



# The Role of Living Arrangements and Parental Marital Status on Adolescent Self-Efficacy in Preventing Risky Sexual Behavior

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DOI:

<https://doi.org/10.47134/phms.v3i3.603>

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Received: 20-01-2026

Accepted: 20-02-2026

Published: 20-03-2026



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**Abstract:** This study aims to analyze the role of living arrangements and parental marital status in shaping adolescent self-efficacy for premarital sex prevention through a Health Belief Model (HBM) framework. Adolescence is a vulnerable transition period where family structural dynamics significantly influence health decision-making. This research investigates how these home environments contribute to the internal confidence of 301 high school students at SMAN 3 Samarinda. Using a quantitative cross-sectional design, data were collected through validated questionnaires measuring demographic profiles and HBM components, including perceived susceptibility and barriers. The results reveal that stable living arrangements and intact parental marital status significantly bolster adolescents' self-efficacy, acting as critical protective factors. Students living with both parents demonstrated higher health motivation and lower perceived barriers compared to those in independent or non-intact family settings. These findings suggest that family stability provides a cognitive and emotional foundation that reinforces a teenager's ability to reject risky sexual behaviors. In conclusion, the study highlights that family involvement is essential for fostering resilient reproductive health outcomes. It offers practical recommendations for school-based programs to provide targeted support for adolescents in vulnerable living conditions to bridge the gap in parental supervision.

**Keywords:** Adolescent, Self-Efficacy; Living Arrangements; Marital Status; Premarital Sex Prevention; Health Belief Model.

## Introduction

Adolescence represents one of the most critical transition periods in human development, characterized by significant biological, psychological, and social changes. In this phase, reproductive health emerges as a global public health priority, as the decisions made during these years directly impact future maternal health, socio-economic stability, and the prevention of sexually transmitted infections (STIs). In the Indonesian context, premarital sexual behavior among adolescents remains a persistent challenge, with recent data indicating a rising trend in risky sexual activities among high school students (WHO, 2022). This underscores the urgency of strengthening adolescents' self-efficacy—the internal

belief in one's ability to exert control over their own behavior as a primary protective mechanism against risky sexual encounters (Godinho et al., 2020).

Global evidence suggests that while knowledge regarding reproductive health is increasing, a significant gap remains between knowledge and actual behavior. This discrepancy is often rooted in the complex interplay between individual health beliefs and social determinants. According to the Health Belief Model (HBM), an individual's preventive action is driven by their perception of susceptibility to health risks and the severity of the consequences (Mohammed Hassan et al., 2024). Previous studies emphasize that nurse-led educational interventions are crucial in bridging this gap by enhancing health literacy and contraceptive awareness among the youth (Feriani, 2026). In Samarinda, East Kalimantan, adolescents face a dual challenge: high exposure to digital information via social media and strong peer-group pressures, both of which can either undermine or reinforce their confidence in maintaining healthy boundaries (Syafitriani et al., 2022).

Among the various determinants of health behavior, family structural dynamics specifically living arrangements and parental marital status play a pivotal role. The family serves as the primary socialization agent where values and norms regarding reproductive health are first internalized (Liu et al., 2019). Research by Permatasari D et al (2023) indicates that adolescents living in stable, intact families tend to have better access to parental supervision and emotional support, which are crucial for developing high self-efficacy. Conversely, those living away from parents, such as in boarding houses (kost) or with extended relatives, may experience a "supervision gap," potentially increasing their vulnerability to external pressures and reducing their perceived barriers to engaging in risky behaviors (Dou et al., 2022; Erkenekli & Koçtürk, 2026).

In many urban settings like Samarinda, the role of parents as educators and monitors is often challenged by socio-economic factors, such as high parental workload or family fragmentation. Data from SMAN 3 Samarinda reveals a diverse demographic profile, with a notable percentage of students living in non-traditional arrangements or coming from families where parents are divorced. These domestic variables significantly influence the cues to action and health motivation components of the HBM. When the family environment is unstable, adolescents may lack the "protective shield" necessary to navigate the complexities of modern social interactions (Adnin et al., 2024). This situation requires a comprehensive approach where nurses and educators collaborate to provide the missing support system (K. Khalil et al., 2023).

