

## Application of Health Belief Model (HBM) With Sexual Behavior in Bandar Lor Mojoroto District Kediri 2022

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### ABSTRACT

Health belief model is a model used to describe an individual's belief in healthy living behavior, so that the individual will carry out health behavior in the form of preventive behavior. This health belief model is often used to predict preventive health behavior. The health belief model is used to predict various health-related behaviors. The main concept of the Health belief model is healthy behavior determined by individuals in Bandar Lor Village, Mojoroto District, Kediri City. This type of research is analytical observational with a cross sectional approach with a sample size of 54 respondents, taken using the Purposive Sampling technique. The data analysis used was univariate, bivariate, univariate analysis and the Chi Square test. The results of this research show that the statistical test results of Perceived Susceptibility ( $p=0.306$ ), Perceived Severity ( $p=0.503$ ), Perceived Benefit of Action ( $p=0.301$ ), Cues to Action ( $p=0.209$ ) have no relationship with sexual behavior. Meanwhile, Self Efficacy ( $p=0.003$ ) has a relationship with sexual behavior. Based on the research results, it can be concluded that the perception related to sexual behavior is Self Efficacy. So it is hoped that teenagers can learn and increase their insight into the impact of sexual behavior so that they can avoid negative sexual behavior.

**Keyword:** Health Belief Model, Sexs Behaviour.

### INTRODUCE

According to the World Health Organization (WHO), adolescents are people aged 10-19 years (WHO, 2015). Mappiare (1982) states that adolescence starts from the age of 13 years to the age of 21 years which is divided into two categories, namely early adolescence aged 13 to 17 years and late adolescence aged 18 to 21 years. Based on the 2012 Indonesian Demographic and Health Survey (SDKI), teenagers are aged 15 to 24 years and are not married. In the adolescent phase, many changes occur, including psychological, biological, spiritual, social and intellectual conditions, and one of these important developmental segments begins with the maturation of the physical or sexual organs so that they are able to reproduce. On the other hand, teenagers also experience very rapid and confusing changes in values (norms), attitudes and behavior regarding sexuality which give rise to various kinds of problems and conflicts, one of which is promiscuity or premarital sex (Susantia & Widyoningsih, 2019). Meanwhile, according to the National Population and Family Planning Agency (BKKBN), the age range for teenagers is 10-24 years and not yet married. This difference in understanding illustrates that there is not yet broad agreement regarding the adolescent age group. However, adolescence is associated with the transition from childhood to adulthood. (Kusumaryani, 2020).

Along with the times and advances in science and technology as well as developments in various regions, teenagers from various remote areas have flocked to the city to receive a college education. Therefore, a temporary place to stay while studying in the city is needed,

which is called a boarding house. Therefore, students tend to choose temporary accommodation or boarding houses that are not supervised by the boarding house owner. Boarding houses that have strict regulations are rarely popular with students. This is what makes boarding house owners choose each boarding house to do whatever they want in that boarding house. And sometimes there are also boarding houses whose owners still impose restrictions on their residents. Boarding houses without boarding house owners are more preferred by students as a temporary place to stay while studying compared to boarding houses with supervision from the boarding house owner for reasons students are not free to do all activities as they wish, compared to boarding houses that have boarding house owners, because they have a sense of ownership. embarrassed, reluctant if his behavior is not in accordance with the boarding house owner. In Indonesia, there are 97% of teenagers who have watched pornographic films, 93.7% have experienced genital stimulation from kissing and oral sex, 62.7% of teenagers admit to having had sexual relations with partners and non-partners and 21.2% of them have have an abortion. Unmarried teenagers aged 15-24 years who had had sexual relations before marriage were 0.9% of women and 8.7% of men in urban areas and 1.0% of women and 7.8% of men in urban areas.

The impact of sexual behavior before marriage makes teenagers very vulnerable to reproductive diseases such as: Sexually Transmitted Infections (STIs) and transmission of HIV and AIDS, unwanted pregnancies, abortion, drug abuse, and psychological disorders that cause decreased self-confidence and stress. , and depression. According to data released by the Ministry of Health of the Republic of Indonesia In 2008, it was stated that in Indonesia there were 15,210 people living with HIV and AIDS and 54% of them were teenagers.

The Health Belief Model (HBM) theory was one of the first models designed to motivate people to take action towards more positive health. The Health Belief Model (HBM) theory emphasizes that individuals actually have a perception of vulnerability to a disease that threatens their health, so they will tend to take actions that can prevent threats and eliminate diseases that might attack them (Bensley, 2008). The Health Belief Model (HBM) theory is used in this research because it is the main concept in taking action to carry out prevention, so it is in accordance with the action to take prevention because of the belief model theory Health is based on the belief that individual behavior is determined by perceptions of vulnerability.

