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# Sexual Rejection Model in Prevention of Pre-Marital Sexual Adolescent Girl in Banjarmasin City: A Cross Sectional Study

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***Abstract***

*Adolescents represent the backbone of a nation's future, yet misconduct among young women poses risks such as early pregnancy, abortion, stunted birth, and HIV/AIDS. This study leverages the Health Promotion Model (HPM) to explore factors influencing sexual rejection and the prevention of premarital sexual behavior. Conducted between August and October 2023 in Banjarmasin City, the research involved 147 high school girls selected via stratified random sampling, adhering to ethical guidelines and parental consent for minors. Key variables examined include age, dating history, knowledge, religiosity, perceived benefits, barriers, self-efficacy, and activity-related affect, alongside media exposure, commitment, and interpersonal influences from parents and the environment. Findings revealed significant associations between knowledge, religiosity, and cognitive factors like self-efficacy and activity-related af-fect, which influence sexual rejection. Media exposure, commitment, and interpersonal factors also emerged as pivotal. The study underscores the critical role of individual characteristics, specific behaviors, cognitive aspects, and immediate competing de-mands in fostering sexual rejection. It calls for robust support from families, communi-ties, and governments to promote reproductive health awareness, sexuality education, and self-restraint, equipping adolescents with persuasive communication skills to navigate challenges and prevent premarital sexual behavior.*

***Keywords:*** *Adolescent Girls, Banjarmasin, Premarital Sexual, Sexual Rejection.*

## Introduction

According to UNICEF (2021), adolescence is a period of growth and development characterized by puberty, reproductive maturity, and menstruation (Kosvianti et al., 2020). Social development during this time shows an increase in friendships with peers, and adolescents tend to gauge their attractiveness to the opposite sex (Nurmala et al., 2019). Group acceptance is crucial, as social development influences adolescents to follow group behaviors, including having a romantic partner and exploring romantic activities (Kosasih et al., 2021). Studies in Thailand report that the average age for first sexual experiences among adolescents is 15 years (Chaumaroeng & Panza, 2020), 13 years in Malaysia (Panting & Sui Mien, 2020), and under 16 years in Indonesia (Kosasih et al., 2021).

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Indonesian adolescents are at high risk of engaging in sexual activity, with reports showing that 59.3% of adolescents in Jakarta (Widyatuti et al., 2018). In developing countries, ten million pregnancies occur annually among those aged 15-19. Complications from early pregnancies are a leading cause of death among girls aged 15-19 (WHO, 2020). The Dr. Cipto Mangunkusumo National General Hospital in Jakarta reported that, since 2013, 11.4% (191/1,676) of pregnancies have occurred among girls aged 12-19. Moreover previous research has shown that adolescent girls are at high risk for sexually transmitted diseases (STDs) (Ganesamoorthy et al., 2025).

Indonesian adolescents reportedly have low self-efficacy (Soh et al., 2018), yet sexual behavior involves sudden actions with long-term impacts (Moore & Rosenthal, 1992). Adolescents need self-control to respond appropriately (Magnusson et al., 2019). A major issue is the lack of knowledge (Murdiningsih et al., 2020), which plays a key role in shaping behavior. Furthermore, adolescents with negative beliefs about sexual behavior are 37% more likely to engage in sexual activity (Yimer & Ashebir, 2019). Effective communication between parents and children can build strong bonds, helping parents instill moral and ethical values within the family (Panting & Sui Mien, 2020), including values that discourage adolescent sexual activity.

Sexual rejection is a form of communication used to express disinterest in sexual advances (Dobson et al., 2022). According to Kim et al. (2004), rejecting sexual advances can be challenging for women, as it may threaten relationship quality and involve intense emotional responses (O'Sullivan et al., 2019). Poor rejection skills (sexual rejection) put women at risk of losing their virginity (Panting & Sui Mien, 2020)., becoming pregnant (44–46), undergoing abortion (Odeigah et al., 2019), contracting sexually transmitted infections (STIs), HIV, and AIDS (Boyd et al., 2020), or even facing death (Peteet et al., 2018).

