

THE CORRELATION BETWEEN MENTAL HEALTH AND SOCIAL ASPECTS WITH ADOLESCENT SEXUAL BEHAVIOUR

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ABSTRAK: HUBUNGAN KESEHATAN MENTAL DAN ASPEK SOSIAL DENGAN PERILAKU SEKSUAL REMAJA

Latar Belakang: Masa remaja yang merupakan periode transisi yang rentan terhadap gangguan kesehatan mental dan aspek sosial yang dapat mempengaruhi pengambilan keputusan termasuk perilaku seksual. Tingginya angka perilaku seks pranikah pada remaja menjadi perhatian serius bagi dunia pendidikan dan kesehatan.

Tujuan: Untuk mengetahui hubungan antara kesehatan mental dan aspek sosial dengan perilaku seksual pada remaja di SMKN X Gunung Jati Kabupaten Cirebon tahun 2025.

Metode: Menggunakan pendekatan kuantitatif dengan desain *cross-sectional*. Sampel dipilih menggunakan teknik *proportional random sampling* dengan jumlah responden 216 orang. Instrumen yang digunakan adalah kuesioner DASS-21, kuesioner peran teman sebaya dan kuesioner perilaku seksual. Analisis data menggunakan uji *Spearman Rank Correlation*.

Hasil: Menunjukkan bahwa terdapat korelasi positif berkekuatan lemah antara kesehatan mental dengan perilaku seksual remaja ($p\text{-value } 0,000 < 0,05$, $p \text{ } 0,236 ; 0,255 ; 0,236$) dan korelasi negatif dengan kekuatan lemah antara aspek sosial (peran teman sebaya) dengan perilaku seksual remaja ($p\text{-value } 0,004 < 0,05$, $p - 0,196$).

Kesimpulan: Kesehatan mental dan Aspek sosial memiliki peran penting dalam membentuk perilaku seksual remaja.

Saran: Upaya preventif melalui edukasi kesehatan mental, pembentukan *peer support group* dan konseling remaja perlu dilakukan di lingkungan sekolah.

Kata Kunci : Kesehatan Mental, Aspek Sosial, Perilaku Seksual Remaja

ABSTRACT

Background: Adolescence is a transitional period vulnerable to mental health disorders and social aspects that can influence decision-making, including sexual behavior. The high rate of premarital sex among adolescents is a serious concern for the world of education and health

Purpose: The purpose of this study was to determine the relationship between mental health and social aspects and sexual behavior in adolescents at State Vocational Highschool X Gunung Jati, Cirebon Regency, 2025.

Methods: This research used a quantitative approach with a cross-sectional design. The sample was selected using proportional random sampling, with 216 respondents. The instruments used were the DASS-21 questionnaire, the peer role questionnaire, and the sexual behavior questionnaire. Data were analyzed using the Spearman Rank Correlation test.

Results: The results show a weak positive correlation between mental health and adolescent sexual behavior ($p\text{-value } < 0.05$, $p \text{ } 0.236; 0.255; 0.236$), and a weak negative correlation between social aspects (peer relationships) and adolescent sexual behavior ($p\text{-value } < 0.05$, $p - 0.196$).

Conclusion: Mental health and social aspects play a significant role in shaping adolescent sexual behavior.

Suggestions: Preventive efforts through mental health education, the formation of peer support groups, and adolescent counseling are necessary in the school environment

Keywords: Mental Health, Social Aspects, Adolescent Sexual Behaviour

INTRODUCTION

According to the World Health Organization (WHO), adolescence is considered a transitional period in human development during which adolescents gradually reach sexual maturity, experience psychological changes from childhood to adulthood, and experience economic changes from dependence to relative independence. This phase is considered vulnerable to deviant behavior (Ardiansyah, 2022). Information from Head of the National Population and Family Planning Agency (BKKBN), the incidence of adolescents aged 15-19 in Indonesia engaging in promiscuous and risky premarital sex is increasing (Kautsar, 2024). According to the BKKBN's Adolescent Resilience Index Survey, approximately 59% of women aged 15-19 and 74% of men have their first sexual intercourse consciously and voluntarily, with a high percentage having their first sexual intercourse (Irsyad et al. 2023).

