

# Perception of Sexual Education: Barriers and Implications in Guidance and Counseling Services

Ipah Saripah<sup>(1\*)</sup>

(1) Universitas Pendidikan Indonesia, Indonesia

## Abstract

Sexual behavior in adolescence becomes prone and risky when not accompanied by an understanding of healthy sexual behavior. Many teenagers do not understand sexual education so do various forms of deviation. Furthermore, adolescents have had a good perception of sexual education, shown with an average score of 37,964 and an attainment rate of 74.4% in the healthy category. The implications of guidance and counseling services on sexual education in schools have already begun to take effect but are still not compressive overall. This research aims to find out perceptions of sexual education and barriers and implications in guidance and counseling services in schools. The method used in this study uses a qualitative and qualitative approach, with a sample of 618 respondents from private high schools, public high schools, and vocational schools, and the implementation of focus group discussion whose participants are teachers from high school and vocational school.

## Keywords

behavior; adolescence; sexual education

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(\*) Corresponding Author: Ipah Saripah, Universitas Pendidikan Indonesia, Indonesia,  
Email: [ipah\\_bk@upi.edu](mailto:ipah_bk@upi.edu)



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## INTRODUCTION

Adolescence is one of the phases of individual development, which is the time for exploration and experimentation, sexual fantasy, and sexual reality to make sexuality part of one's identity (Santrock, 2017). During adolescence, boys and girls are surrounded by sexuality, wondering if they are sexually attractive, whether they will grow up again, whether others will love them, whether having sex is a normal relationship. All those things must have ever crossed over into adolescence. Concerning the development of adolescent sexuality, most adolescents gradually manage to form mature sexual identities, but some experience a time of prone and confusion (Santrock, 2017). From this confusion, teenagers are often entangled in risky behaviors, searching for sexual identity due to a lack of understanding of sexual education.

Many adolescents do not yet understand sex education, basically healthy sexual behaviors, on aspects of reproductive health. The 2017 Adolescent Reproductive Health Survey (SKRRI) (Badan Pusat Statistik (BPS), Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN), Kementerian Kesehatan, & International, 2013) found that unmarried 15-24-year-olds had sexual intercourse of 0.9% in women aged 15-19 and 2.6% in women aged 20-24. While as much as 3.6% in men aged 15-19 years and 14.5% in men aged 20-24 years (Djama, 2017). Factors that can influence sexual behavior in adolescents that is: internal and external factors (Purnama, Sriati, & Maulana, 2020). Internal factors consist of knowledge, aspects of reproductive health, attitudes towards sexual and reproductive health services, behavior, perceived susceptibility to risk, reproductive health, lifestyle, self-control, social activities, confidence, age, religion, and marital status. External factors consist of contact with sources of information the norm family as a social advocate for certain behaviors.

Understanding sexual education is essential to reducing deviant sexual behavior in adolescents. Sexual education is necessary for each individual to protect themselves from sexual harassment behavior and give the child an understanding of the limitations to be made as a woman and a man (Lindawati, 2020). However, many still regard sex education as taboo. According to data from KPAI in 2016, low parental awareness of its obligation to provide sex education and protection to children increased in cases of sex abuse (Insiyah & Hidayat, 2020). Sex is not taboo to talk about and should introduce to children with language that corresponds to their age (Salirawati, Ratna, & Eandarwati, 2014).

Sex education in families is crucial to do in anticipation of understanding misinformed sex. Also, schools as a formal education are obliged to provide knowledge of sexual education. However, many teenagers are not yet getting sexual education. SDKI 2012 KRR results show that adolescents' knowledge in Indonesia about sexual education and reproductive health is inadequate. It can show that only 35.3% of teenage girls and 31.2% of boys aged 15-19 know that women can get pregnant with one sexual intercourse (Pusdatin, 2017). Likewise, the symptoms of PMS are less well known to adolescents. Information about HIV-AIDS is relatively more widely received by adolescents, although only 9.9% of adolescent girls and 10.6% of men have comprehensive knowledge of HIV-AIDS (Pusdatin, 2017). That matter illustrates that the application of sexual education in Indonesia is still minimal.

Providing material on the importance of sexual education can be a solution and a preventive effort to implement sexual education in schools for young people. The provision of guidance and counseling services on the urgency of sexual education aims to provide

youth with knowledge, expertise, attitudes, and values to develop a positive outlook of their sexuality in healthy adolescents' emotional and social development (Banurea & Abidjulu, 2020). So that teenagers can develop optimally without any doubt.