This study aims to explore the relationships between various key elements within this context. Specifically, the framework used is the Health Promotion Model (HPM) introduced by Nola Pender (Aqtam & Darawwad, 2018), believed to predict the influence of health promotion on individuals (Pender et al., 2015). HPM offers a logical structure applicable across age groups and cultures (Whitlock et al., 2002).

The theory focuses on three major components: individual characteristics and experiences; specific behaviors, cognition, and attitudes; and behavioral outcomes (Pender et al., 2015). This study formulates several hypothesis pathways: analyzing the relationship between age (A), dating history (DS), knowledge (K), and religiosity (R) with perceived benefits (PBf), perceived barriers (PBr), perceived self-efficacy (PSE), and activity-related affect (ARE) in preventing premarital sexual activity; analyzing the relationship between perceived benefits (PBf), perceived barriers (PBr), perceived self-efficacy (PSE), and activity-related affect (ARE) with media exposure (ME), commitment (C), and sexual rejection (SR) in preventing premarital sexual activity; analyzing the relationship between perceived self- efficacy (PSE) with perceived barriers (PBr), activity-related affect (ARE), and perceived self-efficacy (PSE); and analyzing the relationship between interpersonal influence from parents (IIP) and interpersonal influence from the environment (IIE) with commitment (C) and sexual rejection (SR) in preventing premarital sexual activity.

## Research Method

### Study Design

A cross-sectional design was employed to examine risks and effects by collecting data at a single point in time. This approach aligns with the research objective of analyzing the relationship between independent variables (risk factors) and dependent variables (effects).

### Samples/Participants

The study population consists of female adolescents attending school in Banjarmasin Timur, selected due to previous findings on high-risk and low-risk sexual behaviors in the area. The study employs stratified random sampling.

### Instruments

### Individual Characteristics and Experiences

The instrument, based on Pender's HPM, measures individual characteristics like dating history, age, knowledge, and religiosity. Dating history is categorized into three groups, and age is recorded in years. The knowledge questionnaire (18 items, max: 18, $\alpha = 0.817$) covers puberty, pregnancy, STIs, and HIV/AIDS. Religiosity (max: 24, $\alpha = 0.825$) assesses daily religious practices in interactions with the opposite sex using a 4-point Likert scale.

### Specific Behaviors, Cognition, and Attitudes

Perceived Benefits and Barriers

The instrument, based on Pender's Health Promotion Model, measures perceived benefits, barriers, self-efficacy, activity-related affect, and interpersonal influence. Perceived benefits (7 items) and barriers (10 items) assess physical, psychological, and social aspects using a 4-point Likert scale. Positive statements are scored 1–4, while negative ones are reverse-scored. Higher scores indicate stronger perceptions of benefits (max: 28, $\alpha = 0.779$) or barriers (max: 40, $\alpha = 0.955$) to sexual rejection.

Perceived Self Efficacy and Activity Related Affect

The self-efficacy instrument, based on Pender's HPM and adapted from Brivio and Ibarra, assesses emotional regulation, communication, and problem-solving (10 items, 4-point Likert scale). Higher scores (max: 40, $\alpha = 0.784$) indicate greater self-efficacy in sexual rejection. Activity-related affect (9 items, max: 36, $\alpha = 0.798$) evaluates risky and non-risky behaviors, reflecting prevention of premarital sexual permissiveness.

### Interpersonal Influence

Parental influence (9 items, max: 36, $\alpha = 0.841$) assesses prevention education and habituation. Environmental influence (6 items, max: 24, $\alpha = 0.757$) evaluates peer, school, community, and healthcare support. Higher scores indicate stronger guidance and support for preventing premarital sexual activities.

