



A Descriptive Correlational Study of Parental and Adolescents Religiosity Practices with Adolescent Sexual Behavior

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ABSTRACT

Indonesia is the 7th most religious country in the world, with a majority Muslim population. Research revealed that 22.6% of teenagers engaged in risky sexual behavior, leading to pregnancies that may result in severe health complications or even fatalities. Parents play a very important role in this phenomenon. The purpose of this study was to determine the description and influence of parental and adolescent religiosity on adolescent sexual behavior. Religiosity is discussed based on the teachings of Islam. This type of research method was descriptive correlation. The sample collection technique combines incidentally and snowball techniques. Adolescents and parents who have filled out the questionnaire redistribute it to fellow adolescents who meet the inclusion criteria (adolescent age 10-18 years old, not married, adolescents and parents had the same religion, namely Islam and were willing to be respondents). Data analysis using SmartPLS 3. The sample consisted of 97 adolescents aged 10-18 years and 97 parents. There is a strong, positive and statistically significant influence of parental religiosity on adolescent religiosity (R^2 : 0.315, path coefficient 0.561, t -value: 7.984, and p -value 0.000). Second, there is a low, but statistically significant negative influence of adolescent religiosity on adolescent sexual behavior (R^2 : 0.193, path coefficient -0.440, t -value: 6.592, p -value 0.000). Parental religiosity makes a large contribution to variations in adolescent religiosity (f^2 : 0.460) and adolescent religiosity makes a moderate contribution to variations in adolescent sexual behavior (f^2 : 0.240). It is important for parents to instill the values of religiosity to their children so that they can fortify themselves from free sexual behavior.

Keywords: Religiosity; Parents; Adolescents; Sexual Behavior.

Introduction

Indonesia is a Muslim-majority country. The Global Business Policy Institute and Ceoworld Magazine conducted a survey of more than 370,000 citizens in 148 countries. From the survey, it was found that Indonesia is ranked seventh in the religious population. The majority of Indonesians adhere to Islam. The proportion of Muslims in Indonesia is 86.97%, Muslims in West Java 97.31% and Muslims in Garut 99.77%. Areas with a Muslim majority certainly run their lives based on the principles of Islam [1,2,3].

Religious beliefs can influence individuals' views on all aspects of life, including sexuality. Religion has a view on healthy sexual behavior that

is considered good or bad based on religious principles. Sexual activity becomes legal if it is carried out by couples in marriage and there are certain restrictions. Derived from sexual activity, religions regulate sexual orientation, contraception, and abortion. Some religions teach the importance of virginity and chastity before marriage. Religiosity can encourage individuals to develop self-control and discipline in sexual behavior. Certain religious beliefs may emphasize the importance of refraining from sexual lust and controlling sexual urges. Some religions have specific views on contraception and abortion. Religiosity according to Islam is the implementation of Iman, Islam and Ihsan. The pillars of faith consist of faith in Allah, the angels,

the messengers, the holy books, the last day and faith in the qadha/qadar that Allah has determined. The pillars of Islam consist of Syahadat, Sholat, Zakat, Shaum and Hajj. Ihsan is sincerity, that is, a person feels that he is always cared for by Allah SWT in all his life activities. The pillars of faith are the pillars of belief that a Muslim needs to have. The pillars of Islam are the pillars of worship practice. Ihsan is the driving factor for action [4]. Faith, Islam and Ihsan need to be owned and implemented by a Muslim as a whole in the practice of his life [5,4].

Islam is a religion that strictly prohibits all acts that approach adultery or sexual behavior outside the bonds of legal marriage according to Islam. The phenomenon that occurs in Muslim-majority areas is pre-marital sexual behavior in adolescents. This behavior is contrary to Islamic teachings. This premarital sex occurs more in young men than young women. Male adolescents (aged 15-19 years) who have pre-marital sex are 6.4 times more than female adolescents. Male adolescents (aged 20-24 years) who had pre-marital sex were 8.1 times more than female adolescents. Girls who had premarital sex were 0.7% in the age range of 15-19 years and 1.8% in the age range of 20-24 years. The total number of male and female adolescents aged 15-24 years is 21.6%. The incidence of teenage pregnancy in West Java is 52/1000 women. If the number of women in West Java is around 22 million people, then more than 1.1 million pregnancies occur in adolescents [6,7].