It is generally believed that a person will take action to prevent, reduce and control health problems depending on their health beliefs (Rosenstock, 1974: 34). The Health Belief Model (HBM) theory developed by Becker is used to study a person's behavior regarding disease prevention behavior and compliance (Notoatmojo, 1990: 56). Health beliefs show that a person's behavior is influenced by a person's perceptions which include perceptions of vulnerability, seriousness, obstacles and benefits. The Health Belief Model (HBM) theory is suitable for use in this research because casual sexual behavior is personal and the Health Belief Model (HBM) theory states that a person's behavior is influenced by the individual's own perceptions or beliefs regardless of whether these perceptions are in accordance with reality. Preliminary study data conducted by researchers on January 22 2022 in the Bandar area found that students who boarded in the Bandar Subdistrict location on average lived in mixed boarding houses where there were male and female residents in one boarding house environment, and not all The boarding house owner monitors the boarding house residents at all times. Found as many as 30 boarding house residents living in a boarding house without monitoring from the boarding house owner every day.

Based on the problems that occur in Bandar Village, researchers are interested in conducting further research regarding "Application of the Health Belief Model Theory to the Sexual Behavior of Boarding School Children in Bandar".

Based on the background description above, the problem formulation in this research is to analyze the relationship "Application of the Health Belief Model (HBM) Theory with the Sexual Behavior of Boarding School Children in Bandar Lor, Lor Village, Mojoroto District, Kediri City in 2022".

## METHODS

This type of research is quantitative research using a cross sectional design. The population in this study were all boarding school children in Bandar Lor Village, Mojoroto District, Kediri City aged 19-24 years with a total population of 65 teenagers. The sampling technique in this research is purposive sampling. The data used is primary data obtained from measuring independent variables, namely sexual behavior with a scale nominal using a questionnaire. The Dependent Variable is the Health Belief Model with a nominal scale using a questionnaire. The research was carried out in Bandar Lor Village, Mojoroto District, Kediri City in August 2022. After the data was collected, data processing was carried out using the Editing, Coddling, Scoring and Tabulating stages. Then data analysis was carried out using the Chi-Square statistical test using SPSS to determine whether there was a relationship between the Independent Variable and the Dependent Variable with the degree of significance determined at  $\alpha = 0.05$ , meaning that if the statistical results showed  $p \leq \alpha$ , then there was a significant relationship between the variables.

## RESULT

### A. Analysis Characteristic of Variables

**Table 1. Characteristics of Respondents Based on Gender in Bandar Lor, Kediri City in 2022**

No	Sex Type	n	%
1	Male	21	38,98
2	Female	31	57,41
	Total	54	100

Based on Table 1, it is known that of the 54 respondents, the majority of respondents were female, namely 31 respondents (57.41%), while 31 respondents (57.41%) were male.

**Table 2 Characteristics of Respondents Based on Age in Bandar Lor Subdistrict, Mojoroto District, Kediri City, 2022**

No	Age	n	%
1	19	5	9,26
2	20	7	12,96
3	21	6	11,11
4	22	10	18,52
5	23	12	22,22
6	24	14	25,93
	Total	54	100

Based on Table 2, it is known that of the 54 respondents, the majority of respondents

aged 24 years were 14 respondents (25.93%), aged 23 years were 12 years (22.22%), aged 22 years were 10 respondents (18.52%) , aged 20 years there were 7 respondents (12.96%), aged 21 years there were 6 respondents (11.11%), while aged 19 there were 5 respondents (9.26%).

**Table 3 Level of Behavior in Bandar Lor Subdistrict, Mojoroto District, Kediri City in 2022**

No	Behavior	n	%
1	Negative	4	7,4
2	Positive	50	92,6
	Total	54	100

Based on Table 3, it is known that of the 54 respondents, the majority of respondents with a positive behavior level were 50 respondents (92,6%) while those who had negative behavior were 4 respondents, namely (7.4%).

**Table 4 Perceived Susceptibility or Vulnerability in Bandar Lor Village, Mojoroto District, Kediri City, 2022**

No	<i>Perceived Susceptibility</i>	n	%
1	Less	30	55,6
2	Enough	13	24,1
3	Good	11	20,4
	Total	54	100

Based on Table 4, it is known that of the 54 respondents, the majority of respondents with poor Perceived Susceptibility or Vulnerability were 30 respondents (55.6%), followed by 13 respondents (24.1%) who were good, while 11 respondents were good, namely (20 .4%).