### Immediate Competing Demandes and Preferences

The media exposure instrument (20 items) assesses positive and negative information using a 4-point Likert scale. Higher scores (max: 80, Cronbach's alpha = 0.915) indicate greater exposure

to information that enhances sexual knowledge and supports sexual rejection to prevent premarital activities.

### Commitment to a plan of Action

The commitment instrument (19 items) assesses avoidance of low-, moderate-, and high-risk behaviors using a 4-point scale. Higher scores (max: 76, Cronbach's alpha = 0.918) indicate stronger determination to practice sexual rejection.

Sexual Rejection

The questionnaire was developed by adopting the sexual behavior levels from Putra et al.(32). The sexual rejection instrument (11 items) assesses rejection of low-, moderate-, and high-risk behaviors using a 3-point Likert scale. Higher scores (max: 22, Cronbach's alpha = 0.861) indicate stronger ability to resist premarital sexual behavior in the past six months.

### Data Collection

Primary data were collected via questionnaires from August to November 2023.

### Data Analysis

Descriptive analysis was performed using SPSS 25, while model assessment used SmartPLS 3 for Partial Least Squares Structural Equation Modeling (PLS-SEM).

## Result

Table 1 presents respondent profiles by grade, age, and dating history. Most were in grade 10 (53.1%), followed by grade 11 (25.9%) and grade 12 (21.1%). Ages ranged from 14 to 19 years, with 67.3% in middle adolescence (<17 years) and 32.7% in late adolescence (≥17 years).

| Characteristics | Category | f | % |
|---|---|---|---|
| Grade | 10<br>11 | 78<br>38 | 53,1<br>25,9 |
| | 12<br>Total | 31<br>147 | 21,1<br>100,0 |

Table 1. Respondents Based on Class

Source: primary data

Adolescent girls' dating status was categorized as never dated (39.5%), previously dated but broken up (44.9%), and currently dating (15.6%). Sexual rejection was mostly moderate (69.4%) and high (30.6%).

| Variable | Category | f | (%) |
|---|---|---|---|
| Age | Middle Teens | 99 | 67,3 |
| | Late Teens | 29 | 19,7 |
| Dating Status | Never Dated | 58 | 39,5 |
| | Dated but Broke Up | 67 | 45,6 |

| **Variable** | **Category** | **f** | **(%)** |
|---|---|---|---|
| | Dating | 22 | 15,0 |
| Knowledge | High | 90 | 61,7 |
| | Middle | 20 | 13,6 |
| | Less | 37 | 25,2 |
| Religiosity | High | 129 | 87,8 |
| | Middle | 17 | 11,6 |
| | Low | 1 | 0,7 |
| Perceived Benefit | High | 134 | 91,2 |
| | Middle | 13 | 8,8 |
| Perceived Berriers | High | 29 | 19,7 |
| | Middle | 72 | 49,0 |
| | Low | 46 | 31,3 |
| Perceived Self Efficaccy | High | 126 | 85,7 |
| | Middle | 21 | 14,3 |
| Activity Related Affect | High | 112 | 76,2 |
| | Middle | 34 | 23,1 |
| | Low | 1 | 0,7 |
| Interpersolan Influence of Parents | High | 104 | 70,7 |
| | Middle | 43 | 29,3 |
| Interpersonal Influence of the Environment | High | 121 | 82,3 |
| | Middle | 24 | 16,3 |
| | Low | 2 | 1,4 |
| Media Exposure | High | 115 | 78,2 |
| | Middle | 32 | 21,8 |
| Commitment | High | 118 | 80,3 |
| | Middle | 29 | 19,7 |
| Sexual Rejection | High | 45 | 30,6 |
| | Middle | 102 | 69,4 |
| Total | | 147 | 100,0 |

Table 2. Respondent Based on Variable Categories

Source: primary data

PLS-SEM was used to analyze complex causal relationships among latent variables, combining principal component and regression analysis while minimizing multicollinearity and measurement errors. Unlike Covariance SEM, PLS-SEM is suitable for moderate sample sizes and supports both formative and reflective indicators. Its statistical performance often surpasses AMOS and LISREL, making it ideal for testing the research model and hypotheses.