Based on these exposures, there needs to be a review of perceptions of sexual education and barriers in the application of sexual education in adolescents so that adolescents can understand healthy sexual behaviors and apply them in daily life. Guidance and counseling services play a significant role in alleviating adolescent sexual behavior issues and providing sexual education services to students.

## METHOD

This study uses a qualitative and qualitative approach. A quantitative approach using survey design on the needs of sexual education in adolescents: based on the perception survey of sexual education for adolescents whose population consists of grade IX students of high school and vocational school in Bandung. Research sampling using non-probability samples. The sampling technique used is random sampling with a homogeneous sampling strategy (Creswell, 2012). Then there was a research sample of 618 respondents with details of 92 students of Darul Hikam Bandung High School, 251 students of State High School 2 Bandung, and 275 students of State Vocational High School 11 Bandung.

Moreover, a descriptive qualitative approach uses a qualitative approach to present data in real-time based on focus group discussions results on "the development of a comprehensive sexual education model for adolescents." A discussion forum was held to discuss how and what the development of a comprehensive sexual education model would look like for adolescents. The discussion participants were Darul Hikam Bandung high school teachers, state high school 2 Bandung, and state vocational high school 11 Bandung.

## RESULT AND DISCUSSION

Based on research on The Need for Sexual Education In Adolescents: Based on the Sexual Education Perception Survey for Adolescents. The study found that high school and vocational school grade IX adolescents in Bandung had a good perception of sexual education (74.44 %). If sorted, the highest level of achievement is (1) tolerance, inclusion, and respect (93.1%). (2) cultural value and healthy sexual behavior (80,078 %). (3) long-term commitment (77,133 %). (4) friendships, love, and romantic relationships (76,289 %). (5) personal and family (65,794 %). Overall, teenagers have had a good perception of sexual education, shown with an average score of 37,964 and an attainment rate of 74.4% in the healthy category. The results showed that high school and vocational school teenagers in Bandung perceive education.

Perception of sexual education in schools: (1) Many students already have sex outside of marriage, and on average, this is done in their own home or the boarding house. (2) It may include material concerning sexual activity but does not conflict with religious, social, and legal aspects. (3) The other victim is having sex because the economic demands do not like the same as his partner. (4) Finding a child dating only in the commemorate, there are usually unique spots for dating and directly told social distancing.

(5) If you find a dating student, you cannot prohibit but do not support it, and that is their right to this if you see a student who exaggerates his courtship more to his responsibilities and trust but does not betray trust.

The barriers to sexual education in 11 Bandung vocational high schools have provided material about the impact of sexually transmitted diseases but have not been specific to their reproductive health. They are granting students an understanding of sexual education in sports and biology subject hours.

The barriers to sexual education in Darul Hikam high school apply the implications of closeness between men and women, namely the restriction and distinction of every room, whether learning, classroom, or dormitory. There are no special hours and materials in this school that teach about sexual education. When the guardian meets his students, he always conveys material about the prohibition of promiscuity. Some programs facilitate educators to teach knowledge about sexual education, i.e., at student hours or better known as childish or sonly programs.

Barriers to sexual education in public high school 2 Bandung, Already done and given the material on sexual education, gender awareness, and marriage readiness services. Another obstacle is that it already exists and has been given about sexual education but has not explicitly provided it. It has not been integrated planned in one program with all teachers.

The ever-heard phrase that was talking about sex is considered taboo. The urgency of sex education is the ultimate way of understanding the importance of self-care and honor. Commissioner of Komnas Perempuan, Mariana Amiruddin, mentioned that sexual education is not a matter of belief and morals. Man as a sexual being must understand his age, sexual growth, function, and sexual organs work and how to keep the genitals healthy.

Unsane knowledge of sexual behavior has a 2,026 times risk for sexual behavior (Rima, 2015) (Mariani & Arsy, 2017). Understanding the importance of sexual education is essential to limit adolescent sexual behavior. According to Rahman & Fachrudin (2000) in (Muarifah, Danny Soesilo, & Tagela, 2019). Sex education is "the treatment of conscious and systematic processes carried out by schools, families, and communities to convey sexuality information covering scopes. Such as boys and girls' development, personal abilities, sexual behavior, social behavior, sexual health, family roles, schools, society and government, and problems and challenges in its development."

