



Effectiveness of Parental Assertive Communication Training on Family Communication to Prevent Adolescents Risky Sexual Behavior

Eki Pratidina ^{1*)} dan Asep Aep Indarna ²⁾

^{1,2)} Associate Degree in Nursing, Faculty of Nursing, Bhakti Kencana University
Bandung, West Java, Indonesia

*Email: eki.pratidina@bku.ac.id

ARTICLE INFO

Article history

Received : 09 April 2026

Revised : 29 April 2026

Accepted : 30 June 2026

Keywords

Assertive communication training

Parents

Family communication

Adolescents

Risky sexual behavior

ABSTRACT

Sexual Risk behavior among adolescents remains a public health concern in Indonesia. Parent-adolescent communication about sexuality is limited by cultural taboos, reducing the effectiveness of family-based prevention. Assertive communication training may help parents communicate more openly, empathetically, and respectfully with their adolescents. Objective: This study examined the effect of assertive communication training on parents' knowledge, attitudes, and communication skills, as well as its influence on family communication quality and the prevention of risky sexual behavior among adolescents. Methods: A quasi-experimental study using a pretest-posttest control group design was conducted among 124 parents of vocational high school students in Bandung, Indonesia. Participants were assigned to intervention (n = 62) and control (n = 62) groups. The intervention group received four sessions of assertive communication training. Data were analyzed using paired and independent t-tests with a significance level of $p < 0.05$. Results: The intervention significantly improved parents' knowledge, attitudes, and assertive communication skills ($p < 0.001$). Family communication quality improved, while adolescents in the intervention group showed lower tendencies toward risky sexual behavior than those in the control group. Conclusion: Assertive communication training is a family-based strategy to strengthen parental communication competence, improve family communication, and support adolescent reproductive health.

This is an open-access article under the [CC-BY 4.0](https://creativecommons.org/licenses/by/4.0/) license.



INTRODUCTION

Sexual Risk behavior in adolescents is one of the complex public health problems and requires serious attention from various parties. According to a *World Health Organization* (WHO) report, approximately 16 million adolescent girls aged 15–19 give birth each year worldwide, largely as a result of unsafe sexual intercourse and a lack of comprehensive sexuality education (Organization, 2020). Similar conditions also occur in Indonesia. Based on the *Indonesian Demographic and Health Survey* (IDHS), one in nine adolescents have had sexual intercourse before marriage, which increases the risk of unwanted pregnancy, transmission of sexually transmitted infections (STIs) including HIV/AIDS, as well as psychosocial and emotional disorders (Nasional, Statistik and Indonesia, 2023).

Communication between parents and children plays an important role as a protective factor in preventing risky sexual behavior (Widman *et al.*, 2016). Open, honest, and empathetic communication has been shown to promote safe sexual behavior in adolescents. However, in the context of Indonesian culture, the topic of sexuality is still considered taboo to talk about, so many parents avoid conversations about it. As a result, adolescents seek information from less credible sources such as social media or peers, which can lead to misconceptions about reproductive health (Noe *et al.*, 2018).

Assertive communication training is one of the strategic approaches to overcome communication barriers between parents and children. Assertive communication allows a person to express their opinions, needs, and feelings openly without offending the other party (Alberti and Emmons, 2017). In the family context, these skills help parents convey moral values, boundaries, and reproductive health messages in a supportive way. Some studies have shown that assertive communication training is effective in improving the quality of interpersonal relationships in families and educational institutions (Omura *et al.*, 2017; Asadi, 2020).

However, most reproductive health education programs continue to prioritize adolescents as the main target, while the role of parents as primary educators at home remains overlooked. The target of this study is parents of adolescents, particularly those who may face barriers in providing reproductive health education at home, including inadequate knowledge of adolescent reproductive health, negative or hesitant attitudes toward discussing sexuality-related topics, and limited skills in communicating reproductive health messages assertively. These problems may reduce parents' ability to provide clear guidance and to prevent risky behaviors among adolescents. In fact, strengthening parents' capacity to communicate effectively is an important key to supporting adolescent reproductive health and preventing risky behaviors (Denno, Hoopes and Chandra-Mouli, 2015). Therefore, family-based assertive communication training is proposed as an intervention to improve three main variables: parental knowledge, parental attitudes, and parent-adolescent communication skills. Improvements in these variables are expected to enable parents to communicate more clearly, confidently, and respectfully with their children regarding reproductive health issues.

