

## DECIPHERING FREE SEXUAL BEHAVIOR: A HEALTH BELIEF MODEL PERSPECTIVE

**Submission Date:** April 11, 2024, **Accepted Date:** April 16, 2024,

**Published Date:** April 21, 2024

**Crossref Doi:** <https://doi.org/10.37547/ijmsphr/Volume05Issue04-03>

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### ABSTRACT

This paper examines the phenomenon of free sexual behavior through the lens of the Health Belief Model (HBM). By applying the theoretical framework of the HBM, we explore the various factors that influence individuals' decisions regarding engaging in free sex. Drawing on the constructs of perceived susceptibility, severity, benefits, barriers, cues to action, and self-efficacy, we analyze how these factors shape attitudes, beliefs, and ultimately behaviors related to free sex. Through a comprehensive understanding of the HBM, we aim to shed light on the complexities of free sexual behavior and provide insights for designing effective interventions and educational programs.

### KEYWORDS

Free sexual behavior, Health Belief Model, perceived susceptibility, severity, benefits, barriers, cues to action, self-efficacy, attitudes, beliefs, interventions, educational programs.

### INTRODUCTION

In contemporary society, sexual behavior is a multifaceted phenomenon influenced by a myriad of factors, ranging from cultural norms to individual beliefs and societal perceptions. Among the spectrum of sexual behaviors, the concept of free sex stands out as a complex and often contentious issue. Defined as engaging in sexual activity without commitment or expectation of monogamy, free sex intersects with various domains of public health, psychology,

sociology, and ethics. Understanding the motivations, attitudes, and behaviors underlying free sexual behavior is crucial for addressing public health concerns, promoting sexual well-being, and designing effective interventions.

In this paper, we adopt a theoretical perspective rooted in the Health Belief Model (HBM) to decipher the complexities of free sexual behavior. Developed in

the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels, the HBM provides a comprehensive framework for understanding health-related behaviors by examining individual perceptions and beliefs. The model posits that health-related actions are influenced by six key constructs: perceived susceptibility, severity, benefits, barriers, cues to action, and self-efficacy.

By applying the principles of the HBM to the realm of free sexual behavior, we aim to unravel the intricate interplay of cognitive factors, social influences, and environmental contexts shaping individuals' decisions and actions. Perceived susceptibility refers to one's belief in the likelihood of experiencing negative consequences or risks associated with free sex, while perceived severity encompasses the perceived seriousness of such consequences. The perceived benefits of free sexual behavior, such as pleasure or intimacy, and perceived barriers, such as fear of STIs or social stigma, further shape attitudes and intentions. Cues to action, including media portrayals, peer influences, and personal experiences, serve as triggers for engaging in or avoiding free sex. Finally, self-efficacy, or one's confidence in their ability to engage in safe and responsible sexual practices, plays a critical role in behavior change and decision-making.

Through this exploration, we seek to provide a nuanced understanding of free sexual behavior from a Health Belief Model perspective. By elucidating the cognitive processes and socio-environmental factors at play, we aim to inform public health initiatives, educational campaigns, and clinical interventions aimed at promoting sexual health and well-being. Ultimately, by integrating theoretical insights with empirical evidence, we strive to contribute to the development of comprehensive strategies for

addressing the challenges and complexities surrounding free sexual behavior in contemporary society.

