



THE RELATIONSHIP LEVEL OF KNOWLEDGE WITH ATTITUDE OF HIV/AIDS PREVENTION IN THE AGE YOUTH 15-24 YEARS

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ABSTRACT

Human Immunodeficiency Virus (HIV) is a virus that attacks the human immune system and Acquired Immunodeficiency Syndrome (AIDS) is an immune syndrome caused by HIV infection. The course of this disease is slow and the symptoms (AIDS) appear on average 10 years after the infection occurs, it can even take longer. The high number of cases of HIV AIDS which continues to increase, especially among young people or adolescents, is a serious problem. And the lack of knowledge about HIV AIDS will affect negative HIV AIDS prevention attitudes. The purpose of this study was to determine the relationship between knowledge level and HIV AIDS prevention attitudes among adolescents aged 15-24 years in the Sindang Brang sub-district, rt 02 RW 07, Bogor City, in 2021. This type of research uses descriptive quantitative analytic with a cross sectional approach. The population in this study was adolescents at the Pasir Mulya Health Center as many as 56 people. the sample in this study amounted to 56 respondents equal to the population using the total sampling technique. Univariate and bivariate data analysis using Kendal Tau. Based on statistical tests from 56 respondents, 22 respondents (39.3%) with less knowledge had a negative attitude towards HIV AIDS prevention. The results of bivariate analysis using the Kendal Tau statistical test, obtained a p value of 0.000 <0.05 (alpha) so that Ha was accepted and H0 was rejected. The conclusion of this study shows that there is a relationship between the level of knowledge and attitudes towards HIV AIDS prevention among adolescents aged 15-24 years at the Pasir Mulya Health Center, Bogor City, in 2021. It is hoped that young people at the Pasir Mulya Health Center will know more about what HIV AIDS is from the signs and symptoms, ways of transmission, prevention of HIV AIDS, and so on. So that teenagers can have a positive prevention attitude and not more people get HV AIDS.

Keywords: HIV AIDS, Knowledge, Attitudes to Prevention of HIV AIDS

INTRODUCTION

Often mistaken for one unit, it turns out that HIV and AIDS are two different conditions. Even so, the two are indeed related to each other. Simply put, HIV is a condition that can cause AIDS. 1 Human Immunodeficiency Virus (HIV) is a virus that can cause AIDS (Acquired Immune Deficiency Syndrome) that enters the body. A person can be infected with this disease by having unprotected sexual intercourse with someone who already has this disease or by sharing needles with people with AIDS.

AIDS (Acquired Immune Deficiency Syndrome) is defined as a syndrome or a collection of symptoms of a disease characterized by severe immune deficiency and is a manifestation of the final stage of HIV infection.¹ Human Immunodeficiency Virus infection generally takes up to 2 to 15 years



for definite symptoms to appear. HIV will not directly damage the body's organs, but this virus slowly attacks the immune system and gradually weakens it until then the body becomes vulnerable to disease, especially infection.

Based on data from UNAIDS, there were 36.9 million people in various countries living with HIV/AIDS in 2017. Of the total sufferers, 1.8 million of them were children under 15 years old. The rest are adults, a number of 35.1 million sufferers. HIV/AIDS sufferers are mostly suffered by women, namely as many as 18.2 million sufferers. Meanwhile, there are 16.9 million male sufferers. Unfortunately, 25 percent of the approximately 9.9 million sufferers, do not know that they have HIV or even have AIDS.²

According to the AIDS Commission (KPA) Bogor City is predicted to be ranked third in West Java. Because, West Java states that the number of HIV sufferers in Bogor has increased over the last three years. "In 2017 HIV AIDS cases in Bogor City reached 4,164 sufferers, then in 2018 it increased to 4,610 sufferers, then in 2019 it increased again as many as 4,928 sufferers infected with HIV AIDS. So every year on average there are hundreds of HIV cases recorded at the Bogor City Health Service (Dinkes), said the head of the prevention section for eradicating infectious diseases at the Bogor City Health Office, Wahyu Pito Supeni, when met in Bogor City, West Java.

According to Riyanto there are 7 factors that influence a person's attitude, namely: personal experience, the influence of other people, the influence of culture, the mass media, religious educational institutions, emotional and knowledge. 4 Knowledge and attitude are equally important. Because knowledge is the result of knowing, and it occurs after someone senses a certain object. This sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most of human knowledge is obtained through the eyes and ears, if someone has less knowledge then the attitude of prevention is negative and vice versa.

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Based on the results of a preliminary study conducted on May 15, 2021, the results obtained from 10 respondents, 3 of them had good knowledge about HIV AIDS, 3 of them had sufficient knowledge about HIV AIDS and 4 of them had insufficient knowledge about HIV AIDS. And the prevention attitude of the 10 respondents all still have a bad prevention attitude.

