

Enhancement of Assertiveness in Female Adolescents with SEA (Self Efficacy to Assertiveness) Card to Prevent Pre-Marital Sexual Behavior

Siti Maimunah

Psychology Faculty, Muhammadiyah University of Malang, Indonesia

Abstract: *Sexual development requires adolescents to be able to act positively associated with skills in controlling sexual desires and managing the consequences of sexual behavior. However, women tend to become victims of sexual abuse because of a weak personality characterized by an inability to be assertive. The objective of this research is to know whether SEA card method is effective to increase assertiveness and reduce sexual behaviors among female adolescents. The subjects are 15-20 year old female adolescents. Research design employed in this study is one-group pretest-posttest design. Materials used in this research are training module, a set of tools consisting of play board, dice, pawn and SEA card. Data were collected through assertiveness and sexual behavior scales. Analysis showed that the mean scores of assertiveness difference between the condition before and after treatment were 70.74 and 74.32. As for the sexual behavior of the subjects it is showed that the mean score is 55.36 and 48.77. This indicates that psychoeducation and training using SEA card are effective to reduce premarital sexual behavior and to increase female adolescent assertiveness.*

Keywords: assertive, enhancement, female adolescent, pre-marital sex behavior, SEA Card

1. Background

By the time we reach adolescence, it is an important consideration to think about sexual development and sexual healthy. Sexual development is characterized by skills to control feelings of sexual desire and manage the consequences of sexual behavior and the new sexual development (Rickert, Sanghvi and Wiemann 2002). However, there are so many adolescents unable to control sexual desire, so they are trapped in premarital sexual behavior.

Research in Malang, Manado and Bali indicated that 26% to 29% of young people aged from 20 to 24 years were sexually active (Taufik and Rachmah 2005). Data from the survey of adolescent reproductive health program from the Indonesian Population and Family Information Network (BKKBN) showed that 5912 women aged 15-19 years at the national level showed that 6578, or 3.7% men in the same ages had sexual intercourses (Wirdhana, 2012). This condition becomes a major concern for all parties, so that immediate prevention is salient to prevent unintended diseases and their adolescents who have sexual intercourse early indicates as a person with weak personality. Weak personality is portrayed as the one who resists to stress and stressors, shows low self-esteem, is unable to express personality power, is uneasy to receive feedback and critics, is disrespectful, is unable to control emotions and tends to be aggressive, and fails to manage problems and conflicts well. Weak personality is closely related to inability among adolescents to be assertive.

Assertiveness is the quality of being confident to stand on its own, able to communicate thoughts, feelings, and emotions without letting others get their own liberty. Assertiveness is definitively apart from aggressiveness as Williams (2000)

believes that to be an assertive doesn't need physical power or being extremely tempered. Yet, assertive people are mostly willing to defend themselves to protect their rights by stating clearly what they want.

Immaturities of female adolescents have challenged them to be an assertive and vulnerable personality to have sex. Rickert et al (2002) mentions that around 20% of women are failed to make right decisions about the use of contraception and to be afraid of telling their unwillingness though most of their partners just think about their sexual desire. These vulnerable female also failed to convince their partners that they want to make love in different ways, or even telling their partners of being over masochist, stopping foreplay including telling their sexual peak. Another research by East and Adams (2002) revealed those young females, who are sexually active, failed to communicate their sexual rights and sexual activities with their partners. As a result, sexual intercourse is only a dominant desire of male partner.

Based on the description above, it is believed to have youth especially female adolescent potential information about the importance of assertiveness to avoid premarital sexual behavior. There are several treatments that are often carried out to improve the assertiveness in adolescents. The writer put her interests on how to give psycho-education and training with SEA card method to increase assertiveness in female adolescent.

The writer believes that sexual assertiveness is able to acknowledge sexual partner about wants and needs with positively sharing to achieve the purpose of sexual acts. Traditionally, initiative efforts to start sexual activity come from male who actively stimulate women to response (Morokoff, 1990; Muehlenhard & McCoy, 1991 in Morokoff, et al., 1997). Responding sexual acts from men,

Volume 6 Issue 8, August 2017

www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

women need assertive behavior to justify what they want and they don't. Most women actually do not really want to engage into premarital sexual behavior, yet they feel intimidated to express their wishes and trapped into their sexual partners' desire.

