



# Adolescents's Perception of Healthy Sexual Behavior: Containing Indonesian's Philosophy of Life

Juliana Hindradjat<sup>1\*</sup>, Nur Hidayah<sup>1</sup>, Bambang Budi Wiyono<sup>2</sup>, Muslihati<sup>1</sup>

<sup>1</sup>Department of Guidance and Counselling, The State University of Malang, Kota Malang, Indonesia; <sup>2</sup>Faculty of Education, The State University of Malang, Kota Malang, Indonesia

## Abstract

**Edited by:** Sasho Stoleski  
**Citation:** Hindradjat J, Hidayah N, Wiyono BB, Muslihati. Adolescents's Perception of Healthy Sexual Behavior: Containing Indonesian's Philosophy of Life. Open-Access Maced J Med Sci. 2022 Sep 28; 10(E):1738-1745. https://doi.org/10.3889/oamjms.2022.10812  
**Keywords:** Healthy sexual behavior; Adolescent; Biopsychosocial-spiritual; Pancasila; Indonesia  
**\*Correspondence:** Juliana Hindradjat, The State University of Malang, Kota Malang, Jawa Timur 65145, Indonesia. E-mail: julianahindradjat@gmail.com  
**Received:** 17-Aug-2022  
**Revised:** 15-Sep-2022  
**Accepted:** 18-Sep-2022  
**Copyright:** © 2022 Juliana Hindradjat, Nur Hidayah, Bambang Budi Wiyono, Muslihati  
**Funding:** This research did not receive any financial support  
**Competing Interest:** The authors have declared that no competing interest exists  
**Open Access:** This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

**BACKGROUND:** The construct of healthy sexual behavior needs to consider the context in which the behavior will be applied by examining behavior based on a biopsychosocial-spiritual model approach.

**AIM:** This study aims to describe the profile of adolescent healthy sexual behavior containing the Indonesian philosophy of life, both from the biological, psychological, social, and spiritual aspects.

**METHODS:** The research design used was the development of a descriptive method, involving 1855 public and private high school students in the city of Bandung, West Java. Data were revealed using a questionnaire and processed qualitatively through theme analysis and quantitatively using paired samples test and Manova.

**RESULTS:** Based on the data processing, it was revealed the profile of healthy sexual behavior of adolescents with the status of high school students in the city of Bandung, more than half of them had healthy sexual behavior, but there were still students who had healthy sexual behavior in the medium category and only a small proportion in the low category. Based on the aspects, the general picture of healthy sexual behavior on the physical and spiritual aspects tends to be high, while the psychological and social aspects tend to be moderate. The standard deviation of each school is fairly even, with a range of 0.475–0.723. The standard deviation by age with a range of 12–20 years varied from 0.524 to a high of 1.491. The standard deviation by class is almost equivalent, that is, 0.570–0.645. Descriptive data show that counseling teachers have provided sexual guidance services related to adolescent sexual development, dating, and gender roles, but none of them have provided guidance on healthy sexual behavior, or vice versa, regarding the dangers of homosexual sexual behavior for adolescents. The data also show that only one in 12 guidance and counseling teachers or 8.33% have heard and understood sexual guidance containing indigenous values, namely, Pancasila as the philosophy of life of the Indonesian nation.

**CONCLUSION:** Guidance and counseling services for sexual development are specifically included in the guidance and counseling program provided to students, this service is only limited to information on healthy relationships and the gender roles of men and women.

## Introduction

Health is a locally produced and managed phenomenon [1], the theory underlying views of behavior needs to vary. To be accurate at the local level where healthy behavior is applied and culture not least, because in various circumstances, the vocabulary of a language, values, beliefs, and theories differs [2], [3]. In indigenous science, the study of human behavior and mental processes in contexts depending on values, concepts, belief systems, methodologies, and specific sources is not imported from other contexts and is deliberately designed for people who live in that context [4], [5]. Therefore, context is closely tied to theory because a theory can only be valuable as long as it makes sense or fits within a particular context [6], [7]. Similarly, in constructing a healthy sexual behavior, context factors that contribute to the development and persistence of sexual behavior need to be analyzed properly and special instruments are

needed. These instruments were designed locally for the assessment of healthy sexual behavior, including unhealthy sexual behavior that is considered a disorder or deviant behavior, and also the interventions that can be used as prevention and treatment efforts [8].

Indonesia is the largest archipelagic country in the world consisting of more than 17,000 islands, stretching from Sabang to Merauke. Indonesian society consists about 300 ethnic groups which have more than 360 dialects. Although the majority are Muslims, Indonesia also recognizes various other religions such as Catholicism, Christianity, Motherhood, Hinduism, and even belief in one God. This plurality of Indonesian society is reflected in the motto "Bhinneka Tunggal Ika" which means diverse but still one.

The ancestors of the Indonesian nation have noble values that grow, develop, and are embedded in the soul of the Indonesian nation itself, which is a characteristic and personality of the nation, which distinguishes it from but is parallel to other nations [9],

which were later formulated by the founding fathers of the nation. Pancasila, the way of life of the Indonesian nation, five principles in a unified whole [10], [11], [12]. Pancasila is taken from the soul and values that live in Indonesian society with its diversity, both religion, ethnicity, culture, language, and views which are all united in one view of Pancasila [11]. Pancasila is designated as the source of all sources of law in Indonesia, which means that all forms of regulations that apply in Indonesia must not conflict with Pancasila. The function of Pancasila is a primary source in limiting the movements of the Indonesian people. The moral of Pancasila has become the source of state order and the source of its legal order, as well as the soul of all state activities in all areas of life. Pancasila must also be passed down from generation to generation to the next young generation of the Indonesian nation through Indonesian and national education. Pancasila is the basic principle that unites as well as a dynamic *Leicester* that directs the nation in achieving its goals. In such a position, Pancasila is a source of identity, personality, a source of morality, and the direction of the nation's safety [13].