| **Path Value** | **Item** | **Loading** | **AVE** | **Composit Realibility** | **Crombach Alpha** |
|---|---|---|---|---|---|
| Activity Related Effect | ARE1 | 0,967 | 0,927 | 0,962 | 0,922 |
| | ARE2 | 0,959 | | | |
| Age | AGE | 1,000 | 1.000 | 1.000 | 1.000 |
| Commitment | C1 | 0,946 | 0,809 | 0,809 | 0,882 |
| | C2 | 0,784 | | | |
| | C3 | 0,958 | | | |
| Dating Status | DS | 1.000 | 1.000 | 1.000 | 1.000 |
| *Interpersonal Influence* | IIP1 | 1,859 | 0,839 | 0,912 | 0,828 |
| *of Parents* | IIP2 | 0,958 | | | |
| *Interpersonal Influence* | IIE1 | 0,948 | 0,842 | 0,941 | 0,904 |
| *of the Environment* | IIE2 | 0,847 | | | |
| | IIE3 | 0,954 | | | |
| *Knowledge* | KN1 | 0,930 | 0,805 | 0,948 | 0,891 |
| | KN2 | 0,806 | | | |
| | KN3 | 0,949 | | | |
| *Media Exposure* | ME1 | 0,806 | 0,901 | 0,948 | 0,891 |
| | ME2 | 0,949 | | | |
| *Perceived Barriers* | PBR1 | 0,986 | 0,969 | 0,984 | 0,968 |
| | PBR2 | 0,982 | | | |
| *Perceived Benefits* | PBF1 | 1.000 | 1.000 | 1,000 | 1,000 |
| *Perceived Self Efficacy* | SELF1 | 0,877 | 0,914 | 0,914 | 0,875 |
| | SELF2 | 0,838 | | | |
| | SELF3 | 0,897 | | | |
| | SELF4 | 0,795 | | | |
| *Religiosity* | R1 | 0,766 | 0,906 | 0,906 | 0,871 |
| | R2 | 0,850 | | | |
| | R3 | 0,767 | | | |
| | R4 | 0,845 | | | |
| | R5 | 0,829 | | | |
| *Sexual Rejection* | SR1 | 0,976 | 0,895 | 0,962 | 0,941 |
| | SR2 | 0,916 | | | |
| | SR3 | 0,945 | | | |

Table 3. Measurament Model Evaluation

Source: primary data

The application of Smart PLS software was used to analyze and measure relationships among constructed variables. Convergent validity was assessed by examining item loadings, Average Variance Extracted (AVE), composite reliability, and Cronbach's alpha. Convergent validity can be evaluated in three stages: indicator validity, construct reliability, and AVE value. Indicator validity is evaluated based on factor loading values. If the factor loading value of an indicator is above 0.5, it is considered valid (Hair et al., 2012); if the value is below 0.5, the indicator must be removed from the model. In this study, factor loading values for PBF2, PBF3, and IIE4 were

below 0.05, and they were therefore removed. As shown in Table 3, the lowest factor loading value is 0.829, and the highest is 1.000, indicating that all indicators in this model are valid.

Reliability criteria require composite reliability or Cronbach's alpha values greater than 0.70 (Hair et al., 2012). Table 3 shows that none of the constructs have composite reliability or Cronbach's alpha values below 0.70. The lowest composite reliability value is 0.767, and the lowest Cronbach's alpha value is 0.871, indicating that all constructs are reliable. The final stage of convergent validity is examining the AVE value for each variable, where a good AVE value is above 0.50 (Hair et al., 2012). Table 3 shows that all constructs have AVE values greater than 0.50, with the lowest being 0.809 and the highest being 1.000, confirming good convergent validity across all constructs. Path coefficients and R-squared values explain the theoretical fit of the structural equation model, where the $R^2$ value must exceed 0.10 (Hair et al., 2012). This study's results show R-squared values surpassing this rule, with R-squared values of ARE at 0.033, C at 0.692, ME at 0.199, PBR at 0.387, PBF at 0.953, PSE at 0.418, and SR at 0.689.

