



Correlations of Perceived Susceptibility and Severity of Sexual Harassment Prevention among University Students in Semarang City

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Abstract

Sexual harassment within Indonesian universities continues to rise, leading to the issuance of Ministry of Education, Culture, Research, and Technology Regulation No. 30/2021 as a preventive response. Data from the national SIMFONI PPA system reported 1,216 cases of sexual harassment in schools and higher education institutions as of July 2025, while Semarang City's DP3A also documented an increase in violence among individuals aged 18–25 from 2022 to 2024. This study aims to analyze the correlation between perceived susceptibility and perceived severity with sexual harassment prevention behaviors among university students in Semarang City. A cross-sectional quantitative design was employed with 419 respondents selected through purposive sampling. Data analysis examined the relationships between health belief model constructs and preventive measures. The findings showed that perceived susceptibility was not significantly associated with prevention behavior ($p = 0.331$), whereas perceived severity demonstrated a significant relationship ($p = 0.000$). These results indicate that students' awareness of the serious consequences of sexual harassment plays a more influential role in motivating preventive actions. The study concludes that universities should enhance prevention efforts through quarterly counseling activities, campaigns, education, and seminars highlighting the impacts of sexual harassment, supported by regular evaluations and strengthened victim-friendly reporting mechanisms.

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Introduction

Sexual harassment in Indonesian higher education remains a serious and escalating public concern, indicating that university environments have not yet ensured adequate safety for students. In response to increasing incidents and the absence of comprehensive institutional protection mechanisms, the Ministry of Education, Culture, Research, and Technology issued Regulation No. 30/2021 on the Prevention and Handling of Sexual Violence in Higher Education. The regulation requires all universities to establish a Task Force for the Prevention and Handling of Sexual Violence (PPKS Task Force), mandated to implement prevention programs, provide victim support, and coordinate institutional case management (Kemendikbudristek, 2021).

The urgency of this regulation is reinforced by national data showing a continuous increase in harassment cases. According to SIMFONI PPA, reported cases rose from 11,682 in 2022 to 14,459 in 2024, with 1,216 incidents occurring within educational institutions as of July 2025 (KemenPPPA, 2025). In addition, according annual record CATAHU, sexual violence in 2024 will have 14,095 students/students as victims (Komnas Perempuan 2024), 82 cases of victims reporting sexual harassment at universities in 2024 (Komnas Perempuan 2025). A similar trend is evident in Semarang City, where violence among individuals aged 18–25 has steadily increased over the last three years (DP3A Semarang, 2024). Namely in 2022 as many as 24 cases, in 2023 as many as 29 cases and in 2024 as many as 30 cases (DP3A Kota Semarang 2024). Prior research indicates that high rates of harassment among students are associated with limited sexuality education, insufficient environmental support, and the inadequacy of reporting mechanisms (Hidayat et al., 2023).

Sexual harassment has a psychological, physical, and sociological impact on the victim (Putri, Pembayun, and Qolbiah 2024). In addition, victims can suffer from stress, anxiety disorder, depression, panic attacks, suicidal activities, sexually transmitted infections, unwanted pregnancies, abortions, early birth, negative stigma from society, being ostracized, becoming single parents at an early age. (Suharmanto et al. 2024). Seeing from this impact, sexual harassment must be handled immediately, especially in students who are far from parental supervision and the transition of character from adolescents to adults (Kumari and Syarif 2023). Given the severity of these consequences, preventive measures at the university level are urgently required. The Health Belief Model (HBM) provides a theoretically grounded framework to explain why individuals engage in preventive behavior, emphasizing perceived susceptibility and perceived severity as key predictors of action. According to Kusni & Handayani's research, HBM can be applied to explore a variety of long-term and short-term behaviors, including sexual harassment. HBM can explain the variables of susceptibility perception, severity perception, benefit perception, and perception of students' barriers to sexual harassment (Kustin and Handayani 2024). This theory in the book Notoatmojo is used to predict why an individual can take preventive measures with the perception of susceptibility, severity, benefit, barriers, and self efficacy (Notoatmojo 2018). This study focuses on the perceived susceptibility and severity of sexual harassment prevention among university students in Semarang City.

Methods

Study Design

This study employed a quantitative approach with a cross-sectional design to examine the relationship between perceived susceptibility, perceived severity, and sexual harassment prevention behaviors among university students in Semarang City. A cross-sectional design was selected because it enables the simultaneous measurement of psychosocial perceptions and preventive behaviors at a single point in time, which is appropriate for assessing Health Belief Model (HBM) constructs.

