

ORIGINAL RESEARCH ARTICLE

The role of self-esteem, self-control, parental support, and peer influence in sexual assertiveness among female adolescents

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Abstract

Adolescent girls often face challenges in asserting their sexual rights and boundaries, particularly due to fear of losing a partner or social pressures. This study aimed to examine the influence of self-esteem, self-control, parental support, and peer support on sexual assertiveness among female adolescents in Pacar Kembang district, Surabaya, Indonesia. A cross-sectional design was used with 100 participants who completed self-administered questionnaires. Data were analyzed using multiple linear regression, revealing that self-esteem ($\beta = 0.227, p = 0.014$), self-control ($\beta = 0.267, p = 0.010$), parental support ($\beta = 0.319, p = 0.000$), and peer support ($\beta = 0.133, p = 0.032$) significantly predicted sexual assertiveness. These findings underscore the importance of building adolescents' self-confidence, emotional regulation, and support networks to strengthen sexual agency. Interventions that promote these factors may contribute to reducing risky or unwanted premarital sexual behaviors among young females, and similar strategies may be applicable in other low- and middle-income country settings. (*Afr J Reprod Health* 2025; 29 [9]: 98-104)

Keywords: Sexual assertiveness, self-esteem, self-control, parental support, peer support, adolescents

Résumé

Les adolescentes rencontrent souvent des difficultés à affirmer leurs droits et leurs limites en matière de sexualité, notamment par peur de perdre leur partenaire ou par la pression sociale. Cette étude visait à examiner l'influence de l'estime de soi, de la maîtrise de soi, du soutien parental et de l'entraide sur l'affirmation de soi chez les adolescentes du district de Pacar Kembang, à Surabaya, en Indonésie. Une étude transversale a été menée auprès de 100 participantes ayant rempli des questionnaires auto-administrés. Les données ont été analysées par régression linéaire multiple, révélant que l'estime de soi ($\beta = 0,227, p = 0,014$), la maîtrise de soi ($\beta = 0,267, p = 0,010$), le soutien parental ($\beta = 0,319, p = 0,000$) et l'entraide ($\beta = 0,133, p = 0,032$) prédisaient significativement l'affirmation de soi. Ces résultats soulignent l'importance de développer la confiance en soi, la régulation émotionnelle et les réseaux de soutien des adolescentes pour renforcer leur capacité d'agir sexuelle. Les interventions favorisant ces facteurs peuvent contribuer à réduire les comportements sexuels pré-nuptiaux à risque ou non désirés chez les jeunes femmes, et des stratégies similaires pourraient être applicables dans d'autres pays à revenu faible ou intermédiaire. (*Afr J Reprod Health* 2025; 29 [9]: 98-104).

Mots-clés: Affirmation sexuelle, estime de soi, maîtrise de soi, soutien parental, soutien par les pairs, adolescents

Introduction

Adolescents need to develop assertive behavior,¹ especially sexual assertiveness. Sexual assertiveness is defined as the ability to express one's needs and boundaries regarding sexual activity confidently, respectfully, and without coercion,^{2,3} thereby preventing premarital sexual engagement. However, many adolescents, particularly females, struggle to demonstrate assertiveness, a behavior often reflected

in their inability to reject premarital sexual advances. A key contributing factor to this lack of assertiveness is the fear of losing a romantic partner, which can lead to compliance with unwanted sexual advances.⁴

Recent studies have highlighted a concerning rise in premarital sexual behavior among Indonesian adolescents. Data from the 2017 Indonesian Demographic Health Survey (IDHS) indicate an increase in the percentage of both women and men aged 15–24 years who have had their first

sexual intercourse, suggesting a shift toward earlier sexual initiation. This trend points to evolving adolescent values and a growing acceptance of premarital sexual activity.⁵ Moreover, the study showed that 26.6% of teenagers were motivated to have sexual intercourse due to peer influence.^{6,7} These findings underscore the urgent need to foster sexual assertiveness in adolescents, particularly females, to equip them with the ability to resist unwanted premarital sexual experiences.

