

The Effect of Social Media Counseling by Email on Sex Behavior of Adolescents

Siti Nur Halimah, Putu ariani¹, Eti Surtiati¹, Gurid PE Mulyo¹

¹Bogor Nursing Study Program, Poltekkes Kemenkes Bandung



Abstract— Adolescence is a transitional period that is a vulnerable age. Suppose it is not getting correct reproductive health information and obtained from appropriate sources. In that case, the school environment, residence, and mass media can trigger adolescents' development in understanding reproductive health. Throughout 2011, the National Commission received 22 cases of complaints about pornography by junior and senior high school students. Meanwhile, according to Baby Foundation data, it was reported that 83,7% of elementary school children of IV and V grade were meticulously addicted to pornography (National Commission for Child Protection 2011). The purpose of this study is to determine the influence of Social Media based counseling: email on adolescent sexual behavior in the city of Bogor. The research design uses the Quasi Experiment approach. This research uses an experimental type of research because of a treatment (treatment) applied by researchers. The quasi-experimental design used in this study is the design after and before the control (pretest and posttest with a non-equivalent group). Results: The results showed that adolescent sexual behavior was better (towards the positive) in the group receiving counseling than the group that did not receive counseling (p -value = 0.033). As an input to develop social media-based social media counseling services such as email, WA, BBM, Line, SMS, etc., regarding sexual and supporting activities Guidance and Counseling following students' needs and development to develop optimally.

Keywords: Counseling, Social media: email, sexual behavior

INTRODUCTION

Adolescence is a transition period to physical and psychological changes from childhood to adulthood.^[1] Psychological changes that occur in adolescents include intellectual, emotional life, and social life. According to WHO, so-called adolescents are those who are in the transition phase between childhood and adulthood. The age limit for teenagers, according to WHO, is 12 to 24 years. According to the Indonesian Minister of Health, in 2010, adolescents' age limit is between 10 and 19 years and is not yet married. Physical changes include sexual organs; namely, the reproductive organs have reached maturity and begin to function properly.^[2] Adolescents are the transition phase from childhood to adulthood. Secondary sex characteristics begin to occur, the growth spurt occurs, the achievement of fertility, and cognitive and psychological changes. Teenagers are between childhood and adulthood to be in an unclear place; therefore, adolescence is often called the search for identity. Adolescence can be interpreted as a transition from childhood and adulthood that includes biological, cognitive, social, and mental-emotional development.^[3]

The high number of unwanted pregnancies (KTD), especially for premarital pregnancies among adolescents, is closely related to the increasing number of abortions. The case of abortion of teenagers in Indonesia turned out to be very astonishing. The numbers go very fast, even more than the number of abortions in developed countries. The number of abortion cases in Indonesia each year reaches 2.3

million, 30 percent of which are carried out by teenagers. Unwanted pregnancy (KTD) in adolescents shows a tendency to increase between 150,000 and 200,000 cases each year. Even several surveys conducted on nine major cities in Indonesia showed KTD reached 37,000 cases, 27 percent of which occurred in premarital environments, and 12.5 percent were students. In October 2010, the National Commission for Child Protection noted that 62.7% of junior high school students in 12 major cities stated no longer virgins. As many as 97% of junior high and high school adolescents have watched pornographic films, 21.1% of adolescents in Indonesia have had abortions. Even though there are differences in the results of the three surveys, the research shows that teenagers today tend to be tolerant of premarital sexual behavior.^[4]

UNICEF stated there was an alarming trend because there was an increase in the number of deaths of teenagers aged 10-19 years due to HIV / AIDS worldwide, namely 71,000 teenagers in 2005 increased to 110,000 in 2012.^[5] Riskesdas data in 2013 showed that the prevalence of marriage age that occurred at the age of fewer than 15 years was 2.6%, and the age of 15-19 years was 23.9%. This phenomenon causes mothers to give birth to children too young (<20 years); some even give birth at less than 15 years. Other data from BKKBN in 2013 stated that as many as 4.38% of adolescents aged 10-14 years had free sex, while teenagers at the age of 14-19 years were 41.8%.