The relevance of investigating these family-level factors is further highlighted by the necessity of school-based interventions. While teachers and health promoters provide the theoretical framework for reproductive health, the practical application of this knowledge the self-efficacy to say "no" is heavily reinforced at home. Strengthening the link between school education and family support is essential for ensuring that reproductive health literacy translates into sustainable behavior change ((Uysal Toraman et al., 2023)). Previous research by Feriani (2024) has shown that when family support is perceived as high,

adolescents' confidence in avoiding premarital sex increases substantially, as they feel more empowered to make autonomous decisions.

From a socio-cultural perspective, reproductive health remains a sensitive issue within many Indonesian families. This cultural stigma often leads to a lack of open communication between parents and children, forcing adolescents to seek information from unreliable sources (Nkurunziza et al., 2023). Addressing these constraints is vital for ensuring that adolescents can fulfill their potential as healthy, informed individuals. Therefore, it is essential to analyze how different living conditions and family structures affect the internal health beliefs of students, providing a more nuanced understanding of the barriers they face in practicing preventive behaviors (Uwajeneza et al., 2024).

This article aims to analyze the role of living arrangements and parental marital status in shaping adolescent self-efficacy for premarital sex prevention through a Health Belief Model framework. By synthesizing data from a cross-sectional study of 301 students at SMAN 3 Samarinda, this research explores how family structural dynamics interact with perceived risks and health motivations. Ultimately, the study intends to contribute to theoretical and practical advancements in nursing practice by highlighting the strategic importance of prioritizing family-centered health education to promote informed and sustainable reproductive health outcomes ((Feriani, 2026; Selvaraj et al., 2025).

## Methodology

This study employs a quantitative research design with a cross-sectional approach to investigate the factors influencing adolescent self-efficacy in premarital sex prevention. The quantitative-descriptive design was selected to enable a comprehensive understanding of the relationship between family structural dynamics and health beliefs among high school students (Vila-Henninger et al., 2024). Quantitative methods emphasize the measurement of social phenomena using statistical analysis, providing objective evidence to support health promotion strategies (Bingham, 2023; (Choi et al., 2025). The cross-sectional nature of this study facilitates an in-depth exploration of the current state of adolescent reproductive health beliefs without the manipulation of variables, allowing for a precise "snapshot" of the population's self-efficacy (Baillie, 2020; Doyle et al., 2020).

The study was conducted at SMAN 3 Samarinda, involving a target population of 1,219 active students. To ensure a representative sample across various developmental stages, a stratified random sampling technique was utilized. The sample size was determined using the Slovin formula with a 5% margin of error, resulting in a final sample of 301 respondents. The strata were divided proportionally: Grade 10 (104 students), Grade 11 (100 students), and Grade 12 (97 students). This rigorous sampling framework ensures that the findings reflect the diverse demographic characteristics of adolescents in urban settings (Abraham & P., 2025; Permatasari et al., 2024).

Data collection was performed using a structured, self-administered questionnaire specifically designed to measure demographic profiles and Health Belief Model (HBM) components. The instrument was divided into several dimensions: perceived susceptibility,

severity, barriers, cues to action, and the primary outcome, self-efficacy. Each section utilized a 4-point Likert scale (1 = Strongly Disagree to 4 = Strongly Agree) to minimize neutral response bias. Only validated and reliable instruments were included, following a pilot study on 30 respondents that yielded a Cronbach's Alpha coefficient above 0.70, ensuring high internal consistency and credibility of the data (Granikov et al., 2020; Togia & Malliari, 2017).

The data analysis process followed a systematic procedure involving univariate and bivariate analysis. Statistical analysis was performed using SPSS version 26.0. Frequency distributions were used to summarize respondent characteristics, while the Chi-Square test was applied to analyze the correlation between living arrangements, parental marital status, and self-efficacy at a significance level of  $p < 0.05$ . This analytical approach allowed for the identification of key patterns regarding family-level determinants and their impact on adolescent health behaviors (Belotto, 2018; Fife & Gossner, 2024). During the data reduction phase, incomplete responses were excluded to ensure the integrity and focus of the final synthesis.