According to an Adolescent Health Counselor, the most common adolescent problems in Cirebon Regency are violence, drug use, and casual sex, the impacts of which are dangerous or risky for adolescents and their future. (Ramdhani, 2023). Data from the Cirebon Regency Population and Civil Registration Office in 2021 showed that 638 children married under the age of 18. Predisposing factors included premarital pregnancy due to promiscuity (premarital sexual behavior), social factors including peer influence and gadget use, and inappropriate parenting patterns, which disrupt adolescents' educational and mental development (Mursid, 2021).

Based to the 2023 Indonesia-National Adolescent Mental Health Survey (I-NAMHS), the prevalence of mental health problems in Indonesia is 15.5 million, or 1 in 3 adolescents (34.9%). This figure clearly indicates that mental health issues experienced by adolescents require special attention, given the numerous concerning incidents among today's young generation, such as bullying, suicidal tendencies, and the tendency to engage in deviant and risky sexual behavior. Risky Sexual Behavior (RSB) is a harmful sexual act that results in long-term, unintended negative consequences (Ashari et al., 2019). It's not uncommon for today's adolescents to proudly publicize and openly display their unsavory dating styles when observed. Consequently, mental health is essential to prevent such incidents from recurring in future generations (Sari and Nurdini, 2022).

Empirical evidence indicates that internal factors related to mental health, such as stress, depression, and anxiety, are significantly associated

with increased risky sexual behavior in adolescents. A study in a suburban community in Southwest Nigeria revealed that individuals with high levels of psychological distress were significantly at greater risk of multiple sexual partners and more likely to engage in risky sexual behavior (Folayan et al., 2021). A Swedish study confirmed that symptoms of anxiety and depression correlated with a higher number of sexual partners and lower contraceptive use (Karle et al., 2023). Various studies have also shown that external peer factors play a major role in driving sexual behavior in adolescents. A study in Cibinong found that peer influence was a dominant factor in risky sexual behavior (Arifianingsih et al. 2021). Research in Tegal also found that adolescents who received peer support were 1.75 times more likely to engage in premarital sex than those without (Pratiwi et al. 2018).

Given this phenomenon, the author was interested in conducting research on adolescents in Cirebon Regency to determine whether there was a significant relationship between mental health and social aspects and adolescent sexual behavior at State Vocational Highschool X Gunung Jati, Cirebon Regency, in 2025.

RESEARCH METHODS

This quantitative study uses a descriptive correlational analytical method. This study employed a cross-sectional approach using a questionnaire as a data collection technique. This research has an Inclusion Criteria that apply to the respondents, as: 11th-grade students majoring in Building Design and Information Technology, Craft Planning Design, Welding Engineering, Automotive Engineering and Animation at State Vocational Highschool X Gunung Jati, Cirebon Regency in 2025, The respondents willing to fill the informed consent to participate, and between the ages of 14 until 18 years old. The Exclusion Criteria is apply if: The respondents didn't answer the questionnaire completely, Respondents who were unable to attend while this research is started (due to permission such as illnesses, etc). The research location was at State Vocational Highschool X in Gunung Jati, Cirebon Regency and was conducted from July 17-25th, 2025. The research variables consist of the Independent Variable, which influences this study: Mental Health and Social Aspects, and the Dependent Variable, which influences this study: Adolescent Sexual Behavior. Based on calculations using the Slovin formula, with a population of 468 and a tolerance margin of 0.05 (5%), the required sample size for this study was 216 eleventh-grade adolescent students from five

different majors at State Vocational High School X Gunung Jati, Cirebon Regency in 2025. The proportional sampling technique resulted in 108 female respondents and 108 male respondents.