This study has an urgency to provide empirical evidence on the effectiveness of assertive communication training for parents in improving the quality of family communication and preventing risky sexual behavior in adolescents. Practically, the results of the research are expected to be the basis for the development of family health promotion programs in schools, health centers, and communities. Theoretically, this study contributes to the development of a family-based intervention model in adolescent reproductive health promotion in Indonesia.

METHOD

This study uses a quantitative research type with a quasi-experimental design and a pretest-posttest control group design (Creswell and Creswell, 2018). This approach was used to assess the effect of assertive communication training on parents' knowledge, attitudes, and communication skills as the dependent variables related to preventing risky sexual behavior in adolescents, by comparing the intervention group with a control group that did not receive the training.



The research will be carried out from August to November 2025 at one of the Vocational High Schools in Bandung City, West Java. This location was selected because the school has an active adolescent student group, various achievements, and extracurricular activities that distinguish it from other vocational high schools. In addition, the school has expressed a strong commitment to increasing the role of parents and families in supporting students' reproductive health, mental well-being, and family resilience. The intervention activities will be conducted through structured training sessions involving students and parents/families. The training will include interactive lectures, group discussions, case-based learning, question-and-answer sessions, and educational materials related to adolescent reproductive health, mental health, and family support. These activities will be facilitated by the research team in collaboration with school representatives to ensure active participation and effective implementation.

Study participants were parents or primary caregivers of adolescents aged 12–18 years who were enrolled in a Vocational High School in Bandung City. A total of 124 parents who met the eligibility criteria were recruited using purposive sampling to ensure that participants were relevant to the objectives of the study (10). The allocation of participants into the intervention and control groups was determined based on the parents' stated willingness and availability to participate in the intervention activities. This information was obtained from an initial questionnaire distributed through Google Form, which included a specific item asking whether parents were willing to attend the full series of intervention activities. Parents who indicated their willingness to participate in the intervention activities were assigned to the intervention group, whereas parents who did not indicate their willingness or availability to attend the intervention activities, but were still willing to participate in the research data collection, were assigned to the control group. This non-random allocation approach was based on participants' self-reported willingness and availability to take part in the intervention program.

The inclusion criteria were as follows: parents or primary caregivers of adolescents aged 12–18 years; having a child enrolled in the selected Vocational High School; being able to communicate verbally; being willing to participate in the research procedures; and providing written informed consent. The exclusion criteria included parents who were unwilling to participate throughout the study period due to limited time availability, work commitments, or incompatibility with the intervention schedule; parents who did not complete the questionnaire; parents who withdrew during the study period; parents who could not be contacted during data collection; and parents who had previously participated in a similar training program.

The research procedure began with the collection of preliminary data (*pretest*) on both groups using standardized questionnaires, then four sessions of assertive communication training interventions with a duration of 90 minutes per session using participatory methods, simulations, and small group discussions. The control group was not given training, but received general materials on family communication after the study ended.

The research instruments include:

1. *Parent-Adolescent Communication Scale (PACS)* to measure open communication, communication problems, and the quality of parent-adolescent communication in the family (Barnes and Olson, 1985)
2. A researcher-developed questionnaire to measure parents' knowledge, attitudes, and assertive communication skills related to adolescent reproductive health and risky sexual behavior prevention. The questionnaire was developed based on assertive communication theory by Alberti and Emmons (Alberti and Emmons, 2008) and consisted of domains on knowledge of adolescent reproductive health, attitudes toward discussing sexuality with adolescents, and self-reported assertive communication practices. Content validity was assessed through expert judgment, and empirical item validity and reliability were tested in a pilot group with characteristics similar to the study participants but not included in the main sample. Only items that met validity criteria and showed acceptable reliability, indicated by Cronbach's alpha of at least 0.70 for each domain, were retained for data collection.
3. An adolescent risky sexual behavior prevention questionnaire to assess adolescents' knowledge of healthy sexuality, attitudes toward risky sexual behavior, and self-reported tendencies toward risky sexual behavior. This instrument was used to evaluate adolescent-related outcomes that may be influenced by improved parent-adolescent communication.
4. Observation sheet to assess participants' attendance, activeness, participation in discussions, and performance during role-play and simulation activities.

