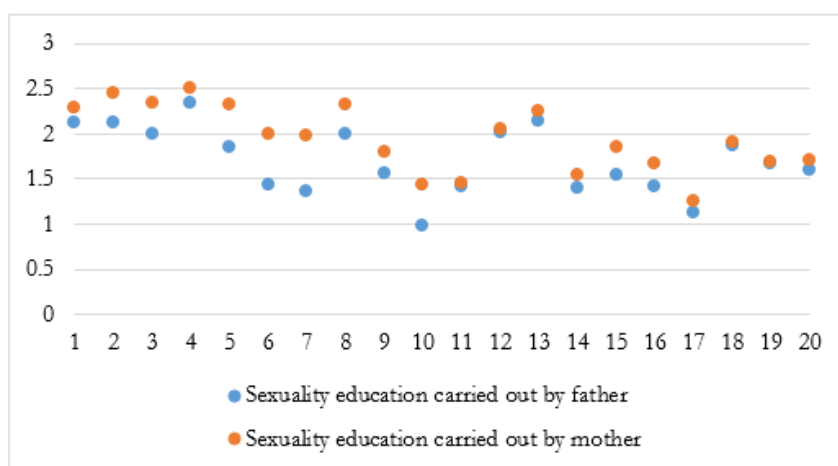


Figure 4.
Distribution of the average score of the parent-adolescent sexuality education variable items

Almost the same as the education carried out by the father, the distribution of the average items shows that the highest average education received by the mother is in items 2, 4, and 8. Meanwhile, the lowest average is in items 10, 11 and 17 (see Figure 3). These results are informative that adolescents have received a good education from their mothers regarding the concept

of hadats (item 2), the boundaries of women's and men's private parts (item 4), and parts that members of the opposite sex should not touch (item 8). Adolescents also do not receive sufficient education from mothers regarding the process of pregnancy (item 10), the prohibition and sin of masturbation (item 11), and the topic of abortion (item 17). The topic of pregnancy is close to mothers' experiences, but it is not taught well enough to adolescents.

References of Social Media

The average referencereference of the social media index is 74.33 (categorized as moderate). The average index of positive references on social media in was obtained at 68.67 (categorized as moderate). Meanwhile, negative references on social media average index is 79.04 (categorized as moderate) (see Table 2).

The references from social media are also a source of information that adolescents widely use to get information about sexuality. Today's phenomenon illustrates that adolescents' self-control over content or information about sexuality on social media needs more attention. Data from the National Commission for Child Protection (2016) revealed that of 4,500 adolescents in 12 cities in Indonesia, 97 percent had seen pornography, including students. Of the 2,818 students, 60 percent had seen this indecent show. Apart from poor self-control and filtering power among adolescents, external factors such as poor quality sexual content and being allowed to do so by the government also play a role. Kominfo, on its website, says that of the 28-30 million pornographic websites, blocking has only reached 700 thousand sites.

The research by Pratiwi et al., (2023) found that 42% of educators agreed that children were exposed to information about sexuality from sources that were not credible. The results of this study show that the average index of control over negative references on social media for adolescent girls is higher (81.63) than for male adolescents (76.44). This indicates that female adolescents control the social media content that contains pornography, sexual harassment, content regarding excessive dating activities, adultery, and sexual deviations better than male adolescents.

The distribution of item averages shows that the highest average is for items 14, 16, and 20. Meanwhile, the lowest averages are for items 1, 5, and 17 explain in Figure 1. These results indicate that adolescents have a good sense because they reject harassment on social media (item 14); adolescents can also control themselves so they are not influenced by lousy content on social media (items 16 and 20). Unfortunately, adolescents also do not get enough education from social media regarding information about the anatomy of the female and male body (item 1) and the characteristics of pregnancy (item 5). Social media provides information that adolescents are not ready to accept, for example, information about tools to prevent pregnancy (item 17).

Peer Attachment

The descriptive test results show an average peer attachment index of 71.86 (categorized as moderate). The average index of trust dimension obtained was 78.06 (categorized as moderate). The average closeness index was found to be 71.91 (categorized as moderate). The average involvement index is 69.00 (categorized as moderate), and the average guidance index was found to be 70.51 (categorized as moderate) (see Table 2).

