

RESEARCH ARTICLE

The Level of Knowledge, Attitudes, and Actions of High School Students Toward Acquired Immunodeficiency Syndrome

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ABSTRACT

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Background: The problem of HIV/AIDS is a major problem that threatens Indonesia and many other countries around the world. Currently there is not any country free from HIV/AIDS. Since the beginning of the HIV/AIDS became epidemic, nearly 78 million people in all over the world have been infected with HIV and about 39 million people have died from HIV. WHO estimates that 0,8% of people worldwide aged 15-49 years live with HIV.

Method: The purpose of this study is to determine the level of knowledge, attitude, and action in SMA Negeri 1 Kabanjahe against AIDS. This research uses descriptive method with cross sectional approach. Samples are students of class X & XI IPA counted 136 people with slovin formula, where respondents obtained by using simple random sampling technique. Data collection uses questionnaires.

Results: The result of the research indicates that knowledge is good as 87 people (64,0%), with female respondents has good knowledge level of 45 people (33,1%), and based on the most source of information is school as many as 60 people (44,1%). The result of attitude test is good as many as 78 people (57,4%) and result of action test is enough counted 69 people (50,7%). **Conclusion:** Based on this research can be concluded that students of class X & XI IPA in SMA Negeri 1 Kabanjahe have knowledge level, good attitude and enough action against AIDS.

Keywords: Level of knowledge, attitude, action, AIDS disease, gender and source of information.

INTRODUCTION

HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome) is a major problem that threatens Indonesia and many countries worldwide. Currently, no country is free from HIV/AIDS (Djoerban & Samsuridjal, 2014). The WHO estimated that the number of people living with HIV (PLHIV)

worldwide in 2014 was 36.9 million, with 2 million new HIV cases.¹

Since the beginning of the HIV/AIDS epidemic, nearly 78 million people worldwide have been infected with HIV, and approximately 39 million people have died from HIV. Overall, 35 million people were living with HIV by the end of 2013, and 1.5 million people died from HIV in 2013. The WHO estimates that 0.8% of the global population aged 15-49 years is living with HIV.²

The most cases were reported in the province of DKI Jakarta, followed by West Java, East Java, Papua, Bali, West Kalimantan, Central Java, South Sulawesi, North Sumatra, and Riau. National statistics on HIV/AIDS sufferers in Indonesia show that 75% contracted HIV/AIDS during adolescence.³

The number of recorded cases is obtained from sufferers who received assistance or sought help at health services when they were already experiencing various symptoms due to a weakened immune system. This means that sufferers sought examination and were diagnosed with HIV/AIDS when they were already in the AIDS stage.⁴

In connection with the increasing number of HIV/AIDS cases in Karo Regency, which is dominated by people of productive age, and the relatively high incidence among adolescents, researchers were interested in examining the level of knowledge, attitudes, and actions of students at SMA Negeri 1 Kabanjahe regarding AIDS.

METHOD

This study employed a descriptive cross-sectional approach. The study was conducted from June 21, 2017, to July 25, 2017, at SMA Negeri 1 Kabanjahe during the 2016/2017 academic year. The study location was SMA Negeri 1 Kabanjahe, Jl. Letjen Jamin Ginting No. 31, Ketaren, Kabanjahe, Karo Regency, North Sumatra.

The accessible population for this study was grade 10 and 11 science students at SMA Negeri 1 Kabanjahe during the 2016/2017 academic year. Based on a preliminary survey conducted by the researcher, the number of grade 10 and 11 science students at SMA Negeri 1 Kabanjahe during the 2016/2017 academic year was 207.

The sample for this study was grade 10 and 11 science students at SMA Negeri 1 Kabanjahe during the 2016/2017 academic year. The sample size in this study was determined using the Slovin formula (Siswanto et al., 2013).

The data collected in this study were primary data obtained directly from respondents through questionnaires. Secondary data were obtained from school data regarding the number and characteristics of students. All collected data was checked for accuracy and completeness (editing), manually coded (coding), entered into a computer program (entry), checked to avoid data entry errors (cleaning), stored for analysis (saving), and then analyzed further.

Data analysis was conducted using univariate analysis. Univariate analysis aims to explain or describe the characteristics of each research variable. After data analysis, the data will be presented in the form of distribution tables and tabulations.

RESULTS

Sample Characteristics in this Study.

Respondent characteristics based on gender and information source can be seen from the following distribution: Table 1 shows that of the 136 respondents, 63 (46.3%) were male and 73 (53.7%) were female. Therefore, the majority of respondents, 73 (53.7%), were female.

Table 1. Characteristics of the research sample.

| Karakteristik | Jumlah (n) | Persentase (%) |
|----------------------|------------|----------------|
| Usia | | |
| <20 year | 67 | 50,0 |
| 20-30 year | 33 | 24,6 |
| 31-40 year | 11 | 8,2 |
| 41-50 year | 11 | 8,2 |
| 51-60 year | 6 | 4,5 |
| >60 year | 6 | 4,5 |
| Jenis Kelamin | | |
| man | 63 | 46,3 |
| woman | 73 | 53,7 |
| Pekerjaan | | |
| Internet | 6 | 4,4 |
| Media | 22 | 16,2 |
| massa | 60 | 44,1 |
| Sekolah | 11 | 8,1 |
| Petugas | 7 | 5,1 |
| kesehatan | 30 | 22,1 |
| Keluarga | | |
| Teman | | |