Data were collected through self-administered questionnaires before and after the intervention and through facilitator observation during the training process. Baseline equivalence between the intervention and control groups was examined before hypothesis testing. Categorical demographic variables, such as education and occupation, were compared using the chi-square test, while continuous variables, such as parents' age and adolescents' age, were compared using the independent t-test when normality assumptions were met. The groups were considered homogeneous when the baseline comparison produced p-values greater than 0.05. Intervention effects were analyzed using paired t-tests to determine differences before and after the intervention within each group and independent t-tests to compare differences between groups (Field, 2018). The analysis was carried out with a significance level of $\alpha = 0.05$. The normality test used the Kolmogorov-Smirnov test and the homogeneity of variance test used *Levene's test* (Tabachnick and Fidell, 2019). The research hypothesis was stated as follows: assertive communication training for parents has a significant effect on improving parental knowledge, attitudes, and assertive communication skills, improving parent-adolescent communication quality, and supporting prevention of risky sexual behavior among adolescents.

Ethics

Examining the ethics of the research, this research has obtained ethical approval from the Health Research Ethics Commission of Bhakti Kencana University with letter number 029/09.KEPK/UBK/VIII/2025. All respondents in this study have received a complete explanation of the objectives, benefits, and procedures of the research and have given consent to participate (*informed consent*) voluntarily before data collection is carried out. The researcher guarantees the confidentiality of respondent data and conducts research in



accordance with the principles of autonomy, beneficence, nonmaleficence, and justice (Association, 2013).

RESULT

1. Characteristics of Respondents

The demographic characteristics of respondents were analyzed to describe the comparability of the intervention and control groups. The characteristics included parents' age, education level, and occupation. The distribution of these characteristics is presented in figure 1.

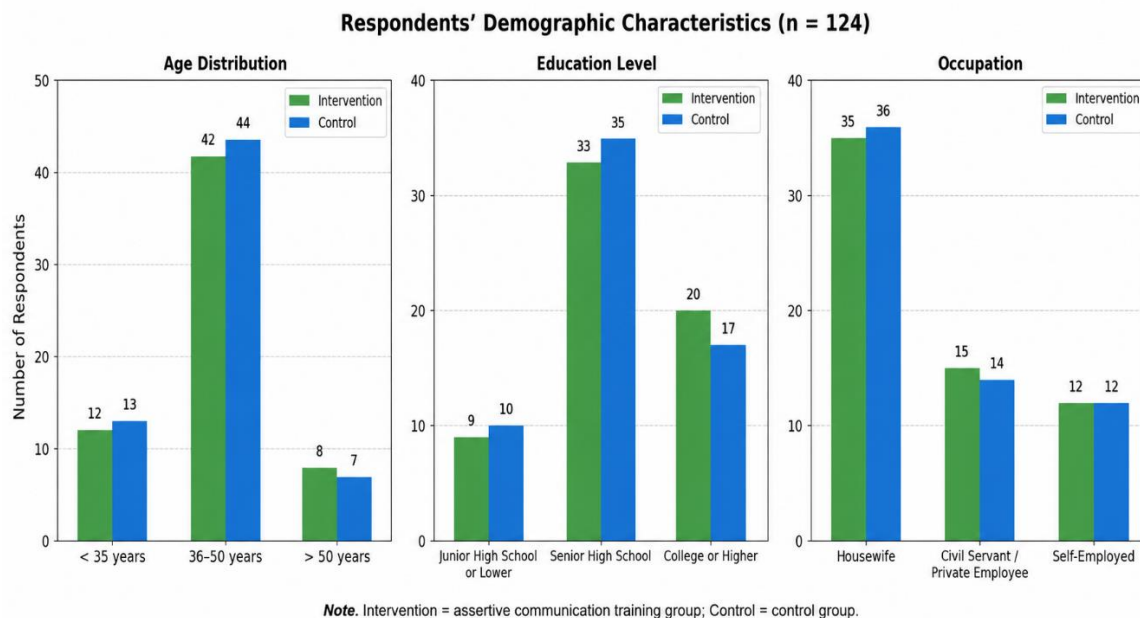


Figure 1. Characteristics of Respondents by Demographics

Age Distribution of Respondents: The majority of parents who participated in the study were in the age range of 36–50 years (68.5%), in both the intervention and control groups, around 42–43 respondents respectively. This shows that most of the respondents are in the middle adult stage, who generally have adolescent children and actively play a role in parenting.

Last Education Level: Most respondents had a high school education (54.8%), with a relatively balanced number between the intervention (33 people) and control groups (35 people). Only a small percentage of respondents are college-educated. This condition suggests that the majority of parents have a secondary level of education, which can affect the way they understand and apply assertive communication training.

Respondents' occupation: Most respondents worked as housewives, namely 35 people in the intervention group and 36 people in the control group. The number of

respondents who worked as civil servants, private employees, or entrepreneurs was relatively smaller in both groups. Baseline equivalence between the intervention and control groups was examined before the intervention. Parents' age was compared using the independent t-test, while education level and occupation were compared using the chi-square test. The results showed p-values greater than 0.05 for all demographic variables; therefore, there was no statistically significant difference in demographic characteristics between the intervention and control groups. This indicates that both groups had comparable initial conditions before the intervention (Ekayamti, Maimunah and Pangesti, 2024).