**Table 5 Perceived Severity or Seriousness in Bandar Lor Village, Mojoroto District, Kediri City in 2022**

No	<i>Perceived Severity</i>	n	%
1	Less	14	25.9
2	Enough	26	44.4
3	Good	16	29.6
	Total	54	100

**Tabel 6 *Perceived Benefit of Action* atau Keyakinan akan Mamfaat di Kelurahan Bandar Lor Kecamatan Mojoroto Kota Kediri Tahun 2022**

No	<i>Perceived Benefit of Action</i>	n	%
1	Less	23	42.6
2	Enough	20	37.0
3	Good	11	20.4
	Total	54	100

Based on Table 6, it is known that of the 54 respondents, the majority of respondents with poor Perceived Benefit of Action or Confidence were 23 respondents (42.46%), followed by 20 respondents (37.0%) who were good, while 11 respondents were good. namely (20.4%).

**Table 7 Perceived Barriers to Action or Obstacles in Bandar Lor Village, Mojoroto District, Kediri City, 2022**

No	<i>Perceived Barrier to Action</i>	n	%
1	Less	30	55,6
2	Enough	13	24,1
3	Good	11	20,4
	Total	54	100

Based on Table 7, it is known that of the 54 respondents, the majority of respondents with Perceived Barriers to Action were 30 respondents (55.6%), followed by 13 respondents (24.1%), while 11 respondents were good, namely (20.4%).

**Table 8 Cues to Action or Actions in Bandar Lor Village, Mojoroto District, Kediri City in 2022**

No	<i>Cues to Action</i>	n	%
1	Less	34	63.0
2	Enough	17	31.5
3	Good	3	5.6
	Total	54	100

Based on Table 8, it is known that of the 54 respondents, the majority of respondents with Cues to Action or insufficient action were 32 respondents (63.0%), followed by 17 respondents (31.5%) who were adequate, while 3 respondents were good, namely (5.6%).

**Table 9 Self Efficacy in Bandar Lor Subdistrict, Mojoroto District, Kediri City, 2022**

No	<i>Self Efficacy</i>	n	%
1	Less	10	18.5
2	Enough	18	33.3
3	Good	26	48.1
	Total	54	100

Based on Table 9, it is known that of the 54 respondents, the majority of Self Efficacy or Good Self Efficacy respondents were 26 respondents (48.1%), followed by 18 respondents (33.3%) who were sufficient, while 10 respondents were lacking, namely ( 18.5%).

## B. Bivariate Analysis

**Table 10 Relationship between Perceived Susceptibility and Sexual Behavior in Bandar Lor Village, Mojoroto District, Kediri City, 2022**

Kerentanan	Perilaku	<i>P-Value</i>
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	Negatif		Positif		Total		
	n	%	n	%	n	%	
<b>Kurang</b>	1	1,9	29	53,7	30	55,6	0,306
<b>Cukup</b>	1	1,9	12	22,2	13	24,1	
<b>Baik</b>	2	3,7	9	16,7	11	20,4	
<b>Total</b>	4	7,5	50	92,6	54	100	

Based on table 10, it was found that 29 people (53.7%) had positive sexual behavior and 1 person (1.9%) had negative sexual behavior. There are still respondents who have a low perception of vulnerability as indicated by low answer scores on the questionnaire. Then 13 respondents (24.1%) had positive sexual behavior, 12 people (22.2%) and 1 person (1.9%) had negative sexual behavior. From the data it can be seen that there were 11 respondents with a good perception of vulnerability (20.4%), 9 people had positive sexual behavior (16.7%) and 2 people had negative sexual behavior (3.7%) . The statistical test results of the p value between Perceived Susceptibility and sexual behavior are 0.306 ( $P>0.05$ ) which means that there is no significant relationship between Perceived Susceptibility and sexual behavior.

**Table 11 Relationship between Perceived Severity and Sexual Behavior in Bandar Lor Village, Mojoroto District, Kediri City, 2022**

Keseriusan	Perilaku						P-Value
	Negatif		Positif		Total		
	n	%	n	%	n	%	
Kurang	1	1,9	13	24,1	14	25,9	0,503
Cukup	1	1,9	23	42,6	24	44,4	
Baik	2	3,7	14	25,9	16	29,6	
Total	4	7,4	50	92,6	54	100	

Based on table 11, it was found that 14 people had a low perception of seriousness. There were 13 people (24.1%) who had positive sexual behavior and 1 person (1.9%) had negative sexual behavior. Then there were 24 respondents (44.4%) who had a perception of sufficient seriousness, 23 people (42.6%) had positive sexual behavior and 1 person (1.9%) had negative sexual behavior. From the data it can be seen that there were 16 respondents with a good perception of seriousness (29.6%), 14 people had positive sexual behavior (25.9%) and 2 people had negative sexual behavior (3.7%) . The statistical test results of the p value between Perceived Severity and sexual behavior are 0.503 ( $P> 0.05$ ) which means that there is no significant relationship between Perceived Severity and sexual behavior.

