

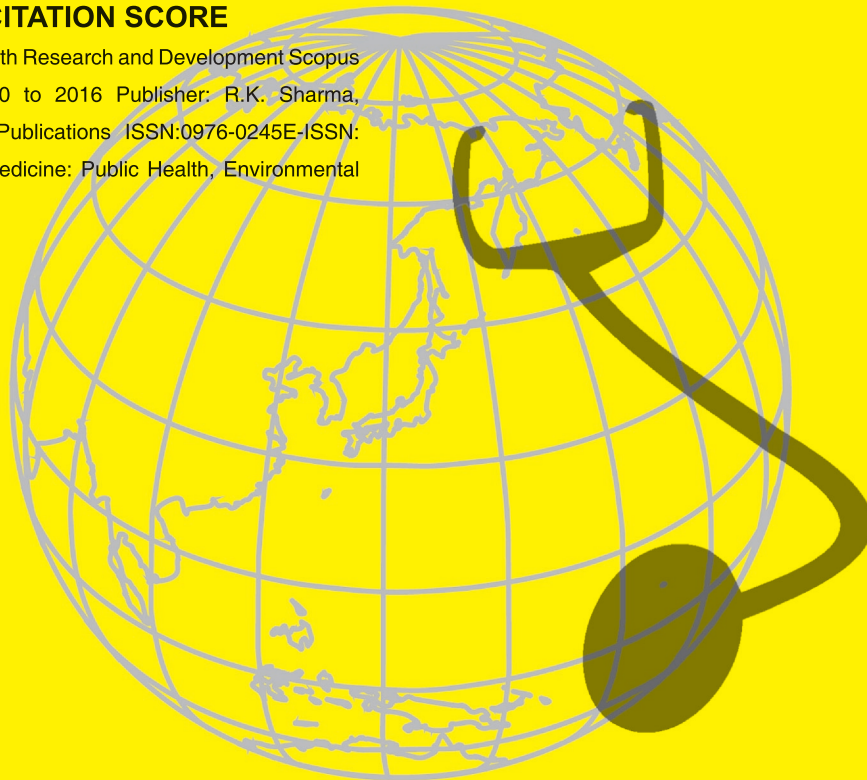


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The Effects of Health Education Toward HIV/AIDS Knowledge and Attitude on Banjarbaru Midwife Academy Students 2016

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ABSTRACT

The incidence of HIV/AIDS is a global problem. The highest cases occurred in the age group of 20-49 years indicated they are already HIV positive when adolescence (15-25 years). The cause of the high incidence of HIV/AIDS among adolescents is influenced by many things including their lack of knowledge about HIV/AIDS. This study aims to determine the effect of counseling and sexual education toward knowledge and attitude of Banjarbaru Midwife Academy Student. This study uses a quantitative method with pre-experimental research design. Data collected through questionnaire from Banjarbaru Midwife Academy Student. The results show the number of students who have good knowledge increased after being given counseling, from 35% to 70%. In addition, the number of students who have a good attitude after being given counseling increased, from 87.5% to 100%. The conclusion of this study is counseling about HIV/AIDS can affect Banjarbaru Midwife Academy Student knowledge of 4.206 times and attitudes by 4.206 times.

Keywords: HIV/AIDS, students, health education, knowledge, attitude

INTRODUCTION

The incidence of HIV / AIDS is still be a global problem. By 2015, as many as 36.7 million people worldwide infected with HIV and 1.1 million AIDS. Around 5,700 people infected with HIV every day.¹ Indonesia is the country with the incidence of HIV / AIDS is quite high. In 2015, the incidence of HIV in Indonesia as many as 30,935 people and as many as 7185 people AIDS.² The prevalence of HIV / AIDS in South Kalimantan also still quite high at 1,365 people. In 2015, South Kalimantan Province was ranked 21 out of 33 provinces in Indonesia, 505 AIDS cases and 509 HIV cases.³ Banjarbaru had incidence rates above 10%, ie 178 cases.⁴ Based on these data there was no indication in halting the spread of HIV / AIDS.

By age group, most HIV incidence at the age of 20-49 years (87%). Meanwhile, most AIDS at the age of 20-49 years (81%).² When viewed from the incubation period which takes about 5-10 years, it is predicted that the first contact with HIV have occurred in adolescence, so that the teenage years can be said of age that are vulnerable to HIV.