Teenagers who are curious and want to try will imitate what they see or hear from the mass media. Interscience. 2016. The growing prevalence of juvenile delinquency cases such as premarital sex is carried out by teenagers, which is rampant by high school students, among adolescents aged 15 to 17 years (33%) online using the internet for 6 hours or more with calculations (24%) for 3 to 5 hours, (23%) for 1 to 2 hours and (20%) for under 1 hour.^[6] Meanwhile, cases of child pornography also still occur in people's lives. Throughout 2011, KomNas received 22 cases of complaints about pornography committed by middle and high school children. Meanwhile, according to the Buah Hati Foundation data, it was reported that 83.7 percent of grade IV elementary school children and Class V who were studied were addicted to pornography.^[7] Not only that, the results of a survey conducted by the National Commission for Child Protection, junior and senior high school students turned out to be 93.7 percent of those who had kissed. 21.2 percent of junior high school teenagers claimed to have had an abortion, and 97 percent of middle and high school teenagers had seen pornographic films. Lately, the discussion about youth has become a topic that is often discussed. This group of adolescents is currently very vulnerable to 3 reproductive health risks or what is known as TRIAD KRR (Adolescent Reproductive Health). TRIAD KRR covers sexuality, drugs (narcotics, alcohol, psychotropic substances, and other addictive substances), and HIV / AIDS. Even the KRR Triad is now a very troubling matter for parents. Freedom-filled behavior often leads to very worrying delinquency. It is very sad when this behavior results in a high number of irregularities among teenagers. Deviations whose cases are more prevalent and interesting to discuss are promiscuity or, more specifically called free sex.

Management of adolescent reproductive health problems has become an international commitment, including Indonesia, namely through the International Conference on Population and Development, which was attended by 178 countries in the world.^[8] "Free sex is a national disaster that befalls the young generation and threatens the country's resilience; this is not only a fact the ear only hears that, but this must be heard by the heart. It is very heartbreaking but can still be overcome"^[9]

Wrong information about sex can cause one's knowledge and perception of the ins and outs of sex itself to be wrong. It is one indicator of increasing free sex among teenagers. Half-knowledge is even more dangerous than not knowing at all; in this case, ignorance does not mean harmless. Surveys conducted by WHO in several countries that show good and true information can reduce adolescent free sex problems.^[10] Based on the data, Indonesia's teenage population currently reaches 65 million, or around 30% of Indonesia's total population.

In contrast, the number of teenagers in West Java Province reaches 11,358,704 people, or 26.60% of West Java's total population. A large number of teenagers should be a development capital to realize West Java that is independent, dynamic, and prosperous following the vision of the West Java Regional Government. 97% of children claim to have accessed porn sites on the internet. The tendency of adolescent sexual behavior changes increases because of the spread of information and sexual stimulation through mass media (television, internet, mobile phones, VCDs, etc.) to become unstoppable. Kompasiana (2013) Bogor City Health Office is free sex, free sex that occurs in the city of Bogor each year has experienced a very rapid increase. A very high economic level causes free sex that occurs in Bogor, and every year free sex that occurs in the city of Bogor reaches 15% more.^[11]

Various external and internal factors also influence adolescent sexual behavior. As a result, adolescents are at risk for unhealthy sexual behavior. They are at high risk of free sex at an early age, unwanted pregnancy (KTD) abortion, to sexually transmitted infections (STIs) among teenagers. Wrong information about sex can cause one's knowledge and perception of the ins and outs of sex itself to be wrong. It is one indicator of increasing free sex among teenagers. Half-knowledge is even more dangerous than not knowing at all; in this case, ignorance does not mean harmless.

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According to Sarwono (2012), many factors influence sexual behavior; social media (internet) is one example. Social media is an electronic form where users create online communities to share information, ideas, personal messages, and other content.^[19] Finn, J., & Barak, A. (2010) research conducted on 93 online counselors shows that overall online counselors are satisfied with their practice, and they believe that their implementation is effective.^[12]

According to Nugrahaeni Research D K, (2016), the experimental group, the pretest of adolescent sexual knowledge results with a good category of 15.5%, after getting counseling to 86.2%. In the comparison group, the pretest results with good knowledge of 5.2% and posttest 3.4%. In the experimental group, the attitude of support was 44.8% after getting counseling to 53.4%; in the comparison group, the attitude supported the pretest and posttest results of 50%. Mann Whitney test results found that KRR counseling affects knowledge (P-value 0.0005) and adolescent sexual attitudes (P-value 0.0005).^[13]

The results of Rani Y (2016) showed no significant relationship between the use of social media: Twitter and Facebook on adolescent sexual behavior in Bogor City.^[14] Moh. Surya (2006) suggests that in line with the development of computer technology, the interaction between counselors and clients is not only done through face-to-face relationships but can also be done through virtual (virtual) relationships through the internet in the form of "cyber counseling." This guidance and counseling service is one of the innovative counseling service models to show practical services. It can be done anywhere as long as there is a connection or connection to the internet.^[15]

Electronic counseling is a process that helps individuals to achieve optimal development so that individuals can understand and be able to control themselves. They can also act appropriately following the school's demands and conditions, family, community, and the environment in general, which is done not through face-to-face but by utilizing developing media such as email, Facebook, etc.

Email counseling is a therapeutic process in which there is writing and meeting directly with the counselor. The essence of e-counseling lies in writing. The response or assistance provided by the counselor depends on the information provided. The counselee does not need to send the whole story about the problem at hand, simply by choosing the information felt in a situation that is a problem. Of course, to do this, the counselor and students must have their email address. Email is the most recent way compared to other ways to communicate quickly and effectively through the internet. It does not intend to replace face-to-face counseling. Still, it can be one of the ways to help counselees solve their problems even in distant circumstances without meeting the counselor directly. Counseling conducted via email is an alternative service that can be given by counselors to conduct counseling. Still, it does not rule out the possibility of counseling continued in school for follow-up and comfort of the counselee. Counseling using email services is more personal. Students can describe the problem quite completely and clearly because the service is via email itself, such as correspondence, to describe the problem according to their needs.

Email stands for electronic mail or email. Email is one type of internet service that can be used to send mail electronically; a letter will be sent according to the address given to him. Email is now a trend because media is considered fast, and privacy is maintained to convey aspirations and outpouring to counselors. Email counseling is a way to communicate between counselees and counselors. They discuss consumers' issues, such as developingcounselees' personality and life through letters or writing on the internet.

Research Design

This study uses a quasi-experiment with control group design. This design aims to see the possibility of a causal relationship that arises after being given intervention in the form of social media-based counseling: email, then the results of the intervention are compared with the control group, namely the group without intervention.

RESULTS AND DISCUSSION

A. Results

The research results were described based on univariate, bivariate, and multivariate analysis. The discussion is carried out through the interpretation and discussion of the research results.

1. Univariate Analysis

Univariate analysis of the characteristics of respondents is as follows;

Table 1. Distribution of characteristics of adolescents based on age

No	Characteristics of adolescents	Intervention group			Control group		
		Mean	SD	Min-Max	Mean	SD	Min-Max
1.	Age	16.04	0.995	14-17	15.75	1.129	14-19

Table 2. Distribution of characteristics of adolescents based on gender and religion

No	Characteristics of adolescents	Intervention group		Control group	
		Total	%	Total	%
1.	Gender				
	Man	54	46.2	54	46.2
	Woman	63	53.8	63	53.8
2.	Religion				
	Islam	110	94.0	105	89.7
	Non-Islam	7	6.00	12	10.3

From the two tables above, it can be concluded that the characteristics of adolescents who become respondents in this study are as follows: the average age is almost the same, namely 16 years with the age range between 14-19 years, most of the girls are the same number in both groups, namely 53.8%, the majority of Muslims in the intervention group was 94.0%, and the control group was 89.7%.