**Table 12 Relationship between Perceived Benefit of Action and Sexual Behavior in Bandar Lor Village, Mojoroto District, Kediri City, 2022**

Keyakinan	Perilaku						<i>P-Value</i>
	Negatif		Positif		Total		
	n	%	n	%	n	%	
<b>Kurang</b>	0	0,0	23	42,6	23	42,6	0.301
<b>Cukup</b>	3	5,6	17	31,5	20	37,0	
<b>Baik</b>	1	1,9	10	18,5	11	20,4	
<b>Total</b>	4	7,5	50	92,6	54	100	

Based on table 12, it was found that 23 people (42.6%) had a low perception of confidence. There were 23 people (42.6%) who had positive sexual behavior and 0 people (0.0%) who had negative sexual behavior. Then there were 20 respondents (47.0%) who had a sufficient perception of confidence, 17 people (31.5%) had positive sexual behavior and 3 people (5.6%) had negative sexual behavior. From the data it can be seen that 11 people (20.4%) had a good perception of confidence, 10 people had positive sexual behavior (18.5%) and 10 people had negative sexual behavior and 1 person (1.9%). Statistical test results of the p value between Perceived Benefit of *Action* and sexual behavior, namely 0.301 ( $P>0.05$ ), which means that there is no significant relationship between Perceived Benefit of Action and sexual behavior.

**Table 13 Relationship between Perceived Barriers to Action and Sexual Behavior in Bandar Lor Village, Mojoroto District, Kediri City, 2022**

Hambatan	Perilaku						<i>p-value</i>
	Negatif		Positif		Total		
	n	%	n	%	n	%	
Kurang	1	1,9	29	53,7	30	55,6	0,209
Cukup	1	1,9	12	22,2	13	24,1	
Baik	2	3,7	9	16,7	11	20,4	
Total	4	7,5	50	92,6	54	100	

Based on table 13, it was found that 30 people (55.6%) had a low perception of obstacles. There were 29 people (53.7%) who had positive sexual behavior and 1 person (1.9%) had negative sexual behavior. Then there were 13 respondents (24.1%) who had low barriers, 12 people (22.2%) had positive sexual behavior and 1 person (1.9%) had negative sexual behavior. From the data it can be seen that respondents with good perception of obstacles were 11 people (20.4%), who has positive sexual behavior as many as 9 people (16.7%) and those who had negative sexual behavior were 2 people (3.7%). The statistical test results of the p value between Perceived Barrier to Action and sexual behavior are 0.306 ( $P>0.05$ ), which means that there is no significant relationship between Perceived Susceptibility and sexual behavior.

**Table 14 Relationship between Perceived Cues to Action and Sexual Behavior in Bandar Lor Village, Mojoroto District, Kediri City, 2022**

Tindakan	Perilaku						<i>p-value</i>
	Negatif		Positif		Total		
	n	%	n	%	n	%	
Kurang	4	7,4	30	55,6	34	63,0	0,095
Cukup	0	0,0	17	31,5	20	31,5	
Baik	0	0,0	3	5,6	3	5,6	
Total	4	7,4	50	92,6	54	100	

Based on table 14, it was found that 34 people (63.0%) had poor perception of action. There were 30 people (55.6%) who had positive sexual behavior and 4 people (7.4%) who had negative sexual behavior. Then there were 20 respondents (31.5%) who had the perception that their actions were sufficient, 20 people (31.5%) had positive sexual behavior and 0 people (0.0%) have negative sexual behavior. From the data it can be seen that 3 people (5.6%) perceived good actions, 3 people (5.6%) had positive sexual behavior and 0 people (0.0%) had negative sexual behavior. . The statistical test results of the p value between Perceived Cues to Action and sexual behavior are 0.095 ( $P>0.05$ ), which means that there is no significant relationship between Perceived Cues to Action and sexual behavior.

**Table 15 Relationship between Self Efficacy and Sexual Behavior in Bandar Lor Village, Mojoroto District, Kediri City, 2022**

Efikasi diri	Perilaku						<i>p-value</i>
	Negatif		Positif		Total		
	n	%	n	%	n	%	
<b>Kurang</b>	3	5,6	7	13,0	10	18,5	0,003
<b>Cukup</b>	1	1,9	17	31,5	18	33,3	
<b>Baik</b>	0	0,0	26	48,1	26	48,1	
<b>Total</b>	4	7,4	50	92,6	54	100	

Based on table 15, it was found that 10 people (18.5%) had a low perception of self-efficacy. There were 7 people (13.0%) who had positive sexual behavior and 3 people (5.6%) who had negative sexual behavior. Then there were 18 respondents (33.3%) who had a sufficient perception of self-efficacy, 17 people (31.5%) had positive sexual behavior and 1 person (1.9%) had negative sexual behavior. From the data it can be seen that there were 26 respondents with good self-efficacy perceptions (48.1%), 26 people (48.1%) had positive behavior and 0 people (0.0%) had negative behavior. The statistical test results of the p value between Self Efficacy and sexual behavior are 0.003 ( $P<0.05$ ) which means that there is a significant relationship between Self Efficacy and sexual behavior.

### Multivariate Analysis

**Table 16 Statistical Test Results of the Application of the Health Belief Model (HBM) Theory with the Sexual Behavior of Boarding School Children in Bandar Lor, Lor Village, Mojoroto District, Kediri City, 2022**

Hasil Uji Statistik	Tingkat Signifikan
<i>Perceived Susceptibility</i>	0,306
<i>Perceived Severity</i>	0,503



<i>Perceived Benefit of Action</i>	0,301
<i>Perceived Barrier to Action</i>	0,209
<i>Coes To Action</i>	0,095
<i>Self Efficacy</i>	0,003

Data Analysis Results Show that:

- 1) The level of vulnerability has a significant level of  $0.306 < \alpha = 0.05$  so that H0 is accepted and H1 is rejected, meaning there is no influence of vulnerability on the sexual behavior of boarding school children in Bandar Lor, Mojoroto District, Kediri City.
- 2) Seriousness level has a significant level of  $0.503 < \alpha = 0.05$  so H0 is accepted and H1 is rejected, meaning there is no influence of seriousness on the sexual behavior of boarding school children in Bandar Lor, Mojoroto District, Kediri City.
- 3) The level of benefit has a significant level of  $0.301 < \alpha = 0.05$  so that H0 is accepted and H1 is rejected, meaning there is no effect of benefit on the sexual behavior of boarding school children in Bandar Lor, Mojoroto District, Kediri City.
- 4) The level of barriers has a significant level of  $0.209 < \alpha = 0.05$  so that H0 is accepted and H1 is rejected, meaning that there is no influence of barriers on the sexual behavior of boarding school children in Bandar Lor, Mojoroto District, Kediri City.
- 5) The level of action has a significant level of  $0.095 < \alpha = 0.05$  so that H0 is accepted and H1 is rejected, meaning there is no effect of action on the sexual behavior of boarding school children in Bandar Lor, Mojoroto District, Kediri City.
- 6) The level of self-efficacy has a significant level of  $0.003 < \alpha = 0.05$  so that H0 is rejected and H1 is accepted, meaning that there is an influence of self-efficacy on the sexual behavior of boarding school children in Bandar Lor, Mojoroto District, Kediri City.

## DISCUSSION

### A. Relationship between Perceived Susceptibility and Sexual Behavior in Bandar Lor Village, Mojoroto District, Kediri City, 2022

Perceived vulnerability is the respondent's level of response or opinion about whether he is vulnerable or not vulnerable to sexual behavior, including perceptions about specific consequences on the risks and conditions that will occur.

Based on research results from 54 respondents, 29 people (53.7%) had positive sexual behavior and 1 person (1.9%) had negative sexual behavior. There are still respondents who have a low perception of vulnerability as indicated by low answer scores on the questionnaire. Then 13 respondents (24.1%) had positive sexual behavior, 12 people (22.2%) and 1 person (1.9%) had negative sexual behavior. From the data it can be seen that there were 11 respondents with a good perception of vulnerability (20.4%), 9 people had positive sexual behavior (16.7%) and 2 people had negative sexual behavior (3.7%) . The results of