Pancasila (= five basics/precepts) as the philosophy of life of the Indonesian people is 5 complete and balanced principles that contain noble values, namely, the divinity value of the first principle, namely, divinity in the one and only God; the value of civility from the second precept, namely, just and civilized humanity; the value of pride, love, and harmony from the third precept, Indonesian unity; the value of obedience from the fourth precept, namely, just and civilized humanity, and the value of social justice from the fifth precept, namely, social justice for all Indonesian people [11], [13], [14]. Pancasila as a philosophical system is essentially a value, which is recognized as true by the Indonesian people and, therefore, must be realized in all aspects of life. Value is something abstract, which will become real if it is manifested in the behavior of everyday life, including sexual behavior. Therefore, sexual behavior in Indonesia must follow the values contained in Pancasila [10].

The construct of healthy sexual behavior in this study uses a biopsychosocial-spiritual model approach that aims to integrate and highlight the importance of four domains that affect human growth and development. Biological factors include genetics, physical growth, and health. The psychological factors include thoughts, emotions, and individual personality. Social factors include interpersonal interactions involving the person, from the smallest social unit, such as a parent's child, to the largest unit, namely, the global community, the state. The biopsychosocial model is a scientific study of human development by taking into account an important variable, namely, the social domain because humans are social creatures who live among other humans and cannot live alone [15], [16]. A biopsychosocial approach informed by this theory should allow, at least in principle,

to interpret mental and physical aspects as integral features of the multilayered interaction between genetic constraints, developmental pathways, and life contexts [17]. However, there is still one last domain that cannot be ignored which is the spiritual dimension. Spirituality is a concept beyond religion and religious observance, as it is an attempt to be meaningful and purposeful in life, even for those who do not believe in God [18], [19], [20]. Healthy sexual behavior in Indonesia is not only the practice of Pancasila values in daily behavior but also has a healthy foundation based on biological, psychological, social, and spiritual aspects so that sexual behavior is not only declared healthy but more than that achieves sexual well-being.

Sexual health is an important part of youth well-being with important implications throughout life. Sexually transmitted infections can have serious, lifelong implications for health, including human immunodeficiency virus (HIV), and human papillomavirus and their association with cancer [21], [22]. Problems related to adolescent sexual relations are normal, but if not managed properly, they can cause anxiety and stress. Adolescent sexual activity in Asia, including in Indonesia, is still relatively low despite an increase, but the prevalence of high-risk sexual behavior is no different from outside Asia, thus requiring serious treatment to prevent the negative impact of sexual behavior [23].

The characteristics of an adolescent sexual behavior are not based on mature relationship concepts and skills, but only as part of the developmental stage. Within the framework of risk, adolescent sexuality is seen as morally wrong, inherently deviant, and socially problematic. The traditional risk framework is most clearly seen in school-based sex education programs, which emphasize the physical and psychological harm of sexuality and strongly advocate sexual abstinence until marriage as the ideal behavior [24].

Schools are places for promoting healthy sexual behavior [25]. However, there are very few studies that measure the level of healthy sexual behavior and evaluation of sexual behavior interventions using a context approach, especially in Indonesia, which has Pancasila as the nation's philosophy which is an indigenous value, which is unique to the Indonesian people, especially those designed for teenagers who are experiencing their peak at sexual development. Interventions that are adjusted to age, sexual experience, and the cultural context in which adolescents live will affect the perception of healthy sexual behavior and in time it is hoped that adolescents can display sexual well-being, and not only physically and psychologically healthy, not only a positive influence and no negative influence, and not only as a feeling of happiness but also as a fully functioning human being [26].

## Methods

### ***These research data are descriptive quantitative data***

#### *Research stages*

There are several stages in the research to develop a measuring instrument for this indigenous-based healthy sexual behavior perception scale, namely, first, the identification of measuring objectives (determination of theoretical constructs). The constructs revealed healthy sexual behavior based on Pancasila as Indonesia's indigenous value, namely, the divine value of the first principle, namely, divinity in the one and only God; the value of civility from the second precept, namely, just and civilized humanity; the value of pride, love, and harmony from the third precept, Indonesian unity; the value of obedience from the fourth precept, namely, just and civilized humanity, and the value of social justice from the fifth precept, namely, social justice for all Indonesian people [11], [13], [14]. Second, constructing sexual behavior using a biopsychosocial-spiritual approach which refers to the four dimensions of healthy sexuality, the biological, psychological, social, and spiritual dimensions [15], [19]. The Indonesian Indigenous-Based Healthy Sexual Behavior Perception Scale Instrument is based on the five values contained in Pancasila with four dimensions of healthy sexual behavior. The scaling method used in this instrument is summated ratings (Likert) with six response options, namely, SS (strongly agree), S (agree), CS (quite agree), TS (disagree), and STS (strongly disagree). Item form is a statement with six response options.

