Abstract Book

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ACKNOWLEDGMENT
KNOWLEDGE OF ADOLESCENT ABOUT FAMILY PLANNING AND REPRODUCTIVE HEALTH (PRIMARY STUDY ON JUNIOR AND SENIOR HIGH SCHOOL IN BREBES AND PEMALANG, CENTRAL JAVA, INDONESIA)

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Abstract

Background: Knowledge of adolescent about family planning and reproductive health in Indonesia was lacked. There were many teenagers who did not know how to maintain good reproductive health. This study conducted to describe knowledge of adolescent about family planning and reproductive health in Brebes and Pemalang, Central Java.

Method: This study utilized the descriptive study. Population of this study junior and senior high school students, 464 students in Brebes District and 414 students in Pemalang District.

Results: It was found that in Brebes District 56.9% respondents did not know properly about family planning and adolescent reproductive health. In Pemalang District 56.1% respondents did not know properly about family planning and adolescent reproductive health.

Conclusion: The results demonstrate that prior knowledge about family planning and adolescent reproductive health was lacked. Recommendation to improve risk of Maternal Mortality Rate is a reproductive health education with early intervention in young junior high school or high school as one of strategic actions to improving knowledge and minimize incidence of teenage pregnancy in Brebes and Pemalang, Central Java.

Keywords: Education, adolescent, teenagers, reproductive health, family planning.
STRUCTURED-MODULE EVALUATION AS A KNOWLEDGE IMPROVEMENT EFFORTS AMONG PEOPLE LIVE WITH HIV/AIDS NUTRITION IN SEMARANG

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ABSTRACT

Background: Decreasing of nutrition status among people with HIV AIDS will increasing infectious risk dan decreasing quality of life among them. Determinant of the worse of nutrition status such as less of food intake, absorption failure, nutrition metabolism, optrunistic infection, and also less of physical activity. The aim of this research was how impact of nutrition education among people with HIV AIDS through structure modul to increase knowledge, attitude changing, and food pattern among people with HIV AIDS in Semarang.

Method: Population study was people with HIV AIDS in Semarang, then, the subject of the study was members of peer group in BKPM Semarang. Design study was pre-post test design, and data were collected before and after intervention.

Results: This research found that the nutrition knowledge among subject had changing after got modul intervention. The subject of study mention that they rarely put attention about nutrition of food, since the apetite decrease significantly after they got the HIV AIDS. The subject mentioned that they were very appreciate since they read the modul they got knowledge and can change their behaviour especially about food intake.

Conclusions: This research suggested that need more attention to treat people with HIV AIDS particularly about their food intake, nutrition status.

Keywords: People with HIV AIDS, structured module, nutrition education.
STRUCTURED-MODULE EVALUATION AS A KNOWLEDGE IMPROVEMENT EFFORTS OF PLWHA (PEOPLE LIVE WITH HIV/AIDS) NUTRITION AND DIET IN SEMARANG

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ABSTRACT

Decreasing of nutrition status among people with HIV AIDS will increasing infectious risk dan decreasing quality of life among them. Determinant of the worse of nutrition status such as less of food intake, absorption failure, nutrition metabolism, oportunity infection, and also less of physical activity. Intake of macro and micro nutrition are also factors should be need to care among people with HIV AIDS, since have correlatio with morbidity and imunosupresif effect. The aim of this research was how impact of nutrition education among people with HIV AIDS through structure modul to increase knowledge, attitude changing, and food pattern among people with HIV AIDS in Semarang.

Population study was people with HIV AIDS in Semarang, then, the subject of the study was members of peer group in BKPM Semarang. Design study was pre-post test design, and data were collected before and after intervention. Variable of study was characteristic among respondents, knowledge, attitude, length of disease, food pattern, and nutrition status. Intervention was giving through counselling to subjects with modul

This research found that the nutrition knowledge among subject had changing after got modul intervention. The subject of study mention that they rarely put attention about nutrition of food, since the appetite decrease significantly after they got the HIV AIDS. The subject mentioned that they were very appreciate since they read the modul they got knowledge and can change their behaviour especially about food intake.

