

Relationship between Parent Communication, Role of People and Teachers in Behaviour of HIV/AIDS Prevention in Middle School Teenagers in the City of Magelang Indonesia

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Relationship Between Parent Communication, Role Of People And Teachers In Behavior Of HIV/AIDS Prevention In Middle School Teenagers In The City Of Magelang Indonesia

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ABSTRACT

Indonesia is currently experiencing a very complex public health problem and is a double burden in financing development in the health sector. The pattern of diseases suffered by the community are mostly infectious diseases such as pulmonary tuberculosis, acute respiratory infections (ARI), malaria, diarrhea and skin diseases. However, at the same time there was an increase in non-communicable diseases such as heart and blood vessels,

diabetes mellitus and cancer. In addition, Indonesia also faces emerging diseases such as dengue hemorrhagic fever (DHF), HIV / AIDS, Chikungunya, Severe Acute Respiratory Syndrome (SARS). Thus there has been an epidemiological transition so that Indonesia faces a double burden at the same time (double burdens). Regarding HIV / AIDS, this disease has become a pandemic that worries the world community, because in addition to not yet found drugs and vaccines for prevention, this disease also has a "window period" and a relatively long asymptomatic (asymptomatic) phase in the course of the disease. This causes the pattern of development such as the iceberg phenomenon (iceberg phenomenon). The results of this study reinforce that the need for internal communication among adolescents with parents³, an increase in the role of peers and the role of teachers associated with HIV / AIDS prevention behavior in adolescents.

Keywords: Parental Communication, Peers, Teachers, HIV / AIDS Prevention Behavior

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Introduction

Every year, the spread of HIV / AIDS shows a rapid and widespread trend. Cases of HIV / AIDS were first discovered in Bali Province, in 1987, the sufferer was a Dutch citizen who was treated at the Sanglah Central General Hospital, Denpasar. In the period 1987-1999, HIV cases were still relatively low, as a result of socialization counseling and voluntary examinations were not carried out optimally. In 2000, the number of cases began to show an increasing trend. Most of the population who lost immunity (4,314; 79.88%) were in the productive age group which included ages 20-29 years (1,932; 44.78%) and ages 30-39 years (1,514; 35.10%)).

The spread of HIV varies in each region. Some countries are more affected than others. Even within a country there is usually wide variation between provinces, states or districts, and between urban or rural areas.

HIV / AIDS is a disease that continues to grow and become a global problem that is sweeping the world. The problem of HIV / AIDS is believed to be like an iceberg phenomenon because the number of cases reported does not reflect the actual problem. Data from the WHO, Southeast Asia ranks second as the largest HIV sufferer after Africa with 3.5 million people with 39% of HIV sufferers being women and women.

In 2015, data from WHO Indonesia was ranked second which was estimated as the largest contributor of people with HIV / AIDS in Southeast Asia after India (60%), namely 20% or 690,000 PLWHA. Data from the Republic of Indonesia Ministry of Health in 2016, Indonesia experienced an increase in the incidence of HIV to 41,250 people, which previously was 30,935 people in 2015.

The first AIDS case in Indonesia was reported in Bali in 1987 by a Dutch tourist who died at Sanglah Hospital. Interestingly Central Java is ranked as the 5th largest number of HIV infections in Indonesia at 18,038 people after West Java with 26,450 people, Papua 25,586 people, East Java 33,043 people and DKI Jakarta 46,758 people. From the data of the Ministry of Health, Central Java is the fourth highest after Papua for the number of HIV AIDS cases, with 19,272 cases. The incidence of HIV AIDS in the city of Magelang is also still high and increasing from year to year.

Data on HIV / AIDS cases from 20014 to 2019 in Magelang City showed that there was a significant increase from 2012 to the following years. Based on data from the Magelang City Health Office, South Rejowinangun sub-district is the village with the highest number of HIV / AIDS cases until 2019, which is 22 cases.

Based on data on HIV / AIDS cases in South Rejowinangun Sub-district, the majority of these cases occurred at the age of over 15 years. According to data sources from the Magelang



City Health Office, 6 out of 22 cases of HIV / AIDS were reported to have died at the time of data collection.