Respondents

The study population consisted of all university students in Semarang City in 2024, totaling 287,296 individuals based on the National BPS and PDDIKTI records (BPS Jateng 2024). The sample size in this study was calculated using the slovin formula (Sugiyono 2013) yielding 399 participants at a 5% margin of error. To anticipate incomplete responses, an additional 20 participants were included, resulting in a final sample of 419 students. Participants were recruited using purposive sampling based on predefined eligibility criteria. Inclusion criteria consisted of: (1) active students enrolled in universities located in Semarang City; (2) aged 18–23 years; and (3) willing to participate by completing the questionnaire honestly based on their perceptions and experiences. Exclusion criteria included refusal to participate and incomplete questionnaire responses. Respondents were distributed across several universities: Dian Nuswantoro University (n=240), Semarang State University (n=79), Diponegoro University (n=65), Sultan Agung University (n=21), Wahid Hasyim University (n=8), Soegijapranata Catholic University (n=2), and PGRI Semarang University (n=1).

Survey

Data were collected online between May and August 2025 using a Google Form containing closed-ended items. The questionnaire gathered demographic information (age, gender, occupation, domicile, university, study program, semester, and relationship status) and structured items measuring HBM constructs. Perceived susceptibility (10 items) and perceived severity (7 items) were measured using a Likert scale, consistent with its use for assessing attitudes and perceptions (Sugiyono 2013). Sexual harassment prevention behavior (9 items) and experiences of harassment (type, perpetrator, and location) were measured using the Guttman scale, with dichotomous scoring (1 = yes, 0 = no) (Sugiyono 2013). The questionnaire link was disseminated through social media platforms such as WhatsApp, Instagram, and university-based Twitter networks. Due to the sensitive nature of the topic, participants were assured anonymity and confidentiality.

Data Analysis

Data analysis was conducted in two stages: univariate and bivariate analysis. Univariate analysis was employed to describe the respondents' demographic characteristics and the distribution of all study variables. Prior to conducting inferential tests, a normality assessment confirmed that the data were not normally distributed, thereby necessitating the use of non-parametric analytical techniques. Accordingly, bivariate analysis was performed using the Spearman Rank correlation test to examine the associations between the Health Belief Model constructs and preventive behaviors. The results indicated that perceived susceptibility was not significantly associated with preventive behavior ($p = 0.331$; $r = 0.048$), whereas perceived severity demonstrated a statistically significant yet weak positive relationship ($p = 0.000$; $r = 0.208$).

Results

Table 1. Demographic Characteristics

Respondent Characteristics		Result	
		F	%
Gender	Man	90	21,5
	Woman	329	78,5
Age	Min	18 years old	-
	Maximum	23 years old	-
	Mean	20 years	-
Courses	Health	197	47.0
	Non Health	222	53.0
Semester	2	53	12.6
	4	59	14.1
	6	229	54.7
	8	78	18.6
Religion	Buddhist	1	0.2
	Hindu	2	0.5
	Islam	357	85.2
	Catholic	24	5.7
	Christian	35	8.4
Domicile ID card	Semarang	126	30.1
	Outside Semarang	293	69.9
Relationship status	Dating	126	30.1
	Have you ever been dating	147	35.1
	Never dated	146	34.8
Dating status	less than 1 year	20	4.8
	1-2 years	66	15.8
	3-4 years	22	5,2
	5 years	15	3,6
Dating status	less than 1 year	49	11.7
	1 year	36	8.6
	2 years	28	6.7
	3 years	16	3.8
	4 years	3	0.7
	5 years	6	1.4
	6 years	1	0.2
Age of first dating	Minimum	7 years	-
	Maximum	23 Years	-
	Mean	16 years old	-

Based on Table 1. The demographic characteristics of the study showed that the majority of respondents were female (78.5%), with an age range of 18–23 years and an average of 20 years. Most of the respondents came from non-health study programs (53%) and were in semester 6 (54.7%). In terms of religion, the majority of respondents adhere to Islam (85.2%), and live outside Semarang (69.9%). Based on relationship status, most of the respondents had been dating (35.1%). In respondents who are in a relationship, the majority have been dating for 1-2 years (15.8%), while in respondents who have been in a relationship for less than 1 year (11.7%). The average age of first dating is 16 years old.