To ensure data validity and trustworthiness, this study applied triangulation by comparing quantitative results with existing theoretical frameworks of the Health Belief Model (Kalpokaite & Radivojevic, 2019). Ethical considerations were strictly maintained; formal ethical approval was obtained from the Health Research Ethics Committee (KEPK), Faculty of Medicine, Universitas Mulawarman, under the ethical clearance certificate No. 02/KEPK-FK/I/2026. Although the researchers are affiliated with Universitas Muhammadiyah Kalimantan Timur, ethical review was conducted by the accredited committee at Universitas Mulawarman to ensure compliance with national health research standards. Informed consent was secured from all participants, and for students under 18 years of age, additional parental consent was obtained. The use of an audit trail and strict anonymization protocols strengthened the transparency and traceability of the research process (Bingham, 2023).

Overall, this methodological approach aligns with the research objective of understanding the multifaceted role of family structures in shaping adolescent reproductive health self-efficacy. By utilizing a robust quantitative framework supported by systematic data analysis and ethical rigor, this study produces valid, reliable, and accountable findings. The methodological consistency ensured through stratified sampling, validated instruments, and bivariate synthesis supports the reliability of conclusions regarding the enhancement of adolescent health programs and their implications for reproductive health policy (Abraham & P., 2025; Feriani et al., 2024; Alfaro Jimenez et al., 2024).

## **Result and Discussion**

### **Results**

The findings of this study highlight the critical influence of family structural dynamics on adolescent self-efficacy in preventing premarital sex. The analysis of 301 respondents at SMAN 3 Samarinda reveals that internal confidence is significantly shaped by living

arrangements and parental marital status. The results are systematically presented in three main dimensions: respondent characteristics, Health Belief Model (HBM) components, and the correlation between family factors and self-efficacy.

### Characteristics of Respondents

The demographic profile of the respondents shows a diverse background in terms of age, gender, and family structure. Regarding family structure, most respondents live in a stable domestic environment, although a notable portion faces non-traditional living arrangements.

**Table 1.** Distribution of Respondents by Family Characteristics (n=301).

Aspect	Category	Frequency (n)	Percentage (%)
<b>Living Arrangements</b>	Living with Parents	258	85.7
	Living with Relatives/Guardian	21	7.0
	Boarding House (Kost)	22	7.3
<b>Parental Marital Status</b>	Married (Intact Family)	230	76.4
	Divorced/Separated	42	14.0
	Deceased/Others	29	9.6
<b>Gender</b>	Female	206	68.4
	Male	95	31.6

Table 1 demonstrates that while the majority of adolescents (85.7%) reside with their biological parents, there is a significant group (14.3%) living independently or with relatives, which may influence the level of direct supervision and emotional support they receive.

### Adolescent Self-Efficacy and HBM Components

The evaluation of self-efficacy levels shows that most students possess a high degree of confidence in rejecting premarital sex. This is consistently supported by strong scores in HBM components.

**Table 2.** HBM Components and Self-Efficacy Levels

HBM Dimension	Category	Frequency (n)	Percentage (%)
<b>Perceived Susceptibility</b>	High Risk Perception	284	94.4
<b>Perceived Barriers</b>	Low Barriers	267	88.7
<b>Self-Efficacy</b>	High Confidence	240	79.7
	Low Confidence	61	20.3

As shown in Table 2, 79.7% of respondents have high self-efficacy. Interestingly, high perceived susceptibility (94.4%) correlates with high self-efficacy, suggesting that adolescents who are aware of the risks of premarital sex are more likely to believe in their ability to avoid it.

### Impact of Family Support on Health Beliefs

Bivariate analysis confirms that family environmental factors significantly impact self-efficacy. The correlation analysis between family support and HBM components yielded significant results as shown in Table 3.

**Table 3.** Bivariate Correlation: Family Support and HBM Components

Relationship Variable	p-value	Correlation (r)	Strength
Family Support → Susceptibility	0.000	0.766	Strong & Positive
Family Support → Health Motivation	0.000	0.756	Strong & Positive
Family Support → Perceived Benefits	0.000	0.701	Strong & Positive
Family Support → Perceived Barriers	0.000	0.774	Strong & Positive
Family Support → Self-Efficacy	0.000	0.812	Very Strong & Positive

The data indicates that students living with parents show higher efficacy levels ( $p = 0.002$ ) compared to those living in boarding houses. Similarly, students from intact families demonstrate superior confidence in maintaining reproductive health boundaries ( $p = 0.001$ ).

