Scientific Foundation SPIROSKI, Skopje, Republic of Macedonia
Open Access Macedonian Journal of Medical Sciences. 2022 Apr 09; 10(T6):193-200.
https://doi.org/10.3889/oamjms.2022.7311
eISSN: 1857-9655
Category: *T6 – "The Challenges and Opportunities for Nurses in The New Era Adaptation"*
Section: *Psychiatry*

Relationship between Perception, Educational Level, Place, Achievement, and Risk Behavior Among in-school Adolescents in Garut District

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Edited by: Mirko Spiroski
Citation: Yamin A, Suryani S, Yuyun S, Juniarti N. Relationship between Perception, Educational Level, Place, Achievement, and Risk Behavior Among in-school Adolescents in Garut District. Open Access Maced J Med Sci. 2022 Apr 09; 9(T6):193-200. https://doi.org/10.3889/oamjms.2022.7311
Keywords: Perception; Risk behavior; Educational level
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Received: 15-Sep-2021
Revised: 26-Mar-2022
Accepted: 30-Mar-2022

Funding: This study was supported through the Academic Leadership Grant from Universitas Padjadjaran
Competing Interests: The authors have declared that no competing interests exist

Abstract

BACKGROUND: Adolescence is a period that is prone to risky behaviors. The Indonesian National Commission for Child Protection has reported an increasing trend in engagement in risk behaviors among children and adolescents. A total number of 328 drug abuse cases and 153 drug dealing cases were reported from 2011 to 2016, and 93.7%t of adolescents had already been engaged in sexual behaviors. These risk-taking behaviors have led to 967 children who conflict with the law.

AIM: This study aimed to identify risky behaviors in adolescents in Tarogong Kidul Subdistrict, Garut District, West Java, Indonesia.

METHODS: This study was a cross-sectional study using cluster random sampling on 1175 in-school adolescents. Six schools were involved. The Adolescent Exploratory and Risk Behavior Rating Scale questionnaire collected data. Data were analysed descriptively and inferentially (Chi-square).

RESULTS: Most students had a low risk of engaging in risk behaviors, with a small proportion of students (27.3%) having positive perceptions. There was a relationship between perception of risk behavior and risk behavior with ($p = 0.026$, OR = 95%, CI = 3.050). A relationship was identified between the level of education and risk behaviour ($p = 0.000$) and between educational level, grade, academic achievement, and perception of risk behavior ($p = 0.000$). There is no relationship between gender, student residence, student preservation value, and risk behavior ($p = 0.804$).

CONCLUSIONS: Adolescents' perception of risk behavior and educational level influences their risk behavior, while educational level, grade, and academic achievement are linked to the perception of risk behavior. Gender, student residence, and preservation value do not influence risk behavior. Therefore, it is suggested that this information develops an adolescent prevention model and prevention interventions for adolescents in Garut District.

Introduction

The total population of adolescents (15–19 years old) in Indonesia has reached 13,102,011 million in February 2017 (Statistics Indonesia, 2017). As the most populated province in Indonesia, West Java, has a total number of adolescents (10–19 years) of 8,471,022 million. Garut District, as one of the districts in West Java Province, is the home of 504,789 adolescents (10–19 years) [1]. Adolescents are essential for the nation's future as they will influence the quality of the future human resources. Thus, it is necessary to ensure that they are engaged in positive activities and receive appropriate directions to become responsible and productive adults in the future.

However, adolescents are prone to various deviant behaviors, which will hamper the efforts to achieve high-quality human resources, as stated in the vision of Indonesia as a country. This involvement in various deviant behaviors is due to the lack of adolescents' ability to adapt to existing stresses and stressors. Some delinquency or deviant forms include drug use, extramarital sex, and crime. The tendency to be involved in deviant behaviors seems to increase in Indonesia, not only in big cities but also in districts. Suppose, there is no real action to deal with this problem. In that case, the quality of the next generation in Indonesia will be jeopardized, eventually hampering Indonesia's development as a nation.