In addition to parental characteristics, adolescents' age was analyzed to determine whether the children in the intervention and control groups were at a comparable developmental stage. The age distribution of adolescents in both groups is shown in figure 2.

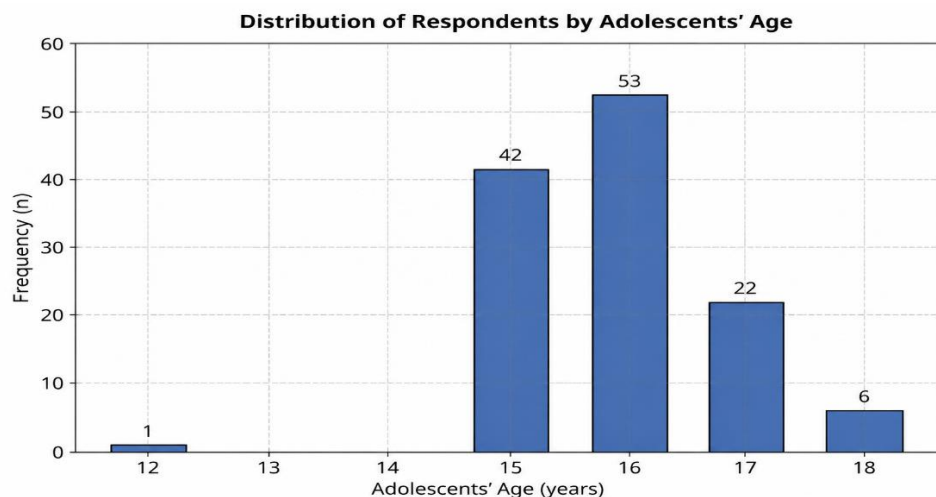


Figure 2. Distribution of Respondents by Age of Adolescents

The bar graph shows that the age distribution of adolescents was relatively similar between the intervention and control groups. Most adolescents in both groups were aged 15–16 years, indicating that the majority of participants were in the middle-adolescence phase. Overall, adolescents aged 15 and 16 years accounted for 76.6% of the total sample, followed by those aged 17 years (17.7%), 18 years (4.8%), and 12 years (0.8%). The comparison of adolescents' age between groups was conducted using the independent t-test because age was treated as a continuous variable. The result showed no statistically significant difference between the intervention and control groups ($p > 0.05$); therefore, the adolescents' ages were considered homogeneous across groups.

These findings indicate that most respondents have children in the middle adolescence phase, which is a crucial developmental period in the formation of self-identity and behavioral values. At this stage, effective communication between parents and adolescents is essential to form positive attitudes and prevent risky behaviors, including risky sexual behaviors.



2. The Effect of Assertive Communication Training on Parental Knowledge, Attitudes and Skills

The effect of assertive communication training on parental knowledge, attitudes, and communication skills was analyzed using the paired sample t-test. The analysis compared the pretest and posttest scores in the intervention group. The results are presented in table 1.

Table 1. Results of the Paired t-Test on the Effect of Assertive Communication Training on Parental Knowledge, Attitude, and Skills (n = 62)

Variable	Pretest (Mean ± SD)	Posttest (Mean ± SD)	Δ (Mean Difference)	p-value	Remarks
Knowledge	3.08 ± 0.40	3.75 ± 0.34	+0.67	<0.001	↑ Significant
Attitudes towards communication	3.12 ± 0.38	3.71 ± 0.36	+0.59	<0.001	↑ Significant
Positive communication skills	3.05 ± 0.41	3.70 ± 0.33	+0.65	<0.001	↑ Significant

The test used is the paired sample t-test. The $p < 0.05$ indicates a statistically significant increase. The biggest improvement occurred in positive communication skills, followed by knowledge and attitude. These findings show that assertive communication training is effective in improving parents' ability to communicate openly, empathic, and supportive issues related to sexuality issues with adolescents and the prevention of risky sexual behaviors (Martiani, Sari and Wahyuni, 2023).

These findings are in line with the results of research conducted by Widman et al. (3) and Martiani et al. (6), which show that increased parental knowledge after training can strengthen their ability to communicate more openly and informatively with children. Adequate knowledge is the basis for a change in positive communication attitudes and behaviors in the family.

