

## Training and Counselling of Sex Education as a Prevention for Sexual Risk Behaviour in Adolescents: A Quasi-experiment Study

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### ABSTRACT

**Background:** Adolescents have a high sense of curiosity, including issues of sexuality. Adolescents' curiosity about sexuality is due to the developmental period of adolescents entering puberty, which is marked by the maturation of the reproductive system and the production of sex hormones. Risky sexual behaviour is sexual behaviour that can cause negative impacts such as unwanted pregnancy, abortion and sexually transmitted diseases. Adolescents need to be equipped with various knowledge about reproductive health, which includes understanding the physiology of reproductive organs, menstruation, fertility, sexual orientation, STI/HIV/AIDS prevention techniques, pregnancy, family planning techniques and skills. **Objectives:** To determine the effect of sex education through training and counselling as a preventive measure against risky sexual behaviour in adolescents: Participants of the Adolescent Reproductive Health Information and Counselling Center (PIK-KRR) in Medan City. **Method:** This research uses a quasi-experimental group pre-test and post-test design. The number of samples in this study was 30 adolescents. The statistical test analysis method used the paired sample t-test with the SPSS application. **Results:** This research shows an increase in adolescents' knowledge, attitudes and actions regarding risky sexual behaviour ( $p$ -value  $<0.05$ ). **Conclusion:** Health services provide education about reproductive health knowledge and the impact of dangers of engaging in sexual behaviour to all adolescents so that they gain useful knowledge so as not to do other negative things.

**Keywords:** Adolescent, Counselling, Education, Training, Risky sexual behaviour.

### INTRODUCTION

The adolescent phase is a bridge between childhood and adulthood, where adolescents experience rapid growth and development. It is essential to provide them with proper nutrition to support their physical and mental development. According to the 2010 Population Census, Indonesia has 237.6 million people, of which 63.4 million are adolescents, consisting of 32,164,436 males (50.70%) and 31,279,012 females (49.30%). The significant youth population in the country will have a significant impact on future population growth, according to BKKBN, 2011.

The progress and future of a nation are very dependent on the younger generation. They hold the power to direct the course of the country. However, certain factors can affect their quality of life, including understanding their reproductive identity and maintaining a balanced diet. A lack of knowledge in this area can lead to problems such as risky

sexual behaviour. Therefore, educating youth about this topic is very important for their wellbeing and the development of the country (Takalawangen, Mantiri and Monintja, 2019; Ardiansyah, Yuliatin and Zubair, 2021; Parwitasari, 2022).

Adolescence is a phase that lasts from 10 to 19 years of age and is marked by the maturation of the reproductive organs, which is commonly called puberty; this period witnesses significant cognitive, psychosocial and physical changes. Adolescents experience growth in terms of height and weight, and their reproductive organs also experience maturity. Their curiosity increases, and they are drawn to new, challenging experiences. However, adolescents are also prone to increased sensitivity, anxiety and frustration. Youths need to engage in positive activities to unlock their true potential. Unfortunately, not all teens choose constructive pursuits. Furthermore, physical development and maturity of the reproductive organs during adolescence can lead to unhealthy sexual

urges (Dartiwen and Mira Aryanti, 2022; Gultom and Sari, 2022; Sinaga, 2022).

Adolescence is a transitional period that brings various growth opportunities and health risks. This stage of development is characterised by physical and psychological changes (Qoriaty and Azizah, 2018; Octavia, 2020; Qomariah, 2020). Adolescents experience physical changes, manifested by the emergence of primary and secondary sexual characteristics, while psychological changes are marked by emotional sensitivity and a tendency to experiment with new things. However, while searching for their identity, adolescents may be less emotionally stable and may face temptation in their social environment. Adolescents are eager to explore adult behaviour, which makes them vulnerable to various risks (Jackson, Janssen and Gabrielli, 2018; Littman, 2018; Do, Sharp and Telzer, 2020).

Youth must be equipped with various knowledge, including religious and general education. However, they must also know about reproductive health, including understanding the physiology of the reproductive organs, menstruation, fertility, sexual orientation, STI/HIV/AIDS prevention techniques, pregnancy, family planning techniques, and skills. This comprehensive knowledge enables youths to become responsible individuals capable of making positive decisions and changing their behaviour (Noor *et al.*, 2020).