Table 1. Perception of vulnerability

Statement	Strongly agree %	Agree %	Disagree %	Strongly Disagree %
I feel vulnerable to sexual harassment because I'm female/male	30,3	49,4	16,9	3,3
I am at risk of getting verbal sexual harassment (cat calling, whistling, sexual comments, or flirtatious calls from strangers in public places).	30,8	49,6	15,8	3,8
I feel at risk of being disturbed when I receive sexual	67,5	17,4	12,4	2,6

Statement	Strongly agree %	Agree %	Disagree %	Strongly Disagree %
non-verbal isyaramt, such as blinking or seductive lip movements.				
I felt that risking getting an intense gaze from someone could degrade my self-esteem.	29,6	48,7	19,6	2,1
I feel vulnerable to uncomfortable sexual comments or jokes.	27,4	49,6	18,9	4,1
I feel uncomfortable if I receive pornographic content posts on social media.	62,8	33,2	3,6	0,5
I feel like it's impossible to get touch without permission (touched, pinched, body rubbed, hugged and kissed)	28,4	40,8	26,3	4,5
I consider myself safe from attempted rape or rape.	20,3	39,4	32,7	7,6
I feel that I am not at risk of sexual harassment while in an educational environment (campus)	18,5	38,5	34,6	8,1
I feel that I am not at risk of being sexually harassed while in the home environment	30,5	41,5	24,1	3,8

Based on the results of the study, most respondents agreed (49.4%) that they felt vulnerable to sexual harassment because of their gender. Cross-tabulation analysis shows that women felt significantly more vulnerable than men, with 83.5% strongly agreeing compared to 16.5% of men.

The results showed that the majority of respondents felt vulnerable to sexual harassment, especially in aspects of sexual nuanced non-verbal cues such as blinking or seductive lip movements (67.5%) and felt vulnerable to receiving pornographic content on social media (62.8%) which was considered very disturbing. In addition, almost half of the respondents also stated that they agreed that they were at risk of experiencing verbal harassment and inappropriate sexual comments.

Table 2. Perception of Seriousness

Statement	Strongly agree %	Agree %	Disagree %	Strongly Disagree %
I believe that sexual harassment can cause serious physical injury to victims	63,7	32,9	2,9	0,5
I believe sexual harassment can lead to sexually transmitted infections (STIs)	66,6	29,6	3,3	0,5
I don't believe sexual abuse can lead to depression	13,6	5,5	22,2	58,7
I felt that risking getting an intense gaze from someone could degrade my self-esteem.	63,2	34,6	1,2	2,1
I don't believe sexual harassment can encourage victims to end their lives.	9,8	5,5	29,8	54,9
I feel that victims of sexual abuse tend to experience a decline in confidence after the incident they experienced	70,6	26,7	1,7	1,0
I feel like a lot of people overstate the mental health impact (risk of depression, severe anxiety, or post-traumatic stress disorder) of sexual abuse.	12,2	11,2	32,9	43,7
I consider myself safe from attempted rape or rape.	20,3	39,4	32,7	7,6
I feel that I am not at risk of being sexually harassed while in an educational environment (campus).	18,5	38,5	34,6	8,1
I feel that I am not at risk of being sexually harassed while in the home environment	30,5	41,5	24,1	3,8

The results showed that the majority of respondents strongly agreed (70.6%) that victims of sexual abuse tended to experience a decrease in confidence, and strongly agreed (66.6%) that sexual harassment can cause sexually transmitted infections and 63.7% believed there was a risk of serious physical injury. In addition, most respondents also rated sexual harassment as having an impact on mental health, shown by 58.7% strongly disagreeing that sexual harassment does not cause depression, meaning the majority admit to the risk of depression due to sexual harassment.

Table 3. Sexual Harassment Prevention Measures

Statement	Always (daily) %	Frequent %	Infrequently %	Not Ever %
I passed through a quiet, dark street while driving alone at night	7,6	27,4	58,6	8,4
I tell my personal life only to my closest friends	4,8	43,4	36	15,8
I don't talk about porn when I get together with friends	24,1	30,8	18,6	26,5
I let the person who gave the joke smells sexual to me	2,6	7,9	31,5	58
I give a physical resistance when experiencing sexual harassment	18,6	15	19,6	46,8
I will report the sexual harassment to PPKS task force in the campus environment	22	14,1	16,7	47,3
I will report the sexual harassment to Police or authorities	23,6	11,7	17,2	47,6
I will report the sexual harassment to Family	17,7	16,2	18,9	47,3
I will report the sexual harassment to Women's Empowerment and Child Protection Office or related institutions	23,6	13,4	15,8	47,3

