



Development and Validation of the Sexual Psychoeducation Module for Adolescents

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Abstract. In Yogyakarta, Indonesia the prevalence of sexual activities in adolescents seems to be high. Data from PSS PKBI DIY (2004) showed that 12.1% adolescents in Yogyakarta had premarital sexual activities. In social media, premarital sexual activities in adolescents are seen as normal activity. The inadequate implementation of sexual education, inappropriate sexual knowledge, and the sexual urges that arise in adolescents cause adolescents to be vulnerable to risky sexual activities. This raises various problems in adolescents, such as reproductive health problems, unwanted pregnancies, abortions, and early-age marriage. This study aims to develop and validate Sexual Psychoeducation Module for Adolescents. The test results of the content validity of the module using Aiken's V shows a value ranging from 0,833–1 for each session. Sexual PsychoeducationModule has good content validity.

Keywords: adolescent · development validation module · psychoeducation · sexual · validation

1 Introduction

Adolescence is a transition period from childhood to adulthood, which begins from the age of 12 to 20 years [1]. In addition to growth in terms of height and weight, during this period, adolescents also attain sexual maturity, which is also known as puberty. Puberty is a period when there is rapid physical maturity, which is also associated with hormonal changes, which mainly occur in early adolescence. Puberty has some consequences, one of which is increased sexual desire among adolescents. It is actually natural for adolescents to have sexual desire [2]. However, without proper knowledge, it may cause several problems, some of which are reproductive health problems, high-risk sexual behavior, unwanted pregnancies, abortions, and early marriages [1].

Reproductive health and high-risk sexual behavior in adolescents are usually caused by sexual behavior that arises from sexual experimentation, and lack of accurate information about reproductive health and sexual behavior [3]. Adolescence is a period of sexual exploration and experimentation, as well as a period of integrating sexual identity into a person's identity [1]. Meanwhile, finding the research showed that sex psychoeducation for adolescents is still considered taboo in Indonesia, so adolescents prefer to search sex-related information and materials by themselves than asking experts [4].

Unfortunately, many teenagers do not get information relate to sex education because of that, teenagers look for sources information that may be obtained available on various media or information obtained, for example from school, discuss with peers, read book about sex, trying to masturbate, kiss and fuck [5]. The results of a survey showed that adolescents' knowledge of reproductive health is lacking. Based on the results of the Survey Dasar Kesehatan Indonesia (SDKI) in 2012, adolescents' knowledge about reproductive health was still lacking, evident from the fact that only 35.3% of female adolescents and 31.2% of male adolescents aged 15–19 years old knew that a girl can get pregnant the first time she has sexual intercourse [6]. Similarly, adolescents lack knowledge about the symptoms of sexually transmitted diseases. Adolescents have relatively good knowledge about HIV, although only 9.9% of female adolescents and 10.6% of males have comprehensive knowledge about HIV-AIDS [7].

Adolescents' lack of sex-related information and knowledge becomes one of the factors that increase premarital sex. The level of reproductive health knowledge is one of the factors that affect premarital sex among adolescents [8]. This is in line with the results of Survey Dasar Kesehatan Indonesia (SDKI) in 2017, showing that around 2% of female adolescents aged 15–24 years and 8% of male adolescents of the same age had premarital sex, and 11% of them had unwanted pregnancy. Among those who had premarital sex, 59% of the females and 74% of the males stated that their first sex was at the age of 15–19 years [6]. Similarly, the Survey Kesehatan Reproduksi Remaja showed that premarital sex is not considered taboo among adolescents in Indonesia [6]. In addition, the findings of a previous study showed that adolescents had a tendency for a permissive attitude towards premarital sex [9]. They believed that holding hands, hugging, and kissing were normal expressions of affection. Yogyakarta has a high prevalence of sexual activity among adolescents reinforced by data from PSS PKBI DIY in 2004 showed that 12.1% of high school students in Yogyakarta had already had sexual intercourse [10].

