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**THE RELATIONSHIP BETWEEN TEACHER ATTITUDES
OF SEXUAL EDUCATION TOWARDS ADOLESCENTS AND
THE IMPLEMENTATION OF SEXUAL EDUCATION AT THE STATE OF
JUNIOR HIGH SCHOOL (SMPN) 1 PAJANGAN BANTUL 2013**

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Abstract

This paper was aimed to investigate the correlation between teacher attitudes of sexual education and the implementation of sexual education towards adolescents at school. Data was collected from the survey in 2013 and 29 teachers of Junior High School were recruited as the sample of this correlational study. The instrument used self-answered questionnaires. The result of this study reveals that there is a significant correlation between teacher attitudes of sexual education towards adolescents and implementation of sexual education at school.

Key words: teacher attitudes, implementation, sexual education, adolescents

INTRODUCTION

Teenagers are the largest population, one of six populations in the world is teenager and 85% of them live in the developing countries. Teens have a vulnerability to sexual and reproductive health, so requiring the right information about the development of sexuality (Wahyumi & Rahmadewi, 2010). During the early adolescence, the internal factors are related to the maturity of sexual organs encouraging them to satisfy those needs. Parents and teachers are lack of understanding and concerning well. Moreover they tend to be harsh, so it causes disputing, being alone and indifferent behaviours (Joseph, 2011).

One cause of the various problems in adolescents is the lack of the right sexual knowledge. This problem happens because of the less parents control and sexual education from the school and other institutions, in the other hands the variety of sexual informations from mass media that is not related to prevailing norms and ethics are adopted by adolescents (Kisara, 2012). Sexual educations are not taught in the school. They will have a negative impact on the psychological development of children, causing feelings of worry, guilt, and excessive within the children. Sexual educations are not given to the teenagers. They will also cause teens more curious and try the new things that can mislead teens in unhealthy sexual behavior (At-Tihami, 2004).

The results of survey were conducted IDHS (2007), the knowledge of 15-24 years about reproductive health is still low, 21% girl teenagers do not know at all the changes that occur in adolescent boys during puberty. Adolescent knowledge about the fertile period is still relatively low. Only 29% girls and 32% boys gave correct answers that a girl has a great chance of becoming pregnant in the middle of cycle menstrual periode.

Ideally sexual educations are given by the parents, in fact the delivery of sexual educations by parents have many obstacles, so the teachers/educators will have an important role in the school. Teenagers are already in high school generally spending time about 7 hours a day in school for 87.5 % urban teenagers in junior high school and 66 % urban adolescents in senior high school. School is a place that is able to provide the sexual educations to young people in Indonesia. Nearly a third of their time each day is passed in school so the school influences on the development of adolescent soul is quite large (Sarwono, 2011).

Results of research conducted by Zeknik and Kim (1982) stated that adolescents who had received sexual educations rarely tend to do sex, than had not got sexual educations (Sarwono, 2011). Another study was conducted by Faidah (2009) showed that reproductive health education model has positive response by students. Student responses indicate reproductive health education become meaningful learning process for students because they are interested in studying the content.

Attitude is a reaction or response from someone. It's still covered to a stimulus (Notoatmodjo, 2007). Attitudes will affect human behavior (Anwar, 2011). The teacher attitudes tend to ignore the interest in sexual educations and deny the suggestion that every student should be given information about the sexual world. The attitude of the teachers that are still taboo in delivering sexual education in schools is also one of the factors that influence teacher behaviors do not implement sex education in schools, whereas the school is a very appropriate place of education in preventing adolescent sexual deviance (Sarwono, 2011).

Considering taboo sexual culture for some people in Indonesia is deservedly discussed privately by an adult. Sexual education is controversial in all circles, among the government, societies, parents, and teachers who have duty to students, especially teenagers in school. There are pros and cons attitude led to the implementation of sexual education in schools are also experiencing a lot of obstacles (Rahman, 2011).

Educational curriculum in Indonesia adopts a single system that is the national curriculum. Sexual education has not been incorporated into the curriculum in Indonesia because of the persistence of the controversy associated with the implementation of sex education in schools (Sarwono, 2011). Sexual education was associated nearly-related to subjects such as biology, religions, and sports. The changing of educational curriculum proclaimed in 2013 is based on character education entered into all subjects, so each teacher will be equipped training in providing character education to learners (Kemendikbud, 2013). Character education is expected to be a good breakthrough for improving the quality of the role of educators in schools that are not only carrying the responsibility of teaching the subject of matter but also giving attention to create the generation.