In general, the purpose of this study was to determine the relationship between the level of knowledge and attitudes towards HIV AIDS prevention in adolescents aged 15-24 years at the Pasir Mulya Health Center, Bogor City, in 2021.

RESEARCH METHODS

The research design is the final outcome of a stage where decisions are made by the researcher regarding how the research can be implemented. This type of research is quantitative research with an analytic survey approach, with a cross-sectional study design, namely a study that aims to see a relationship at the same time between the independent variables and the dependent variable.⁵

For the design of this study using the approach *Cross-sectionalis* a study for the dynamics of the correlation between risk factors and effects, by way of approach, observation or data collection at one time (point time approach). This means that each research subject was only observed once and measurements were made of the character status or subject variables at the time of examination.⁶

The independent variable in this study is HIV AIDS Prevention Knowledge Level. The dependent variable in this study was the attitude of HIV AIDS prevention.⁷ The population in this study were all adolescents aged 15-24 years at the Pasir Mulya Health Center as many as 56 people.⁸ The sample was partly taken from the entire object studied and considered to represent the entire population.⁷ This researcher used Total Sampling technique. Total Sampling is a sampling technique where the number of samples is equal to the total population. The reason for using Total Sampling is because the total population is less than 100.⁹ Data collection tool in this study is a questionnaire. The questionnaire in question is a questionnaire for the level of knowledge with the attitude of HIV AIDS prevention.

Univariate analysis was carried out on the variables from the results of the research. The independent variable is Knowledge of HIV AIDS prevention and the dependent variable is Attitude of HIV AIDS prevention. Bivariate analysis is an analysis conducted on two variables that are suspected to be related or correlated. Kendal Tau correlation is used to find relationships and test hypotheses between two or more variables.¹⁰

RESEARCH RESULT

Table 1 Frequency Distribution of Respondent Characteristics by Gender at the Pasir Mulya Health Center Bogor City in 2021

Gender	Frequency	Percentage (%)
Man	32	57,1
Woman	24	42,9
Total	56	100

From the results of the table above, it is known that the frequency distribution of the characteristics of respondents based on gender is known from the 56 respondents, the majority of whom are male, namely 32 (57.1%) respondents.

Table 2 Frequency Distribution of Respondent Characteristics by Age At the Pasir Mulya Health Center, Bogor City, in 2021

Age	Frequency	Percentage (%)
15-20 Years	38	67,9
21-24 Years	18	32,1
Total	56	100

From the table above, it is known that the frequency distribution of the characteristics of respondents based on age is known from 56 respondents, most of them are aged 15-20 years, namely 38 (67.9%) respondents.

Table 3 Frequency Distribution of Research Respondents based on Last Education at the Pasir Mulya Health Center, Bogor City, in 2021.

Last education	Frequency	Percentage (%)
Preelementary School	7	12.5
Junior High School	27	48,2
Senior High School	14	25.0
College	8	14,3
Total	56	100

From the results of the table above it is known that the frequency distribution of respondents' last education is known from 56 respondents, most of them have junior high school education as much as 48.2%.

Table 4 Frequency Distribution of Research Respondents based on Having received information about HIV AIDS at the Pasir Mulya Health Center, Bogor City, in 2021

Get information	Frequency	Percentage (%)
Once	41	73,2
Never	15	26,8
Total	56	100

From the results of the table above it is known that the frequency distribution is known from 56 respondents, it was found that most of the respondents had received as much information (73.2%).

Table 5 Frequency distribution based on information obtained at the Pasir Mulya Health Center, Bogor City, in 2021.

Obtained from	Frequency	percentage
Tv/radio	6	14,6
Health workers	15	36,6
Parent	1	2,4
Siblings	1	2,4
Friend	4	9,8
Teacher	14	34,1
Total	56	100

From the results of table 5, the frequency based on the information obtained shows that of the 56 respondents, the majority obtained from health workers (35.7%).

Table 6 Frequency distribution regarding knowledge of HIV AIDS prevention in adolescents at the Pasir Mulya Health Center, Bogor City, in 2021

knowledge	frequency	percentage
Good	22	39,3
Enough	16	28,6
not enough	18	32,1
Total	56	100

From the results of the 6 frequency table regarding HIV AIDS prevention knowledge, it shows that out of 56 respondents, the majority had good knowledge (39.7%).

Table 7 Frequency Distribution of HIV AIDS prevention attitudes in adolescents at the Pasir Mulya Health Center in Bogor City in 2021

preventive attitude	f	percentage
positive	20	35,7
negative	36	64,3
Total	56	100

From the results of table 7 regarding the frequency of HIV AIDS prevention attitudes, it shows that out of 56 respondents, the majority had a negative prevention attitude (64.3%).

