Conference Book
International Conference on Health Care and Management

“Evidence to inform action on supporting and implementation of SDGs”

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International Conference on Health Care and Management - 2018

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Welcome Message

Assalamualaikum Warahmatullahi Wabarakatuh

Dear honorable guests,

Sustainable Development Goals (SDGs) as an agreement of sustainable development objectives agreed by all countries at the 2015 UN sessions. Each country including Indonesia has an obligation to implement this joint development plan by applying universal, integration and inclusive principles by ensuring that no one missed or “No-one Left Behind” Indonesia has Nawa Cita or 9 priority agenda which should synergize with SDGs and can be used as health program application in Indonesia to also achieve SDGs.

On behalf of the organizing committee and the Nursing Society of Indonesia, I am glad to invite you to join ICHM 2018 (International Conference on Health Care and Management) in Bandung, Indonesia on July 16-17, 2018.

The conference is expected to reveal some solutions for evidence-based health care and scientific facts to be discussed by various viewpoints from diverse speakers from around the world with the title “Evidence to inform action on supporting and implementation of SDGs. Through the International Conference is expected to improve health services, especially in the field of nursing in Indonesia to improve the human development index.

We hope all participant could benefit from the exciting program and will surpass your expectation and that will be an inspiring event.

Warm regards,

Dhika Dharmansyah
Conference chair
Assalamu’alaykum Wr.Wrb
Good morning and best wishes for all of us.

Ladies and gentlemen, in such a great and happy day, let’s praise and thank to Allah Swt who has given us grace and mercy to all of us to gather in this International Conference on Health Care Management event today.

First of all, we would like to gratitude and appreciate highly to national Cheng Kung University Hospital has given the opportunity and confidence to our institution STIKep PPNI Jabar for the second time in collaboration to organize International Conference on Health Care Management with theme: “Evidence to inform action on supporting and implementation of SDGs”. This event is one of follow up The memorandum of Understanding between NCKUH with STIKep PPNI Jabar.

STIKep PPNI Jabar is as a nursing education institution carry out the mandate to create professional nurse, we must implement all TRIDHARMA University activities in academic atmosphere that aims to broaden and improve nursing and existence of nurse profession capacity in nation developing continually.

As we know the university academic quality is determined by its researches and graduates result quality. The research work results may be either a right against managing intellectual wealth equity as well as scientific work which is able to be publicized through scientific journals and scientific gathering forums of the same scientist background both in national and international level.

Nevertheless, the publishing of journal researches is published by its university. Nowadays, it is irregular because there are both financial and scientific manuscript availability drawbacks. Scientific regular manuscripts are very limited because manuscript contributor is only from its university as well.

The high education Research and technology ministry data in 2017, it stated that there were an increase of research work publishing done by practitioners, academicians and researchers of Indonesian. The amount of Indonesian research publishing on international journal certifiable indexed Scopus tended to increase. The high education Research and technology ministry data on December 1st 2017 noted that Indonesia scientific research publishing reached 14.100 journals. Meanwhile, on October 1st 2017 there were as many as 12.098 journals.

However, internally nurse profession scientific research journals are still less of publishing. It is alleged to the low of quantity and quality publishing about nursing. One of the drawbacks is rarely the interaction between nursing scientists and experts in scientific conferences. Some efforts are carried out by STIKep PPNI to encourage and to accelerate sharing knowledge amongst the nursing experts. Accordance to the goals, National Cheng Kung University Hospital Taiwan and STIKep PPNI have made MoU and held as this International conferences organizer. Hopefully, it is able to bridge all stakeholders, practitioners, and academicians in supporting the quality of the human resources especially, nurses and health workers as well.
The honourable ladies and gentlemen,
Nowadays, in the global era, the transformation runs rapidly and consequently it makes the knowledge based society. Information and communication technology development are very important in on its role in manifesting society development based on the knowledge. The higher education of society will be higher of health service quality demands specially nurse.

Accordance to the effort, this International conference aims to,
1. Facilitate the knowledge sharing between health experts and nurses to encourage the goal of health human resource quality.
2. Produce health scientific and nursing articles deserve to be published on international scopus indexed journal.
3. Make communication networking amongst Universities, research institution, nurse practitioners, and other stakeholders.

I truly believe that all participants through the 2 days in international conference, our goals above are able to be manifested well.

Finally, I would like to thank to all of participants diligently and with spirit of attending this international conference on health care management.

