

The Correlation Between Knowledge, Attitude, Parents' Role, Counseling Teachers' Role and Preventive Measures of HIV/AIDS in Teenagers

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ABSTRACT

Preventive measures of HIV/AIDS among teenagers is an important issue that needs special attention considering that many of their behavior problems are getting closer to HIV/AIDS vulnerability. Some their behaviors at risk of HIV/AIDS are free sex and drug abuse. This study aims to identify and analyze the correlation between knowledge, attitudes, parents' role, counseling teachers' role and preventive measures of HIV/AIDS in teenagers. The design of this study was analytic and time survey using a cross sectional approach. The number of samples used is 90 samples taken by proportional stratified random sampling technique. The techniques of this research used questionnaires and documentation. Data were analyzed using chi square test statistics with a significance level of 5%. The results of this study indicate that there is a significant correlation between knowledge of teenagers and their preventive measures of HIV/AIDS with p value = 0.000. The chi square test showed that there was a significant correlation between attitudes and preventive measures of HIV/AIDS in teenagers with p value = 0.000. The chi square test also showed that there was a significant correlation between parents' role and preventive measures of HIV/AIDS in teenagers with p value = 0.000. There is no significant correlation between the role of counseling teachers with preventive measures of HIV/AIDS in teenagers with p value = 0.094. The results of this study (95% confidence interval) showed that the most influential factor in preventive measures of HIV/AIDS in teenagers was attitude, with a p-value (0.006) and an Odd Ratio (OR) of 4.055. The attitude variable has a higher OR value than the other variables, namely 4.055.

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Keywords: HIV / AIDS prevention, Counseling teachers' role, Parents' role, Knowledge, Attitudes, Teenagers

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INTRODUCTION

Nowadays, teenagers face many complex and important problems. One of these problems is the problem of sex in teenagers. The problem of sexuality that is commonly faced by teenagers is an increased sexual urge. The results of a survey conducted by the BKKBN (2008) stated that 63 percent of teenagers in several big cities in Indonesia had premarital sex. The understanding of what they believe is that having sex once does not cause pregnancy. Teenagers often have misunderstanding related sex from friends, movies, or books whose contents far deviate from ethical and moral values. It causes teenagers to fall into complex sexuality problems including the risk of HIV/AIDS transmission (Novita, 2008).

According to data released by the Ministry of Health of the Republic of Indonesia (2012), AIDS cases increased very high, reaching 15,372 people infected HIV positive and 3,541 AIDS cases for a total of 18,913 cases. Of the 3,541 AIDS cases, the largest mode of transmission was through heterosexual behavior which is 564 cases. For the worst, these cases mostly occur in the young and productive people (Directorate General of PP & PL, Ministry of Health RI, 2012).

Statistical data on HIV/AIDS cases up to December 2012 reported by the Directorate General of PPM and PL of the Ministry of Health of the Republic of Indonesia shows that East Java Province is ranked 3rd for the highest number of AIDS cases among provinces in Indonesia. The first rank of most AIDS cases is in Papua and the second one is in DKI Jakarta Province, followed by East Java, West Java, and Bali (Ministry of Health of the Republic of Indonesia, 2012).

HIV/AIDS cases recorded at the Sumenep District Health Office from 2008-2012 showed an increase. There were 7 HIV cases in 2008, 9 cases in 2009, 14 cases in 2010, 10 cases in 2011, and 16 cases in 2012 (Sumenep District Health Office, 2012).

The spread of HIV/AIDS is influenced by the risk behavior of group of people. Prevention can be carried out in group of people according to their behavior and the potential threats that they face. Activities of prevention in the form of counseling, promoting of healthy life, educating how to use prevention tools effectively are packaged in order to achieve the goals of preventive measures (KPAN, 2010).

An important measure to prevent HIV/AIDS is to be able to be directed at groups of teenagers. This is caused by 57.8% of AIDS cases came from the year of 15-29. It indicates that they infected HIV/AIDS at a very young age (KPAN, 2012).

Various data and information states that preventive measures of HIV/AIDS in teenagers also require a study. This behavior is as an act of self-defense for teenagers to be more careful in their interactions. This behavior can be happened from various factors that exist in teenagers, including knowledge, attitudes, the role of parents, and the role of counseling teachers in teenagers as preventive measures of HIV/AIDS.

Based on the description above, the researcher raises the question that will be a problem in this study. Namely, what is the correlation between knowledge, attitude, parents' role, counseling teachers' role and preventive measures of HIV/AIDS in teenagers?

The purpose of this study was to analyze the correlation between knowledge, attitude, parents' role, counseling teachers' role and preventive measures of HIV/AIDS in teenagers (study on Senior High School students in Sumenep Regency).