Items are reviewed both in terms of language and content by expert judgments, which aim to see the suitability of the items with the aspects disclosed and the suitability of the language used so that they meet good content validity standards. The review process is carried out by three experts in guidance and counseling who have the knowledge and/or experience of mentoring related to sexual behavior in high school students. As a follow-up to this process, the researcher made editorial improvements according to the advice of expert assessors. The Healthy Sexual Behavior Perception Scale that has been compiled was tested on 539 high school students for responses.

Data analysis was carried out using the Rasch model approach through the Winsteps program. In the Rasch model approach, in addition to paying attention to the items, it also pays attention to the respondent's aspect and calculates the magnitude of the correlation. The results of the analysis shown are summary statistics, item accuracy index, respondent accuracy index, unidimensionality, and rating scale.

Based on the calculation results of the Rasch model analysis, it is known that the reliability of the item and Cronbach's alpha (item-person interaction)

is 0.98, > the minimum criterion of 0.67. Hence, it can be said that the reliability of item-person interaction is very good [27]. Separation of item-person must be >3.00, meaning that it represents a sample, but if it is <3.00, it means that there was an error or inaccuracy in selecting the sample. Based on the calculation results of the Rasch model analysis, it is known that the item-person separation is 3.84, which is greater than the minimum criterion of 3.00. Hence, it can be said that this grouping of respondents represents the sample, or in other words, there is no error or inaccuracy in selecting the sample. The research sample represented the group. The results of processing the analysis of the Rasch model obtained raw variance explained by empirical measures of 47.3%. This result meets the minimum criteria where the raw variance explained by empirical measures must be >20%. This means that the items developed in this instrument measure the same thing, one thing, or only one variable, with an unexplained variance in 1<sup>st</sup> contrast empirical of 3.9% with the minimum criteria that must be met is that it must be <15%. A total of 55 items meet the minimum criteria, where the point correlation index (Pt. Corr) is above 0.40 so that it can be directly used (P) as a valid instrument, while five items do not meet the minimum criteria (below 0.40), namely, items number 1, 2, 3, 7, and 51 so that it requires revision from the editorial side.

Items that do not fit the model are then eliminated or removed from the analysis process. The analysis stops when there are no more items indicated to have low model accuracy (misfit). In the fifth analysis stage, there are no more items are identified as inaccurate with the model so the total items that meet the model-item accuracy index are 55 items. The results of the final analysis of the indigenous-based healthy sexual behavior scale in taking responses contained 55 items with a total of 539 students as respondents. Overall, the results of the analysis of the items and respondents showed that no items were missed to be answered by the respondents or that all respondents filled out all items completely.

The item reliability value of 0.91 indicates that the quality of the items in this instrument is high. In other words, the 60 items identified as having accuracy with the model are indeed quality items. Furthermore, the respondent's reliability value of 0.91 indicates that the consistency of the respondents' answers is high. In other words, respondents answered all items seriously (not carelessly).

Based on the results of the analysis using Rasch modeling, it is known that the Student Ingenuity-Based Healthy Sexual Behavior Scale provides consistent results and is proven to reveal one psychological construct (unidimensional), namely, healthy sexual behavior based on indigenous peoples. 55 out of 60 items analyzed, fit the model, with an alpha reliability coefficient of 0.94. This alpha value is a measure of reliability which in practice is measured in the form of interactions between respondents and the item as a whole. The results of the alpha reliability coefficient

of 0.94 indicate that this indigenous-based healthy sexual behavior scale has a high reliability coefficient. That is, this scale produces a consistent and reliable measurement score. The reliability coefficients of the items and the respondents are also quite good, namely, 0.94 and 0.96. This shows that these 55 items are quality items and the respondent group answered seriously. These two results further strengthen and confirm that the Indigenous-Based Healthy Sexual Behavior Scale is indeed a quality measuring tool because not only the measurement results are reliable but the items are also of high quality. Based on the interpretations made above, it can be decided that the 60 items developed in the study can be used to collect data for further research after the five items recommended for revision are carried out. The instrument used has special reliability criteria and only measures one thing or one research variable with good criteria [28].

Scoring of respondents' responses is done by calculating the average score obtained by adding up the scores of the sixty statement items and then dividing by the number 6 which refers to the 6 scales of the respondent's answer choices. Perceptions of Healthy Sexual Behavior Based on Indigenous Adolescents are declared very unhealthy if the average score is <2; declared unhealthy if the average score ranges from 2 to 3; declared healthy enough if the average score ranged from 3 to below 4, and declared healthy if the average score ranged from 4 to 5, declared very healthy if the average score ranged from 5 to 6.

## Results and Discussion

The sample size that has the opportunity to be selected and meets the criteria for completeness of answers and identity in this study is 1855 high school students throughout the city of Bandung. This number is divided into 12 high schools, consisting of six public high schools and six private high schools, namely, SMAK Kalam Kudus (a), SMA Lab school UPI (b), SMA Pasundan 7 (c), SMA Pasundan 3 (d), SMAN 10 (e), SMAN 11 (g), SMAN 19 (h), SMAN 2 (i), SMAN 3 (j), SMAN 6 (k), Trinitas High School (m), and YAS High School (n).

