

## Curriculum Development Of Sexuality Education For Senior High School Student

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### Abstract

Adolescents are susceptible to many serious sexual problems in a growth period. The education sector has an obligation to give accurate information about sexuality for students. The purpose of this study to determine the implementation of sexual education curriculum in Semarang high school, develop a sexuality education curriculum, knowing validity and test its effectiveness. The methods is research and development (R & D) Borg and Gall design. Field studies and literature studies were carried out to get ideas as material for designing a sexuality education curriculum according to students' needs. Then the curriculum design is validated by experts. Testing of sexuality education curriculum products in the classroom to determine its effectiveness. Results: nothing comprehensif of sexuality education to implementation in learning. Validity of experts judges in the sexuality education of curriculum product is worth it for implementation in school. The study indicated that the students have increased understanding of sexuality knowledge. The students showed a change perception and good attitudes about the issue of sexuality after receiving this program. It was recommended as material for the government to make new policies. The teacher can be using a sexuality education curriculum to guide learning in class.

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## INTRODUCTION

Adolescent 17 years olds more or less are already in senior high school (Hurlock, 2017). Adolescents are susceptible to many serious sexual problems in growth period. They need life skills education, this is common in developed countries (Prajapati et al.; 2017, Nasheeda, Abdullah, & Krauss, 2019). A life skills based sexuality education program to increase knowledge of reproductive health and helped participants identify appropriate behaviors when facing a sexually risky situation (Lee et al., 2018). It becomes important, because 7 hours of middle and high school youth are spent in school (Sarwono, 2013). School are also learn the students to have good attitude according to rules and norms. The reality there are many deviant behaviors such as fights and courtships that exceed the limit (Yuniati, 2017). Sexual initiation in adolescents begins with simple behaviors such as holding hands, hugging, kissing, touching and more. The historically adolescent sexual activity is seen in a narrow sense whether they are sexually active or not (Fantasia et al., 2011; Suwami & Selviana, 2015). Premarital sex among adolescents tends to increase then became negative impact of teenage life and need serious attention (Dwi & Sfaat, 2013; Susanti & Handoyo, 2015, Ahiyanasari dkk, 2017; Purwatiningsih, 2019).

Data from National population and Family Planning Agency-Indonesia 2017 there are 16% of women aged 15-24 reported unwanted pregnancies and reports from men aged 15-24 years as much as 7%. Data from Family Planning Social unity Intuition of Indonesia Central Java, Semarang with a population is 426.228 person aged 10-24 or 27% of the total population 1.55.985 people. This figure is higher than the national average of the population aged 10-24 years which is only 16.1%. In 2016 there were 13,547 cases of HIV and 5,049 AIDS and 9.5% is adolescents, there were 80 cases of unwanted pregnancies, 50 of whom were adolescents aged 13-18 years. Data from the Semarang City Religious Court from January to September 2019 there were 60 requests for dispensation for

marriage and had completed 48 cases because they had not met the marriageable age of 19 years, so they asked for a dispensation from the court.

There are several adolescents with risky sexual behavior at risk or susceptible to sexually transmitted infections in 1.240 lesbian members in the Semarang city (Deny, 2017). Indonesian Health Ministry (2019) the highest cumulative AIDS percentage was in the age group 20-29 years (32.1%) and then age group 30-39 years (31%), 40-49 years (13.6%), 50-59 years (5.1 %), and 15-19 years old (3.2%). The highest percentage of HIV risk is male sex with men (MSM) as much as 18% and AIDS as much as 22% deal (MSM), although HIV and AIDS are dominated by age 25-49 years, several other participants aged 15-19 years are also a matter of concern.

Women who sex with women (lesbian) have a 2,5-fold increase of BV (bacterial vaginosis) compared with heterosexual women (Evans et al (2007; Forcey et al. 2015; Sherrard et al. 2018; Takemoto et al. 2019). Women who have sexual with women and men have a higher risk of transmitting sexually transmitted diseases than women who are heterosexual (Yeung et al., 2019). There are two million adolescents are infected HIV/AIDS and cause of death. (P.-I. Lee et al.; 2019, and Pham et al.; 2021).