METHOD

This research used a quantitative research with correlational research methods. This research was conducted by a cross sectional approach or survey. The survey was conducted on students of class X, XI and XII of SMAN 1 Sumenep and SMA PGRI. The amount of them is 1260 students.

In this study, the analysis of the correlation between two variables will be carried out. The independent variables are knowledge, attitude, parents' role and counseling teachers' role of teenagers. Each variable requires 15-20 research subjects. In this study, it needed $4 \times 15 - 20 = 60 - 80$ research subjects. The subjects that will be taken in this study are 90 research subjects using the proportional stratified random sampling technique.

The independent variables of this study were the characteristics of teenagers (gender and age), knowledge, attitudes of teenagers towards HIV/AIDS, and the role of counseling teachers in teenagers and the dependent variable in this study was HIV/AIDS prevention efforts in teenagers.

Operational definitions in this study are as follows:

1. Knowledge about HIV/AIDS is everything that is known or understood by teenagers about HIV/AIDS. It is included definitions, symptoms, transmission of risky behavior as well as prevention and treatment of HIV/AIDS.
Measuring tool: Questionnaire
Measuring scale: Continuous
Score:
- Score 16-30 = high knowledge
- Value 0-15 = low knowledge
2. Attitudes of teenagers about HIV/AIDS are reactions or responses that are still not aware of responding to matters related to HIV/AIDS. It is related to awareness of the dangers of HIV/AIDS due to their behavior that is at risk about sexuality and drugs, teenagers' alertness infected with HIV/AIDS and acceptance of ODHA.
Measuring Tool : Questionnaire
Measuring scale: Continuous
Score : Strongly Agree:1 ; Agree:2 ; indecisive : 3; Disagree : 4 Strongly Disagree : 5
Value 76-150 = Good Attitude
Value 1-75 = Less Attitude
3. The role of parents is providing information and knowledge as a basic for the foundation of HIV/AIDS preventive measures in teenagers.
Measuring tool : Questionnaire
Measurement scale : Continuous
Score : - Score 21-40 = Good parental role
- Score 1-20 = Poor parental role
4. The Role of Counseling Teachers is counseling teenagers in order to achieve their goals in the prevention function which will result in the prevention and avoidance from various problems in the teenagers development process. It is included teenagers' problems, understanding HIV/AIDS, and overcoming HIV/AIDS and acceptance of ODHA
Measuring Tool : Questionnaire
Measurement scale : Continuous
Score : - Score 21-40 = High Counseling Teacher role
- Score 1-20 = Low Counseling Teacher role
5. Preventive measures of HIV/AIDS in teenagers are their activities to prevent HIV/AIDS from an early age by communicating about HIV/AIDS prevention, participating in promotion, socialization, and counseling about HIV/AIDS prevention, avoiding risky behavior of HIV/AIDS , and willing to communicate with ODHA
Measuring Tool : Questionnaire
Measurement scale : Continuous
Score : Yes : 1 and No : 0
a. Lack measure, the total score is 0 – 5
b. Good measure, the total score is 6 – 10

Data were analyzed using univariate, bivariate with Odd Ratio (OR) at significance $p = 0.05$ and multivariate with the highest OR.

The analysis was taken by using *Proportional Stratified Random Sampling* technique. Data analysis using *Linear Regression* test. This research has been through an ethical test with SK: 2705/KEPK/X2021.

RESULTS AND DISCUSSION

Variable	N	Mean	Standard Deviation
Knowledge	90	14.1	5.67
Attitude	90	94.7	26.81
Parent's Role	90	26.2	7.67
Counseling Teacher's role	90	26.3	6.59
Preventive measures of HIV/AIDS	90	5.25	2.33

The distribution of a 90 sample students that average amount of student knowledge about HIV/AIDS is 14.1. The average attitude towards HIV/AIDS is 94.7. The average parental support is 26.2 and the average guidance and counseling teacher support is 26.3. Meanwhile, the average preventive measure is 5.25.

Variable	Preventive Measure of HIV/AIDS			OR	P
	Bad n (%)	Good n (%)	Total n (%)		
Knowledge					
Low	30 69.8%	13 30.2%	43 100.0%	5.440	0,000
High	14 29.8%	33 70.2%	47 100.0%		
Attitude					
Negative	30 71.4%	12 28.6%	42 100.0%	6.071	0,000
Positive	14 29.2%	34 70.8%	48 100.0%		
Parents' Role					
Poor	29 69.0%	13 31.0%	42 100.0%	4.908	0,000
Strong	15 31.3%	33 68.8%	48 100.0%		
Counseling Teachers' role					
Low	24 58.5%	17 41.5%	41 100.0%	2.047	0,094
High	20 40.8%	29 59.2%	49 100.0%		

The chi square analysis obtained an insignificant value of 0.000 and an odds ratio of 5.220. This shows that there is a significant correlation between knowledge and preventive measures of HIV/AIDS in teenagers with a value of $0.000 < (0.05)$. This is related with the research hypothesis, that there is a correlation between knowledge and preventive measures of HIV/AIDS in teenagers. The cross tabulation shows that most of the teenagers is in the high category of knowledge distribution of respondents and have high preventive measures of HIV/AIDS.

