HEALTH PROMOTION IMPLEMENTATION OF HIV/AIDS PREVENTION AMONG YOUTH

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ABSTRACT

Sexually transmitted infections (STIs), also known as sexually transmitted diseases, can be transmitted through sexual intercourse (Hakim, 2014). HIV is a global infectious disease which is also a sexually transmitted infection. Every year the number of people with STDs always increases, therefore, increasing knowledge and perceptions of sexually transmitted diseases need to be emphasized, especially in the youth group. This research aims to obtain an overview and understanding of STIs and how to prevent them through health promotion activities. The research method used is descriptive qualitative with a case study approach and data collection techniques through: a) in-depth interviews, b) observation, c) literature study, and d) focus group discussion.

Keywords*: health promotion; sexually transmitted infections; HIV AIDS; teenager*

INTRODUCTION

Sexually transmitted diseases (STDs) are diseases transmitted from one person to another through contact or sexual intercourse. At first, this disease was often called 'Selat Disease' or venereal disease, but now the most appropriate designation is sexually transmitted disease or sexually transmitted disease. The germs that cause these infections include fungi, viruses, and parasites (Noor, 2013).

Adolescence is a transition period from childhood to adulthood; many changes occur in these adolescents. The changes that occur are physical changes which are the primary symptoms of adolescent growth. Meanwhile, psychological changes arise as a result of the physical changes of the adolescent (Sarwono, 2013).

PMS among adolescents has been widely found today. The rapid flow of mass media, coupled with the lack of information about sexology, makes sexually transmitted infections among adolescents like a ticking time bomb. PMS has always been one of the ongoing issues to be discussed. Every year the number of people with STDs always increases, therefore, increasing knowledge and perceptions of sexually transmitted diseases must be emphasized, especially in the youth group. Premarital

sexual behavior during adolescence is a high-risk factor for sexually transmitted infections.

STIs, called sexually transmitted diseases, can be transmitted through sexual intercourse (Hakim, 2014). Sexually transmitted infections (STIs) are a variety of infections that can be passed from one person to another through sexual contact. All sexual intercourse techniques, whether through the vagina, rectum, or mouth, both of the opposite sex and with the same sex, can transmit venereal diseases. So that the abnormalities are not only limited to the genital area but can also occur in the extra-genital area. The age group with the highest risk of contracting an STI is the adolescent to the young adult group aged 15-24.

According to the world health agency, the world health organization there are approximately 30 types of microbes (bacteria, viruses, and parasites) that can be transmitted through sexual contact. (WHO, 2013). The most common conditions are gonorrhea, chlamydia, genital herpes, human immunodeficiency virus (HIV) infection, and trichomonas vaginalis. Some STDs can increase the risk of transmission of the human immunodeficiency virus threefold or more (WHO, 2013). In Indonesia itself, the spread of STDs is challenging to trace the source because no registration has ever been carried out for the patients found—the majority of STDs present without symptoms. The number of recorded patients was only a tiny part of the actual amount of data, and the main difficulty was that the variables collected included sensitive and personal information (Hidayat, 2014).

In Indonesia, the number of PLHIV found in January – March 2022 was 10,525 out of 941,973 people tested for HIV, and as many as 8,784 people received ARV treatment (83.4%). The number of PLHIV found in January - March 2022 was mainly in the age group of 25 - 49 years (67.9%) and male (71%). (Executive Report on the Development of HIV AIDS and Sexually Transmitted Diseases, Quarter I, 2022)

The number of data on AIDS cases detected was obtained from those who were assisted or came to seek help at health services. It is like an iceberg phenomenon; the recorded AIDS case data is the tip of the iceberg that is visible above the surface of the water, while the body of the iceberg - that is, the most

significant part of the mountain is below the surface of the water - is not detected. They coexist with other healthy communities.

Due to the nature of this virus, it takes 5 to 10 years for a person with HIV to enter the AIDS state; this means that there are a large number of people with HIV (who have not yet entered the AIDS state) who are among the public and look normal, just like other healthy people. They do not seek help, they may not even be aware that they have HIV, and they still behave at risk of transmitting it to others. (Ministry of Health, 2021)

HIV prevention is similar to STI prevention and has the added aspect of using narcotics and sharp tools. This prevention is known as the ABCDE method.

A = Abstinence, namely, not having sexual relations outside of marriage.

