



The Efforts to Improve Adolescent's Self-Resilience in Facing The Risk of Teenager Sexual Behavior

Eva Nurlina Aprilia¹

¹Sekolah Tinggi Ilmu Kesehatan Notokusumo Yogyakarta

E-mail: evanurlinaaprilia@gmail.com

ABSTRACTS

The large proportion of adolescent population leads teenagers into groups at risk and vulnerable to health problems, namely smoking, alcohol consumption, drug consumption, depression or risk of suicide, emotional, physical problems, school problems, and sexual behavior. Based on this case, health promotion needs to be carried out through counseling or health education regarding efforts to improve adolescents' self-resilience in facing adolescent problems. This research was conducted by providing training in the form of pre-test, role play, and post-test. The research subjects consisted of 19 adolescents with the characteristics of the respondents consisted of age, occupation, knowledge, and attitude. The research result showed that knowledge of the adolescents after receiving counseling and training regarding to efforts to improve adolescent self-resilience in facing the risks of teenager sexual behavior increased to 5.26% (from 26.31% pre-test results and post-test results to 31.57 %). Meanwhile, the attitude toward family awareness increased to 10.52% from the results of the pre-test which were not in the good category, and the results of the post-test to 10.52%). The conclusion from the research results was that there was an improvement in knowledge and attitude, both before and after counseling and training actions which were carried out regarding the efforts to improve adolescent self-resilience in facing the Risks of teenage Sexual Behavior.

ARTICLE INFO

Article History:

Received 20 Feb 2022

Revised 15 March 2022

Accepted 06 April 2022

Available online 30 April 2022

Keyword:

Improvement, Self-resilience, Teenager Problems

1. INTRODUCTION

Adolescence is a transition period between childhood and adulthood. During this transition, the adolescent begins to develop a self-concept up to personal judgments and standards, including accepting their circumstances and appearance. Sexual behavior can be defined as any behavior that is driven by sexual desire, both with the opposite sex and the same sex (Ranny et al., 2017). Meanwhile, according to (Heriana, 2012) sexual behavior is something that happens between men and women as a manifestation and sexual drive. The number of adolescents aged 10-19 years in Indonesia is 43 million (19.61%) of the total population (Depkes RI, 2015). In Indonesia, the number of adolescents aged 15-19 years is 21,098,700 (10%) of the total population of Indonesia, which is 225,642,000 people. In Central Java, the number of adolescents aged 15-19 years is 2,712,800 (9%) of the total population of all of Central Java, which is 32,382,657 people. In the city of Semarang, the number of adolescents aged 15-19 years amounted to 1,117,088 (71.79%) of the total population of the entire city of Semarang which amounted to 1,555,984 people (Tengah, 2015). The large proportion of the population aged teenagers leads to teenagers into groups at risk and vulnerable to health problems. Risky health problems that often arise in adolescents are smoking, alcohol consumption, drug consumption, depression or risk of suicide, emotions, physical problems, school problems, and sexual behavior.

Health promotion is the provision of motivation to prevent disease, early detection, maintain a balance of body functions, and limit the presence of disease. The research by (Sahabat Remaja, 2012) on sexual behavior in four major cities in Indonesia shows that 3.6% of adolescents in Medan city, 8.5% of adolescents in Yogyakarta city, 3.4% of adolescents in Surabaya city, and 31.1% teenagers in the city of Kupang have been actively involved in sex. The Province of Central Java is one of the regions in Indonesia. Sexual behavior is divided into two types, namely deviant and non-deviant sexual behavior. Deviations in sexual behavior are influenced by the lack of knowledge and understanding of adolescents about sexual behavior. Sexual behavior by adolescents often causes negative effects, one of which is unexpected pregnancy and abortion in adolescents. Pregnancy in adolescence has a moderately high risk because at this time the reproductive organs are not at all matured to perform their functions. In the condition of adolescents experiencing pregnancy, the physiological and psychosocial intrinsic factors of adolescents are exacerbated by socio-demographic factors such as poverty, poor education, unmarried, inadequate prenatal care

that affects child care, child education, physical and mental development of children and family social life as a whole (Sari, 2016). The incidence of teenage pregnancy does not only occur in the world and in big cities in Indonesia, but also occurs in many rural areas, one example is the Gunungkidul area in the Special Region of Yogyakarta (DIY). Data of Susenas from the Central Bureau of Statistics of DIY province in 2009 showed that women who married at the age of 16 in Yogyakarta were 8.74% with the largest percentage in Gunungkidul district (15.40%) followed by Sleman district (7.49%). This percentage increased in 2010 to 10.81%, with the largest percentage in Gunungkidul district (16.24%), followed by Kulon Progo district (10.81%) and Sleman district (9.12%) (PKBI, 2012).

Based on the data above, it can be concluded that the number of adolescent pregnancy incidents in Gunungkidul regency has been increasing annually and it is influenced by several factors causing the increasing adolescent pregnancy incident. Therefore, it should be done intervention to be able to keep down the number of adolescent pregnancy incidents as a result of teenager sexual behavior. The intervention could be in form of providing education and counseling regarding to developmental tasks with adolescents, life skills, and providing skills training regarding the assertive rejection of negative invitations.

2. METHODS

The target of the Efforts to improve Adolescent Self-Resilience in Facing the Risks of Teenager Sexual Behavior is Adolescents in the early, middle, and late teens categories. The activity was carried out in Pengkol Village, Nglipar, Gunungkidul with 19 people. The speakers were Lecturers of STIKES Notokusumo Yogyakarta. The implementation method used in this program included the Adolescent Age targeted. The provision of training would be made into a role-play (previously scenarios have been made) so that it was easier for teenagers to understand.

Activity Steps

1. Implementation of Pre Test
2. Explanation of activity background
3. Providing information or education regarding developmental tasks with adolescents, life skills, and providing skills training regarding the assertive refusal of negative invitations.
4. Implementation of role-play regarding the rejection of negative invitations assertively.
5. Implementation of the Post Test.

3. RESULTS AND DISCUSSION

3.1. RESULTS

3.1.1 Characteristic of Respondent

The research subjects consisted of 19 teenagers. Characteristics of respondents in the study consisted of age, occupation, knowledge, and attitudes. Based on community service activities that were carried out in April 2021, the characteristics of the respondents can be described as shown in the following table.

Table 1. Characteristics of Adolescent Respondents by age (early, middle and late teens) in Pengkol Village Nglipar Gunungkidul Yogyakarta April 2021 (n=19)

No	Charactetistic	Frequency (F)	Persentage (%)
1	12-15 age	5	26.31
2	16-18 age	7	36.84
3	19-21 age	7	36.84
Total		19	100.0

Table 2. Characteristics of Adolescent Respondents by occupation in Pengkol Village, Nglipar Gunungkidul Yogyakarta April 2021 (n=19)

No	Characteristic	Frequency (F)	Persentage (%)
1	Student	12	63.15
2	Higher student	7	36.84
Total		19	100.0

The number of adolescent respondents in the sub-district of Pengkol, Nglipar, Gunungkidul was mostly in middle and late teens, namely middle teens (16-18 years) of 7 (36.84%) and late teens (19-21 years) of 7 (36 years). ,84%), while the least adolescent age was early teens (12-15 years) of 5 (26.31%). The occupations of the most adolescent respondents were students of 12 (63.15%) and the least were higher students of 7 (36.84%).