Teenagers' high knowledge of HIV/AIDS can be due to the developmental aspects of them. Most of the respondents (teenagers) in this study were in their late teens with a percentage of 55.68%.

The correlation between teenagers' attitudes towards HIV/AIDS and preventive measures against HIV/AIDS can be determined by conducting a chi square test with α of 0.05. The results of the chi square test indicate that the significant number of correlations between teenagers' attitudes towards HIV/AIDS and preventive measures of HIV/AIDS is less than α , which is 0.000. Based on this, H_0 is rejected and it can be concluded that there is a significant correlation between teenagers' attitudes and preventive measures of HIV/AIDS in teenagers. Therefore, the existence of prevention is to increase the foundation of positive attitudes in teenagers.

Based on the results of the study, most of them stated that parents' role for respondents (teenagers) was in the strong category with a percentage of 68.8%. The correlation between parents' role and preventive measures of HIV/AIDS in teenagers can be determined by conducting a Chi Square test with α of 0.05. The results of the Chi Square test showing that the number is significant and there is a correlation of them more than α that is equal to 0.000. Based on this, H_0 is rejected and it can be concluded that there is a significant correlation between parents' role and preventive measures of HIV/AIDS in teenagers.

The results of this study are in line with research conducted by Budiono (2011) in the resocialization of Argorejo, Kalibanteng Kulon Village, which shows that the HIV/AIDS prevention rate with strong family support is 62.9%. The factor that was proven to be related to the practice of preventing HIV/AIDS with the use of condoms was the support from the family ($p=0.032$).

Parental support is one of the factors that influence a person's attitude. Parenting forms the character of a child through everyday life at home and became example.

Based on the results of the study, most of them stated that the role of counseling teachers in respondents (teenagers) was in the strong category with a percentage of 59.2%. The correlation between the role of the counseling teacher and preventive measures of HIV/AIDS in teenagers can be seen by conducting the Chi Square test with α of 0.05 and the Chi Square test results show that the figure is less significant and there is no correlation between the role of the counseling teacher and preventive measures of HIV/AIDS is more than α , which is 0.094. Based on this, H_0 is accepted and it can be concluded that there is no significant correlation between the role of counseling teachers and preventive measures of HIV/AIDS in teenagers.

Counseling teacher's role is said to be not statistically significant. It does not mean that there is no correlation (zero ratio). There is a correlation, it is just very small. It might be different for other studies (different time, students, and schools), the results might be significant.

The cross tabulation shows the distribution of the role of counseling teachers to respondents (teenagers) who are in the strong category and have good HIV/AIDS preventive measures. Therefore, the existence of the measures to increase the role of counseling teachers in schools for teenagers is also expected to form positive HIV/AIDS preventive measures for them. The results of the regression analysis showed that there was a significant correlation between Knowledge, Attitudes, Parents' role and Preventive Measures in Teenagers

Independent Variable	OR	95% C.I. for EXP(B)		P
		Lower	Upper	
Knowledge	3.158	1.129	8.834	.028
Attitude	4.055	1.497	10.981	.006
Parents' role	2.565	.916	7.181	.073
Counseling Teacher' Role	1.699	.624	4.624	.300
N Observation	90			
-2 Log likelihood	94.8			
Nagelkerke R Square	37.7%			

Source: Primary Data, June 2013

The results of the multivariate analysis in this study can be explained as follows:

Table 4.6 describes the logistic regression analysis of the correlation between knowledge, attitudes, parents' role, counseling teachers' role and preventive measures of HIV/AIDS in teenagers. Statistically, there is a positive correlation between knowledge and attitudes of teenagers towards HIV/AIDS preventive measures. Meanwhile, for parents' role and counseling teachers' role, it is said to be statistically insignificant, it does not mean that there is no effect (zero ratio), but that there is an effect, it is just very small. It might be different for other studies (different time, different students and schools). The results might be significant.

The tendency of respondents with high knowledge to take preventive measures of HIV/AIDS was 3 times greater than respondents with lower knowledge (CI=95%; 1.129 to 8.834; $p < 0.05$).

Respondents with a good attitude to take preventive measures of HIV/AIDS were 4 times greater than respondents with a low attitude (CI=95%; 1.497 to 10.981; $p < 0.05$).