Adolescents in some group has confusion as to what is permitted and what is not (Soetjningsih, 2010). Physical contact with risk sexual behavior will be higher in adolescent couples (Taylor, et al., 2017). The highest risk sexual behavior are those who have unprotected sex and who have or have had more multiple sexual partner (Koletić et al, 2018). Adolescents to start sex with partner at the age of 15-17 years, and their risk behavior. They have many partners and influenced by peers. Starting sexual initiation from kissing or more and this is vulnerable to pregnancy and abortion (Salih et al., 2015; Bilal et al., 2015; Lyons et al., 2015; Meilani & Setiyawati, 2017; Rahmah, et al., 2017; Landry et al., 2017; Etrawati et al., 2017).

All sexual behavior before marriage is not good. Because, the risk sexual behavior can bad

impact weel being in early adulthood and in the future. Adolescents who have sex outside of marriage know nothing about wearing protection while having sex, and rarely even use it (Lyons et al., 2015;, Asrese & Mekonnen, 2018;, Zubaidah et al., 2020). Cueto & Leon, (2016) dan Lefkowitz et al., (2019).

Boys tend to become more sexually interested more quickly than girls (Shek & Leung, 2016). Boys are less guilty about their sexual behavior. (Wu et al., 2019). Pringle et al., (2017). A having sex in adolescents perception is and attemp to espress themselves. Even though the sexual behavior of adolescents is influenced by physiological and psychosocial factors, the exception to abnormal (Wicaksono et al., 2017).

The high risk of physical contact sexual behavior will be at adolescent couple are full love and passion (Taylor et al., (2017). Adolescents who have sex tend to consider themselves superior and are influenced by alcohol or drugs use with a high risk of unwanted pregnancy (Muchimba et al., 2013;, Lin et al., 2019;, Wetzel et al., 2019;, Do et al., 2020). Pregnancy in adolescents will have various effects such as premature birth, low birth weight, miscarriage, infant mortality, anemia and many other short and long-term impacts (Xavier et al., 2018;, Dongarwar & Salihu, 2019;, Hadley, 2020).

Teenage pregnancy is usually followed by early marriage and can have psychological or educational impact (Mulyanti, 2017). Early marriages among adolescents will be vulnerable to a cycle of poverty due to precarious employment, domestic violence, and are vulnerable to divorce (Djamilah & Kartikawati, 2015;, Rahayu & Hamsia, 2018;, Julius et al., 2019;, Yumarni & Suhartini, 2019).

14 and 15 million girls aged 15 to 19 give birth every year and millions of pregnancies are unexpected (WHO, 2006). 16 million women give birth each year and an estimated 3 million girls undergo dangerous abortions resulting in death among adolescents between the ages of 15 and 19 (WHO, 2014). Globally 50 per 1,000 girls give birth annually, but not in Southeast Asia. In Southeast Asia 47 per 1,000 give birth annually (UNFPA, 2018).

There is an influence of sexual orientation on adolescent sexual risk behavior as well as the existence of family factors. Victims of abuse that can lead to sexual orientation towards homosexuals (Kate, dkk. 2012;, Azizah 2013;, Azhari 2019). Lesbian have higher for (BV) bacterial vaginosis infected than heterosexual woman (Hegazi & Pakianathan, 2018). Sexual transmission of bacterial vaginosis in lesbians, but they choose not use contraception (Bilardi et al., 2016;, Doull et al., 2018). Oral health will be at risk in oral sex because without protection. sometimes adolescents do it with multiple partners (Saini et al., 2010;, Putu Erma et al., 2017;, Morhason-Bello et al., 2019).

Some women prefer vaginal sex, but in boys is not different vaginal or oral sex . Adolescents aged 11-15 years are low to talk about their sexual behavior with each other or with different orientations (Lefkowitz et al.; 2016, Li & Davis, 2020). This oral sex behavior is mostly carried out by man sex men (MSM) with many partners. Oral sex will be risk of contracting infections as well as oral human papillomavirus (HPV) which is associated with the development of oral cancer (Shigeishi & Sugiyama, 2016;, Glynn et al., 2017;, Osazuwa-Peters et al., 2019;, Schlecht et al., 2019;, Tokita et al., 2020). Adolescent aged 13 to 18 who are LBG (lesbian, gay and bixesual) are at very high sexual risk (Zaza, Kann, & Barrios, 2016).

