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THE ROLE OF REPRODUCTIVE HEALTH COUNSELING SERVICES IN PREVENTING PROMISCUOUS BEHAVIOR AMONG ADOLESCENTS

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ABSTRACT

Adolescence is a transitional period marked by increased hormonal and sexual drives, while emotional maturity and decision-making ability are not yet fully developed, making adolescents vulnerable to risky sexual behavior, including promiscuity. Reproductive health counseling services are believed to play a strategic role in providing education and support to prevent such behavior. This study aimed to analyze the role of reproductive health counseling services in preventing promiscuous behavior among adolescents in Yogyakarta. A cross-sectional quantitative design was used, involving 18 adolescent respondents aged 15–19 years, conducted from January to February 2026. Data were collected using questionnaires and analyzed using the Chi-Square test**.** Results showed that most respondents (44.4%) actively utilized reproductive health counseling services, and the majority (38.9%) fell into the low-promiscuity category. Bivariate analysis revealed a positive trend — respondents with active counseling utilization had a higher proportion of low promiscuous behavior (62.5%) compared to those with low utilization (0%) — although the relationship was not statistically significant **(**$p = 0.072$; $p > 0.05$**),** likely due to the small sample size. This study concludes that reproductive health counseling services show a positive indication of a role in preventing promiscuous behavior among adolescents, though further research with a larger sample and stronger design is needed to confirm these findings. Increased accessibility and quality of reproductive health counseling services for adolescents are recommended.

INTRODUCTION

Adolescence is a transitional period from childhood to adulthood marked by significant physical, psychological, and social changes. The World Health Organization (WHO, 2020) defines adolescents as individuals within the age range of 10–19 years, a developmental phase that is particularly vulnerable to various health risks, including those related to reproductive health and sexual behavior. During this period, adolescents experience hormonal development and an increased sexual drive, while their emotional maturity and decision-making capacity have not yet fully developed. This imbalance places adolescents at heightened risk of engaging in risky sexual behavior, one manifestation of which is promiscuity.

Promiscuity is defined as the tendency to engage in sexual relations with more than one partner without a clear commitment (Kasim, 2014). This behavior is classified as high-risk sexual behavior because it increases the likelihood of unintended pregnancy, transmission of Sexually Transmitted Infections (STIs) including HIV/AIDS, as well as adverse psychological outcomes such as low self-esteem, anxiety, and regret (Maisaroh & Samsinar, 2022). Data from the Indonesian Demographic and Health Survey (BKKBN, 2017) and the Ministry of Health's HIV/AIDS and STI surveillance report (Kementerian Kesehatan RI, 2021) indicate that rates of premarital sexual behavior and promiscuity among Indonesian adolescents remain a significant and persistent public health concern, with an upward trend observed in recent years.

Several interrelated factors contribute to the emergence of promiscuous behavior among adolescents. Low levels of knowledge regarding reproductive health have been associated with increased engagement in risky sexual behavior (Ardiyanti & Muti'ah, 2017). Peer environment, exposure to social media, and pornographic content further compound this risk, while suboptimal parenting patterns have also been shown to correlate with adolescents' involvement in risky sexual behavior (Ungsianik & Yuliati, 2017). Family health-related tasks and support systems likewise play a role in shaping adolescents' sexual behavior outcomes (Rahmayanti, 2021), while insufficient reproductive health education has been linked to lower knowledge and less favorable attitudes toward avoiding premarital sexual relations (Cahyani et al., 2019). The absence of comprehensive understanding regarding the risks and consequences of risky sexual behavior leads many adolescents to make decisions without adequately considering the long-term impact on their physical and psychological well-being.

