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Strengthening Adolescent Awareness of Risky Sexual Behavior through Group Guidance Services with Assertive Training Techniques

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Abstract

Risky sexual behavior among Indonesian adolescents continues to increase, posing significant risks to health, educational outcomes, and social stability. Information-based educational approaches are often insufficient because they focus primarily on knowledge delivery, without adequately developing psychosocial skills such as assertiveness in managing peer pressure and in establishing personal boundaries. This study employed a quantitative approach using a single-group interrupted time series design with four baseline measurements to examine the effectiveness of group counseling services based on assertiveness training techniques in improving adolescents' awareness of healthy sexual behavior. Participants consisted of nine 11th-grade students (five females and four males; mean age = 16.8 years) from a public senior high school in Padang, Indonesia. Data were collected using the MESSRA Scale, a 35-item instrument with good internal consistency (Cronbach's $\alpha = 0.87$). Measurements were conducted across eight observation points (O1-O8), including four baseline and four post-intervention assessments. The results showed a significant increase in awareness scores from a mean of 101.72 (moderate category) to 128.69 (high category), with a large effect size ($r = 0.71$). All participants demonstrated improvement, with N-Gain scores categorized as moderate to high. These findings suggest that assertiveness training-based group counseling represents a structured, skill-oriented intervention that can be effectively integrated into school counseling curricula and adolescent reproductive health programs as a preventive strategy.

Keywords: adolescents, assertive training, group counseling, healthy sexual behavior, school counseling.

Article info

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INTRODUCTION

Risky sexual behavior among Indonesian adolescents shows an increasingly alarming trend, with multidimensional impacts on health, education, and social stability. According to data from the Indonesian Ministry of Health, the estimated number of people living with HIV (PLHIV) in Indonesia will reach around 564,000 by 2025, with Indonesia ranking 14th in the world for the number of PLHIV and 9th for new HIV infections (KEMENKES RI, 2025a). As of October 2025, approximately 385,472 people (68%) were aware of their status, and trends show an increase in cases among adolescents, with approximately 3% of detected PLHIV being children and adolescents under the age of 20, as well as a significant increase among those aged 15–19 due to unsafe sexual behavior (KEMENKES RI, 2025b). Additionally, the prevalence of sexually transmitted infections (STIs) such as gonorrhea and syphilis continues to increase among adolescents, contributing to the risk of unwanted pregnancies and long-term health complications. Data from the Ministry of Women's Empowerment and Child Protection and BPS show that the prevalence of child marriage (women aged 20–24 who married before the age of 18) decreased to 6.92% in 2023, exceeding the 2020–2024 RPJMN target of 8.74%, although this figure is still closely related to promiscuity and teenage pregnancy (Ministry of Women's Empowerment and Child Protection, 2024). This phenomenon underscores the urgency of more effective preventive interventions in schools.

Although reproductive health education and sex education have been integrated into various school programs, information-based or purely cognitive approaches often fail to change actual adolescent behavior, especially in complex social situations. These approaches tend to focus on factual knowledge while neglecting psychosocial factors such as peer pressure, emotion regulation, and refusal skills (Purba & Novita, 2022; Safrudin & Wibowo, 2025). The main limitation of the purely cognitive approach is its inability to build practical skills for applying knowledge in real contexts, leaving adolescents vulnerable to external influences despite having adequate information.

From a guidance and counseling perspective, group counseling provides an interactive space where adolescents can practice responses, engage in dialogue with peers, and receive constructive feedback. This approach has preventive and developmental functions that are relevant for strengthening healthy behavior through self-reflection, decision-making exercises, and participatory internalization of values (Chalidaziah et al, 2024; Zaman, 2025). Assertiveness training techniques are designed to help individuals express their needs, feelings, and boundaries clearly and respectfully without violating others' rights, and to strengthen their ability to refuse unhealthy invitations, set personal boundaries, and communicate in healthy ways. In the context of adolescents, this technique is particularly relevant because many risky sexual behaviors arise from peer pressure, fear of social rejection, and low self-confidence to say "no" (Chalidaziah et al., 2024; Safrudin & Wibowo, 2025). Assertiveness training through repeated practice, role-playing, and group feedback has been shown to improve refusal skills, self-control, and self-esteem, which are key components in preventing risky sexual behavior.

Theoretically, this approach is based on Bandura's social learning theory, which emphasizes observation, imitation, and reinforcement through peer models in groups, as well as health behavior prevention models such as the Theory of Planned Behavior (Ajzen, 1991) and the Health Belief Model, which link perceptions of risk, benefits, and self-efficacy to healthy behavior decisions. Assertiveness training strengthens self-efficacy and behavioral control, thereby forming intentions and preventive actions against risky sexual behavior.