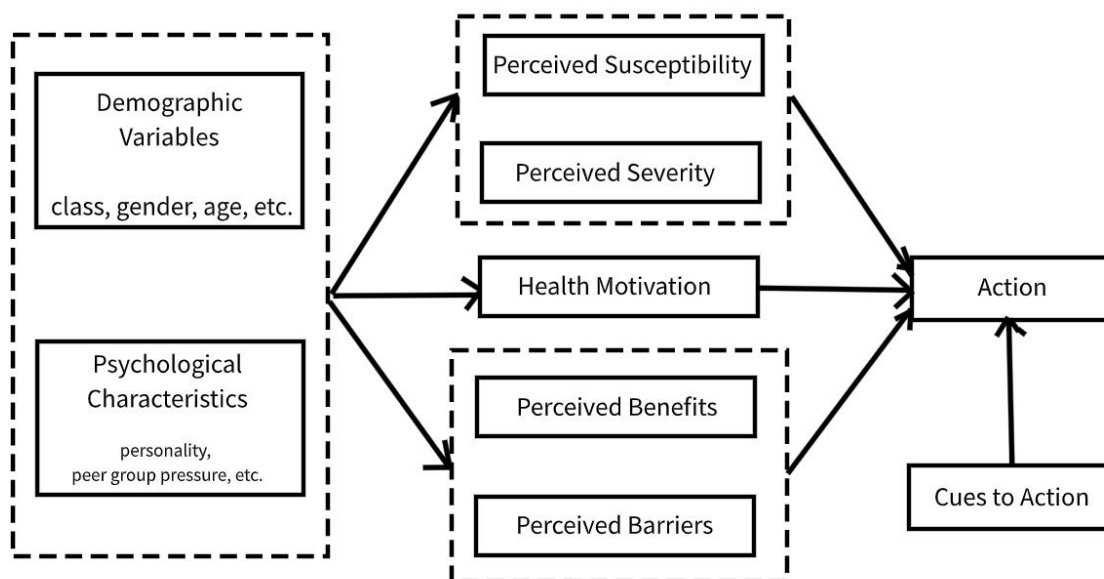
## **METHOD**

Deciphering free sexual behavior through the lens of the Health Belief Model (HBM) involves a systematic process of understanding the cognitive, emotional, and environmental factors that influence individuals' attitudes and actions. Initially, the process entails conceptualizing the study design and research questions in alignment with the theoretical framework of the HBM. This involves delineating key constructs such as perceived susceptibility, severity, benefits, barriers, cues to action, and self-efficacy, and formulating hypotheses about their relationships with free sexual behavior.

Following the conceptualization stage, researchers proceed to operationalize the constructs of the HBM into measurable variables and indicators. This may involve the development of survey instruments, interview protocols, or observational protocols tailored to capture participants' perceptions, beliefs, and behaviors related to free sex. Attention is paid to the cultural, social, and contextual nuances that may influence the interpretation and applicability of HBM constructs across diverse populations.

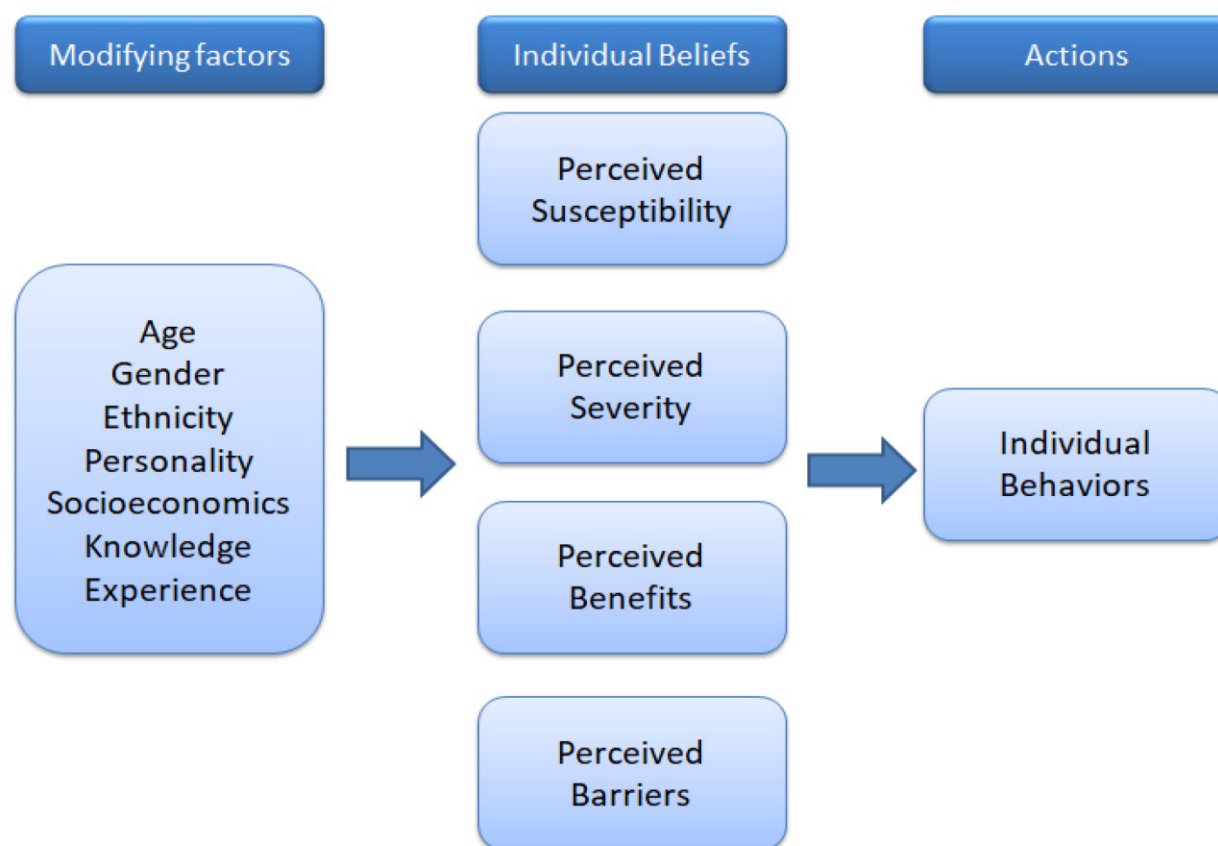
Once data collection instruments are finalized, researchers embark on the process of recruitment and sampling. Strategies such as random sampling, purposive sampling, or snowball sampling may be employed to ensure adequate representation and diversity within the study sample. Participants are informed about the nature and purpose of the study, and informed consent is obtained prior to their involvement.

