

Health Promotion Using The Buzz Group Method Against Sexual Deviant Behavior in Adolescents

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Abstract

Objective: The purpose of this study was to evaluate the effectiveness of a health promotion intervention, delivered through the Buzz Group method, in reducing the risk of sexually inappropriate behavior among adolescent participants.

Method: This study adopted a quantitative method with a quasi-experimental framework, specifically utilizing a two-group pre-test and post-test setup. A total of 120 individuals participated, evenly assigned to either the intervention or control group, with 60 members in each. The intervention group engaged in activities based on the Buzz Group technique, implemented across a two-week period. This design enabled the examination of differences in outcomes between the groups before and after the intervention to assess the method's potential impact.

Results: The results showed a significant influence of the Buzz Group method on sexual deviation behavior. A p-value of 0.001 ($p < 0.005$) was obtained through both paired t-test and independent sample t-test analyses, indicating a significant difference between the intervention and control groups. This result suggests that the health promotion intervention had a notable effect on reducing sexual abnormal behaviors in the intervention group.

Conclusion: The results showed a notable positive effect from the intervention, emphasizing the effectiveness of interactive group discussions as a strategy for influencing behavioral change in sexual health education, particularly in addressing and preventing inappropriate sexual behavior among adolescents.

Keywords: Sexual deviation behavior, Buzz group method, Teenagers

INTRODUCTION

Sexual deviance refers to behaviors that are considered atypical or unnatural in terms of sexual activity, often seeking extreme or unorthodox pleasures. From a health perspective, sexual deviance is a concerning issue, particularly when it involves adolescents, as it can lead to psychological distress, social stigma, and potential health risks. The term sexual deviance usually refers to LGBT (lesbian, gay, bisexual, and transgender). The issue of gender bias, which is intertwined with debates surrounding same-sex relationships, has been gaining attention in Indonesia. The debate on whether same-sex marriage should be legalized has sparked controversy, and by the end of 2015, reports emerged of same-sex marriages taking place in

Indonesia, such as in Bali and Boyolali. The increasing visibility of LGBT individuals in Indonesia, particularly in cities like Bandung, where there is an estimated 31,000 gay individuals (Naully, 2019), raises concerns about the growing prevalence of sexual deviance, especially among adolescents. Sexual deviance, particularly behaviors like same-sex relations, can contribute to the spread of sexually transmitted diseases (STDs) such as HIV/AIDS, gonorrhea, and syphilis, highlighting the need for effective health education to address these issues.

Adolescence, typically defined as the period from ages 10 to 19, is a time of significant physical and psychological changes.

Adolescents undergo primary and secondary sexual maturation, as well as emotional and cognitive changes that shape their development into adulthood (Ayu et al., 2020). This stage is especially vulnerable to issues like gender bias and sexual orientation confusion, with many adolescents facing uncertainty about their sexual identity. Previous research indicates that gender bias is particularly prevalent among 15-year-olds, and by the age of 18, some adolescents are still unsure about their sexual orientation (Djameluddin Perawironegoro, 2015). Given these challenges, it is critical to focus on health promotion that addresses sexual deviance and encourages positive sexual behaviors in adolescents.

Health promotion is a structured educational approach designed to enhance individuals' understanding of health-related issues and empower them to take active roles in maintaining their well-being (Notoatmodjo, 2012). Among adolescents, effective health promotion must be tailored to their developmental stage, often requiring innovative, interactive strategies that capture their attention and foster meaningful engagement (WHO, 2018). One such approach is the Buzz Group method, an interactive learning technique where participants are divided into small groups to discuss specific topics. This format encourages open dialogue, active participation, and collaborative learning, making it especially suitable for addressing sensitive subjects like sexual behavior (McCaffery et al., 2017).

The Buzz Group method creates a safe space for adolescents to express their thoughts, question assumptions, and consider diverse viewpoints. Such peer-based discussions help them internalize health messages and reflect more deeply on their attitudes and behaviors (Nirwana, 2020). In the context of sexual health education, this method fosters critical thinking and builds communication skills essential for informed decision-making (Kirby, 2007). Furthermore, interactive approaches like Buzz Groups align with the principles of participatory learning, which has been shown to increase motivation, enhance retention, and support behavior change among youth (Bandura, 2004; Nutbeam, 2000).