Sexual assertiveness refers to the ability to uphold sexual rights and make decisions without infringing on the rights of others or causing harm to a partner, while expressing oneself in a positive and confident manner.⁸ Assertive individuals exhibit key characteristics: respecting both their own rights and those of others, confidently expressing opinions, maintaining honesty, being aware of situational contexts, and effectively using body language. These attributes are essential for adolescent development, as they enable individuals to make well-informed, appropriate, and responsible decisions regarding sexual activity.⁹ Women with strong sexual assertiveness are more likely to reject unwanted sexual advances.¹⁰

Several factors, both internal and external, influence sexual assertiveness in adolescents. Internal factors include gender,^{3,11-13} self-esteem,¹⁴⁻¹⁶ and self-control¹⁷ while external factors encompass parental support^{18, 19} and peer influence.²⁰ These findings highlight the critical role of sexual assertiveness, particularly among female adolescents, in protecting themselves from circumstances that may lead to engagement in premarital sexual behavior.

Self-esteem is fundamental in adolescent decision-making, as individuals with high self-esteem are more confident in setting boundaries and resisting unwanted sexual advances. Adolescents with low self-esteem may struggle to express their needs and be more susceptible to coercion in relationships.^{21,22} Similarly, self-control plays a vital role in regulating emotions and sexual decision-making, enabling adolescents to adhere to their values and avoid engaging in unwanted sexual activities. Without strong self-control, individuals may be more impulsive and prone to peer or partner pressure.²³

Parental support serves as a protective factor, as adolescents who receive emotional and moral guidance from their parents tend to develop stronger assertiveness and decision-making skills. Parents influence their children's perceptions of relationships and reinforce the importance of setting personal boundaries.^{24, 25} Meanwhile, peer support significantly impacts adolescent sexual assertiveness, as social influence from friends can also influence risky sexual behavior. Supportive peer relationships can reinforce assertive behavior, while negative peer pressure may increase vulnerability in sexual situations.^{20, 26}

To address these issues, this study aims to analyze the influence of self-esteem, self-control, parental support, and peer support on sexual assertiveness among female adolescents in Indonesia. By identifying the psychological and social factors involved, the study seeks to contribute evidence-based insights for developing interventions that promote sexual assertiveness and reduce the risk of premarital sexual behavior.

Methods

This study employed a cross-sectional design and aims to analyze the factors influencing adolescent sexual assertiveness behavior in Pacar Kembang Surabaya, Indonesia. The research was conducted in Surabaya, from June to July 2024. A convenience sampling method was used in this study. The inclusion criterion for this study is female adolescents who have a romantic boyfriend. The study variables include the dependent variable, namely adolescent sexual assertiveness, and the independent variables, which include self-esteem, self-control, parental support, and peer support.

Data were collected using a self-report questionnaire. Self-esteem was adopted from Rosenberg Self Esteem Scale (RSES).²⁷ The RSES was modified into a five-item scale, with response options ranging from "strongly agree," "agree," "disagree," to "strongly disagree." Cronbach's alpha of this questionnaire was 0.76. Self-control was assessed using a five-item questionnaire with the same response scale. It was modified from previous theory regarding self-control.²⁸ Cronbach's alpha of this questionnaire was 0.72. Parental support was

evaluated through five-item questionnaires with identical response options. Cronbach's alpha of this questionnaire was 0.732. While peer support was also measured using a five-item questionnaire with a Cronbach's alpha of 0.612.

The sexual assertiveness behavior questionnaire consisted of five items, with response categories of "strongly agree," "agree," "disagree," and "strongly disagree." It was modified from sexual assertiveness questionnaire²⁹ with a Cronbach's alpha of 0.714. All questionnaires were valid and reliable. Validity test used convergent validity, with a significance level of $p < 0.05$ and a correlation coefficient $r > 0.2$. Reliability was assessed using Cronbach's alpha, with a threshold of > 0.6 , indicating acceptable internal consistency.

Informed consent was obtained from all participants prior to data collection. For those under 18 years of age, consent was secured from a parent or legal guardian, along with assent from the adolescent participants. Participation was entirely voluntary, and confidentiality of all data collected was strictly maintained.

Data analysis was conducted using multiple linear regression models with SPSS version 29 for Windows. All predictor variables were treated as continuous variables. Multicollinearity was assessed using tolerance values and variance inflation factor (VIF). All VIF values were below 2.5, indicating no multicollinearity among the independent variables.