this study contradict the theory put forward by Taylor (2007) that the higher a person's perceived vulnerability, the higher the prevention of sexual behavior (Taylor D, 2007). The results of this research showed that the p value between Perceived Susceptibility and sexual behavior was 0.306 ( $P > 0.05$ ), which means that there was no significant relationship between Perceived Susceptibility and sexual behavior. The research results showed that perceived vulnerability did not have a significant relationship and was very close to sexual behavior ( $p: 0.05$ ). Meanwhile, the coefficient value for perceived vulnerability is 0.306, meaning that the variable perceived vulnerability has a negative effect on sexual behavior. This result is strengthened by the theory put forward by Rosenstock in Taylor (2007), that in the HBM which states that the more at risk a person feels of a disease, the better the preventive measures taken will be. This result is also in accordance with the results of research conducted by Widodo (2009) in the Koplak Grobogan Localization, that the lower a person's perception of vulnerability, the lower the efforts to prevent disease. Rosenstock believes that the more at risk a person feels of a disease, the better the preventive measures taken will be. In the opinion of researchers, the greater the Perceived Susceptibility or perceived vulnerability regarding perceived personal risk or vulnerability (Susceptibility), the greater the possibility of an individual engaging in behavior to reduce the risk. It is logical that if someone believes they are at risk of disease, they will tend to do something to prevent it, conversely, if people believe they are not at risk or have a low perceived risk of susceptibility, unhealthy behavior tends to occur (Iskandar et al., 2017).

#### **B. The Relationship between Perceived Severity and Sexual Behavior in Bandar Lor Village, Mojoroto District, Kediri City, 2022**

Perceived severity or perception regarding the severity/seriousness of an illness, includes evaluation activities regarding clinical and medical consequences (for example, death, disability, and illness) and social consequences that may occur (such as effects on work, family life, and social relationships). Many experts combine the two components above as a perceived threat (Hupunau, 2019).

Based on research results from 54 respondents, there were 14 people who had a perception of less seriousness. There were 13 people (24.1%) who had positive sexual behavior and 1 person (1.9%) had negative sexual behavior. Then there were 24 respondents (44.4%) who had a perception of sufficient seriousness, 23 people (42.6%) had positive sexual behavior and 1 person (1.9%) had negative sexual behavior. From the data it can be seen that there were 16 respondents with a good perception of seriousness (29.6%), 14 people had positive sexual behavior (25.9%) and 2 people had negative sexual behavior (3.7%) .

The results of this research showed that the perception of seriousness had a significant level of  $0.503 < \alpha = 0.05$  so that  $H_0$  was accepted and  $H_1$  was rejected, meaning that there was no influence of seriousness on the sexual behavior of boarding school children in Bandar Lor, Mojoroto District, Kediri City. Perceptions of seriousness do not influence sexual behavior. These results contradict Rogers' opinion in motivational protection theory which states that perceived seriousness will influence a person's intention to carry out an action or behavior, because a person's actions to seek treatment and prevent disease are driven by the threat of the disease. Beliefs and perceptions can be related to a person's motivation to perform an action.

#### **C. Relationship between Perceived Benefit of Action and Sexual Behavior in Badar Lor Village, Mojoroto District, Kediri City, 2022**

*Perceived benefits* is the belief in the benefits felt by individuals if they carry out healthy behavior. The construct of perceived benefit is a person's opinion about the usefulness of a new behavior in reducing the risk of developing a disease. Individuals tend to be healthier when they believe new behaviors will decrease their likelihood of developing disease. Perceived benefits play an important role in determining behavior for secondary prevention (Rizqi, 2018).

Based on research results from 54 respondents, there were 23 people (42.6%) who had a perception of lacking confidence. There were 23 people (42.6%) who had positive sexual behavior and 0 people (0.0%) who had negative sexual behavior. Then there were 20 respondents (47.0%) who had a sufficient perception of confidence, 17 people (31.5%) had positive sexual behavior and 3 people (5.6%) had negative sexual behavior. From the data it can be seen that 11 people (20.4%) had good perceptions of their beliefs, 10 people (18.5%) had positive sexual behavior and 1 person (1.9%) had negative sexual behavior.

The results of this research showed that perceived benefits had a significant level of  $0.301 < \alpha = 0.05$  so that  $H_0$  was accepted and  $H_1$  was rejected, meaning that there was no beneficial effect on the sexual behavior of boarding school children in Bandar Lor, Mojoroto District, Kediri City. The research results showed that there was no significant influence between perceived benefits and sexual behavior. These results are not in accordance with the results of Silvy A's (2016) research, Implementation of the Health Belief Model as an Effort to Prevent Sexually Transmitted Infections in Housewives. The results of this study showed that there was no significant influence between the perception of the benefits of genital hygiene and genital hygiene. Apart from that, these results also contradict the results of Widodo's research (2009), that the higher the perception of the benefits of preventing STIs and HIV&AIDS, the better the practice in preventing STIs and HIV&AIDS. Perceived benefits are perceptions of benefits that have a positive relationship with healthy behavior.