The verse of Quran also explains the importance of teacher roles in providing good advices to their students that is found in the surah Al - A'raf verse 62:

أُبَلِّغُكُمْ رِسَالَاتِ رَبِّي وَأَنَا لَكُمْ نَاصِحٌ أَمِينٌ ﴿٦٢﴾

"I convey to you the messages of my Lord and advise you; and I know from Allah what you do not know"

Parents and teachers are companion figure when the children are doing their daily activities. They are very dominant role and determine the quality life of children in the future, so it is important for them to know and understand the problems and health disorders in school-age are quite extensive and complex. Increasing the attention to the health of school-age, is expected to create Indonesian school-age are smart, healthy and achievers (Ananto, 2006).

Health care efforts in schools focused on promotive, preventive, curative, and rehabilitative are conducted to the students and the school community. Generally that is coordinated by the coach of School Health Center (UKS) and supervised by Public Health Center (PUSKESMAS) for improving student & UKS health levels optimally (Ananto, 2006).

Teachers and the various health professionals such as physicians, dietitians and paramedics have important role of School Health Center (UKS) implementation. School Health Center (UKS) implementation in school also requires cooperation of all stakeholders, among teachers, students, and parents. School Health Center (UKS) has three programs as known as TRIAS UKS are Health Education, Health Services and Healthy School Environment (Ananto, 2006).

The results of a preliminary study in SMPN 1 Pajangan - Bantul, Yogyakarta showed that the school does not have a coherent policy regarding to the existence of sexual education for students. According to a statement from the Vice Principal, sexual education was based on biology and Religious Education. Only few teachers who have implemented sexual education in schools, based on the phenomenon above, the researchers are interested in studying the relationship between teacher attitudes of sexual education and the implementation of sexual education in SMPN 1 Pajangan-Bantul, Yogyakarta in 2013.

The aim of this study is to know the relationship between teacher attitudes of sexual education in adolescents and the implementation of sexual education in SMPN 1 Pajangan – Bantul, Yogyakarta in 2013.

RESEARCH METHOD

This research is an analytic survey research with cross sectional designed by using a quantitative approach. The populations of this study were all teachers who teach in SMPN 1 Pajangan Bantul in 2013. Sampling technique used 29 teachers sampling total. The instrument in this study is a questionnaire and interview guidences.

RESULT AND DISCUSSION

a. The teacher attitudes about sexual education

Table 1. The Teacher Attitudes of Sexual Education toward Teens

Teacher Attitudes	F	%
Less	3	10,34%
Enough	11	37,93%
Good	15	51,72%
Total	29	100%

Table 2. Cross Tabulation Characteristics Respondent of the Teacher Attitudes of Sexual Education toward Adolescents

Teacher Characteristics	Teacher Attitudes						Total	%
	Less	%	Enough	%	Good	%		
1 Age								
<35 Years	0	0	1	3.4	2	6.9	3	10.3
35-49 Years	1	3.4	3	10.3	5	17.2	9	31.0
50-60 Years	2	6.9	7	24.1	8	27.6	17	58.6
Number	3	10.3	11	37.9	15	51.7	29	100
2 Education								
S1	2	6.9	10	34.5	14	48.3	26	86.9
D3	1	3.4	1	3.4	1	3.4	3	10.3
Number	2	6.9	11	37.9	15	51.7	29	100

3	Experiance								
	<10 Years	0	0	1	3.4	3	10.3	4	13.8
	10-29 Years	2	6.9	4	13.8	10	34.5	17	55.2
	≥30 Years	1	3.4	6	20.7	2	6.9	9	31.0
	Number	3	10.3	11	37.9	15	51.7	29	100
4	Religion								
	Moslem	3	10.3	10	34.5	12	41.4	25	86.2
	Catholic	0	0	1	3.4	2	6.9	3	10.3
	Christian	0	0	0	0	1	3.4	1	3.4
	Number	3	10.3	11	37.9	15	51.7	29	100
5	Teacher of Trustees								
	OSIS	0	0	3	10.3	1	3.4	4	13.8
	Scout	1	3.4	1	3.4	4	13.8	6	20.7
	UKS	0	0	1	3.4	1	3.4	2	6.9
	Unprecedented	2	6.9	6	20.7	9	31.0	17	58.6
	Number	3	10.3	11	37.9	15	51.7	29	100

The results of this study indicated that the majority of teacher attitudes of sexual education in both categories as many as 15 respondents (51.72 %), but there are still among the teachers who have not approved the implementation of sexual education is the teacher attitudes in the unfavorable category as much as 3 teachers (10.34%). Based on Cross-Tabulations of Age Characteristics of the respondents with the teacher attitudes in the poor category, there are 2 teachers (6.9%) elderly (50-60 years). Teachers who are elderly have a negative attitude towards sexual education, because of the lack of knowledge and cultural values are very strong in Indonesia to cover up information about sex to teens.