3. The Quality of Parent-Adolescent Communication

The quality of parent-adolescent communication was assessed as one of the dependent outcome variables using the Parent-Adolescent Communication Scale. The analysis focused on three PACS subscales: open communication, communication problems, and quality of interpersonal relationships. The results for both the intervention and control groups are shown in Table 2.

Table 2. Effectiveness of Assertive Communication Training on the Quality of Parent–Adolescent Communication (n = 124; intervention = 62, control = 62)

Variable (PACS subscale)	Groups	Pretest (Mean ± SD)	Posttest (Mean ± SD)	Δ (Mean Difference)	p-value	Remarks
Open communication	Intervention	3.21 ± 0.37	3.88 ± 0.33	+0.67	<0.001	↑ Significant
	Control	3.18 ± 0.35	3.24 ± 0.34	+0.06	0.210	Not significant
Communication problems	Intervention	2.95 ± 0.41	2.38 ± 0.36	−0.57	<0.001	↓ Significant
	Control	2.96 ± 0.39	2.90 ± 0.37	−0.06	0.315	Insignificant
Quality of interpersonal relationships	Intervention	3.14 ± 0.39	3.78 ± 0.34	+0.64	<0.001	↑ Significant
	Control	3.15 ± 0.37	3.21 ± 0.36	+0.06	0.240	Not significant

Within-group changes were analyzed using the paired sample t-test. A p-value of less than 0.05 indicated a statistically significant difference between pretest and posttest scores. The results showed increased communication openness and quality of interpersonal relationships, as well as decreased communication problems, in the intervention group. In contrast, the control group showed only minimal and statistically insignificant changes. These findings indicate that assertive communication training was effective in improving parent-adolescent communication patterns, making them more open, empathetic, and supportive.

These results support the theory of assertive communication put forward by Alberti and Emmons (12), that assertive communication is a skill that can be trained through simulation, role-playing, and self-reflection. In the context of this study, a participatory approach has been shown to be effective in increasing parental confidence in conveying messages about sexuality openly but still politely and educating (Hilda, Noviekayati and Santi, 2023).

4. Adolescent Outcomes Related to Risky Sexual Behavior Prevention

Adolescent outcomes related to risky sexual behavior prevention were assessed as secondary outcomes because the intervention was designed to strengthen parents' communication competence and improve communication about sexuality and reproductive health within the family. The assessed outcomes included adolescents' knowledge of healthy sexuality, attitudes toward risky sexual behavior, and self-reported tendencies toward risky sexual behavior. These variables were measured before and after the intervention in both groups, and the results are presented in Table 3.



Table 3. Adolescent Outcomes Related to Risky Sexual Behavior Prevention (n = 124; intervention = 62, control = 62)

Variable	Groups	Pretest (Mean ± SD)	Posttest (Mean ± SD)	Δ (Mean Difference)	p-value	Remarks
Adolescent knowledge of healthy sexuality	Intervention	3.10 ± 0.38	3.82 ± 0.34	+0.72	<0.001	↑ Significant
	Control	3.08 ± 0.40	3.14 ± 0.39	+0.06	0.227	Not significant
Adolescents' attitudes toward risky sexual behavior	Intervention	3.05 ± 0.41	3.68 ± 0.36	+0.63	<0.001	↑ Significant
	Control	3.09 ± 0.37	3.13 ± 0.35	+0.04	0.298	Not significant
Risky sexual behavior tendencies (lower scores are better)	Intervention	2.80 ± 0.42	2.21 ± 0.35	-0.59	<0.001	↓ Significant
	Control	2.79 ± 0.39	2.75 ± 0.38	-0.04	0.341	Not significant

Within-group changes were analyzed using the paired sample t-test. A p-value of less than 0.05 indicated a statistically significant difference between pretest and posttest scores. The results showed that adolescents in the intervention group experienced significant improvement in knowledge of healthy sexuality and attitudes toward safer behavior, accompanied by a significant decrease in risky sexual behavior tendencies. In contrast, the control group showed only small and statistically insignificant changes. These findings support the role of improved parent-adolescent communication as a protective factor in preventing risky sexual behavior. This effectiveness is consistent with Asadi's (7) research which reports that assertive communication training can improve the quality of interpersonal relationships and reduce misunderstandings in the family. In addition, the Denno et al. (8) study also emphasized that open communication between parents and children plays an important role in lowering the risk of sexual behavior in adolescents.

With increased communication openness, adolescents are more likely to discuss sensitive issues such as sexuality, moral values, and self-limitations with their parents. These interactions contribute to the formation of adolescent attitudes and behaviors that are more responsible for their reproductive health (Bhatta et al., 2021).