Wish the conference is able to be knowledge sharing event and delightful and successful as well, the conference will be enlightened and interchange will do great help for us after attending this conference, especially STIKep PPNI Jabar and generally for all profession nurses to provide health services to communities, aamiin ya robbal alamin.

Wassalamu’alaykum Wr.wb.
Kindest regards,

The Dean of STIKep PPNI Jabar
Excellencies, Distinguished Delegates, Ladies and Gentlemen,
Selamat Siang,

I’m ChyunYu Yang, the superintendent of National Cheng Kung University Hospital in Tainan, Taiwan. On behalf of our hospital, it is my pleasure and privilege to welcome all of you to participate in the international conference on health care and management 2018. To our eminent speakers and delegates who have come from UK, Netherland, Korea, Japan, Thailand, Singapore, Taiwan, and Indonesia, I bid you a very warm welcome to Bandung. We are indeed honoured to have you here with us. We have about 1,000 participants from different places in Indonesia and countries gathered here today, making our conference a truly meaningful one.

This is our second time collaborating with STIKEP PPNI Jawa Barat to hold an international conference. Last year, we had a very successful conference with the theme focusing on infection control and disaster management. And this year, our conference theme is “evidence to inform action on supporting and implementation of SDGs”.

The Sustainable Development Goals (SDGs) known as the global goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. Goal 3 addresses all major health priorities and calls for improving reproductive, maternal and child health; ending communicable diseases; reducing non-communicable diseases and other health hazards; and ensuring universal access to safe, effective, quality and affordable medicines and vaccines as well as health coverage. However, the world seems still far from ending maternal mortality, with more than 303,000 deaths in pregnancy or childbirth occurring annually. NCDs are also a growing problem, causing 40 million deaths in 2015. But, all in all, we can take comfort in the fact that SDGs indicators are moving in the right direction. Yet we still have plenty of work to do.

I wish in the next two days and a half, we have the opportunity - and indeed the responsibility - to prepare and add knowledge related to the current situation and progress reflection of SDGs. In closing, I encourage delegates to participate actively in the interesting discussions over the next two days. I wish everyone a successful and fruitful conference.

Thank you.
Conference Committee

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                       Drs. Sutjahyo., M.M
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Asep Haedar
Djudju
Adjum
Dahlan
Edi

Asep Supriyadi
Diki
Uu
Siswo
ABSTRACT

**Background:** One of the causes of reproductive health problem among adolescent girls in Indonesia is premarital sexual behavior. The possible factors are the low level of sexual assertiveness and low level of self-esteem. **Objectives:** The purpose of this research is to identify the self-esteem, sexual assertiveness, and premarital sexual behavior on adolescent girls. **Methods:** The quantitative descriptive study involving adolescent girls at SMK Baabul Kamil Jatinangor with total sampling technique (n=98). The instrument of this research used three measurements roommates are self-esteem scale, sexual assertiveness scale, and premarital sexual behavior scale. **Results:** The results of this research showed that there are 55.4% of adolescents are at a moderate self-esteem, 80% of adolescents have high sexual assertiveness, and 52.3% of adolescents have sexual behavior in high risk category. **Keywords:** Self-Esteem, Assertiveness, Premarital Sexual Behavior

INTRODUCTION

Sexual related to the experience of the body from a wet dream, holding hands to sexual intercourse (Style Network Color Lantern Indonesia, 2016). Sexual behavior is all behavior driven by sexual desire with the opposite sex or the same sex (Sarwono, 2016). Sexual behavior performed by the opposite sex can be initiated with a relationship which is called dating. In this relationship, the individual intimacy gradually forms a pattern that is kissing, light petting, heavy petting and intercourse (Hurlock, 1986). According to Pearl, Maria, and Karwati (2008) forms and stages of sexual behavior in dating includes several stages ranging from low risk to high risk of pregnancy and Sexual Transmitted Diseases (STDs) which starts from holding hands, hugging, kissing, touching the sensitive area, petting, oral sex, until sexual intercourse.

In Indonesia, people first dating in teenage years. Around 33.3% of women were first dating in the age of 15-17 years, and 34.5% of men were first dating in the age of under 15 years (Kementrian Kesehatan RI, 2015), and the majority of adolescent doing premarital sexual behavior the first time at the age of 15-18 years (Soetiningsih, 2008). This is supported by Freud (Hidayat, 2008) that at this time the child started having an interest in the opposite sex and look for a pattern to satisfy the urge genitals. Based on the Indonesian Demographic and Health Survey (IDHS) in 2007 and 2012, an increase in the percentage of adolescents who had sexual intercourse in Indonesia at the age of 20-24 years from 1.4% to 1.8%. Then in adolescents aged 15-19 years decreased from 1.3% to 0.7% (Kemenkes, 2015).

