Guidance and Counseling to Improve Healthy Sexual Behavior of Adolescents in West Java

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Abstract

Recently, the sexual behavior among adolescents has shown a general tendency toward urgency and is becoming a specific concern for several groups. Based on guidance and counseling’s perspective, the healthy sexual behavior an individual’s personal ability to reach their physical, psychological, and social well-being that related to their sexuality, reflected by their personal freedom towards their personal and social life. In order to develop healthy sexual ability, synergic guidance and counseling program between teachers and parents are planned. The research used a quantitative and qualitative approach. The population in this study were high school class XI students in West Java. The research sample was taken using a non-probability sample. The results in this study are guidance and counseling services designed to improve healthy sexual behavior of adolescents. Guidance and counseling services are developed into guidelines that contain healthy sexual behavior instruments that can be used as references by teachers and counselors in order to improve the sexual behavior tendency among adolescent, sex education guidelines for parents and teachers, and worksheets for students. In addition, this study is also expected to be published in a scientific journal, both domestically or internationally.

Keywords: healthy sexual behavior, adolescents, guidance and counseling

1. INTRODUCTION

Adolescence is a period of sexual exploration and integrating sexuality into one's identity. Most teenagers experience periods of vulnerability and confusion in the course of their sexual lives. Teenagers often wondering whether they have sexual appeal, questioning on how to behave sexually, and wondering on their sexual lives in the future (Santrock, 2007). Over the past three years, the phenomenon of sexual behavior of students in schools seems to not only increasing in number, but also in variety and intensity.

According to the results of the Indonesian Adolescent Reproductive Health Survey (SKRRI) in 2011, adolescents claimed to have friends who had premarital sexual intercourse between age 14-19 (female 34.7%, men 30.9%), age 24-19 years (female 48.6%, male 465%), (Handayani, Wiranti, Raharjo, & Nugroho, 2019). Adolescent respondents aged 15-24 years showing that as many as 1% of adolescents and as many as 6% of adolescent boys stating they had premarital sexual relations. Research data from Rahmawati & Realita (2017) states that 58.6% of teenagers in Semarang already have proper knowledge about sexual behavior, but 60% of teenagers in Semarang have unhealthy sexual behavior. In the study concluded that there is no relation between adolescent knowledge on sexual behavior and the sexual behavior they carried out. West Java MCR-PKBI Survey (Wiyana, 2004) explains that there are eight different factors causing sexual behavior, among them are difficulty in controlling sexual drive 63%, lack of obedience in practicing religion 55.79%, sexual stimulation 52.63%, watching porn-related contents 49.47%, lack of parental guidance 9.47%, economic problems 12.11%, lifestyle’s influence 24.74% and pressure from the environment 18.24%.

Based on these data, the phenomenon of adolescent sexual behavior is increasingly rooted and is very concerning especially for parents and society. Although exploring sexuality is a normal part of adolescent development, but sexual behavior is always accompanied by some risks that are not only borne by the teenager itself but also by parental figures and society.

According to experts, psychological, educational, and guidance and counseling’s perspective it is understood that individuals have basic needs in their lives and they live to meet those needs. This perspective is empirically in line with the results of Glasser's study that revealed how basic human needs including survival, love and belonging, power or achievement, freedom or independence (freedom or independence), and amusement (Corey, 2009).

The existence of a relationship between the phenomenon and the perspective of adolescents on sexual behavior becomes an interest to examine the healthy sexual behavior of adolescents. The era change is a challenge in itself to explore the world of youth. Teenagers are constantly facing contradictory reality between the value of sexuality they
obtained from family, school or religion with the circumstances that occur in society, especially the introduction of good and bad things on sexual behavior. Adolescents have the convenience of accessing information from various sources, making their own boomerang if they are lacking of guidance. Sex education is still considered taboo, and the convenience of self-information is also a reason to blame a specific side for this issue.

