

Association of Knowledge and Family Support With HIV-AIDS Prevention Efforts Among Teenagers in Sungai Malang Village Central Amuntai Sub-District Hulu Sungai Utara District

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ABSTRACT

The estimated incidence of HIV-AIDS in Hulu Sungai Utara District is still classified as low prevalence, which is <100 / 100,000. But these figures have not shown the true situation due to the iceberg phenomenon. This causes the need for HIV-AIDS prevention efforts carried out by adolescents. Efforts to prevent a disease cannot be separated from the knowledge and family support. The purpose of this study is to explain the relationship between knowledge and family support in adolescents with HIV-AIDS prevention efforts. This study was observational analytic through a cross-sectional approach. Sampling using cluster sampling with a total sample of 85 people. The research instrument used a questionnaire sheet. The independent variable is knowledge and family support, while the dependent variable is HIV-AIDS prevention efforts. The results showed 57 respondents (67.1%) had high knowledge, 61 respondents (71.76%) had good family support, 55 respondents (64.71%) had good HIV-AIDS prevention efforts. Based on the Spearman test analysis with a confidence level of 95%, it was found that there was a relationship between knowledge (p value = 0,000) and family support (p value = 0,000) with HIV-AIDS prevention efforts. Health promotion is needed about HIV-AIDS in schools through extracurricular activities with media HIV-AIDS Care Student Group.

Keywords: Knowledge, Family support, HIV-AIDS prevention efforts.

1. INTRODUCTION

HIV-AIDS spread rapidly throughout the world. Since 1980 when HIV-AIDS became an epidemic until 2011. HIV has infected more than 60 million men, women, and children. AIDS sufferers reach almost 20 million adults and children [1-3]. The estimation of the Indonesian Ministry of Health in 2009 stated that HIV-infected people in Indonesia reached 186,257 cases, while in the case reports recorded until the end of 2010, the cumulative number of AIDS was 24,131 people. The cumulative report on HIV cases is 55,848 people. When referring to the tip of the iceberg theory, it is estimated that the cases revealed until the end of 2010 only reached 43% of all people infected in Indonesia. Efforts made for prevention programs must be comprehensive.

Some prevention programs have been carried out, such as mapping key population groups such as injecting drug users (IDUs), female sex workers, men having sex with men (MSM), and sex worker customers [4].

Cumulative reports of cases were found in South Kalimantan until June 2013, namely HIV cases of 227 people, while AIDS cases were 134 people. AIDS cases found in Hulu Sungai Utara District, South Kalimantan based on their residence in 2013, amounted to 1 person [5]. The case that occurred was the background of the life of men who have with sex men and found in the area of Sungai Malang Village. Sungai Malang Village has the largest population in Amuntai Tengah Sub-District, Hulu Sungai Utara District with an area of only 2 Km² [6,7].

The estimation of the incidence of HIV-AIDS in Hulu Sungai Utara District is still classified as a low prevalence, which is $<100 / 100,000$. However, this number has not shown the actual situation due to the case of HIV-AIDS with the iceberg phenomenon, because the number of cases that appear to be less than invisible cases [7,8].

Prevention of disease is an important component in health services. Preventive care involves health promotion activities including special health education programs designed to help clients reduce the risk of illness, maintain maximum function, and improve health-related habits [9].

Oktariana (2010) states one way that can be done to control yourself so that you do not get an illness through efforts to prevent disease in yourself and prevent transmission of disease to others [10].

This is consistent with the Muhlisin study (2009) which states that there is a relationship between knowledge and prevention of HIV-AIDS ($p\text{-value} = 0,000$) [11]. Likewise, the Singale (2013) study showed that there was a meaningful relationship between knowledge about HIV-AIDS and HIV-AIDS prevention measures. This means that the better knowledge about HIV-AIDS, the better preventive measures and vice versa [12].

Efforts to prevent a disease cannot be separated from family support. Family is the smallest social unit that is universal and has an important role in providing support to the closest people to prevent a disease transmission. Khairurrahmi (2009) research shows that there is a significant relationship between family support and behavioral changes related to health [13].

Family support for HIV-AIDS can be realized by giving attention, information, giving encouragement to the closest people in making efforts to prevent HIV-AIDS transmission. The benefits of this family support, which can reduce the emergence of a sense of wanting to try something that is at risk of HIV-AIDS transmission because information and attention given by the family can encourage someone not to do or avoid behavior that is at risk of HIV-AIDS transmission [13].

Based on data from the Indonesian Ministry of Health until September 2014, it showed that for the age range of 15-19 years there were 1,717 people suffering from AIDS with risk factors for sexual behavior of 34,305 people [5]. This shows that the transition from adolescence to adulthood is a period of crisis which if not guided can lead to risky behavior. Young people have the characteristics of wanting to be free, looking for experience, a strong emotional bond with peers and like trying new things. Teenage vulnerability to sexual aberrations and AIDS comes from physiological and psychological changes, related to the development of their reproductive organs. If analyzed, the potential of

adolescents to do / try something can be increased, if there is no assistance from the closest person. Thus the potential for contracting HIV / AIDS is higher because of the lack of knowledge and family support as the closest person [12]. Based on the background above the researchers wanted to analyze the association between knowledge and family support in adolescents with HIV-AIDS prevention efforts in the Sungai Malang Village, Amuntai Tengah Sub-District, Hulu Sungai Utara District.

