

Assessing Youth Knowledge and Attitude about HIV AIDS in Bandung City

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Abstract: HIV AIDS information as a sexually transmitted disease has been known by the community for a long time, it is the result of efforts made by the government and society to prevent the spread of this sexually transmitted disease. The descriptive quantitative study in this study total 163 respondents and data collection technique using questionnaire, examined adolescent knowledge about HIV / AIDS in urban areas, to find out the adolescent knowledge of HIV AIDS and how they behaved against people with AIDS. Based on the results of the research conducted through surveys and interviews in 2 sub-districts in Bandung, it was found that the adolescent's understanding of HIV AIDS was in good criterion, with indicators to understand the definition of HIV / AIDS and its consequences (84%), and how to prevent the spread of HIV (88%). Meanwhile, adolescent attitudes toward people with HIV / AIDS are included in the moderate category (40% -69%), with adolescent attitude indicators responding to people living with HIV / AIDS (63%), respect (65%). Based on the results of this study, illustrates that the level of adolescent knowledge about HIV / AIDS is not directly proportional to the attitude of adolescents to people living with HIV / AIDS, this raises a negative or discriminatory stigma against people living with HIV.

1 INTRODUCTION

Acquired Immunodeficiency Syndrome (AIDS) is a set of symptoms and infections or syndromes that arise due to decreased human immune system due to HIV viral infection. *Human Immunodeficiency Virus* (HIV) is a virus that weakens the immunity of the human body. People affected by this virus will become susceptible to opportunistic infections or easily affected by tumors. Although existing treatment can slow the rate of progression of the virus, it is not completely curable.

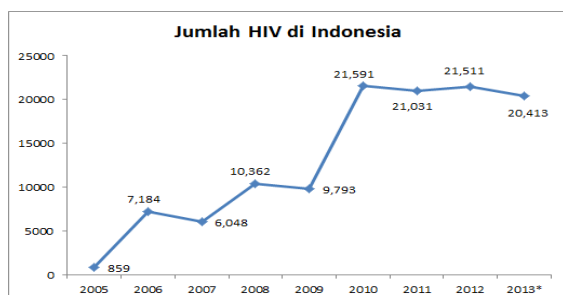


Figure 1: Number of HIV in Indonesia.
Source: BKKBN, 2014

The development of HIV/AIDS disease continues to show improvement not only in Indonesia but also in other countries. South Africa is the most severely affected country of HIV/AIDS with a case of about 6.5 million people living with HIV/AIDS. Significantly, HIV/AIDS kills about 200,000 people in South Africa in 2013 and about 1 million children are orphaned due to the disease (Maurice, 2014). Several previous studies have also reported that in Ethiopia the unmarried sexual practices of unmarried youth begin at a young age, thus causing the prevalence of sexually transmitted diseases (STDs) such as HIV/AIDS relatively high. HIV/AIDS accounts for about 34% of all causes of death among people aged 15 to 24 years and also 66% of all deaths at the age of 15 to 49 years, especially residents living in urban environments (Central Statistical Authority and ORC Macro, 2011). According to the 2011 HIV sentinel surveillance report, Ghana has more than 212,000 adults and children with HIV, the majority (60%) of whom are women (Ghana AIDS Commission, 2012). While the case of AIDS began to be found 42 cases in 1986 whose number increased to 2,148 in 1991, more than 5,000 cases in 1993, rose to 15,980 cases in 1995, and 41.229 at the end of

September 2000 (Ghana National AIDS Control Program, 2000).

The handling of HIV/AIDS is carried out in various countries, such as Brazil, India and Malaysia. The Brazilian government rolls out HIV/AIDS treatment called antiretroviral therapy (ART). This therapy began actively introduced since 1996, universal and free for the community. This therapy in the form of drug delivery and psychological education in patients - patients of HIV/AIDS are susceptible to stress, depression and symptoms of severe anxiety. Treatment of antiretroviral therapy in addition to reducing morbidity, mortality, and control of viremia also aims to improve the quality of life of patients affected by HIV/AIDS (Betancur MN, et al., 2017). As for the handling of HIV/AIDS in Ghana, the government of India is intensifying its strategies including: improving the ART treatment system, improving medical management, improving the patient's nutritional supplements, improving home care systems and developing a network of security systems to accommodate AIDS orphans Skovdal et al., 2011). In Malaysia HIV/AIDS treatment is conducted through HIV screening, which is voluntary and confidential HIV testing (VCT) which includes blood tests, organ examinations to be donated, antenatal screening, routine screening of inmates at drug and prison rehabilitation centers, tuberculosis (TB) / sexually transmitted infections (STIs) as well as premarital screening (Ministry of Health Malaysia, 2014). Although prevention and mitigation efforts continue to be done. The higher population mobility among regions, the spread of economic development centers in Indonesia, the increasing unsafe sexual behavior, and the increasing of drug abuse through injections, have simultaneously increased the risk of HIV/AIDS (BKKBN, 2014).