In response to this problem, reproductive health counseling services occupy a strategic position in prevention efforts. Such services are designed to provide education, information, and psychological support to adolescents regarding reproductive health, including an understanding of the risks of risky sexual behavior, responsible decision-making, and the reinforcement of values supporting healthy sexual conduct. Prior studies have demonstrated that reproductive health counseling can significantly improve adolescents' knowledge and shape more positive attitudes toward sexual behavior (Nugrahaeni & Fajari, 2010). Peer counseling approaches have similarly been shown to be effective in preventing risky sexual behavior among adolescents (Adyani et al., 2019), while structured programs such as the Adolescent Reproductive Health Information and Counseling Center (PIK KRR) have been found to increase adolescent health knowledge (Harmaniar et al., 2023). Broader adolescent-focused health education interventions have also demonstrated success in raising awareness and preventing risky sexual behavior in school settings (Eni et al., 2024), and cognitive-behavioral counseling models have been proposed as a means of reducing the tendency toward premarital sexual behavior among adolescents (Aprishya, 2019). These findings are consistent with national guidelines emphasizing adolescent-friendly health services as a key strategy for reproductive health promotion (Kementerian Kesehatan RI, 2020), as well as with broader adolescent empowerment approaches through reproductive health programming (Ratri et al., 2026).

RESEARCH METHODS

This study employed a cross-sectional design with a quantitative approach and a purposive sampling technique. The inclusion criteria were adolescents aged 15–19 years who exhibited sexual behavior considered deviant according to the operational definition of the study and were willing to participate by completing the questionnaire in full.

The research instruments consisted of structured questionnaires developed by the researchers to measure the utilization of reproductive health counseling services and promiscuous behavior. The questionnaire items were developed based on the operational definitions and indicators of the research variables.

Prior to data collection, the instruments were tested for validity and reliability. All questionnaire items met the predetermined validity criteria, while the reliability test demonstrated good internal consistency, with Cronbach’s alpha coefficients of 0.87 for the reproductive health counseling service utilization questionnaire and 0.89 for the promiscuous behavior questionnaire. Therefore, the instruments were considered valid and reliable for data collection.

RESULTS AND DISCUSSION

This study was conducted in Yogyakarta during the period of January–February 2026, with the aim of analyzing the role of reproductive health counseling services in preventing promiscuous behavior among adolescents. The study employed a cross-sectional design with a quantitative approach, in which data on counseling service utilization and data on promiscuous behavior were collected at a single point in time using a questionnaire instrument.

The study population consisted of adolescents aged 15–19 years in the Yogyakarta area, with a total of 18 respondents successfully recruited. Data collection was carried out after respondents provided informed consent and were guaranteed confidentiality of their identity, given the sensitive nature of the research topic. The questionnaire instrument consisted of two main sections: a

questionnaire on the utilization of reproductive health counseling services and a questionnaire on promiscuous behavior, in addition to respondents' demographic characteristic data.

The collected data were then analyzed univariately to obtain a distribution overview of each variable, as well as bivariately using the Chi-Square test to analyze the relationship between the utilization of reproductive health counseling services and promiscuous behavior among adolescents. The results of this analysis are presented sequentially in the following subsections, beginning with respondents' demographic characteristics, followed by a description of each research variable, and concluding with the results of the inter-variable relationship test.

Table

Table 1 Distribution of Respondents by Demographic Characteristics (n=18)

Characteristic	Category	Frequency (n)	Percentage (%)
Gender	Male	8	44.4
	Female	10	55.6
Age	15–16 years	7	38.9
	17–19 years	11	61.1
Education	Junior High School	5	27.8
	Senior High School/Equivalent	13	72.2
Prior Counseling Status	Yes	11	61.1
	Never	7	38.9
Total		**18**	**100**

Based on Table 1, of the 18 respondents, the majority were female (55.6%), aged 17–19 years (61.1%), and had a high school/equivalent education (72.2%). In addition, 61.1% of the respondents had previously received reproductive health counseling. Overall, the respondents were predominantly older adolescents with secondary-level education and prior experience with reproductive health counseling.

Table 2 Frequency Distribution of Reproductive Health Counseling Service Utilization (n=18)

Category	Frequency (n)	Percentage (%)
Good/Active	8	44.4
Moderate	6	33.3
Low	4	22.2
Total	**18**	**100**

Based on Table 2, the majority of respondents (44.4%) fell into the active-utilization category for reproductive health counseling services, followed by the moderate category (33.3%) and the low category (22.2%).

