

## THE INFLUENCE OF HEALTH EDUCATION ON ATTITUDES IN PREVENTING HIV/AIDS TRANSMISSION IN ADOLESCENTS

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### Abstract

*These days, pre-sexual conduct stemming from promiscuity has become the norm for youths. Teens are more likely to be infected with HIV/AIDS and other STDs due to their lack of awareness of potential risks associated with sexual activity. The purpose of this study is to determine how health education affects teenagers' perspectives on stopping the spread of HIV/AIDS. This study was carried out at SMAS Riyadlul Jannah using a quasi-experimental one-group pre-post test design with quantitative research. In total, 74 persons were selected utilizing proportionate stratified random sampling and probability sampling procedures, with the study's population consisting of 286 students at SMAS Riyadlul Jannah. The Paired T Test is used to examine the primary data for the study, which was gathered through a questionnaire. The results of the research indicated that teens' excitement for stopping the spread of HIV/AIDS was influenced by health education ( $P\text{value}=0.000$ ). Teenagers' attitudes ranged from 59.51 to 78.24 on average before receiving health education to after receiving it. The goal of health education is to help people maintain and improve their own health by giving them the knowledge, attitudes, and practices they need*

**Key words:** HIV/AIDS, Education, Health, Adolescents

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### 1. Introduction

Adolescence is a time when people move from childhood to puberty; during this time, their self-concepts clearer and they start to acquire abstract traits. Teens are defined as those who are 10 to 24 years old and exhibit physical, emotional, and psychological changes. Puberty, sometimes known as adolescence, is the term used to describe the maturing of the human reproductive system.<sup>[1]</sup> These days, dating, holding hands, kissing cheeks, hugging, kissing lips, holding breasts over clothes, holding breasts under clothes, holding genitalia under pants, and engaging in sexual activity are

all considered normal teenage behaviors that are associated with promiscuity and premarital sexual behavior. Teenagers have several issues, one of which is their lack of knowledge about the dangers of engaging in sexual activity before marriage, such as unintended pregnancies, the prevalence of STDs, and HIV/AIDS in young people.

Health education can be used to help adolescents overcome their sexual behavior. By spreading information, health education can raise awareness and encourage a shift in behavior from unhealthy or harmful to healthy or beneficial. Adolescent reproductive

health education covers both the social and medical facets of the topic. Adolescent reproductive health education, then, refers to the practice of educating adolescents about reproductive health through the use of a process known as education. Adolescents at the entry point play a crucial role as actors who perform transformations with the primary goal of achieving changes in healthy behavior.<sup>[2]</sup>

According to Rofi'ah, Widatiningsih, and Vitaningrum's (2017) research, peer group techniques for health education had a positive impact on students' knowledge and attitudes on menstrual hygiene.<sup>[3]</sup> According to Wulandari and Salviana's research (2019), however, before receiving health education, 29 students (44.6%) had negative attitudes; following health education, however, the number of students with negative attitudes fell to 7 (10.8%) respondents. After young women received health education about sex to teenagers, there was a noteworthy difference in their opinions, according to the analysis's findings.<sup>[4]</sup>

According to the findings of a study conducted in 2016, Amelia, Rahman, and Widitria<sup>[5]</sup> found that adolescents in Class XI of SMK Negeri 3 Banjarmasin have different attitudes and knowledge regarding HIV/AIDS prevention (ABCDE) depending on their exposure to reproductive health education.

30 persons were tested positive for STDs in Jonggol District in 2017, 3 of whom were HIV/AIDS positive, and 1 of whom passed away from the disease.<sup>[6]</sup>

The number of HIV/AIDS cases in Bogor Regency is rising annually. There were 2,616 cases of HIV/AIDS reported, with teens accounting for the majority of cases.<sup>[7]</sup> Because they had premarital intercourse and were at risk, up to 51% of youth have HIV infections.<sup>[8]</sup> The risk of contracting HIV is four to five times higher in relationships with individuals under the age of seventeen. Teenagers' lack of awareness about HIV/AIDS is the reason behind the high proportion of at-risk youth who have premarital sex.<sup>[9]</sup>

Given the foregoing context, the purpose of this study is to ascertain how health education affects teenage views about stopping the spread of HIV/AIDS at Riyadul Jannah High School in the Jonggol District..

## 2. Method

This research is quantitative, with a quasi-experimental design and a one-group pre-post test design. The research was conducted at Riyadlul Jannah Islamic High School. The population in this study was 286 students at SMAS Riyadlul Jannah. The sample in the study amounted to 74 people. The sampling technique used was probability sampling using proportionate stratified random sampling with the following calculations:

**Table 1.** Number of samples

No	Class	Number of Samples
1	X	$(87 \times 74) / 286 = 22.5$ rounding 23
2	XI	$(83 \times 74) / 286 = 21,4$
3	XII	$(116 \times 74) / 286 = 30$

A closed questionnaire has been used to collect primary data for the study. The Paired T Test was used to assess the impact of health education on adolescents attitudes on HIV/AIDS prevention based on the data that was gathered.