The incidence in school children or students as many as 1,086 people and HIV / AIDS among adolescents aged 15-29. This indicates that adolescence is a vulnerable group affected by HIV / AIDS. Some of the risk factors that cause the incidence of HIV / AIDS among adolescents ie unsafe sexual intercourse, use of illicit substances (alcohol, tobacco, drugs), and a lack of awareness of youth. In addition, the factors that cause changes outlook sexual behavior in adolescents because of supervision and attention from their parents and families are loose, the pattern of promiscuity, environment permissive, more and more things that provide sexual stimulation is very easy to find and the facilities are often provided by family unwittingly.⁵

Increasingly outbreak of HIV / AIDS cases in Indonesia, especially among the productive age population, of course, very worrying, given the productive age group is the nation's assets. Nowadays, teenagers prone to be affected drugs and promiscuity. In addition, a recent survey conducted by the National Commission for Child Protection revealed that as many as 97% of teenagers said they had watched porn and

93.7% of the teens were never perform various scenes of sex without penetration.⁶

The rise of free sex cases is caused by the development of adolescent sex instinct which increases being offset by the provision of education on sexual behavior. Teens are sexually active and they often lack basic information on reproductive health, sexual intercourse negotiating skills and access to reproductive health services, leaving them vulnerable to reproductive health problems such as HIV / AIDS. Still inadequate number of adolescents aged 15-24 years who have a comprehensive understanding of HIV / AIDS, reaching only 20.6 per cent of the target of 85 percent.⁷ The level of knowledge in adolescent about HIV/AIDS is poor about 47.9%. Meanwhile, the level of attitude in adolescent about HIV/AIDS is poor about 36.5%.⁸ So teens should be a goal of HIV / AIDS, one of which is education. Therefore, it is necessary to investigate the effect of education on knowledge and attitude of adolescents, especially in Banjarbaru Midwifery Academy related to HIV / AIDS.

MATERIALS AND METHOD

This research design is quasi-experimental research design using one group pre-post test. The sample used was quota sampling (n-1) 40 respondents. Data were collected using a questionnaire to determine the knowledge and attitude Banjarbaru Midwife Academy student. Filling the questionnaire by respondents was conducted before and after the extension services. The independent variables in this study is the provision of education about HIV / AIDS to Banjarbaru Midwife Academy student. While the dependent variable is the knowledge and attitudes of Banjarbaru Midwifery Academy student on the incidence of HIV / AIDS.

Data analysis was performed using univariate, bivariate and multivariate analyzes. Univariate analysis to determine the frequency distribution of the variables studied. Bivariate analyzes to determine the relationship between each independent variable and the dependent variable. While the multivariate analysis to determine the relationship of simultaneous and partial of each independent variable on the dependent variable and determine the expected value or Odds Ratio.

RESULTS AND DISCUSSION

3.1. RESULT

3.1.1. Characteristics of Respondents

Distribution of respondents by sex, all respondents were female. As for according to age groupings obtained as follows.

Table 1. The Age of Respondents

No.	Age	Amount	Percentage
1.	20	5	12.5
2.	21	21	52.5
3.	22	12	20
4.	23	2	5

3.1.2 Univariate analysis

3.1.2.1. The knowledge of respondents

Knowledge about HIV / AIDS can be known through the scoring of the questionnaire, which was filled by the respondents through a pre-test and post-test. Furthermore, from the score obtained to do the categorization of knowledge with less knowledge categories (<55%), sufficient (56% - 75%) and good (76% - 100%). Here are the results of scoring the respondents' knowledge prior to the extension.

Table 2. The Level of Knowledge of Respondents Before Counseling

Knowledge level	Number of Respondents	Percentage
Good	14	35
Enough	20	50
Less	6	15
Amount	40	100

While scoring result after counseling was given to the respondents' knowledge is as follows.

Table 3. The Level of Knowledge of Respondents After Counseling

Knowledge level	Number of Respondents	Percentage
Good	28	70
Enough	12	30
Less	0	0
Amount	40	100

Based on the above results it can be seen that at the time before being given counseling on HIV / AIDS, the number of respondents who have a good knowledge amounted to 14 (35%) and increased to 28 people (70%) after being given counseling on HIV / AIDS. The number of respondents who have sufficient knowledge of 20 people (50%) at the time before being given counseling on HIV / AIDS, and decreased to 12 (30%) after being given counseling on HIV / AIDS. While the number of respondents who have less knowledge amounted to 6 (15%) at the time before being given counseling on HIV / AIDS, and decreased to 0 (0%) after being given counseling on HIV / AIDS. It is according with Chi et al. that college students in Chongqing initially had very limited knowledge of reproductive health, contraception, condom use, STDs, and HIV/AIDS.⁹

3.1.2.2 The attitude of respondents

Attitudes of respondents to the incidence of HIV / AIDS can be known through the scoring of the questionnaire, which was filled by the respondents through a pre-test and post-test. Furthermore, from the score obtained is done categorization attitude with unfavorable attitude categories (<70%) and good (71% - 100%). Here are the results of scoring the respondents' attitudes before the extension.

Table 4. The Level of Attitude of Respondents Before Counseling

Attitude	Number of Respondents	Percentage
Good	35	87.5
Not good	5	12.5
Amount	40	100

While scoring result given counseling after the respondents' attitudes are as follows.