This research suggested that need more attention to treat people with HIV AIDS particularly about their food intake, nutrition status.

Key notes: People with HIV AIDS, structured module, nutrition education
INTRODUCTION

The development of HIV and AIDS issues were increasingly worrying both from the quantitative and qualitative. Not surprisingly, the problem of HIV and AIDS has become an epidemic in nearly 190 countries. Currently, Indonesia was no longer classified as a low prevalence country, but has entered into a concentrated epidemic with more than 5% of certain populations in some cities and regions in Indonesia which have HIV.¹

Since it was first discovered in 1987 until September 2014, HIV AIDS was spread in 386 (78%) of the 496 districts / cities in all provinces of Indonesia. Estimates of people with HIV and AIDS in Indonesia in 2012 was as much as 591,823. From data on the number of cases reported, each year people with HIV were increasing, while the number of AIDS patients had decreasing.²³

Nearly 50% of PWHIV were at risk of developing the condition malnutrition.⁴ Fayasari’s research got that 25% of PWHA got malnutrition.⁵ Low serum concentration of vitamin C, E and Zinc were found in people with HIV infection⁶,⁷ causing the increasing pace of the disease and the incidence of mortality. PWHA food intake was low on research Putri.⁸⁹ Support was one of the driving factors that influence a person’s behavior in making health action. Family support for PWHA can increase the energy intake, live survival, CD4 cell amount, adherence to treatment and the numbers mortality.¹⁰

PSG (Peer Support Groups) was a support group for PLWHA. PSG consist of ODHA (PWHA) and OHIDHA (PLWHA) who gathered to support each other. PSG plays role in improving the quality of live on PWHA because it affects to their confidence, knowledge, services access, preventive behavior and other positive activities.¹¹ Modules as system of organizing the educational process was structured so that participants can learn systematically to achieve their desire.¹² Modul with a language that was easily understood and can be learned at home were expected to improve knowledge and attitudes that will be able to change the practices of a good diet, especially for people with HIV-AIDS. Based on these problems, researchers wanted to examine the study of knowledge, attitudes, and eating patterns in PWHA further. Based on the study it can be arranged as tools of PWHA to improve their knowledge and change their attitudes that affect on dietary changes of people with HIV as well as improving their nutritional status so that it can boost their immunity.

RESEARCH METHOD

This research was conducted at KDS Arjuna Plus BKPM Semarang and Research and Development (R & D) method, it was the method of research to produce a particular product, and test the effectiveness of the product. Products mentioned in this study was a structured module to improve
the nutritional knowledge, attitude change, and diet of PWHA.

Before the manufacture of modules, a preliminary was conducted to determine the characteristics and understanding of people with HIV regarding the nutrient. Understanding of people with HIV on nutrition known through Focus Group Discussion (FGD) to 6 selected respondents and depth interviews with 5 selected main informant (MI1-5), consist of 4 males and 2 females. According to body mass index (BMI), two of them have thin body, and others were normal. Proper and module evaluation conducted by the FGD against PWHA selected, namely actively join the peer support group (PSG) more than one year, not illiterate, age > 18 years. Evaluation modules were also rated by a score of knowledge increasing and attitudes of PWHA of PSG Arjuna Plus.

The population was a PSG participant of BKPM Semarang, while the random sampling technique was used to determine the number of research subjects. The research method was done by using a combination of qualitative and quantitative methods. Quantitative data was collected to collect data characteristics of respondents and the intake of food. Stages of research including research permits, FGD, quantitative data collection, drafting module, test module.