Data from the Field Coordinator of the AIDS Commission (KPA) Magelang City, that the number of HIV / AIDS sufferers in the Magelang region can be said to be quite high, looking at the small number of residents of the City of Magelang which is in the range of 132,261 people. With the status of the city of Magelang as a small city, the number of people with HIV / AIDS is relatively high, the ratio can be 1: 100.

Families have affective functions, socialization functions, reproductive functions, economic functions and health care functions. HIV / AIDS transmission prevention efforts should be made through efforts to increase the role of husband and wife together to protect themselves from HIV-AIDS transmission (Data and Information Center of the Ministry of Health of the Republic of Indonesia. Situation and Analysis of HIV AIDS, 2014)

The highest case of HIV / AIDS occurs at the age of 20-29 years, when seen from the cause 51% of sexual behavior and 65% of drug use (IDU). The data illustrates that HIV / AIDS cases are highest in the age group of 20-29 years, so adolescents infected with HIV are estimated to be aged 15-19 years. When viewed chronologically the entry of the virus into the body shows symptoms / HIV syndrome takes 5-10 years. (Friedman, 2010)

Teenagers become part of a pandemic at very risk of contracting HIV / AIDS. Adolescents in their development process are often trial and error, often engaging in risky behaviors such as sexual behavior before marriage, changing partners, using drugs with syringes. Risks arising from sexual behavior causes KTD and sexually transmitted infections (STIs) including HIV / AIDS. (Nursalam, & Kurniawati, 2013)

According to data from the Ministry of Health, this condition cannot be allowed to need integrated control and prevention efforts, more effective if it starts from the smallest group, namely the family environment. The family is a primary environment as a place for the most early interactions in adolescent life. The family is the main source of education, because all human knowledge and intellectual intelligence was first obtained from parents and their own family environment. (CDC, 2013) The family is an environment that is very important to shape the character and personality of individuals, becoming a major bastion in preventing the HIV epidemic. / AIDS, so the role of parents in adolescent education is very large. (Sarwono, 2012)

Parents are very instrumental in preventing risky behavior in adolescents from HIV / AIDS. In accordance with the theory of social psychology that parents and family are very influential on adolescent behavior. parents can raise the awareness of adolescents to behave healthily, with communication and attention, provide opportunities for adolescents to tell the problem at hand, can foster the courage to know what they want to know. Open communication,



mutual respect, giving confidence makes teens more confident and responsible for their sexual behavior. Correct health information can prevent teens from carrying out various actions that pose an HIV risk. (Tinsley, 2012)

Providing information about HIV / AIDS early on to children and carried out in the family environment will be able to help prevent children from taking various actions that pose a risk of getting HIV.

Schools in the city of Magelang have not been included in the curriculum on HIV / AIDS in adolescents. Data from the BKKBN of Magelang, Peer Educators or peers have been formed, but the activities have not been running consistently because many memberships have disappeared.

METHOD¹

This research is an analytic study using a cross sectional design that is equipped with a quantitative approach. A cross sectional study design can provide information about the relationship between the independent variable (exposure) and the dependent variable (effect) which is observed simultaneously at a particular time or time period

Sampling using proportional sample method, schools that have a large number of students are taken with a sample of more than a total of 87.

The instrument used in this study was a questionnaire sheet as a reference for interviews containing questions about the characteristics of respondents which included: age, gender, communication between parents and adolescents, the influence of the role of peers, communication of teachers with adolescents and HIV / AIDS prevention behavior.

DISCUSSION³

1. HIV / AIDS Prevention Behavior in Adolescents High School in Magelang City

Behavior is the totality (totality) of one's understanding and activities which is a shared outcome between internal and external factors. A person's behavior is very complex and has a very broad expanse. Benyamin Bloom (1908), distinguishes the 3 domains or domains of behavior that are cognitive (cognitive), affective (affective) and psychomotor (psychomotor). By education experts in Indonesia, these three domains are translated into copyright (cognitive), taste (affective) and intention / action (psychomotor). (Agustin, 2006)

In this study, it was known that 6 respondents (5.9%) had had sex with FSW and boyfriend / friend in the last six months as many as 8 respondents (7.8%) had had sexual relations only with FSW, in addition as many as 11 respondents (10.8%) have had sexual relations only with a boyfriend or girlfriend in the past six months.