Based on gender, the samples involved in this study consisted of 1123 (60.5%) women and 732 (39.5%) men. According to grade level, they were divided into 801 class (43.2%), XI class 525 (28.3%), and class XII as many as 529 (28.5%). From that class, it was further divided into 1060 (57.1%) natural science (IPA) specialization groups, 697 (37.6%) social sciences (37.6%), and 98 (5.3%) language specializations. An overview of students' healthy sexual behavior is shown in Figure 1.

Description of healthy sexual behavior tends to be high with a percentage of 58.2%.

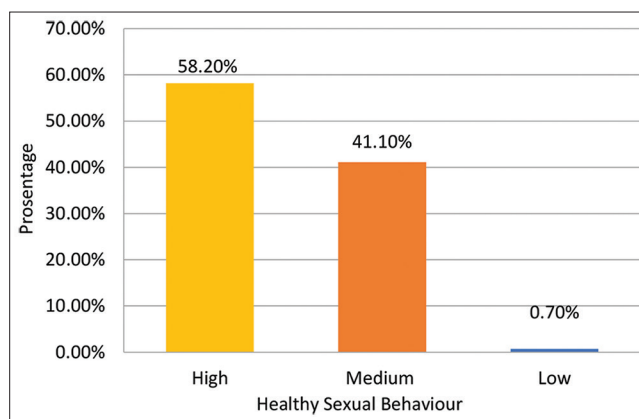


Figure 1: Overview of healthy sexual behavior

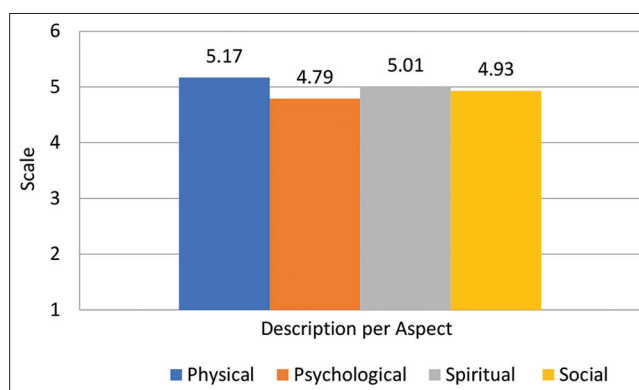


Figure 2: Overview of aspects of healthy sexual behavior

In more detail, the analysis is continued by observing each aspect. The results of the analysis are presented in Figure 2.

The general description of healthy sexual behavior in the physical aspect tends to be high with an average score of 5.17, the psychological aspect tends to be medium with an average score of 4.79, and the spiritual aspect tends to be high with an average score of 5.01 and social aspects tend to be medium with an average score of 4.93. Students have healthy sexual behavior of the indigenous population as follows.

The physical aspect of healthy sexual behavior based on the high category of indigenous adolescents shows the ability of students to act as heterosexuals and can interact between men and women, according to religious beliefs recognized in Indonesia. Students believe that heterosexual sexual relations reflect a just and civilized human existence. Students support the implementation of the applicable marriage law in Indonesia. Students uphold the decisions and stipulations of the marriage law between men and women who have been ratified by the people's representatives aimed at maintaining the physical welfare of the Indonesian nation. Students campaign for the importance of heterosexual sexual behavior as a noble act to maintain the physical welfare of fellow Indonesians.

The psychological aspect of healthy sexual behavior based on the adolescent's identity is in the

medium category, showing students' understanding in believing that God created male and female humans so that they love each other and make their hearts peaceful. Students understand that heterosexual sexual relations, namely, male and female, are a form of mutual love for each other. Heterosexual healthy sexual behavior according to government regulations is a form of willingness and willingness to sacrifice for the sake of the nation and state that builds a sense of love for the homeland and nation. Students respect and uphold the Indonesian government's policies regarding heterosexual healthy sexual behavior in good faith and a sense of responsibility to bring happiness. Students who behave heterosexually as a form of self-acceptance of the noble values of the nation create a sense of security living in Indonesia.

Social aspects of healthy sexual behavior based on indigenous adolescents are in the Medium category showing students' understanding in accepting the views of religious adherents in Indonesia regarding heterosexual healthy sexual behavior is a characteristic of Indonesian people who believe and fear God almighty following their respective religions and beliefs. Students dare to uphold and defend the principle of heterosexual healthy sexual behavior as the truth, which means respecting fellow Indonesians who uphold human values. Students are willing to make sacrifices to hold fast to heterosexual healthy sexual behavior prevailing in Indonesia, creating a sense of pride as an Indonesian nation which, in turn, fosters a sense of love for the homeland and maintains the unity and integrity of the nation. Students believe that all government regulations regarding marriage are based on the principle of deliberation to reach a consensus for the common interest in the practice of living in a safe and peaceful society in Indonesia. Students accept heterosexual healthy sexual behavior as a form of belief in God almighty which means respecting the public interest, namely, the Indonesian people above personal or group interests, and supporting the rights and obligations of fellow human beings.

The spiritual aspect of healthy sexual behavior based on the high category of youth's indigenous identity shows the ability of students to behave in a healthy sexual manner and should not conflict with the teachings of religions recognized in Indonesia. Students behave in healthy heterosexual sexual behavior and act in accordance with religious values recognized by the Indonesian government. Students have a form of healthy heterosexual sexual behavior according to religious values recognized in Indonesia as faith in God, the Creator, to build a sense of national unity and integrity. Students believe that the representatives of the people were chosen by God to make marriage rules between men and women feel humanity and justice that are embraced by the Indonesian people. Students support heterosexual healthy sexual behavior that is following religious teachings upholding a sense of justice for adherents of recognized religions in Indonesia.