In the researcher's opinion, it is related to Perceived Benefits, a person's belief in sexual behavior in reducing the threat of disease, or the perceived benefits (Perceived Benefits) in taking these health measures, especially regarding sexual behavior itself. When a person displays a belief in Susceptibility and Seriousness, they are often not expected to accept any recommended health measures unless they are felt to be efficacious and appropriate. Acceptance of Perceived Susceptibility or the perception of a person's vulnerability to a condition that is believed to cause seriousness (Perceived Threat) is an encouragement to produce a force that supports behavior change.

#### **D. Relationship between Perceived Barrier to Action and Sexual Behavior in Badar Lor Village, Mojoroto District, Kediri City, 2022**

*Perceived barriers* or perceived obstacles to action, if the individual faces obstacles found in taking that action. Potential negative aspects of a health endeavor (e.g. uncertainty, side effects), or perceived barriers (e.g. worry about not fitting in, displeasure, nervousness), which may act as a barrier to recommending a behavior. Health motivation, where this construct is related to individual motivation to always live a healthy life. Consists of control over their health condition and health values (Corner, Mark, Norman in Hupunau, 2019).

Based on research results from 54 respondents, there were 30 people (55.6%) who had less perception of obstacles. There were 29 people (53.7%) who had positive sexual behavior and 1 person (1.9%) had negative sexual behavior. Then there were 13 respondents (24.1%) who had low barriers, 12 people (22.2%) had positive sexual behavior and 1 person (1.9%) had negative sexual behavior. From the data it can be seen that respondents with good perception of obstacles were 11 people (20.4%), Those who had positive sexual behavior were 9 people (16.7%) and those who had negative sexual behavior were 2 people (3.7%).

The Barrier Level has a significant level of  $0.209 < \alpha = 0.05$  so that  $H_0$  is accepted and  $H_1$  is rejected, meaning that there is no influence of barriers on the sexual behavior of boarding house children in Bandar Lor, Mojoroto District, Kediri City. These results are in accordance with research conducted by Tedi Ismayadi et al (2021), The Influence of the Health Belief Model on Compliance with Treatment Control with Coronaphobia as a Moderating Variable. Shows that Perceived Barrier does not have a positive influence on compliance with Coronaphobia treatment control. Rosenstock (2004) in Chanpion and Skinner (2008) stated that in adopting new behavior, individuals need to believe in the magnitude of the benefits obtained and believe in the existence of obstacles that hinder the adoption of the behavior. In general, the benefits of action outweigh the obstacles or obstacles that may be encountered. Individuals who feel the benefit aspect is greater even though there are many obstacles when adopting a behavior, then the individual tends to continue carrying out that behavior.

In the researcher's opinion, negative aspects of an individual's self prevent individuals from behaving healthily because change is not something that happens easily and becomes a perceived obstacle to change. It is the individual's own ability to evaluate the obstacles in the way of the individual adopting a new behavior from all constructs, the perceived obstacles are the most significant in determining behavior change.

#### **E. Relationship between Perceived Cues to Action and Sexual Behavior in Badar Lor Village, Mojoroto District, Kediri City, 2022**

*Cues to Action* or signals to act in the form of external and internal factors, for example messages in the mass media, advice or suggestions from friends or other family members, socio-demographic aspects such as level of education, living environment, parental care and supervision, association with friends, religion, ethnicity, economic, social and cultural conditions. (Corner, Mark, Norman dalam Hupunau, 2019).

Based on research results from 54 respondents, there were 34 people (63.0%) who had poor perception of action. There were 30 people (55.6%) who had positive sexual behavior and 4 people (7.4%) who had negative sexual behavior. Then there were 20 respondents (31.5%) who had the perception that their actions were sufficient, 20 people (31.5%) had positive sexual behavior and 0 people (0.0%) had negative sexual behavior. From the data it can be seen that 3 people (5.6%) perceived good actions, 3 people (5.6%) had positive sexual behavior and 0 people (0.0%) had negative sexual behavior.

The level of action has a significant level of  $0.095 < \alpha = 0.05$  so that  $H_0$  is accepted and  $H_1$  is rejected, meaning that there is no effect of action on the sexual behavior of boarding school children in Bandar Lor, Mojoroto District, Kediri City. This research is in line with research conducted by Tedi Ismayadi et al (2021), The Influence of the Health Belief Model on Compliance with Treatment Control with Coronaphobia as a Moderating Variable. Stating that coronaphobia is not proven to moderate relationship between perceived susceptibility and compliance with treatment control.

Individual perceptions of Cues to Action are expected to be able to encourage the adoption of health behavior if the individual already holds other key beliefs supporting the action. Health motivation refers to the stability of differences between individuals in the value of health and the tendency to be motivated to maintain health. Individuals with high motivation to maintain health should be more likely to adopt relevant health behaviors (Conner, 2010).