Table 2. Frequency distribution of respondents' answers

| No. | Pernyataan | Benar | | Salah | |
|-----|---|-------|------|-------|------|
| | | N | % | N | % |
| 1 | HIV merupakan virus penyebab AIDS. | 100 | 73,5 | 36 | 26,5 |
| 2 | HIV/AIDS merupakan penyakit menular yang menyerang sistem kekebalan tubuh manusia. | 97 | 71,3 | 39 | 28,7 |
| 3 | Hubungan seksual dapat menjadi cara penularan HIV. | 110 | 80,9 | 26 | 19,1 |
| 4 | HIV/AIDS dapat ditularkan melalui transfusi darah. | 114 | 83,8 | 22 | 16,2 |
| 5 | Orang yang baru terinfeksi HIV tidak menunjukkan gejala sakit. | 110 | 80,9 | 26 | 19,1 |
| 6 | Penderita AIDS akan sangat mudah terinfeksi penyakit menular lainnya. | 111 | 81,6 | 25 | 18,4 |
| 7 | Penyakit HIV/AIDS dapat menyebabkan kematian. | 109 | 80,1 | 27 | 19,9 |
| 8 | Air liur dapat menularkan virus HIV | 115 | 84,6 | 21 | 15,4 |
| 9 | Berenang di kolam bersama penderita HIV/AIDS dapat menyebabkan seseorang tertular HIV/AIDS. | 104 | 76,5 | 32 | 23,5 |
| 10 | HIV/AIDS dapat menular dengan gigitan nyamuk. | 100 | 73,5 | 36 | 26,5 |

Table 3. Frequency distribution of respondents' answers regarding attitudes.

| No | Pernyataan | Jawaban | | | |
|----|--|---------|------|-------|------|
| | | Benar | | Salah | |
| | | N | % | N | % |
| 1 | Saya mau mengikuti test untuk mengetahui apakah saya menderita penyakit AIDS atau tidak. | 113 | 83,1 | 23 | 16,9 |

| | | | | | |
|---|--|-----|------|----|------|
| 2 | Menurut saya penderita HIV/AIDS memerlukan perhatian dan bantuan dari lingkungannya. | 110 | 80,9 | 26 | 19,1 |
| 3 | Saya tidak bersedia makan bersama dengan penderita HIV/AIDS. | 116 | 85,3 | 20 | 14,7 |
| 4 | Saya akan tetap bergaul dan berteman dengan penderita HIV/AIDS. | 107 | 78,7 | 29 | 21,3 |
| 5 | Menurut saya pelajar yang tertular HIV/AIDS, tidak perlu bersekolah lagi. | 111 | 81,6 | 25 | 18,4 |

Table 4. Frequency distribution of respondents' answers regarding actions

| No | Pernyataan | Jawaban | | | |
|----|---|---------|------|-------|------|
| | | Benar | | Salah | |
| | | N | % | N | % |
| 1 | Tidak menggunakan jarum suntik secara bergantian khususnya untuk pengguna narkoba suntik. | 111 | 81,6 | 25 | 18,4 |
| 2 | Tidak mau melakukan transfusi darah karena takut tertular HIV/AIDS. | 92 | 67,6 | 44 | 32,4 |
| 3 | Tidak mau memakai peralatan makan penderita HIV/AIDS karena takut tertular. | 101 | 74,3 | 35 | 25,7 |
| 4 | Tidak mau berenang dengan penderita HIV karena takut tertular. | 98 | 72,1 | 38 | 27,9 |
| 5 | Tidak melakukan seks bebas. | 109 | 80,1 | 27 | 19,9 |

This knowledge assessment was divided into three categories: good, sufficient, and poor. A respondent's knowledge level was considered good if they were able to answer 8-10 statements correctly, sufficient if they answered 6-7 statements correctly, and poor if they could only answer 1-5 statements correctly.

Based on the assessment above, it was found that the level of knowledge of respondents about AIDS, as shown in Table 2, was good, with 87 respondents (64.0%). These results align with a

study that found that respondents' knowledge about HIV/AIDS fell within the good criteria. According to research by Thurstone and Likert, adolescents have a desire to know what is happening around them. This also aligns with research conducted by Anderson on first and second grade students.

According to Sahar in 2013, many factors influence a person's level of knowledge, such as demographic characteristics including age, gender, sources of information, daily activities, and history of certain illnesses. Besides demographic characteristics, other factors influence a person's knowledge, including education, interests, experience, and occupation. Interest, for example, can motivate someone to try and pursue something, ultimately gaining deeper knowledge. Therefore, gender is not the sole determining factor in improving a person's knowledge.⁸

Table 1 shows that the majority of respondents obtained information about AIDS from school. According to Notoatmodjo, schools are an extension of health education for families. Schools, especially teachers, are generally more obedient to their students. Therefore, a healthy school environment, both physical and

social, will significantly influence healthy social behavior, which in turn will significantly influence the healthy behavior of children (students). The key to health education in schools is the teacher, therefore, teacher behavior must be conditioned through health training, seminars, workshops, and so on.⁹

Table 4 shows that 69 respondents (50.7%) had adequate action. This is inconsistent with the knowledge of respondents who had good knowledge about AIDS. According to Notoatmodjo, knowledge also influences a person's actions. Before someone adopts a new behavior, they must first understand the meaning and benefits of that behavior for them.⁹

CONCLUSION

In general, the level of knowledge about AIDS among students at SMA Negeri 1 Kabanjahe is in the good category, with 87 students (64.0%). The attitudes of SMA Negeri 1 Kabanjahe students about AIDS are in the good category, with 78 students (57.4%). Education about the dangers of HIV/AIDS is essential, especially for high school students who tend to have inaccurate access to information.

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