2. METHOD

This study is quantitative with cross-sectional design. Independent variables and dependent variables were observed at the same time as structured interviews using questionnaires against selected respondents visited by their homes. The population of this research study were adolescents who resided in Neighbourhood Group included in the research cluster. The number of adolescents in the cluster is 107 people.

The sampling method used was cluster sampling which was adopted from the WHO Expanded Program on Immunization (EPI) by conducting a survey to find out the existence of people detected by HIV-AIDS in all sub-districts in Hulu Sungai Utara District, so that Amuntai Tengah Subdistricts were found in communities infected with HIV -AIDS. The next cluster is to conduct a survey of all villages in the Amuntai Tengah Sub-District, so that the Sungai Malang Village is found which is the place of residence of People with HIV-AIDS. Determining the next cluster is by conducting a survey of all Neighbourhood Groups in the Sungai Malang Village which has active youth cadet activities which are considered as a space for HIV-AIDS prevention efforts [14]. Based on the sampling technique used this study sample was 85 people. The instrument used is a questionnaire with a question sheet that is tied to the knowledge and support of the family to explain prevention efforts carried out by the community. The independent variable used in this study is family knowledge and support in adolescents, while the dependent variable in this study is HIV-AIDS prevention efforts in adolescents.

Data analysis was performed using computer statistics program and data analysis in this study using univariate analysis to find out the description of knowledge in adolescents and family support for HIV-AIDS prevention efforts were then analyzed using descriptive statistical tests through frequency distribution tables. In addition, bivariate analysis was used to determine the relationship between knowledge and family support in adolescents with HIV-AIDS prevention efforts using the Spearman Rank Correlation test with a significance level of $\alpha = 0.05$.

3. RESULTS AND DISCUSSION

3.1. Relationship among Sex with Hypertension

Based on the results of this study on 85 respondents, the distribution of respondents based on knowledge, family support and HIV-ADIS prevention efforts can be seen in table 1.

Table 1. Frequency Distribution based on Knowledge, Family Support, and HIV-AIDS Prevention Efforts

Variable	Frequency	Percentage
Knowledge		
High	57	67,1
Low	28	32,9
Family Support		
Good	61	71,8
Not Good	24	28,2
HIV-AIDS Prevention Efforts		
Good	55	64,7
Not Good	30	35,3
Total	85	100

Table 1 shows that the majority of adolescents have high knowledge, as many as 57 respondents (67.1%). The respondent's knowledge about HIV-AIDS is the ability to answer questions about understanding, causes, signs and symptoms as well as transmission and prevention of HIV-AIDS. The average respondent is a junior-high school student and has obtained information about HIV-AIDS from Biology in school. While respondents who have low knowledge because they do not know the symptoms, transmission and prevention of HIV-AIDS that is certain to be true.

Knowledge is the result of knowing derived from the human sensing process of certain objects. Knowledge or cognitive becomes a very important domain in forming attitudes towards one's actions (overt behaviour) [15]. A person's knowledge is one of the predisposing factors that can influence changes in a person's behavior. Proper knowledge about HIV-AIDS in adolescents is expected to avoid risking HIV-AIDS behaviour [16].

Table 1 shows that the majority of respondents have good family support, totaling 61 people (71.76%). Family support in the prevention of HIV-AIDS is to provide information not to have free sex, the importance of using condoms, and so on [17]. Respondents have good family support because they know the concept of HIV-AIDS transmission, so that if they have family members who suffer or are at high risk of HIV-AIDS

they still provide emotional support and information about HIV-AIDS.

Family support is a support system provided by family members in the form of emotional support, matril, information and services [18]. Family support is needed both for people with HIV-AIDS or people who are at risk of transmission as the main support system so that they can develop effective responses to adapt well to prevention efforts or efforts to deal with the disease both physically, psychologically and socially [19].

Table 1 shows that the majority of respondents have good prevention efforts against HIV-AIDS, totaling 55 people (64.71%). Basically respondents know that AIDS prevention efforts can be done in the short term in the form of prevention through sexual contact and through blood and long term, such as providing information and education communication about HIV-AIDS. While respondents who have poor prevention efforts do indeed have low knowledge about HIV-AIDS so they still do not know the exact transmission of HIV-AIDS which results in having poor prevention efforts.

3.2. Bivariate Analysis

Bivariate analysis conducted was a correlation test to explain the relationship between knowledge and family support (independent variables) on HIV-AIDS prevention efforts (dependent variable) in adolescents. The test used is the Spearman Rank Correlation Test. Spearman Rank Correlation Test results between knowledge and HIV-AIDS prevention efforts can be seen in table 2.

Table 2. Correlations with Spearman Tests Rank between Knowledge and Family Support with HIV-AIDS Prevention Efforts

Variable	<i>p-value</i>	<i>Correlation Coefficient</i>	Information
Association knowledge with HIV-ADIS prevention efforts	0,000	0,739	There is association knowledge with HIV- ADIS prevention efforts
Association family support with HIV- ADIS prevention efforts	0,000	0,631	There is association family support with HIV-ADIS prevention efforts

Spearman correlation test results with a 95% confidence level to see the relationship of knowledge with HIV-AIDS prevention efforts in adolescents found that the value of $r = 0.739$ and the value of $p = 0,000$. The value of r indicates that there is a fairly strong positive correlation between knowledge and HIV-AIDS prevention efforts, meaning that the higher the knowledge, the better the prevention efforts will be undertaken. From the p value in the statistical test results, it was found that Ho's decision was rejected ($p < 0.05$), which means there is a relationship of knowledge with efforts to prevent HIV-AIDS in adolescents.

The results of this study are in line with Singale's (2013) and Muhlisin (2009) research stating that there is a relationship between HIV-AIDS knowledge and HIV-AIDS prevention efforts in adolescents. Knowledge or cognitive is a very important domain for the formation of one's actions [11]. This is because the knowledge of the benefits of something can affect the intention to participate in an activity. In other words, if a person has good knowledge about HIV-AIDS then he is most likely to have precautionary measures to avoid contracting HIV [12].

Correct and proper knowledge about HIV-AIDS is one important point in efforts to avoid HIV transmission. In addition, Fadhali's research (2013) also showed that there was a significant relationship between knowledge and preventive practices ($p = 0.002 < 0.05$). This means that the higher the knowledge, the better it is in preventing transmission of HIV and AIDS, such as not having sex free of customers or consistently using condoms [17].

Spearman correlation test results with a 95% confidence level to see the relationship of family support with HIV-AIDS prevention efforts in adolescents found that the value of $r = 0.631$ and $p = 0.000$. The value of r shows that there is a fairly strong positive correlation between family support and HIV-AIDS prevention efforts, meaning that the better the family support, the better the prevention efforts carried out. From the p value in the statistical test results, it was found that Ho's decision was rejected ($p < 0.05$), which means there is a relationship between family support and efforts to prevent HIV-AIDS in adolescents.

This study is in line with the research of Budiono (2011) and Kambu (2012) which states that there is a relationship between family support and HIV-AIDS prevention practices [16]. According to the research of Paquegnat (2012) and Paruq (2005), families are effective educators in providing information to adolescents so as to provide protection in situations at risk of HIV-AIDS transmission. Teenagers who do not have a good emotional relationship with parents will tend to engage in free sex at a young age [20,21].

Family support will support seeking treatment for HIV-AIDS patients or HIV-AIDS transmission prevention activities for high-risk people. Family support can be a factor that can influence the determination of individual health beliefs and values. The family also provides support and makes decisions about caring for sick family members and providing information about preventing transmission of HIV-AIDS [22].

In Darwin's (2013) research, family support in efforts to prevent HIV-AIDS can be done by giving attention and regulating the healthy lifestyle of family members, such as avoiding processed or undercooked foods, eating fresh fruits and vegetables every day, consuming vitamins, drinking boiled water, do not consume alcohol and cigarettes, exercise, and always maintain personal hygiene and the environment [23].

4. CONCLUSION

Most teenagers have high knowledge, as many as 57 respondents (67.1%), have good family support, totaling 61 people (71.76%), have good prevention efforts against HIV- AIDS, amounting to 55 people (64 , 71%). There is a relationship between knowledge and HIV-AIDS prevention efforts in adolescents ($p = 0,000$). And there is a relationship between family support and HIV-AIDS prevention efforts in adolescents ($p = 0,000$).

There is a need to develop an HIV-AIDS prevention program by the North Hulu Sungai District Health Office for the whole community through socialization in Puskesmas and schools and supported by continued follow-up. There is a need for health promotion about HIV-AIDS in schools through extracurricular activities with the media of the HIV-AIDS Concerned Student Group (KSPAN) and the provision of information through socialization about HIV-AIDS, so that young people have knowledge, family support and good prevention efforts about HIV-AIDS. It is necessary to provide true understanding to adolescents and the wider community that information about HIV-AIDS is not information that is considered taboo, especially about photos / images of people with HIV-AIDS (PLWHA) who are terrible and the stigma of people who are ashamed to discuss PLHIV because of their privacy. Further research should be conducted on the relationship between knowledge and family support with efforts to prevent HIV-AIDS in adolescents with a longer time so that a good picture of the problem is obtained. In addition, it is expected to explore further about other factors related to HIV-AIDS prevention efforts, such as the attitude and support of peers in adolescents in Sungai Malang Subdistrict, Amuntai Tengah District, Hulu Sungai Utara Regency.

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