Results

Characteristic of respondents

Table 1 presents the characteristics of the respondents. Regarding age distribution, 16% were between 10 and 15 years old, 37% were between 16 and 22 years old, and 47% were over 20 years old. In terms of education level, 13% had completed elementary school, 30% had finished junior high school, 53% had completed high school, and 4% had a bachelor's degree.

Table 1: Characteristics of respondents

Characteristic	Frequency	%
Age		
10 - 15 years old	16	16.0
16 - 20 years old	37	37.0
≥ 21 years old	47	47.0
Total	100	100
Education		
Elementary school	13	13.0
Junior high school	30	30.0
Senior high school	53	53.0
Bachelor's degree	4	4.0
Total	100	100

Descriptive statistics of study variables

Based on Table 2, the minimum and maximum scores for all variables ranged from 10.00 to 20.00. The results indicated that the mean scores for all variables are relatively similar, with slight variations in their standard deviations. The Self-Esteem (X1) variable had an average score of 16.17 with a standard deviation of 1.815, while Self-Control (X2) had a mean score of 16.09 and a standard deviation of 1.718. The Parental Support (X3) variable recorded a mean score of 16.02 with a standard deviation of 1.815, whereas Peer Support (X4) had an average of 16.13.

Table 3 shows simple regression analysis. Based on the analysis of the regression coefficient values, it can be concluded that the constant value of Sexual Assertiveness (Y) was 0.987. The effect of Self-Esteem (X1) on sexual assertiveness was indicated by a regression coefficient of 0.227. Similarly, Self-Control (X2) had a regression coefficient of 0.267. Parental Support (X3) also had a positive effect, with a regression coefficient of 0.319. Lastly, Peer Support (X4) increased sexual assertiveness by 0.133. No signs of multicollinearity were detected. Tolerance values ranged from 0.398 to 0.825, and VIF values were all below 2.6, confirming independence among predictors.

Table 2: Descriptive statistics of study variables

	N	Minimum	Maximum	Mean	Std. Deviation
Self Esteem	100	10	20	16.17	1.815
Self-Control	100	10	20	16.09	1.718
Parental Support	100	10	20	16.02	1.815
Peer Support	100	10	20	16.13	1.978
Sexual Assertiveness	100	10	20	16.21	1.771

Table 3: Simple linear regression analysis

Model	Unstandardized Coefficients		Standardized Coefficients	t-value	Sig. (p-value)	Collinearity Statistics	
	B (unstandardized coefficient)	SE (Std. Error)	B (standardized coefficient),			Tolerance	VIF
1 (Constant)	.987	1.228		.804	.424		
Self Esteem	.227	.091	.233	2.501	.014	.444	2.252
Self-Control	.267	.101	.259	2.637	.010	.398	2.514
Parental Support	.319	.087	.327	3.646	.000	.479	2.090
Peer Support	.133	.061	.148	2.173	.032	.825	1.212

Table 4: Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.797 ^a	.635	.620	1.093

a. Predictors: (Constant), **Self-Esteem, Self-Control, Parental Support, and Peer Influence**

b. Dependent Variable: **Sexual Assertiveness**

Table 4 shows the value of the multiple correlation coefficient (R), which represents the correlation between the independent variables - Self-Esteem (X1), Self-Control (X2), Parental Support (X3), and Peer Support (X4) and the dependent variable Adolescent Sexual Assertiveness Behavior (Y) - is 0.797. This indicates a strong relationship between the independent variables and the dependent variable. The value of the multiple coefficients of determination (R-square) is 0.635 or 63.5%. This value indicates that 63.5% of the variance in Adolescent Sexual Assertiveness Behavior (Y) is influenced by Self-Esteem (X1), Self-Control (X2), Parental Support (X3), and Peer Support (X4), while the remaining 36.5% is influenced by other variables outside the scope of this study

Discussion

This study aimed to examine the factors influencing sexual assertiveness among female adolescents. The results revealed that self-esteem, self-control,

parental support, and peer support significantly contribute to sexual assertiveness. These findings are consistent with previous studies.^{20, 26,30-31} Being assertive in sexual behavior during adolescence is essential. The inability to be assertive is often associated with involvement in premarital sexual relationships, while the ability to defend one's sexual rights can reduce the likelihood of premarital sexual behavior.