The higher the knowledge of reproductive health, the better his sexual behavior is (Mariani & Arsy, 2017). In Indonesia, risky sexual behavior in adolescents is significantly related to knowledge and access to information media (Henry. L, 2007). Two essential things are underlying sexual behavior in adolescents: the hope of getting married at a relatively small age (age 20) and the rapid flow of information that can cause sexual stimulation in adolescents, especially adolescents in urban areas. These stimuli encourage adolescents to have prenuptial intercourse.<sup>6</sup> Other factors that influence adolescent sexual behavior are puberty, gender, parental supervision, level of knowledge about reproductive health, and attitudes towards various sexual behaviors (Mahmudah, Yaunin, & Lestari, 2016).

Low knowledge accompanied by peers' strong influence in adolescence makes adolescents have unhealthy sexual attitudes and behaviors (Pawestri & Setyowati, 2012).

The research (Suryoputro, Ford, and Shaluhayah, 2006) in (Romulo, Akbar, & Mayangsari, 2016) shows that one of the related factors in sexual behavior is knowledge of reproductive health. These findings prove that respondents' knowledge of reproductive health is generally "shallow" deficient than 75% of respondents). Reproductive health knowledge is essential to limiting sexual behavior increasingly free in adolescence, especially in early adolescence. It is also strengthened by Riyanto's research (2007) in (Romulo et al., 2016) that there is a very significant relationship between reproductive health knowledge and the intent of free sexual behavior.

Endarto and Purnomo (2000) found a 7.6% influence on reproductive health knowledge on adolescent sexual behavior. Dewi's research (2010) shows a link between the level of knowledge about reproductive health and adolescent sexual behavior. The level of knowledge about his reproductive health is correct; then, his sexual behavior is also good (Romulo et al., 2016). Research conducted by Romulo (2014) in (Fadhullah, Hariyana, & Pramono, 2019) stated that knowledge only plays a role in sexual behavior by 4.3%, while the other 95.7% is another factor beyond expertise. Another study conducted by Romulo (2014) mentioned that knowledge played a role in early adolescents' sexual behavior. Experience is one of the domains that constitute a person's behavior.

The relationship between the level of knowledge about reproductive health and the sexual behavior of adolescents in Padang City; The results found that sexual behavior was at higher risk at less knowledge level (33.3%) compared to the level of proper knowledge (20.6%) in (Mahmudah et al., 2016). Research conducted by Ahmad (2017) in (Amalia, Afdila, & Andriani, 2018) with the title Influence of Sexual Education In The Family On Deviation behavior and Sexual Abuse In Adolescents obtained results that the average sexual education in the family is 54.23 and the average behavior of deviation and sexual harassment is 45.53. Sexual education in the family has a significant effect on deviation behavior and sexual harassment with a value of the thing (9,088) > table (1,975).

Wirda Faswita and Leny Suarni (2018) stated that most respondents had a good sex education of 113 people (88.3%). At the same time, those with less sex education were 15 people (11.7%), 127 people (99.2%), where the knowledge gained by the teenager came from parents, teachers, the internet, peers, and reading books (Wirda Faswita dan Leny Suarni, 2018). Dewi's research (2016) also showed that the level of knowledge of sex education possessed by students after being given information services (treatment) eight times showed an improvement (Dewi, 2016).

Amalia, Afdila, and Andriani's research (2018) show that the average incidence of sexual violence before the intervention is 13.00, and after an intervention is 12.06. The average difference in the incidence of sexual violence before the intervention of 13.00 and after the intervention decreased to 12.00. Statistical analysis shows that sex education significantly affects the incidence of sexual violence (Amalia et al., 2018). Much research has been done on sexual education, including (1) adolescents' knowledge of sex education regarding adolescents' sexual behavior. The analysis results obtained ( p-value = 0.01) and the value of 0.583 also means that as much as 58% of preuptial sex behavior is influenced by knowledge of sex education, and the rest is influenced by other factors (Amalia et al., 2018).

## CONCLUSION

Based on the study, it can be concluded that teenagers in grade IX high school and vocational school in Bandung have a good perception of sexual education (74.44 %). Suppose sorted by aspects with the highest level of achievement: (1) tolerance, inclusion, and respect, (93.1%). (2) cultural value and healthy sexual behavior (80,078 %). (3) long-term commitment (77,133 %). (4) friendships, love, and romantic relationships (76,289 %). (5) personal and family (65,794 %). Overall, teenagers have had a good perception of sexual education, shown with an average score of 37,964 and an attainment rate of 74.4% in the healthy sexual category. The results showed that high school and vocational school teenagers in Bandung perceive education. Moreover, the implications of guidance and counseling services on sexual education in schools have already begun to take effect. However, there is still no overall compressive, and there are still schools that provide an understanding of sexual education through other subjects.

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