Adolescents with oral sexual habits on MSM have changed to anal sex because they are influenced by the internet (Parkes et al., 2011;, Méthy et al., 2015;, Harper et al., 2016). Women choose to be lesbian because trauma when having relationship with man and have experienced sexual harrasment. Such behavior is more commonly called LGBT (Marthilda, 2013). Guidance and counseling in schools for the prevention of LGBT adolescents. Because in Indonesia many teenagers are affected by LGBT (Sujana et al., 2018;, Chandra & Wae, 2019).

Adolescents have experienced many serious problems such as sexual harassment. The perpetrators could be their peers (Chiodo et al.: 2009, and Skoog et al.: 2019). Sexual harassment among teenagers is an often overlooked problem

that knows no economic level or age (Manyike et al., 2015). Violence and sexual harassment, to rape has become a global problem related to health and human rights violations. The victims will have an impact on short-term and long-term health (Amin, MacMillan, & Garcia-Moreno, 2018).

These victims of sexual harassment and violence pose a high risk to their well-being, health, suicidal ideation and insecurity at school (de Lijster et al., 2016; Dahlqvist et al., 2016). The victims of sexual harassment will bring to alcohol use, drugs, stress and bad mental health (McGinley et al., 2016; Reed et al., 2019). Experience with sexual harassment can be traumatic, predisposing adolescents to accelerate sex and risk sexual behavior (Kaltiala-Heino et al., 2018). Sexual harassment can take three forms: physical, verbal, and visual. The definition of sexual harassment is any unwanted behavior, both verbal and non-verbal with a sexual purpose (Ramdhani, 2017; Jayapalan et al., 2018).

At the headquarters of the Indonesian National Police, there were 236 cases of sexual abuse against children, but 50% were resolved (Rahma and Persyada, 2019). The Ministry of Women's Empowerment and Child Protection of Indonesia (KPPA) show survey results SNPCHAR (2018) there are 1 in 17 boys and 1 in 11 girls has experienced sexual violence. Sexual education it can reduce the negative impact of mental health on victims of sexual crimes and even prevent unprotected sex in adolescents. The strategy recommended in schools (Talib et al., 2012; Vivancos et al., 2013; Proulx, Coulter, Egan, Matthews, & Mair, 2019). Sexuality education in schools can prevent wrong information, increasing student sexual health and reducing risky sexual behaviors (Acharya et al., 2017; Rahmani et al., 2018; Lumban Gaol & Stevanus, 2019).

Comprehensive sex education has accurate information. This program can prevent the sexual