Table 8

Frequency distribution of the relationship between knowledge about HIV AIDS and HIV AIDS prevention attitudes in adolescents at the Pasir Mulya Health Center, Bogor City, in 2021

<i>SIKAP PENCEGAHAN HIV AIDS</i>						
Pengetahuan	value					
Pencegahan	negatif		positif		total	
Tentang	N	%	N	%	N	%
HIV AIDS						
Baik	11	61,1	7	38,9	18	100
Cukup	7	43,8	9	56,3	16	100
Kurang	18	81,8	4	18,2	22	100
Total	36	64,3	20	35,7	56	100

From the results of the table regarding the results of statistical tests on the relationship between Knowledge about HIV AIDS and HIV AIDS prevention attitudes in adolescents at the Pasir Mulya Health Center, Bogor City in 2021. Out of 56 respondents, 18 respondents (81.8%) had a negative HIV AIDS prevention attitude. The results of the statistical test obtained a p value of 0.131, which means a p value > 0.05 so that there is no relationship between knowledge about HIV AIDS and HIV AIDS prevention attitudes in adolescents at the Pasir Mulya Health Center, Bogor City, in 2021.

DISCUSSION

a. Knowledge level

Based on the results of research on the frequency distribution of HIV AIDS prevention knowledge at the Pasir Mulya Health Center in Bogor City in 2021 from 56 respondents. It was found that most of them had good knowledge of 22 respondents (39.3%)

Knowledge is the result of knowing, and it occurs after someone senses a certain object. This sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most of human knowledge is obtained through the eyes and ears

Lack of knowledge about HIV AIDS will affect adolescent attitudes towards premarital sexual behavior so that it can increase the vulnerability of adolescents to contracting HIV AIDS

Knowledge is also a reinforcing factor for changes in attitude, knowledge of attitudes will become the foundation for moral formation in a person, meaning that there can be harmony that occurs between knowledge and attitudes, where attitudes are formed after a process of knowing beforehand.



The results of this study are comparable to previous studies done by Inggit Rahayu 2017 researched about "Relationship between level of knowledge about HIV AIDS and premarital sexual behavior of students at 1 Rengat Public High School (research study at 1 Rengat Public High School)." The results of this study illustrate that as many as 49 students (54%) have a good level of knowledge of HIV AIDS.

Based on the theory and results of research that researchers have conducted in adolescents aged 15-24 years at the Pasir Mulya Health Center, Bogor City, the number of respondents who have good knowledge of HIV AIDS is 22 respondents (39.3%). Respondents' knowledge was obtained not only from formal education, but also obtained both from direct experience and through the experiences of others.

This knowledge will later influence attitudes and behavior regarding free sex. Lack of knowledge about HIV AIDS will make a person think positively or negatively about HIV AIDS. Because there is a side that does not understand HIV AIDS itself and can increase the vulnerability of adolescents to contracting HIV AIDS.

b. HIV AIDS prevention attitude

Prevention of HIV AIDS transmission is carried out using the ABC formula, where A is abstinence, not having sex before marriage, B is being faithful, meaning that if you are married you only have sex with your partner, C is a condom, meaning that if A and B are not followed then should be used as a means of prevention by using a condom.

The results of this study are supported by research conducted by Arlinda Putri Aditya 2015 researched on "the relationship between the level of knowledge and HIV AIDS prevention behavior in students of SMAN 1 Wonosari in 2015 with the results of the study the level of knowledge of students was in the good category, there were 126 people (90.7%) with high knowledge, only 2 people (91.4%) who low knowledge.

Based on the theory and results of research that has been done by researchers at the Pasir Mulya Health Center Bogor city out of 56 respondents, it was found that the majority of respondents had a negative attitude towards HIV AIDS prevention as many as 36 respondents (64.3%). The attitude of HIV AIDS prevention depends on how a teenager gets along with the surrounding environment.

c. Relationship between level of knowledge and attitudes towards HIV AIDS prevention

Based on the table of results of the analysis of the relationship between knowledge level and HIV AIDS prevention attitudes among adolescents aged 15-24 years at the Pasir Mulya Health Center, Bogor City in 2021, out of 56 respondents, 11 people (81.8%) had insufficient knowledge of HIV AIDS with a preventive attitude. negative. The results of statistical tests using kendal tau, obtained a p value of 0.131 (<0.05). Because the p value <0.05 , H_a is rejected, H_0 is accepted, it can be concluded that there is no relationship between the level of knowledge about HIV AIDS and the attitude of HIV AIDS prevention in adolescents at the Pasir Mulya Health Center, Bogor City, in 2021.



Knowledge is the result of knowing, and it occurs after someone senses a certain object. This sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most of human knowledge is obtained through the eyes and ears. Lack of knowledge about HIV AIDS will affect adolescent attitudes towards premarital sexual behavior so that it can increase the vulnerability of adolescents to contracting HIV AIDS.