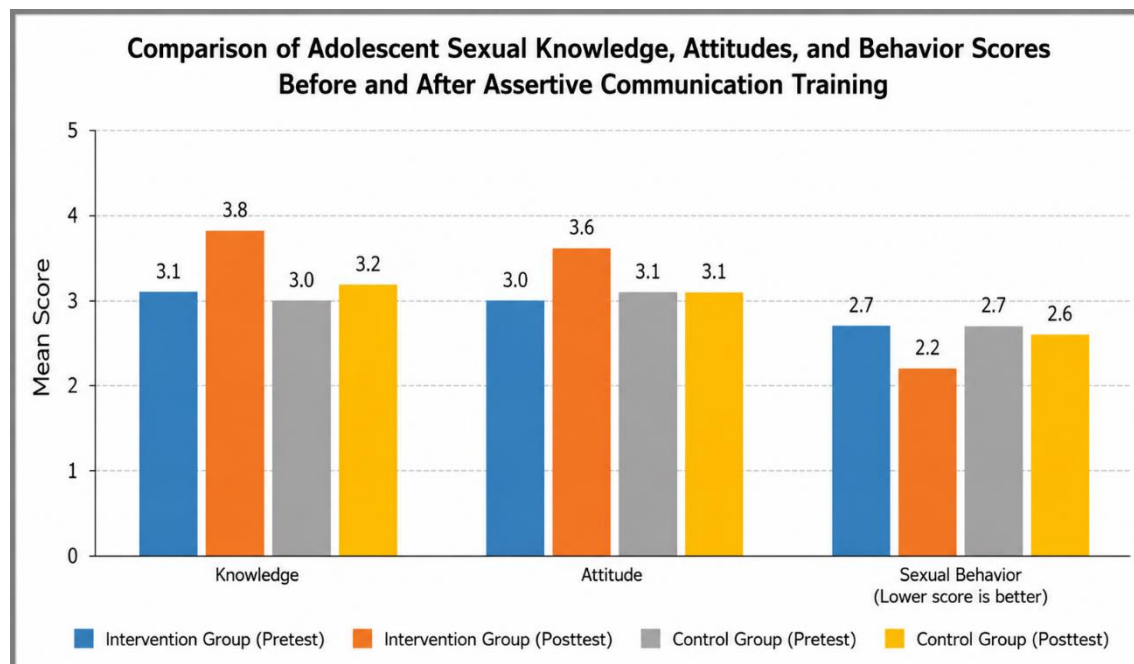


Figure 3. Comparison of Adolescent Sexual Knowledge, Attitudes, and Behavior Scores Before and After Assertive Communication Training.

A significant improvement was seen in the intervention group ($p < 0.001$), while the control group showed no meaningful changes.

DISCUSSION

The results of this study show that assertive communication training is effective in improving parents knowledge, attitudes, and communication skills, as well as improving the quality of communication between parents and adolescents, which has a significant impact on the prevention of risky sexual behavior in adolescents.

1. Improvement of parental knowledge, attitudes, and skills

A significant increase in parents' knowledge, attitudes, and positive communication skills after the training ($p < 0.001$) suggests that participatory-based interventions are effective in strengthening parental communication capacity. Although the control group also showed a slight increase in knowledge scores, the increase was small and statistically insignificant. This minor change may have occurred because of a testing effect from repeated questionnaire completion, incidental exposure to reproductive health information from school or media, or informal discussion among parents during the study period. However, the magnitude of improvement in the intervention group was much greater than that in the control group, indicating that the structured assertive communication training had a stronger effect on parental knowledge and communication competence. These findings are in line with research by Omura et al. (2017), which showed that assertive communication training can systematically improve communication skills through simulation and reflective feedback (Omura *et al.*, 2017). The results of this study are also supported by Martiani et al. (2023), who reported a significant improvement in interpersonal communication skills after



assertive communication training in nursing students (Martiani, Sari and Wahyuni, 2023).

In theory, Alberti and Emmons (2008) assert that assertive communication allows individuals to express personal feelings, beliefs, and rights in an honest and respectful way (12). In the family context, this skill helps parents convey moral and reproductive health messages without creating conflict or embarrassment among adolescents.

2. Effectiveness on the quality of parent-adolescent communication

A significant increase in the subscale of communication openness and the quality of interpersonal relationships, as well as a decrease in communication problems, confirmed that this training was able to improve communication patterns in the family. These results are in line with the research of Widman et al. (2016) and Bhatta et al. (2021) which emphasizes the importance of honest and open communication between parents and children in lowering the risk of risky sexual behaviors (Widman et al., 2016; Bhatta et al., 2021).