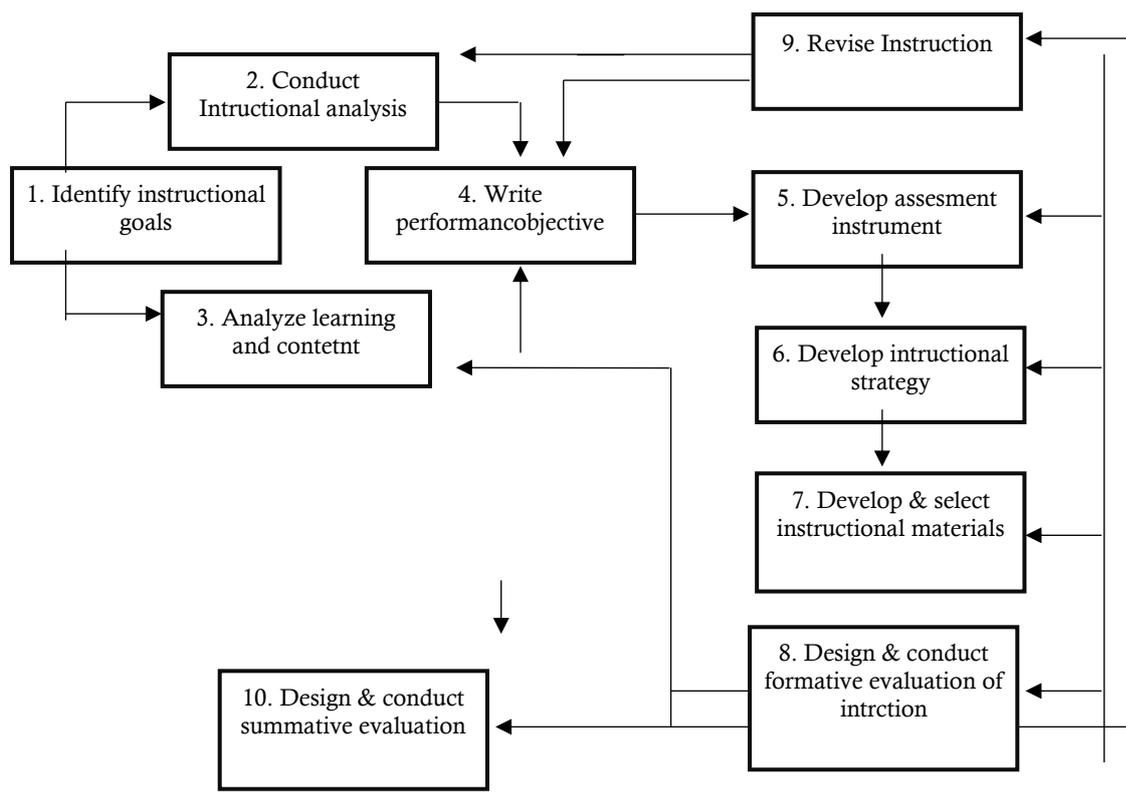
crimes and develop sexual health to students (Braeken & Cardinal, 2008; Breuner & Mattson, 2016; Çuhadaroglu, 2017; Justicia, 2017). Sexuality education in schools should not be separated from the curriculum. Because play of role to professionalism of teachers and prevents sexual harassment in schools (Goldman, 2010; Kamuren et al., 2017; Wood & Rolleri, 2014; Walsh et al., 2019).

School-based sex education is an effective strategy that can help prevent HIV risk, develop identity and correct misunderstandings. The material should relate to society and culture (Francis, 2010; Fønner et al., 2014; Unis & Sällström, 2020). School based sex education can help women maintain sexual health, help men build good relationships. Students have a good attitude to sexuality health and will not be tormented because by it (Borkar, Patil, & Meshram, 2015) (Gegenfurtner & Gebhardt, 2017) (Acharya, Thomas, & Cann, 2018) (Joy, 2018). A rights-based sexual education curriculum will increase students' awareness of health care. Adolescents should be involved in discussing sexuality topics to dispel myths and build skills to make informed decisions (Rohrbach et al.; 2015 & Macintyre et al.; 2015).

Based on the data and results of previous studies, adolescents have many sexual problems in their growth period. Efforts that can be made are to provide comprehensive sexual education. The establishment of the 2013 curriculum as the basis of education in Indonesia, so this program must refer to that rule.

## **METHODS**

The method is research and development (R & D). Research and development aims to validate or produce new products (Sukmadinata, 2009, Arifin, 2014, and Sugiyono, 2016). This research and development strategy is Borg and Gall designs 2007.



Picture 1. Research and development steps Borg and Gall (2007)

## RESULTS AND DISCUSSION

### 1. Study of Sexual Education Curriculum in Senior High School at Semarang City

The direction and purpose of this study were determined by means of a preliminary study on the implementation of the 2013 curriculum in Semarang City Senior High School. Field Study to The Education and Culture Office of Central Java Province, The Indonesian Family Planning Social Unity Agency in Central Java, The Indonesian National Population and Family Planning Agency and senior high school 6 Semarang City. First, conducting observations and interviews with the Department of Education and Culture of Central Java Province, the results: There are no curriculum documents and the implementation of sex education, but several schools independently conduct seminars for students and teachers. This program works in collaboration with health centre, the police and the Indonesian Family Planning Agency with material on reproductive health, juvenile delinquency, drugs, pregnancy and early marriage. The Central Java Provincial Education

Office provides information about schools that implement Population Alert Schools at senior high school 6 Semarang City.