B = Be faithful, namely, remaining faithful to one sexual partner.

C = Condom, use a condom when having sexual intercourse.

D = Do not use drugs, do not consume drugs, especially those who use them injection

E = Equipment, be careful of equipment at risk of injury and used interchangeably (together), for example, syringe,s, razors, etc.

The risk of HIV transmission can also be prevented after exposure to the virus occurs, for example, when someone is accidentally pricked by an HIV-contaminated needle or after sexual intercourse with someone infected with HIV. In HIV-infected pregnant women, transmission to the unborn baby can be prevented by using antiretroviral therapy (ARV) given under the supervision of a doctor.

Through the Aku Bangga Aku Tahu (ABAT) program, an educational campaign program is implemented for the community regarding HIV-AIDS, which aims to provide accurate and comprehensive knowledge about HIV-AIDS in the hope that there will correct and comprehensive knowledge about HIV and AIDS, among young people. 15-24 years old will be able to protect themselves from being infected with HIV and not discriminate against people with HIV and AIDS and sufferers at a young age behaving at risk; it is expected that they will be aware of their condition, examine themselves to get the help needed and young people aged 15-24 years who have been infected will get help, so they can live life and continue to work for themselves and their families.

METHODS

This research uses descriptive-analytic and qualitative research with observation, in-depth interviews, and group discussion forums by dividing Tridaya Vocational High School students into four groups. Group 1 was male students in grade 10, group 2 was female students in grade 10, group 3 was male students in grade 12, and group 4 was female students in grade 12. In this study, the non-probability sampling technique was purposive sampling. Purposive sampling is sampling data sources by selecting samples that are rich in information and know the most about the problem to be studied. The primary informants were taken as a sample of 37 students with the criteria of having never received information about STIs and fulfilling the FGD criteria.

Data analytic descriptive research was conducted using the One-Group Pretest-Posttest design to determine the effect of health promotion about HIV/AIDS on adolescents' knowledge level. The sampling technique is purposive sampling by taking 37 samples. Data were analyzed by parried samples t-test.

The research data were analyzed using available qualitative analysis using an inductive process, meaning that in testing the hypotheses, the starting point of the data collected was then concluded. The process of inductive thinking starts from the data collected, and then general conclusions are drawn (Sudarti, 2000). Data analysis in this study was carried out before entering the field, while in the field, and after finishing in the field. Data analysis used the content analysis method. (Nanik Setiyawati, 2014)**.**

RESULT AND DISCUSSION

Table 1. Description of Respondent Characteristics

Variable	F	%	Std. Deviation
Age			
15	10	27.0	0.967
16	14	37.8	
17	9	24.3	
18	4	10.8	
Gender			
Male	7	18.9	0.967
Female	30	81.1	

Education			
Grade X	24	64.9	0.967
Grade XII	13	35.1	

The table above shows that the respondents who conducted the research and sampled based on age, gender, and education were 37 respondents with deviation standard 0.967, with the following characteristics. Based on the table above, based on the age characteristics of the respondents, they are in the age range of 15-18 years. Respondents aged 15 years were ten people, 16 years old were 14 people, 17 years old were nine people, and 18 years old were four people.

Based on gender characteristics, out of a total of 37 respondents, there were 7 male respondents with a percentage of 18.9% and 30 female respondents with a percentage of 81.1%. Based on the characteristics of their educational status, there were 24 respondents in grade 10 and 13 in grade 12.

Knowledge of STIs and HIV AIDS

Based on the results of group discussions, observations, and in-depth interviews, it can be seen that knowledge about STIs and HIV AIDS in Groups 1 and 2 is lower than in Groups 3 and 4. This is because groups 1 and 2 have only been exposed to in-depth information about this matter once. In contrast, groups 3 and 4 have higher knowledge and understanding because they have been exposed to information about HIV, AIDS, and STDs three times, and all of this is obtained through education given at school each year.

After obtaining more in-depth information about HIV, AIDS, and STIs, it was found that Groups 2 and 4 seemed easier to catch and wanted to know more through the questions asked. This is because female students have higher anxiety than male students after being given information about the risks.