In the opinion of researchers, things that move individuals to change their behavior after seeing or hearing events, stories of other people, or incidents where other people who experience bad consequences from unhealthy behavior and have beliefs about themselves that

are vulnerable, feel the effects of sexual behavior, so that you have the urge to continue to stay away from sexual behavior.

#### **F. The Relationship between Self-Efficacy and Sexual Behavior in Badar Lor Village, Mojoroto District, Kediri City, 2022**

Self-efficacy is a belief about the ability to carry out a desired action, self-efficacy is also the background for someone to carry out an action or control certain conditions (Julike and Endang, 2012)

Based on research results from 54 respondents, there were 10 people (18.5%) who had a low perception of self-efficacy. There were 7 people (13.0%) who had positive sexual behavior and 3 people (5.6%) who had negative sexual behavior. Then there were 18 respondents (33.3%) who had a sufficient perception of self-efficacy, 17 people (31.5%) had positive sexual behavior and 1 person (1.9%) had negative sexual behavior. From the data it can be seen that there were 26 respondents with good self-efficacy perceptions (48.1%), 26 people (48.1%) had positive behavior and 0 people (0.0%) had negative behavior.

The level of self-efficacy has a significant level of  $0.003 < \alpha = 0.05$  so that  $H_0$  is rejected and  $H_1$  is accepted, meaning that there is an influence of self-efficacy on the sexual behavior of boarding school children in Bandar Lor, Mojoroto District, Kediri City. This is in accordance with research conducted by Silvia Ari Agustina et al (2016) which shows that the sexual behavior self-efficacy variable has a positive effect on genital hygiene. If there is an increase in genital hygiene self-efficacy by 1 point, there will be an increase of 0.02 times in Genital Hygiene behavior.

According to Bandura, Self Efficacy can influence every level of personal change, whether the individual is considering changing habits related to health. A person will feel confident in his abilities because of the presence of experience related to a behavior or he will feel confident based on observations made on other people.

According to researchers, self-efficacy influences the mechanisms of human behavior, if a person believes he has the ability to produce something he wants, then the individual will try to achieve it, but if the individual does not have the confidence to produce something he wants, he will not try to make it happen. Self-efficacy is important for teenagers to be able to face all changes occur, By having high self-efficacy, teenagers have strong confidence to always be able to face all the changes and responsibilities they have in facing the developmental periods in their lives (Aboussalam, 2005).

#### **CONCLUSION**

1. Behavior in Bandar Lor Village, Mojoroto District, Kediri City was known by almost all respondents in the positive category, 50 (92.6%) of respondents.
2. Perceived Susceptibility or vulnerability among teenagers in Badar Lor Village, Mojoroto District, Kediri City, it is known that the majority of respondents are in the less vulnerable category (55.6%), namely 30 respondents. Statistical data also shows p value =  $0.306 > (\alpha = 0.05)$ , so it can be concluded that there is no relationship between Perceived Susceptibility and sexual behavior.
3. Perceived Severity or Seriousness in Adolescents in Badar Lor Subdistrict, Mojoroto District, Kediri City, it is known that almost half of the respondents or Seriousness in Teenagers in Badar Lor Village, Mojoroto District, Kediri City, it is known that almost half of the respondents with Perceived Saverity or Seriousness in the sufficient category were 24 (44.4%) respondents. Statistical data also shows p value =  $0.503 > (\alpha = 0.05)$ , so it can be concluded that there is no relationship between Perceived Severity and sexual behavior.

4. Perceived Benefit of Action or benefits for teenagers in Badar Lor Village, Mojoroto District, Kediri City, it is known that almost half of the respondents with Perceived Benefit of Action or benefits in the less category were 23 (42.6%) respondents. Statistical data also shows  $p \text{ value} = 0.301 > (\alpha = 0.05)$ , so it can be concluded that there is no relationship between Perceived Benefit of Action and sexual behavior.
5. Cues to Action or actions on teenagers in Badar Lor Village, Mojoroto District, Kediri City, It is known that the majority of respondents with Cues to Action were in the poor category, 34 (63%) of respondents. Statistical data also shows  $p \text{ value} = 0.209 > (\alpha = 0.05)$ , so it can be concluded that there is no relationship between Cues to Action and sexual behavior.
6. Self Efficacy among teenagers in Bandar Lor Village, Mojoroto District, Kediri City, it was found that almost half of the respondents were in the good category, 26 (48.1%) of the respondents. Statistical data also shows  $p \text{ value} = 0.003 < (\alpha = 0.05)$ , so it can be concluded that there is a relationship between Self Efficacy and sexual behavior.

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