The next research at senior high school 6 Semarang City. The result, the institution implemented a Population Alert School which integrated into the Geography Education course. This program is a collaboration the school and the Indonesian National Population and Family Planning. Controlling population density in Indonesia is the focus. In its application nothing has changed in the Learning Implementation Plan or Syllabus. In the program there is a hidden curriculum about population density and how to anticipate. Student assignments are posted in every corner of the school.

The next study is a field study to the The Indonesian National Population and Family Planning Agency that result: there are structured programs outside of school related to family welfare. The program to increase knowledge, attitudes and skills of parents in educating their children. This program has a guidance module with material adolescent growth, maintaining

reproductive health, nutrition and marriage preparation.

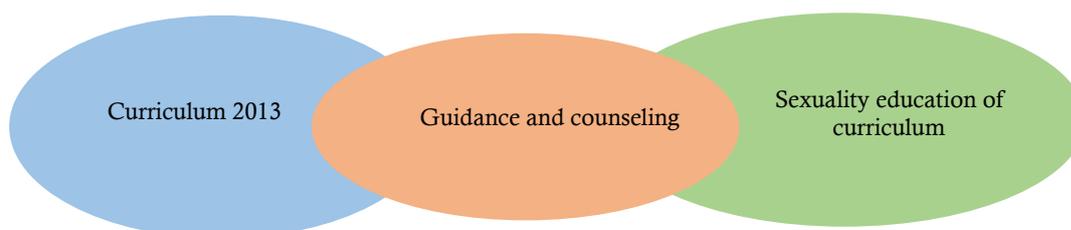
Other data collection was carried out at The Indonesian Family Planning Social Unity Agency in Central Java. Result: there are sex education in many junior and senior high school. This program is only limited to training for teachers and students who are delegated from schools to participate. however, this program still has time constraints and is not comprehensive. rely solely on reports from students as feedback.

There is no high school-based sex education in Indonesia, because there is no government regulation. From this information, field studies and literature studies were carried out to determine the direction of the research and analyzed. Based on field studies and literature studies, it can be concluded, the absence of a sexual education curriculum document in schools

is something that must be created to be able to carry out sexual education.

## 2. Development of Sexual Education Curriculum for High School

The sexual education designed to be integrated into the 2013 curriculum. Because the Indonesian education system applies rules from elementary education to higher education. In the senior high school there is an orientation and counselling program to facilitate the development of students to achieve independence in their lives which is explained in the Regulation of the Minister of the Republic of Indonesia Number 111 of 2014. The basis of program planning that is integrated in the 2013 program through orientation and counseling can be clarified by the following picture:



Picture 2. Integration of the Sexual Education Curriculum

The development of the sexuality education curriculum for high school students is oriented to the needs of students by adopting the Tyler model which includes four components, that is: (1) set goals, (2) define the learning experience, (3) organize learning experience, (4) evaluation.

The Tyler design for developing sexuality education curriculum is corresponding to research design and development of the Borg and Gall model: first and fourth step Borg and Gall related to 1st Tyler model, the setting goals research and curriculum. Sixth, seven and eighth Borg and Gall related with 3-4 step Tyler model, same to setting materials and strategy. Fifth and ninth Borg and Gall same with last step Tyler model For evaluation developing.

### A. Designing Curriculum Objectives

Giving knowledge and increase sexual health to students is purpose sexual education curriculum based-school. The hope in this program can make good decisions and become healthy student. Goals setting to sex education curriculum design from 4 foundations:

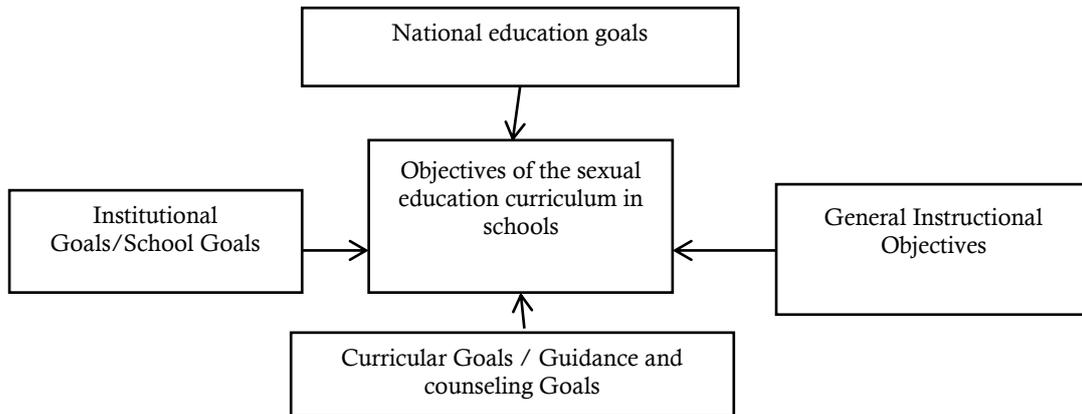
1. The purpose of Indonesian education: Develop abilities and build character with the aim of educating the nation's life, then become good people and believe to God.
2. The institutional goals or vision of senior high school 6 Semarang is become a superior school achievement, have a noble character, and environment friendly.
3. Curricular goals: based on the Regulation of the Minister of Education and Culture of the Republic of Indonesia No. 111 of 2014 Guidance and Counseling in schools has a goal, to help counselees achieve optimal development and

complete independence in personal, learning, social and career aspects.

4. Instructional goals: According to John Dewey education are a process of forming fundamental intellectual skills towards nature and fellow human beings. The main learning objective is to

equip children and youth with the knowledge, attitudes and skills that will empower them to realize their health, well-being and dignity (Unesco, 2018).

It can be understood by the following picture:



Picture 3. Formulation of Sexual Education Goals

The goals concept must be direction so that it can be determined what things must be achieved and for controlling the quality of learning. The concept of sex education goals is an important component of curriculum development.

**B. Define learning experience**

The content and materials of the sexuality education program are based on preliminary studies, including fieldwork and literary studies. Structure The content of this program is divided into four components. Broadly speaking, the contents of the material can be seen in the following table:

| No | Content                            | Materials  |
|----|------------------------------------|--|
| 1  | Reproductive healthy               | Knowledge of adolescents development and growth<br>Konwledge of how to maintain health of reproductive organs  |
| 2  | Adolescentns romantic relationship | Knowledge of relationship to adolescents<br>Knowledge of the impact of bad relationship<br>Understanding attitudes in the relationship to adolescents                |
| 3  | Violence and sexual harassment     | Knowledge of types sexual harassment and violence<br>Undersntanding the impact of sexual harassment and violence<br>Attitudes towards sexual harassment and violence |
| 4  | Infectious diseases (HIV & AIDS)   | Knowledge about infectious diseases HIV  |

Table 1. Description of the Contents of the Sexual Education Curriculum

### C. Organize Learning Experience

Curriculum materials are content must be understood by students to achieve curriculum goals and must be based on the level of student. A student who is able to face a problem means he

has experience in the problem, so this experience can be used as the basis for determining the material. Organizing learning experiences can be explained as follows:

| No | Competence   | Indicator  |
|----|--|--|
| 1  | Knowledge of adolescents development and growth                | Students can understand the development and growth that occurs in themselves   |
|    | Knowledge of how to maintain the health of reproductive organs | Students can know how to maintain and care for their reproductive organs   |
|    | Knowledge adolescents relationship                             | Students can find out healthy behavior in relationships between teenagers, both friendships and romantic relationships |
| 2  | Knowledge of the impact of bad relationship                    | Students can know the relationship is not good   |
|    | Understanding attitudes in relationship to adolescents         | Students can make good decisions in their friendship and romantic relationships  |
|    | Knowledge of types of acts the sexual harassment and violence  | Students can identify sexual harassment and violence   |
| 3  | Undersstanding the impact of sexual harassment and violence    | Students can find out the impact of sexual harassment and violence behavior  |
|    | Attitudes towards secxual harassment and violence              | Students can determine attitudes towards the types of acts of sexual harassment and violence                           |
|    | Knowledge of sexually transmitted diseases HIV/AIDS            | Students can find out about the infectious disease HIV and AIDS  |
| 4  |  | Students can identify the transmission of HIV and AIDS   |

**Table 2.** Organizing learning experiences

### D. Evaluation of Sexually Education Curriculum

There are two aspects that need to be considered in the evaluation: First, the evaluation must assess whether there has been a change in student behavior. Second, the evaluation must use more than one assessment tool at a time. Assessment should compare student changes before and after getting the program.