RESULTS AND DISCUSSION

Respondent characteristic

Table 1. Comparison of Adequacy of Energy and Protein Levels in Two Categories Nutritional Status

<table>
<thead>
<tr>
<th>Macro Nutrient</th>
<th>Thin</th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good (&gt;100%)</td>
<td>Adequate (80-99%)</td>
</tr>
<tr>
<td>Protein</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Energy</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 1 showed that the main informant of thin category has a good energy sufficiency and adequate, whereas the normal category, there was one person with less energy adequacy. All informants of thin category has good protein adequacy, while all the normal categories informants have adequate protein.
Table 2. Comparison of Adequacy Levels of Vitamin C, Vitamin E and Zn in Two Categories Nutritional Status

<table>
<thead>
<tr>
<th>Micro nutrient</th>
<th>Thin</th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adequate (&gt;100-&lt;200%)</td>
<td>Less (&lt;100%)</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Vitamin E</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Zn</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 2 shows that the main informant thin category has sufficient vitamin C and less, while the normal category informant has sufficient vitamin C in the adequate category (2 persons), less (1 person) and over (1 person). Adequacy of vitamin E and zinc in all categories of normal and thin category were still less of the adequacy criteria.

Understanding of nutrition on the people living with HIV

Ignorance about the benefits of monitoring the nutritional status makes the informant do not need to know their nutritional status. Detail informations were clearly needed to determine the importance of nutrition for the body, which raised the self-awareness to make efforts in the form of nutritional monitoring nutritional status and fulfillment of nutritional adequacy.

Awareness of the benefits of nutritious foods encourages the informants to meet the nutritional adequacy. Some of health workers both from outside and inside BKPM trying to give some advices to achieve optimal health status. Nevertheless, the fulfillment of micronutrients adequacy had not been optimal.

The obstacles which were faced by the informants in the fulfillment of the nutritional adequacy was about a description from the health workers which not detail. The high cost of some food commodities make the main informants feel unable to meet the nutritional adequacy.

Structured-module as nutrition knowledge improvement

The results of the FGD feasibility modules gained some input, those were images in modules were clarified and enlarged, the color of the image was made become clewerer, the module was printed in form of book to make it more simple and attractive. Overall module can be accepted by the informant FGD because the explanation about nutrition and its relation to HIV AIDS can be understood. In addition, informants also more understand about the nutrition by reading a module given.

Respondensts’ Nutrition Knowledge Post Modul Intervention

Behavior changing of a person can be acknowledged through the knowledge because the individual perceptions stage, provides room for him to think about and consider for everything he would do. Also with PLWHA, knowledge will affect how they will act in taking decisions on health including nutrition.

Opinions on the nutritional benefits among the main informants on
the normal nutrition category and skinny was not significantly different. Both, considered that the benefits of eating nutritious food was for body to be healthy. MI5 by category skinny did not know the nutritional benefits due to lack of education. Almost every event of PSG, MI5 accompanied by their children as a health translators. Knowledge about the benefits of these nutritious foods encourage the informants to meet the nutritional adequacy.

MI4 was ever briefed about nutritious of foods were a healthy food, clean, well-cooked, but the explanation were not detailed. Related to food hygiene, MI2 and MI3 did not know why they should not eat food that was half-cooked, because there had been no details explanation about it.

A health officer said that, nutrition brief message will be given especially if the main informants experienced the weight loss or endurance. Initially health officer will identify the problem of weight loss.

Monitoring the state of nutrition by nutritionits of BKPM was based only on a body weight. In addition, health workers will not do counseling on the benefits of monitoring the nutritional status, so that the weight measurement was ignored by the main informants. MI1 cited the benefits of nutritional monitoring to determine whether or not the body was health, but the weight loss was not significantly overlooked by the informant.

CONCLUSIONS

The module has an influence on increasing the PWHA knowledge and changes in eating behavior, because the module as a substitute for counseling and contains the importance of nutritional monitoring. PSG contribute to fulfill the nutritional adequacy. Through PSG main informants received information about the good nutrition both from health workers and their peer.

References:


