



EARLY DETECTION OF PSYCHOSEXUAL IN ADOLESCENT

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ABSTRACT

Adolescent psychosexual development is in the genital phase, in this phase there is maturity of sexual function. Adolescence is still learning about exploring new and unfamiliar areas of sexuality, therefore adolescents are vulnerable to the impact of sexual deviations which are included in psychosexual disorders. Early detection is the first step to prevent psychosexual disorders in adolescents. Objective: This research aims to determine the psychosexual conditions that occur in adolescents. This research is a quantitative study employing Univariate data analysis. The study population amounted to 1027 with a sample size of 288 respondents using the Stratified Random Sampling technique. The instrument used is the Bem Sex Inventory (BSRI) to describe gender identity which has been tested for validity and reliability with a Cronbach's alpha of 0.868 and a Likert Scale Instrument to describe sexual orientation which has been tested for validity and reliability with a Cronbach's alpha of 0.702. Data collection techniques were carried out by distributing questionnaires to measure gender identity and sexual orientation. In measuring gender identity, the majority of respondents, 95 people (32.99%) have an androgynous gender identity, 93 respondents (32.29%) have gender undifferentiated, some respondents, 20 male students (6.94%) have masculine and as many as 59 female students (20.49%) have feminine traits, 6 female students (2.08%) have masculine traits and 15 male students (5.21%) have feminine traits. Meanwhile, the results of measuring sexual orientation showed that the majority of students and female students have heterosexual interests, 276 respondents (95.83%) and 12 respondents (4.17%) have non-heterosexual interests. Most respondents have an Androgynous gender identity and a Heterosexual sexual orientation.

Keywords: adolescent; early detection; gender identity; psychosexual; sexual orientation

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INTRODUCTION

Adolescents are individuals aged 10 to 19 years (World Health Organization, 2018). Apart from that, another description related to teenagers is someone in the age range of 10 to 18 years (Kementerian Kesehatan Republik Indonesia, 2014). The population of teenagers throughout the world is 1.2 billion people, this makes teenagers the largest population compared to the rest of the world's population (United Nations Children's, 2019). Basic education data for 2023 until 2024 shows that West Java is in first place with the highest number of students, 9,697,031 students. Sigmund Freud, 1962 said that in psychosexual development, adolescents are in the genital phase, namely the phase of the return of sexual urges to the phallic stage which will influence the maturity of sexuality in adulthood (Arif, 2019). This maturity of sexual function is shown through changes in behavior and body shape (Nadirahilah & Nurdiansyah, 2019). Adolescent sexuality can be caused by internal and external factors. Internal factors include gender, puberty, parental supervision, age, attitudes towards various sexual behaviors and level of knowledge related to reproductive health (Mahmudah et al., 2016). Meanwhile, external factors include the interaction environment,

lack of information related to sex education, lack of openness or communication between parents and children, the orientation of satisfying lust, the amount of curiosity and self-exploitation (Sigalingging & Sianturi, 2019).

Adolescents go through the genital phase by diverting their libido to productive activities by cherishing and loving someone. If this phase is not passed or obstacles occur, there will be fixation or difficulty in undergoing the next phase (Buanasari, 2021). This causes disruption to the psychosexual development of adolescents. This disorder occurs because adolescents are still learning about navigating new and unfamiliar realms of sexuality (Emmerink et al., 2016). Apart from that, genetic factors and psychological factors such as trauma from abuse can cause adolescent psychosexual disorders (Saewyc, 2011). A study conducted by Palareti et al., (2016) explains that hormones can influence psychosexual formation. Psychosexual disorders are deviations in fulfilling sexual needs which are caused by several factors such as psychological, biological, cultural and social factors. According to Hurlock's theory in 1997, the less sympathy from people around them, the greater the adolescent's desire to deviate (Nainggolan & Tambunan, 2013). Psychosexual disorders consist of four, namely sexual dysfunction disorders, gender identity, sexual performance disorders, behavioral and psychological disorders related to sexual orientation and development (Alhamdu, 2015). In adolescents, psychosexual problems that occur can include gender identity disorders and sexual orientation disorders (Zucker & Bradley, 2005). According to theory (Zastrow et al., 2019), psychologically, gender identity and sexual orientation are two important aspects that must be prepared in the adolescent phase.