The results showed that the majority of respondents rarely (58.6%) passed through lonely and dark streets when alone at night, and often (43.4%) only told their closest friends about their personal lives. Most respondents also never (58.0%) allow jokes to be sexually nuanced, but as many (46.8%) almost never give physical resistance when experiencing harassment. In addition, the majority of respondents have never reported sexual harassment, either to the PPKS task force (47.3%), the police (47.6%), family (47.3%), or related institutions (47.3%). In this case, preventive efforts in rejecting

Table 4. Incidents of Sexual Harassment

Question	Answer	Frequency	%
Incidents of sexual harassment	Ever	139	33,2
	Never	280	66,8
Perp	Unknown people	95	22,7
	Friend	23	5,5
	Close friends	6	1,4
	Girlfriend	4	1,0
	Lecturer	1	0,2
	Family	1	0,2
	Sibling	9	2,1
Sexual harassment scene	Campus	11	2,6
	House	21	5,0
	Public places	88	21,0
	Cost/rent	6	1,4
	Public transport	9	2,1
	Workplace	4	1,0

The results showed that most respondents had never experienced sexual harassment (66.8%), while 33.2% stated that they had experienced it. The results of data processing using spss show that most of the victims of sexual harassment cases are women. With the total percentage of having experienced sexual harassment presentations as much as 83.5%, female cases and male victims as much as 16.5% and the domicile of students outside Semarang 71.2% while outside Semarang 28.8%. Regarding perpetrators, the majority of respondents revealed that sexual harassment was most often carried out by unknown people (22.7%). Meanwhile, the most sexual harassment incidents were reported to occur in public places (21.0%), compared to other locations such as homes, campuses, boarding houses/rented houses, public transportation, and workplaces.

Table 5. Forms of Sexual Harassment

Forms of Sexual Harassment	Result	
	Frequency	%
Receiving unwanted gazes or body language in the breast and genital area	10	2,4
Getting cat calling (whistling, a greeting that is seductive and uncomfortable)	60	14,3
Being in a conversation situation that is directed at unwanted things in a sexual way	12	2,9
Body parts (buttocks, breasts, genitals) being stroked or squeezed without permission	39	9,3
Constantly being asked to build a sexual relationship even though it has been rejected so that it causes anxiety	6	1,4
Seeing someone intentionally masturbating or showing their genitals in front of you	7	1,7
Receiving messages that reveal unwanted sexuality	4	1,0
Forced to send naked photos (nude)	1	0,2

The results showed that the most common form of sexual harassment experienced by respondents was cat calling in the form of whistling, flirtatious greetings, or comments that caused discomfort (14.3%). In addition, some respondents also reported having experienced unauthorized touching of body parts such as the buttocks, breasts, or genitals (9.3%), as well as receiving unwanted gazes or body language that focused on the breast and genitals area (2.4%). Other forms of harassment, such as directed in sexual conversations (2.9%), seeing someone perform exhibitionist acts (1.7%), being forced to send photos without clothes (0.2%), or receiving messages that reveal sexuality (1.0%), were reported in smaller percentages.

Table 6. Bivariate Relationship Bivariate with Sexual Harassment Prevention

Variable	P value	R	Information
Perceived Susceptibility	0,331	0,048	No relationship
Perceived Severity	0,000	0,208	Weak relationships

The results of the analysis showed that the perceived susceptibility variable had a *p value* of 0.331 so that there was no statistically significant relationship. Meanwhile, the perceived severity variable had a *p value* of 0.000 with a correlation coefficient ($r = 0.208$) which means that there was a significant relationship, but the effect size was low so this limitation needed to be considered.

Discussion

Within the Health Belief Model (HBM) framework, perceived susceptibility refers to an individual's belief regarding the likelihood of experiencing a particular health problem or risk. This construct reflects the extent to which a person perceives that a threat or problem may realistically occur in their own life. According to HBM theory, higher perceived susceptibility increases the likelihood of engaging in preventive actions (Santoso and Sulistyowati 2024). Meanwhile, perceived severity denotes an individual's belief about the seriousness of the potential consequences of a threat, encompassing physical, psychological, social, and economic impacts (Thapaliya and Adhikari 2020). These two constructs serve as key cognitive determinants influencing preventive behaviors.