This research showed that the average index for all dimensions of male adolescents on the peer attachment variable was higher than that for female adolescents except for the guidance variable. Female adolescents (70.93) had a higher average guidance index than male adolescents (70.09) (categorized as moderate) These results show on Figure 5 that female adolescents are more easily influenced to follow the behaviour of their peers than male adolescents.

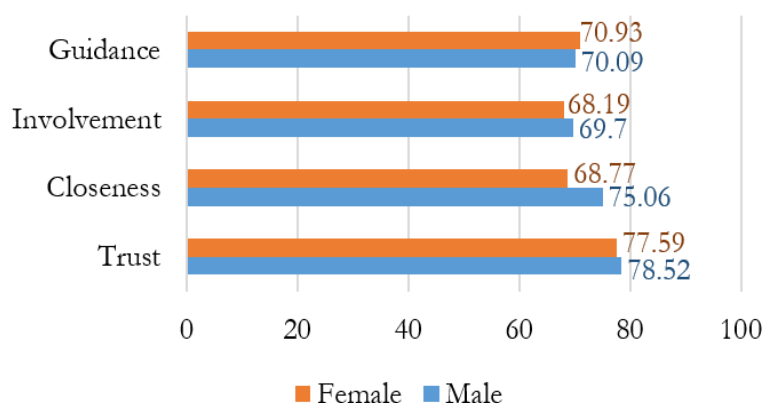


Figure 5.

Distribution of the average index of the peer attachment variable based on gender

The result on the Figure 5 shows that male adolescents have a higher average score than female adolescents in all dimensions except the guidance dimension. Sijtsma et al. (2023) found that male adolescents show higher levels of initial trusting behavior and more muscular adaptation of trusting behavior during untrustworthy interactions than female adolescents. In the guidance dimension, female adolescents have a higher average score than male adolescents. These results indicate that female adolescents are more likely to follow the behavior of their peers' behavior than male adolescents.

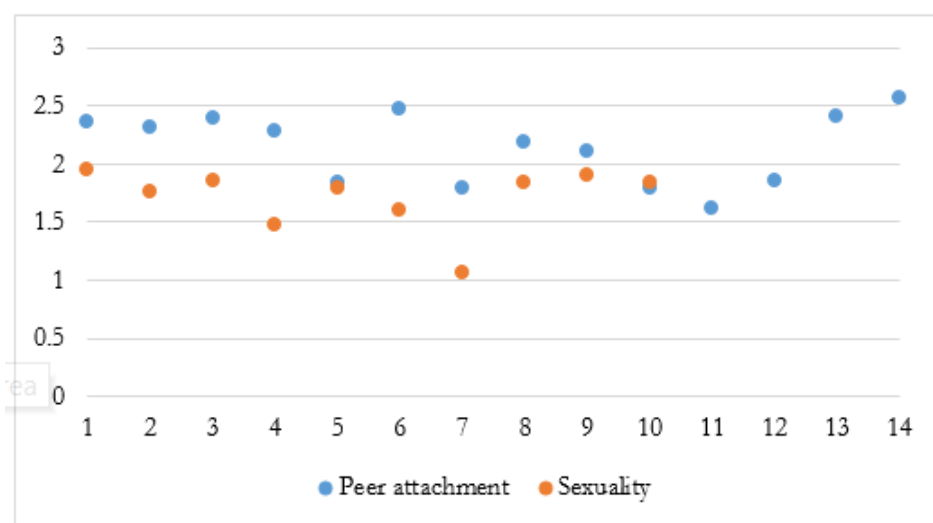


Figure 6.

Distribution of the average score of the peer attachment and sexuality variables items

The score distribution for item averages shows that the highest average is for items 6, 13, and 14 (see Figure 6). Meanwhile, the lowest averages are for items 5, 7, 10 and 11. These results indicate that adolescents invite each other to valuable activities (item 6) and follow each other's peers away from pornographic content (item 13) and promiscuity (item 14). However, on the Figure 6 shows that adolescents do not yet discuss unwanted pregnancies (item 5), reproductive health (item 7), and puberty (item 11). Adolescents also have not yet advised their friends who are dating excessively (item 10).