The negative impacts of premarital sexual behavior are unwanted pregnancy, abortion, and the risk of contracting sexually transmitted infections (STIs) (Kemenkes, 2015). Based on the statement can be seen that women are vulnerable to the negative effects of premarital sexual behavior. This is supported by the Indonesian Pediatric Association that the highest incidence of STIs in adolescents, especially girls (Ikatan Dokter Anak Indonesia, 2013).

Especially in women, the value of virginity is an honor for women that must be maintained as best as possible. Based on research conducted by Slamet (2016) virginity can be considered positive
or negative depending on the culture and the belief held. Most people assume virginity shows a woman's dignity. Keeping and maintaining virginity that is the essence of purity.

According to Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN) in Indonesia, the increase of premarital sexual behavior have a negative impact that is unmarried pregnancy. Every year, around 1.7 million births of girls aged under 24 years, which some of that is Unwanted Pregnancy (KTD) (Badan Kependudukan dan Keluarga Berencana Nasional, 2016).

The occurrence of premarital sexual behavior in adolescents because of the factors that affected. Based on research Soetjiningsih (2008) on adolescent premarital sexual behavior is influenced by three factors: individual factors include self-esteem and religiosity, family factors include parent-child relationships, and factors outside the family include peer pressure and media pornography.

According to Myles (1983) aspects of personality may influence adolescent sexual behavior, in which the personality aspect is self-esteem. Self-esteem can affect adolescents in decisions regarding sexual activity; this decision came from whether teens will engage in sexual activity or not then the extent of sexual activity to be carried out by them.

According to Coopersmith (1967) self-esteem is a self-evaluation in which an individual perceives himself capable, important, and valuable in which there are four aspects of power, virtue, significance, and competence. The fourth of these aspects are related to each other where if one of them is not fulfilled, it will affect the high or low self-esteem. According to research conducted by Enejoh et al. (2016) adolescent with low self-esteem tend to be more sexually active and vulnerable to risky sexual behavior. Where risk sexual behavior here that is at risk of pregnancy and Sexual Transmitted Diseases (STDs).

One of the efforts that have been done to prevent the sexual behavior is increasing the self-esteem of individuals by increasing assertiveness of individuals (Nasri & Koentjoro, 2015). Assertiveness is the ability to say "no," the ability to ask for something, the ability to initiate, connect and end the general conversation (McKay, Davis, and Fanning, 2009). Assertive toward premarital sexual behavior or sexual assertiveness then called with regard on the ability to act firmly defend sexual rights not to be abused and can take their sexual decisions while respecting the rights of others or his partner, and expressing themselves honestly in the right way without anxious feelings that interfere so that the realization of alignment and formulas in relationship with their partner.

The magnitude of the consequences arising from the lack of sexual assertiveness, making sexual assertiveness as essential to achieving sexual objectives and protecting themselves from unwanted or unsafe sexual activity. The study found that adolescent girls are more at risk than adolescent men in the inability to reject premarital sexual behavior and fight couples to defend themselves (Davis, 2008). If adolescent girls can consider premarital sexual behaviors, where these considerations lead to an understanding of the risks of sexual behavior, then adolescent girls will be able to manage their sex desires well, and their sex desires can be channeled healthily and responsibly (Falah, 2009).

According to research Nasri and Koentjoro (2015), to improve individual assertiveness can be done with normative activity training, from this training can also increase individual self-esteem. Where people better understand that she has an equal right to express feelings and opinions in a positive way, so that will reduce the negative pressures that affect the individual regarding decision-making, including in sexual behavior. Researchers as nursing students where the field of nursing has a role in efforts to improve health and disease prevention. So in this study, the field of nursing, especially maternity and psychiatric or mental health is needed in preventing and reducing premarital sexual behavior on adolescent girls.

**METHODS**

The design of this research is descriptive quantitative. The variables in this study consist of three variables: self-esteem, sexual assertiveness, and sexual behavior. The population in this research were unmarried adolescent girls aged 15-19 years as many as 98 people. Sampling was conducted using total sampling technique and obtained a sample of 65 people with the drop out rate of 33.7%. The high rate of drop out due to not willing to fill out a questionnaire. Data collection techniques in
this research are with the spread of questionnaires. The questionnaires used are Coopersmith Self Esteem Inventory (CSEI) by Stanley Coopersmith (1967), Sexual Assertiveness Scale which developed by Natalia Tholense dan Wahyu Rahardjo (2013), and Premarital Sexual Behavior which developed by Herfianti (2013).

RESULTS
Descriptive of Self-Esteem
From the research results using the Coopersmith Self-Esteem Inventory (CSEI), the analysis results of self-esteem are as follows:

<table>
<thead>
<tr>
<th>Self-Esteem</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>16</td>
<td>24.6</td>
</tr>
<tr>
<td>Moderate</td>
<td>36</td>
<td>55.4</td>
</tr>
<tr>
<td>High</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100</td>
</tr>
</tbody>
</table>

From the table above can be seen that from 65 respondents as many as 36 respondents (55.4%) were self-esteem in the medium category, a total of 16 respondents (24.6%) are in a low category, and only 13 respondents (20%) are in the group high.

Sexual Assertiveness
From the results of research using Sexual Assertiveness Scale developed by Natalia Tholense and Wahyu Rahardjo (2013), analysis results of sexual assertiveness as follows:

<table>
<thead>
<tr>
<th>Sexual Assertiveness</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very low</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Low</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Moderate</td>
<td>8</td>
<td>12.3</td>
</tr>
<tr>
<td>High</td>
<td>52</td>
<td>80</td>
</tr>
<tr>
<td>Very high</td>
<td>5</td>
<td>7.7</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on the table above, can be seen that more than half of respondents are at a high level of sexual assertiveness as many as 52 respondents (80%).

Premarital Sexual Behavior
From the results of the study of sexual behavior using a questionnaire developed by previous research (Herfianti, 2013), the analysis results of premarital sexual behavior as follows:

<table>
<thead>
<tr>
<th>Sexual behavior</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low risk</td>
<td>31</td>
<td>47.7</td>
</tr>
<tr>
<td>High risk</td>
<td>34</td>
<td>52.3</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on the table above, can be seen that most respondents as many as 34 people (52.3%) are at high-risk sexual behavior, but no differences were so meaningful to respondents who are at low risk as many as 31 people (47.7%).

DISCUSSION
Self-Esteem of Female Adolescents
Based on the data analysis of the variables of self-esteem, showed that most adolescent girls have moderate self-esteem (55.4%). Individuals with moderate self-esteem have characteristics that are almost equal to high self-esteem that is felt appreciated, enjoy life, can accept failure and feel confident that she is a successful person, but sometimes individuals feel less confident in assessing herself, so need support the strong and the acceptance of the environment both the family and social (Candra, I Gusti, I Nengah, 2017).

Individual needs for support and acceptance from the environment in line with one of the aspects that affect the self-esteem by Coopersmith (1967), namely significance which is the mean of the individual when she received the award, acceptance, and interest in the environment.

Respondents in this research is an adolescent girl with age range of 15-18 years which at this time many threats that claimed the self-esteem of individuals, this is caused by the situation when the change in self-concept and decision-making by individuals (Stuart, 2016). In adolescent girls mostly experienced a decreased in self-esteem as a result of physical changes at puberty (Myles, 1983).
In addition to the physical changes, the decrease in self-esteem can also be influenced by external factors that are family and peers. According to Izzah (2017) attachment to parents on their children a sense of security to children, then if parents give positive feedback and acceptance, it can lead to a positive effect on the development of self-esteem.

In addition to parents, peers can cause low or high factor adolescent self-esteem. According to research Azizah & Rachmialia (2016) adolescents with good peer support have positive self-esteem and otherwise. Therefore, peer support would raise self-esteem in adolescents, adolescents will feel that they are valuable and worth in the neighborhood peers.

**Sexual Assertiveness of Female Adolescents**

The average experienced sexual assertiveness in a score of 146.25 which is the higher category. This is in line with research Karniyanti and Lestari (2017) which states that late adolescent women in Bangli have a high level of sexual assertiveness.

One of the determining factors of individuals assertive behavior is education. According to Omyezugbo (2003), the educational environment has a big influence on the formation of attitudes, particularly assertive behavior. The higher the level of education a person the more widespread thinking insight, so they can have the ability to develop themselves more openly.

Interpretation of the results shows there are respondents who have moderate sexual assertiveness. This is due to lack of information or health education received by them. Respondents in this category may fall in the lower category if it does not get the proper intervention but if given intervention to resolve the problem such as the provision of health education, respondents in this category may be interested in the high category. This is in line with the Avars study (2017) that knowledge and training can increase a person's sexual assertiveness, especially in school-age children.