Gender identity and sexual orientation disorders in adolescents occur due to the identity search phase where adolescents often seek direction of sexual interest which can be influenced by feelings related to gender (Yusuf, 2016). In the problem of gender identity disorders, a person wants to present themselves as the opposite sex, starting with choosing a place to play, how to dress, games or activities and ending with sexual orientation (Afifah, 2022). Homosexuality is classified as a deviant group, meaning a group that deviates from societal norms, and individuals within this group may find it challenging to interact with the broader community due to their behavior (Monica, 2023; Akbar dan Sihabudin 2011). A study conducted by (Theophanco, 2023) explains that teenagers are vulnerable to being affected by sexual deviations such as homosexuality, this is due to problematic factors that occur within teenagers, starting from their development and also the problem of unstable teenage sexuality. Homosexuality is a psychological symptom that exists in certain individuals which must receive treatment and solutions early on, so that this behavior does not have a negative impact on the individual as well as society at large (Zainuri, 2019). Homosexuality and same-sex attraction are often found at the age of 15 years, in the United States found in 20.8% of men and 17.8% of women, in *United Kingdom* it was found in 16.3% of men and 18.6% of women, and in France it was found in 18.5% of men and women (Sell et al., 1995). A survey conducted by the 2014 CIA (Centre Intelligence of Agency) stated that Indonesia was ranked 5th with the largest LGBT (Lesbian, Gay, Bisexual and Transgender) population after China, India, Europe and America. Indonesia itself has a population of 3% LGBT. Therefore, of the 250 million Indonesian people, around 7.5 million are LGBT (Wijaya, 2023).

Adolescents with disorders regarding their gender identity can cause psychological disorders such as stress, anxiety, depression and negative body perceptions (Sari Tri Novita et al., 2020). Adolescents who experience sexual orientation problems will have health impacts in the form of sexually transmitted diseases (Alhamdu, 2015). Data obtained from research

(Inriyana et al., 2021) in Sumedang contained 78 respondents who were infected with HIV/AIDS with MSM (Men like Men) criteria with a minimum age of 19 years. This shows that MSM activities are carried out in adolescence. Efforts to prevent psychosexual disorders in adolescents require concrete strategies that involve various parties, these steps can start with early detection (Azzahroh et al., 2023). With early psychosexual detection, you can avoid and prevent unwanted sexual behavior and can also avoid sexual deviation (Yarza et al., 2019). In general, the aim of early development detection is to screen all populations and identify risky behaviors so that assessments can be carried out to find adolescents who may need more complete and comprehensive intervention (Inggriani et al., 2019).

Based on these problems, researchers conducted a preliminary study on teenagers in junior high schools to find out the phenomenon in the field. A preliminary study was carried out on 2 students of SMPN X, they said that there were those who behaved opposite to their gender, such as men often playing with women or behaving like women, this is also commonplace. They don't know it is gender identity disorder. Researchers also conducted a preliminary study on one of the Guidance Counseling teachers at SMPN X, who had heard of students committing sexual deviations such as dating the same sex. This makes the school worried about the impact that will occur if this is not handled. However, because the student's normal behavior in public did not show any signs of sexual deviation, the school was unable to take further action. Based on the background above, this research aims to measure the number of adolescents experiencing sexual or homosexual deviations in SMPN X. This data is expected to shed light on policies in guiding adolescents back to their rightful sexuality.