The discrepancy between religious teachings and behavior that occurs is a big question, what has really happened. Every individual comes from a family. Families are groups that exist in society, each member has a blood relationship and is officially recorded by the government on a family card. The function of the family towards its members is to provide physical, psychological and biological safety and comfort. Families need to carry out character building for their members through love, education, religious behavior, socialization, economic fulfillment and recreation. Parents become role models for children, protect them from the wrong environment, provide security and comfort, but still provide challenges to practice dealing with problems in the critical phase of adolescent life, answer life problems, and guide in determining the future of adolescents. Thus the family becomes the first bastion of protection for each of its members [8].

Religiosity in the family is a way of life in order to achieve happiness. Religiosity is the piety of religious adherents. Religiosity is the behavior of religious life, the words conveyed, attitudes and behaviors that are manifested in the lives of each

family member based on religious teachings that are believed. Religiosity is a person's religious and moral beliefs, therefore religiosity has a significant influence on a person's healthy sexual behavior [9,10].

Healthy sexual behavior of adolescents is behavior related to the stimulation of sexual activity in adolescents. This activity begins with looking with lust, then looking at the intimate parts of the partner, getting close and touching the partner until intercourse. One of the causes of unhealthy adolescent healthy sexual behavior in the research of Phenomenological Study of Unwanted Pregnancy Cases is a permissive attitude towards dating behavior. This permissive attitude can be owned by adolescents, parents and society. This permissive attitude is influenced by low knowledge of healthy reproduction, lack of application of religious values in socializing, making friends with people who have unhealthy healthy sexual behavior and increasingly massive sources of sexual information. Current forms of adolescent permissive behavior include premarital intercourse and sexual multipartners. This intercourse can be done once or repeatedly. The impact of unhealthy sexual behavior is that it has a very large potential for contracting reproductive diseases, such as Reproductive Tract Infections (RTIs), Sexually Transmitted Diseases (STDs), unwanted pregnancies and unsafe abortions. Equally dangerous as these impacts is the damage to the order of lineage / offspring, social and economic order [11,12].

The prevalence of teenage pregnancy is influenced by several factors including social, cultural, economic, education, and access to reproductive health services. Worldwide in 2020 about 12 million girls under the age of 18 experienced pregnancy. Countries with a high prevalence of adolescent pregnancy of around 30% occur in Sub-Saharan Africa, Latin America, and South Asia. Teenage pregnancy can be influenced by several factors, namely sexual education, low knowledge of contraception, lack of access to reproductive health services, poverty, gender inequality, and early marriage. The impact of teenage pregnancy is problems with physical, mental, social and economic health. Pregnant adolescents often face higher risks of pregnancy complications, preterm labor, and increased poverty [13,14].

Based on the explanation above, the author is interested in finding the effect of parental religiosity on adolescent religiosity, then observing the effect of adolescent religiosity on adolescent healthy sexual behavior. The novelty of this study examines

the relationship between family religiosity and adolescent religiosity based on the Pillars of Islam and the Pillars of Faith. This study is limited by the quantitative implementation of worship based on the pillars of Islam, namely shahada, prayer, zakat, shaum and hajj. The pillars of faith that are visible and can be assessed in quantity are reading the Qur'an. The other pillars of faith are not studied because they need to be studied qualitatively and are more appropriate if researched by someone who is an expert and understands Islam [15].

The purpose of this study was to determine the description of parental religiosity, adolescent religiosity, adolescent healthy sexual behavior, the effect of parental religiosity on adolescent religiosity, the effect of adolescent religiosity on adolescent healthy sexual behavior. The usefulness of research is to be one of the sources of student learning, as basic research for research on the theme of adolescence, having concrete data on adolescent problems related to religiosity, so that the right solution can be found in solving adolescent health problems.

Methods

The method in this research is descriptive correlation. This research was conducted from June 2022 to June 2023. Researchers distributed structured questionnaires online through the digital platform "google form". The sample collection technique combines incidentally and snowball techniques. Adolescents and parents who have filled out the questionnaire redistribute it to fellow adolescents who meet the inclusion criteria. The inclusion criteria in this study were age 10-18 years old, not married, adolescents and parents had the same religion, namely Islam and were willing to be respondents. Taking primary data, adolescents and parents who are willing to become respondents fill out a questionnaire. Questionnaires for adolescents are different from questionnaires for parents. Obtained 97 samples of adolescents along with 97 samples of parents. The total sample of both is 194 people. Parents who are sampled are represented by one person, may only be a mother or father.