3.1.2 Knowledge of Life skills on the adolescents

Table 3. Knowledge of Life Skills in Adolescents in the Sub-district of Pengkol Nglipar Gunungkidul Yogyakarta (n = 19)

No	Knowledge	frequency (F)	Persentage (%)
1	<i>Life Skills Pre Test</i>		
	Good	5	26.31

Moderate	7	36.84
Poor	7	36.84
Post Test		
Good	6	31.57
Moderate	10	52.63
Poor	3	15.78
Total	19	100.0

3.1.3 The Attitudes regarding Assertive Rejection of Negative Invitations

Table 4. Attitudes regarding the assertive rejection of negative invitations in the Sub-district Pengkol Nglipar Gunungkidul Yogyakarta (n = 19)

No	Knowledge	frequency (F)	percentage(%)
2	Assertive Rejection of Negative Invitations		
Pre Test			
	Good	-	0
	Moderate	11	57.84
	Poor	8	42.10
Post Test			
	Good	2	10.52
	Moderate	12	63.15
	Poor	5	26.31
Total		19	100.0

3.2. DISCUSSION

3.2.1 Knowledge of Life Skills in Adolescents as a Form of Adolescent Self-Resilience in Facing the Risks of Teenager Sexual Behavior

Table 3 shows that there were 3 (three) categories of knowledge of adolescent respondents before the counseling and training actions (pre-test) were carried out, namely good, moderate, and poor. The highest category was the poor and moderate category with a value of 7 (36.84%) followed by the good category of 5 (26.31%). However, after conducting counseling and training on life skills in adolescents as a form of self-resilience for adolescents in facing the risks of teenagesexual behavior, there was an increase in the good category to 6 (31.57%), moderate category to 10 (52.63%) but there was the decreasing number of the poor category from the results of the pre-test, namely from 7 to only 3 teenagers, while the poor category was 3 teenagers (15.78%).

Based on the results of research conducted after the teenagers received counseling and training, there was a good improvement in knowledge of 5.26% from the results before counseling and training which was 26.31% to 31.57%. For the moderate category of knowledge, there was an increase of 15.79% from the results before counseling and

training, which was 36.84% to 52.63%. Meanwhile, in the poor category of knowledge, there was decreasing of 21.06% from the results before counseling and training, which was 36.84% to 15.78%. This result was in line with (Notoatmodjo, 2012) who states that the factors that affect a person's knowledge improvement are education, media, and exposure to information. Knowledge of life skills is an important skill for a teenager to have because it educates teenagers to be able to behave positively and adapt to an environment that allows them to be able to face various demands and challenges in their daily lives effectively.

Risky health problems that often arise in adolescents are smoking, alcohol consumption, drug consumption, depression or risk of suicide, emotions, physical problems, school problems, and sexual behavior (Ipung Jatmiko, 2019). The application of life skills in adolescents is an important thing that must be possessed by teenagers as one of the bulwarks of self-resistance in dealing with adolescent problems, especially the risk of teenager sexual behavior.

3.2.2 The Attitudes Regarding Assertive Rejection of Negative Invitations

Table 4 shows that there were 2 (two) categories of attitudes towards assertive rejection of negative invitations before counseling and training actions were carried out (pre-test). The most categories were the moderate of 11 teenagers (57.84%) and the poor category of 8 teenagers (42.10%). After conducting counseling and training actions regarding to assertive rejection of negative invitations, there were 3 (three) categories, namely good, moderate and poor. The good category increased to 10.52%, before being given counseling and training there was no good category, after the action it became 2 (10.52%). The moderate category increased to 5.31%, before being given counseling and training it was 11 (57.84%), while after action carried out it became 12 (63.15%). The poor category decreased to 15.79%, before being given counseling and training of 8 (42.10%) decreased to 5 (26.31%).

Based on the results of community service activities carried out, after the teenagers received counseling and training an improvement in good attitude was 10.52%. There was no good category from the results before counseling and training and it increased to 2 (10.52 %) after counseling and training. This was in accordance with (Notoatmodjo, 2012) who states that the factors that influence the formation and improvement of attitudes are personal experience, culture, other people who are

considered important, mass media, educational and religious institutions or institutions as well as emotional factors.