| **Variable** | **ARE** | **Age** | **C** | ***IIP*** | ***IIE*** | ***K*** | ***DS*** | ***ME*** | **PBr** | **PBf** | **PSE** | **R** | **SR** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ARE | 0,963 | | | | | | | | | | | | |
| Age | 0,097 | 1,000 | | | | | | | | | | | |
| C | -0,118 | -0,148 | 0,900 | | | | | | | | | | |
| *IIP* | -0,037 | -0,192 | 0,112 | 0,916 | | | | | | | | | |
| *IIE* | -0,033 | -0,077 | 0,174 | 0,144 | 0,816 | | | | | | | | |
| *K* | -0,144 | -0,074 | -0,206 | -0,172 | -0,185 | 0,897 | | | | | | | |
| *DS* | 0,006 | 0,216 | 0,065 | -0,130 | -0,116 | 0,235 | 1,000 | | | | | | |
| *ME* | -0,012 | 0,148 | 0,823 | 0,104 | 0,181 | -0,188 | 0,098 | 0,949 | | | | | |
| *PBr* | -0,085 | 0,102 | -0,148 | -0,063 | -0,031 | 0,617 | 0,142 | -0,161 | 0,984 | | | | |
| *PBf* | -0,028 | -0,089 | 0,292 | 0,018 | -0,035 | -0,096 | 0,063 | 0,332 | 0,086 | 0,597 | | | |

| Variable | ARE | Age | C | *IIP* | *IIE* | *K* | *DS* | *ME* | PBr | PBf | PSE | R | SR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *PSE* | -0,074 | -0,115 | 0,381 | 0,151 | 0,129 | -0,131 | 0,129 | 0,430 | -0,140 | 0,651 | 0,853 | | |
| *R* | -0,007 | -0,078 | 0,285 | 0,031 | -0,072 | -0,107 | 0,115 | 0,313 | -0,093 | 0,959 | 0,629 | 0,812 | |
| *SR* | -0,095 | 0,086 | -0,166 | -0,156 | -0,063 | 0,765 | 0,160 | -0,161 | 0,820 | -0,064 | -0,091 | -0,061 | 0,946 |

Table 4. Discriminant Validity

Source: primary data

Discriminant validity was assessed by cross-loadings and comparing AVE square roots with construct correlations. Each indicator must load higher on its own construct than others (Hair et al., 2012). Cross-loading values for the constructs in this study are shown in Table 4, which indicates that each indicator measuring a construct correlates more strongly with its designated construct than with other constructs.

Once the measurement model assessment was complete, structural model evaluation was performed, focusing on the significance of path relationships. The initial structural model of sexual rejection in preventing premarital sexual activity is shown in Figure 1 below.