Thus, the Buzz Group method represents a promising tool in adolescent health promotion initiatives. In the context of preventing sexual deviance in adolescents, the Buzz Group method can play a crucial role. By fostering an

environment where students can openly discuss and critically evaluate sexual behavior, this method helps to increase awareness and understanding of sexual deviations. It empowers adolescents to make informed decisions about their sexual health and contributes to reducing the risk of engaging in harmful behaviors. By using the Buzz Group method, adolescents can develop a deeper understanding of the consequences of sexual deviance and be better equipped to make healthier choices in the future.

METHODS

Design and Sampling

This study utilized a descriptive quantitative research design with a purposive sampling technique, incorporating a quasi-experimental two-group pre-post design to assess the impact of health promotion interventions. The sample size, calculated using G-Power version 3.1.9.7, ensured sufficient statistical power for the study. Conducted at SMPN 2 Padalarang, the research involved a total of 120 respondents, divided equally into an intervention group (60 respondents) and a control group (60 respondents). The study focused on adolescents aged 10-15 years, a developmental stage particularly sensitive to behavioral and attitudinal changes influenced by educational interventions. Inclusion criteria included students of SMPN 2 Padalarang who were identified as being at risk of sexually deviant behavior, possessed a WhatsApp media account for communication and expressed willingness to participate in the research. Exclusion criteria were applied to students who were on leave or otherwise unavailable during the study period.

Instruments

The study utilized the Adolescent Clinical Behavior Sexual Inventory (ACBSI-S) questionnaire to measure outcomes related to sexually deviant behavior among adolescents. The ACBSI-S is a validated tool designed to assess various dimensions of adolescent sexual behavior, making it suitable for evaluating the impact of health

promotion interventions in this population. By employing this questionnaire, the study ensured a reliable and standardized approach to capturing changes in behavior and attitudes following the intervention, providing robust data to support the findings. The ACSBI has demonstrated high internal consistency, with Cronbach's alpha values generally reported above 0.80 for most subscales.

Data Collection

The procedure in this study began with the completion of administrative preparations, including conducting research tests and obtaining ethical approval. Following this, permission was sought from the school selected as the research site. Once approval was granted, the researcher approached the potential respondents and introduced themselves to establish rapport. If the respondents expressed their willingness to participate in the study, they received an informed consent sheet. The researcher explained the study's purpose, process, and confidentiality aspects to ensure that the participants fully understood their involvement. Upon agreement, the respondents signed the informed consent form, formally indicating their participation in the research. This step ensured that ethical standards were upheld throughout the study process.

Statistical analysis

The data analysis in this study involved both univariate and bivariate approaches. Univariate analysis was used to describe the characteristics of the respondents, including age, gender, and other demographic data. This analysis provided an

overview of the distribution and central tendencies of the variables under study, such as mean, median, and percentage values. Bivariate analysis was conducted to examine the relationship and differences between the intervention and control groups. Statistical tests, such as paired t-tests, were used to assess the pre-and post-intervention scores within each group, while independent t-tests were applied to compare the differences between the groups. The significance level was set at $p < 0.05$, ensuring that the observed effects were statistically meaningful. This comprehensive analysis allowed the study to determine the effectiveness of the buzz group method in influencing adolescent behavior regarding sexual deviance.

Ethical Consideration

The ethics approval for this research was obtained from the Ethics Committee of STIKep PPNI Jawa Barat with the ethical clearance number No. III/029/KEPK-SLE/STIKEP/PPNI/JABAR/I/2024. This ensures that the study adhered to ethical principles, including respect for participants, informed consent, confidentiality, and the minimization of harm. Ethical clearance was a crucial prerequisite before commencing the study, ensuring compliance with established ethical standards in research involving human participants.