The evaluation of the knowledge aspect is designed with true-false questions, to measure students' understanding of the program material. The next step is attitude evaluation, to measure changes in student behavior and perceptions. evaluation of this aspect is based on the principles of guidance and counseling. Finally, program evaluation, to measure how the program is currently being implementation.

### 3. Validity of Sexual Education Curriculum

The validity of the sex education curriculum products by 3 curriculum experts, to assess the overall and completeness of the curriculum components. The quality of the material by 1 counseling expert, to assess the correctness of the material and the correctness of the principles in the sex education curriculum. The ease of use of sex education curriculum products by 1 teacher from 6 high schools in Semarang. The results of the validation by several experts and teachers on the sex education curriculum received the predicate worth it for learning in class.

### 4. Effectiveness of Sexually Education Curriculum

In this study, a one-group pretest-posttest design was carried out for a trial in social science class 3, senior school 6, Semarang city. The results of the pretest showed that the average score of the 33 students who did the work was 75.45/100 points, then increased to the posttest average score of 85.15/100 points. Comparing the results of the pretest and posttest, it can be said that sexual education is effective in increasing students' knowledge. Evaluation of changes in behavior is measured using a questionnaire, according to the principles of guidance and counseling. The results: (1) the students feel they have gained new knowledge and their attitude is open to this program, (2) the average student can overcome anxiety and worries after getting this program, (3) the students get a positive perception of sexuality, (4) students want a healthier life. The last evaluation to about program implementation in class. Overall program success to implementation on learning. The teacher feel easy to using curriculum sex education for teach in class.

### Discussion

Four important componen in sex education curriculum is developing. Must be four componen in the curriculum, this is goals componen, materials, strategy and evaluation, this related with Sanjaya (2011).

Developing of sex education curriculum based scholl refer to Indonesian education golas. Thera are crelating with Andini (2018), s the curriculum development should refer to national standards in order to realize national education goals.

Curriculum development are influencing of education quality, then become curriculum a part important (Purwadhi, 2019). The learning effectiveness certainly cannot be separated from a good program, the success of an apprenticeship still has implications for the program and its instructions. To improve the quality of education, one of the most important things is the curriculum (Ulla & Winitkun, 2017). Sexual education curriculum developed based on the needs of students (Huda, 2017). The curriculum as an educational substance must be adapted to the needs of students (Hidayani, 2017). All the theory support to developing curriculum in school.

A teach having sex to student about sexuality education, this is wrong perception. The main thing is to provide correct knowledge related to sexuality. sexuality is really how to be a real man and woman, if we give the impression to children that sexuality is bad then we risk letting them believe there is something wrong with them (Chalke, 2007). The results of the trial of the sexual education curriculum in high school can increase knowledge, the is line with opinion (Acharya et al., 2017, Gegenfurtner & Gebhardt, 2017) is students have a positive attitude towards sexual education materials.

The preliminary study is important in this research. sex education is needed in school, because learning about sexuality is limited and less specific (Talib et al, 2012). This is same with condition of the Semarang city, not yet have a structured curriculum document and sexual education program in its implementation. Time and curriculum design that are not comprehensive are the main obstacles to the implementation of sexual education in high school semarang city.

The something new for this reserah, because nothing document and implementation sex education in high school semarang city. Can

see the past and from previous studi or data, many problems in adolescents in growth period. There is no denying that in the minds of students there are negative thoughts related to sexuality, from what they feel and see from the events experienced by the people around them.

Sex education based-school curriculum is a way for students to run from bad perception and many issues in adolescents growth period. The method and accurate theory then following step can become inovation in education.

## CONCLUSION

The implementation of sex education in senior high Semarang city not maximal, because there is nothing comprehensive curriculum and not complete curriculum. The accurate method and theory following by step can be developing sexuality education curriculum with materials is related in student's life and aswer false issue about sexuality.

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