Based on a literature review, there have not been many studies in Indonesia that specifically test the effectiveness of skills-based interventions, such as assertiveness training in a group counseling format for adolescent sexual health issues, especially in high school settings (a gap from studies from 2022 to 2025 that focus more on general information or life skills education). This study aims to examine the effectiveness of group counseling services that use assertiveness training techniques in increasing adolescents' awareness of healthy sexual behavior, and to explore its theoretical (the development of a skills-based psychological counseling model) and practical (an intervention model that can be replicated in schools as a preventive strategy) contributions.

This study contributes by employing a more rigorous interrupted time series design with multiple baseline measurements and by offering a structured, assertive training-based group counseling model for adolescent sexual behavior awareness. Assertive training has demonstrated effectiveness in preventing risky sexual behaviors across diverse cultural contexts. In Western settings, such as the United States, programs emphasizing sexual assertiveness have improved decision-making and refusal skills among adolescent girls, with sustained effects observed in follow-up assessments (Widman et al., 2018). In Asian contexts, including Indonesia, cross-sectional studies indicate that favorable assertiveness and refusal skills serve as protective factors against risky sexual behaviors, whereas deficits in these areas are associated with higher vulnerability (Mediawati et al., 2022). However, adaptations of assertive training to structured group counseling formats in Indonesian secondary schools remain underexplored, particularly in collectivist cultural contexts where assertiveness must be balanced with values of social harmony. This study extends Bandura’s (1977) social learning theory by incorporating collective reinforcement mechanisms through peer modeling, group feedback, and shared reflection in a counseling setting, thereby advancing beyond traditional individual-focused modeling. Furthermore, many prior effectiveness studies on assertive training have relied on simple pretest-posttest designs without repeated measures, limiting evidence of baseline stability and the sustainability of long-term effects (Linden, 2017).

The interrupted time-series design employed here, with four pretest points, addresses these methodological shortcomings by confirming the absence of pre-intervention trends and demonstrating intervention-specific changes. Conceptually, assertive training-based group counseling services are designed as a preventive strategy to increase awareness of healthy sexual behavior among adolescents. The relationship between initial conditions, service processes, and expected outcomes is illustrated in Figure 1.

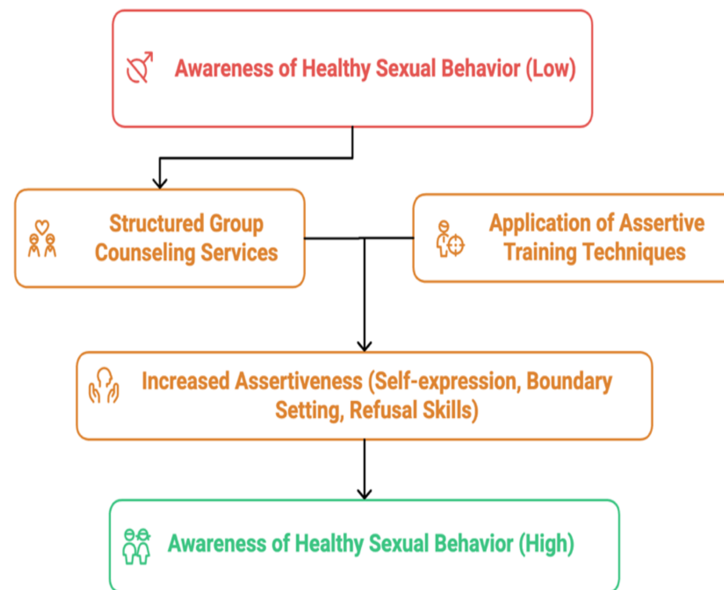

Figure 1. Conceptual Model of Assertive Training-Based Group Counseling Services to Increase Awareness of Healthy Sexual Behavior in Adolescents.

Assertive training-based group counseling services are designed as a preventive effort to increase adolescents' awareness of risky sexual behavior. This approach emphasizes the development of assertive skills so that students can recognize their feelings, set boundaries, refuse unwanted invitations, and make responsible decisions in social relationships (Alberti & Emmons, 2017; East & Adams, 2002).

This service targets 11th-grade high school students who show low awareness of healthy sexual behavior, difficulty maintaining boundaries, and vulnerability to peer pressure, in accordance with the characteristics of identity development and decision-making vulnerability in adolescents (Branje, 2022). The service is delivered through group counseling, with 8–10 students per group to support effective group dynamics (Hartanti, 2022).

The service structure consists of four progressive sessions: the first focuses on emotional awareness and understanding of opposite-sex attraction; the second reinforces skills to refuse unwanted physical contact; the third emphasizes setting and maintaining personal boundaries; the fourth reinforces confidence in facing peer pressure. As an implementation of the conceptual model, the service is structured into four sessions that include objectives, materials, techniques, and service outcomes, as shown in Table 1.

