

ANALYSIS OF FACTORS OF HIV-AIDS PREVENTION BEHAVIOR STREET TEENAGER BOGOR CITY

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Abstract

Background: Report of the Director General of PP & PL Ministry of Health of the Republic of Indonesia (2012) until June 2012 it was reported that the largest proportion of AIDS sufferers was of productive age, with the most being aged 20-29 years totaling 13,761 cases (47.42%) of that age when viewed from the incubation period is classified into the adolescent age group, while the report from the Bogor city social service, is answered about 24200 the number of people with HIV-AIDS, in the city of Bogor alone there are 210 people with HIV-AIDS, some of them are street children who are registered in the social service city of Bogor. in 2006-2012 there were 6 street teenagers died while in 2012-2018 there were 9 people died due to being infected with HIV-AIDS.

Objective: to determine the contribution of the frequency of HI-AIDS prevention behavior based on knowledge, attitudes, peer influence, and the relationship of attitudes, knowledge, and peer influence to the prevention of HIV-AIDS in the streets of Bogor City in 2018 .

Methodology: This research design uses analytical methods with a cross sectional approach. The population in this study were all street adolescents who were registered in the Bogor city social service. The research sample was taken using random sampling techniques. Data analysis using univariate and bivariate analysis. Results: The results of this study showed that there was a relationship between knowledge (p value = 0.009), and the influence of peers (p value = 0.008) on HIV-AIDS prevention behavior in Street teenagers in the city of Bogor in 2019.

Conclusions and suggestions: knowledge, attitudes, and influence of peers influence HIV-AIDS prevention behavior in adolescents on the streets of Bogor. It is hoped that adolescents can further enhance their knowledge of HIV-AIDS.

Keywords: HIV-ADS prevention behavior, attitude, knowledge, peer influence.

Introduction

HIV/AIDS is caused by infection with the Human Immunodeficiency Virus which attacks the immune system, causing sufferers to experience decreased body resistance making it very easy for them to become infected with various other diseases. This disease is transmitted through the patient's body fluids which occurs through sexual intercourse, blood transfusions, sharing

contaminated needles, and transmission from mother to child in the womb through the placenta and breastfeeding. Based on the mode of transmission, the highest cumulative percentage of cases is through heterosexual intercourse while the lowest percentage is through blood transfusions (Ministry of Health, 2010).

The spread of the HIV virus has entered the feminization stage (infected women are increasing). This can be proven from UNAIDS research (2009), that in Asia in 2008 it was estimated that 50 million women were at risk of being infected with HIV from their intimate partners. One of the causes of the feminization of AIDS is gender inequality which is still strong in society. UNAIDS Global HIV Epidemic Report 2013, estimated 35.5 million (32.2 – 38.8 million) people with HIV worldwide in 2012 There were 2.3 (1.9 – 2.7) million new HIV infections globally, this figure shows a decrease of 33% from the number of new infections in 2001, namely 3.4 (3.1 – 3.7) million. (UNSAIDS, 2016)

In Indonesia, the number of new HIV positive cases reported from year to year tends to increase and in 2017 there were 48,300 cases reported. Meanwhile, the number of AIDS cases shows a tendency to increase in new discoveries until 2013, which then tends to decrease in the following years. This decrease is thought to occur because the number of reported AIDS cases from the regions is still low, in 2016, namely 9,280. Cumulatively, AIDS cases up to 2017 amounted to 102,667 cases. (Indonesia Health Profile, 2017)

In West Java in 2016 there were 23,301 cases. During the 2004-2016 period, the pattern of finding positive HIV cases tended to increase, however in 2016 there were 3,672 recorded, a decrease compared to 2015 of 4,303, with infected locations spread across 27 districts/cities. HIV cases based on gender were 58.42% male and 41.68% female, based on the age group <4 years it was 3.30%, the 5-14 year group was 1.59%, the 15-19 year group was 2.5%, the 20-24 year group is 16.78%, the 25-49 year group is 72% and the >50 year age group is 3.83%. (West Java Health Profile, 2016)

In the city of Bogor in 2017, there were 4,164 positive HIV cases found in Bogor, with a percentage reaching 37.30% (from the target of 20%). The prevalence of HIV/AIDS in 2017 was 0.15%, still meeting the expected HIV/AIDS prevalence target of <0.5. (Bogor City Health Profile, 2017).