The Indonesian National Commission for Child Protection (KPAI) has reported increased engagement in risk behaviors among children and adolescents. A total of 328 drug abuse cases and 153 drug dealing cases were reported from 2011 to 2016, and 93.7% of adolescents had already been engaged in sexual behaviors [2]. According to data from the National Narcotics Borad in 2016, among adolescents aged 13–14 years who are in school, 9650 junior high school students and 11,544

senior high school students have used drugs in the past year in Indonesia [3] Most of these adolescents inhale glue (25.9%). The other substances that they misused were mixed drugs (4.9%) and "dextro" (2.1%). Among these, 2.8% have taken an excessive dose of drugs [3].

As the most populated province in Indonesia, West Java, province ranks 8th as the province with the highest number of drug abuse in 2016. It is identified that 2.4% of adolescents in this province have become drug users in the past year, with 4.1% having used various types of drugs [3] Data related to extramarital sex from the Ministry of Health of the Republic of Indonesia (2010/2011) revealed that out of 1189 unmarried teenagers (aged 13–19 years) in West Java and 922 teenagers in Bali, 7% of and 5% were female adolescents in West Java and Bali admitted to having had pregnant, respectively. The Chairperson of the Central Java Women's and Child Care Network [4] said that the number of pregnant students would continue to increase, which showed that in each school, an average of 4–7 students were found pregnant, even in that year, the increase was 10–15%. Sirait [5] found that teenagers who had premarital sex mainly were 15 years old; 93.7% had had sex, 83% claimed to have watched porn videos, and 21.2% had had an abortion. Based on his research in various major cities in Indonesia, around 20–30% of teenagers claimed to have had premarital sex [6]. As many as 62.7% of junior high school students admitted that they were not virgins, 21.2% of high school teenagers claimed to have had an abortion [6] Juvenile crime data show 967 cases of children facing the law in 2011. The highest number of cases was torture (236 cases), theft (166 cases), sexual abuse (128 cases), beatings (64 cases), theft by violence (36 cases), and acts of rape (15 cases). The crime rate carried out by teenagers continues to increase each year [6].

Based on these data, it is necessary to identify problems and risk behaviors in adolescents as an initial action and to prevent the risk of abuse and other adolescent problems. The concept of risk behavior for drug abuse and other adolescent problems has been put forward by Purwandari [7] in his explanation of Social Control Theory which is a theory that focuses on social factors that are easily changed and sometimes not in line with one that influences the emergence of deviant behavior in adolescents which consists of four components, among others: (1) *Attachment,* that is the feeling or aspect of affection of the individual to other individuals that make a person can think and consider all that he does will have an impact on what other individuals, (2) *Commitment,* commitment or determination contained in the individual when dealing or interacting in the social environment both family and community so as to make individuals not want to risk deviant behavior that can damage the commitment, (3) *Involvement,* interaction or relationship activities formed from individuals along with their families, peers, and communities that have been built for a long time so that individuals can reconsider actions that can trigger deviant risk behaviors, and (4) *Belief,* has the same meaning as commitment and consists of the belief in the existence of rules and norms that apply in the community so that it becomes the individual's reference not to commit deviant behavior which later can damage the norm and change the views of the community in shared life.

Based on a description of the types of behavior and factors that can influence the emergence of risky behaviors for deviations from these behaviors, it is necessary to take preventive measures against these risk behaviors.

Behavior, based on the *Theory of Planned Behaviour* (TPB), explains that a person's behavioral health choices are influenced by individual thinking, individual perceptions of reality, and the social environment in which the individual is [8] The results of a *systematic review* conducted by Akbar *et al*. [9] state that the proportion of intention to be a behavior in a population with a high risk of diabetes to take preventive measures is 76%. The statement supports that evidence that intention can be the best predictor for measuring the possibility of someone doing or not performing certain behaviors. Three components form this intention: Attitudes toward behavior, subjective norms, and *perceived control behavior*.