2. Research Design

This study applied *one-group pretest-posttest design with pretest* as the instrument taken from the prior construction results. After finishing pretest (O1), two designs of treatment (X), which was in form of sheet, were applied; they were psycho-education and EDA card training. Respondents were asked to do pretest before getting treatment (X). The material given to subject is about the dangers and negative effects of free sex. At this stage they watched two short movies then received explanation before, and ended with brainstorming. Afterwards, the respondents came to the last session of the training by using the EDA card game. At this game the subject must follow all of the rules that have been set. A week after training, subjects were given posttest (O2) to see the results.

This research used three stages in the implementation process, they were preparation, execution, and data analysis. In the preparation stage, the researcher set materials to be used in intervention process; the material used in this research was a training module. The researcher also prepared a set of tools that consist of board games, dice, pawns and EDA cards.

Modules are designed based on assertiveness aspects by Townend and Rakos (1991). The module content consists of 1) the ability to give and receive criticism or praise from others, 2) the ability to propose and reject the request from others, 3) the ability to initiate, maintain and end a conversation, and 4) the ability to retain personal rights and others. To measure the scale of sexual behavior, the researcher referred to aspects of sexual behavior suggested by Sarwono (2011) such as: 1) kissing, 2) necking, 3) petting, and 4) intercourse.

In the implementation stage, the researcher conducted a pretest to figure out the premarital sexual behavior score and assertiveness score before the treatment stage. A week after the first stage, respondents were given psycho-education and training using EDA card treatment. The goal of promoting psycho education to young female adolescent is to inform them how danger premarital sexual is. After the psycho education session, the respondents were trained assertive training using a set of provided materials and ended up with post-test to determine both test score.

After completing post test session, in the data analysis quantitative methods were employed. The researcher used a paired sample t-test and SPSS 21.0. The Paired sample t-test was used to compare the different scored between assertiveness and premarital sexual behavior of adolescent women before and after treatment. Decision making is used if the probability value (p) is less than 0.05 and there was a significant difference or vice versa.

3. Findings and Discussion

It could be proved that the assertiveness mean score of subject before treatment was 70.74 and after treatment was 74.32. The correlation between the two variables was 0.722 with 0,000 probability. In addition the *t* score indicated 9.638 with 0,000 probability. It proved that there was a significant difference between before and after trainings. It is presented in Table 1:

Table 1: Statistical Description of Assertiveness Score

	Mean	N	Std Deviation	Std Error Mean	Correlation	Sig
Pretest	70,747	83	4,52592	0,49678	0,722	0,000
Posttest	74,3253	83	4,5535	0,49981		

In addition, the sexual behavior score of the subjects showed an mean score of 55.3614 and 48,7711 before and after being treated, respectively. The correlation between the two variables was 0.849 with 0,000 probability and *t* score was 11.225 with 0,000. It indicated that there were significant differences in sexual behavior before and after training, as presented in Table 2

Table 2: Statistics Descripton of Premarital Sex Behavior

Mean	N	Std Deviation	Std Error Mean	Correalation	Sig
55,3614	83	10,12914	1,11182	0,849	0,000
48,7711	83	8,50011	0,93301		

The analysis of frequency of assertive behavior has resulted in three categories of assertiveness behaviour, there were 16 respondents reaching high score, 58 respondents, medium score and 9 respondents, low score. Yet, after the training session, it was showed that high scores were reached by 30 respondents, medium scores, 42 and low score, 1 respondent. This could be concluded that the training using an EDA card (for assertive self-expression) was effective to improve assertiveness for female adolescent.

4. Discussion

Cognitively, assertiveness is the quality of self defense to protect personal rights from others. Assertiveness is also seen as an effort to achieve emotional freedom for self control to be fun and free for any individuals who are able to respond any attitudes genuinely. Also, assertive individuals will be a bright mind to give love and affection for their mates positively. Indicating assertive individuals is by observing their attitudes toward their ability to manage their self defense responses when they are treated unfairly by others or their society.

Assertiveness training is one of techniques in treating behavioral disorders in which the clients are instructed, directed, trained, and guided to be assertive to cope with any uncomfortable situation. Assertiveness training is a systematic summary of skills, rules, concepts or attitudes that can train an individuals' ability to express their thoughts, feelings, desires and needs confidently, so that they will be succeed in building good relationship with the social environment (Sunardi,2010). The training is aimed to generate strong self-esteem that assertiveness can be trained

and developed to express the right words in any situations. In addition, they will also be trained to have mutual support, to act various situations, and to give feedback from trainers and participants.