Univariate Analysis

Analysis of Mental Health Variables (Stress, Anxiety, and Depression)

Each respondent's mental health level was measured using the DASS-21 Questionnaire (Lovibond. P and Lovibond. S. H, 1995 in Arjanto, 2022). In the DASS-21 questionnaire, the answer scores need to be multiplied by 2 to calculate the final score and the categories are differentiated between indicators of stress, anxiety, and depression.

Analysis of Social Aspect (Peer) Variables

The research instrument used was adapted from the Kosati Questionnaire (2018) in Marshelia (2024). The score range for the Social Aspect (Peer Role) questionnaire is 10-40, with the lowest score being 10 and the highest being 40.

Analysis of Sexual Behavior Variables (Junita, 2017 in Purnama 2023)

- (a) Code 1: Non-risky behavior if questions 1-10 are answered "never"
- (b) Code 2: Risky behavior if questions 1-10 are answered "ever"

Bivariate Analysis

This analysis is conducted on two variables suspected of being related or correlated. To determine the relationship and prove the hypothesis of the relationship between two variables and the direction of the relationship when the variable data is ordinal-ordinal scale, the statistical test of the relationship use Spearman Rank Correlation ($-1 < \rho < 1$) if the ρ value = 0, this means there is no correlation/relationship between the independent and dependent variables. If the ρ value = +1 means there is a positive relationship between the independent and dependent variables, if the ρ value = -1 means there is a negative relationship between the independent and dependent variables. In other words, the "+" and "-" signs indicate the direction of the relationship between the variables being operated. The ρ value can also be interpreted as follows:

Table 1
Interpretating value of the Spearman Rank Correlation

ρ (rho) Value	Correlations Strength	Direction of Correlations
0,00 - 0,19	Very Weak	Positive / Negative according to the sign
0,20 - 0,39	Weak	Positive / Negative according to the sign
0,40 - 0,59	Moderate	Positive / Negative according to the sign
0,60 - 0,79	Strong	Positive / Negative according to the sign
0,80 - 1,00	Very Strong	Positive / Negative according to the sign

RESEARCH RESULTS

Table 2
Frequency Distribution of Respondents Ages

Ages Category	Frequency	Percentage
14 years old	1	0,46%
15 years old	33	15,28%
16 years old	133	61,57%
17 years old	46	21,30%
18 years old	3	1,39%

The demographic characteristics of respondents based on age criteria showed that the number of respondents dominated by the 16 years old age criteria with 133 people or 61.57% with 108 female respondents and 108 male respondents divided equally.

Univariate analysis

Respondent Characteristics Based on Mental Health in Adolescents at State Vocational Highschool X Gunung Jati, Cirebon Regency in 2025

- 1) Description of Stress Levels in Adolescents at State Vocational Highschool X Gunung Jati, Cirebon Regency in 2025

Table 3
Frequency Distribution of Respondents Stress Levels

Stress	Frequency	Percentage
Normal	138	63,9
Mild	29	13,4
Moderate	32	14,8
Severe	12	5,6
Very severe	5	2,3

- 2) Description of Anxiety Levels among adolescents at State Vocational Highschool X Gunung Jati, Cirebon Regency in 2025

Table 4

Frequency Distribution of Respondents Anxiety Levels

Anxiety	Frequency	Percentage
Mild	52	24,1
Mild	32	14,8
Moderate	64	29,6
Severe	24	11,1
Very severe	44	20,4

- 3) Description of Depression Levels in Adolescents at State Vocational Highschool X Gunung Jati, Cirebon Regency in 2025

Table 5

Frequency Distribution of Respondents Depression Levels

Depression	Frequency	Percentage
Normal	89	41,2
Mild	47	21,8
Moderate	52	24,1
Severe	21	9,7
Very severe	7	3,2