Based on the explanation, counseling and guidance services have become an important role in alleviating students’ sexual behavior problems. Therefore, there needs to be innovation in the provision of guidance and counseling services in order to provide an understanding of the problems of correct sexual behavior to students, whether at school level or at family level as an initial source for sex education for adolescents. This research is done in order to prevent adolescents from seeking information’s on sexual behavior from irresponsible people or sources that are doubtful or even completely wrong.

2. RESEARCH METHOD

This study uses both quantitative and qualitative approach. The population in this study were grade 11 high school students in West Java. The research sample was taken using a non-probability sample. The sampling technique used is random sampling with homogeneous sampling strategies (Creswell, 2012).

The data needed in this study was collected in several ways, including documentation studies and questionnaires. Documentation studies are used to obtain an overview of the existing condition of healthy sexual behavior. The questionnaires were used to reveal data on adolescent healthy sexual behavior in order to develop profiles and test the effectiveness of intervention strategies.

3. RESULT

In general, the description of healthy adolescent sexual behavior from 1423 vocational school and high school students in West Java is placed in the high category of 18.5%, then in the average category of 70.1%. The remaining 11.4% of students are in the low category. Thus, in general the healthy sexual behavior of adolescents in the province of West Java is in the average category. Furthermore, among all aspects, the students are placed in the medium category. Sequentially, the social aspect has the highest average score of 2.64. Furthermore, the second highest aspect is the moral aspect with an average of 2.08. Psychological aspects ranked the third highest with an average of 1.94. Finally, the lowest aspect is the physical aspect with an average score of 1.60. Thus, in general students have been able to achieve healthy sexual behavior in physical, psychological, social and moral aspects.

There are many factors that influence healthy sexual behavior in adolescents. Sequentially the highest average that affect adolescent healthy sexual behavior is the factor in chance in sexual activity (Mean: 3.36; SD: 2.13). Furthermore, the second and third place factors that influence adolescent healthy sexual behavior are intelligence and education level (Mean: 2.97; SD: 1.09) and religious factors (Mean: 2.50, SD: 2.24). In the fourth and fifth order are peer factors (Mean: 2.13; SD: 1.42) and involvement factors in sports (Mean: 1.26; SD: 1.53). The last factor that affects adolescent healthy sexual behavior is the factor of communication with parents (Mean: -0.34; SD: 1.47).

In general, adolescents are mostly placed in the average category, meaning that adolescents are sufficiently capable of achieving physical, psychological and social ability related to sexuality and reflected in expressions that are free but still responsible in their personal and social lives. Through puberty, there are some risks that make adolescents vulnerable in their sexual activities, making adolescents to develop healthy sexual behavior to lessen the risks.

Biologically, the tendency of sexual attraction to the opposite sex increases in adolescence due to the occurrence of hormonal changes during puberty, namely the functioning of the testosterone hormone in men and progesterone in women. Changes and development of these hormones are affecting the appearance of sexual desire or drive in adolescents (Monks, 2006, p. 266). Therefore, adolescents need to recognize the occurrence of hormonal changes in themselves, so that they can learn on how to be responsible for achieving physical, psychological and social ability related to their sexuality.

On social aspects that get the highest average score shows that teenagers are able to respect themselves, respect others, and accept all social risks caused by sexual decisions taken. Teenagers who are able to respect themselves and others also capable to place themselves as social beings who get along with the opposite sex naturally and are able to recognize the boundaries of their association.

In addition, healthy sexual behavior in the social aspects is also indicated by the ability of adolescents to accept all social risks caused by the decisions of sexual behavior taken. There have been many previous studies which revealed that free associations with the opposite sex, both with close friends and girlfriends, tend to result in the activity of premarital sexual relations and abortion. One of them is a study conducted by Wulan (2003) which revealed that the beginning of the drive to engage in sexual activities for teenagers started from the urge to touch their partners. Thus, adolescents who have healthy sexual behaviors are able to understand and consider risks whenever an urge arises in them to engage in sexual activity.