In the report of the Director General of PP & PL, Ministry of Health of the Republic of Indonesia (2012) up to June 2012, it was reported that the largest proportion of AIDS sufferers were of productive age, namely 13,761 cases (47.42%) aged 20–29 years, followed by the 30–39 age group. years as many as 9,632 cases (31.09%), age group 40–49 years as many as 3,192 cases (10.30%), age group 15–19 years as many as 1,134 cases (3.67%), unknown age group as many as 1023 cases (3.30%), the age group 50–59 years was 1,008 cases (3.25%), the age group 1-4 years was 459 cases (1.48%), the age group < 1 year was 296 cases (0.96%), the age group > 60 years had 255 cases (0.82%) and the 5-14 year age group had 221 cases (0.71%) (Ministry of Health, 2012).

From the data above it can be seen that the largest proportion is in the 20–29 year age group, namely 47.42%. If this is related to the incubation period for AIDS, which is 7-10 years, it can be concluded that most sufferers get the disease when they are 13-22 years old. Likewise with the phenomenon of street teenagers who are more likely to be exposed to HIV-AIDS. Ages 13-22 years are classified as teenagers, the age when someone is experiencing the process of sexual maturation, also the age when someone is looking for their identity so they tend to think short-term without paying attention to the risks involved. will occur as a consequence of his actions.

Likewise, statistics on HIV/AIDS cases in Indonesia show that heterosexual risk factors are at the top with 58.20%, IDU 31.98%, unknown 3.59%, homo-bisexual 3.16%, perinatal transmission 0.23% and blood transfusion 0.23% (Ministry of Health, 2012).

It is answered that there are around 24,200 HIV-AIDS sufferers, in the city of Bogor alone the number of HIV-AIDS sufferers is 210, some of whom are street children registered with the Bogor city social service, in 2006-2012 there were 6 street teenagers who died while in 2012-2018 there were 9 people die as a result of being infected with HIV-AIDS. Where these street teenagers live in a halfway house at the Bogor City Social Service. Interview results from the Social Service (2019)

Based on this description, the author is interested in conducting research entitled "Analysis of HIV-AIDS Prevention Behavior Factors among Street Teenagers in Bogor City in 2019".

Method

Method should be structured as follows:

1. *Research design*

Research design is essentially a research action plan in the form of a set of logically sequential activities that connect the research question to be answered and the research conclusion which is the answer to the research problem (Rahadjo, 2017)

This research uses analytical methods with a cross sectional approach to determine the prevention of HIV-AIDS among street teenagers in the city of Bogor in 2019.

2. *Settings and samples*

The population in this study was all street teenagers in the city of Bogor in 2019 who were registered with social services totaling 313 people. This sample was taken using a random sampling technique, using the Slovin formula. The number of samples is 176 respondents.

The sample in this study were all street teenagers in the city of Bogor who were registered with the Social Service who had the following criteria:

1. Inclusion Criteria

- a) Teenagers who are registered as street children at the Bogor City Social Service are male and female.
- b) Bogor city street teenagers, male and female at the time of the research.
- c) Bogor city street teenagers who are ready to become respondents
- d) Street teenagers who can read and write

2. Exclusion Criteria

- a) Bogor City Street Teenagers, Boys and Girls who were not present at the time of the research
- b) Bogor City Street Teenagers, Men and Women who were not selected as respondents.
- c) Street teenagers who are not ready to become respondents
- d) Street teenagers who can't read and write

3. *Measurement and data collection*

The instrument used in this research was a questionnaire with closed questions and informed consent. Before the questionnaire sheets were distributed to respondents, validity and reliability tests were carried out first .

4. *Data analysis;*

Data analysis uses univariate and bivariate analysis.