Knowledge about HIV, AIDS & STI

	Group 1	Group 2	Group 3	Group 4
Exposure to Information at school	1	1	3	3
Informant Knowing about	• HIV AIDS • Symptom • Transmission • Prevention • HIV anyone who should be tested	• STI • Definition of HIV/AIDS • symptom, • transmission • HIV prevention	• STI • STI type • Definition of HIV/AIDS • symptom, • transmission • HIV prevention • HIV/AIDS risk factors • HIV treatment	• STI • STI type • Definition of HIV/AIDS • symptom, • transmission • HIV prevention • HIV/AIDS risk factors • HIV treatment
Do not know about	• Causes of HIV AIDS • AIDS HIV treatment • STI type	• Causes of HIV AIDS • AIDS HIV treatment • STI type	• HIV test	• HIV test
Information Media	PPTs & Videos	PPTs & Videos	PPTs & Videos	PPTs & Videos

Based on the table above, after being given health promotion knowledge about HIV, AIDS, and STIs, it is known that students more easily receive information through PowerPoint media and interactive animated videos. By Notoatmodjo's theory (2012), health promotion is delivering health messages to communities, groups, or individuals. It is hoped that selecting appropriate media will make it easier for informants to absorb the information the health promotion team conveys. In this case, it can also be seen that most respondents need further and in-depth knowledge of this sexually transmitted disease

Relationship between Education Level and HIV AIDS Knowledge Level

		Knowledge			
		Low	High	Sum	OR
Education	Grade 10	12	12	24	1.167
	Grade 12	6	7	13	(0.302 – 4.512)

Based on the research, although the same respondents are currently pursuing education at the SMA/SMK equivalent, based on the class level, the knowledge level of the 10th-grade respondents regarding STIs and HIV AIDS is still low. Not much different from grade 10, the knowledge level of grade 12 is still low. This proves that their knowledge is still low, and it is essential to provide early health information related to sexually transmitted diseases and HIV AIDS, especially in adolescents.

The table shows that the level of education affects 1,167 times the level of one's knowledge. At least this level of education is 0.302 times to 4.512 times affecting one's level of knowledge. In this case, it can be seen that the highest level of low knowledge is in grade 10 compared to grade 12 because they have only received health information or education once about HIV AIDS and sexually transmitted diseases. So it is necessary to distribute information equally to all grade levels so that they can increase their knowledge and prevent infectious diseases as early as possible.

Relationship between Gender and HIV AIDS Knowledge Level

Based on the research, it is known that there are differences and relationships between gender and the level of knowledge of the respondents. It can be seen from the table below that female respondents have better knowledge than male respondents. From the observation results, information was also obtained that female respondents were more enthusiastic about new knowledge, especially those related to themselves.

		Knowledge			
		Low	**High**	**Sum**	**OR**
Gender	Female	15	15	30	1.333
	Male	3	4	7	(0.254 – 7.007)

Based on the table it also states that gender affects 1,333 times the level of one's knowledge. At least this gender 0.254 times to 7.007 times affects a person's level of knowledge related to knowledge about HIV AIDS. This means that gender determines a person's level of knowledge in obtaining information and knowledge related to HIV AIDS.

Attitudes of Adolescents towards Health Promotion of Sexually Transmitted Diseases

Based on the results of observations and in-depth interviews with respondents, it can be seen that the attitude of the respondents was quite responsive and conducive and willing to participate in a series of health promotion events until the event was over. Few respondents were enthusiastic about carrying out health promotion activities like this in the next activity.

In this study, health promotion was carried out through counseling using the lecture method, namely one way to explain or explain an idea, understanding, or role verbally to listeners accompanied by discussion and question and answer so that respondents understood what was given and conveyed through power point media and animated videos, which contains essential information about HIV/AIDS and is accompanied by attractive pictures to capture information quickly. By providing health promotion through the media, respondents were more enthusiastic about listening while giving good responses (Freike S. N. Lumy, 2017)

This can be seen from the evaluation that was carried out in close time after the administration of health promotion; it turned out that the results greatly influenced the answers to the questionnaire. Most of the 37 sample respondents increased their knowledge after being given health information about STIs and HIV AIDS. This shows that they are enthusiastic about receiving information, and it is only appropriate that this information be conveyed to young people as a preventive measure from an early age.

CONCLUSION

Knowledge of health and sexual diseases should be given early when they understand their worth. A few young people are still exposed to this health information, even though they need to get it as an anticipatory and preventive measure for future life. Knowledge of young people about HIV, AIDS, and STIs tend to increase after being given health promotion.

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