## 3. Results and Discussion

**Table 2.** Pretest Attitude Values

Mark	Frequency	Percentage
34	3	4.1
40	4	5.4
45	10	13.5
46	4	5.4
50	7	9.5
56	12	16.2
70	19	25.7
76	11	14.9
80	4	5.4
Total	74	100.0

Table 2 shows that adolescents' attitudes toward HIV/AIDS prevention prior to health education range from a minimum of 34 to a maximum of 80. Prior to health education, the average attitude score is 59.51.

**Table 3.** Attitude Posttest Values

Mark	Frequency	Percentage
65	6	8.1
67	11	14.9
70	7	9.5
76	1	1.4
78	9	12.2
80	15	20.3
85	3	4.1
86	4	5.4
87	8	10.8
90	10	13.5
Total	74	100.0

Table 3 shows that adolescents' attitudes toward HIV/AIDS prevention following health education range from a minimum of 64 to a maximum of 90. Following health education, the average attitude score is 78.24.

**Table 4.** Paired T Test Results

<i>Paired Differences</i>					
Mean	SD	SE	CI 95%		Pv
			Lower	Upper	
-18.730	13.817	1.606	-21.931	-15.529	.000

Based on table 4, the results of the analysis using the T test were obtained with a P value of 0.000. So it is concluded that health education influences attitudes toward preventing HIV/AIDS transmission.

The goal of health education is to help people maintain and improve their own health by giving them the knowledge, attitudes, and practices they need.<sup>[10]</sup>

The study's findings indicate that health education affects teens' perspectives on stopping the spread of HIV/AIDS. The findings of this study are consistent with those of Rofi'ah, Widatiningsih, and Vitaningrum's (2017) study, which found that teens' attitudes changed from 50% less supportive to 94.1% supportive after receiving health education. The average attitude score was 59.51 prior to health education and 78.24 subsequent to health education, according to the findings. Thus, it can be said that teens' attitudes on

stopping the spread of HIV/AIDS are on the rise. There was a rise of 18.73.<sup>[3]</sup>

According to Agustina and Ulfa's (2014) study, attitudes change before and after health education. After health education, attitudes are more positive than they were before. A multitude of elements, including personal experience, the influence of influential others, and cultural, media, educational, and religious institutions, are likely to have an impact on the creation of an individual's attitude. Knowledge, ideas, and feelings all play a significant part in defining this overall attitude. Positivity toward breast self-examination Due to their adequate understanding of breast self-examination, the majority of first and second grade kids. Thinking and motivation are two of the steps that the attitude recruitment process itself must go through. The delivery of health education affects the motivation and mental process that shape the development of general attitudes.<sup>[11]</sup>

According to Amelia, Rahman, and Widaditria (2016)'s research findings, there is a difference in positive attitudes between 30.1% and 73.5% before and after receiving reproductive health education. Teens who received reproductive health education exhibited three times more positive attitudes toward preventing HIV/AIDS through ABCDE, demonstrating the critical impact that counseling plays in influencing attitudes toward prevention.<sup>[5]</sup>

Similarly, Setiawati, et al.'s research findings from 2022 demonstrate that teens' opinions toward reproductive health are influenced by health education. Before and after receiving health education, opinions toward reproductive health differ.<sup>[12]</sup> Eka's research revealed that teens' opinions are impacted by health education delivered through peer groups. Teens are more likely to talk openly with peers about sexual issues, so it's possible that the information they are given is accurate and encourages them to explore new sexual activities like free sex. When teens get health education through the peer group method, their attitudes tend to improve because they feel more at ease

talking to their peers about personal issues they are facing, particularly those related to sex and sexuality, than they do when they tell tales to adults.<sup>[13]</sup> Azwar (2012) asserts that attitudes are shaped by individual experiences and have an impact on significant others. Conversely, a lack of experience often results in unfavorable views about the subject of the attitude.<sup>[14]</sup>

Health education also influences teenagers' attitudes about health, not only regarding reproductive health and HIV/AIDS but also health in general. Based on the results of Setiawati and Yulastuti's research, the results of the Wilcoxon test obtained a p value of  $0.000 < 0.05$ , so  $H_0$  was accepted, and it was concluded that there was a change in the level of attitudes in adolescents regarding diabetes mellitus before and after being given health education using flipchart media.<sup>[15]</sup> Health education carried out by researchers can be one of the factors forming teenagers' attitudes toward preventing HIV/AIDS transmission because it is teenagers' personal experience when taking health education and can consider pending information provided because it comes from health workers.

#### 4. Conclusion

The conclusion of this research is that health education influences attitudes towards preventing HIV/AIDS transmission. This is marked by an increase in the average value of adolescent attitudes after health education about HIV/AIDS was carried out. In this way, health education is an activity that can be carried out to provide knowledge so that individuals, groups, or communities have positive attitudes and practices for maintaining and improving their own health, especially regarding HIV/AIDS prevention.

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