Table 3 Frequency Distribution of Promiscuous Behavior (n=18)

Category	Frequency (n)	Percentage (%)
High/At-Risk	5	27.8
Moderate	6	33.3
Low/Not At-Risk	7	38.9
Total	**18**	**100**

Based on Table 3, the majority of respondents (38.9%) fell into the low promiscuous-behavior category; however, the proportion in the high category (27.8%) remains concerning for an adolescent population.

Table 4 Cross-Tabulation of Counseling Service Utilization and Promiscuous Behavior (n=18)

Counseling Service	Low Promiscuity	Moderate Promiscuity	High Promiscuity	Total
Active (n=8)	5 (62.5%)	2 (25.0%)	1 (12.5%)	8 (100%)
Moderate (n=6)	2 (33.3%)	3 (50.0%)	1 (16.7%)	6 (100%)
Low (n=4)	0 (0.0%)	1 (25.0%)	3 (75.0%)	4 (100%)
Total	**7**	**6**	**5**	**18**

The results of the Chi-Square statistical test showed a p-value = 0.072 (p > 0.05), indicating that no statistically significant relationship was found between the utilization of reproductive health counseling services and promiscuous behavior among adolescents in Yogyakarta. Nevertheless, descriptively, a positive trend was observed — respondents with active counseling service utilization showed a higher proportion of low promiscuous behavior (62.5%) compared to respondents with low utilization (0%), the latter being dominated instead by the high-promiscuity category (75.0%).

Although the statistical test results did not reach significance (p = 0.072), the descriptive data pattern indicates a tendency toward a positive role of reproductive health counseling services in preventing promiscuous behavior. Respondents who actively participated in counseling tended to exhibit lower promiscuous behavior compared to respondents who rarely or never accessed such services. This finding is consistent with the Health Belief Model, which explains that exposure to health information and education can enhance perceived susceptibility to risk, thereby encouraging individuals to avoid risky behavior.

The lack of statistical significance in this study is most likely attributable to the limited sample size (n=18), which resulted in low statistical power to detect a relationship that may actually exist in the population. With a sample this small, the cells in the cross-tabulation have small expected counts, making the Chi-Square results less stable and more prone to bias. This is a common limitation in small-scale studies or pilot studies.These findings represent a promising early signal regarding the benefits of reproductive health counseling services, but cannot yet be generalized due to the limited sample size. Further research is needed

CONCLUSION

Based on the results of the study on the role of reproductive health counseling services in preventing promiscuous behavior among adolescents, conducted with 18 respondents in Yogyakarta, it can be concluded that the utilization of reproductive health counseling services among adolescents was relatively good, with the majority of respondents (44.4%) falling into the active-utilization category. Meanwhile, the overview of promiscuous behavior among adolescents showed that most respondents (38.9%) fell into the low category; however, 27.8% of respondents still fell into the high-promiscuity category, a proportion indicating that the risk of risky sexual behavior among adolescents still warrants serious attention from various parties.

Further analysis revealed a tendency toward a positive relationship between the utilization of reproductive health counseling services and a reduction in promiscuous behavior among adolescents, with respondents who actively participated in counseling showing a considerably higher proportion of low promiscuous behavior (62.5%) compared to respondents with low utilization of these services (0%). Although this pattern appeared descriptively consistent and supported the study's initial assumptions, the Chi-Square test result obtained (p = 0.072; p > 0.05) indicated that the relationship between the two variables could not be considered statistically significant at the 95% confidence level.

Overall, the findings of this study provide a promising early indication that reproductive health counseling services play a positive role in efforts to prevent promiscuous behavior among adolescents. Nevertheless, the statistical evidence obtained was not yet strong enough to conclusively support this conclusion, most likely due to the limited sample size of the study. Therefore, further research with a larger sample size and a stronger research design is needed to confirm these findings more convincingly.

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