2. Bivariate analysis

- a. Differences in Adolescent Sexual Behavior before and after Counseling in Intervention Groups and Control Groups

Table 3 Analysis of adolescent sexual behavior before and after

Counseling was carried out in the intervention group and	Intervention Before After	Control Before After	Z	P-value
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control group (n = 117)Variable				
Adolescent sexual behavior	48.90			
	51.52		-2.155	0.031*
		43.98		
		48.07	-0.282	0.778*

* Wilcoxon test

The analysis showed that the average value of adolescent sexual behavior in the intervention group before counseling was 48.90; it was 51.52, with p-value = 0.031. The average value of adolescent sexual behavior in the previous control (no intervention) group was 43.98; it was 48.07, with p-value = 0.778. It can be concluded that there are significant differences in adolescent sexual behavior before and after counseling in the intervention group. In contrast, in the control group, there were no significant differences.

b. Differences in adolescent sexual behavior after counseling between intervention and control groups

Table 4 Analysis of adolescent sexual behavior after counseling between groups (n = 117)

Variable	Kelompokintervensi	Control group	Z	P-value
Adolescent Sexual behavior	126.82	108.18	-2.135	0.033*

* Mann-Whitney test

The analysis results showed that adolescent sexual behavior leads to a better (positive) direction in the group that received counseling than the group that did not get counseling (p-value = 0.033).

3. Multivariate analysis

Before multivariate analysis was carried out, the bivariate selection was performed on the variables of age, sex, and religion. The statistical test used was Pearson correlation for age variables and Independent t-test for sex and religion variables. The results are as follows:

Table 5. Bivariate variable selection results

No	Independent Variable	P-value
1	Age	0.857
2	Gender	0.867
3	Religion	0.726

Based on the three variables' statistical test results, none met the requirements entered in the multivariate model ($p\text{-value} > 0.250$), so it could not be continued in the multivariate test. It can be concluded that the improvement of adolescent sexual behavior towards the positive is caused by counseling

B. Discussion

1. Univariate Analysis

From the data obtained, adolescents who became respondents in this study were average about the same age, namely 16 years with an age range between 14-19. It is following WHO; so-called adolescents are those who are in the transition stage between childhood baby and adult. The age limit for teenagers, according to WHO, is 12 to 24 years. According to the Indonesian Minister of Health, in 2010, adolescents' age limit is between 10 and 19 years and is not yet married. Education experts have agreed that adolescents are those between the ages of 13 to 18 years old late adolescents are high school age. For the same sex, there are between women and men, while religion is the most Islamic. Of the three variables, no one met the requirements entered in the multivariate model ($p\text{-value} > 0.250$).

2. Bivariate analysis

The results showed that social media-based counseling: email could influence adolescent sexual behavior. The statistical analysis results obtained the average value of adolescent sexual behavior in the intervention group before counseling was 48.90; it was 51.52, with $p\text{-value} = 0.031$. The average value of adolescent sexual behavior in the previous control (no intervention) group was 43.98; it was 48.07, with $p\text{-value} = 0.778$. This study indicates that adolescent sexual behavior leads better (towards positive) in the group that received social media-based counseling: email compared to the group that did not get counseling ($p\text{-value} = 0.033$). It is corroborated by the opinion of Research Finn, J., & Barak, A. (2010) conducted on 93 online counselors showing that overall online counselors are satisfied with their practice and believe that implementation is effective.^[12] They were also supported by Nugrahaeni Research D K, (2016) that the Mann Whitney test results obtained in KRR counseling affect knowledge ($P\text{-value} 0.0005$) and adolescent sexual attitudes ($P\text{-value} 0.0005$).^[13] The results of this study also proved that the number of intervention respondents who conducted counseling: the most problematic email sexual behavior of 117 intervention respondents were 44 respondents counseling about sexual behavior, while 23 respondents about reproductive health, others about HIV-AIDS, about cancer cervix, about pinworms, about the dangers of smoking, about the reproductive process of women, about the lumps in the armpits, and breast cancer.