METHOD

This research is a quantitative study utilizing Univariate data analysis via SPSS version 16.0. This research has passed the ethical requirements of the Health Research Ethics Commission (KEPK) Faculty of Public Health, Airlangga University with no. 03/EA/KEPK/2024. The research was conducted on X Middle School students aged 12 to 15 years. The population was 1027 people and the research sample was 288 people using sampling techniques stratified Random Sampling. The instruments used are: Bem Sex Inventory (BSRI) to describe gender identity which has been tested for validity and reality with results alpha cronbach's 0.868 and a Likert Scale Instrument to describe sexual orientation which has been tested for validity and reality with results alpha cronbach's 0,702. The data collection procedure carried out was to provide questionnaire sheets to respondents by providing an understanding of the procedures for filling out the questionnaire. After the data was collected the researcher carried out coding to provide a code in the form of a number for each category which is then calculated according to the total score and categorized.

RESULTS

Table 1.
Characteristics of Respondents (n=288)

Respondent Characteristics	f	%
Gender		
Woman	152	52,78
Man	136	47,22
Age		
12 years old	39	13,54
13 years old	90	31,25
14 years	88	30,56
15 years	71	24,65

Based on the table above, it shows that the majority of respondents are women and the age of most is 13 years.

Table 2.
Gender Identity (n=288)

Category	f	%
Masculine	26	9,02
Woman	6	2,08
Man	20	6,94
Female	74	25,70
Woman	59	20,49
Man	15	5,21
Androgyny	95	32,99
Woman	48	16,67
Man	47	16,32
Undifferentiated/not differentiated	93	32,29
Woman	39	13,54
Man	54	18,75

Based on the table above, it shows that the majority of respondents have an androgynous gender identity, 95 people with a percentage of 32.99%.

Table 3.
Sexual Orientation (n=288)

Category	f	%
Heterosexual	276	95,83
Non-Heterosexual Risks	12	4,17

Based on the table above, it shows that the majority of respondents have sexual attraction to the opposite sex or are heterosexual, as many as 276 people with a percentage of 95.83%

DISCUSSION

Individuals are said to be androgynous if their feminine and masculine values are high (Cunningham, 2019). Based on data obtained from research results, it shows that the majority of students and female students have an Androgynous gender identity, 95 students (32.99%). According to Supriyanto, (2005) healthy individuals are individuals who have androgynous characteristics, where they are able to balance masculine and feminine characteristics, which means that a person can show the right attitude in developing their abilities when they encounter a problem (Waldis et al., 2021). This means that students can adjust their roles, whether behaving feminine or masculine, according to the circumstances they face. Androgynous individuals are more flexible and mentally healthier compared to masculine, feminine and undifferentiated individuals (Parashakti, 2018; Sandra Bem). According to research conducted by (Helmreich et al., 1979) that androgynous roles for both male and female genders have pleasant, flexible and highly creative behavior compared to the other three roles.

Meanwhile, undifferentiated gender has the opposite meaning to androgyny, undifferentiated has below average feminine and masculine traits which are associated with low levels of creativity in both men and women. In research conducted by (Stoltzfus et al., 2011) creativity is related to gender roles. Creativity in gender roles can be developed and expressed in sexual attraction. Other research conducted by (Keller et al., 2007) shows that individuals with high creativity regarding sexual interest are likely to be able to adapt better and vice versa for individuals with low creativity. Based on the data obtained, 32.29% of students had an

undifferentiated gender identity. This means that many students are not able to balance their feminine and masculine sides, they are less able to show the right attitude when facing a problem.