Efforts are made through providing education, group processes, building partnerships, and community empowerment to improve health behavior. This statement is supported by the results of Naim *et al*. [10] which concluded that the provision of adequate educational interventions increased the intention of pregnant women to optimize nutrition in the first 100 days of life. The group process provides opportunities for adolescents to express their positive potential so that the process of self-actualization can be fulfilled. At the same time, partnerships with various related sectors are needed to support changes in risk behavior into adaptive behavior. Likewise, increasing public awareness of adolescent problems needs to be enhanced by the formation of Citizens who care about youth.

Problems in adolescents are increasing every year; therefore, there need to be various prevention efforts to suppress various teenage problems (drugs, free sex, and crime). So far, the handling has focused more on events, prevention orientation is still felt to be lacking, and there has been no coordination of the involvement of various parties. This research is expected to contribute to preventing risky behavior in adolescents with various methods of approach. The purpose of this study was to analyze the relationship between perception of educational level, place, and achievement with risky behavior among adolescents in Garut Regency.

Methods

The 1st-year research aims to describe risk behavior in adolescents in Garut Regency with a *cross-sectional study* design. Data collected in this study

about risk behavior in adolescents using the *Adolescent Exploratory and Risk Behavior Rating Scale (AERRS) questionnaire*. The identification results can be seen in the category of risk behavior in adolescents. The population in this study was all adolescents in the District of Tarogong Kidul, Garut Regency, who were attending education in junior high, vocational, and high school. Sample selection is made using random cluster sampling. The number of samples is calculated based on the Slovin formula. From the calculation results, the number of samples is 1175 respondents. The questionnaire used in the study was the *AERRS*. Validity of AERRS instruments is a standard inventory instrument that has its validity test results. The AERRS instrument in each statement has a total correlation score (biserial correlation point) of 0.135 to 0.678 with alpha 0.01. Reliability Test The AERRS instrument has an alpha value of 0.70. Data are analyzed using descriptive and inferential statistics (Chi-square).

Table 1: Distribution of Respondents based on Risk Behavioral Garut Regency (n = 1175)

Risk Behavior	f	%
High	187	15.9
Low	988	84.1
Total	1175	100.0

Results

Of the six schools of Tarogong Kidul, two Junior High School, Almusadadyah Middle School, one Public High School Tarogong Kidul, Almusadadyah High School, three Tarogong Kidul Vocational High School, and YPPT SMK Tarogong Kidul. The number of respondents was 1175 respondents. Furthermore, the results of the study will be described as follows:

From Table 1, only a small percentage of students have risky behavior (15.9%).

Table 2: Distribution of respondents based on risk behavior perception in the Garut Regency (n = 1175)

Perception	f	%
Support risk behavior	321	27.3
Does not support	854	72.7
Total	1175	100.0

Table 2 shows that only a small proportion of students who have a positive perception means having a poor risk behavior assessment.

Table 3: Distribution of respondents based on current residence Garut regency (n = 1175)

Residence	f	%
Parents	1036	88.2
Grandparents/Other	96	8.2
Shelter	2	0.2
Dormitory	12	1.0
Own	25	2.1
Others	4	0.3
Total	1175	100.0

Table 4 shows that most students have average and above-average achievement scores.

Table 4: Distribution of respondents based on achievement value at Garut regency (n = 1175)

Achievement	F	%
Very Good	97	8.3
Above average	524	44.6
Average	521	44.3
Below average	33	2.8
Total	1175	100.0

The test results in Table 5 showed that there was a relationship between sex and risk behavior (p = 0.016).

Table 5: Type of sex relationships with risk behavior in adolescents at Garut regency (n = 1175)

Gender	Risk behavior		Total	p-value
	High	Low		
Men				
f	131	475	606	0.016
%	21.6%	78.4%	100.0%	
Women				
f	56	513	569	
%	9.8%	90.2%	100.0%	

The results in Table 6 showed a relationship between perceptions of behavior and risk behavior (p = 0.026) and OR 95% CI of 3.050. Which means that someone who is a positive perception of risk behavior will be 3.05 times higher risky behavior than respondents with negative perceptions.