Analyze data using SmartPLS 3. In this study, a correlation analysis was conducted on the variables of parental religiosity with adolescent

religiosity, then analyzed the correlation of adolescent religiosity with adolescent healthy sexual behavior and parental religiosity on adolescent sexual behavior. The instrument to measure religiosity used is a modified questionnaire based on the results of research by Cahyaningrum et al and the results of research by Sofiyantunnis. The modification of the two instruments is to choose questions related to behavior or implementation of worship based on the Pillars of Islam and reading the Koran. This study consists of 3 latent variables or constructs, namely parental religiosity, adolescent religiosity and adolescent healthy sexual behavior. Parental religiosity and adolescent religiosity have the same indicators or manifest variables, namely shahada, compulsory prayer, sunnah prayer, zakat, compulsory shaum, sunnah shaum Hajj, and frequency of reading the Qur'an [16,17].

Healthy sexual behavior in this study is deviant sexual behavior carried out with girlfriends. It is said to be deviant because the behavior should be carried out by couples in a legal marriage based on state and religious teachings. The instrument to measure adolescent sexual behavior is a modified instrument from the results of research by Muflih et al 2017 and Suazini et al 2021. The rating scale of healthy sexual behavior is always, often, rarely, never and never. Both instruments to be used have been tested with valid and reliable results. Latent variables of healthy sexual behavior of adolescents, namely: providing stimulation with hands on one's own genitals, providing stimulation with hands on a partner's genitals, holding hands with a partner, holding hands with a partner, kissing a partner's face, kissing a partner's cheek, kissing a partner, groping a partner's body, hugging a partner, using the mouth on a partner's body, having sexual intercourse only touching genitalia, having sexual intercourse without contraception, having sexual intercourse with more than one partner, having sexual intercourse more than once with the same partner [18,11].

Before conducting research on this article, the authors have had ethical clearance from Bhakti Tunas Husada University on June 24, 2022 with number No.174/ec.01/kepk-bth/VI/2022.

Results and Discussion

The first analysis conducted was univariate analysis, namely the characteristics and frequency distribution of each research indicator. The characteristics of the research

subjects discussed were the age and gender of parents and adolescents. The frequency distribution of parents' age can be seen in Table 1. The youngest parent was 31 years old, while the oldest was 77 years old and the average age of parents was 43.8 years old. The frequency

distribution of adolescents' age can be seen in Table 2. The youngest adolescent was 11 years

old, while the oldest was 18 years old and the average adolescent age was 17.1 years.

Table 1. Frequency Distribution of Parents' Age

Age (years)	Frequency (people)	Percentage (%)
≤34	12	12,4
35-44	38	39,2
45-54	40	41,2
55-64	6	6,2
≥65	1	1,0
Number	97	100,0

Table 2. Frequency Distribution of Adolescent Age

Age (years)	Frequency (people)	Percentage (%)
11	1	1,0
12	3	3,1
13	1	1,0
14	5	5,2
15	5	5,2
16	6	6,2
17	7	7,2
18	69	71,1
Number	97	100,0

The frequency distribution of parents' and adolescents' gender is in Table 3. Respondents of parents and adolescents were dominated by Female gender 71% and 67%. This paragraph explains the proportion of parents and adolescents in practicing the pillars of Islam and reading the Qur'an. The majority of respondents memorized the kalimah shahada, knew the meaning and significance of the kalimah shahada, the percentage of parents was 52.6% and

adolescents 47.4%. The other percentages are divided into the categories of memorizing the pronunciation only, memorizing the pronunciation and meaning only and there are those who do not know the pronunciation of the shahada as much as 2.1% of parents and 3.1% of adolescents. The frequency distribution of manifest variables or indicators of shahadat of parents and adolescents can be seen in Table 4.

Table 3. Frequency Distribution of Gender of Parents and Adolescents

Respondent	Gender	Frequency (people)	Number (people)	Percentage (%)	Total (%)
Parents	Male	28	97	28,9	100
	Female	69		71,1	
Adolescent	Male	32	97	33,0	100
	Female	65		67,0	

Table 4. Frequency Distribution of Shahadat Indicators of Parents and Adolescents

Indicator	Parents	Adolescent
Memorize the sentence, know the meaning and significance of the shahada	51	46
Memorize the sentence and know the meaning of shahada	12	12
Memorize the sahada	30	35
Know the sahada	2	1
Don't know the sahada	2	3
Number	97	97

More than 66% of parents and 64% of teenagers always perform obligatory prayers. More than 35% of parents and 33% of teenagers frequently perform sunnah prayers. The implementation of this sunnah practice is still low. The frequency distribution of the indicators of parents' and teenagers' compulsory prayers and sunnah prayers is in Table 5. More than 84% of parents and 78% of adolescents perform compulsory fasting. While the implementation of sunnah worship such as prayers and sunnah prayers is still low. Parents' sunnah prayers and teenagers' sunnah prayers are shown in Table 5. The awareness of parents and teenagers in paying zakat is high. More than 96% of parents and 89% of teenagers practiced zakat. The frequency of parents and teenagers who practiced zakat is shown in Table 6. The zakat in question is zakat fitrah.