¹
Table 1. Frequency Distribution of Respondents' Answers Based on Questions about Types of Sexual Partners

| No | Question | Answer | | | |
|----|---|--------|------|----|------|
| | | Yes | | No | |
| | | f | % | f | % |
| 1 | Have you ever had sex with a non-permanent partner (FSW and Girlfriend / Friend) / other than your wife for the past six months | 6 | 5,9 | 96 | 94,1 |
| 2 | Have you ever had sex only with a FSW / other than your wife for the past six months | 8 | 7,8 | 94 | 92,2 |
| 3 | Have you ever had sex only with a boyfriend / friend / other than your wife for the past six months | 11 | 10,8 | 91 | 89,2 |

Based on the Health Belief Model (HBM) theory, behavior is the result of a decision of a belief or assessment of something, so that risk behavior will be directly affected by the presence of a risk perception. HBM recommends that individuals who have risky behavior, have a perception of vulnerability will be better if owned before making changes to risky behavior occurs. When perceptions of the threat of HIV / AIDS, the HBM hypothesis states that in deciding behavior against HIV / AIDS protection must have greater benefits to be gained from the obstacles, so that it is able to change behavior. If the perception of the threat of HIV / AIDS is not high then the benefits to protect the behavior that causes HIV / AIDS may not have an effect on behavior change (Razi, 2012)

³
2. Factors Associated with HIV / AIDS Prevention Behavior in High School Adolescents in the City of Magelang

a. The Role of Peers

¹
Based on the results of the analysis of table 4.39, that of all high school adolescents who have a good peer role environment there are 44.4% and those who have a bad peer role are 55.6%. Table 4.11 explains the attitude of respondents to the role of peers. Based on the answers to these question items, it can be seen that almost all respondents agree if friends / friends consider it normal if a teenager his age is dating (85.5%) and almost all



respondents disagree if anything that a friend has done to his girlfriend I also do to my girlfriend (96.6%).

Table 2: Summary of Bivariate Analysis between Independent Variables and Bound Variables of High School Teenage Sexual Behavior in the City of Magelang

| No | Independent Variable | Dependent variable | <i>p-value</i> | Information |
|----|----------------------------------|---|----------------|---------------|
| 1 | Age of Respondents | HIV / AIDS prevention behavior in high school adolescents in the City of Magelang | 0,566 | No connection |
| 2 | Gender | | 0,989 | No connection |
| 3 | Parental communication | | 0,584 | No connection |
| 4 | The Role of Peers | | 0,016 | Connection |
| 5 | Teacher communication | | 0,025 | Connection |
| 6 | Vulnerability Perception | | 0,831 | No connection |
| 7 | Perception of seriousness | | 0,034 | Connection |
| 8 | Perceived benefits | | 0,446 | No connection |
| 9 | Obstacle Perception | | 0,007 | Connection |
| 10 | Perception of Self Ability | | 0,030 | Connection |
| 11 | Access Media Information Sources | | 0,875 | No connection |

Chi-square statistical test results obtained $p = 0.016$ ($p < 0.05$), this means that there is a significant relationship between the role of peers with HIV / AIDS prevention behavior in students at school. Peers have a positive and negative influence on teenagers' lives. Poor adolescent communication with poor peers carries a risk of poor HIV / AIDS prevention behavior compared to good teen communication with peers. The results of the study support that peers are very influential in the lives of adolescents. Teenagers often imitate from peers.

b. Teacher communication

Table 3 shows that the majority of respondents had less than a teacher's role level of 64.1%, while only 35.9% had a good teacher's role level.

Table 4.8 Distribution of Frequency of Respondents Based on the Role of the teacher

| No | Teacher's role | Frequency | Percentage |
|-------|----------------|-----------|------------|
| 1 | Less | 75 | 64,1 |
| 2 | Well | 42 | 35,9 |
| Total | | 117 | 100 |



c. Perception of the Seriousness of HIV AIDS

Table 4 shows that more than a portion of respondents or as many as 59% have low HIV / AIDS perceptions of seriousness have a greater proportion than respondents who have high HIV / AIDS perceptions of high prevalence of 41%. So that more than half of respondents feel that they are not seriously affected by HIV / AIDS.