Table 1.
Structure of Assertiveness Training-Based Group Counseling Services to Enhance Awareness of Healthy Sexual Behavior in Adolescents

Session	Objectives	Materials	Techniques	Duration per Activity	Example Role-Play Script	Reflection Questions	Feedback Format	Output
1.	Participants are able to recognize and manage positive feelings in a healthy way as the basis for healthy sexual behavior	Managing Positive Feelings in a Healthy Way	Strategic reasoning, group discussion, identification of personal issues, self-reflection	Discussion: 20 min Identification: 30 min Reflection: 40 min	Friend: "Come on, let's hold hands to show we're close." You: "I appreciate our friendship, but I'm not comfortable with that yet. Let's talk about something else."	How did expressing your feelings change the interaction? What emotions arose when you set a boundary?	Peer-led round-robin: Each member shares one positive observation and one constructive suggestion	Participants understand the relationship between emotions and sexual behavior, are able to express feelings appropriately, and recognize the importance of self-control
2.	Participants are able to demonstrate assertive behavior in refusing unwanted physical contact	Daring to Refuse Unwanted Physical Touch	Role-playing, group feedback, assertiveness exercises	Role-play: 40 min Feedback: 30 min Exercises: 20 min	Partner: "Just a hug, it's no big deal." You: "I respect you, but I need to set my boundariesno hugging for now. Thank you for	What made refusal challenging? How can you apply this skill in real-life situations?	Structured pairs: Observer notes strengths and areas for improvement; group discusses	Participants are able to express refusal firmly and politely, increasing their courage to resist social pressure

					understanding. "			
3.	Participants are able to set healthy boundaries in interactions with the opposite sex	Building Personal Boundaries in Interactions with the Opposite Sex	Discussion of personal values and boundaries, situational role-play, assertive communication exercises	Discussion: 25 min Role-play: 45 min Exercises: 20 min	Partner: "Why don't we go somewhere private?" You: "I'm not ready for that. I value our friendship and want to keep things respectful."	How did stating your boundary make you feel? What helped you stay calm during the role-play?	Group circle: Each participant receives balanced feedback from peers and facilitator	Participants have clear personal boundaries and are able to communicate them assertively
4.	Participants are able to maintain an assertive attitude without fear of being ostracized by their social environment	Confidently Maintaining Attitudes Without Fear of Being Ostracized	Repeated practice exercises, peer pressure simulations, homework assignments, reflection, and follow-up	Simulations: 40 min Reflection & homework: 50 min	Friend: "Everyone is doing it; don't be boring." You: "I understand, but my values are different. I choose not to participate."	How did peer pressure affect you? What strategies will you use to stay assertive in the future?	Facilitator-led summary + individual written reflection shared voluntarily	Participants demonstrate increased self-confidence, consistency in assertive attitudes, and commitment to maintaining healthy sexual behavior

Assertive training techniques are implemented through modeling, role-play, and behavioral rehearsal, which enable students to practice assertive communication directly. This approach is consistent with prior research indicating the effectiveness of assertive training in improving students' communication and self-control skills in high-risk social contexts (Chalidaziah et al., 2024; Ramadhani et al, 2024).

The success of the service is marked by an increase in students' understanding of healthy sexual behavior, assertive communication skills, boundary-setting skills, and commitment to practicing healthy sexual behavior. The service is evaluated through pre- and post-service measurements and students' reflections on changes in attitude and behavior.

METHOD

This study used a one-group time series design (single-group interrupted time series) with repeated measurements: four pretest points before the intervention and four posttest points afterward. This design allows for stable observation of changes without the influence of temporary fluctuations (Fang et al., 2023; Linden, 2017). The selection of this design was based on ethical and practical limitations in the school environment (Chalidaziah et al., 2024; Ramadhani et al., 2024).

The MESSRA Scale underwent a systematic development process, encompassing a thorough literature review, content validation by four experts in guidance and counseling (yielding a Content Validity Index of 0.92), and a pilot test with 25 high school students (resulting in Cronbach's α = 0.84). Construct validity was further assessed through exploratory factor analysis (Zou et al., 2023). The instrument comprises 35 Likert-scale items, with total scores categorised as low (35–69), moderate (70–104), and high (≥105). Participant selection was carried out through a three-stage procedure, as illustrated in Figure 1.

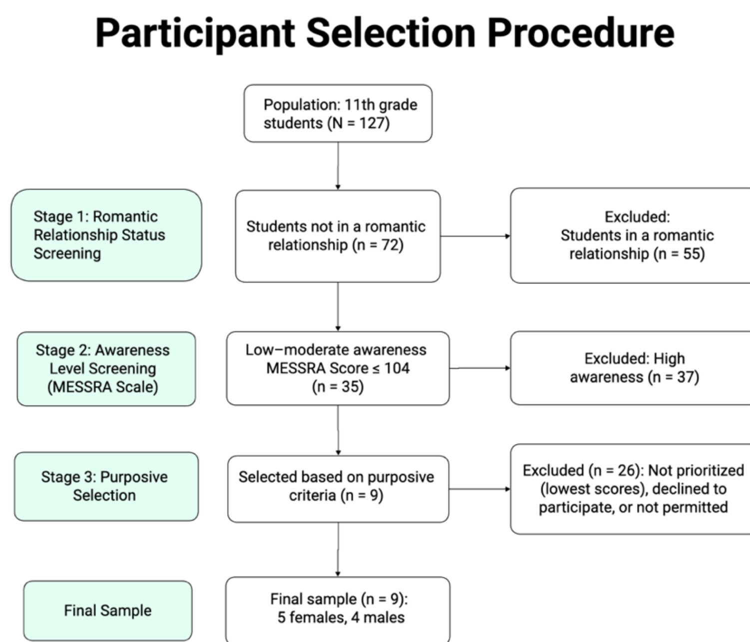

Figure 2. Participant Selection Procedure.

The population of this study consisted of all 11th-grade students in one public senior high school in Padang, West Sumatra (N = 127). In Stage 1, students in a romantic relationship (n = 55) were excluded, leaving 72 students not in a romantic relationship. In Stage 2, awareness screening using the MESSRA Scale was performed on these 72 students, resulting in the exclusion of 20 students with high awareness scores and the selection of 35 students with moderate awareness. In Stage 3, 15 students with the lowest awareness scores were prioritized as potential participants. In Stage 4, final selection was based on the guidance counselor's recommendation and the students' willingness to fully participate in all sessions and measurements. Of the 15 prioritized students, 9 (5 females and 4 males; mean age = 16.8 years) were ultimately selected. Of the 6 students not selected at this stage, 5 were unwilling to participate and 1 was not permitted by their parents, resulting in a final participation rate of 60% among the 15 prioritized students (9/15). Demographic characteristics of participants are presented in Table 2.

Table 2.
Demographic Characteristics of Participants (N = 9)

No.	Initial	Gender	Age (years)	Religion	Socioeconomic status	Access to reproductive health information
1.	BA	Female	16	Christian	Middle	Yes
2.	GKS	Female	17	Islam	Low	Yes
3.	IA	Male	16	Christian	High	No
4.	IAP	Female	16	Christian	Middle	Yes
5.	IP	Female	16	Islam	Low	No
6.	MAQ	Male	17	Islam	Low	No
7.	MK	Male	16	Islam	Middle	Yes
8.	MR	Female	16	Islam	High	Yes
9.	YNA	Female	16	Islam	Middle	Yes

The intervention consisted of four 90-minute group counseling sessions (once per week) using assertive training techniques. The second author facilitated the sessions under the supervision of an experienced lecturer. Sessions followed a structured manual that included discussion, role-playing, feedback, and reflection.

Descriptive analysis was conducted to examine score trends. The Wilcoxon Signed Ranks Test was used because the data were not normally distributed (Shapiro-Wilk $p = 0.032 < 0.05$) and the sample size was small ($n = 9$). Effect size was calculated using $r = |Z| / \sqrt{N}$. The obtained effect size was subsequently used as an input parameter for a post hoc power analysis conducted with G*Power to assess the adequacy of the sample size. N-Gain was calculated using $g = (\text{post} - \text{pre}) / (140 - \text{pre})$, with interpretation criteria of low (<0.30), moderate (0.30–0.69), and high (≥0.70). All analyses were performed using SPSS version 26.

To mitigate threats to internal validity inherent in the single-group interrupted time series design, such as history, maturation, or testing effects, the stability of awareness scores across the four pretest measurements (O_1–O_4) was systematically evaluated, confirming the absence of a pre-existing trend before the intervention. This baseline stability strengthens the inference that observed changes are attributable to the intervention. Given the small sample size ($n = 9$) and non-normal data distribution

(Shapiro-Wilk test, $p = 0.032 < 0.05$), the nonparametric Wilcoxon signed-rank test was selected to compare pretest and posttest means. Although the sample size was relatively small ($n = 9$), it is considered appropriate for an interrupted time series design, which emphasizes the stability and pattern of change across repeated measurements rather than generalization to a larger population.

RESULTS AND DISCUSSION

Results

The results of the study showed a significant increase in adolescents' awareness of healthy sexual behavior following the assertive training-based group counseling intervention. To ensure that changes in awareness scores were attributable to the intervention, baseline stability across the four pre-intervention measurements (O1–O4) was first examined.

Table 3.
Baseline Stability Across Pre-Intervention Measurements (O1–O4)

Awareness Scores	O1	O2	O3	O4
Mean	99,67	100,33	103,22	103,67
Standard Deviation	3,46	2,35	0,97	0,50

Note. A Friedman test was conducted to evaluate baseline stability across the four pre-intervention measurements (O1–O4). The results indicated a statistically significant upward trend ($\chi^2 = 22.378$, $df = 3$, $p < 0.001$). However, the increase during the baseline phase was relatively modest compared to the marked improvement observed immediately after the intervention began (from O4 to O5).

Table 3 presents the mean awareness scores across the four baseline measurements (O1–O4). The results show a gradual increase from 99.67 to 103.67. A Friedman test revealed a statistically significant upward trend during this baseline phase ($\chi^2 = 22.378$, $df = 3$, $p < 0.001$). Although there was a modest increase prior to the intervention, a substantially larger improvement was observed immediately after the intervention began. To further illustrate the pattern of change across time, the mean awareness scores from O1 to O8 are presented in Figure 3.

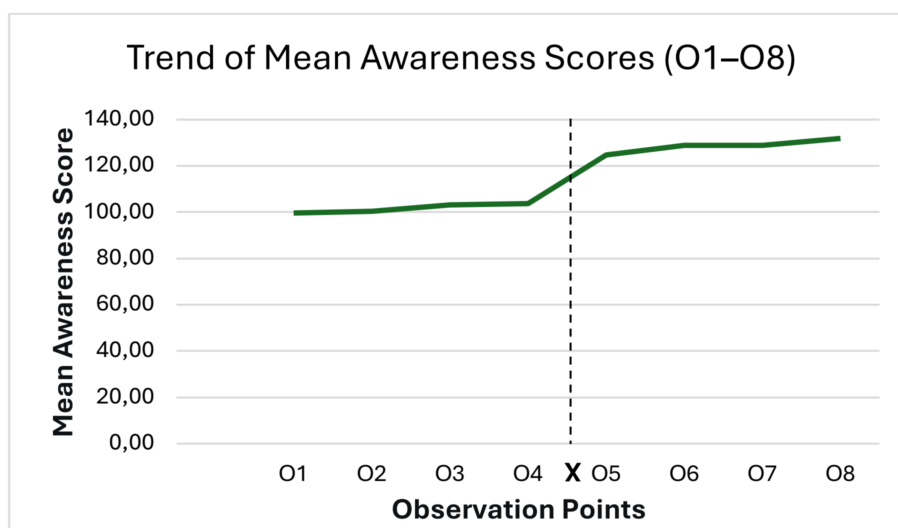

Figure 3. Group Average Graph

Figure 3 illustrates the trend of mean awareness scores across eight observation points (O1–O8). The baseline phase (O1–O4) shows a relatively stable pattern, followed by a marked increase after the intervention was introduced (O5–O8). The most prominent change occurs between O4 (103.67) and O5 (124.89), indicating a clear shift immediately after the intervention. The upward trend continues through O8 (131.89), demonstrating the sustained effect of the intervention.

Descriptive statistics indicated that the mean awareness score rose from 101.72 (SD = 2.45, moderate category) during the pretest phase (average of O1–O4) to 128.69 (SD = 5.12, high category) during the posttest phase (average of O5–O8), with a mean difference of 26.97 points. The Wilcoxon signed-rank test confirmed this difference as statistically significant ($Z = -2.666$, $p = 0.007$), with a large effect size ($r = 0.71$). Table 4 presents a comparison of pretest and posttest mean scores across participants, highlighting individual variations in baseline levels and post-intervention gains.

Table 4.

Comparison of Pretest and Posttest Scores

No.	Name	Pre-Test	Post-Test	Difference
1.	BA	101.75	121.75	20.00
2.	GKS	98.25	128.00	29.75
3.	IA	102.25	140.00	37.75
4.	IAP	102.50	130.50	28.00
5.	IP	100.25	125.75	25.50
6.	MAQ	103.50	134.75	31.25
7.	MK	102.00	122.75	20.75
8.	MR	102.75	125.50	22.75
9.	YNA	102.25	129.25	27.00
Total		915.50	1158.25	242.75
AVERAGE		101.72	128.69	26.97

Table 4 displays the individual mean awareness scores before and after the intervention. All nine participants showed increases in scores, with differences ranging from +20.00 to +37.75 points. The group mean increased from 101.72 to 128.69, reflecting a substantial overall improvement following the assertive training-based group counseling.

Figure 4 illustrates the distribution of pretest and posttest awareness scores through histograms, demonstrating a clear rightward shift in the post-intervention data.