The spread of HIV/AIDS is also influenced by intrinsic factors that include knowledge, attitude and prevention of HIV/AIDS through risky behavior (Elly Nurachmah, et al., 2009). The knowledge of Indonesian adolescents around HIV and AIDS including the danger is still low. Knowledge of low adolescents about HIV and AIDS is then followed by the vulnerability of adolescents performing risky behaviors such as using drugs and free sex. Previous research has shown that knowledge about HIV/AIDS is still low for teenagers, due to the lack of information about HIV/AIDS. Proper knowledge, right and continuous to teenagers is very important, because although high knowledge is not necessarily behave and behave well (Sudikno, et al., 2011); (Haerana, Titi et al., 2015); (Rahmayani, Vicca., 2014); (Oktarina., 2009). This also applies to people

in the Ethiopian region, despite the high HIV/AIDS awareness rate of 96% (among men) and 85% (among women), but who knows how to avoid HIV/AIDS is only available 42% of men and 35% of women (Central Statistical Authority and ORC Macro, 2011). Awareness and understanding of HIV/AIDS diseases among Ghana's adolescents, India is over 95%, but this understanding has not been fully applied to positive behavioral changes. For example, most young people still have early sexual intercourse with multiple partners and rarely take protective measures (condom use) (Ganle, 2015). Then, data from the Ministry of Health in 2014 showed, about 18,237 adolescents are known to have been infected with HIV and AIDS since June 2014. The largest case of AIDS occurs in the age group 20-29 years or 32.9 percent. Then, in addition to teenage data show, children aged 0-14 years even known to have been infected with HIV and AIDS. In September 2014, approximately 12,197 children aged 0-14 years who suffered from HIV and AIDS (Commission for AIDS Control, 2014).

A study conducted by the Department of Non-Formal Education in collaboration with BKKBN in West Java Province showed different research results between youth knowledge indicators on HIV/AIDS and adolescent attitudes toward HIV/AIDS sufferers. The phenomenon of HIV/AIDS has provided fear, anxiety and prejudice against people infected with HIV/AIDS. Despite the knowledge possessed by high adolescents about HIV/AIDS, but more dominant anxiety when having to be friends with someone infected with HIV/AIDS. Thus, there is stigma and discrimination against a family or someone living with HIV. This encourages researchers together with BKKBN institutions in Bandung to conduct research that aims to find out the latest data will knowledge and attitude of adolescents in the city of Bandung will HIV / AIDS.

2 RESEARCH METHOD

This research applied descriptive research method, which is used in solving or answering problems that are developing in the present situation. This method is done in a social situation that needs to be answered more deeply, especially to reveal the phenomenon of HIV / AIDS in the community. Data processing using descriptive statistical data analysis techniques. This technique in the completion of the data is done with the questionnaire distribution and the way of processing with percentage calculations, interviews to reveal the phenomenon that occurs more deeply

with the respondent and observation for events or social events that occur, so as to collect data with the appropriate general keywords or generalizations.

Total respondents 163 from this study were 1) early adolescents (12-15 years old), middle adolescents (15-18 years), adolescents (18-21 years), 2) active adolescents at school, youth organization or community. The study sites are located in sub-districts that have the highest population density per KM and areas susceptible to HIV/AIDS.

Data processing research is presented in the form of descriptive statistics. Standard values of attitude proportions based on the following table:

Table 1: Guilford Table Proportion Value.

Proportion	Information
0% – 19%	Very Low
20% – 39%	Low
40% – 69%	Average
70% – 89%	High
90% – 100%	Very High

Knowledge measurements follow the following standards:

Good	: Score	: 76-100%
Average	: Score	: 56-75%
Below Average	: Score	: ≤55%

3 RESULTS OF THE STUDY

3.1 An Overview of Adolescent Knowledge on HIV / AIDS

Table 2: Adolescent Knowledge on HIV / AIDS.