Overview of Social Aspects (Peer Group Roles) of Adolescents at State Vocational Highschool X Gunung Jati, Cirebon Regency in 2025

Table 6

Frequency Distribution of Respondents Peer Roles

Social Aspects (Peer Group Roles)	Frequency	Percentage
High	2	1
Moderate	42	19,4
Low	172	79,6

Description of Sexual Behavior among Adolescents at State Vocational Highschool X Gunung Jati, Cirebon Regency in 2025

Table 7

Frequency Distribution of Respondents Sexual Behavior Categories

Sexual Behaviours	Frequency	Percentage
No-Risk Behaviour	60	27,8
Low-Risk Behaviour	131	60,6
High-Risk Behaviour	25	11,6

Bivariate analysis

Correlations between Mental health and Sexual behaviour in Adolescents at State Vocational Highschool X Gunung Jati, Cirebon Regency in 2025

Table 8

Correlations between Stress and Sexual behaviour

Variables	Sexual Behaviour	
	<i>p-value</i>	P
Stress	0,000	0,236

Table 9

Correlations between Anxiety and Sexual behaviour

Variables	Sexual Behaviour	
	<i>p-value</i>	P
Anxiety	0,000	0,255

Table 10

Correlations between Depression and Sexual behaviour

Variables	Sexual Behaviour	
	<i>p-value</i>	P
Depression	0,000	0,236

Correlations between Social aspect with Sexual behaviour in Adolescents at State Vocational Highschool X Gunung Jati, Cirebon Regency in 2025

Table 11

Correlations between Peer group roles and Sexual behaviour

Variables	Sexual Behaviour	
	<i>p-value</i>	P
Social Aspect	0,004	-0,196

DISCUSSION

Based on the analysis results presented in Table 1, the largest number of respondents (138 respondents, representing 63.9%) had normal stress levels. This indicates that although most adolescents are in relatively good mental health (stress levels), some respondents still experience emotional distress. Physiologically, stress triggers activation of the HPA axis, which increases cortisol secretion. Chronically elevated cortisol can affect prefrontal cortex function, thereby decreasing impulse control (McEwen, 2007). This condition puts adolescents in a state of impulsivity, especially

in decision-making, including sexual behavior. In line with the theory of Alwi et al. (2023), stress in adolescents can be triggered by academic pressure, family conflict, and unhealthy social interactions. Unmanaged stress can lead to maladaptive coping, such as premarital sexual behavior.

The univariate analysis presented in Table 2 found that the majority of respondents (64 respondents) had moderate levels of anxiety. Stuart (2016) defines anxiety as a vague feeling of unease accompanied by excessive fear of uncertainty. Moderate levels of anxiety, which are predominantly found, reflect the general anxiety of this period, when adolescents face various uncertainties and demands on their identity (Dahlia et al., 2022). According to Tremolada et al. (2016), anxiety can weaken psychological defense mechanisms, leading individuals to seek diversions, often in unhealthy ways. From a neurobiological perspective, anxiety involves hyperactivity of the amygdala and decreased control of the prefrontal cortex (Etkin & Wager, 2007). This condition makes it easier for adolescents to seek escapes to reduce anxiety, one of which is through sexual behavior as a maladaptive coping mechanism (Dariotis & Chen, 2020). This aligns with the theory of Ali & Ari (2008), who explain that adolescence is a period of identity discovery that is prone to anxiety due to academic, social, and physical changes. Environmental factors, such as peer and family support, also influence anxiety levels.

The results of the univariate analysis presented in Table 3 indicate that the largest number of respondents, 89 (41.2%), had normal levels of depression. However, this indicates that some respondents were categorized as having mild to very severe depression. Decreased serotonin and dopamine levels in depressed individuals affect the brain's systems, leading to a predominance of instant gratification (including sexual behavior) as a form of self-soothing (Nestler & Carlezon, 2006). According to Ardiansyah (2022), depression in adolescents is often associated with feelings of loneliness, social rejection, or academic failure. This aligns with Beck's (1976) cognitive theory of depression, which explains that deep-rooted negative thoughts can interfere with motivation and decision-making. This condition can reduce self-control, making adolescents more susceptible to norm-violating behavior.