A firm attitude in refusing negative invitations assertively is an important and basic thing that teenagers should have and do to be able to face challenges in the form of problems arising often in adolescence. Adolescents who do not have sources of support for their growth and actualization tend to use and utilize technology wrongly and unwise so that they often fall into negative and deviant behavior, therefore several efforts are needed to be made to increase their resilience in facing adolescent problems, among others, by training adolescent life skills as well as training to reject negative invitations assertively.

Generally, the results of community service activities included the following components:

1. The success of the target number of extension and training participants.
2. Achievement of the objectives of counseling and training.
3. Achievement of the material targets that have been planned.
4. The ability of participants in mastering the material.
5. Increasing knowledge and attitudes about life skills in adolescents and assertiverejection of negative invitations.

The counseling and training materials that have been delivered are:

1. Explanation of the background of community service activities carried out by the activity implementer, namely Lecturer of STIKES Notokusumo.
2. Providing information/education regarding the description of adolescent problems and the percentage of adolescent cases, one of which is the problem of sexual behavior and the impact of teenager sexual behavior, especially in Gunungkidul Regency, Yogyakarta. In addition, it provides education or health counseling regarding adolescent development tasks, application of life skills in adolescents, and assertive rejection of negative invitations.
3. Implementation of training or role-play on how to reject negative invitations assertively, how and what should be done, and prepared for teenagers to reject negative invitations assertively.

4. CONCLUSION

Life skills in adolescents and the ability to reject negative invitations assertively are important to be possessed by teenagers as a form of self-resilience in dealing with various kinds of adolescent problems, especially the risk of sexual behavior. Good knowledge and attitude in applying life skills to adolescents and assertive rejection of negative invitations are useful in reducing the incidence of teenager sexual behavior and the impact of teenager sexual behavior. Good knowledge and attitude accompanied by the ability to apply life skills and assertive rejection of negative invitations will make adolescents more prepared to face the challenges of adolescent problems, especially the risk of teenagesexual behavior so as to minimize the arising negative impacts. Adolescents are one of the vulnerable populations or aggregates, so family support is an important thing to do in accordance with the task of family development in families who have teenage children.

The results obtained from the research showed that there was an increase in knowledge and attitudes, both before and after counseling and training actions regarding to efforts to improve adolescent self-resilience in facing the risks of teenagesexual behavior. Adolescent knowledge after receiving counseling and training regarding efforts to improve adolescent self-resilience in facing the risks of teenager sexual behavior increased to 5.26% (from 26.31% pre-test results and post-test results to 31.57%). Meanwhile, the attitude of family awareness increased to 10.52% from the results of the pre-test which were not in the good category, and the results of the post-test to 10.52%.

REFERENCE

- Depkes RI. (2015). *Pedoman Penyelenggaraan dan Prosedur Rekam Medis Rumah Sakit di Indonesia*.
- Heriana, E. D. (2012). *Memahami Perkembangan Fisik Remaja*. Katalog Dalam Terbitan.
- Ipung Jatmiko, R. F. (2019). Analisis Faktor Penyebab Ide Bunuh Diri Pada Remaja: Literatur Review. *Jurnal ilmu keperawatan jiwa*, 53(9), 1689–1699.
- Notoatmodjo, S. (2012). *Promosi Kesehatan dan Ilmu Perilaku*. Rineka Cipta.
- PKBI. (2012). *Kasus seksual pranikah remaja dan KTD*.
- Ranny, M, R. A. A., Rianti, E., Amelia, S. H., Novita, M. N. N., & Lestarina, E. (2017). Konsep Diri Remaja dan Peranan Konseling. *Jurnal Penelitian Guru Indonesia*, 2(2), 40–47.
- Sahabat Remaja. (2012). *Dampak nyata perilaku seks pranikah*.

- Sari, D. (2016). Faktor-Faktor yang Berhubungan dengan Kehamilan pada Usia Remaja di Puskesmas Ciputat Kota Tangerang Selatan Tahun 2014. *Arkesmas*, 1(1), 4–17.
- Tengah, B. J. (2015). *Provinsi Jawa Tengah Dalam Angka*.