Table 6: Perception relationship with risk behavior in adolescents at Garut regency (n = 1175)

Perception	Risk behavior		Total	p-value	OR 95%CI
	High	Low			
Supportive f%					
n	99	222	321	0.026	3.050 (1.167–7.976)
%	30.8%	69.2%	100.0%		
Not Supportive f%					
n	88	766	854		
%	10.3%	89.7%	100.0%		

The test results found a relationship between the level of education with risk behavior (p = 0.000) which means that the higher the level of education will be higher risk behavior than respondents with low education (Table 7).

Table 7: Relationship between education level and risk behavioral at Garut regency (n = 1175)

Education level	Risk behavior		Total	p-value
	High	Low		
Junior high				
f	13	375	388	0.000
%	7.0%	93.0%	100.0%	
High school				
f	130	257	387	
%	33.6%	66.4%	100.0%	
Vocational school				
f	44	356	400	
%	11.0%	89.0%	100.0%	

The test results found a relationship between the level of education with the perception of risk behavior (p = 0.000), which means that the higher the level of education has a perception that is more supportive of risky behavior than respondents with low education (Table 8).

Table 8: Relationship between education level and risk behavior perceptionat Garut regency (n = 1175)

Education level	Risk behavior perception		Total	p-value
	Supportive	Not supportive		
Junior high				
f	95	293	388	0.000
%	24.5%	75.5%	100.0%	
High school				
f	200	187	387	
%	51.7%	48.3%	100.0%	
Vocational school				
f	26	374	400	
%	6.5%	93.5%	100.0%	

The test results showed a relationship between class level and risk behavior (p = 0.000), which meant that the class's higher level would be to behave at a higher risk than the respondent with the low-class level (Table 9).

Table 9: Relationship between class levels and risk behavior at Garut regency (n = 1175)

Level Kelas	Risk behavior		Total	p-value
	High	Low		
7th Grade				
f	5	313	318	0.000
%	1.6%	98.4.0%	100.0%	
8th grade				
f	8	62	70	
%	11.4%	88.6%	100.0%	
10th grade				
f	32	188	220	
%	14.5%	85.5%	100.0%	
11th grade				
f	77	247	324	
%	23.8%	76.2%	100.0%	
12th grade				
f	65	230	178	
%	36.5%	63.5%	100.0%	

The test results in Table 10 found that there was no relationship between student residence and risk behavior (p = 0.804).

Table 10: Relationship between residence and risk behavior at Garut regency (n = 1175)

Live with	Risk behavior		Total	p-value
	High	Low		
Parents				
n	187	849	1036	0.804
%	18.0%	82.0%	100.0%	
Grandparents/other members				
n	0	96	96	
%	0.0%	100.0%	100.0%	
Shelter				
n	0	2	2	
%	0.0%	100.0%	100.0%	
Dormitory				
n	0	12	12	
%	0.0%	100.0%	100.0%	
Own				
n	0	25	25	
%	0.0%	100.0%	100.0%	
Others				
n	0	4	4	
%	0.0%	100.0%	100.0%	

The test results in Table 11 found that there was no relationship between student achievement scores and risk behavior (p = 0.846)

The test results in Table 12 found a significant relationship between the value of student achievement with the perception of risk behavior (p = 0.001), which means that the better students' achievement, the more perceptions that support risk behavior.

Table 11: Relationship between achievement value and risk behavior at Garut regency (n = 1175)

Achievement	Risk behavior		Total	p-value
	High	Low		
Very good				
f	22	75	97	0.846
%	22.7%	77.3%	100.0%	
Above average				
f	77	447	524	
%	14.7%	85.3%	100.0%	
Average				
f	88	433	521	
%	16.9%	83.1%	100.0%	
Below average				
f	0	33	33	
%	0.0%	100.0%	100.0%	

Discussion

Based on the study results, it was found that most were dominated at the level of low-risk behavior. This result is based on the characteristics of respondents, who are generally teenagers who are developing identity. This result is in line with Sukamto and Shalahuddin [11] opinion, which states that there are two processes of developing teen identity. In this first itself-exploration, this process includes several things such as education to career, relationships between couples, family roles, and *identity-commitment* processes, where the ability of individuals to have confidence or commitment to overall personal identity [11]. In the process of exploring and searching for their identity, teenagers tend to spend a lot of time together with their peers *(peer groups)* compared to their families, where it will make them more likely to engage in risky behavior [11]. At this time, adolescents have a great sense of curiosity about everything new. This great curiosity makes teenagers like to try and explore new kinds of things that lead to positive or negative things [11].