Meanwhile, while researcher conducted training using EDA card, similar methods were apply to increase the number of asertiveness respondents. They were trained to have ability to choose the right words for any situations. They were also trained to provide mutual support and praise others respondents as previously mentioned. In addition, the researcher developed a model of EDA card referring to Rakos (1991) concept that providing assertiveness personality is aimed to 1) give and accept criticism or praise of others, 2). be confident to accept and reject some requests, 3). initiate, maintain and end the conversation, 4). defend their personal rights without violating the rights of others, and 5). be able to express feelings of both pleasant and unpleasant responds.

The results of this study showed that there were significant differences in sexual behavior and assertiveness respondents before and after training. This indicated that the treatment was definitely effective in reducing premarital sexual behavior and also increased assertiveness in young women.

It is believed that the decreasing number of premarital sexual behaviors among respondents is because of they have some awareness about the impact caused by such premarital sexual behavior. During this time they only get very little information about the dangers of premarital sex. Through the psycho education method, they would obtain information without being advised or demanded. They gained a deeper understanding because of their awareness and knowledge during the psycho education. It is proved that from the data about the level of sexual behavior, the highest scores were gained by 7 respondents before treatment, the medium score, 39 respondents and low score, 37 respondents Yet, after the treatment there was a declining number at which the highest score remained 1 respondent, the medium and lower score were 22 to 50 respondents, respectively.

The research findings mentioned significantly personality alteration of respondents to be more assertive as the EDA cards asked subjects to practice expressing feelings, communicate or their wants and discomfort as well as practice to retain their personal rights themselves. As many cards being applied in the training session, respondents had enough learning experience to be more assertive, and it was positively impacted on the rising scores of the post test. It is proved that the number of respondents before the training was high, 16 respondents, yet the medium one, 58 respondents and 9 respondents were in bottom score. After the training session was over, 30 respondents were at the top score, 42, at the medium score respondents and 1 at the bottom score. This indicates that training using EDA card is effective in making respondents to be more assertive.

5. Conclusion

Based on the data analysis, it can be concluded that psycho-education and training using EDA card is definitely effective in reducing premarital sexual behavior and increasing young

women assertiveness. The implications of this research are expected to young women to be more assertive, especially when the partners initiate to have sex. The increasing number of assertiveness in young women is expected to prevent the proliferation of premarital sexual behavior in adolescents. This research was only focused on increasing assertiveness towards premarital sexual behavior, so that other researches are expected to explore other aspects that can affect adolescents' assertiveness, like parenting patter, gender, self-esteem, culture, education, religiosity, and environment. More comprehensive time and method in applying the EDA cards and attractive materials are suggested for better improvement.

References

- [1] East and Adams, 2002, *Sexual Assertiveness and Adolescents' Sexual Rights*, *Journal of Perspectives on Sexual and Reproductive Health*, Volume 34, Number 4
- [2] Rickert, V.I., Sanghvi, R. and Wiemann, C.M., 2002, *Is Lack of Sexual Assertiveness Among Adolescent And Young Adult Women a Cause for Concern?*. *Journal of Perspectives on Sexual and Reproductive Health*, volume 34, number 4
- [3] Rakos, Richard F., 1991, *Assertive Behavior Theory, Research, and Training*. New York: Simultameously Published.
- [4] Sunardi, 2010, *Latihan Asertif*, PLB Fakultas Ilmu Pendidikan, UPI
- [5] Taufik dan Rachmah, N, 2005, *Seksualitas remaja: Perbedaan Seksualitas antara Remaja Yang Tidak Melakukan Hubungan Seksual dan Remaja yang Melakukan Hubungan Seksual*. *Jurnal Penelitian Humaniora*, Vol. 6, No. 2, 2005: 115-129.
- [6] Townend, Anni., 1991, *Developing Assertiviness*. London: Routledge.
- [7] Williams. C., 2000, *Being Assertive*, University of Leeds Innovations Ltd (ULIS)
- [8] Wirdhana, I., 2012, *Rencana Aksi Program Genre 2012*, Bina Ketahanan Remaja, BKKB