Sexual behaviour is an act that involves physically touching other people's body parts or oneself that is driven by sexual desire (Hodson *et al.*, 2019). This action can start from holding hands to engaging in sexual intercourse. Risky sexual behaviour is sexual behaviour that can hurt the perpetrator. The negative impacts that arise are unwanted pregnancies (KTD), sexually transmitted diseases (STDS), and an even further impact is that it is easy to contract HIV/AIDS.

Risky sexual behaviour in adolescents greatly influences their daily lives; adolescents live in an environment where they interact with family, friends, the school environment, and other world environments. Entering adolescence, adolescents' sexual desires begin to develop; for this reason, adolescents must learn to adapt to all the cultural rules and customs that exist in society (Gibbons and Poelker, 2019). In Indonesian society, the

number of adolescents has increased to more than 66%; one in four of the population in Indonesia is a teenager. The culture of sexual risk behaviour among adolescents has threatened the future of the Indonesian nation, where parents, schools and the community have an important role in it. Based on the results of the 2015 interim RPJM survey, in which 42,243 adolescents completed, 45 adolescents had had sexual relations before marriage.

Many Indonesians view the LGBT community as violators of human nature, moral destroyers, and social outcasts. They are often labelled as mentally disabled, destroyers of religious norms, and even equated with the prophets of Lut (Pratama, Fahmi and Fadli, 2018; Mustafa, 2019; Mafaza and Royyani, 2020). It should be noted that Indonesia has the fifth-largest LGBT population in the world, with 3% of the country's 250 million people identifying as LGBT, according to various independent surveys at home and abroad. This means around 7.5 million Indonesians are part of the LGBT community, or in simpler terms, about 3 out of every 100 people (Asri and Hayati, 2018; Pratama, Fahmi and Fadli, 2018; Safitri *et al.*, 2018; Sari *et al.*, 2020; Muzakir, 2021; Sugiarto, 2022).

An initial survey of direct interviews with adolescent health managers at the Medan City Health Office revealed that there were cases of LGBT adolescents in several sub-districts in Medan City. Medan City, the capital city of North Sumatra Province, is a vital transit point for domestic and foreign tourists. Its strategic location has driven the growth of various accommodations, infrastructure, shopping centres and entertainment venues. The city's modernisation is reflected in the emergence of nightclubs, karaoke rooms and cafes, which attract a young population. However, this causes a change in the lifestyle of the people of Medan City, especially adolescents, who tend to spend their nights at these entertainment venues. As a result, there is a decline in moral values and an increase in the possibility of promiscuity and sexual perversion among adolescents in the city.

The terms 'gay' or 'homosexual' refer to sexual behaviour that is considered inappropriate. Deviations from this norm are also observed in individuals who identify as lesbian, bisexual, or

transgender (LGBT). Human nature is inherently designed with a male and female binary sexual orientation, which does not include same-sex attraction. 'Gay' refers to same-sex sexual attraction between men, while 'lesbian' denotes same-sex attraction between women. Bisexuals, on the other hand, are individuals who are attracted to both men and women simultaneously. 'Transgender' is a term used to describe individuals who identify with the gender opposite to the sex assigned at birth, such as waria or men who show feminine traits. In addition, there are also many examples of men engaging in sexual activity with transgender women (Panich and Chaiumporn, 2018; Alizamar, 2019; Zeeman *et al.*, 2019; Hall, Dawes and Plocek, 2021; Mulyadi, Oktavianisya and Ulfa, 2021; Ummah, Najeh and Tongat, 2021).

Adolescents' awareness of reproductive organs and health still needs to be improved, and accurate information is still scarce. Reproductive health is still considered taboo, causing parents and teachers to struggle to communicate important information (Anggraeni, Kurnia and Harini, 2018; Kyilleh, Tabong and Konlaan, 2018; Widiyastuti and Nurcahyani, 2019). However, according to the findings, cultivating a solid understanding of reproductive health is critical in promoting healthy sexual behaviour (Basri *et al.*, 2022; Indraswari *et al.*, 2022).