Respondents who received strong support from their parents regarding HIV/AIDS to take preventive measures of HIV/AIDS were 2 times greater than respondents who did not receive support from their parents regarding HIV/AIDS (CI= 95%; 0.916 to 7.181 ; $p < 0.05$).

Meanwhile, respondents who received strong support from counseling teachers regarding HIV/AIDS to take preventive measures were 1 times greater than respondents who did not receive support from counseling teachers on HIV/AIDS (CI=95% ; 0.624 to 4.624 ; $p < 0.05$).

For Beginning, it turns out that the coefficient of -2 Log Likelihood is 94.8 which is compared to the value of 41.455 with the Chi Square statistical value (0.05; df = 30-1) which is 42.5569678, in fact the result is $94.84 > 42.5569678$ (reject null hypothesis $<<$ not significant). In that case, the model does not fit the data.

To find out the effect of all independent variables, it turns out that it is still not able to explain the diversity of data on the variable of HIV/AIDS preventive action by 37.7% (eg with Nagelkerke) while the remaining 62.3% is explained by other variables outside the research.

CONCLUSIONS AND SUGGESTIONS

Conclusions

1. There is a significant correlation between knowledge and preventive measures of HIV/AIDS in teenagers. Respondents with high knowledge to take preventive action against HIV/AIDS were 3 times greater than respondents with lower knowledge (CI=95%; 1.129 to 8.834; $p < 0.05$).
2. There is a significant correlation between attitudes and preventive measures of HIV/AIDS in teenagers. Respondents with a good attitude to take preventive action against HIV/AIDS were 4 times greater than respondents with a worse attitude (CI=95%; 1.497 to 10.981 ; $p < 0.05$).
3. There is a significant correlation between support from parents and preventive measures of HIV/AIDS in teenagers. Respondents who received strong support from their parents regarding HIV/AIDS to take preventive action against HIV/AIDS were 2 times greater than respondents who did not receive support from their parents regarding HIV/AIDS (CI=95%; 0.916 to 7.181 ; $p < 0.05$).
4. There is no significant correlation between the support of counseling teachers and preventive measures of HIV/AIDS in teenagers. Counseling teacher support is said to be not statistically significant, it does not mean that there is no effect (zero ratio), but that there is an effect, only very small. It might be different for other studies (different time, different students and schools). The results might be significant. Respondents who received strong support from counseling teachers regarding HIV/AIDS to take preventive action against HIV/AIDS were 1 times greater than respondents who did not receive support from counseling teachers on HIV/AIDS (CI=95%; 0.624 to 4.624 ; $p < 0.05$).
5. All independent variables were still unable to explain the diversity of data on the variable of HIV/AIDS preventive action by 37.7% (eg with Nagelkerke) while the remaining 62.3% was explained by other variables outside the research model.

Suggestions

1. For teenagers, it is strived to be able to increase participation in various youth social activities, such as participating in Youth PIK (Information and Consultation Center) group activities. Youth PIK groups that can be accessed by teenagers in Sumenep Regency are able to increase their insight and information, especially regarding HIV/AIDS. It can also further raise awareness and preventive measures of HIV/AIDS behavior from an early age in their lives.
2. For Counseling Teachers, they are able to improve information services for guiding and counseling teachers that lead to things that are able to support the cognitive, affective, and social behavior development of teenagers. In this case, it can be in the form of socialization regarding the threat of HIV/AIDS for today's youth and preventive measures that must be done. This can be realized by collaborating with several parties who can be involved in it, such as the Faculty of Public Health, the Health Office, Health Workers, as well as with the Youth PIK group that focuses on teenagers' problems and their preventive measures of HIV/AIDS.
3. For the Education Office, it is able to increase support for each school in order to realize an education system that is able to lead to the social development of teenagers, just as teenagers are able to be equipped with soft skills in this case related to their problems and HIV/AIDS, It is expected to make teenagers realize that they need to be more responsible in their behavior.
4. For the Women's Empowerment and Family Planning Agency, it is to improve good cooperation with the school or counseling teachers in order to foster HIV/AIDS

prevention measures in teenagers. This can be realized as well as forming Youth PIK groups in schools that are able to coordinate with the role of counseling teachers in it.

5. It is necessary to conduct a more research on the Role of Counseling Teachers in HIV/AIDS preventive measures in teenagers.

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I declare that to the best known of my knowledge, there is no scientific work that has been submitted by another person to obtain an academic degree at a university in this thesis. Also, there is no work or opinion that has been written or published by another person, except those that are quoted in writing in this manuscript and mentioned in the sources of citations and bibliography.

CONFLICT OF INTEREST

In this study, there is no interest concerning myself or with other institutions other than the Indonesian Strada Institute of Health Sciences, Kediri City.

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