Results

Table 1
Frequency Distribution of HIV-ADS Prevention Behaviors

Behavior	Frequency	Percentage
Risky	116	65.9
No risk	60	34.1
Total	176	100.0

Table 2
Frequency Distribution of Knowledge, Attitudes and Peer Influence on HIV-AIDS Prevention among street teenagers in Bogor City in 2019

Knowledge	Frequency	Percentage
Not enough	131	74.4
Good	45	25.6
Total	176	100.0

Table 3
Frequency Distribution Based on Hiv-Aids Prevention Attitudes among Teenagers on the Streets of Bogor City 2019

Attitude	Frequency	Percentage
Negative	103	58.5
Positive	73	41.5
Total	176	100.0

Table 4
Frequency Distribution Based on Peer Influence

Peer influence	Frequency	Percentage
There is influence	113	64.2
No influence	63	35.8
Total	176	100.0

Table 5
The relationship between knowledge and HIV-AIDS prevention behavior among street teenagers in the city of Bogor in 2019

Knowledge Category	HIV-AIDS prevention				Amount		P value	OR
	Risky	not risky						
	n	%	N	%	N	%		
Not enough	94	71.8%	37	28.2%	131	100%	0.009	2,656
Good	22	48.9%	23	51.1%	45	100%		
total	116	65.9	60	34.1%	176	100.0%		

Table 6
The relationship between attitudes and HIV-AIDS prevention behavior among street teenagers in the city of Bogor in 2019

Attitude Category	HIV-AIDS Prevention Behavior				Amount		P value
	Risky	not risky					
	n	%	N	%	N	%	
Negative	69	67%	34	33%	103	100%	0.843
Positive	47	64.4%	26	35.6%	73	100%	
total	116	65.9	60	34.1%	176	100.0%	

Table 7
The relationship between peer influence on HIV-AIDS prevention behavior among street teenagers in the city of Bogor in 2019

Peer Influence Category	HIV-AIDS Prevention Behavior				Amount		P value	OR
	Risky	not risky						
	N	%	N	%	N	%		

There is influence	83	73.5%	30	26.5%	113	100%	0.008	2,515
There isn't any Influence	33	52.4%	30	47.6%	63	100%		
total	116	65.9%	60	34.1%	176	100.0%		

Discussion

Univariate Analysis

1. Frequency Distribution of HIV-ADS Prevention Behaviors.

Based on the results of research conducted on 176 respondents, it was stated that 116 people (65.9%) had risky behavior, 60 people (34.1%) were not at risk of HIV-AIDS prevention behavior. This is confirmed by Yakup's research. J. Tamaka (2015), previously conducted regarding factors related to the increase in HIV-AIDS in adolescents, stated that the percentage of respondents who carried out risky HIV-AIDS prevention behavior was 62.22%, while the percentage of respondents who carried out HIV-AIDS prevention behavior was 62.22%. 37.8% are not at risk. According to him, this is because teenagers have easy access to HIV-AIDS. Apart from that, environmental factors also greatly influence this.

According to the researcher's assumption, the high level of HIV-AIDS risk behavior among street teenagers is influenced by various factors, including the attitude of teenagers who are indifferent to knowledge about HIV-AIDS prevention, teenagers only socializing with a limited environment, lack of knowledge received from parents and community leaders. religion, and health workers and so on.

2. HIV-AIDS prevention behavior based on knowledge among street teenagers in Bogor City in 2019

Based on the results of research conducted on 176 respondents, it was stated that those with poor knowledge numbered 131 (74.4%), and those with good knowledge numbered 45 (25.6%).

This is in accordance with previous research conducted by MPS A 2013 which stated the influence of lifestyle and level of religiosity on adolescent knowledge in preventing the spread of HIV-AIDS, that there was a significant relationship between knowledge and HIV-Aids analysis behavior in adolescents with a P value of 0.022. This means that those with poor knowledge have a greater chance of behavior that tends to use Hiv-Aids compared to those with good knowledge.

According to the researcher's assumption, it was found that respondents who had more or less knowledge compared to respondents who had good knowledge, this could be influenced by the lack of interest among teenagers in education starting with sex and Hiv-Aids, lack of counseling about Hiv-Aids prevention, and so on.