Based on the average scale chosen by the respondents, the results can be seen as follows. In general, the average scale chosen by the respondents shows the number 4.980 on a scale of 6, which is included in the medium category with a minimum scale of 1.750 including the low category moving toward 5.933 which is included in the high category. Healthy sexual behavior of adolescents moves from low to high category, with a standard deviation of 0.603 on the scale. Based on gender category, the average of the scale chosen by male respondents is 4.959, and 4.994 female respondents. Both are in the medium category, with a minimum scale of 2.500 for men and 1.750 for women, both of which are in the low category moving towards a maximum scale of 5.900 for men and 5.933 for women, including in the high category, with a standard deviation of the scale of 0.613 for men and 0.596 for women.

Based on the school, the average scale chosen by the respondents in each school is presented in Table 1.

**Table 1: A statistical overview of adolescent healthy sexual behavior perceptions containing the Indonesian nation's life philosophy based on school origin**

| Code  | School status | n    | Mean  | Median | Minimum | Maximum | SD    |
|-------|---------------|------|-------|--------|---------|---------|-------|
| A     | S1            | 87   | 4.922 | 5.083  | 1.750   | 5.867   | 0.723 |
| B     | S2            | 149  | 4.936 | 5.033  | 2.750   | 5.900   | 0.605 |
| C     | S3            | 46   | 4.743 | 4.842  | 3.367   | 5.750   | 0.675 |
| D     | S4            | 140  | 4.686 | 4.767  | 2.667   | 5.867   | 0.709 |
| E     | N1            | 419  | 4.966 | 5.067  | 2.550   | 5.883   | 0.588 |
| G     | N2            | 196  | 4.974 | 5.075  | 2.083   | 5.867   | 0.646 |
| H     | N3            | 254  | 5.165 | 5.250  | 3.050   | 5.933   | 0.475 |
| I     | N4            | 135  | 4.992 | 5.033  | 1.917   | 5.833   | 0.587 |
| J     | N5            | 93   | 4.986 | 5.067  | 3.100   | 5.867   | 0.598 |
| K     | N6            | 80   | 5.084 | 5.233  | 3.267   | 5.783   | 0.544 |
| M     | S5            | 129  | 5.032 | 5.183  | 3.167   | 5.850   | 0.572 |
| N     | S6            | 127  | 5.031 | 5.117  | 3.250   | 5.883   | 0.499 |
| Total |               | 1855 | 4.980 | 5.100  | 1.750   | 5.933   | 0.603 |

SD: Standard deviation.

Based on the age of adolescents who are students in high school, the average value of healthy sexual behavior based on data obtained through research is presented in Table 2.

**Table 2: A statistical overview of adolescent healthy sexual behavior perceptions containing the Indonesian nation's life philosophy by age**

| Code  | Age | n    | Mean  | Median | Minimum | Maximum | SD    |
|-------|-----|------|-------|--------|---------|---------|-------|
| B     | 12  | 1    | 4.517 | 4.517  | 4.517   | 4.517   |       |
| C     | 13  | 1    | 5.000 | 5.000  | 5.000   | 5.000   |       |
| D     | 14  | 93   | 4.992 | 5.100  | 3.650   | 5.883   | 0.524 |
| E     | 15  | 646  | 4.979 | 5.067  | 1.750   | 5.883   | 0.563 |
| F     | 16  | 575  | 4.922 | 5.050  | 1.917   | 5.883   | 0.653 |
| G     | 17  | 483  | 5.070 | 5.200  | 2.667   | 5.933   | 0.586 |
| H     | 18  | 52   | 4.855 | 4.950  | 2.717   | 5.717   | 0.587 |
| I     | 19  | 3    | 4.211 | 4.900  | 2.500   | 5.233   | 1.491 |
| L     | 20  | 1    | 3.267 | 3.267  | 3.267   | 3.267   |       |
| Total |     | 1855 | 4.980 | 5.100  | 1.750   | 5.933   | 0.603 |

SD: Standard deviation.

The average value of healthy sexual behavior based on data obtained through research in high school is presented in Table 3.

Based on specialization in high school, the average value of healthy sexual behavior based on data obtained through research is presented in Table 4. Based on this data, it is known that the perception of healthy sexual behavior containing Pancasila indigenous values in the three specialization groups does not have a significant difference.

**Table 3: A statistical overview of adolescent healthy sexual behavior perceptions containing the Indonesian nation's life philosophy by grade**

| Grade | n    | Mean  | Median | Minimum | Maximum | SD    |
|-------|------|-------|--------|---------|---------|-------|
| X     | 801  | 4.958 | 5.083  | 1.750   | 5.883   | 0.587 |
| XI    | 525  | 4.912 | 5.033  | 2.083   | 5.867   | 0.645 |
| XII   | 529  | 5.080 | 5.200  | 2.717   | 5.933   | 0.570 |
| Total | 1855 | 4.980 | 5.100  | 1.750   | 5.933   | 0.603 |

SD: Standard deviation.

Based on the field findings above, adolescent healthy sexual behavior contained the values in the Indonesian nation's philosophy of life, namely, Pancasila. It is in the medium to a high category, as well as for its aspects and indicators. Conditions that tend to be the same also occur in high school education units where students become participants in this study. This finding implies that adolescents in the city of Bandung who have the status of students in 12 high schools who are participants in this study have a high level of healthy sexual behavior.