The findings of this study indicate that students in Semarang City exhibit a relatively high level of perceived susceptibility, with 49.4% agreeing and 30.3% strongly agreeing that they feel vulnerable to sexual harassment risks. Cross-tabulation analysis shows that female students perceive themselves as significantly more vulnerable than male students, with 83.5% strongly agreeing compared to only 16.5% of males. This aligns with prior studies suggesting that college students are a vulnerable population due to their frequent presence in public spaces and distance from family supervision (Fedina, Holmes, and Backes 2016). Despite the high level of perceived susceptibility, statistical analysis showed no significant association between perceived susceptibility and preventive behavior ($p = 0.331$; $r = 0.048$). This suggests that risk awareness alone does not necessarily translate into protective actions. As emphasized by .. perceived susceptibility must be accompanied by perceived severity to effectively motivate behavioral change. Similar evidence was reported by (Qisthi, Bahri, and Safuni 2023) who found that individuals with low perceived vulnerability may still engage in preventive behaviors due to other influencing factors, such as family support or perceived benefits of prevention. In the context of sexual harassment, a similar

pattern emerges: students who feel vulnerable often do not resist (46.8%) and more than 47% have never reported incidents.

In contrast, perceived severity demonstrated a statistically significant association with preventive behavior ($p = 0.000$; $r = 0.208$), although the correlation strength was weak. This finding is consistent with the study by Kustin and Handayani which reported that perceived severity is positively associated with efforts to prevent risky sexual behaviors among adolescents (Kustin and Handayani 2024). Similar conclusions were drawn by Hastuti & Fauziah, who noted that beliefs about the serious consequences of a threat contribute to compliance with preventive measures (Hastuti and Fauziah 2021). In this study, most respondents believed that sexual harassment could result in serious consequences, including reduced self-confidence (70.6%), sexually transmitted infections (66.6%), and the risk of physical injury (63.7%). Awareness of these impacts contributes to protective behaviors such as refusing sexual jokes (58%) and limiting personal disclosures to close friends (43.4%). These results are consistent with research indicating that sexual harassment affects psychological factors such as fear, trauma, and stigma (Atika 2024) and that understanding the long-term effects—including depression, PTSD, and impaired academic performance—plays a significant role in motivating preventive action (Putri et al. 2024). Other studies similarly highlight perceived severity as a dominant driver of protective behavior, particularly when threats involve physical and mental health risks (Fitriani, Pristianty, and Hermansyah 2021) (Barus 2017). In line with these findings, Maulydia & Nisa showed that students who believe sexual harassment may jeopardize their academic and career trajectories are more likely to engage in preventive behaviors, such as avoiding risky situations or reporting incidents (Maulydia and Nisa 2023).

Additionally, this study assessed the forms of harassment experienced by students. A total of 66.8% reported never experiencing sexual harassment, while 33.2% reported having experienced it. Consistent with (Ardiansyah et al. 2023) the majority of victims were female students. The most frequently reported form of harassment was cat calling, including whistling, flirtatious remarks, or comments causing discomfort (14.3%). Other forms included unwanted touching of body parts such as the buttocks, breasts, or genital area (9.3%), and unwanted stares or body language focused on sensitive areas (2.4%). These findings align with (Athanasiaades et al. 2023), who reported that cat calling may cause traumatic experiences for victims. Therefore, preventive and protective mechanisms are essential (Qila, Saffana, Rahmadina, Rizki, and Azizah 2021).

Such prevention efforts are also mandated by Regulation No. 30 of 2021 on the Prevention and Handling of Sexual Violence in Higher Education, which requires all universities in Indonesia to establish a Sexual Violence Prevention and Handling Task Force (PPKS). Based on the findings of this study, it is recommended that PPKS units conduct structured prevention programs every three months through campaigns, educational sessions, or seminars emphasizing the impacts of sexual harassment alongside prevention strategies. Routine evaluation of program effectiveness and victim-friendly reporting mechanisms is also essential to support sustained prevention and response efforts.

Conclusion

Overall, these findings confirm that within the Theory Health Belief Model, perceived severity plays a stronger role than perceived susceptibility in shaping sexual harassment prevention behaviors among college students. This is evidenced perceived susceptibility not having a significant relationship, while the perception of seriousness has a significant relationship even with low strength. Therefore, prevention efforts in higher education should be directed at increasing students' understanding of the consequences of the short-term and long-term impacts of sexual harassment, as well as strengthening structural support through the PPKS Task Force and institutional policies so that students have the courage and adequate access to report and prevent cases of sexual harassment. The form of student understanding can be carried out with counseling activities every three months such as campaigns, education, seminars that emphasize the impact of sexual harassment accompanied by efforts to prevent sexual harassment and the need for routine evaluation of each activity and evaluation of victim-friendly reporting mechanisms.

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