In general, risk behavior tends to focus and lead to behaviors that have a negative impact. Still, it is different from the opinion expressed by Skaar [12], where risk behavior can be expressed as a behavior that has two potentials, namely, the potential positive (favorable) and potential negative (adverse consequences). Alcohol consumption, free sex without safety, and fighting with other people usually can occur between peers and, in the end, often cause a terrible impact. However, risk behaviors also have constructive outcomes or outcomes needed to develop individual social and academic abilities [12]. Skaar

Table 12: Relationship between achievement value and risk behavior perception at Garut regency (n = 1175)

Achievement	Risk behavior perception		Total	p-value
	Supportive	Not supportive		
Very good				
f	19	78	97	0.001
%	19.6%	80.4%	100%	
Above average				
f	155	369	524	
%	29.6%	70.4%	100%	
Average				
f	147	374	521	
%	28.2%	71.8%	100%	
Below average				
f	0	33	33	
%	0.0%	100.0%	100%	

emphasized that the risk behavioral included both destructive (health risk) and constructive (exploratory or prosocial) behaviors to establish a complete concept to develop interventions that could increase positive risk and reduce harmful risks. Here, low-risk behavior is influenced by the results of high-risk health behaviors and risky behaviors toward low prosocial [12].

It should be noted that exploratory risk behavior refers to behavior that can increase the likelihood of positive health levels and good educational *outcomes*, such as developing a circle of friends and trying new sports. On the reverse side, health risk behavior refers to behavior that can increase the emergence of negative impacts on health and education, such as prohibited substances and skipping school [11]. It can be inferred that the contribution of high-risk health behaviors can generate the value or outcome of risk behavior here. At the same time, students still have risky behavior toward low prosocial behavior. This finding is consistent with Bonino *et al*. [13], which shows health risk behaviors including moderate-to-high. The health risk behaviors stated in the study occur gradually, starting from the initial experimental stage or initiation with the quantity and intensity that few until later get used to and increase the intensity to a higher level.

Therefore, the desire of individuals to find these sensations can lead them to various risk behaviors, whether they have good or bad effects. It has a good impact if the behavior can bring benefits and make individuals have more positive activities, but this will have a negative impact if the behavior that arises is behavior outside the norms and values in the social environment [13].

From his research, Bonino *et al*. [13] state that health risk behavior is closely related to several things, namely, the search for sensations, self-affirmation, experimentation, and the achievement of individual autonomy. This health risk is meant when individuals, especially teenagers at a rapidly increasing stage of development, explore sensations of new experiences. They need to convince and trust decisions that have been taken as the right decisions and will positively impact them and self-affirmation, also influenced by factors of self-awareness and self-regulation that are strong to determine decisions in carrying out appropriate behavior [13].

Then after the affirmation, the next factor is experimentation, where is the implementation stage of the behavior carried out by adolescents. The last stage is whether it can give individuals, especially adolescents, the personal ability to achieve autonomy or independence in their behavior decided and believed to be [13]. The exploration, affirmation, and improper experimentation stages will later impact the achievement of not optimal autonomy. That stage will cause risky behaviors that have a negative impact. In contrast, if these steps run optimally, a positive impact will gradually emerge [13].

This study's low prosocial risk behaviours can be influenced by several things such as behavior that leads to social abilities such as peer relations, family relationships, academic achievement, and *psychological well-being*. *Psychological well-being* can be obtained when individuals, especially adolescents, have achieved reasonable physical, psychological, and social conditions and develop and improve function in their stages of life optimally [14].

Individuals cannot have a positive outlook on themselves or others when they do not achieve psychological well-being [15]. Failure to create risky behavior of prosocial nature will later impact feeling disappointed and loss [16]. They try to develop without thinking about their abilities [17].