¹
Table 4 the frequency distribution of respondents based on the perception of the seriousness of HIV / AIDS HIV / AIDS

| No | Perception of the seriousness of HIV / AIDS | Frequency | Percentage |
|-------|--|-----------|------------|
| 1 | Perception of HIV / AIDS seriousness is low | 69 | 59 |
| 2 | Perception of HIV / AIDS seriousness is high | 48 | 41 |
| Total | | 117 | 100 |

¹
The results of this study are also the same as the research conducted by Hingson which states that respondents with low seriousness perception 1.82 times tend to engage in risky sexual behavior. The percentage of respondents who had sexual behavior risk of contracting HIV / AIDS was more common in respondents with low seriousness perceptions of 32.0% compared to respondents who had high seriousness perceptions of 9.6%. In accordance with research conducted by Lin on migrant workers in Taiwan also obtained the results of risky sexual behavior carried out by respondents who have a low seriousness perception (38.5%) than respondents who have a high seriousness perception (31.6%). (Lin, 2005))

¹
Statistically obtained $p = 0.034$ ($p < 0.05$), this ³ means that there is a significant relationship between the perception of seriousness with HIV / AIDS prevention behavior in high school adolescents. In the Health Belief Model, the perception of perceived seriousness is the respondent's judgment or assumption about the seriousness of HIV / AIDS. One's actions to seek treatment and prevention of disease are driven by the threat of the disease (Sugiyono, 2011)



Table 5: frequency distribution of respondents' answers based on perception questions
Benefits of having safe sex

| No | Statement | Yes | | No | |
|-----|--|-----|--------|----|--------|
| | | F | % | F | % |
| 1. | Every sexual partner will avoid me from transmission of the HIV AIDS virus | 87 | 74,36% | 30 | 25,64% |
| 2. | Everyone will avoid the transmission of HIV AIDS if they do not change sexual partners | 94 | 80,34% | 23 | 19,66% |
| 3. | The use of condoms did not make it difficult for me to get a sexual partner | 42 | 35,90% | 75 | 64,10% |
| 4. | Do not use injection drugs interchangeably before sexual intercourse will avoid the transmission of HIV AIDS | 67 | 57,26% | 50 | 42,74% |
| 5. | Using condoms can prevent contracting HIV AIDS | 63 | 53,85% | 54 | 46,15% |
| 6. | Using condoms can protect us from HIV / AIDS | 57 | 48,72% | 60 | 51,28% |
| 7. | Condoms are the easiest and cheapest protectors | 71 | 60,68% | 46 | 39,32% |
| 8. | The use of condoms makes you feel safe | 64 | 54,70% | 53 | 45,30% |
| 9. | With condoms sex is more enjoyable | 25 | 21,37% | 92 | 78,63% |
| 10. | Consistent use of condoms during sex will prevent me from transmitting HIV AIDS | 60 | 51,28% | 57 | 48,72% |
| 11. | Condoms are useful for everyone | 57 | 48,72% | 60 | 51,28% |

Table 5 explains the respondent's attitude towards the perception of the seriousness of HIV / AIDS. Based on the answers to these items, it can be seen that almost all respondents agreed that I would get sick easily and HIV AIDS was a very deadly disease (87.18%), and almost all respondents disagreed if venereal disease was not too dangerous, because it was not caused death (96.58%). The results of this study are in line with research conducted by Xianghong Li et al (Lin, 2005), in the study stating that the majority of respondents had a high perception of seriousness about HIV AIDS. respondents said that a person suffering from HIV AIDS is terrible, not only because HIV AIDS is incurable but also a dirty disease. (Xianhong, 2016)

d. Obstacle Perception

Perceptions of perceived obstacles are negative aspects that prevent them from being able to carry out these health actions, for example: expensive, distance to obtain health services, taking up a lot of time, uncomfortable, unpleasant and so on. The actions a person



takes to treat or prevent disease are more determined by the benefits he feels than the obstacles he might face in carrying out these actions.

The perception of obstacles in this study is the perception of having safe sex with negative aspects that prevent individuals from engaging in safe sexual behavior with indicators for engaging in HIV / AIDS prevention behaviors are the obstacles encountered by respondents in engaging in safe sexual relations.

Table 6 Perception Relationship Obstacles to safe sexual intercourse with HIV / AIDS prevention behaviors among students

| Variable | | Sexual behavior | | P value |
|-------------------------|-------------------|-----------------|---------|---------|
| | | no risk | at risk | |
| Obstacle Perception Low | Frequency | 69 | 6 | 0,007 |
| | % Sexual behavior | 69,0% | 35,3% | |
| | High | Frequency | 31 | |
| | % Sexual behavior | 31,0% | 64,7% | |
| Total | Frequency | 100 | 17 | |
| | % Sexual behavior | 100,0% | 100,0% | |

Table 6 shows that the percentage of respondents who have HIV / AIDS prevention behaviors is mostly found in respondents who perceive barriers to safe sexual intercourse are high, amounting to 64.7% have a greater proportion than respondents who perceive barriers to engaging in safe sexual intercourse are low which is 35.3%.

Statistically obtained $p = 0.007$ ($p < 0.05$), this means that there is ³ significant relationship between perceptions of barriers to safe sexual intercourse with HIV / AIDS prevention behavior in high school adolescents in high school in Magelang.

Because behavior change is not something that can happen easily for most people, another element of the Health Belief Model theory is the problem of perceived obstacles to change. This relates to individual evaluations of perceived obstacles to adopting new behaviors. Perception about perceived obstacles is a significant element in determining whether someone will engage in new behavior or not. For the new behavior to be adopted, one needs to believe that the benefits of the new behavior are more basic than the consequences of continuing the old behavior. The highest answer was that respondents did not agree if condom use would be considered ill (77.78%).



¹ The results of this study are consistent with research conducted by Lokollo (2009) in the city of Semarang showing that research subjects stated that the barrier factor is one of the important factors in preventing the transmission of HIV AIDS. The view of subjects who agreed to the use of condoms, apparently was not enough to guarantee the subject would use a condom. This is recognized by the presence of several sex partners who do not use condoms on the grounds they cannot ejaculate and are uncomfortable wearing. (Riyanto, 2011)

According to the Multivariate analysis, it is known that the variable perception of inhibition is the most influential variable in this study with Odd Ratio (OR = 6.908). above which the perception of obstacles is low ..

As many as 48.0%¹ of respondents answered using a condom to interfere during sexual intercourse. The results of this study are also in line with the results of a study conducted by Xianhong Li which revealed that the perceived obstacle was one of the factors affecting a person in sexual behavior. In the study mentioned that the use of condoms affects sexual comfort and pleasure. Unavailability of condoms is also a common reason for workers not to use condoms. (Enggarwati, 2015)

As many as 63.25% of respondents answered using a condom can reduce pleasure. In line with research conducted by Azinar and Anggipita in the city of Semarang which found that a person's obstacle to safe sexual behavior, namely the use of condoms, is a less pleasant experience and reduces pleasure during sexual intercourse.

As many as 27.35% of respondents answered that the distance between a residence and a condom sales place was far enough so that they did not use a condom during sexual intercourse, as many as 56.41% of respondent respondents disagreed if finances were insufficient if they had to always buy condoms, and as much as 28.21% respondents answered that the use of condoms is not important.

e. Perception of Self Ability

Theoretically, self-efficacy is a belief in one's own ability to do something. Generally people will not try to do something new unless they think that they are able to do it.

Table 7 Relationship Perceptions of adolescent self-ability High school to prevent HIV /



AIDS with HIV / AIDS prevention behavior in students

| Variable | | | Sexual behavior | | P value |
|--------------------|------|-------------------|-----------------|---------|---------|
| | | | no risk | at risk | |
| Ability Perception | Low | Frequency | 61 | 15 | 0,030 |
| | | % Sexual behavior | 61,0% | 88,2% | |
| | High | Frequency | 39 | 2 | |
| | | % Sexual behavior | 39,0% | 11,8% | |
| Total | | Frequency | 100 | 17 | |
| | | % Sexual behavior | 100,0% | 100,0% | |

Table 7 shows that the percentage of respondents who have HIV / AIDS prevention behaviors is mostly found in respondents who perceive adolescent self-ability High school to prevent HIV / AIDS is low at 88.2% has a greater proportion than respondents who perceive adolescent self-ability High schools prevent high HIV / AIDS by 11.8%.

Statistically obtained value of $p = 0.030$ ($p < 0.05$), this means that there is a significant relationship between the perception of self-ability of high school adolescents to prevent HIV / AIDS with HIV / AIDS prevention behavior in students at school.

The results of this study are in line with research conducted by Linda Sirait and Sorimuda Sarumpaet in Belawan found that the perception of self-ability is one of the factors that has a significant relationship with condom use behavior with $p = 0.000$.

Statistical analysis of this study is in line with research conducted by Ika Hapsari (2015), where the results state that there is a significant relationship between self-efficacy and sexual behavior to prevent transmission of HIV AIDS in Kudus with $p = 0.001$.

The results of the study note that there are still many respondents who have low self-ability where there are 47.1% of respondents answered unable to refuse any FSW who seduced sexual intercourse. As many as 55.9% of responses were not able to get a condom every time they needed it, and as much as 48.0% of respondents were also unable to hold their sexual urges while leaving their families apart from that as much as 50.0% of respondents were unable to hold back / were not tempted to have intercourse sex with WPS even though there are in every dimly lit shop.



³
3. Factors not related to HIV / AIDS prevention behavior among high school adolescents in Magelang City

a. Age ¹

Based on the results of the study indicate that the minimum age of respondents is 15 years, the maximum age is 16 years, the average age of respondents is 16 years.

The results showed that the percentage of respondents who had HIV / AIDS prevention behavior was mostly found in respondents who were low in age (≤ 16 years) that was equal to 58.8% had a greater proportion than respondents who were of high age (< 16 years) that was equal to 41, 2%.

The statistical analysis results obtained p value = 0.566 ($p > 0.05$), this means that there is no significant relationship between age and HIV / AIDS prevention behavior in students at school. This is also in accordance with research conducted by Sirait Linda.M and Sarumpaet Sorimuda in Belawan who said that age is not enough to be able to influence respondents in safe sexual behavior. This means that someone who is older is not necessarily going to behave safely.

A person's age contributes a lot to his maturity of thinking including maturity of thinking about risky sexual behavior. In a study conducted by Yanqiu Zhou, et al 2014, found the fact that older men in China showed sexual activity and were more involved in risky sexual behavior. Many studies have shown that adults remain sexually active and can maintain their level of sexual desire, although interest in sex and frequency of intercourse generally decreases with age.

Age can also describe a person's condition, increasing age can affect one's mindset and behavior. It can also affect how attitudes and decision making in dealing with certain situations, as well as in terms of sexual sexual behavior. Productive age tends to be more sexually active as well as respondents in this study most of the young adults (17-40 years) are still classified as productive age.

This is consistent with the HBM theory. The diversity of sociodemographic and economic characteristics is likely to influence perception, and indirectly influence behavior. Although HBM identifies constructs that lead to behavioral outcomes, the relationship between constructs is not clearly explained. This ambiguity causes variations in HBM applications.

b. Gender

The analysis shows that the percentage of gender of respondents is more found in female respondents at 59% has a greater proportion than male respondents at 41%. The



analysis shows that the percentage of respondents who have HIV / AIDS prevention behaviors is mostly found in respondents who are female, that is equal to 58.8% having a greater proportion compared to respondents who are male, amounting to 41.2%.

Statistical test results obtained $p\text{ value} = 0.989$ ($p > 0.05$), this means that there is no significant relationship between sex with HIV / AIDS prevention behavior in students at school.

c. Parental Communication

The results of the analysis showed that the majority of respondents had a level of parental communication roles that were less as many as 59%, while those who had a level of parental communication roles were only 41%.

The results of the analysis show that the percentage of respondents who have HIV / AIDS prevention behaviors is mostly found in respondents who play a role of parents communication that is less that is equal to 52.9% has a greater proportion than respondents who play a role of parents communication that is good at 47.1%.

Chi-square statistical test results obtained $p = 0.584$ ($p > 0.05$), this means there is no significant relationship between the role of parental communication with HIV / AIDS prevention behaviors in high school adolescents in high school.

d. Vulnerability Perception

Based on the results of the study showed that more than half of respondents or as many as 62.4% had low vulnerability perceptions had a greater proportion than respondents who had high vulnerability perceptions of 37.6%. So that more than half of respondents feel they are not vulnerable to HIV / AIDS.

Chi-square statistical test results obtained $p\text{ value} = 0.831$ ($p > 0.05$), this means that there is no significant relationship between the perception of vulnerability at risk of contracting HIV / AIDS with HIV / AIDS prevention behavior in students at school.

e. Perception of Benefits

More than half of respondents or as many as 55.6% had a low perception of the benefits of having safe sex having a higher proportion than respondents who perceived the benefits of having safe sex as high as 44.4%.