This situation is different from the awareness of Hajj, both parents and teenagers are

both lower than the awareness of other compulsory worship. Parents who have already performed Hajj or have saved for Hajj are 17% and teenagers are 4%. The majority of parents and teenagers have planned to perform Hajj, 59.8% and 48.5% respectively. The rest have no intention of performing Hajj. The Hajj is obligatory for Muslims who are able, i.e physically, mentally, economically and other aspects. Indicators of parents and adolescents who performed the Hajj can be seen in Table 7 in Table 8. Most parents and adolescents. Indicators of reading the Qur'an can be seen read the Qur'an less than or equal to one sheet a day. The proportions were 34% and 53.6% respectively. There were no adolescents who read 1 juz of the Quran a day, while 4.1% of parents were able to read 1 juz of the Quran a day.

Table 5. Frequency Distribution of Prayer and Shaum Indicators of Parents and Adolescents

Indicator	Respondent	Always	Often	Rarely	Ever	Never	Number
Obligatory prayers	Parents	64	31	2	0	0	97
	Adolescents	63	28	5	1	0	97
Sunnah Prayers	Parents	12	34	45	5	1	97
	Adolescents	6	32	45	14	0	97
Obligatory Shaum	Parents	84	9	2	2	0	97
	Adolescents	78	15	3	1	0	97
Sunnah Shaum	Parents	11	31	42	11	2	97
	Adolescents	3	29	51	11	3	97

Table 6. Indicator Distribution of Zakat Variables of Parents and Adolescents

Variable	Yes	No	Number
Zakat on Parents	94	3	97
Zakat on adolescent	87	10	97

From Table 9, it can be seen that on average, adolescents did not engage in sexual behavior until intercourse, 77.5%. The most common teenage dating behaviors are holding hands 52.6%, holding hands 44.3%, kissing cheeks 32%, kissing faces 29.9%, and hugging 28.9%. Teenagers who have kissed their

boyfriend or girlfriend 22.7%. Teenagers who had sexual stimulation 16.5% and groped their partner's body 21.6%. Teenagers who have had sexual intercourse with their boyfriend or girlfriend 8.2%-15.5%. Among adolescents who have had sexual intercourse, there are adolescents who have more than one sexual partner.

Table 7. Frequency Distribution of Hajj Indicators of Parents and Adolescents

Variabel	Hajj on Parents	Hajj on Adolescent
Have already performed Hajj or saved for Hajj	17	4
Already Planning for Hajj	58	47
Not planning for Hajj yet	22	46
Number	97	97

Table 8. Frequency Distribution of Parents' and Adolescents' Quran Reading Indicators

Read the Qur'an in a day	Parents	Adolescents
≥ 1 juz	4	0
½-<1 juz	11	6
¼-½ juz	28	29
Max 1 sheet	33	52
Maxi 1 page	21	10
Number	97	97

Analysis is carried out on 3 types of analysis, namely convergent validity (outer loading), discriminant validity and composite reliability. Testing the criteria for convergent validity by observing the results of outer loading, the value of convergent validity is considered to be fulfilled if the loading factor value is more than 0.7 or more than 0.5 if this research is still under development [19].

The results of the analysis of the parental religiosity variable studied 8 indicators, 5 indicators had an effect (meeting the requirements of convergent validity) and 3 indicators had no effect. The influential indicators are sunnah prayers (0.942); reading the Qur'an (0.805); sunnah shaum (0.675); mandatory prayers are worth (0.563); mandatory shaum (0.551). Indicators that have no effect are shahada, zakat and hajj worth between 0.2 to 0.4. There are 4 indicators that have an effect on adolescent religiosity, namely sunnah prayers (0.842); compulsory prayers (0.752) sunnah shaum (0.739) and reading the Qur'an (0.677). There are also 4 indicators that have no effect, namely compulsory fasting, shahada, hajj and

zakat. The results of the analysis of the adolescent sexual behavior variable 14 indicators are above 0.7, so it is interpreted as meeting the criteria for testing convergent validity or there is an influence and one indicator has no effect, namely providing stimulation with hands on one's own genitals (0.471). This information is contained in Table 10.

The validated discriminant values in Table 11 indicate two conceptually distinct concepts and should show sufficient limitations. The crossloading value of adolescent sexual behavior is 0.830. The crossloading value of parental religiosity is 0.876, the crossloading value of adolescent religiosity is 0.779. These three values are the largest of the crossloading values between other latent variables.

Based on the results of the reliability and validity construct analysis in Table 12, it is obtained that the data for all variables are reliable because the value in the composite reliability column is more than 0.7. The data for all variables are valid, this can be seen from the Average Variance Extracted (AVE) value of more than 0.5, meaning that all constructs are valid.

Table 9: Frequency Distribution and Proportion of Adolescent Sexual Behavior Variables

Indicator	Always		Often		Rarely		Ever		Never		Number
	f	%	F	%	F	%	f	%	F	%	
Giving hand stimulation to own genitals	0	0,0	2	2,1	19	19,6	0	0	76	78,4	97
Giving hand stimulation to the partner's genitals	1	1,0	3	3,1	12	12,4	0	0	81	83,5	97
Hold hands with your partner	3	3,1	14	14,4	34	35,1	0	0	46	47,4	97
Hand in hand with your partner	4	4,1	9	9,3	30	30,9	0	0	54	55,7	97
Kissing your partner's face	2	2,1	5	5,2	22	22,7	0	0	68	70,1	97
Kiss your partner on the cheek	2	2,1	3	3,1	26	26,8	0	0	66	68,0	97
Kissing with your partner	1	1,0	3	3,1	18	18,6	0	0	75	77,3	97
Feeling your partner's body	2	2,1	3	3,1	14	14,4	0	0	78	80,4	97
Cuddle with your partner	2	2,1	3	3,1	23	23,7	0	0	69	71,1	97
Using your mouth on your partner's body	0	0,0	1	1,0	14	14,4	0	0	82	84,5	97
touching only the partner's genitalia	1	1,0	1	1,0	11	11,3	0	0	84	86,6	97
Sexual intercourse without contraception	3	3,1	1	1,0	7	7,2	0	0	86	88,7	97

Sexual intercourse using contraceptives	1	1,0	2	2,1	6	6,2	0	0	88	90,7	97
Sexual intercourse with more than one partner	1	1,0	0	0,0	7	7,2	0	0	89	91,8	97
Having sexual intercourse more than once with the same partner	3	3,1	3	3,1	5	5,2	0	0	86	88,7	97
Mean	1,7	1,8	3,5	3,6	16,5	17,0	0,0	0,0	75,2	77,5	

Table 13 shows a moderately strong positive effect (0.561), meaning that the higher the religiosity of parents, the higher the religiosity of adolescents. T statistic (7.984) means that the effect of parental religiosity is statistically significant on adolescent religiosity and the p-value is more than 0.05 indicating a very significant effect. The negative effect of adolescent religiosity on sexual behavior (-0.04) means that the higher the religiosity, the lower the deviant sexual behavior in friendship. This is corroborated by the t-statistic value and p-value of 6.592 and 0.000 which indicates a very significant effect.

Analysis of the results of the calculation of R Square (R^2) parental religiosity of 0.315, meaning

that parental religiosity shows a strong influence (based on social science) on adolescent religiosity. Adolescent religiosity 0.193 means that adolescent religiosity has a low effect on adolescent sexual behavior. Both are still influenced by other factors that need to be studied more deeply.

The results of this F Square analysis show the relative impact of parental religiosity on adolescent religiosity is 0.460. This value shows the great influence of parental religiosity on adolescent religiosity. The second result is the relative impact of adolescent religiosity on adolescent sexual behavior of 0.240. This value indicates a moderate influence of adolescent religiosity on adolescent sexual behavior

Table 10. Outer Loading of Parental religiosity, Adolescents and Adolescent Sexual Behavior