Based on the research data, several efforts have been made by schools in developing healthy sexual behavior for adolescents. This effort is expressed by asking questions: (1) Does this school provide counseling services regularly to students? (2) How long (in-class hours) in 1 week, the time is given by the school to the guidance and counseling teacher to carry out their services? (3) What service aspects have been provided to students so far? (4) Are sexual development services included in the counseling program provided to students? (5) Describe the sexual development services that have been provided to students! (6) Have you ever heard of indigenous-based sexual guidance services? (7) Do you understand the importance of indigenous sexual counseling services? (8) Do you understand the importance of indigenous sexual counseling services? and (9) Describe the indigenous sexual guidance services you have provided to students.

In summary, the findings of this study indicate that although guidance and counseling teachers in SMA have provided counseling services regularly to students for one lesson per week, the services provided focus on personal, social, academic, and career dimensions with a high quantity and quality of service. Diverse, Guidance, services for sexual development are specifically included in the guidance program provided to students. Service is only limited to information on healthy dating and the gender roles of men and women. The supervising teachers at the school have never heard of indigenous-based sexual guidance services, so naturally, they do not understand the importance of indigenous sexual guidance services. Therefore, they

**Table 4: A statistical overview of adolescents' healthy sexual behavior perceptions containing the Indonesian nation's life philosophy based on interests**

| Interests | n    | Mean  | Median | Minimum | Maximum | SD    |
|-----------|------|-------|--------|---------|---------|-------|
| IPA       | 1060 | 5.034 | 5.133  | 2.500   | 5.933   | 0.576 |
| BAHASA    | 98   | 4.928 | 5.050  | 1.750   | 5.833   | 0.666 |
| IPS       | 697  | 4.904 | 5.017  | 1.917   | 5.867   | 0.625 |
| Total     | 1855 | 4.980 | 5.100  | 1.750   | 5.933   | 0.603 |

SD: Standard deviation.

have not been able to provide an overview of what indigenous sexual guidance services should provide to students.

During adolescence, physical, psychological, and cognitive development reaches its peak. Adolescence is a period in which the perception of thoughts, as well as individual responses, is colored sexually. The development of adolescent sexuality can be better explained by a bio-psycho-social-spiritual model [29]. A biopsychosocial-spiritual model approach aims to integrate and highlight the importance of four domains that influence human growth and development. Biological factors include genetics, physical growth, and health. Psychological factors include thoughts, emotions, and individual personality. Social factors include interpersonal interactions involving the person, from the smallest social unit, such as a parent's child, to the largest unit, namely, the global community, the state. The biopsychosocial model is a scientific study of human development by taking into account an important variable, namely, the social domain because humans are social creatures who live among other humans and cannot live alone [15], [16]. A biopsychosocial approach informed by this theory should allow, at least in principle, to interpret mental and physical aspects as integral features of the multilayered interaction between genetic constraints, developmental pathways, and life contexts [17]. However, there is still one last domain that cannot be ignored: The spiritual dimension. Spirituality is a concept beyond religion and religious observance, as it is an attempt to be meaningful and purposeful in life, even for those who do not believe in God [18], [19], [20]. Biological aspects, psychological aspects, social aspects, and spiritual aspects are equally important in determining the development of sexuality in adolescents [29]. In addition to biological, psychological, and social factors, many other factors such as political, legal, philosophical, spiritual, ethical, and moral values are very influential on the development of sexuality. As a country belonging to a collectivist group, adolescent sexual behavior in Indonesia is determined by these four factors comprehensively, where the conceptualization of healthy sexual behavior is defined physically, does not cause various diseases, especially infectious diseases and HIV/acquired immunodeficiency syndrome (AIDS). Psychologically, does not cause anxiety, feelings of anxiety and depression, fear, depression, or other psychological disorders. Socially, such sexual behavior is acceptable to the community, in accordance with the applicable laws and norms, written and unwritten rules. And spiritually, meaning that it does not conflict with religious values recognized by the Indonesian government.

Sexual health is not limited to the absence of disease or dysfunction nor is it limited to the reproductive years. This includes the ability to understand and weigh the risks, responsibilities, outcomes, and impacts of sexual acts and to practice abstinence when necessary

(US DHHS). Abstinence from sexual activity is often considered the healthiest behavioral outcome for adolescents [24]. Sexual health is an important part of youth well-being with important implications throughout life. Problems related to adolescent sexual relations are normal, but if not managed properly, they can cause anxiety and stress. Adolescent sexual activity in Asia, including in Indonesia, is still relatively low despite an increase, but the prevalence of high-risk sexual behavior is no different from outside Asia and thus requires serious treatment to prevent the negative impact of sexual behavior [23]. Risky sexual behavior in this study is homosexual behavior which is categorized as unhealthy. Homo and lesbian sexual behaviors are more at risk of contracting the HIV/AIDS virus and sexually transmitted diseases that are difficult to treat. About 78% of homosexual perpetrators contracted sexually transmitted diseases [10]. In addition to sexually transmitted diseases, homosexuals also cause AIDS for which there is no known cure. The trend of the average age of gays and lesbians is relatively shorter [30]. In addition, in general, the level of psychological health of gay men is lower than that of heterosexual men. Gay men are more likely to experience eating disorders, depression, panic attacks, and psychological stress and are at higher risk for anxiety, mood disorders, and drug dependence disorders [2].