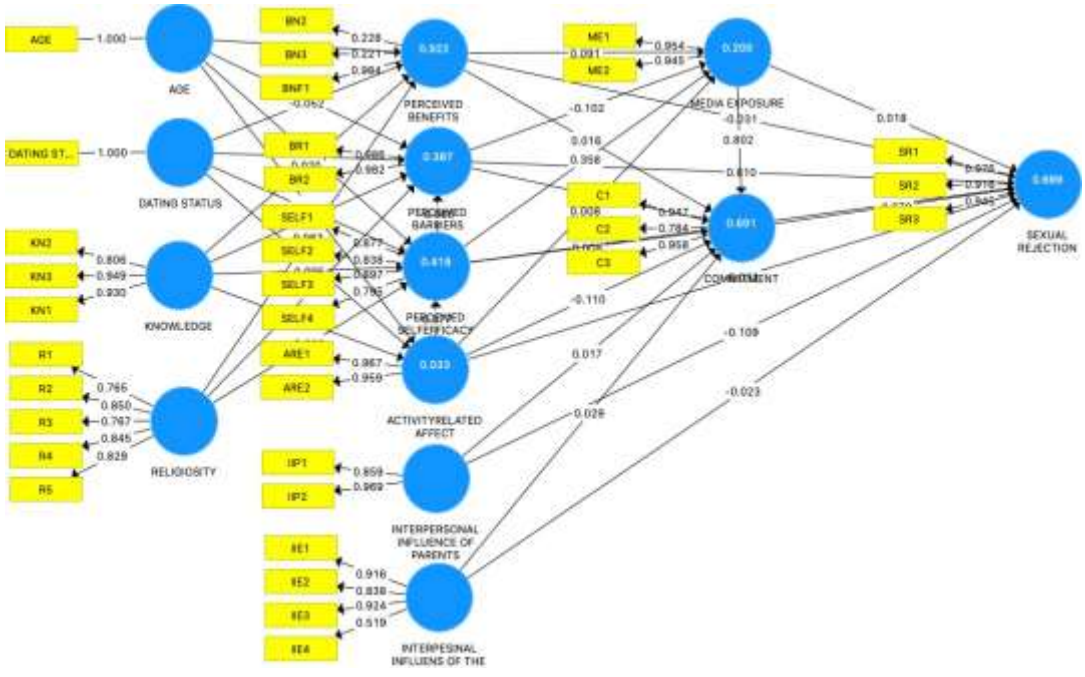


Figure 1. Factor Loading and Path Coefficient

The predictive model's significance was tested using t-statistics and p-values in SmartPLS. Some of the 13 tested paths had p-values above 0.05 (Hair et al., 2012), paths with p-values above 0.05 were removed. Paths removed included A to PBF, PBR, PSE, and ARE; DS to PBR, PSE, and ARE; K to PBF and PSE; R to PBR; PBF to ME, C, and SR; PBR to ME and C; PSE to PBR, C, and SR; ARE to PSE, ME, and SR; IIP to C; IIE to C and SR; ME to SR; and C to SR.