Rapid technological development can be accessed easily; this is also a major factor in developing free sex in Indonesia. The internet, which is a world without borders, also has unlimited pornographic life. From children to adults, if they want it, they can easily access pornographic sites. In adolescents who lack supervision, this will be very dangerous; they will get information that cannot be accounted for from the internet. However, some adult sites have been specifically arranged not to access minors, but some pornographic ads are often encountered.

Counseling Guidance Service is an aid service intended for students individually and in groups to be independent and develop optimally. In this case, Information Services can be given to students to change poor adolescent sexual behavior perceptions. Such as information about "the impact of watching pornographic films" so students know the impact of deviant sexual behavior. Social media (email) based tutoring services can be provided to students. Topics to be discussed come from counseling teachers tailored to students' needs regarding adolescent sexual behavior, such as "factors and impacts of promiscuity" to know the factors and impacts of promiscuity.

Email is the most recent way compared to other ways to communicate quickly and effectively through the internet. It does not intend to replace face-to-face counseling, but can be one way to help counselees solve their problems even if they are far away without meeting the counselor. Counseling conducted via email is an alternative service that can be provided by counselors to conduct counseling. Still, it does not rule out the possibility of counseling continued in school for follow-up and comfort of the counselee.

In the code of ethics in counseling, several principles must remain firmly adhered to in counseling with social media, namely (1) The principle of confidentiality, which demands assurance of all client personal secrets so that clients feel safe disclosing all problems. During video call counseling, no one else can be around the client and counselor; (2) The principle of volunteerism and openness, namely the client wants to be open in conveying the problems they experience and volunteering in the counseling process, (3) normative principles, namely the rules in the implementation of counseling are following the norms prevailing in the community, (4) The principle of independence, that is, the client can bear the risk due to the decision taken in solving the problem. Counselors carry out this service to help alleviate and deal with client problems.

Gibson (2008) mentions that this service is carried out by counselors to provide the comfort of assistance needed by counselees when facing a problem, and it is not possible to be done face to face.^[16]

In the next few years, the need for online services will increase.^[17] Online counseling will be an alternative to counseling, as Norcross, Hedges, & Prochaska, Stamm^[17] email is a fairly reliable medium for students to conduct psychological consultations with lecturers who are also counselors. Information Technology is very helpful for various counselor and counselee problems to conduct counseling and guidance processes. With the collaboration between Information Technology and Guidance and Counseling, it will be easier for the counselor to do his job. Through IT, Guidance and Counseling can carry out programs better. Other conditions are low or not trained BK/counselor teachers in the use of media. There is no formal and special training that can be followed to be skilled in organizing online counseling. Online counseling to date in Indonesia seems to be part-time and slightly overlaps with face-to-face practice. Zamani, Z. A. (2009) e-counseling / online counseling will not replace conventional counseling. However, it is stated that online counseling services can be an important component to improve the counseling profession.^[18]

CONCLUSION AND SUGGESTIONS

This study indicates that adolescent sexual behavior leads better (towards positive) in the group that received social media-based counseling: email compared to the group that did not get counseling (p-

value = 0.033). This study still has many limitations because it is only email-based social media counseling. Meanwhile, social media-based counseling not only by email; it can also be WA, SMS, Facebook, Line, IG, BBM, Twitter, and path. In this study, the number of intervention respondents who conducted counseling: email as many as 71 respondents (61%) of 117 respondents intervened. To develop a social media-based Counseling Guidance Program, It can be in the form of providing Counseling Guidance via email, WA, BBM, Line, SMS, etc. That Guidance is as reference material and more over students know the impact of sexual behavior and avoid deviant sexual behavior.

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