Masculine is a form of male structure towards men, likewise feminine is a form of nature to describe the side of women (Demartoto, 2010). From the data obtained, 20 male students (6.94%) had masculine traits and 59 female students (20.49%) had feminine traits, this trait is called Sex-typed. Someone said Sex-typed if men have a high score on masculinity and have a low score on femininity. In women, who have a high score on femininity and have a low score on masculinity (Rachmadi et al., 2018). In research (Waldis et al., 2021) individuals with higher masculine scores show unrestricted sexual expression, while individuals with higher feminine scores show more restricted sexual expression. Other data obtained was that 6 female students (2.08%) had masculine traits and 15 male students (5.21%) had feminine traits, this is called behavior.cross-sextyped. Someone said Cross-sextyped if a man has a high score on femininity and a low score on masculinity. Apart from that, women score high on masculinity and low scores on femininity (Rachmadi et al., 2018). In a prospective behavioral study cross-sextyped from childhood that consistently occurs until adolescence can be at risk of having a non-heterosexual orientation in the future (Waldis et al., 2021).

The presence of Cross-sextyped behavior can indicate that some adolescents experience gender crossing, which can lead to gender identity disorders. Gender identity disorders may occur when someone strongly identifies with a different gender (Sheila, 2011). This means that some respondents feel they do not align with their biological sex. Adolescents who experience gender identity disorders often suffer from anxiety and depression due to the psychological dilemmas they face (Nawangsih, 2017). These gender identity disorders can manifest from early childhood, and parents play a crucial role in their children's gender identity development. According to Indrijati (2017), parents influence the direction of gender development and shape gender-appropriate behavior in children. Furthermore, social interactions play a significant role in gender behavior (Rambe, 2021). The social environment acts as informal education in changing adolescent values and attitudes (Pitoewas, 2018).

Sexual orientation is the direction of a person's erotic and romantic interests, whether the individual is attracted to the same sex, the opposite sex, or both sexes (Jeffrey S. Nevid, 2021). Based on data obtained, the majority of students at SMPN X have sexual attraction to the opposite sex or are heterosexual, as many as 276 students (95.83%). Almost all respondents did not have problems in their psychosexual development. In accordance with theory (Zucker & Bradley, 2005). that one of the factors that disrupts psychosexual development is when there is a disturbance in a teenager's sexual orientation.

However, as many as 12 students (4.17%) have non-heterosexual attractions, which means these students are at risk of having same-sex attractions (homosexual) or being attracted to both sexes (bisexual). Adolescents' sexual development will influence their sexual image in adulthood. This is consistent with research conducted by Rosario et al. (2006), which found that a minority of adolescents who have a non-heterosexual sexual orientation label remain consistent with this label, but some may transition from labeling themselves as bisexual to identifying as gay or lesbian over the years. Only a small percentage of teenagers change their sexual orientation to heterosexual. The existence of non-heterosexual attractions can have a negative impact on teenagers. A study conducted by Becker et al. (2014) found that non-heterosexual adolescents have mental health risks during the transition to adulthood.

During adolescence, there are changes in physical, cognitive, and social development, which are related to adolescents' attitudes and sexual behavior (Batubara, 2016). Curiosity and sexual fantasies cause teenagers to want to engage in many activities related to their sexuality (Wardhani, 2012). The lack of guidance and knowledge regarding this matter can make teenagers vulnerable to experiencing sexual disorders. According to research by Rahma (2018), the better teenagers' knowledge about sex, the better their attitudes towards their sexuality. This becomes one of the factors contributing to the occurrence of gender crossing and attraction beyond the opposite sex in teenagers.

CONCLUSION

Based on the results of research and discussion regarding psychosexual conditions in teenagers at SMPN X, it can be concluded that: first, the most gender identity possessed by respondents is Androgyny with a percentage of 95 people (32.99%), there are also respondents who have a gender identity Undifferentiated/not differentiated as many as 93 people with a percentage of (32.29%). Meanwhile, there were 26 respondents who had a masculine gender identity with a percentage of (9.02%), and 74 people with a feminine gender identity with a percentage of (25.70%). second, almost all respondents are attracted to the opposite sex or are heterosexual, with a percentage of 276 people (95.83%). However, there are 12 respondents who are at risk of being non-heterosexual or attracted to the same sex (homosexual) or not attracted to anyone (bisexual), with a percentage of (4.17%).

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