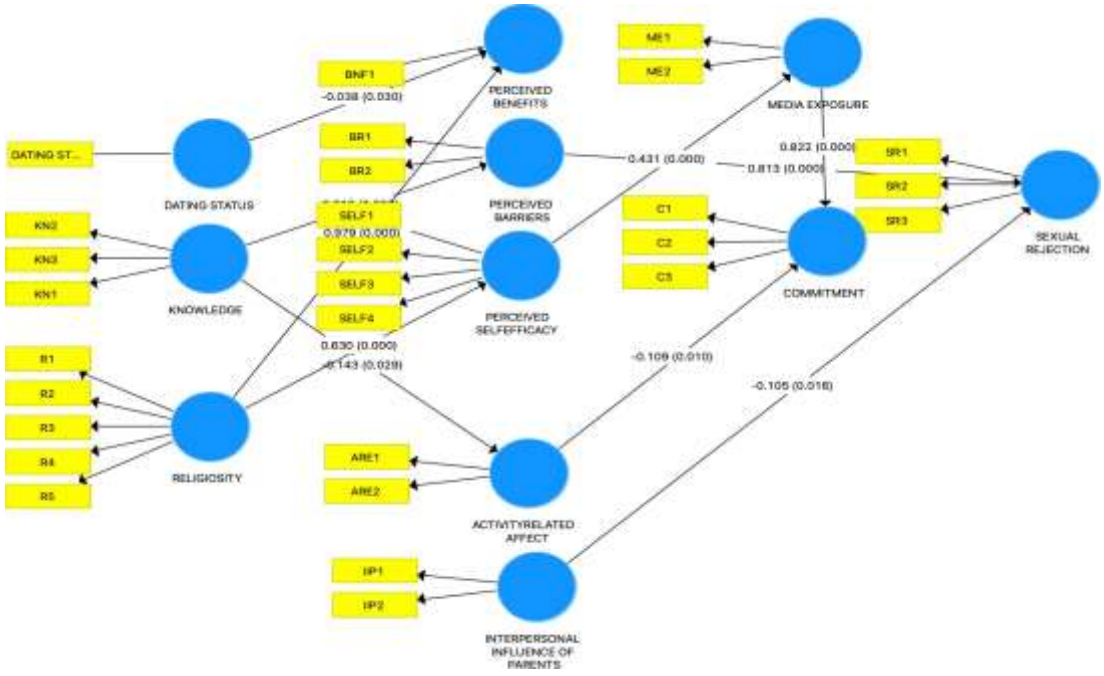


Figure 2. Factor Loading and Path Coefficient

Based on Figure 2 and Table 4, the SmartPLS results indicate significant p-values for relationships among variables, including ARE to C (0.010); DS to PBF (0.030); IIP to SR (0.016); K to ARE (0.029) and PBR (0.000); ME to C (0.000); PBR to SR (0.000); PSE to ME (0.000); and R to PBF (0.000).

| **Hypothesis** | **SD** | **t** | **p** | ***Result*** |
|---|---|---|---|---|
| ARE -> C | 0,047 | 2,334 | 0,010 | Supported |
| DS ->PBF | 0,020 | 1,882 | 0,030 | Supported |
| IIP-> SR | 0,049 | 2,149 | 0,016 | Supported |
| K-> ARE | 0,075 | 1,908 | 0,029 | Supported |
| *K* -> PBR | 0,053 | 11,670 | 0,000 | Supported |
| *ME* -> C | 0,026 | 31,164 | 0,000 | Supported |
| *PBR* -> SR | 0,034 | 23,687 | 0,000 | Supported |
| *PSE* -> ME | 0,073 | 5,914 | 0,000 | Supported |
| *R* -> PBF | 0,005 | 198,735 | 0,000 | Supported |
| *R* -> PSE | 0,077 | 8,132 | 0,000 | Supported |

Table 5. Path Coefficients Between Research Variables

Source: primary data

## Discussion

This study examined factors influencing adolescent girls' sexual rejection behavior in Banjarmasin using the HPM. Key variables include ARE to C, DS to PBF, IIP to SR, K to ARE and PBR, ME to C, PBR to SR, PSE to ME, and R to PBF and PSE. Sexual rejection reflects disinterest in sexual advances (Dobson et al., 2022), and rejecting such advances can be one of the most challenging situations for young women (De Graaf & Sandfort, 2004). Many girls respond passively, with silence often interpreted by men as consent (Rerick et al., 2020). Failure to assertively communicate rejection increases vulnerability, leading to risks of losing virginity (Morrow & Villodas, 2018), contracting STIs, and potential pregnancy (Mehrolhassani et al., 2020), and even mortality (WHO, 2020).

This study assessed adolescent girls' responses to physical touch, media advances, and verbal harassment. Most showed moderate sexual rejection. South Kalimantan has Indonesia's highest early marriage rate (Endang, 2014), and previous studies show that early marriage cases in Banjarmasin often result from social influences and "married by accident" scenarios (Yuandari et al., 2019). Additionally, Banjarmasin has reported some of the highest HIV/AIDS rates in South Kalimantan (Siti, 2014), with many young people engaged in commercial sex work in the city (Sari, Inda et al., 2021).

Research on women's verbal expressions of sexual rejection suggests that explicit statements such as "I am simply not sexually attracted to you" are perceived as less comfortable than indirect rejections like, "this is not good for our relationship" or "I don't think I'm ready to do this right now" (Metts et al., 1992). Negotiation often relies on nonverbal cues, such as hand gestures, to signal disapproval and halt such advances (74).