No	Variabel	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics ((O/STDEV))	P Values
1	PSR <- adolescent religiosity	0,739	0,735	0,093	7,947	0,000
2	QOT <- parents religiosity	0,805	0,795	0,072	11,229	0,000
3	SHSOT <- parents religiosity	0,942	0,943	0,016	60,584	0,000
4	SHSR <- adolescent religiosity	0,842	0,840	0,040	21,288	0,000
5	SHWR <- religiusitas remaja	0,752	0,749	0,060	12,569	0,000
6	X10 <- adolescents sexual behavior	0,894	0,889	0,038	23,701	0,000
7	X11 <- adolescents sexual behavior	0,837	0,840	0,051	16,263	0,000
8	X12 <- adolescents sexual behavior	0,785	0,778	0,072	10,968	0,000
9	X13 <- adolescents sexual behavior	0,752	0,746	0,085	8,869	0,000
10	X14 <- adolescents sexual behavior	0,721	0,708	0,093	7,738	0,000
11	X15 <- adolescents sexual behavior	0,840	0,833	0,061	13,751	0,000
12	X2 <- adolescents sexual behavior	0,888	0,891	0,030	29,214	0,000
13	X3 <- adolescents sexual behavior	0,713	0,715	0,049	14,493	0,000
14	X4 <- adolescents sexual behavior	0,716	0,720	0,053	13,452	0,000
15	X5 <- adolescents sexual behavior	0,871	0,870	0,035	24,879	0,000
16	X6 <- adolescents sexual behavior	0,870	0,869	0,034	25,630	0,000
17	X7 <- adolescents sexual behavior	0,912	0,908	0,029	31,427	0,000
18	X8 <- adolescents sexual behavior	0,923	0,917	0,032	29,228	0,000
19	X9 <- adolescents sexual behavior	0,854	0,852	0,040	21,420	0,000
20	PSOT <- parents religiosity	0,675	0,679	0,065	10,355	0,000
21	PWOT <- parents religiosity	0,551	0,539	0,116	4,740	0,000
22	QR <- adolescent religiosity	0,677	0,671	0,064	10,582	0,000
23	SHWOT <- parents religiosity	0,563	0,557	0,105	5,377	0,000

24	HOT <- parents religiosity	0,389	0,382	0,120	3,236	0,001
25	HR <- adolescent religiosity	0,170	0,156	0,149	1,142	0,254
26	PWR <- adolescent religiosity	0,455	0,451	0,113	4,042	0,000
27	SYOT <- parents religiosity	0,228	0,219	0,179	1,272	0,204
28	SYR <- adolescent religiosity	0,369	0,351	0,146	2,523	0,012
29	X1 <- adolescents sexual behavior	0,471	0,470	0,104	4,525	0,000
30	ZOT <- parents religiosity	0,469	0,426	0,186	2,525	0,012
31	ZR <- adolescent religiosity	0,169	0,154	0,189	0,896	0,371

Description: No. 1-19 2nd calculation results, 20-23 1st modification results, 24-31 results before modification

Tabel 11. Discriminant Validity Score

Variable	Adolescents sexual behavior	Parents Religiosity	Adolescent Religiosity
Adolescents Sexual Behavior	0,830		
Parents Religiosity	-0,305	0,876	
Adolescent Religiosity	-0,440	0,561	0,779

Table 12. Construct Reliability and Variability

	Composite Reliability	Average Variance Extracted (AVE)
Adolescent Sexual Behavior	0,969	0,689
Parental Religiosity	0,868	0,768
Religiusitas Supports	0,822	0,607

Tabel 13. Output structure model (Path Coefficient)

Influence of Variables	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Parents religiosity -> Adolescents religiosity	0,561	0,574	0,070	7,984	0,000
Adolescents religiosity -> Adolscents Sexual Behavior	-0,440	-0,458	0,067	6,592	0,000

Reading the results of analisa univariat, the proportion of parents who implement the Pillars of Islam is more than the implementation of the Pillars of Islam by teenagers. Of all the implementation of the Pillars of Islam, the highest proportion is zakat, while the lowest proportion is hajj. The implementation of the Pillars of Faith represented by reading the Qur'an, the highest proportion is reading the Qur'an 1 sheet a day, both parents and adolescents. This result is in line with the definition of religiosity according to Amir et al (2016), which is the belief that a person has in the existence of God based on a particular religion, has a holy book as a guide regarding worship procedures and helps understand life experiences for adherents. Another definition of religiosity according to Febriana et al

(2021) is the conformity between a person's words, attitudes and behavior in carrying out life based on religious teachings that are believed. The religiosity that will be discussed is Islamic religiosity. Islamic religiosity is an effort made by humans as creatures (created) to Allah SWT as the Creator. The purpose of Islamic religiosity according to Mayasari (2014) is to achieve human happiness in this world and the hereafter. Happiness in Islam emphasizes the meaning of life and well-being. Happiness is seen based on the psychological side. Islam teaches every human being to have good religiosity. Muslims have the obligation to invite and remind fellow Muslims so that religiosity remains attached to a Muslim. This obligation is prioritized to the family [21,22,9,20].