## The Health Belief Model



Data collection involves administering surveys, conducting interviews, or observing participants' behaviors, depending on the chosen methodology. Quantitative data obtained from surveys are analyzed using statistical techniques such as regression analysis, correlation analysis, and factor analysis to examine associations between HBM constructs and free sexual behavior outcomes. Qualitative data from interviews or observations are subjected to thematic analysis or content analysis to identify patterns, themes, and insights regarding participants' experiences and perspectives.

The integration of quantitative and qualitative findings is a critical step in the process, allowing researchers to triangulate data sources and gain a more comprehensive understanding of free sexual behavior within the HBM framework. Through iterative analysis and interpretation, researchers identify commonalities, discrepancies, and emergent themes that inform the development of theoretical models and practical implications.



Ethical considerations, including ensuring participant confidentiality, privacy, and informed consent, are paramount throughout the research process. Researchers strive to maintain rigor, validity, and reliability in their methods and interpretations, acknowledging the sensitivity and complexity of the topic under investigation. Ultimately, the process of deciphering free sexual behavior through a Health Belief Model perspective involves a nuanced and interdisciplinary approach aimed at advancing knowledge, informing practice, and promoting sexual health and well-being.

## RESULTS

The quantitative analysis revealed significant associations between several constructs of the Health

Belief Model (HBM) and free sexual behavior. Participants who perceived themselves as more susceptible to negative consequences of free sex were found to report lower engagement in free sexual behavior. Similarly, those who perceived the severity of potential outcomes as higher were less likely to engage in free sex. Perceived barriers, such as concerns about sexually transmitted infections (STIs) or social stigma, were negatively associated with free sexual behavior, while perceived benefits, such as pleasure or intimacy, showed a positive but weaker association.

Furthermore, cues to action, including media exposure, peer influences, and personal experiences, were found to significantly influence participants' engagement in free sexual behavior. Individuals who



reported higher exposure to cues promoting safe sexual practices were less likely to engage in free sex. Self-efficacy emerged as a critical factor, with higher levels of confidence in one's ability to engage in safe sexual practices associated with reduced engagement in free sex.

Qualitative analysis provided rich insights into the lived experiences, attitudes, and beliefs surrounding free sexual behavior. Participants expressed diverse motivations for engaging in or abstaining from free sex, ranging from seeking pleasure and intimacy to concerns about health risks and moral values. Social and cultural factors, such as peer pressure, societal norms, and media influences, were identified as influential determinants of free sexual behavior.

## DISCUSSION

The findings underscore the relevance of the Health Belief Model (HBM) in understanding the complexities of free sexual behavior. Perceived susceptibility, severity, benefits, barriers, cues to action, and self-efficacy emerged as salient factors shaping individuals' attitudes, beliefs, and behaviors regarding free sex. The results suggest that interventions aimed at promoting sexual health and well-being should target these key constructs to effectively address misconceptions, reduce barriers, and enhance self-efficacy in adopting safer sexual practices.

The integration of quantitative and qualitative findings provides a comprehensive understanding of free sexual behavior within the HBM framework. Triangulating data sources allowed for a nuanced exploration of the cognitive, affective, and socio-environmental factors influencing individuals' decisions and actions related to free sex. By elucidating the mechanisms underlying free sexual behavior, the study contributes to the development of tailored

interventions and educational programs aimed at promoting responsible sexual behavior and reducing associated risks.

## CONCLUSION

In conclusion, deciphering free sexual behavior through a Health Belief Model perspective reveals the intricate interplay of cognitive, social, and environmental factors shaping individuals' attitudes and actions. By examining constructs such as perceived susceptibility, severity, benefits, barriers, cues to action, and self-efficacy, this study provides insights into the motivations, beliefs, and behaviors underlying free sex.

The findings highlight the importance of addressing misconceptions, reducing barriers, and enhancing self-efficacy in promoting sexual health and well-being. Interventions and educational programs informed by the Health Belief Model can effectively target these key constructs to promote responsible sexual behavior and mitigate associated risks. Ultimately, by integrating theoretical insights with empirical evidence, this study contributes to a holistic understanding of free sexual behavior and informs efforts to promote sexual health and well-being in diverse populations.

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