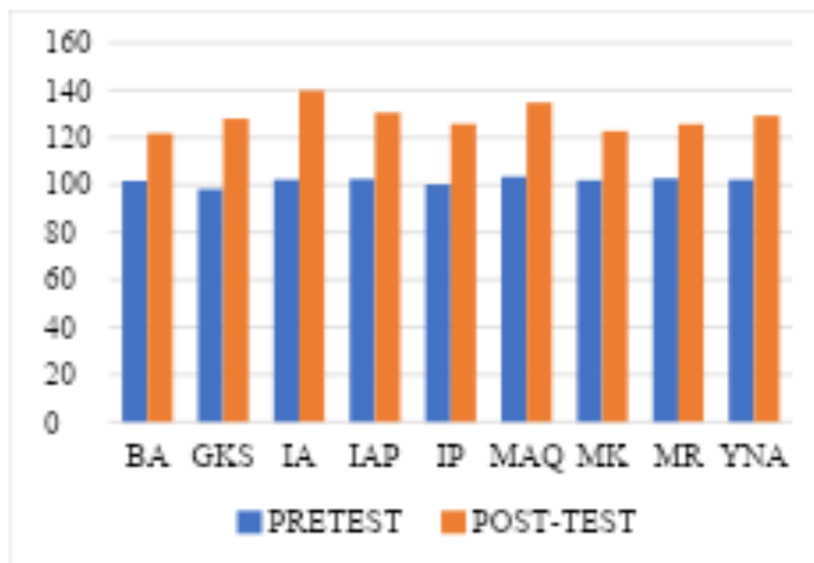

Figure 4. Group Average Graph

Figure 4 presents histograms comparing the distribution of awareness scores before and after the intervention. The posttest distribution shows a clear rightward shift, indicating that the majority of participants moved from the moderate to the high awareness category.

To examine the intervention effects at the individual level, Figure 5 presents spaghetti plots depicting the trajectory of awareness scores for each of the nine participants from O1 to O8. The plots confirm baseline stability during the pretest phase (O1–O4) and consistent upward trends following the intervention, with all participants demonstrating improvement.