The current findings demonstrate that self-esteem plays a crucial role in shaping adolescent sexual assertiveness. This study is in line with previous study^{21,22} in finding that adolescents with high self-esteem are confident in making decisions related to sexual behavior and are able to set boundaries.³² They understand their self-worth. Good self-esteem is also associated with effective communication skills, allowing adolescents to openly express their feelings, desires, and boundaries. In contrast, adolescents with low self-esteem are more vulnerable to coercion and often struggle to communicate their preferences

effectively.³³ Self-control also emerged as a significant predictor of sexual assertiveness. This finding supports previous studies indicating that adolescents with strong self-regulatory abilities are better equipped to manage emotional impulses and make deliberate, value-based decisions in sexual situations.^{34,35} Good self-control enables adolescents to evaluate situations rationally, delay gratification, and adhere to personal boundaries, thereby reducing the likelihood of engaging in unwanted or impulsive sexual behavior.^{34,36} In addition, self-control helps adolescents to prevent unwanted sexual activity.

This study exhibited that parental support had a relationship with sexual assertiveness among female adolescents. These findings reinforce existing evidence that parental involvement, emotional guidance, and value transmission foster adolescents' ability to make healthy and autonomous sexual decisions.^{24,25} Supportive parents create a secure environment in which adolescents feel empowered to express their boundaries and resist external pressures.³⁷ Additionally, parental support creates a safe and supportive home environment, boosts adolescents' confidence, and allows them to express their desires and boundaries. This support also provides emotional strength and strategies for adolescents.³⁸

Peer support also has a significant influence on female adolescent sexual assertiveness. Peers often influence adolescents' decisions through social pressure or support.²⁶ Pressure to engage in unwanted sexual activity can make adolescents more likely to engage in premarital sex. Additionally, social norms within peer groups can encourage adolescents to adopt behaviors that are considered standard or acceptable, whether positive or negative.³⁹ Encouragement and validation from peers can help adolescents feel supported in upholding their personal values and making safe, informed decisions regarding sexual activity.

This study has several limitations that should be acknowledged. First, the research was conducted in Surabaya, which may limit the generalizability of the findings to adolescents from different cultural, social, or economic backgrounds. Future studies could expand to multiple regions to obtain more diverse and representative data. Another limitation is

the use of self-report questionnaires, which may introduce response bias, as participants might provide socially desirable answers rather than accurately reporting their behaviors and attitudes. Future research could incorporate qualitative methods, such as interviews or focus group discussions, to gain deeper insights into adolescent experiences and perspectives on sexual assertiveness. Moreover, this study focused only on female adolescents with boyfriends, excluding those who are single or in different types of relationships. Future studies should consider including a broader demographic to better understand sexual assertiveness among all adolescents.

Conclusion

This study highlights the significant role of self-esteem, self-control, parental support, and peer support in sexual assertiveness among female adolescents. Adolescents with higher self-esteem and self-control are more likely to make informed decisions regarding their sexual behavior, resist unwanted advances, and uphold their personal values. Additionally, strong parental support fosters a sense of security and guidance, while positive peer support reinforces healthy sexual decision-making. These findings emphasize the importance of developing targeted interventions that enhance self-confidence, emotional regulation, and social support systems to promote sexual assertiveness. In contexts where access to comprehensive sexual education and mental health resources is limited, such interventions are especially vital for reducing sexual health risks and empowering young women to assert their rights and make autonomous, informed choices about their sexual and reproductive health.

Ethics approval and informed consent

The research procedure was approved by the Research Ethics Committee of the Brahmanda Chakra Lentera Institute, Number: 023.1/07/V/EC/KEP/LCBL/2024. Informed consent was obtained from all participants prior to data collection. For those under 18 years of age, consent was secured from a parent or legal guardian, along with assent from the adolescent participants.

Authors contributions

Author 1 conceptualized the study, designed the study, and wrote the manuscript. Authors 1 and 4 were responsible for data collection, data preparation, and data analysis. Authors 2 and 3 provided oversight and supervision of the research findings. All authors contributed to and approved the final manuscript.

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