Number	Question about	Respondents Answer			
		True		False	
		f	%	f	%
1	Definition of AIDS and HIV and consequently	147	90%	16	10%
2	Transmission of HIV virus	122	74.8%	41	25.15%
3	The goal of the HIV antibody test	128	78.5%	35	21.47%
4	The impact of free sex	150	92.2%	13	7.98%
Total		547		105	
Percentage		84%		16%	

Based on table 2, of 163 respondents correctly answered about the impact of free sex as much as 150 people (92.2%) and respondents correctly answered the question about the definition of AIDS and HIV and consequently as many as 147 people (90%). Meanwhile, the most frequently answered question is

the question of HIV transmission as many as 41 people (25.15%) and questions about the goal of HIV antibody test as many as 35 people (21.47%). The total number of questions answered correctly by respondents is 84%, it shows that the respondents' knowledge about the definition of HIV/AIDS and the consequences of the HIV virus is included in the good criteria.

Table 3: Adolescent Knowledge on HIV Prevention.

Number	Question about	Respondents Answer			
		True		False	
		f	%	f	%
1	Sexual transmission of HIV	145	88.95%	18	11.04%
2	To be loyal to the couple	146	89.57%	17	10.42%
3	Laboratory check to find the HIV virus	137	84.04%	26	15.95%
4	Function of contraception	146	89.57%	17	10.42%
5	To avoid the HIV virus is to stay away from drugs and the use of syringe together-same	144	88.34%	19	11.65%
Total		718		97	
Percentage		88%		12%	

Based on table 3 above, the most frequently answered question by 163 respondents to prevent the spread of HIV is to be loyal to the couple as many as 146 people (89.57%) and function of contraception as many as 146 people (89.57%). While many of the questions that are answered wrongly about the laboratory checks to find the HIV virus in the body as many as 26 people (15.95%) and 19 people (11.65%) argue that to avoid the HIV virus is to stay away from drugs and the use of syringe together- same. The total number of questions answered correctly by respondents is 88%, it shows that the respondent's knowledge about how to prevent the spread of HIV virus included on the good criteria.

3.2 An Overview of Adolescent Attitudes towards People Living with HIV/AIDS

Table 4: Adolescent Positive Attitudes toward People Living with HIV / AIDS.

Num.	Statement	Number of Statement				Number Score	Ideal Score	%	Category
		4	3	2	1				
1	Want to talk directly to people living	49	29	66	19	434	652	67%	moderate

	with HIV / AIDS as the person is still healthy								
2	Do not want to talk and hear the vent from people living with HIV / AIDS	42	29	82	10	429	652	66%	moderate
	Total	91	58	148	29	863	1304	66.18%	moderate

Based on Table 4 out of 163 respondents, the highest score shows that 67% of respondents want to talk directly to people living with HIV / AIDS as the person is still healthy. The lowest score shows that 66% do not want to talk and hear the vent from people living with HIV / AIDS. Based on the responses of respondents on "Adolescent Positive Attitudes toward People Living with HIV / AIDS" with a score of 863 out of 163 respondents is (863: 1304) 100% = 66%, then the indicator can be categorized average.

Table 5: Statement of Adolescent Positive Attitudes in Responding to People with HIV / AIDS.

Num.	Statement	Number of Statement				Number Score	Ideal Score	%	Category
		4	3	2	1				
1	Will to accompany recreation with people living HIV / AIDS	39	38	58	28	414	652	63.49	moderate
2	People with HIV / AIDS should be given strength and support to their condition	25	46	56	36	386	652	59.20	moderate
3	Remind people with HIV / AIDS to regularly take medicine is a form of support for people living with HIV / AIDS	29	41	51	42	383	652	58.74	Moderate
4	Want to share a fun experience to entertain people living with HIV / AIDS	44	37	60	22	383	652	65.79	Moderate
5	People living with	44	30	54	35	409	652	62.73	Moderate

	HIV / AIDS should be advised on how take care of themselves								
6	Will seek information about HIV / AIDS in order to assist people in living their lives	55	22	66	20	438	652	67.17	moderate
	Total	236	214	345	183	2459	3912	62.85	moderate

Based on Table 5 out of 163 respondents, the highest score states that 67.71% of respondents will seek information about HIV/AIDS in order to assist people in living their lives. The lowest score states that 58.74% will remind people with HIV/AIDS to regularly take medicine is a form of support for people living with HIV/AIDS. Based on the results of the responses of respondents on "Adolescent Positive Attitudes in Responding to People with HIV/AIDS" with a score of 2459 out of 163 respondents is (2459: 3912) 100% = 63%, then the indicator can be categorized average.

Based on the table that has been shown above, it can be seen that the knowledge of respondents about HIV / AIDS included in the high category. Meanwhile, the attitudes of respondents to people living with HIV / AIDS included in the medium category. Thus, between the knowledge of respondents about HIV / AIDS and the attitude of responders to people living with HIV / AIDS is not directly proportional.

4 DISCUSSION

Adolescents are also said to be in a critical period where the understanding of health is still not enough. Although adolescents have good cognitive skills on HIV/AIDS, some adolescents still do not understand how to behave towards people with HIV/AIDS because they are motivated by other forces to behave in such a way.

Knowledge is a predisposing factor of attitude change (Ajik, S. Sarwanto., 1999). Adaptation theory says that if a good level of knowledge can at least encourage a person to have good attitudes and behaviors as well (Widodo AD, et al., 2005); (Maolinda, N., 2012); (Oktarina, O., 2009). The results of this study are not in line with the findings of the study, as evidenced by the high level of knowledge, not necessarily have a correlation with a

good attitude. Thus, discriminatory elements against people living with HIV / AIDS can still be seen. Other studies also show results that are in line with this study, ie the relationship of knowledge with attitude is not necessarily directly proportional (Ershad, C., 2014); (Sarininggar, A., 2001).

Although aware of the spread and prevention of HIV / AIDS, concerns about receiving, responding to people living with HIV / AIDS are still visible. The notion that HIV / AIDS disease is a dirty and contagious disease makes people fearful of being close to the patient. The assumption that HIV / AIDS is an antisocial disease causes people to worry about its spread. Though HIV / AIDS can be transmitted by direct contact between the inner skin layer (mucous membrane) or the bloodstream with body fluids containing HIV, such as blood, semen, vaginal fluid, preseminal fluid and breast milk. Transmission can occur through intercourse (vaginal, anal, or oral), blood transfusion, contaminated needles, between mother and baby during pregnancy, maternity or breastfeeding, as well as other forms of contact with the fluids (Sudikno, et al. 2011). HIV is not transmitted through mosquito bites, handshakes, kiss, eating together / sharing plates and glasses, hugs and living together (Ministry of Health Library, 2017).

The results showed that discriminatory stigma against people living with HIV/AIDS creates social inequality (Sosodoro, O., 2009); (Azza, A., 2009); (Sarikusuma, H, et al., 2012); (Dalimoenthe, I., 2011); (Yuniar, Y., 2013); (Diatmi, K., 2014); (Butt, L., et al., 2010); (Hardiyani, S. P., 2015). This also affects daily life, causes people living with HIV/AIDS to be less appreciated, embarrassed, and ostracized. Negative stigma can occur anywhere and anytime, can occur in the family environment, community places of worship, schools, health, legal services and workplace. Negative stigma can be done by a person or group or by a professional institution. As a result of the stigma, people with HIV/AIDS can become discouraged, depressed, have a desire to end their lives and damage themselves. It is possible not only in people living with HIV/AIDS, but in their immediate environment like family.

The cause of the inconsistency between the high knowledge of HIV/AIDS and the low attitudes toward people living with HIV/AIDS is the lack of a deeper understanding of the community about HIV/AIDS and the attitude of openness with people living with HIV/AIDS. Therefore, knowledge is important as a necessary first step and important to know. Because, knowledge is the result of human sensing, or the result of knowing a person to the object through his

or her senses (eyes, nose, ear, etc.) (Notoadmodjo, 2005).

Lack of public understanding about HIV / AIDS resulted in the sufferer being ostracized or getting discrimination from his environment. Therefore, continuing education in every aspect, angle and unit or institution about HIV / AIDS is continuously clarified, and given understanding. Thus, people will open themselves to HIV / AIDS sufferers by giving sympathy, solidarity, motivation and real support both morally and materially so that they remain strong, still able to step and always optimistic in life.

5 CONCLUSIONS

HIV/AIDS is becoming a community-feared disease, because apart from the lack of a cure and prevention drug, it is known to have a long period of "window period" and asymptomatic (asymptomatic) phases. Seeing the phenomenon, resulting in the sufferers get negative stigma and the patient feels depressed. Public disclosure of HIV/AIDS sufferers is still limited, as the in-depth knowledge of HIV/AIDS is not fully understood. Myths such as transmitting HIV/AIDS through saliva, touching, and even eating together are a concern.

Based on the results of research that has been done, obtained the difference of domain between knowledge and attitude. High knowledge does not necessarily have a good attitude, even dominant low or moderate. Nevertheless, the knowledge factor is very important, because with the community's knowledge and understanding about HIV/AIDS, the people's attitude towards HIV/AIDS sufferers will be better. Perhaps in other studies, there will be a corresponding result, this is because of the social conditions under study.

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