The Centre for Youth Information and Counselling, known as the Youth PIK, is a unique forum for PKBR programme activities. Intended to provide information and counselling services on Family Planning for Youth and other related activities, PIK Juvenile is a versatile name that can be adapted to local youth preferences and programme requirements. The Centre for Information and Counselling for Youth, or PIK-R, is another forum that offers youth reproductive health programme activities. Managed by and for youth, PIK-R provides adolescent reproductive health information and counselling services. In Indonesia, currently, there are 8,121 PIK-R spread across 6,093 sub-districts. Of these, 6,992 are in the Growth stage, 879 are in the Upright stage, and 250 are in the Stiff stage. However, the development of PIK-KRR in middle and high schools still needs

to be improved and expanded. The Centre for Information and Counselling on Adolescent Reproductive Health, or PIK-KRR in SMUN, offers easy access to the correct information about reproduction.

## METHODS

The research design used a quasi-experimental group pre-test and post-test design. The subject group was observed before treatment (pre-test) and was then observed again by providing counselling and counselling to respondents and then giving intervention (post-test). The sample in this research activity was 30 adolescents in PIKR education paths active in Medan, namely PIKR Kampung Gaharu and Helvetia, Medan. The data collection process began with a pre-test (efforts to prevent risky sexual behaviour) for all youth who were respondents to find out what they were doing in efforts to prevent risky sexual behaviour. The intervention phase for participants begins with health education and counselling interventions about efforts to prevent risky sexual behaviour for two months. The subjects in this study will receive interventions 2-3 times daily, and the enumerators will monitor progress during the research process. The material presented during the health education and counselling was: sexual risk behaviour, reproductive health, prevention of risky sexual behaviour and LGBT risk behaviour. The subjects underwent a post-test about behaviour to obtain developmental data after being given health education and counselling about efforts to prevent risky sexual behaviour. Data analysis was performed using the SPSS statistical test, the paired sample t-test. This research has received ethical approval from the Medan Ministry of Health Polytechnic Research Ethics Committee No:01.0166/KEPK/POLTEKKES KEMENKES MEDAN 2022.

## RESULTS AND DISCUSSION

### *Research Results*

#### *Respondent's Internal Factors*

Respondents in this study were adolescents aged 12-17 years, both male and female adolescents, and who were PIK-KRR members in the working area of the Helvetia Health Centre, Medan City, totalling 30 people. The internal factors

taken by the respondents were age, gender and sources of information.

Table 1. Frequency Distribution of Respondents Based on Age (Adolescent Stage), Gender, and Sources of Information on Sex Education.

No	Variable	Frequency (n)	Percentage (%)
1	Age		
	– Early Adolescents (10-12 years)	8	26.7
	– Middle Youth (13-15 years)	12	40
	– Late Adolescents (16-17 years)	10	33.3
2	Gender		
	– Man	13	43.3
	– Woman	17	56.7
3	Resources		
	– Internet	13	43.3
	– Television	3	10
	– Teacher	5	16.7
	– Parent	9	30
<b>Total</b>		<b>30</b>	<b>100</b>

Based on the results of research conducted on 30 respondents, it was found that most adolescents were aged 13-15 years, with as many as 12 people (40%),

with the majority, 17 (56.7%), being female. As many as 13 people (43.3%) received the most information about sex education and nutrition from the internet.

Table 2. Level of Knowledge, Attitudes and Actions of Respondents Before and After Conducting Training and Counselling to Prevent Risky Sexual Behaviour.

No	Variable	Before		After	
		n	%	n	%
1	<b>Knowledge</b>				
	Good	5	16.67	27	90
	Currently	10	33.33	2	6.67
	Not enough	15	50	1	3.33
	<i>Amount</i>	30	100	30	100
2	<b>Attitude</b>				
	Good	3	10	26	86.67
	Currently	10	33.33	2	6.67
	Not enough	17	56.67	2	6.67
	<i>Amount</i>	30	100	30	100
3	<b>Action</b>				
	Good	4	6.7	27	90
	Currently	6	23.3	1	3.33
	Not enough	20	70	2	6.67
	<i>Amount</i>	30	100	30	100

Based on Table 2 above, it can be seen that before being given training and counselling, most respondents had low knowledge about efforts to prevent risky sexual behaviour, namely 15 people (50%).