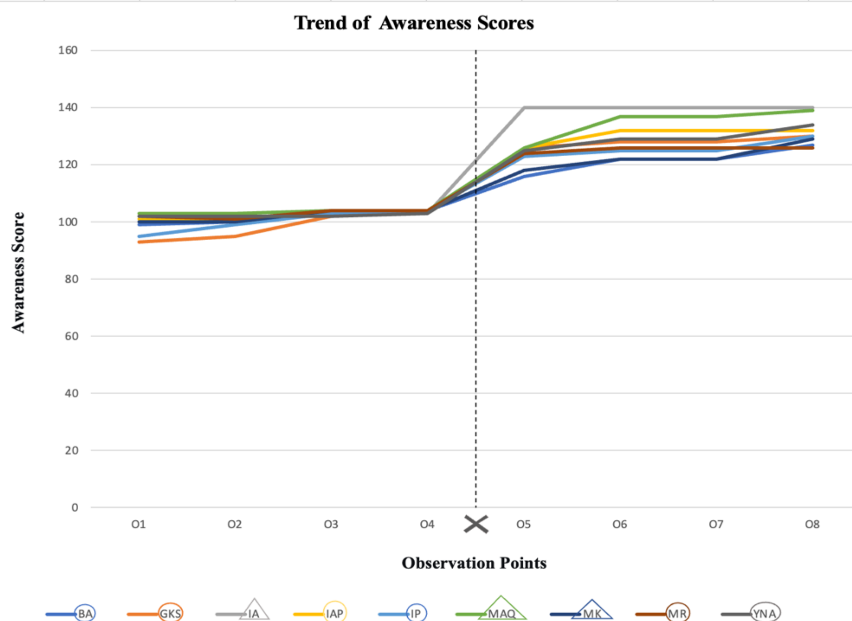

Figure 5. Spaghetti Plots of Individual Awareness Score Trajectories

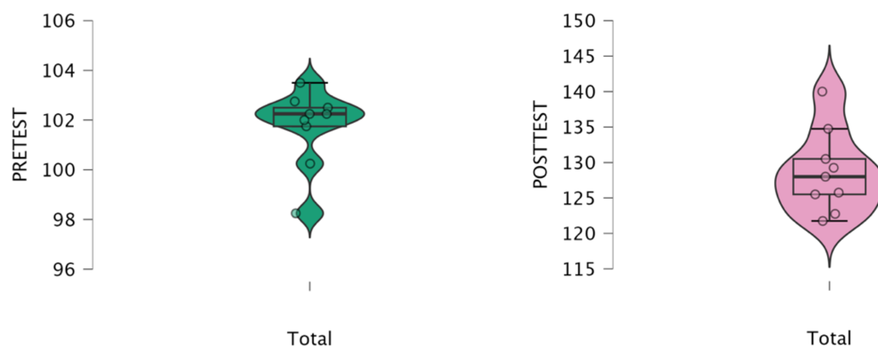

Figure 6. Boxplot Comparison of Pretest and Posttest Awareness Scores

Figure 5 dan 6 illustrates the individual trajectories of awareness scores for each participant, confirming baseline stability and consistent post-intervention improvement across all nine adolescents. To further examine the magnitude and distribution of these changes, Figure 6 presents a boxplot comparison of pretest (average O1–O4) and posttest (average O5–O8) scores. The posttest distribution shows a substantial upward shift, a higher median, and reduced variability, aligning with the large effect size (r = 0.71) and statistical significance (Wilcoxon signed-rank test, p = 0.007). These visual patterns are quantitatively supported by individual N-Gain values in Table 5.

Table 5.
Individual N-Gain Scores and Improvement Categories

No.	Initial	Pretest Mean (O1–O4)	Posttest Mean (O5–O8)	N-Gain (g)	Category
1.	BA	101,75	121,75	0,52	Moderate
2.	GKS	98,25	128,00	0,71	High
3.	IA	102,25	140,00	1,00	High
4.	IAP	102,50	130,50	0,75	High
5.	IP	100,25	125,75	0,64	Moderate
6.	MAQ	103,50	134,75	0,86	High
7.	MK	102,00	122,75	0,55	Moderate
8.	MR	102,75	125,50	0,61	Moderate
9.	YNA	102,25	129,25	0,72	High

Table 5 summarizes individual N-Gain values, calculated as g = (posttest mean – pretest mean) / (140 – pretest mean), along with their corresponding categories (low: <0.30; moderate: 0.30–0.69; high: ≥0.70). The results indicate moderate-to-high gains for all participants, further substantiating the intervention's effectiveness at the individual level.

Table 6.
Comparison of Effect Sizes with Previous Studies

No.	Study	Design	Sample Size	Intervention	Effect Size	Context
1.	Present study	Single-group interrupted time series	9	Assertive training group counseling	r = 0.71 (large)	Indonesian senior high school
2.	Widman et al. (2018)	Randomized controlled trial	97	Online sexual assertiveness program	d = 0.28 – 1.13	Adolescent girls, United States
3.	Mediawati et al. (2022)	Cross-sectional survey	300	Life skills (including assertiveness)	Protective factor (OR = 0.62)	Indonesian adolescents
4.	Chalidaziah et al. (2024)	Pre-experimental (Group counseling)	12	Assertive training	Significant improvement	Victims of sexual abuse, Indonesia

The present study demonstrated a larger effect size (r = 0.71) than several prior interventions, suggesting that the structured group counseling format with assertive training techniques may be particularly effective in the Indonesian senior high school setting.

Discussion

This increase in awareness is inseparable from the characteristics of group counseling, which provides a safe space for adolescents to openly explore their experiences, feelings, and personal values (Martin et al., 2019; Rihana et al, 2025). From a guidance and counseling perspective, groups serve as a medium for interpersonal learning, allowing individuals to obtain social feedback, develop self-understanding, and construct new meanings through interactions with other members (Edwards & Kirven, 2019; Malekoff, 2015; Vysniauskyte-Rimkiene & Matuleviciute, 2016). The process of discussion, reflection, and sharing experiences in groups helps adolescents understand that sexual behavior is not only related to biological urges, but also has emotional, mental, and social implications that need to be carefully considered.

The main contribution of this study lies in the use of assertive training techniques in group counseling services. This technique has been proven to strengthen adolescents' ability to express their thoughts and feelings honestly, firmly, and responsibly without violating the rights of others (Asif & Sarwar, 2021; Jandhyala & Kumar, 2024; Parray et al, 2020). Through assertiveness training, adolescents are taught to recognize social pressure, set personal boundaries, and decline invitations that conflict with their values (Agudín-Colmenares, 2024; Fodor & Collier, 2013; García, 2025). These abilities form an important foundation for building awareness of healthy sexual behavior, as awareness

is not only cognitive but also reflected in the courage to act and make decisions consistent with one's principles.

These findings align with self-awareness and emotion regulation theories, which emphasize that the ability to recognize feelings, manage impulses, and make rational decisions is a prerequisite for healthy behavior in interpersonal relationships (Antonopoulou, 2024; Hadi & Gharaibeh, 2023; Idris, 2023). Adolescents with assertive skills tend to be better able to consider the long-term consequences of sexual behavior and are less susceptible to peer or partner pressure (Couture et al., 2023; Millanzi et al, 2020; Widman et al, 2018). Thus, assertive training serves as a bridge between understanding values and implementing real behavior in daily life.