This opinion is supported by the results revealed by Skaar [12] which states that adolescents who experience a decrease in risk behaviors toward prosocial will experience a decreased ability in the task of developing identity search. Then, based on the comparison of the proportion of respondent, characteristics based on age were also obtained that more than half of the respondents have middle adolescence, that is, between the ages of 14 and 17 years, and that age range dominates the results of research on the level of high-risk behavior. This result follows Batubara's opinion, which says that the teenage period is searching for personal identity and autonomy to achieve their sense of independence [18]. Steinberg [19] also states that the tendency of individuals to carry out risky behavior can be seen in psychosocial terms, such as the effect of self-regulation. The individual can exercise self-control over desires, emotions, and motives to decide what actions to take. In adolescence, this is generally still very vulnerable to various stimulus changes from the surrounding environment until later able to achieve self-maturity optimal competence.

Furthermore, the results also show no significant relationship between gender and risk behavior. Where roles of gender can affect the risk behaviors. In general, the people of Indonesia view that men have more freedom in carrying out activities or behavior [20]. At the same time, women must avoid activities outside the limits of applicable norms and rules. In terms of supervision, differences can be seen from the role and influence of parenting styles which are generally more proactive and do not provide opportunities for women to undergo exploration activities compared to men.

The relationship between residence status and risk behavior found no significant relationship between residence status and risk behavior, with almost all students living with parents in the low category. Risk behavior is associated with family conditions that provide optimal support or not. According to Clark *et al*. [21], optimal inter-family relationships such as creating free time between children and parents can improve relationships and positive interactions. This finding is

similar to research that shows the importance of parent and child relationships that can increase the quality of family relationships and lower risky behavior [22].

The results showed a relationship between perceptions of behavior and risk behavior (p = 0.026) and OR 95% CI of 3.050, which means that someone who has a positive perception of risk behavior will have 3.05 times higher risk behavior than respondents with negative perceptions. According to Robbins and Judge [23], perception is how individuals regulate and interpret sensory impressions to give meaning to the environment. In addition, another the definition explained that perceptions involve organizational processes and interpretations of stimuli to give specific meanings [24]. Perception has a key role in dealing with others. Perception of other people and understanding others is known as social perception [24]. Greenberg and Baron define social perception as a result of the process of combining, integrating, and interpreting information to get an accurate understanding of others [24].

Factors that influence perceptions include internal factors, external factors, experience, expectations, and motives [23,25]. If someone's perception is different, the generated behavior patterns and attitudes will differ. This pattern is because someone experiences receiving, organizing, interpreting, or translating different objects/stimuli to produce different views. This study reflected from the community/parents who educate children ages early to his son, and some do not provide early childhood education. Perception is essentially a process of evaluating someone against a particular object. Perception is a process that involves the entry of messages or information into the human brain. Through human perception, it continues to make connections with its environment. The relationship is done through its senses, namely, sight, listener, touch, feeling, and kissing. According to Slameto [26], "Perception is sensing activity, integrating, and giving an assessment of physical objects and social objects," sensing depends on physical stimuli and social stimuli in the environment.

The results showed a significant relationship between perceptions of risk behavior. This result is in line with Satiadarma [27], which states that perceptions affect attitudes and label formation and one's attributes. If the label and its attributes are positive, the individual will bear positive things that will gradually develop positively. Adikusuma [28] stated that changes in perceptions and risk behaviors are seen from changes in adolescents' views on social and moral values. This is consistent with Berman *et al*. [29], which states that risk is influenced by biology, psychology, social, cultural, and spiritual aspects. Moral factors influence risk. This cultural influence on risk behavior change creates a system of sanctions or fines for sex outside of marriage. Teenagers who hold high religious values and have a robust family environment for religion will easily carry it out because, sexual relations among unmarried teenagers are not justified by religious teachings.