Someone who has good knowledge will influence behavior in a good HIV AIDS prevention attitude as well, and vice versa if someone has less knowledge then the attitude of prevention will also be negative. Factors that influence attitudes: Personal experience: what we have and are experiencing will shape and influence our appreciation of social stimuli. Influence of others: in general, individuals tend to have a conformist attitude or in the same direction as the attitude of someone they consider important. Among the people who are usually considered important by individuals are parents, peers, close friends and others. Cultural influence: Culture has instilled lines of influence on our attitude towards various problems because the culture in which we live and are raised has a great influence on the formation of our attitude. Mass media: carry messages containing suggestions that can direct one's opinion. Suggestive messages carried by this information, if strong enough, will provide an affective basis for judging something. Educational institutions: laying the foundation for understanding and moral concepts in individuals so that these two institutions are a system that has influence in the formation of attitudes. The influence of emotional factors: a form of attitude is a statement based on emotion that functions as a kind of outlet for frustration or a shift in the form of an ego defense mechanism. Based on the theory and previous research, it can be concluded that the level of prevention knowledge can influence the attitude of HIV AIDS prevention. Based on the theory and previous research, it can be concluded that the higher the level of one's knowledge, the more positive preventive attitudes will emerge.

CONCLUSIONS

1. It is known that the frequency distribution of knowledge about HIV AIDS in adolescents at the Pasir Mulya Health Center, Bogor City, from 56 respondents, the result was 39.3%, that is, 22 respondents had good knowledge.
2. It is known that the frequency distribution of HIV AIDS prevention attitudes in adolescents at the Pasir Mulya Health Center, Bogor City, from 56 respondents, obtained a result of 64.3%, that is, as many as 36 respondents had negative prevention preparedness.
3. Is knownThe results of the analysis of the relationship between knowledge level and attitude towards HIV AIDS prevention in adolescents aged 15-24 years in the Sindnag Barang Village, RT 02 RW 07 Bogor City in 2021, out of 56 respondents, 11 respondents (81.8%) had less knowledge about HIV AIDS with attitudes negative prevention. The results of the statistical test using the tau kendal showed a P value of 0.131 (<0.05). Because P value <0.05 , H_a is rejected, H_0 is accepted, it can be concluded that there is no relationship between the level of knowledge about HIV AIDS



and the attitude of HIV AIDS prevention in adolescents at the Pasir Mulya Health Center, Bogor City, in 2021.

SUGGESTIONS

1. For STIKes Wijaya Husada Bogor

This research is expected to be input material for institutions and increase knowledge for students regarding the relationship between knowledge level and HIV AIDS prevention attitudes among adolescents aged 15-24 years.

2. For Researchers

This research is expected to provide additional information and an overview regarding the level of knowledge and attitudes towards HIV AIDS prevention among adolescents 15-24 years.

3. For Further Researchers

This research is expected to provide additional information and as input for further research.

BIBLIOGRAPHY

1. Notoadmodjo S. Health Behavior Science, Public Health, Education and Adolescent Behavior. Jakarta: Rineka copyright, Jakarta: Salemba Medika, 2010.
2. Azanella LA. HIV/AIDS in Figures: 36.9 million sufferers, 25 percent are not aware of it. 2018.<https://www.google.com/amp/s/amp.kompas.com/lifestyle/read/2018/12/01/124545720/hiv/aids-dalam-angka-369-juta-penderita-25-percent-not-aware-of-it>. Accessed January 30, 2021, 14:00
3. M. Rizka R. The Number of HIV/AIDS Patients Has Dropped in Bogor. 2019.<https://m.jabarnews.com/read/75348/nomor-penderita-hiv-aids-urun-di-bogor>. Accessed February 6, 2021, 19:00
4. Sugiyono. Quantitatiff Research Methods, Qualitative and R&D. Bandung : Alfabeta, 2017.
5. Notoadmodjo S. Health Behavior Science. Jakarta: Rineka Cipta, 2014.
6. ORIGINAL. Relationship between Knowledge and Attitudes About HIV/AIDS and Prevention of HIV/AIDS in Adolescents at SMAN 2 Bau-Bau City. 2017.
7. Rizki MR k. Health research methodology textbook. Sidoarjo: Indonesian Libraries, 2018.
8. Nursalam. Nursing Science Research Methodology Practical Approach. Jakarta: Salemba Medika, 2016.
9. Sugiyono. Statistics For Research. Bandung : Alfabeta, 2017.
10. Sugiyono. Quantitative, qualitative, and r&d research methods. Bandung : Alfabeta, 2016.
11. Sarwono S. Adolescent Psychology. revision. Jakarta: Rajawali Press, 2013.