The majority (more than 77%) of adolescents did not engage in deviant sexual behavior. In order, the sexual behaviors that the minority (less than 30%) do in order from the smallest proportion of never are holding hands with a partner, holding hands with a partner, kissing a partner's cheek, kissing a partner's face, hugging a partner, kissing a partner, stimulation with hands on one's own genitals, groping a partner's body, giving stimulation with hands on partner's genitals, using mouth on partner's body, having sexual intercourse only touching genitalia, having sexual intercourse more than once with the same partner, having sexual intercourse without contraception, having sexual intercourse using contraception, having sexual intercourse with more than one partner. Based on the proportion of adolescent sexual activity. The results of this study differ from the results of previous research in 2020 that 62% of adolescents have engaged in sexual activity above [23].

Based on the results of this study, there is a strong and significant influence between parental religiosity on adolescent religiosity. These results are in line with several statements and the results of previous studies. Rakhmawati et al (2015) say that the family plays a role in parenting, parenting shapes the character of children as family members. Wani et al (2019) argue that religiosity applied by the family to all members in everyday life will have an influence on the religiosity of family members [8,24].

In this study the authors limit religiosity to Islam. As a Muslim family, the procedures for educating children are contained in the Qur'an and Hadith as well as the explanations of many scholars. Proper family guidance and views will affect the views of adolescents. Parental education and direction in accordance with God's commands will save adolescents from physical, moral, personality, mental and intellectual damage. In other words, the family must carry out the appropriate functions, this statement is in accordance with research, that there is a significant relationship between healthy sexual behavior and family functions, social status, information sources and contraceptive use [24,25,26].

Compulsory prayers, sunnah prayers, compulsory prayers, sunnah prayers and reading the Qur'an, which are done by parents, are valid indicators of parental religiosity. Valid indicators of adolescent religiosity are sunnah prayers, compulsory prayers, sunnah prayers, and reading the Qur'an. The Pillars of Faith and the Pillars of Islam are absolute requirements that must be believed and done and become the way of life for every Muslim. Some of the first invalid variables,

compulsory youth prayers, are possible if the answers given by the respondents are the same, all perform compulsory prayers. Second, the shahada variable, all respondents memorized the shahada. Third, the zakat variable, all respondents give zakat fitrah. Fourth, the Hajj variable, all respondents have the desire or plan to perform the Hajj. Finally, the prayer variable, all respondents prayed directly to God. Asni et al and Meyer et al (2025) said that the similarity of actions shows the awareness of Muslims in applying the fundamental pillars as provisions for the afterlife[27,28].

Referring to the results of this study, prayer and sunnah fasting for both parents and adolescents are influential and significant indicators. This happens because the answers vary from respondents and lead to certain conclusions. Some Muslims define sunnah worship as worship that if done will get a reward and if not done is not sinful. This sunnah worship is voluntary without coercion, Muslims who carry out sunnah worship have higher obedience and awareness to God compared to Muslims who carry out mandatory worship alone. Obligatory worship is sometimes performed with compulsion due to fear. This gives the meaning of higher religiosity to Muslims who diligently carry out sunnah worship [15].

There is a weak influence between adolescent religiosity on adolescent healthy sexual behavior, this statement is in line with the results of several similar studies, namely adolescent religiosity is related to adolescent healthy sexual behavior. Research conducted by Azinar in 2013 stated that there was a significant influence between religiosity, peer sexual behavior, attitudes, and access to media and pornography with sexual behavior. Adolescent religiosity and self-control have a significant negative effect on adolescent sexual behavior. Adolescent religiosity can fortify themselves from sexual behavior in friendship relationships. The higher the belief in religion, the more they will try to leave sexual behavior outside of marriage. Negative behaviors of adolescents can cause Emotional Dysregulation (ED). One of the impacts of ED is compulsive sexual behavior or convulsive sexual behavior. We cannot close our eyes, adolescents' permissiveness towards unhealthy sexual behavior is increasing. Courtship has become a behavior that is considered normal, even though courtship is a gateway to promiscuity or unlimited association in a bond that is not legal in the eyes of the law. This weak influence signals the existence of other variables besides parents that have not been studied and have an influence on sexual behavior. Based on the results of research by Suazini et al (2021) that there are external factors