The analysis results found a relationship between the level of education with risk behavior (p = 0.000) which means that the higher the level of education has a higher risk behavior than respondents with low education. The relationship between education levels and perceptions of risk behavior in adolescents shows that the higher the level of education has a perception that is more supportive of risky behavior than respondents with low education. Moreover, the results of the test of the relationship between class levels and risk behavior also have significance (p = 0.000), which means that the class's higher level will behave at a higher risk than the respondents with low-class levels. Knowledge is essential in forming a person's actions or behavior [30] In this study, the level of adolescent education, on the contrary, the higher the level of education, the higher the risk behavior. This result is because adolescents showed a desire to be exploration activity search for identity and independence. This activity can occur due to a multidimensional stimulus or drive because exploration based on curiosity is the background of risky behavior. Steinberg [19] also stated that the tendency of individuals performs risky behavior can be seen from a psychosocial perspective, such as the influence of self-regulation. Teenagers, in general, are still very vulnerable to various kinds of stimulus changes from the surrounding environment until later they can achieve self-maturity and optimal competence. Knowledge is the result of knowing, and this happens after someone looks at a particular object [30]. Knowledge is an essential domain of behavior formation. In this study, adolescent knowledge is vital for adolescents in determining their actions or behavior in disposing of garbage in school. If a person's actions or behavior are based on knowledge, it will last longer.

The test results found a significant relationship between the value of student achievement with the perception of risk behavior (p = 0.001), which means that the better students' achievement, the more perceptions that support risk behavior. This result is in line with the study results [31], which shows that the higher the knowledge and level of education of individuals, the riskier to try or experience risky behavior. Students already have sufficient knowledge to more than others, so the desire to try and feel this so that curiosity and curiosity can be resolved immediately. The experienced risky behavior, in the end, will negatively impact if it is not acceptable in the social environment and has exceeded the limits of prevailing norms and rules. Still, on the contrary, it will have a positive impact if it can provide benefits that can improve individual self-function, especially adolescents, to reach their developmental stages optimally [31]. Service-learning methods can educate students to provide a service for the community to produce positive outcomes and reduce adverse effects for students [31].

Conclusions and Recommendations

The study results can be concluded that there is a relationship between perceptions of behavior with risk behavior (p = 0.026) and OR 95% CI of 3.050, which means that someone who has a positive perception of risk behavior will be 3.05 times higher risk behavior than respondents with negative perceptions. Furthermore, there is a relationship between the level of education and risk behavior (p = 0.000) which means that the higher the level of education will be higher risk behavior than respondents with low education.

There is a relationship between the level of education and class level with the perception of risk behavior (p < 0.001), which means that the higher the level of education has a perception that is more supportive of risky behavior than respondents with low education. The higher the class level will behave at a higher risk than respondents with low-class levels.

Finally, there is a significant relationship between the value of student achievement and the perception of risk behavior (p = 0.001). The better students' achievement, the more they have perceptions that support risky behavior.

Based on the results of this study, it is recommended that junior-high school vocational schools in the Tarogong Kidul district region and the Department of Education Garut take action to reduce the high-risk behavior. Therefore, students who initially want to channel their curiosity and desire into negative behaviors will change into positive activities such as sports activities, Scouts, junior red cross, and Student Council.

The schools can also implement a *reward-punishment* system for students. The effect is that they realize and differentiate if the behavior performed is wrong or correct. The sanctions can make students not want to carry out risky behaviors anymore. Then, the results of this study are also expected to provide information so that the school will be able to work together with parents to rebuild interpersonal relationships between children and *support the system* around them.

For the development of health services, the results of this study can provide information in the form of a description of students' risky behaviors in the Tarogong Kidul Subdistrict. Community Health Centre can give primary preventive and promotive forum that deals directly with schools in the context of fostering School Health Units can redevelop the concept of *healthy school* in the school environment. Joint activities such as health education activities for students in each school about the importance of avoiding risky behavior starting in adolescence, checking health for students, and providing counseling sessions for students who want to tell about their problems.

The results of this study form the basis for developing various interventions in preventing behaviors involving multiple-related sectors so that it becomes a prevention model of containing behavior in adolescents in Garut Regency.

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