In collectivist cultures such as Indonesia, assertiveness is frequently negotiated within the framework of social harmony and interdependence, differing from individualistic Western interpretations that emphasize personal autonomy (Widman et al., 2018). The present findings suggest that Indonesian adolescents can develop assertive skills in refusing risky sexual behaviors without compromising relational harmony, as evidenced by the consistent improvements across participants. This cultural adaptation represents a meaningful contribution, distinguishing the intervention from studies conducted in more individualistic contexts.

However, while the MESSRA Scale scores increased significantly, heightened awareness does not necessarily translate into actual behavioral change. The intention-behavior gap theory posits that strong intentions or awareness may fail to predict behavior due to situational barriers, self-regulatory challenges, or external pressures (Sheeran & Webb, 2016). Future research should incorporate longitudinal follow-up designs or direct behavioral observations to assess the transfer of assertiveness skills to real-life sexual decision-making contexts.

With regard to gender, the sample comprised five females and four males. Preliminary inspection of individual trajectories (Figure 5) and N-Gain values (Table 5) suggests slightly higher gains among female participants in some cases, aligning with prior literature indicating that adolescent girls often exhibit greater responsiveness to sexual assertiveness training in health-related contexts (Widman et al., 2018). These patterns underscore the potential value of gender-responsive adaptations in future interventions to address differential socialization influences on assertiveness expression.

From the perspective of guidance and counseling practice, the results of this study have important implications: group guidance services using assertive training techniques can be an effective preventive strategy to increase adolescents' awareness of healthy sexual behavior. This approach is not only informative but also transformative because it touches on the emotional, social, and life skills aspects of adolescents. Although the number of research subjects was relatively limited and the study used a single-group design, these findings still provide empirical contributions to the development of guidance and counseling services in schools and open opportunities for further research with a broader design and larger sample size.

The findings of this study indicate that group counseling services employing assertive training techniques have important implications for school guidance and counseling practices. School counselors can utilize this approach as a preventive strategy to help adolescents increase their awareness of healthy sexual behavior by strengthening their skills in recognizing feelings, setting boundaries, and assertively rejecting social pressure. At the program level, this service is best integrated into structured, sustainable

preventive guidance and counseling programs, supported by standardized, instrument-based assessments such as the MESSRA Scale, to ensure accountability and effectiveness. Additionally, these findings support strengthening education policies that provide space for implementing counseling services focused on life skills development, particularly assertiveness and healthy decision-making, as part of efforts to prevent risky behavior among adolescents in the school environment. Overall, these findings consistently demonstrate that the intervention produced both statistically and practically meaningful improvements in adolescents' awareness of healthy sexual behavior.

This study has several limitations. First, the small sample size (n = 9) and single-group design limit the generalizability of the findings. Second, although baseline measurements were generally stable, minor fluctuations were observed during the pre-intervention phase, suggesting natural variability in participants' awareness levels. Third, the moderate participation rate (approximately 40%) raises the possibility of self-selection bias, as more motivated students may have been more likely to participate. Fourth, the study relied exclusively on self-report measures without long-term behavioral follow-up. Finally, several potential confounding variables, such as socioeconomic status and prior reproductive health education, were not assessed.

From the perspective of guidance and counseling practice, the findings suggest that assertive training-based group counseling may serve as a promising preventive strategy to enhance adolescents' awareness of healthy sexual behavior. This approach extends beyond information delivery by incorporating emotional regulation, social interaction, and interpersonal skill development. School counselors may consider integrating this structured four-session model into preventive guidance programs, supported by standardized instruments such as the MESSRA Scale to facilitate systematic assessment and program evaluation.

CONCLUSION

This study offers a preliminary contribution to preventive counseling by highlighting the potential role of group-based assertive training in promoting adolescents' awareness of healthy sexual behavior. Drawing on principles of Albert Bandura's social learning theory, the findings suggest that peer interaction and group processes may function as a social context for practicing and reinforcing assertive behaviors, particularly within a collectivist cultural setting. The results indicate that assertive training may be effective in increasing awareness levels, although the observed changes should be interpreted cautiously due to the study's methodological limitations. It is possible that factors such as group dynamics, role-play engagement, and facilitation quality contributed to the observed outcomes, but these variables were not directly examined in this study. Future research is recommended to employ more rigorous designs, such as controlled or factorial experiments, to examine potential mediating and moderating variables, extend baseline observations, and explore the applicability of this approach across diverse cultural contexts. In practical terms, the intervention provides a structured and adaptable framework that may be integrated into school-based guidance and counseling programs, particularly in efforts to promote adolescent reproductive health. Despite its limitations, this study contributes to bridging local preventive needs in Indonesia with broader discussions on skills-based approaches in adolescent health promotion.

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