In Indonesian culture that sex evolved for some people, just deserved discussed privately by an adult. Sexual education is controversial in all circles, both from the government, societies, parents, and teachers as teachers who have obligations to students, especially teenagers in school. The teacher attitudes tend to ignore the interests of sexual education, and deny the suggestion that every student should be given information about the sexual world (Sarwono, 2011). Anwar (2011) adds that the culture has an important impact in the building of individual attitudes. People have a certain pattern of behavior and attitude as it gets reinforcement or reward from the society to the attitude and behavior.

Table 2 shows that respondents who have teaching experience around 10-29 years of in good categories by 10 respondents (34.5%). Years of experience in teaching teachers increase the knowledge about the importance of sexual education, so teachers tend to have a good attitude about sexual education. The respondents who have good attitude of sexual education had foster UKS activities in good categories as one respondent (3.4%). The involvement of teachers become coaches of UKS (School Health Center) to improve the understanding of the importance of health education within the school, so the experience of being a coach of UKS can affect the building of attitudes of teachers.

Table 2 shows that most respondents who have an attitude about sexual education to teenagers are Bachelor Degree (S-1) in good categories are 14 respondents (48.3%). The respondents who have a religious attitude about sexual education to adolescents in good Muslim respondents in good categories were 12 respondents (41.4%). People who have higher education and have good spiritual values will tend to have good attitudes.

This study agrees with Anwar (2011) which states that the experience, education, and

religion can affect a person's attitude as religious institutions and lay the groundwork sense and moral concepts within the individual. The attitude will be easily formed when personal experiences involving emotional factors. Someone who has already experienced tend to have stable emotions.

b. The Implementation of Sexual Education in SMPN1 Pajangan

Table 3. The Implementation of Sexual Education in SMPN1 Pajangan

The Implementation of Sex Education	F	%
Less	13	44,83%
Enough	10	34,48%
Good	6	20,69%
Total	29	100,00%

Table 4. Cross Tabulation Characteristics Respondent of the Sexual Education Implementation

Characteristics	Application of Sexual Education						Total	%
	Less	%	Enough	%	Good	%		
1 Age								
<35 Years	2	6.9	0	0	1	3.4	3	10.3
35-49 Years	5	17.2	3	10.3	1	3.4	9	31.0
50-60 Years	6	20.7	7	24.1	4	13.8	17	58.6
Number	13	44.8	10	34.5	6	20.7	29	100
2 Education								
S1	12	41.4	9	31.0	5	17.2	26	86.9
D3	1	3.4	1	3.4	1	3.4	3	10.3
Number	2	6.9	11	37.9	15	51.7	29	100
3 Experience								
<10 Years	3	10.3	0	0	1	3.4	4	13.8
10-29 Years	7	24.1	6	20.7	3	10.3	16	55.2
≥30 Years	3	10.3	4	13.8	2	6.9	9	31.0
Number	13	44.8	10	34.5	6	20.7	29	100
4 Religion								
Moslem	11	37.9	8	27.6	6	20.7	25	86.2
Catholic	1	3.4	2	6.9	0	0	3	10.3
Christian	1	3.4	0	0%	0	0	1	3.4
Number	3	10.3	11	37.9	15	51.7	29	100
5 Teacher of Trustees								
OSIS	1	3.4	2	6.9	1	3.4	4	13.8
Scout	2	6.9	3	10.3	1	3.4	6	20.7
UKS	1	3.4	1	3.4	0	0	2	6.9
Unprecedented	9	31.0	4	13.8	4	13.8	17	58.6
Number	13	44.8	10	34.5	6	20.7	29	100

The results of this study indicate that the sexual education implementation of teachers in SMP 1 Pajangan, most of them are in the unfavorable category as many as 13 teachers (44.83%), quite category is as many as 10 teachers (34.48%) and good categories is 6 teachers (20.69%). The results of this study can be concluded that only a small portion that is 6 teachers

(20.69%) which have properly implemented sexual education, while the most of them are 23 teachers (79.31%) must encourage their spirits to provide sexual education in the school. The lack implementation of sexual education can be caused by the influence of powerful Javanese Culture by considering taboo of sexual information then causing the negative teacher attitudes tend not to do implement sexual education. Notoatmodjo (2007) adds that one of the factors that influence the behavior and attitude is the culture or mindset of people. The powerful values of society can influence human behavior.