This study uses the Sexual Assertiveness Scale which developed by Natalia Tholense and Wahyu Rahardjo (2013), this instrument based on the individual characteristics of assertive proposed by Jakubowski & Lange (1987) and it’s associated with premarital sexual behavior. Sexual Assertiveness Scale includes five components of sexual assertiveness. In adolescents who have the assertiveness high mean adolescent girls can respect the rights of others and themselves related to sex, dare express their opinions directly related to the sexual, honest associated sexual, pay attention to the circumstances related to sex, and body language that is suitable regarding sex.

Based on research by Harsanti (2012), states that assertiveness training can reduce risky sexual behavior in adolescence. There are various methods of assertiveness training. Weni (2012) describes a method of sexual assertiveness training used are in action first form of quizzes of self-assertiveness and video views violence in dating, act II in the form of solving discussion of cases followed by role play and act III in the form of solving individual cases related to decision-making premarital sex.

**Sexual Behavior of Adolescent Girls**

Based on the analysis data on sexual behavior variables, showed that most adolescent girls have done sexual behavior with a high-risk category (52.3%), but not a few of them were classified as low-risk category (47.7%). Premarital sexual behavior in high-risk behavior means that adolescent girls do at the instigation of sexual desire in the opposite sex have higher levels of risk affected as premarital pregnancy and sexually transmitted behavior.

Adolescents in this study are the age range of 15-18 years. According to Soetjiningsih (2008) the majority of adolescent sexual behavior is the first time at the age of 15-18 years. This is due to the increasing age of adolescence, growing reproductive organs that influence sex drive so that teens can feel the changes that may arise in the form of interest in the opposite sex and the desire for sexual satisfaction (Rusmiati & Sutanto, 2015). This is in line with research Pearls, Maria, and Karwati (2008) in which most individuals teens never commit sexual behavior where such behavior is done in stages starting from holding hands, hugging, kissing, touching body parts that are sensitive, petting, oral sex, up to sexual intercourse.

The high-risk sexual behavior in adolescents is not only seen how severe behavior, but the frequency of visits also sexual behavior. The more teenagers often do sexual behavior with a partner,
then the risk of even greater impact on the behavior despite done quite mild and considered common in dating. This is because when adolescent starts a mild sexual behavior, there is a tendency to start to try severe sexual behavior and high risk (Sekarrini, 2012).

High or low risk of adolescent sexual behavior may be influenced by factors such as the experience of dating. According to research Setiawan and Siti (2008), dating experiences affect the premarital sexual behavior in adolescents but can still control if other factors including understanding their moral ethics and religion as well as parental controls. Where according to research Musthofa and Praise (2010) that parents play a role in controlling behaviors that do child, with parental controls can make children more responsible simply to let others know where they go and what they will do, including behaving in context sexuality.

According to Soetjiningsih (2008) the negative pressure from peers can influence the occurrence of premarital sexual behavior in adolescents. Adolescents who have friends have had sex before marriage are more likely to participate in risky sexual behavior, but the effect is not so great on girls (Suparmi & Siti, 2016). This happens because the girls have thought if they had sexual intercourse before marriage, they will suffer the consequences directly as pregnancy outside of marriage so that women forced to be more cautious (Lisnawati & Nissa, 2015).

Another factor is derived from the individual's self is self-esteem. Aspects of personality may be a factor in the sexual behavior in adolescents; one aspect is self-esteem. Where according to Myles (1983) self-esteem is an aspect of personality that influence decision-making in sexual activity committed by a juvenile, this decision came from whether teens will engage in sexual activity or not then the extent of sexual activity to be carried out by adolescence.

**CONCLUSION**

The results showed that most adolescent girls have moderate self-esteem, which means that in these conditions they need more support from their environment. It needs special attention, because if the adolescent girl's self-esteem decreased can interfere with social life and affect the behavior to be performed by them. But sexual assertiveness of them are in a high category; it means that they can be firm in rejecting sexual behavior. It remains to be the development of sexual assertiveness in adolescent girls because at this age they can still be affected by the surrounding environment. While adolescent girls have a high sexual assertiveness, sexual behavior of adolescent girls most are classified as high risk. This can be caused by negative factors from the surrounding environment. Based on these conditions, the need for specific strategies to prevent and reduce sexual behavior either high or low risk on adolescent girls.

**REFERENCES**