That premarital sex usually starts from hugging and holding hands, kissing, touching breasts, touching genitals, then sexual intercourse [11]. That sex usually starts with necking (kissing the neck and chests), petting (touching the genitals) to sexual intercourse [1]. Premarital sex among adolescents is a form of juvenile delinquency due to adolescents' failure to control themselves from environmental factors [1]. In addition to these external factors, internal factors related to adolescents' brain development also affect premarital sex. Furthermore, the structure of adolescents' brain changes significantly that the structure of adolescents' brain changes significantly [1]. The amygdala is a part of the brain that changes during adolescence. This part, which governs emotions including anger, has developed earlier than the prefrontal cortex. The prefrontal cortex is located in the front of the front lobe and it is responsible for controlling emotions, decision making, reasoning, and self-control. The development of the prefrontal cortex will only be fully accomplished in early adulthood. Therefore, it can be concluded that adolescents may have very strong emotions, but their prefrontal cortex has not fully developed, making it possible for their behaviors to be out of control. This is also proven by the results of a previous study, showing that there was a negative relationship between self-control and sexual behavior, in which the higher the premarital sex, the lower the self-control; the lower the premarital sex, the higher the self-control [12].

Self-control is an individual's ability to manage information, followed by choosing and deciding on actions based on something that is believed [13]. Self-control is an individual's ability to control his/her behavior to direct him/her towards positive behavior and results [14]. Another definition of self-control is a picture of an individual's decisions through cognitive processes to commit behavior that is intended to achieve certain results and goals [15]. Based on the description, it can be concluded that self-control is an individual's ability to regulate and control him/herself in a way that he/she can behave positively according to the cognitive processes that he/she has undergone. Self-control consists of three aspects, namely behavioral control, cognitive control, and decisional control [13]. Behavioral control is an individual's ability to control his/her behavior when encountering an unpleasant situation. Cognitive control is an individual's ability to process unwanted information using cognitive skills to deal with pressure encountered. Decisional control is an individual's self-control ability to choose and decide on something based on what is believed [13].

Inadequate sex education, inappropriate sex knowledge, and sexual desire that emerges in adolescents are the factors that may expose them to high-risk sexual behavior. Based on the abovementioned description, it is crucial to develop a program as a preventive measure against premarital sex among adolescents. This study sought to provide alternative preventive measures by compiling valid and reliable sex psychoeducational modules. This module is developed based on self-control theory and aspects by Averill [13]. Self-control is important to prevent sexual activity in adolescents because it can help them to manage themselves. Development of the module based on self-control, makes this module different from other sexual psychoeducation modules for adolescents which provide information about sexual activity and its effects. In previous research, sexual psychoeducation module is developed which contained about sexual knowledge followed by counseling for prevention. [16].

This study aimed to validate the Sexual Psychoeducation module as an effort to reduce premarital sex among adolescents. The study proposed the following hypothesis: the Sexual Psychoeducation module is valid for reducing premarital sex among adolescents. The psychoeducation module is expectedly able to make a contribution to the field of psychology, particularly educational psychology and clinical psychology.

2 Method

2.1 Research Design

The Sexual Psychoeducation Module for Adolescents was compiled based on data of premarital sex among adolescents in Yogyakarta. After collecting the data, the next step was to compile the module based on theories and aspects of self-control proposed by Averill [13]. The Sexual Psychoeducation Module for Adolescents was then reviewed through a professional judgment assessment, the results of which were used as a reference to improve the module. The content validity test was based on the results of the professional judgment which were statistically analyzed with Aiken's V.

2.2 Content Validity

Content validity was evaluated through professional judgment of three psychologist and academics with expertise in adolescent or educational psychology. The criteria for professional judgment were having at least five years' experience and expertise in adolescent or educational psychology. This stage was important because the professional provide input to the content and method of training within the module. The three of them were chosen based on their experience as lecturers as well as practitioners in giving training for adolescent.

Experts were given the module and also a form for them to give feedback. We collected quantitative and qualitative data. Quantitative data was collected through an evaluation instrument that elicited the experts' judgment on the suitability between the theory of premarital sex education, instructional goals, performance objectives and instructional strategy. The experts were asked to rate on a Likert 4-point scale (1: absolutely unsuitable, 2: less suitable, 3: quite suitable, 4: suitable). The data was analysed using Aiken's V formula to measure the experts' consensus rate. The higher the result, the stronger the consensus is between the experts.

3 Results

The content validity test was performed by three experts in their respective fields, namely Lecturer, Psychologist, and Trainer. The results of the assessment were processed using Aiken's V to calculate the content validity coefficient for each session. That V ranges between 0 to 1, in which the score is higher when it approaches 1 [17]. The results of Aiken's V analysis can be seen in Table 1.