Meanwhile, after being given training and counselling, the majority of respondents had good knowledge about efforts to prevent risky sexual behaviour, as many as 27 people (90%).



# **The Effect of Training and Counselling as an Effort to Prevent Risky Sexual Behavior**

Sexual Behaviour can be seen in the table below:

The Effect of Training and Counselling as an Effort to Prevent Risky

Table 3. The Effect of Training and Counselling as an Effort to Prevent Risky Sexual Behaviour.

No	Variable	Elementary School Average	Change Rate	P Value*
<b>1. Knowledge</b>				
	Before	54.83 ± 20.218	-28.84 ± 7.766	0.001
	After	84.67 ± 15.452		
<b>2. Attitude</b>				
	Before	52.33 ± 19.106	-32.84 ± 6.966	0.001
	After	84.16 ± 12.140		
<b>3. Action</b>				
	Before	50.17 ± 19.050	-36.33 ± 6.792	0.001
	After	86.50 ± 12.258		

\*Difference within groups (before and after) using paired t-test, at a significance level of 5%.

From Table 3 above, it can be seen that after conducting training and counselling as efforts to prevent risky sexual behaviour, there was an increase in the mean value of adolescent knowledge of 28.84, and the participants were in a sound knowledge category of 84.67. In attitudes, there was also an increase in the average value of adolescents, namely 32.84, and all respondents had a good attitude of 84.16. There was also an increase in the average value of adolescents, namely 36.33, and all respondents had good actions of 86,50. The results of statistical tests using the statistical paired t-test showed differences in the mean knowledge, attitudes and actions of the participants in training and counselling as an effort to prevent risky sexual behaviour.

Based on the result, it can be seen that before being given training and counselling, most respondents had low knowledge about efforts to prevent risky sexual behaviour, namely 15 people (50%). Meanwhile, after being given training and counselling, the majority of respondents had good knowledge about efforts to prevent risky sexual behaviour, as many as 27 people (90%).

Then, from the data above, before providing training and counselling, the majority of respondents had poor attitudes about efforts to prevent risky sexual behaviour, namely 17 people (56.67%), while after training and counselling, the majority of respondents had good attitudes about efforts to prevent sexual behaviour. At risk, namely 26 people (86.67%).

It can be seen from the data above that before providing training and counselling, the majority of respondents did not take enough action regarding efforts to prevent risky sexual behaviour, namely as many as 20 people (70%), whereas after training and counselling the majority of respondents had a good attitude towards efforts to prevent risky sexual behaviours many as 27 people (90%).

The findings of this research reveal a substantial transformation in the behaviour, actions and knowledge of adolescents who receive sex education through training and counselling at the Medan City Adolescent Reproductive Health Information and Counselling Centre (PIK-KRR).

Sexual education starts from an early age through parents at home. In urban areas, parents admit that it is difficult to monitor their children's movements and whereabouts (Ram & Mohammadenzhad, 2020). Preventing sexual deviance is critical, and families, schools and communities can all take preventive measures. Families can educate adolescents about sex from an early age and limit social interactions outside the home (Wajdi and Arif, 2021; Magta and Lestari, 2022). Counselling and education about the risks of deviant behaviour can be provided at school. Community efforts can act as activating youth organizations and warning adolescents involved in these activities. By educating children about sex at a young age, or at least during their



school years, they can develop a better understanding of sexual orientation and avoid deviant behaviour (Pradani, 2018; Depi, 2021).

When sexual education is introduced at an early age, students are made aware of their natural sexual urges. This understanding leads to a greater sense of self-care, protecting oneself from negative outside influences. Unfortunately, adolescents who view casual sex as the norm are often under the influence of misleading information from sources such as the internet, as well as peers who pressure and encourage them to engage in promiscuity. To overcome this, the PIK-KRR initiative offers information, training and counselling services as a positive means of preventing sexual deviation in adolescents (Agustina, 2019; Detek, 2020).