### Discussion

The results of this study indicate that family structural dynamics play a pivotal role in strengthening adolescent reproductive health self-efficacy. The findings collectively highlight that stable living arrangements and intact parental marital status are not merely demographic variables but essential "Cues to Action" that support informed decision-making and behavioral control. Statistical evidence in this study shows a very strong positive correlation ( $r = 0.812$ ;  $p = 0.000$ ) between family support and self-efficacy, reinforcing the premise that the domestic environment is the primary predictor of adolescent health behavior.

### Integration with Health Belief Model (HBM) Theory

The demonstrated effectiveness of family stability in boosting self-efficacy aligns with Bandura's social learning theory and the HBM framework. In this study, the presence of parents in the household acts as a continuous reinforcement mechanism that enhances "Perceived Benefits" and significantly reduces "Perceived Barriers" to risky behaviors (Feriani et al., 2024; K. Khalil et al., 2023). Statistical evidence shows a strong positive correlation ( $r = 0.766$ ) between family support and perceived susceptibility, meaning that a

supportive home environment helps adolescents internalize the real risks of premarital sex, thereby increasing their self-efficacy (Selvaraj et al., 2025).

### **Contextual Determinants of Self-Efficacy**

The empirical data reveals how structural contexts influence internal health beliefs. Adolescents living in boarding houses often face a "supervision gap" where the absence of immediate parental figures increases their exposure to peer pressure and digital influence (Syafitriani et al., 2022). This environment creates higher "Perceived Barriers" ( $r = 0.774$ ) as the lack of social control may lead to an underestimation of risks (Permatasari et al., 2024). Conversely, the 76.4% of respondents from intact families benefit from a "Protective Shield" of emotional stability, which significantly bolsters their health motivation ( $r = 0.756$ ).

### **Theoretical and Practical Implications**

The consistent association between family support and improved self-efficacy supports the conceptualization of the family as the cornerstone of public health education. The practice implications extend to school nursing and community health programs. Education should not only be student-centered but also family-centered, especially for students in vulnerable living conditions (Uwajeneza et al., 2024). Strengthening the "Cues to Action" through better parent-child communication, as evidenced by the high health motivation scores, can significantly improve reproductive health indicators (K. Khalil et al., 2023).

### **Influencing and Contradictory Factors**

While overall results show high self-efficacy, certain discrepancies emerge. For instance, high knowledge levels do not always translate to high self-efficacy in adolescents from broken homes (23.6% of respondents), suggesting that emotional stressors can override cognitive awareness (Adnin et al., 2024). This underscores the importance of culturally sensitive counseling that addresses the psychological needs of students from non-intact family backgrounds to bridge the self-efficacy gap (Nkurunziza et al., 2023).

### **Contribution to the Field**

This study reinforces the paradigm that adolescent health is a product of environmental stability. The synthesis reveals that the success of reproductive health programs heavily depends on the synergy between institutional education and family monitoring. This research contributes to the theoretical expansion of nurse-led community health strategies by providing empirical evidence on how family structure moderates the cognitive components of the HBM, particularly in the urban context of Samarinda (Feriani, 2026; (Selvaraj et al., 2025).

## Conclusion

This study establishes that family structural dynamics, specifically living arrangements and parental marital status, serve as fundamental determinants of adolescent self-efficacy in preventing premarital sex. The evidence underscores that a stable domestic environment functions as a primary protective mechanism, significantly reinforcing an adolescent's internal confidence to resist risky sexual behaviors. By integrating these findings within the Health Belief Model (HBM), the research demonstrates that the physical and emotional presence of parents acts as a critical "Cue to Action" that minimizes perceived barriers and elevates health motivation.

Based on these findings, practical interventions must shift from purely school-based education to integrated family-centered strategies by strengthening parental communication skills and providing targeted support for adolescents in non-traditional living arrangements, such as boarding houses. Furthermore, future research should explore longitudinal studies to evaluate the long-term effectiveness of these family-centered interventions on reproductive health behaviors across more diverse cultural and geographical settings. Ultimately, it is recommended that future policy initiatives prioritize standardized national frameworks that mandate family involvement in health programs, ensuring the domestic foundation is utilized to foster sustainable and responsible health behaviors among youth.

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