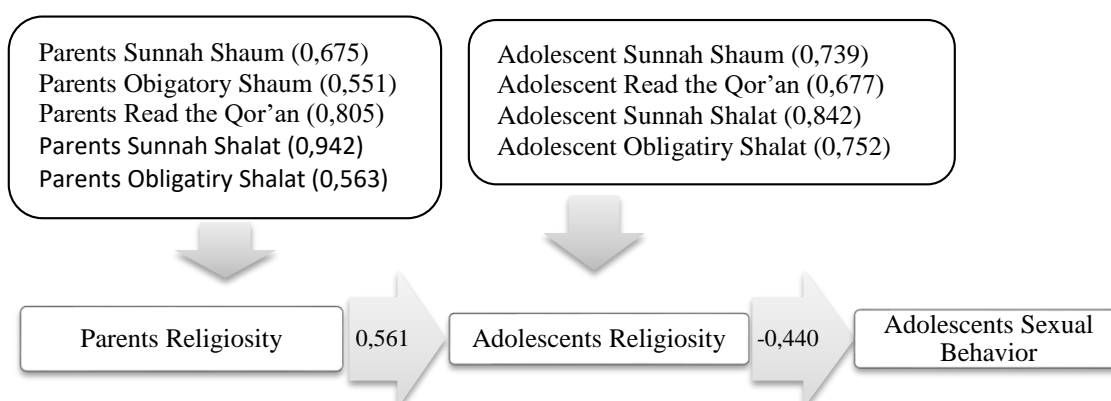
that influence sexual behavior including friendship and culture in the surrounding environment. The external factors in question are dating permission from parents, reproductive advice and communication from parents to their children, family relationship harmony, increasingly massive sources of sexual information from various media, societal moral shifts (there is no shame from couples who make out in public places), the existence of safe places to do sex (such as homes, boarding houses, hotels and tourist objects), the influence of close friends, discussing sex with friends, watching pornographic films, dating relationships, government policies regarding pre-marital sex regulations [29,30,15,10,31,11].

We did not explore the influence of parental religiosity on adolescent sexual behavior. However, it has been suggested that parents' level of religiosity may influence social norms, their approach to sexual education and the level of openness in communicating about sexuality topics. The influence of parental religiosity on healthy adolescent sexual behavior may vary depending on family dynamics, culture and other individual factors. Some teens may adopt their parents' religious values. While others may experience changes or differences in their views on sexuality. Some religious parents may tend to adopt a more conservative approach or choose to avoid open conversations about sexuality. While other parents may encourage open communication and provide sexual education based on religious values. Parental religiosity is an external factor that influences adolescent sexual behavior [15,28,31].

Other external factors such as culture, peers, education and personal experiences can also influence a person's sexual behavior. Social circumstances and community influences can encourage individuals to follow religious rules and norms relating to sexual behavior. Shame, fear of isolation, receiving discrimination, not being recognized by the environment become part of what controls a person's behavior. This means that these external factors only affect the mindset, views and attitudes towards sexuality, not yet the actions of adolescents towards their choice of sexual behavior [8,22,25].

Internal factors that are inseparable with the individual will synthesize, reflect all external influences. Each person has a different interpretation of external factors. It can happen that adolescents who have agreed with their parents' views to avoid promiscuous sex, recognize that this behavior will have a bad impact on their lives, both personal life and social life, but in practice they still do what they did not agree with before. This can happen because their defenses are fragile, they do not really believe in the truth of the external factors they receive, or external factors dominate and suppress them so that they violate their previous views without strength. To realize healthy sexual behavior, and good social interaction requires great strength from external and internal factors and awareness that God will show the path of truth, so that all the efforts we make must be accompanied by prayer [8,22,25].

Figure 1. Inner Model of Parental Religiosity, Adolescents and Adolescent Sexual Behavior



Conclusion

The results of this study show that in the current situation, the religiosity of parents is higher than the religiosity of adolescents. It was also found that many teenagers do not engage in deviant sexual behavior. The first conclusion from this correlation analysis is that religious parents have a positive effect on adolescent religiosity. An increase of one unit of parental religiosity affects an increase in adolescent religiosity by 55.1%. The second conclusion is that adolescent religiosity has an effect on reducing inappropriate adolescent sexual behavior. An increase in adolescent religiosity by one unit will reduce sexual behavior in friendships by 38.5%.

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