The percentage of respondents who have HIV / AIDS prevention behavior is mostly found in respondents who perceive the benefits of having good safe sexual relations in the amount of 52.9% having a greater proportion compared to respondents who perceive the benefits of having safe sexual relations which is low at 47.1%. The difference between the proportion of the benefits of having safe sex is good and less not so far away.



Chi-square statistical test results obtained $p = 0.446$ ($p > 0.05$), this means that there is no significant relationship between the perception of the benefits of having safe sex with HIV / AIDS prevention behavior in students in school.

This research is in line with research conducted by Nurcholis in Klaten which states that there is no meaningful relationship between perceived benefits and behavior in efforts to prevent HIV AIDS transmission where the results of a square test ($= 0.05$) obtained a p value of 0.313).

The statistical analysis of this study does not support previous research conducted by Ika Hapsari Enggarwati (2015). Where the results of the study are the existence of a significant relationship between the perception of benefits with HIV AIDS transmission prevention behavior. The p value in the study was $0.001 < 0.05$. the study states that the better a person's positive perceptions of HIV AIDS transmission behavior are, the more likely he is to take action.

From the results of the study in years that there are still many respondents who have less benefit perceptions where there are 51.0% of respondents disagree if using a condom can prevent HIV / AIDS and STIs, 53.9% of respondents disagree if using a condom can protect us from HIV / AIDS and IMS, as many as 50.0% of respondents disagreed if sex with a condom felt more enjoyable.

f. Access Media Information Sources

Mass media has an important role in increasing knowledge. What is read, seen will affect the development of one's personality and intellectual.

The percentage of respondents accessing media sources of information is more common among respondents with access to media sources of information about HIV / AIDS which is small at 54.7% having a greater proportion than respondents with access to source of information media that is equal to 45.3%.

Based on the results of the study showed that the majority of respondents get information about HIV / AIDS from the internet by 102 respondents (87.18%) and at least get information from the tabloids as many as 79 respondents (67.52%).

Chi-square statistical test results obtained $p \text{ value} = 0.875$ ($p > 0.05$), this means that there is no significant relationship between access to media resources Information about HIV / AIDS with HIV / AIDS prevention behavior in students at school.

This research is in line with what was conducted by Nurcholis (2008) also stated that there was no significant relationship between the source or access to information with the prevention behavior of STIs and HIV AIDS with the chi square test (0.05) obtained p value = 0.177.



¹ CONCLUSION

Based on the results of the analysis ³ of research data, it can be concluded!) Teen communication with parents is not related to HIV / AIDS prevention behavior in high school adolescents in Magelang City; 2) The role of peers is related to HIV / AIDS prevention behavior in high school adolescents in Magelang City. Adolescent communication with the role of bad peers will increase the risk of bad HIV / AIDS prevention behavior; 3) The role of the teacher is related to HIV / AIDS prevention behavior in high school adolescents in the City of Magelang. The better communication and role of teachers towards adolescents about HIV / AIDS, the better HIV / AIDS prevention behavior; 4) Access to information media not related to HIV / AIDS prevention behavior in high school adolescents in Magelang City; 5) The most influential variable in this study is the perception of barriers to safe sexual intercourse (OR = 6.908). It means that high school adolescents who have high barriers to perception make it possible to carry out risky sexual behavior by 6.908 times compared to high school adolescents whose perception low resistance; 6) Variables related to HIV / AIDS prevention behavior are the role of peers (p = 0.0044), Teacher Communication (p = 0.130), Serious Perception (p = 0.115), Barriers Perception (p = 0.008) and Perceptions of Self Ability (p = 0.086); 7) Variables not related to HIV / AIDS prevention behavior are age (p = 0.566), gender (p = 0.989), parent communication (p = 0.584), perception of vulnerability (p = 0.831), perception of benefits (p = 0.446) and access to information media sources (p = 0.875); 8) It is known that 6 respondents (5.9%) had had sex with FSW and boyfriend / friend in the past six months as many as 8 respondents (7.8%) had had sexual relations only with FSW, in addition as many as 11 respondents (10 , 8%) have had sexual relations only with a boyfriend or girlfriend in the past six months.

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