Based on the assessment criteria using the V index, the validation obtained a score between 0.833–1, so all the sessions in the "Sex Psychoeducation for Adolescents"

Table 1. Validation Result of Sexual Psychoeducation Module for Adolescents Using Aiken's V for Each Session

NO	Session	Validity Coefficient
1	Session 1: Opening and Introduction	1
2	Session 2: Adolescent Problems in General	1
3	Session 3: Causes and Problems of Premarital Sex	0,917
4	Session 4: Effects of Premarital Sex	1
5	Session 5: Preventive Measures for Premarital Sex	0,833
6	Session 6: Conclusion and Closing	1

module had good content validity and could be used to prevent pre-marital sex among adolescents.

4 Discussion

Sex education can be provided in various ways. The Sexual Psychoeducation Module for Adolescents was designed based on theories and aspects of self-control and intended to reduce premarital sex among adolescents through strong self-control. Such strong self-control in adolescents is expectedly able to provide boundaries for adolescents, preventing them from having pre-marital sex. Therefore, before the module can be widely used, the validity of the Sexual Psychoeducation Module for Adolescents had to be tested.

The results of the content validity test showed that the Sexual Psychoeducation Module for Adolescents obtained an Aiken's V ranging from 0.8333–1 in each session. The perfect Aiken's V score is 1 and involves a minimum of two assessors [18]. The Sexual Psychoeducation Module for Adolescents was validated by three experts in their respective fields, namely Lecturer, Psychologist, and Trainer. The module was assessed in terms of language and sentences, objectives, design and implementation procedures, time, topic, and comprehensiveness of the explanation of each session and material. Based on the test results, it can be said that the Sexual Psychoeducation Module for Adolescents had good content validity.

Modules are materials that are compiled clearly and systematically, so an effective module should contain a set of (theoretical) materials and (practical) learning experiences to help individuals master the materials more easily [19]. Being in line with this, the Sexual Psychoeducation Module for Adolescents contains theoretical and practical materials that expectedly help Adolescents gain better understanding of the purpose of Sex Psychoeducation. It will be easier for Adolescents to understand the materials through clear and concrete examples than too-abstract materials that require in-depth understanding [1].

The Sexual Psychoeducation Module for Adolescents consists of six sessions, namely opening, general explanation of problems, causes and problems of pre-marital sex, effects of pre-marital sex, prevention of pre-marital sex using theories and aspects of self-control, conclusions and closing. The Sexual Psychoeducation starts with explanations on pre-marital sex materials, followed by an explanation of how to prevent pre-marital sex. In this case, a facilitator will ask participants to be involved in a role-play to take preventive measures. Asking the participants to be directly involved in the learning process will help them gain better understanding of the materials [20].

Pre-marital sex can be prevented using the three aspects of self-control, namely behavioral control, cognitive control, and decisional control [13]. Adolescents can exercise behavioral control, cognitive control, and decisional control so they will not be tempted to have pre-marital sex. In terms of behavioral control, adolescents can refuse immediately, say no, or leave immediately when they are in the middle of a situation that potentially leads to pre-marital sex. In terms of cognitive control, they need to reflect on the adverse effects that may occur if they are engaged in pre-marital sex. The adverse effects are also explained in the Sexual Psychoeducation Module for Adolescents.

In terms of decisional control, adolescents need to recall what are right and what are wrong from the perspectives of the norms, religion, and society, to help them make

the right decisions to stay away from pre-marital sex because it violates religious teaching and norms applicable in the society. Sexual psychoeducation using self-control is a comprehensive way of preventing pre-marital sex because it involves behavior, cognition, and decisions. Good self-control in adolescents serves as one of the predictors of better interpersonal relationships, less conflicts, and better life satisfaction when these adolescents have moved to adulthood [21].

This study has a limitation, namely this study did not conduct an empirical test to directly test the effectiveness of the Sexual Psychoeducation Module for Adolescents on appropriate research subjects. Empirical testing can provide additional data to show the effectiveness of the module because the test is directly performed on appropriate research subjects. The empirical test was not carried out due to time constraints.

5 Conclusion

Based on the results of the study, it can be concluded that the Sexual Psychoeducation Module for Adolescents has good content validity, so it can be used as a tool to prevent pre-marital sex among adolescents. However, because of this study did not conduct an empirical test to determine the effectiveness, it is expected that the future research is needed to conduct trials on appropriate research subjects.

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