The goals of sex education vary depending on the child's developmental stage. Toddlers, for example, must be taught about intimate organs and other body parts, including their function and how to protect them (Hemasti, 2021; Oktalistina, 2021; Fransisca and Putri, 2022). Delaying this education can lead to problems such as genital touching, inappropriate touching, and other problems. Sex education is also useful for explaining dangerous sexual behaviour, such as promiscuity, instilling morals, and teaching the principle of "say no" to premarital sex. In addition, it can help build self-acceptance and prepare couples for healthy and appropriate sexual relations before marriage (Setyanti *et al.*, 2022; Martin and Nilawati, 2023).

Several studies from research support this (Solehati *et al.*, 2022). The results of the study show that there is an influence between health education related to sexual harassment and knowledge ( $p = 0.000$ ) and attitudes of adolescents ( $p = 0.001$ ) towards sexual harassment. Based on the research results, it can be concluded that health education is effective in increasing the level of knowledge and attitudes of adolescents in preventing sexual violence. Apart from that, the results of Yusnia *et al.*'s (2022) Statistical test calculations using computerisation obtained a  $t$  value of  $-4.792$  and  $p=0.000$  ( $p<0.05$ ) so that there is an influence of health education on knowledge with an increase in results in post-test scores. Likewise, (Hutapea *et*

*al.*'s (2023) findings, analysed from the pre-post-test results, show that the education provided can increase participants' knowledge, namely an increase of 23.4 points. Based on the results of the  $t$ -test, the  $p$ -value was  $<0.001$ , namely that there was a significant difference in participants' understanding before being given the material and after being given the material. From research (Kuswanti & Rochmawati, 2021; Sabriyanti, 2020) regarding the effectiveness of health promotion through audiovisual media regarding HIV/AIDS in increasing adolescents' knowledge about HIV/AIDS, it was concluded that providing health promotion about HIV/AIDS through audiovisual media was effective in increasing students' knowledge about HIV/AIDS.

Reproductive health education or formal sexual education can change behaviour, either delaying or reducing early sexual behaviour in adolescents. Adolescents who have not had sex, if they receive sexual education, tend to delay their first sexual intercourse. In addition, adolescents who do not agree to sexual relations outside of marriage will have strong protection from unwanted pregnancies, STDS and HIV/AIDS. Comprehensive reproductive health education or sexual education is very important and necessary with a large amount of sexual information available on the internet, television, radio, books and magazines. This is because the main aim of reproductive health education is not only to provide information about sexuality but also to foster positive attitudes, behaviour and critical reflection through counselling. Knowledge becomes the basis for actions carried out by individuals. What people know will influence their behaviour. Knowledge is important in determining and directly influencing individual behaviour (Liobikienė and Poškus, 2019). For example, if a teenage girl knows that any sexual intercourse can result in pregnancy, she will refrain from sexual intercourse. However, if a person does not know about sexual relations, if there is an invitation or encouragement from others, then they may have sexual relations. Knowledge can also influence behaviour indirectly by influencing a teenager's norms, values, attitudes, perspectives and self-efficacy (Wang *et al.*, 2023). For example, suppose adolescents do not know their parents'

views on sexual relations among adolescents. In that case, their views on sexual relations among adolescents will be shaped by friends and the media. This will open up opportunities for early sexual behaviour in adolescents.

## CONCLUSION

Research results show an increase in knowledge, attitudes and actions regarding efforts to prevent risky sexual behaviour ( $p\text{-value} < 0.05$ ). Adolescents can understand risky sexual behaviour. They can control themselves with prevention efforts given through schools, families and communities so that they do not easily fall into sexually deviant behaviour that will harm themselves and their families. The implication of adolescent sexual education is to create adolescents who are tough, have sufficient knowledge about sexual education and can prevent themselves from premature sexual behaviour, promiscuity, and its negative impacts. Sexual education for adolescents will also create adolescents who can find and solve problems, have initiative, empathy and self-efficacy, and insight into creating a good future for themselves.

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