3. HIV-AIDS prevention behavior based on attitudes among street teenagers in Bogor City in 2019

Based on the results of research conducted on 176 respondents, it was stated that 103 people (58.5%) had a negative attitude, more than 73 people (41.5%) had a positive attitude.

According to research by Agustini (2013) regarding the relationship between adolescent attitudes and adolescent sexual behavior, it shows that 32 respondents had negative attitudes and bad behavior (25.6%), 28 respondents had positive attitudes and bad behavior (21, 1%). Respondents who had negative attitudes and good behavior were 22 people (16.5%) and respondents who had positive attitudes and good behavior were 49 respondents (36.8%). The statistical test results obtained a p value = 0.005, in this case the p value < 0.05 means H_0 is rejected and the H_a statement is accepted, so it can be concluded that there is a relationship between attitudes and adolescent sexual behavior. Analysis of the close relationship between the two variables obtained $OR = 2.705$ (95% CI: 1.331-5.497). This means that respondents with negative behavior have a greater chance of adolescent sexual behavior compared to respondents with positive behavior.

4. HIV-AIDS prevention behavior based on peers among street teenagers in Bogor City in 2018

Based on the results of research conducted on 176 respondents, it was stated that there were 113 respondents who had peer influence (64.2) more than 63 respondents who had no peer influence (35.8%).

Lina's (2015) research shows that bad behavior for Hiv-Aids prevention occurs more often in respondents who have negative peer relationships. The Fisher Exact test results showed that there was a significant relationship between peer interactions and sexual behavior in class XI IPS students at SMA Negeri 1 Semin Gunung Kidul Yogyakarta ($p < 0.05$).

According to the researcher's assumption, research conducted on street teenagers in Bogor City shows that peers can influence behavior. Prevention of HIV-AIDS is caused by many trigger factors, namely social interactions between peers which mutually influence one individual and another. Teenagers also feel more comfortable talking or expressing emotions and other things with their peers. Teenagers' closeness to their peers tends to exceed closeness to their parents, so that teenagers are more easily influenced by their peers. Adolescents who are in a social environment with peers who have risky behavior are also affected. In line with this, an unfavorable teenage environment will greatly affect other teenagers.

Bivariate Analysis

1. The relationship between attitudes and HIV-AIDS prevention behavior on the streets of Bogor City

Attitude is a reaction or response that is still closed from a person to a stimulus or object (Fitriani, 2017). Attitude is not the same as behavior and behavior does not always reflect a person's attitude. Because it often happens that a person can change by showing actions that are contrary to his attitude. A person's attitude can change by obtaining additional information about the object through persuasion and pressure from their social group.

From the results of research conducted by researchers, it can be seen that there is a relationship between respondents' attitudes regarding HIV-AIDS prevention behavior among street teenagers in Bogor City in 2019.

According to research by Agustini (2013) regarding the relationship between adolescent attitudes and adolescent sexual behavior, it shows that 32 respondents had negative attitudes and bad behavior (25.6%), 28 respondents had positive attitudes and bad behavior (21, 1%). Respondents who had negative attitudes and good behavior were 22 people (16.5%) and respondents who had

positive attitudes and good behavior were 49 respondents (36.8%). The statistical test results obtained a p value = 0.005, in this case the p value < 0.05 means H_0 is rejected and the H_a statement is accepted, so it can be concluded that there is a relationship between attitudes and adolescent sexual behavior. Analysis of the close relationship between the two variables obtained OR = 2.705 (95% CI: 1.331-5.497). This means that respondents with negative behavior have a greater chance of adolescent sexual behavior compared to respondents with positive behavior.

The better the respondent's attitude, the better the action towards HIV-AIDS prevention behavior. Vice versa, the less good the respondent's attitude, the less good the actions towards HIV-AIDS prevention behavior will tend to be. Respondents who have attitudes in the good category tend to have better preventive measures against HIV-AIDS compared to respondents who have attitudes in the less good category.