Adolescent girls' understanding of self-protection and sexual vulnerability is essential. Developing personal skills reduces their perceived losses associated with engaging in sexual behavior (De Graaf & Sandfort, 2004). This finding highlights the importance of adolescent girls' awareness of sexual risks to support sound decision-making. Similar insights from Vongxay et al. (2019) suggest that early reproductive health education can keep adolescent girls from engaging in risky sexual behavior and prevent sexually transmitted diseases. Conversely, a lack of knowledge may lead to various new issues impacting adolescents' physical and psychological well-being (Hakim et al., 2020). Adolescent girls lacking this understanding are at increased risk of unplanned pregnancies (Widyatuti et al., 2018) and contracting sexually transmitted infections (Challa et al., 2018).

Several studies indicate that low levels of sexual health knowledge are associated with risky sexual behaviors and teenage pregnancies (Murdiningsih et al., 2020). As adolescence is a time of adaptation and change, increased knowledge about reproductive health and rights can improve self-control (Yakubu & Jawula, 2018). Adolescents with limited sexual health knowledge are up to six times more likely to engage in sexual behavior compared to those with better knowledge (Murdiningsih et al., 2020). Supporting this, the Banjarmasin City Government has issued Regional Regulation No. 151 of 2023 to enhance adolescents' roles as peer counselors in reproductive health. The Banjarmasin City Health Office also promotes reproductive health awareness among adolescents through school outreach and cross-sector programs to strengthen services and education.

Recognizing personal boundaries and skills in sexual rejection is crucial because persuasion in dating interactions operates like a long-term negotiation that may lead to consent (Woolweaver et al., 2024). Dating interactions are often intense, with couples freely expressing affection, which fosters closeness through spontaneous interactions (Dobson et al., 2022). This closeness may lead to intimacy, making boundary-setting difficult. The commitment variable showed no correlation, possibly due to discreet sexual activity. It reflects future commitment, separate from sexual rejection.

Religiosity is known to influence decision-making, as adolescents with strong religious understanding are less likely to engage in deviant behaviors (Wijayanti et al., 2020). Religious commitment fosters self-assurance in decision-making (Mollaei et al., 2023). This study also found that interpersonal influence from parents correlates with sexual rejection, consistent with other research showing that adolescents with strong communication with their parents are 51% less likely to engage in risky sexual behavior (Yimer & Ashebir, 2019). In 2023, Banjarmasin was selected as a pilot city for the Family-Friendly City initiative in Indonesia. This program aims to strengthen family functions by providing mentoring for facilitators who will work with both parents and adolescents (Apeksi, 2023). The initiative is well-targeted, as strong family bonds enable parents to better instill values (Laurent et al., 2017) and provide accurate information on sexuality (Harchegani et al., 2021). Fajria et al. (2021) emphasize that parents and family are key actors in shaping children's character, and adolescents with a good perception of self-control are less inclined to engage in sexual activities (Tseng et al., 2020). Prior studies also highlight that self-efficacy helps individuals develop high adaptability (Yimer & Ashebir, 2019), while unstable emotions are linked to negative thoughts (Moore & Rosenthal, 1992). Yakubu & Salisu (2018) further support that low self-efficacy puts young women at higher risk of early pregnancy. Conversely, young women with high self-control are more self-assured and do not seek validation of attractiveness (Williams & McCarthy, 2014).

## Conclusion

Knowledge is crucial in determining a person's behavior, while ignorance among adolescent girls regarding their biological development reflects their lack of understanding about bodily changes. This lack of understanding makes it difficult for them to grasp the need to protect themselves and avoid behaviors that could harm their sexual development. Sexual decision-making that is beneficial for adolescents makes them less vulnerable and better able to assert their rights, which positively impacts their reproductive health. The closeness between parents and children also has a protective effect on emotional pressures. Adolescents living with both parents tend to exhibit better behavioral control, as they are more likely to have effective communication patterns. Moreover, good communication is expected to foster harmony in family relationships, particularly between parents and adolescents. Difficulties in rejecting sexual advances can arise when adolescent girls experience free expressive relationships in dating. This is a critical stage in their development, and it is important for them to become responsible individuals, even without engaging in romantic relationships.

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