The Parent Adolescent Communication Scale (PACS) approach in this study helps identify the dynamics of communication that was previously closed to become more transparent and empathetic. These findings reinforce Barnes & Olson's (1985) theory that open communication serves as the foundation of healthy family relationships (Barnes and Olson, 1985).

The training was delivered in four structured sessions, each lasting 90 minutes. The first session introduced adolescent reproductive health, risky sexual behavior, and the role of parents as primary educators at home. The second session focused on assertive communication principles, including expressing opinions, setting boundaries, listening actively, and responding without judgment. The third session used role-play and case-based discussion to practice conversations about sexuality, peer influence, dating, and personal safety. The fourth session emphasized reflection, feedback, and preparation of a family communication plan that parents could apply at home. This participatory approach through discussion, role-play, and reflection facilitated social and emotional learning, increased parental confidence, and strengthened emotional warmth between family members. This is in line with the study of Hilda et al. (2023), which showed that assertive communication training can improve harmony and interpersonal problem-solving in young couples (Hilda, Noviekayati and Santi, 2023).

3. Impact on the prevention of risky sexual behavior in adolescents

A significant decrease in the tendency to risky sexual behavior in adolescents after parents attended the training showed that family communication plays a protective factor against adolescent behavior. These results are in line with Denno et al. (2015) and Santa Maria et al. (2015) who concluded that family-based interventions are more effective in promoting healthy sexual behaviors than interventions that target only adolescents (Denno, Hoopes and Chandra-Mouli, 2015; Santa Maria *et al.*, 2015).

This research also strengthens the concept of a family-based approach recommended by the Ministry of Health of the Republic of Indonesia (2022) as the

main strategy in adolescent reproductive health programs (Indonesia, 2022). With more open communication, adolescents are more likely to discuss moral values, personal boundaries, and risks of sexual behavior with their parents, thus forming reflective awareness and reproductive responsibility.

4. Implications for family health promotion

The findings of this study have practical implications in the development of family-based health promotion programs, especially through the Youth Posyandu and Youth Family Development. Assertive communication training can be integrated as part of preventive health education in schools and communities to strengthen the role of the family in shaping adolescent healthy behaviors.

In addition, the results of this study show the need for an interdisciplinary approach involving health workers, guidance and counseling teachers, school representatives, and community leaders in supporting the implementation of assertive communication training in a sustainable manner. In the Indonesian school context, guidance and counseling teachers, commonly known as Bhakti Kencana teachers, are responsible for providing counseling, psychosocial support, and student guidance services. Their involvement is important because adolescent reproductive health issues are closely related to emotional development, peer relationships, decision-making, and student behavior. This effort is expected to create synergy between the education and health sectors in supporting the achievement of the Sustainable Development Goals (SDGs), especially point 3 (health and welfare) and point 5 (gender equality).

5. Research limitations

This study has limitations in population coverage that is still limited to one school in Bandung, as well as a relatively short duration of effect measurement (posttest immediately after the intervention). Follow-up research with longitudinal design and direct involvement of adolescents as active participants will provide a more comprehensive picture of the long-term effects of this training on adolescent reproductive health behaviors.

CONCLUSION

This study shows that assertive communication training is effective in improving parental knowledge, attitudes, and communication skills, improving the quality of communication between parents and adolescents, and reducing the tendency to risky sexual behavior in adolescents. Empirically, there was a significant increase in communication openness, knowledge, and positive attitude scores, accompanied by a decrease in communication problems in the family after the training. These results reinforce that assertive communication is a skill that can be trained and plays an important role as a protective factor in parent-adolescent relationships, especially in discussing sensitive sexuality issues in the Indonesian cultural context.

This training not only improves parents ability to convey reproductive health messages openly and empathically, but also encourages the formation of supportive and harmonious family relationships. Conceptually, these results support a family-based health promotion approach as a key strategy in the prevention of risky behaviors among adolescents.



ACKNOWLEDGMENT

The authors would like to thank Universitas Bhakti Kencana, Kota Bandung, Jawa Barat, Indonesia, for funding support through the Directorate of Research and Community Service Internal Research Grant of Universitas Bhakti Kencana for the 2025 Fiscal Year with Contract Number: 125/PEN.DRPM/UBK/VI/2025. The authors also thank the parents who participated in the assertive communication training and the vocational high school in Bandung that supported the implementation of this research.