On moral perspective, adolescent’s healthy sexual behavior making them capable to have strong integrity between the true values of sex, attitudes developed within behaviors, and self-control. Research conducted by Rahmawati & Realita (2017) concluded that there was no relationship between adolescent knowledge about sexual behavior and the sexual behavior they carried out. In simpler terms, the results of the study state that knowledge about the dangers of sexual behavior is not enough, but teenagers should make this knowledge a basis for moral values that are firmly embedded in adolescents for their social life with the opposite sex. Socialization agents such as parents and teachers have an important role to instill morale towards adolescents in order to be able to achieve optimal moral
development. Kohlberg (as cited in Slavin, 2009) reveals that during adolescence, individuals must at least be able to reach the level of conventional moral development, namely to assess the morality of an action by comparing it to the views and expectations of society (conformity). In the context of sexual behavior, adolescents must be able to control themselves not to behave unhealthy sexual behavior because understanding one of the risks is in the form of social sanctions from the community.

On psychological perspectives, the ability of adolescents to recognize and control their psychological aspects (emotions, thoughts and personality) should display behaviors that have true values about sex. Exploring the basics of the psychological processes and their consequences are such an effective response that contribute to healthy sexual behavior in order to help adolescents to protect their rights and their choices (WHO as cited in Pringle, Mills, McAteer, Jepson, Hogg, Anand, & Blakemore, 2017).

Finally, in physical aspects healthy sexual behavior, adolescents are able to identify physical conditions, maintain physical conditions to attract the opposite sex and maintain physical health and reproductive organs. In addition to being related to the need to recognize and care for their body condition, another important issue in the physical aspect for adolescents is the understanding of adolescents to maintain reproductive health. One of the forms of maintaining reproductive health for young women is being able to take care of themselves when they started to enter the menstrual phase, while adolescents for men are important to know how to clean themselves (big baths) after experiencing wet dreams.

The results of the study revealed that sexual opportunity became the most influential factor in healthy sexual behavior of adolescents in West Java. Sexual opportunities referred to in the study were parenting and home conditions. The magnitude of the opportunity factor scores in the study explained that most teenagers stated that they were not given the freedom to date by their parents. This is consistent with the research conducted by Kao and Carter (2013) that permissive parenting is related to sexual relations behavior and the use of liquor for adolescents. Thus, parents have an important role to supervise their children who begin to enter the teenage phase and experience changes in their sexual lives. When adolescents feel themselves supervised by their parents with good parenting, then they will be more careful in behaving especially with regard to sexual activities.

Furthermore, intelligence and education levels are other factors that influence the healthy sexual behavior of adolescents in West Java. The indicator of this factor is the desire to continue school and have its own education standards. Adolescents who set a high standard of education will spend their time focusing on learning and pursuing academic and non-academic achievements in their schools. In addition, with various information about his sexual life, teenagers who have healthy sexual behavior will not be affected for premarital sexual intercourse. Therefore, the school has a role to increase the learning interest of adolescents in order to achieve their goals.

During their search for self-identity, adolescents will never be separated from religious factors that also affecting their sexual behavior. Indicators of religious factors in the study are religious understanding and have a regular schedule to deepen religious teachings. Religion plays an important role in adolescent health and behavioral problems (Santrock, 2011). Previous researchers have found that various aspects of religion have a positive effect on adolescent sexual behavior. One of them is the research conducted by Darmash (2009) which reveals that the better the level of understanding of a teenager's religion, the better the healthy sexual behavior undertaken by the teenager. The study was strengthened by Salisa (2010) who stated that religious education that was not obtained by adolescents was the reason they had premarital sexual relations. Thus, the role of parents is very important to start instilling religious values from an early age so that it becomes a provision in the lives of teenagers in the future. As for adolescents, they can avoid themselves from unhealthy sexual behaviors by attending the recitations held at the school or by the DKM of the nearest mosques.

After religion, other factors play a role in developing healthy sexual behavior for adolescents in research, namely peers. When children become adolescents, peer groups become the main source of information, including regarding desired behavior for individuals (Desmita, 2012). Individuals get a lot of information and mimic the habits, skills and behavior carried out by friends in their peers. Darmayanti, Lestari, and Ramadani (2011) revealed that teenagers who have close friends who have had premarital sexual relations are more likely to do the same thing than friends who have never had premarital sexual relationships. Similarly, research from Richards (2010) revealed that peers have a large influence on the initiation of sexual behavior in adolescents. Therefore, it is very important for adolescents to choose and sort out the right associates, both in the school environment and the community.