RESULTS

Table 1 Demographic Characteristics of Respondents

Variables	Intervention Group (n=60)	Control Group (n=60)
Age (Mean ± SD)		
Min = 13	13.93 ± 0.686	14.28 ± 0.761
Max = 15		
Gender		
Male	23 (38.3%)	29 (40%)
Female	37 (61.7%)	31 (51.7%)
Getting Counseling		
Yes	48 (80%)	24 (40%)
No	12 (20)	36 (60%)
Family Income/ Economy		
Low	2 (3.3%)	1 (1.7%)
Simply	34 (56.7%)	34 (56.7%)

Medium	6 (10%)	13 (21.7%)
Good	18 (30%)	12 (20%)
Status of Residence		
Father	-	4 (6.7%)
Mom	8 (13.3%)	8 (13.3%)
Father and Mother	50 (83.3%)	42 (70%)
Grandfather or Grandmother	2 (3.3%)	6 (10%)
Boarding	-	-

Based on Table 1, the respondents in this study had an average age of 15 years, with the minimum age in both the intervention and control groups being 13 years. In terms of gender, the majority of respondents in the intervention group were female, comprising 61.7%, while in the control group, females made up 51.7%. Regarding prior counseling, 80% of respondents in the intervention group had received counseling, compared to 60% in the control group. Looking at the family economic income, both the intervention and control groups fell under the sufficient income criteria, with 56.7% of respondents in both groups meeting this criterion. Additionally, the respondents' living situation revealed that a higher proportion of respondents in the intervention group lived with both parents (83.3%), compared to 70% in the control group. This data suggests a potential influence of family environment and prior counseling on the outcomes of the study, with the intervention group showing higher rates of receiving counseling and living with both parents.

Table 2 Differences in Sexual Deviance Behavior before and after the intervention

Variables	Pre-test (Mean ± SD)	Post-test (Mean±SD)	T	Mean Differen s	P-value
Total Score					
Control group	59.73 ± 7.130	66.75 ± 6.594	-5.517	-7.017	0.001
Intervention group	62.70 ± 6.786	60.00 ± 5.015	2.247	2.700	0.028
Domain Score					
Sexual interest knowledge					
Control group	20.18 ± 3.022	21.57 ± 2.913	-2.731	-1.383	0.008
Intervention group	21.53 ± 3.270	21.17 ± 2.380	0.651	0.367	0.518
Divergen sexual interest					
Control group	10.62 ± 2.148	12.78 ± 2.009	-5.515	-2.167	0.001
Intervention group	10.12 ± 1.606	10.08 ± 1.690	0.114	0.033	0.910
Sexual risk abuse					
Control group	9.60 ± 1.950	11.28 ± 1.932	-4.548	-1.683	0.001
Intervention group	8.58 ± 1.062	8.57 ± 0.909	0.105	0.017	0.917
Fear					
Control group	12.15 ± 2.345	12.70 ± 1.994	-1.351	0.550	0.182
Intervention group	13.40 ± 2.352	12.32 ± 2.228	2.500	1.083	0.15

Concerns about appearance

Control group	7.18 ± 1.467	8.42 ± 1.778	- 4.443	-1.233	0.001
Intervention group	9.07 ± 1.876	7.87 ± 1.359	4.098	1.200	0.001

Table 2 shows that there is one domain that is not significant and the highest value in the control group and the highest domain in the intervention group is in the domain of concern obtained 1.2 (0.001) p-value and the highest in the control group fear domain obtained -0.55 (0.0.182) p-value. Shows the measurement of sexual deviant behavior in adolescents before and after being given health promotion using the buzz group method in the intervention group decreased from 62.70 (SD = 6.786) to 60.00 (SD = 5.015) with a t-value of 2.247 and a p-value of 0.028. Meanwhile, the control group experienced an increase from 59.73 (SD = 7.130) to 66.75 (SD = 6.594) with a t-value of -5.517 and a p-value of 0.001.

Table 3 Effect of sexual deviance behavior on adolescents before and after intervention (n=12)

Variables	Mean difference	T	Df	95% Confidence		p-value
				Lower	Upper	
Sexual behavior in adolescents	-6.750	-6.311	118	-8.868	-4.632	0.001

Based on table 3 shows the results of health promotion interventions using the buzz group method on sexual behavior with Independent Sample T-Test analysis. A significance value (2-tailed) of 0.001 was obtained, this shows that there is a significant effect of health promotion intervention using the buzz group method on sexual behavior in adolescents. This shows that there is a significant difference after a health promotion intervention using the buzz group method in the intervention group. Calculated from the t value (-6.311) is greater than the t table value (1.981) using a positive one-way test, it can be concluded that H0 is rejected and H1 is accepted.