REFERENCES

- Alberti, R. and Emmons, M. (2017) *Your perfect right: Assertiveness and equality in your life and relationships*. books.google.com.
- Alberti, R.E. and Emmons, M.L. (2008) *The Assertiveness Workbook: How to Express Your Ideas and Stand Up for Yourself at Work and in Relationships*. Oakland: New Harbinger Publications.
- Asadi, M. (2020) "The effect of assertiveness training on interpersonal communication skills among high school students," *Journal of Education and Health Promotion*, 9, p. 83. Available at: https://doi.org/10.4103/jehp.jehp_625_19.
- Association, W.M. (2013) "Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects," *JAMA*, 310(20), pp. 2191–2194. Available at: <https://doi.org/10.1001/jama.2013.281053>.
- Barnes, H.L. and Olson, D.H. (1985) "Parent-Adolescent Communication Scale BT - Family Inventories: Inventories Used in a National Survey of Families Across the Family Life Cycle," in D.H. Olson (ed.). St. Paul: University of Minnesota.
- Bhatta, B.R. et al. (2021) "Parent-adolescent communication on sexual and reproductive health matters in Nepal," *PLOS ONE*, 16(2), p. e0246911. Available at: <https://doi.org/10.1371/journal.pone.0246911>.
- Creswell, J.W. and Creswell, J.D. (2018) *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 5th ed. Thousand Oaks: Sage Publications.
- Denno, D.M., Hoopes, A.J. and Chandra-Mouli, V. (2015) "Effective strategies to provide adolescent sexual and reproductive health services and to increase demand and community support," *Journal of Adolescent Health*, 56(1 Suppl), pp. S22–S41. Available at: <https://doi.org/10.1016/j.jadohealth.2014.09.012>.
- Ekayanti, E., Maimunah, S. and Pangesti, T. (2024) "Relationship between communication patterns and parental roles with efforts to prevent risky sexual behavior in adolescents," *Jurnal Ilmiah Keperawatan*, 10(3), pp. 643–649. Available at: <https://doi.org/10.33023/jikep.v10i3.2326>.
- Field, A. (2018) *Discovering Statistics Using IBM SPSS Statistics*. 5th ed. London: Sage.
- Hilda, V., Noviekayati, I.G.A.A. and Santi, D.E. (2023) "Assertive training to improve communication and harmony in early marriage," *Psikologia: Jurnal Psikologi*, 4(2), pp. 72–80. Available at: <https://doi.org/10.21070/psikologia.v4i2.743>.
- Indonesia, M. of H.R. of (2022) *Guidelines for Adolescent Reproductive Health Program*. Jakarta: Ministry of Health Republic of Indonesia.

-
- Martiani, A., Sari, D.P. and Wahyuni, F. (2023) "Pengaruh pelatihan komunikasi asertif terhadap peningkatan kemampuan komunikasi interpersonal mahasiswa keperawatan," *Jurnal Keperawatan Soedirman*, 18(2), pp. 110–118. Available at: <https://doi.org/10.20884/1.jks.2023.18.2.2430>.
- Nasional, B.K. dan K.B., Statistik, B.P. and Indonesia, K.K.R. (2023) *Survei Demografi dan Kesehatan Indonesia 2022: Remaja*. Jakarta: BKKBN.
- Noe, M.T.N. et al. (2018) "Barriers to parent-adolescent communication on sexual and reproductive health in Myanmar," *PLOS ONE*, 13(12), p. e0208849. Available at: <https://doi.org/10.1371/journal.pone.0208849>.
- Omura, M. et al. (2017) "The effectiveness of assertiveness communication training programs for healthcare professionals and students: A systematic review," *International Journal of Nursing Studies*, 76, pp. 120–128. Available at: <https://doi.org/10.1016/j.ijnurstu.2017.09.001>.
- Organization, W.H. (2020) *Adolescent pregnancy: Fact sheet*. Geneva: World Health Organization.
- Santa Maria, D. et al. (2015) "Parent-based adolescent sexual health interventions and effect on communication outcomes: A systematic review and meta-analyses," *Perspectives on Sexual and Reproductive Health*, 47(1), pp. 37–50. Available at: <https://doi.org/10.1363/47e2415>.
- Tabachnick, B.G. and Fidell, L.S. (2019) *Using Multivariate Statistics*. 7th ed. New York: Pearson Education.
- Widman, L. et al. (2016) "Parent-adolescent sexual communication and adolescent safer sex behavior: A meta-analysis," *JAMA Pediatrics*, 170(1), pp. 52–61. Available at: <https://doi.org/10.1001/jamapediatrics.2015.2731>.