In its infancy, teenagers are actively involved in physical activities that are able to channel their peak energy. Another factor that influences sexual behavior in research is involvement in sports. Research conducted by Wang (2009) revealed that there was a relationship between adolescent sexual behavior and their involvement in athletic sports. Female athletes who are active in sports display less sexual activity than non-athletes, while male athletes show more sexual activity than men not athletes. Thus, the study shows that involvement in sports can have a different effect on men and women on sexual activity.

Lastly, the results of the study place the role of parents as the last in the most influential factors in healthy sexual behavior of adolescents in West Java. The parent factor referred to in the study is communication that exists between teenagers and parents about sexual life. For Indonesian, talking openly about sexual life to parents is still considered a taboo. Meanwhile the research by Biddlecom, Awusabaso-Asare, & Bankole, (2009) states that communication between parents and children has a positive effect on adolescent sexual activity. Parents are the primary source of sex education for adolescents, so they need to pay more attention by communicating with their children. Miller (as cited in Wang, 2009) stated that the form of the process of sexual communication with adolescents for parents requires adequate knowledge, willingness to be heard, open delivery and understanding the feelings behind the questions posed by adolescents. The better the ability of parents to communicate
about healthy sexual behavior to adolescents, the better the healthy sexual behavior displayed by teenagers.

Some researchers have made efforts in order to overcome the problem of unhealthy sexual behavior in adolescents, including in the realm of guidance and counselling. Wijayanti, (2013) stated in their research that peer guidance models are effective for developing negative attitudes toward healthy sexual behavior in adolescents. This caused by an understanding that adolescents are mostly begin to build intimate relationships with friends of their age, making it easier to share information related to healthy sexual behavior. Santosa (2013) developed a personal social counselling and counselling program to develop healthy sexual behavior in adolescents. The results of the study revealed that a comprehensive personal social counselling and counselling program was proven effective for developing healthy sexual behavior in students. Furthermore Dores (2016) put a concept in overcoming adolescents who fall into homosexual behavior that is through the concept of Islamic guidance and counselling. The concept is based on the consideration that humans naturally need psychological assistance including Islamic religious counselling based on the Qur'an and the Sunnah of the Prophet.

Meanwhile, Marlynda (2017) in her research journal stated that there were three efforts made by guidance and counselling teachers in overcoming sexual deviant behavior among adolescents, which included preventive efforts, curative efforts and coaching efforts. Curative efforts, namely by running peer counsellor activities. Preventive efforts in the form of procuring agreement letters, counselling from school counsellors and institutions. Finally, coaching efforts are in the form of individual counselling and calling of parents or guardians of students. These three efforts are often carried out by BK teachers in dealing with problems of unhealthy sexual behavior. Continuous development and innovation are needed by all parties so that efforts to solve the problem of sexual behavior in adolescents can be optimally addressed.

4. CONCLUSIONS

Research produces findings and conclusions as follows. In general, the average achievement of healthy sexual behavior of adolescents in high schools throughout West Java is in the moderate category. The highest average aspect is the social aspect, then followed by the moral, psychological aspects and the lowest average aspects, namely the physical aspects. The most influencing factor towards the development of healthy sexual behavior of adolescents in West Java Vocational High Schools is the opportunity factor. Furthermore, the second and third ranks are intelligence and education levels and religious factors. At number four and five are peer factors and factors of involvement in sports. The last factor that influences the healthy sexual behavior of adolescents is the factor of communication with parents.

The results showed that the average adolescent of high school in West Java are mostly have healthy sexual behavior. Therefore, recommendations for education practitioners to use some guidelines from research results as a reference in order to develop innovative programs that are able to prevent the occurrence of unhealthy sexual behavior in adolescents in their daily lives. For further researchers it is expected to be able to make the results of the study as a guide for testing various intervention strategies in an effort to solve the problem of healthy sexual behavior in adolescents.

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