DISCUSSION

The results of this study indicated that the average age of respondents was 15 years, with a predominance of female participants (61.7%). This demographic trend aligns with the findings of Aryanti (2019), who reported that adolescents between the ages of 10 and 15 experience significant physical and psychological changes related to sexual development. During puberty, hormonal

shifts—particularly increases in estrogen and testosterone—initiate sexual maturation, often marked by emerging interest in romantic and sexual relationships, either with the opposite or same sex. Early attractions typically center on physical appearance but may evolve into more complex emotional and cognitive engagement with sexuality, including curiosity about primary and secondary sexual characteristics.

Aryanti (2021) further asserts that the knowledge adolescents possess about sexual health critically influences their attitudes and decision-making. Limited or inaccurate information may lead to risky behaviors, underscoring the importance of comprehensive, age-appropriate sexual education during this transitional period. Supporting this perspective, Santrock (2018) highlights that adolescence is a critical stage for identity formation, where peer influence and media exposure also significantly shape sexual norms and behaviors. Furthermore, the Ministry of Health of Indonesia (2017) emphasizes that early intervention through health promotion can help adolescents develop

healthy attitudes and prevent deviant sexual behaviors.

In the control group, the highest score was found in the "concern" domain, aligning with Raudhotul's (2020) findings that appearance-related concerns significantly affect adolescents' self-perception. Adolescents, particularly females, tend to be more concerned about physical appearance than males, often influenced by societal ideals of body image. This concern can affect self-esteem and emotional well-being (Tiggemann & Slater, 2014). The internalization of unrealistic beauty standards, reinforced through social media and peer comparisons, further intensifies these concerns (Perloff, 2014). As a result, body image becomes a central aspect of adolescent identity development, influencing mental health outcomes and help-seeking behavior. In the intervention group, the highest value was noted in the "fear" domain. Various factors, such as peer behavior and its impact on thought processes, were identified as contributors to this fear. Additionally, parental factors, such as parenting styles and the degree of parental attention, played a role. This finding aligns with Sasqia's (2021) research, which highlights the influence of parental closeness, lack of parental attention, and inadequate adolescent knowledge about the risks of premarital sexual behavior (Sasqia E. Putri, 2021). The independent sample T-test analysis showed that the average score of the intervention group was significantly higher than that of the control group. The significance value (2-tailed) of 0.001 ($p < 0.05$) indicated a statistically significant effect of the health promotion intervention using the buzz group method on reducing sexual deviant behavior among adolescents. Therefore, the null hypothesis (H_0) was rejected, and the alternative hypothesis (H_1) was accepted. The results demonstrate that health promotion using the buzz group method had a significant positive impact on addressing sexual deviant behavior in adolescents at SMPN 2 Padalarang. These findings are consistent with research by Nirwana (2020), which also concluded that health promotion using the buzz group method effectively increases adolescents' knowledge about sexual deviant behavior. The study demonstrated a notable improvement in

awareness and understanding after receiving health promotion through this method (Nirwana, 2020).

CONCLUSIONS

The results of this study revealed that the majority of respondents were female, highlighting the predominance of women in the sample compared to men. The findings demonstrated that the buzz group method significantly influenced deviant sexual behavior among adolescents, confirming its effectiveness as an educational tool. This method's success underscores its potential to engage adolescents in meaningful discussions, promote knowledge sharing, and foster a deeper understanding of the risks and consequences associated with deviant sexual behavior.

This study provides a valuable reference for future researchers, offering a foundation to build upon by exploring additional variables and expanding the scope of research. Future studies could delve into more detailed aspects of health promotion interventions, such as tailoring the buzz group method to specific age groups, exploring its long-term impact, or examining its effectiveness across diverse cultural and social contexts. By doing so, researchers can further refine and enhance the application of this method in addressing sexual deviant behavior among adolescents, ultimately contributing to more effective educational strategies and improved adolescent health outcomes.

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Conflict of interest

All authors declare no conflict of interest.

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