The results of the univariate analysis in Table 4 shows that the majority of peers played a low role, with 172 respondents (79.6%). Santrock (2011) emphasized that during adolescence, peer groups serve as a primary source of social

validation and behavioral reference. When group norms support promiscuous sexual behavior, individuals tend to follow suit to maintain their social status. Bandura's (1977) Social Learning Theory explains that behavior is learned through observation and imitation. If adolescents frequently observe their peers actively engaging in sexual behavior, they are more likely to imitate it. Peer group provide strong stimuli, norms, and social pressure for adolescents. Peers with permissive norms tend to increase the risk of risky sexual behavior (Pratiwi et al. 2018). On the other hand, peers who support positive values can serve as social protection against deviant behavior (Simawang et al. 2022; Kosati 2018). According to Arifianingsih et al. (2021), peers are one of the strongest agents of socialization during adolescence, influencing behavior, values, and lifestyle. Positive support can lead to healthy behavior, while negative influences can encourage deviant behavior.

In Table 3.5, 60.6% of adolescents, or 131 adolescents, in this study were identified as engaging in low-risk sexual behavior, which included physical activities such as holding hands, hugging, and kissing the face. Other respondents identified as engaging in high-risk sexual behavior were predominantly kissing on the lips/neck, touching, masturbation, petting, and intercourse. These figures support national findings by the National Population and Family Planning Agency (BKKBN) (Irsyad et al., 2024; Kautsar, 2024), which indicate that dating and sexual experimentation among Indonesian adolescents aged 15-19 have increased significantly over the past decade. Adolescent sexual behavior is influenced by the interaction of internal factors (biological drives, emotions) and external factors (social environment, media) (Sinaga, 2020). Consistent with Jessor's (1991) theory in the Psychosocial Framework for Risk Behavior, risk behavior is the result of a complex interaction of biological, psychological, social, and cultural factors. Sexual exploration is a normal part of adolescent development, but without adequate supervision and support, it has the potential to become risky behavior. According to Ashari et al. (2019) and Junita (2018), low reproductive knowledge, lack of social control, and weak mental health literacy contribute to the normalization of mild sexual behavior in adolescents.

The Spearman Rank Correlation test results show a weak positive correlation between stress ($p = 0.236$; $p < 0.05$), anxiety ($p = 0.255$; $p < 0.05$), and depression ($p = 0.236$; $p < 0.05$) and risky sexual behavior. The strength of the relationship

has been tested, consistent with Sugiyono's (2019) interpretation. In other words, increasing mental health disorders increase the likelihood of non-normative sexual behavior. This is consistent with maladaptive coping theory, where poorly managed stress leads to impulsive behavior, including sexual behavior (Dariotis & Chen, 2022; Hulland et al., 2015). In Indonesia, the Ministry of Health also confirms that psychological stress in adolescents due to academic and social pressures contributes to the increase in cases of premarital sex (Ardiansyah, 2022). Research by Folayan et al. (2021) and Karle et al. (2023) suggested that high psychological distress, specifically depression and anxiety, is correlated with risky sexual behavior and decreased contraceptive use. This occurs through decreased executive function due to prolonged exposure to cortisol. Anxiety triggers a need for emotional reassurance, which can be sought through physical intimacy, sometimes manifested in sexual activity. According to Arjanto (2022), individuals with anxiety have weak defense mechanisms, making them more easily tempted to seek diversion through instant means such as sexual behavior. These findings are also supported by studies by Jin et al. (2021) in China and Xu et al. (2022) in the UK, which found that adolescents with anxiety disorders are more likely to engage in risky sexual behavior. Adolescents with depression tend to feel helpless, lonely, and have low self-esteem, which can ultimately lead to a search for validation through sexual relationships. According to Kahn et al. (2015), low self-control is often found in adolescents with mental disorders, which is also associated with risky sexual behavior. Changes in the development of the prefrontal cortex, which influence decision-making and impulse control, are particularly significant during adolescence (Santrock, 2003). Vanderkruik et al. (2021), in a WHO systematic review, found that mental disorders such as depression are closely associated with an increased risk of unsafe sexual behavior. In Indonesia, Fariji et al. (2022) found that adolescents with depressive symptoms had a higher history of sexual activity than mentally healthy adolescents. In line with Jessor's (1991) theoretical model, adolescent risk behavior is influenced by the interaction of personal (psychological) factors, the social environment, and cultural norms. Therefore, strengthening mental health education in schools, improving communication with parents, and establishing healthy peer groups are crucial.