The development of a teenager does not occur in isolation, but in family background and society in a certain culture, which significantly affects adolescent sexuality. Community attitudes and cultural perceptions about sexuality largely influence the family where a teenager maintains and values his sexuality [29]. Kinship and family relationships in Indonesia are very close and also influence the direction of adolescent sexual behavior. The values of Pancasila as the basic law animate Law No.1 of 1974 concerning marriage. This law explains that sexual behavior is only accommodated by marriage which is an inner and outer bond between a man and a woman as husband and wife which aims to form a family based on the One Godhead, so there is no room for homosexual marriage [31]. The basic values of nationality and humanity including the habit of growing: Internalization of moral and spiritual attitudes, namely, being able to live a spiritual relationship with the creator which is manifested by a moral attitude to respect fellow living creatures and the natural surroundings [32].

The lack of understanding of guidance regarding healthy sexual behavior containing the values of the indigenous Pancasila as the Indonesian philosophy of life is more due to guidance and counselors, in general, focusing more on adolescent reproductive health and courtship issues. Based on the results of interviews conducted by researchers, information was also obtained that most guidance and counseling teachers do not understand homosexual unhealthy sexual behavior including its handling, so this

problem tends to be ignored. In addition, the very limited number of guidance and counseling hours set by the school makes guidance and counseling has to choose counseling programs that are more related to academic problems and career guidance than problems related to sexual health.

## Conclusion

The general description of healthy sexual behavior in the physical aspect tends to be high with an average score of 5.17. The psychological aspect tends to be medium with an average score of 4.79, and the spiritual aspect tends to be high with an average score of 5.01. The social aspects tend to be medium with an average score of 4, 93. This result shows that Bandung youths have a good understanding of healthy sexual behavior containing the values of the indigenous Pancasila, which indicates that the practice of the Pancasila precepts as the philosophy of life of the Indonesian nation which has been rooted since the time of their ancestors has been passed on to adolescents as the nation's next generation. However, the characteristics of adolescent sexual behavior are not based on mature relationship concepts and skills, but only as part of the developmental stage. Within the framework of risk, adolescent sexuality is viewed as morally wrong, inherently deviant, and socially problematic. The traditional risk framework is most clearly seen in school-based sex education programs, which emphasize the physical and psychological harm of sexuality and strongly advocate sexual abstinence until marriage as the ideal behavior.

Profile of healthy sexual behavior of adolescents, according the status of high school students in Bandung, more than half of them have healthy sexual behavior. However, because this sexual behavior determines their next life and is one of the risky and sensitive behaviors for students who are in their teens, the students who have healthy sexual behavior moreover are in the medium category and are in a low category, which need to be a concern of various parties, both parents, schools, religious institutions, and health institutions.

Guidance and counseling services for sexual development are specifically included in the guidance and counseling program provided to students, this service is only limited to information on healthy relationships and the gender roles of men and women. The practice of the values contained in Pancasila in sexual behavior should not only be the responsibility of the guidance and counseling teacher but associated with other subject themes related to biological aspects, such as biology and physical health lessons, psychological aspects, such as character education,

and social aspects, such as education, citizenship, and spiritual aspects, of course, religious education, to overcome the limitations of guidance and counseling meeting hours.