Sexuality

The average sexuality index was found to be 87.89 (categorized as high). Meanwhile, the average index for gender identity is 92.92 (categorized as high). This means that both male and female adolescents believe and affirm their bodies and gender very well.

The average index for gender expression is 83.33 (categorized as high), this means that almost all adolescents believe and affirm their appearance and behavior according to their gender and believe that dominant masculine or feminine traits are in line with their gender very well. However, 6.7% of male and 14.4% of female adolescents are categorized as low. This percentage is contributed by one of the statements with the lowest average (item 3) explain in Figure 6, which indicates that there are still adolescents who think that boys do not have to have dominant masculine characteristics and girls do not have dominant feminine characteristics.

The average index for sexual orientation is 74.07 (categorized as moderate). The result found that 2.78% of adolescents answered "very inappropriate" and "not appropriate" to the statement "I am attracted to the opposite sex." As many as 12.2% of adolescents answered "very inappropriate" and "not appropriate" to the statement "liking the same sex is a wrong tendency." As many as 16.11% of adolescents also answered "very unsuitable" and "not suitable" to the statement that "same-sex lovers can be cured or returned to their natural state." This statement also has the lowest average (item number 6 and 7) explain in Figure 6. Nevertheless, almost half of male (60%) and female (54.4%) adolescents are categorized as high in this dimension. These results mean that male adolescents who understand that liking the same sex is a wrong tendency, same-sex attraction, can be healed back to their natural nature—well. The average indices of the two are 77.22 for males and 70.9 for females.

In the sexual ideology dimension, the number of female adolescents (95.6%) categorized as high was greater than that of male adolescents (84.4%). This means that female adolescents understand very well the prohibition of sex outside marriage, sexual harassment, and the issue of abortion more than male adolescents. The average indices of the two are 90.37 and 95.96, respectively. Nevertheless, as many as 3.89% of adolescents answered "very inappropriate" and "not appropriate" to the statement "unmarried adolescents are not allowed to have sexual relations even though both parties mutually agree." Data from the 2017 Indonesian Demographic and Health Survey reported that 8% of men and 2% of women had sexual relations. Among women and men who had premarital sexual relations, 59% of women and 74% of men reported starting sexual relations for the first time at the age of 15-19 years. The highest percentage occurred at 17 years, as much as 19%. Among adolescents who have sexual relations, it is reported that 12% of women experience unwanted pregnancies.

Correlation of Religiosity, Sexuality Education, References of Social Media and Peer Attachment with Adolescent Sexuality

The results show that the dimensions of Islamic belief are positively related to adolescent sexuality ($r = 0.128$) (See Table 3). This means that the higher an adolescent's belief in Islam, the higher their understanding of good and correct sexuality. The results of this correlation test are in line with previous studies; for example, research by Zaleski & Schiaffino (2000) found that religiosity is a strong predictor of sexuality in the family environment. Lefkowitz et al. (2004) examined the correlation between religiosity and sexuality in Eastern United States students. Lefkowitz found that respondents whose religion was more prominent in their daily lives had more conservative attitudes and behavior regarding sex. Odimegwu (2005) also found that there was a strong relationship between religiosity and adolescent sexual attitudes and behaviour. In the research conducted,

a religious commitment was more important than a religious affiliation in influencing adolescents' sexual attitudes and behaviour.

Table 3.
Correlation test result

Variable	Sexuality
Religiosity	0.64
Islamic beliefs	0.128*
Obligatory practice in Islam	0.008
Father-adolescents sexuality education	0.641**
Reproductive health education	0.600**
Risk education	0.330**
Mother-adolescents sexuality education	0.609**
Reproductive health education	0.560**
Risk education	0.417**
References of social media	0.257**
Positive references	0.216**
Negative references	0.153**
Peer attachment	0.770**
Trust	0.452**
Closeness	0.533**
Involvement	0.554**
Guidance	0.566**

Note: *significant at $p < 0.05$, **significant at $p < 0.01$.

The variables of sexuality education carried out by fathers and mothers, references to social media and peer attachment, and their respective dimensions also have a significant positive correlation with adolescent sexuality. This means that the higher the sex education carried out by fathers and mothers, both reproductive health education and education about risks, the higher adolescents' understanding of good and correct sexuality. The more adolescents get positive references on social media and the higher adolescents control negative references on social media, the higher they understand good and correct sexuality. Likewise, the higher the attachment of peers, both in the dimensions of trust, closeness, involvement, and guidance, the higher the adolescent's understanding of good and correct sexuality.

Factors that Influence Adolescent Sexuality

The validity and reliability analysis results showed that the AVE value was ≥ 0.50 , the composite reliability value was ≥ 0.70 , and the SRMR value was ≥ 0.10 . These results mean that the measurement model meets the good fit criteria and has good validity and reliability. The research model hypothesis test uses a significance of 0.05 (95% confidence level), indicating that religiosity has a significant positive effect on references of social media, sexuality education variable carried out by fathers and mothers has a significant positive effect on peer attachment, references of social media and peer attachment have a significant positive effect on adolescent sexuality. This means that the higher the adolescent's religiosity, the higher positive references on social media they get, and

the higher the control of negative references on social media they have. The more sex education carried out by fathers and mothers, the more the attachment to peers. The higher peer attachment and references from social media, the more directly the adolescents' understanding of good and correct sexuality will increase.

Table 4.
The effect test result

Direct effect	Path coefficient	T-values	P-values
Religiosity → References of social media	0.329**	5.320**	0.000**
Mother-adolescents sexuality education → Peer Attachment	0.194**	2.283**	0.024**
Father-adolescent sexuality education → Peer Attachment	0.454**	5.150**	0.000**
References of social media → Sexuality	0.190**	3.573**	0.000**
Peer Attachment → Sexuality	0.625**	12.572**	0.000**
Specific indirect effect	Path coefficient	T-values	P-values
Religiosity → References of social media → Sexuality	0.063**	2.945**	0.004**
Father-adolescents sexuality education → Peer attachment → Sexuality	0.283**	4.606**	0.000**
Mother-adolescents sexuality education → Peer attachment → Sexuality	0.121**	2.234**	0.027**

Note: **significant at $p < 0.05$.

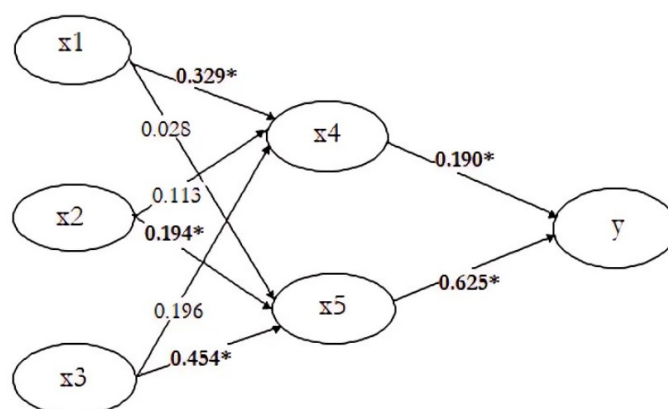
The results of this study found that, through references from social media, religiosity indirectly effect adolescent sexuality. This shows that the better the understanding and practice of Islam by adolescents, which is driven by adolescents' self-control regarding good social media references, the better the adolescents' understanding of good and correct sexuality will be. The results of this study also are in line with Sekar Arumi & Faradilla's (2023) research that contributes to premarital sexual research by explaining that religiosity does not reduce premarital sexual behavior if the person is permissive or has a supportive attitude towards it. In this study, the attitude can be influenced by references of social media.

Sexuality education carried out by fathers and mothers significantly positively affects peer attachment. These results show that the better the sex education carried out by fathers and mothers, the better the peer attachment between adolescents will be in relation to a good and correct understanding of sexuality. Lansford (2021) discusses parental education's influence on peer attachment, who says that parents can influence adolescents' peer relationships indirectly through parent-adolescent relationships and directly through mediation, education, and providing advice to adolescents regarding their same age relationships. Adolescents learn a lot from their parents about many things, for example, regulating emotions, solving problems and conflicts, or sharing the values they get from their parents with their peers. Included in the context of this research is information about good and correct sexuality to their peers. Miller et al. (1998), which found that, for both male and female adolescents, the quality of parent-adolescent communication regarding sexuality had no direct effect on adolescent sexual behavior. However, there was a significant indirect effect through the sexual value that adolescents believe.

Peer attachment is also a mediator of sex education carried out by fathers and mothers so both have a significant indirect effect on adolescent sexuality. This means that better sexuality education carried out by fathers and mothers will have a significant influence on adolescents'

understanding of good and correct sexuality if it is encouraged by the better peer attachment that occurs among adolescents.

The results of the influence test show that the references from social media have a significant positive effect on adolescent sexuality. This means that the better control adolescents have in using social media, the better their sexuality will be. This research is in line with research by Shashi Kumar et al. (2013) on 586 Indian male and female adolescents in grades 9 to 12, which found a strong positive correlation between sexual interactions and unsupervised internet use among male adolescents. Research by Van Ouytsel et al. (2014) also found that adolescents' sexting habits were closely correlated with pornography consumption, age, gender, school path, and internet use. Laporte et al. (2020) also said that various types of sexual content on social media influence a person's sexual behavior in different ways.



Note: $x1$ = Religiosity, $x2$ = Mother-adolescent sexuality education, $x3$ = Father-adolescent sexuality education, $x4$ = References of social media, $x5$ = Peer attachment, y = Adolescents sexuality.

Figure 7.
The result of structural equation modeling

It was also found that peer attachment had a significant positive effect on adolescent sexuality. This means that the better the quality of peer attachment, the better the adolescent's sexuality will be. The more adolescents open up with their peers about complaints, share stories about people they like, closely discuss the dangers of adultery and unwanted pregnancies, get involved in inviting positive activities and helping peers understand reproductive health, and limiting correlations with the opposite sex, and adolescents follow the positive behavior of their peers regarding limits on correlations with the opposite sex, staying away from pornographic content, this will make adolescents have better sexuality. This research is in line with Peci, (2017), who found that adolescents are more likely to have sex if their friends and peers are older, use alcohol or drugs, or engage in other harmful behaviors. Likewise, they were more likely to have sex if they believed their friends had more positive attitudes toward childbearing, holding permissive values about sex. Bingenheimer et al. (2015) also found that affiliation with antisocial peers and perceiving peer norms as supportive of sex directly increased the likelihood that adolescents engaged in sexual activity for the first time.

Based on the results of the analysis of the influence model of religiosity, parent-adolescent sexuality education, references from social media, and peer attachment on adolescent sexuality, an R-Square value of 0.457 was obtained explain in Figure 7. It can be interpreted that the independent

latent variable in this study influences adolescent sexuality by 45.7%. was obtained in Figure 7. It can be interpreted that the independent latent variable in this study influences adolescent sexuality by 45.7%. Meanwhile, the remaining 54.3% was influenced by other variables outside this research.

CONCLUSION

The average age of adolescents is 16.23 years. The average age of the father and mother is 43.33 years and 42.97 years, respectively. The average length of education of fathers and mothers is 10.82 years and 10.35 years, respectively, equivalent to high school. The average family income is IDR 4,836,388. Adolescents in this study had high religiosity. Father's sexuality education is categorized as low. Mother's sexuality education is categorized as moderate. References of social media and peer attachment are categorized as moderate.

The research results also show that the variables of religiosity, father's sexuality education, and mother's sexuality education have a significant positive indirect effect on adolescents' sexuality. This means that the better the religiosity and sexuality education carried out by parents to adolescents the adolescents' references from social media, the better the adolescents' sexuality will be. References of social media and peer attachment have a significant positive effect on adolescents' sexuality. This means that the better the references from social media and peer attachment, the better the adolescents' sexuality will be.

This research discusses sexuality with a new discourse, not only discussing premarital sex but also gender identity, gender expression, sexual orientation, and sexual ideology with Islamic values. The limitations of this research are that the research does not specify the social media used by adolescents, does not specify the sexual behavior carried out by adolescents, and sexuality education is only based on adolescents' perceptions of the education provided by their parents, and not vice versa.

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