Table 4 shows that the implementation of sexual education in the poor category, the highest is in the elderly (50-60 years) as many as 6 teachers (20.7%). Elderly people tend to have negative attitudes towards sexual education, because of the powerful culture influence in the past that are not offset by current knowledge. Negative attitudes of teachers who still lead the implementation of sexual education in schools are also less than the maximum.

These results agree with Muflihati (2010) states that the implementation of sexual education in schools is not optimum. The limited time for teachers in presenting the material ARH (Adolescent Reproductive Health) and the teachers who have not trained in delivering ARH education is one of the causes of this problem.

Sexual education has not been incorporated into the curriculum in Indonesia because there is still controversy over the application of sexual education in schools (Sarwono, 2011). The SMPN 1 Pajangan follows the national curriculum that included only sexual education in some subjects such as Biology and Sports. It has not integrated in all subjects, so that the implementation of sexual education in schools is not optimum. This study agrees with Notoatmodjo (2007) that the influence factor is behaviour to drive the education curriculum.

The changing of educational curriculum in 2013 is based on character education entered into all subjects, so each teacher will be equipped training in providing character education to learners (Kemendikbud, 2013). Sexual education is one of the characteristic educational, so that students have the positive social and sexual behavior. Training included character education in all subjects expected to enhance the role and quality of teachers as educators and participate in the moral message of sexual education.

Table 4 shows that respondents who have teaching experience around 10-29 years in Less Categories (A) are 7 respondents (24.1%). The result of this study shows that the implementation of sexual education is still lack for the teachers who have years of experience. Years of experience should be able to increase the psychological confidence to deliver sexual education for students. This study shows different results, it is possible for teachers who have teaching experience in their respective fields so that teachers tend to do not ever implement sexual education for students.

Table 4 shows that respondents implement sexual education in schools in poor Muslim respondents in Less Categories (A) are 11 respondents (37.9%). The results of this study indicate that the majority of Moslem teachers who also give less attention in the implementation of sexual education. Islam teaches that every human being has a duty to counsel- advised mutual among others. Islamic teachings also defined that sexual education can not be separated from religion and even to be fully built on the foundation of religion.

Implementation of health education in schools is imposed to the UKS coach team as the coordinator is responsible of health in the school. This study shows that the respondents who implement sexual education in the schools in the less category, most of them had never coach extracurricular activities as much as 9 respondents (31.0%) and respondents who never develop their own UKS in the less category is one teacher (3.4%), so the implementation of sexual education outside the classroom activities in SMP N 1 Pajangan is not optimum.

The implementation of sexual education is not optimum according to the teacher's narrative UKS Trustees as follows:

"There is no program that UKS related to the reproductive health, the most simply through

subjects such as biology teacher who is associated with sexual education"

The interview results confirms that the School Health Center (UKS) in SMPN 1 Pajangan does not apply three TRIAS UKS are health of education, health provider, and healthy school environment, so the implementing of health education especially the reproductive of health is not optimum.

Table 4 shows that 12 respondents (41.4%) who had recent education in Bachelor degree (S-1) is in the less category. The different teacher's education are possible tend to the teacher to chose conveying the subject which must be delivered than providing sexual education, because the teachers do not understand about sexual education. Sarwono (2011) adds that teachers tend to ignore the interests of sexual education by the reasons that delivering of information about sex is not their responsibility.

The analysis of the implementation of sexual education questionnaires show that the statement of implementing of sexual education has the lowest presentages. Those are conducted teachers to the students by explaining about menstuation cycles and nocturnal emission outside class.

Sexual education is not taught in school, it will get negative impact of developing psychological children, it causes arising of worried feelings, guilty, and excessive within the children (At-Tihami, 2004).

The results of this research are consistent with the results of a survey that was conducted by Indonesian Demography & Health Survey in 2012, the knowledge of 15-24 adolescents about the health of reproductive is still low, 21% of girls do not know at all the changing that occur in adolescent boys during puberty. The knowledge of adolescent about fertility is relatively low.

Stephenson et al (2004) also states in his research that adolescent women aged 16 years who had received sexual education, significantly fewer reported sex and the incidence of unintended pregnancy is less than the group that did not receive sexual education.

c. The relationship between the teacher attitudes of sexual education toward adolescent and the implementation of sexual education in SMPN 1 Pajangan.

Table 5. The relationship between the teacher attitudes of sexual education and the implementation of sexual education in SMPN 1 Pajangan.