## References

- Sneijder P, Te Molder HF. "Health should not have to be a problem": Talking health and accountability in an internet forum on veganism. *J Health Psychol*. 2004;9(4):599-616. <https://doi.org/10.1177/1359105304044046>  
PMid:15231059
- Adams J, Braun V, McCreanor T. Gay men talking about health: Are sexuality and health interlinked? *Am J Mens Health*. 2012;6(3):182-93. <https://doi.org/10.1177/1557988311421980>  
PMid:21956246
- Nettleton S. *The Sociology of Health and Illness*. 2<sup>nd</sup> ed. Cambridge: Polity; 2006.
- Ho DY. Indigenous psychologies asian perspectives. *SAGE Soc Sci Collect J Cross Cultur Psychol*. 1998;29: 88-103
- Kim U, Berry J. *Indigenous Psychologies: Research and Experience in Cultural Context*. Thousand Oaks: Sage Publications; 1993.
- Davison RM, Martinsons MG. Context is king! Considering particularism in research design and reporting. *J Inf Technol*. 2015;31(3):241-9. <http://dx.doi.org/10.1057/jit.2015.19>
- Davison RM, Andrade AD. Promoting indigenous theory. *Inf Syst J*. 2018;28(5):759-64.
- Avasthi A, Grover S, Rao TS. Sexual disorders: Progress made and way ahead. *J Psychosexual Health*. 2020;2(1):19-25. <https://doi.org/10.1177/26318318198981>
- Surajiyo S. Keunggulan dan ketangguhan ideologi Pancasila. *J IKRA ITH Hum J Sosial dan Humaniora*. 2020;4(3):145-55.
- Artina D. The Position of LGBT in the Law of the Republic of Indonesia from the Perspective of Pancasila; 2016. p. 195-206.
- Harahap IT, Kamalludin I, Arzaqi N. Criminal Law Policy in Efforts to Overcome LGBT (Lesbian, Gay, Bisexual, and Transgender) Based on Pancasila. *Refleksi Hukum J Ilmu Hukum*. 2018;2(2):181-92. <https://doi.org/10.24246/jrh.2018.v2.i2.p181-192>
- Manik ES, Purwanti A, Wijaningsih D, Hukum F, Diponegoro U. Regulation of LGBT (Lesbian, Gay, Bisexual, and Transgender) in the Perspective of Pancasila in Indonesia. *Diponegoro Law Rev*. 2016;5:1-13.
- Masmuri M, Kurniawan S. Sexual Deviation: An Interpretation of Theology, Psychology, and Islamic Education. *Raheema J Stud Gend dan anak*. 2016;3(1):100-12. <https://doi.org/10.24260/raheema.v3i1.584>
- Amin MM. *Moral Pancasila Jati Diri Bangsa Aktualisasi Ucapan dan Perilaku Bermoral Pancasila*. 2<sup>nd</sup> ed. Yogyakarta: Calpuluis; 2015.
- Burkhardt S. *Special Education International Perspectives: Biopsychosocial, Cultural, and Disability Aspects*. Bingley: Emerald Group Publishing Limited; 2014.
- Garland EL, Howard MO. Neuroplasticity, psychosocial genomics, and the biopsychosocial paradigm in the 21<sup>st</sup> century. *Health Soc Work*. 2009;34(3):191-9. <https://doi.org/10.1093/hsw/34.3.191>  
PMid:19728478
- Tramonti F, Giorgi F, Fanali A. General system theory as a framework for biopsychosocial research and practice in mental health. *Syst Res Behav Sci*. 2019;36(3):332-41. <https://doi.org/10.1002/sres.2593>
- Besharat MA, Ramesh S, Moghimi E. Spiritual health mediates the relationship between ego-strength and adjustment to heart disease. *Health Psychol Open*. 2018;5(1):1-8. <https://doi.org/10.1177/2055102918782176>  
PMid:29977588
- Richardson P. Spirituality, religion and palliative care. *Ann Palliat Med*. 2014;3(3):150-9. <https://doi.org/10.3978/j.issn.2224-5820.2014.07.05>  
PMid:25841692
- Torsekenæs KB, Baldacchino DR, Kalfoss M, Baldacchino T, Falzon M, Grima K, et al. Nurses' and caregivers' definition of spirituality from the Christian perspective: A comparative study between Malta and Norway. *J Nurs Manag*. 2015;23(1):39-53. <https://doi.org/10.1111/jonm.12080>  
PMid:23822866
- Guttmacher. *American Teens' Sexual and Reproductive Health*. New York: Guttmacher Institute Fact Sheet; 2014. Available from: <https://www.guttmacher.org/pubs/FB-ATSRH.html>
- Thompson M, Davis L, Pendleton V, Shlafer R. Differences in sexual health outcomes between adolescents in public schools and juvenile correctional facilities. *J Correct Health Care*. 2020;26(4):327-37. <https://doi.org/10.1177/1078345820953405>  
PMid:32996371
- Chang YT, Hayter M, Lin ML. Chinese adolescents' attitudes toward sexual relationships and premarital sex: Implications for promoting sexual health. *J Sch Nurs*. 2014;30(6):420-9. <https://doi.org/10.1177/1059840514520996>  
PMid:24502972
- Harden KP. A sex-positive framework for research on adolescent sexuality. *Perspect Psychol Sci*. 2014;9(5):455-69. <https://doi.org/10.1177/1745691614535934>  
PMid:26186753
- Khuzwayo PP, Douglas M, Mchunu GG. Developing adolescent boys toward adaptation of male sexual and reproductive health in communities with embedded cultural manhood values. *Am J Mens Health*. 2020;14(5): p. 1-8. <https://doi.org/10.1177/1557988320949342>  
PMid:33034536
- Ryan RM, Deci EL. *A Self-Determination Theory Perspective on Social, Institutional, Cultural, and Economic Supports for Autonomy and their Importance for Well-Being*. Berlin, Germany: Springer; 2011. p. 45-64.
- Sumintono B, Widhiarso W. *Application of the RASCH Model for Social Sciences Research*. Cimahi, Indonesia: Trim; 2014.
- Hindradjat J, Mawarni A. Application of the rasch model to the development of healthy sexual behavior scale indigenous based on students in Indonesia. In: *Proceedings of the 2<sup>nd</sup> International Seminar on Guidance and Counseling 2019 (ISGC 2019)*. Netherlands: Atlantis Press; 2020. p. 44-7.
- Kar SK, Choudhury A, Singh AP. Understanding normal development of adolescent sexuality: Abumpyride. *J Hum Reprod Sci*. 2015;8(2):70-4. <https://doi.org/10.4103/0974-1208.158594>  
PMid:26157296
- Yudiyanto Y. The Phenomenon of Lesbian, Gay, Bisexual and Transgender (LGBT) in Indonesia and its prevention Efforts. 2016;45(1):62-74.
- Winurini S. Significancy of LGBT Behaviour in Indonesia (Review of Abnormal Psychology). *J Pus Penelit Badan Keahlian DPR RI*. 2016;8(5):9-12.
- Istiningsih S. The Growth of Character in Schools Through the Implementation of the 2013 Curriculum. *JKKP J Kesejaht Kel dan Pendidik*. 2013;2(2):p. 106-113. <https://doi.org/10.21009/JKKP>