Table 5. The Level of Attitude of Respondents After Counseling

Attitude	Number of Respondents	Percentage
Good	40	100
Not good	0	0
Amount	40	100

Based on the above results it can be seen that at the time before being given counseling on HIV / AIDS, the number of respondents who have a good attitude amounted to 35 (87.5%) and increased to 40 (100%) after being given counseling on HIV / AIDS. While the number of respondents who have a less unfavorable attitude toward the incidence of HIV / AIDS of 5 people (12.5%) at the time before being given counseling on HIV / AIDS, and decreased to 0 (0%) after being given counseling on HIV / AIDS.

3.1.3 Bivariate Analysis

The bivariate analysis using statistical test of Wilcoxon signed rank test was as follows.

Table 6. The Results of Bivariate Analysis About Relationship Between Knowledge and Attitudes With

Variable	p-Value	Odds Ratio	Conclusion
Knowledge	0.007	4.206	There is a relationship with knowledge and Giving Counseling of HIV / AIDS
Attitude	0,000	2.208	There is a relationship with the attitude and Giving Counseling of HIV / AIDS

DISCUSSION

Knowledge is the result of observation and experience of the individual against a new thing that can be useful for such individuals. According to Bloom and Skinner, knowledge is the ability to express what he knew back in the form of evidence both oral and written answers. The article of evidence or a reaction from a stimulus in the form of the question either oral or written questions.¹⁰

The results showed that there was a relationship between the provision of counseling on HIV / AIDS with

Banjarbaru Midwifery Academy student knowledge on the incidence of HIV / AIDS. Students who get counseling about HIV / AIDS has a 4,406 times better knowledge than students who did not receive counseling. This is in accordance with the opinion of Wood in Shinta (2011) that the provision of health education affect favorably the knowledge relating to the health of individuals.¹¹ This corresponded to a research conducted by Rahayu (2013) that health education can affect the knowledge of adolescents about sex before marriage.¹² In addition, the use of audio-visual media in education could also provide counseling increase effectiveness. This is consistent with research Wirawan (2014) that the extension to the audio-visual media and conventional can influence the increase of knowledge¹³. Furthermore, in Chi et al. the present study have several implications in terms of sexual education program among college students in China. First, sexual health knowledge could be delivered to students by sexual education course in colleges/universities. It decreased the need by students to use other sources, for example, Internet, to obtain incorrect and misunderstood sexual information.⁹

Attitude is a reaction or response which was still closed from a person to a stimulus or object. Attitudes are feelings, thoughts and inclinations someone who is more or less permanent aspects tertentu in its environment. According to Fishbein attitude is affective responses or positive-negative votes a person against an object. The attitude comes from confidence in one's behavior and evaluation of the consequences will be borne.¹⁴ The findings that the students' attitudes toward the majority of the items related to sexual health, particularly premarital sex, tended toward neutral suggests that the students in that group may not have formed a definite opinion about what is an acceptable or unacceptable expression of sexuality.¹⁵

The results showed that there was a relationship between the provision of counseling on HIV / AIDS with an attitude Midwife Academy student Banjarbaru the incidence of HIV / AIDS. Students who get counseling about HIV / AIDS have the attitude of 2.208 times better than students who did not receive counseling. This is in accordance with the opinion of Notoatmodjo (2007) which states that counseling may affect a person's attitude in healthy behaviors.¹⁶ This corresponded to a research conducted by Ayuningsih (2015) that the health education about HIV / AIDS may influence adolescent attitudes about HIV / AIDS prevention.¹⁷

The significant enabling factors associated with HIV knowledge were having someone encourage them to go for testing and receiving information about HIV.¹⁸ In Shanghai, the peer education on HIV/AIDS prevention among senior high school students and key senior high school students is effective in promoting the knowledge level and increasing awareness of self-protection.¹⁹

CONCLUSION

The counseling about HIV / AIDS can affect Banjarbaru Midwife Academy student knowledge of 4.206 times greater. The number of students who are knowledgeable both increased after being given counseling, from 35% to 70%. The counseling about HIV / AIDS can affect student attitudes Banjarbaru Midwifery Academy of 4.206 times greater. The number of students who have a good attitude after being given counseling increased, from 87.5% to 100%.

The counseling about HIV / AIDS should be done to improve the knowledge and attitudes of Midwifery Academy student Banjarbaru about HIV / AIDS. Midwifery Academy Banjarbaru manager is expected to continue to conduct outreach activities, either by the academia as well as in cooperation with health professionals at the City Health Office Banjarbaru or health center to support HIV / AIDS prevention in Banjarbaru. One of them by providing extracurricular activities on health education and peer education to prevent sex behavior in adolescents, especially Banjarbaru Midwife Academy student.

Ethical Clearance: This study approved and received ethical clearance from the Committee of Public Health Research Ethics of Medical Faculty, Lambung Mangkurat University, Indonesia. In this study we followed the guidelines from the Committee of Public Health Research Ethics of Medical Faculty, Lambung Mangkurat University, Indonesia for ethical clearance and informed consent. The informed consent included the research title, purpose, participants' right, confidentiality and signature.

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