2. The Relationship between Knowledge and HIV-AIDS Prevention Behavior among Street Teenagers in Bogor City

Knowledge is the result of knowing and this occurs after people sense a particular object (Febriyanto, 2016).

Based on previous research conducted by Jesy Anggareini (2016) which stated that there was a significant relationship between knowledge and behavior in analyzing Hiv-Aids in adolescents with a P value of 0.022. This means that those with poor knowledge have a greater chance of behavior that tends to use Hiv-Aids compared to those with good knowledge.

Based on the results of Nurmita's research (2016), it is known that out of 175 students, 99 (76.2%) respondents had poor knowledge, and 25 respondents (55.6%) had good knowledge. P value = 0.015 in this study, knowledge has a relationship which is significant because it is known that α (0.015 < 0.05) means there is a relationship between knowledge and sexual behavior in adolescents.

This research is also strengthened by previous research conducted by Cut Hafizah (2009). It can be concluded that there is a significant relationship between knowledge and premarital sexual behavior and HIV-AIDS among students at SMA XX Semarang with a p value = 0.003. Thus it can be concluded that H_a is accepted, namely that there is a relationship between knowledge and sexual behavior. Thus the data above has a high level of relationship between knowledge and sexual behavior in adolescents.

According to the researcher's assumption, it was found that respondents who had more or less knowledge compared to respondents who had good knowledge, this could be influenced by the lack of interest among teenagers in education starting with sex and Hiv-Aids, lack of counseling about Hiv-Aids prevention, and so on.

3. The Relationship between Peer Influence and HIV-AIDS Prevention Behavior among Street Adolescents in Bogor City.

Peers are children or teenagers who are more or less the same age or maturity level. Peers have a huge influence on teenagers' social lives. In their personality development, teenagers really crave acceptance from their peers. Acceptance by this group is part of an effort to find self-identity. With peer groups, teenagers communicate with each other and share their hearts. They complained to each other and told each other their feelings and what was in their hearts. Due to the same level of growth and development in life and the similarity of experiences, all of this encourages the quality of relationships between peer groups to become more familiar, intimate, not more free.

Lina's (2015) research shows that bad behavior in Hiv-Aids prevention occurs more often in respondents who have negative peer relationships. The Fisher Exact test results showed that there was a significant relationship between peer interactions and sexual behavior in class XI IPS students at SMA Negeri 1 Semin Gunung Kidul Yogyakarta ($p < 0.05$).

Based on the results of Nurmita's research (2016), it is known that out of 175 students there were 22 (52.4%) respondents who had no influence from peers, and 102 (76.6%) respondents who had influence from their peers, $P \text{ Value} = 0.005$. In this study, peer influence has a significant relationship because it is known that $<\alpha (0.005 \leq 0.05)$ means there is a relationship between peers and sexual behavior in adolescents.

This is in line with previous research by Ajamjah (2009) conducted on respondents, the results obtained were $p \text{ value} = 0.000$ ($p < 0.05$). Thus, it can be concluded that H_a is accepted, namely that there is a relationship between peer influence on sexual behavior and HIV-ADS.

The results of this research are supported by research conducted in Surakarta. The results of the *chi square test* show $p \text{ value} = 0.001$, which shows that there is a significant relationship between the role of peers and premarital sexual behavior. The Odds Ratio shows that teenagers who are influenced by peers are 19.727 times more likely to engage in premarital sexual behavior .

Conclusion

Based on the results of research conducted in the Bogor city area, the following conclusions were obtained.

1. Frequency Distribution Based on HIV-AIDS Prevention Behavior, the highest in the At-Risk category was 116 people, 65.9%.
2. Frequency Distribution of HIV-AIDS prevention Behavior Based on Knowledge, the highest category is Less, 131 74.4%, Attitude, Knowledge, the highest category is Negative, 103 people, 8.5%, Influence of peers, Knowledge, the highest category, there is influence, 113, 64.2%.
3. There is a relationship between knowledge, attitudes, peer influence on HIV-AIDS prevention among street teenagers in Bogor City 2019.

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