Teacher Attitudes	Application of sex education						Total	%	p-value	ρ
	Less	%	Enough	%	Good	%				
Less	3	10,3	0	0	0	0	3	10,3	0,02	0,430
Enough	5	17,2	6	20,7	0	0	11	37,9		
Good	5	17,2	4	13,8	6	20,7	15	51,7		
Total	13	44,8	10	34,5	6	20,7	29	100		

Research conducted provide results that are statistically significant, the relationship between the teacher attitudes of sexual education and the implementation of sexual education in schools because it has a p value= 0.02 ($p < 0.05$), so it can be concluded that the null hypothesis is rejected or H_0 and H_a accepted. The results of this study show that the better attitude of respondents, so there is a better tendency to be better of the implementation of sexual education does.

The results of this study also showed that most teachers have an attitude about sex education and sex education are already applying in the category good enough and as many as six teachers (20.7%), but there are still a few others less so teacher attitude led to the application

of sex education The schools in the less category as many as 3 teachers (10.3 %). The lack of teachers in delivering sexual education can be caused by over job of teachers so it causes many teacher attitudes tend to disagree when implement sexual education in the school. The powerful influence of cultural values is to cover the information about sex to teens may also tend to lead the negative attitudes of teachers. The teacher attitudes are still less likely to cause the implication of sexual education is not optimum.

The positive teacher attitude is one of the teacher roles in providing of sexual education to teenagers. Attitude will affect the occurrence of human behavior (Hidayat, 2009). As good as the attitude of teachers in implementing sexual education will have a positive impact similarly conveyed the information about free sex among teenagers, so it will increase their knowledge. Good knowledge of sex in teenagers will prevent teens from sexual behavior that deviates (Sarwono, 2011).

Allen et al (2004) in his study also mentions that the majority of parents and teens agreed sexual education is implemented in the school. Both of these groups realize that sexual education is more than just biology. Both schools and parents have a role as a family, parents, personal relationships, feelings, emotions, and understanding of the opposite gender. The parents do not realize themselves leaving the rights or duties, but assuming as partner of schools to have cooperation involving an important aspect for their children.

Mellanby et al (2013) in his research shows that the implementation of sexual education in the school can cooperate with medical personnel to improve knowledge of adolescent sexual behavior and increase positive changes. In Indonesia, health education in the school can be conducted through the related subjects as well as through School Health Center supervised by Public Health Center.

The results of this study also show that there is the attitude of teachers in enough and good category by less implementing sexual education are 10 people (34.4%). The results of this study explained that there was a positive teacher attitude by implementation of sexual education for the student is still not good. The implementation of sexual education is not optimum that can be influenced by other factors besides human behavior.

This study agrees with Notoatmodjo (2007) that the implementation of sex education that is less than the maximum possible because of the Indonesian cultural factors are still considering taboo information about sex to teenagers, the absence of government policy on sex education in schools, and maximal utilization of existing reproductive health services . Anjarwati et al (2010) in her study showed that 83.3 % of students have never utilized the services provider of adolescent health of reproductive center.

The results of these researches are consistent with the result of interviews conducted by the steering committee that the barriers to the implementation of health reproductive education in school is expressed by UKS coach team as follows: "It takes a lot of people who are not so much focused on the other tasks"

The barriers to implementation of UKS at SMPN 1 Pajangan are over job of UKS steering committee causes the implementation of UKS programs is not optimum at this school. Muflihati (2010) in her study also showed that the implementation of sexual education in school is not optimum because of time and lack of training for teachers.

CONCLUSION AND SUGGESTION

Most of the teacher attitudes of sexual education toward good adolescent are 15 people (51, 72%). Most of the implementation of sexual education in schools conducted by teachers in the less categories (A) are 13 people (44, 83%). This study showed there is statistical relationship between teacher attitudes of sexual education toward adolescents and the implementation of sexual education in SMPN 1 Pajangan, Bantul by p value= 0.02 (p<0.05).

Schools should be able to provide the integration policy of sexual education into subjects or special programs for students to increase their knowledge about reproductive health for students. Schools also can establish cooperation with the local health center in planning reproductive health programs in the school and the parents of students can assist the implementation of sexual education at home, so the providing of sexual education can run optimally. Schools can further activate the UKS programs in order to increase students' knowledge about reproductive health, especially outside the classroom because it is based on the results of this study, the implementation of sexual education outside the classroom is not optimum. Government should be able to facilitate the training of health workers and teachers in providing sexual education, so that they can inform to parents about sexual education for adolescents.

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