The Spearman Rank Correlation test found a weak negative relationship between social aspects and sexual behavior with $\rho = -0.196$; $p < 0.05$. This

means that the better the quality of an adolescent's social relationships (with peers, family, or the community), the less likely they are to engage in risky sexual behavior. Peers who provide positive support and strict norms can discourage risky sexual behavior. Arifianingsih et al. (2021) stated that socially healthy peers play a significant role in preventing deviant behavior, including sexual behavior. This finding is supported by Simawang et al. (2022) and Widyarini et al. (2019), who showed that effective communication within the social environment, including with family and peers, is a significant protective factor. Folayan et al. (2021) found that good social support (interpersonal support system) reduces the likelihood of adolescents engaging in impulsive sexual activity. Alwi et al. (2023) added that from a social epidemiology perspective, the environmental context of adolescents plays a vital role in modulating responses to psychological stress and behavioral decisions.

CONCLUSION

Based on the results of a study conducted on 216 eleventh-grade adolescent respondents at State Vocational Highschool X Gunung Jati, Cirebon Regency, adolescents with age on categorized 14-18 years old, the following conclusions can be drawn:

1. Most respondents had levels of mental health with: normal stress, moderate anxiety, and normal depression.
2. Most respondents had low levels of social factors (peer influence).
3. Most respondents engaged in low-risk sexual behavior.
4. There was a significant, weak positive correlation between mental health and sexual behavior.
5. There was a significant, weak negative correlation between social factors and sexual behavior.

SUGGESTION

Educational institutions are advised to conduct regular mental health education programs through counseling, psychological screenings, stress management classes, and the establishment of peer support groups such as PIK-R (Youth Information and Counseling Center) as part of a National Population and Family Planning Board (BKKBN) program. They also incorporate Islamic values through religious activities (spiritual studies, Dhuha prayer, and collective dhikr). Furthermore, educator capacity building should

include the ability to recognize emotional disorders and instill Islamic moral examples.

Adolescents are expected to improve their mental health literacy through seminars and trusted educational resources, develop positive skills such as exercise, yoga, meditation, and manage stress through Islamic methods such as dhikr, prayer, and voluntary worship. Adolescents should also maintain a healthy friendship environment, choose friends who encourage goodness, and have the courage to refuse invitations to risky behavior, in accordance with Islamic principles regarding the importance of choosing good friends.

Future research is recommended to expand the population to different age groups or contexts, using a combination of qualitative and quantitative methods, and exploring protective factors derived from family, social support, and religious beliefs, including Islamic spiritual practices (prayer, Quran recitation, prayer, and dhikr) as a bulwark against risky behaviors.

Health workers are advised to be more proactive in their promotion and prevention efforts through educational programs on adolescent mental and reproductive health using an Islamic approach, for example, introducing the concepts of *hifzh an-nafs* (protecting the soul) and *hifzh al-'irdh* (protecting self-respect). Cross-sector collaboration with schools, parents, and youth organizations is also crucial to create a conducive social environment, support mental health, and strengthen adolescents' Islamic faith and morals.

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