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COMPARATIVE STUDY OF HIV/AIDS PREVENTION BEHAVIORS BETWEEN STUDENTS IN SCHOOLS THAT DO NOT AND HAVE PIK-R

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ABSTRACT
The Youth Information and Counseling Center (PIK-R) was formed with the aim of forming healthy behavior in teenagers to prevent an increase in the number of HIV/AIDS cases. Currently, there has been no comparative research on HIV/AIDS prevention behavior in schools that do not and do not have PIK-R. This research aims to see differences in HIV/AIDS prevention behavior between students in schools that do not and have PIK-R. This research method is descriptive comparative with a cross sectional time approach. Respondents were students of SMA Negeri 1 Pangandaran and SMK Negeri 1 Pangandaran with a sample of 95 people using the stratified sampling method. The instrument used is the Indonesian version of the Sexual Behavioral Abstine HIV/AIDS Questionnaire (SBAHAQ) which has been declared valid and reliable with a mean CVI value of 0.96 and Cronbach's Alpha values of 0.87, 0.77 and 0.85. Data analysis uses univariate and bivariate analysis. The results of the comparative test with the Mann Whitney Test obtained an asymp sig (2-tailed) value of 0.331 (>0.05). Based on the research results, it can be concluded that there is no significant difference between HIV/AIDS prevention behavior among students in schools with and without PIK-R.

Keywords: HIV/AIDS; PIK-R; prevention behavior; students

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INTRODUCTION

According to Unicef (2016), globally, a teenager is infected with HIV every 2 minutes, while more than 2 million teenagers are living with HIV (Singh et al., 2019). Thus, the global HIV strategy is aligned with SDGs target point 3.3 to end the epidemic by 2030 (WHO, 2023). In 2019, the incidence of HIV in Indonesia in the 15-24 year age range was 9,201 cases (Hapitria et al., 2021). Apart from that, it was recorded that 1,872 AIDS sufferers in Indonesia were school and university students (Juniasti & Asriati, 2023). Development during adolescence causes an increased desire to try new things, such as starting to feel attracted to the opposite sex, to engage in risky behavior (Mahdalena et al., 2022). Because basically, the spread of the HIV/AIDS virus is often triggered by high-risk behavior and stigma toward HIV/AIDS (Unicef, 2023).

A promiscuous lifestyle and risky sexual behavior are some of the biggest factors causing the high number of HIV/AIDS cases in teenagers (Naully & Romlah, 2018). According to WHO data, around 40% of adolescents aged 18 years in developing countries have premarital sexual relations (Haiga et al., 2023). Because in general, teenagers do not consider themselves vulnerable to STIs, especially HIV/AIDS, and often hide their sexual behavior (Joorbonyan et

al., 2022). Thus, prevention is important to reduce the number of HIV/AIDS cases in adolescents, namely by changing behavior (Kurniyawan et al., 2023).

Preventive behavior by practicing sexual abstinence is believed to provide a greater opportunity to avoid HIV/AIDS transmission (Niknami et al., 2014). his practice is suitable for implementation in Muslim-majority areas which tend to consider the issue of HIV/AIDS as a taboo issue (Saputri et al., 2021). Previous research has explored components that are believed to have a possible connection with the practice of sexual abstinence, namely Self-efficacy (SE), Behavioral Intention (BI), and Perceived Benefits (PB) (Witdiawati et al., 2023). Self-efficacy is an important component in HIV/AIDS prevention because it is closely related to confidence in their ability to complete a task (Meilani et al., 2022). Self-efficacy in adolescents can determine confidence in avoiding HIV/AIDS risk behavior (Kurniyawan et al., 2023).

Several studies also state a relationship between behavioral intentions and the description of the behavior that will be carried out. It is important to identify adolescents' behavioral intentions to engage in risky sexual behavior, because adolescents tend to engage in risky behavior if there is external support (Ajide & Balogun, 2018). Behavior is also often associated with perceived benefits. Perceived benefits refer to the perception that carrying out preventive behavior can provide benefits for reducing the number of HIV/AIDS cases. This belief drives a person to take action because of the expected results (Witdiawati et al., 2023). Prediction of preventive behavior through perceived benefits shows that the benefits of preventive behavior are well understood by individuals so that it can lead to changes in their behavior and create safe behavior in society (Alizade et al., 2021). In areas with high cases of HIV/AIDS, schools are an important place to provide youth with the information and skills needed to prevent the spread of HIV/AIDS (Unicef, 2023). Peer education is used as an effective strategy to reduce HIV/AIDS worldwide (Joorbonyan et al., 2022). Peer education in Indonesia has been carried out with the GenRe program through the Youth Information and Counseling Center (PIK-R) (Ratnawati et al., 2024). PIK-R functions as a role model and allows teenagers to take HIV/AIDS prevention actions based on what they know (Ratnawati et al., 2024).

To understand differences in student prevention behavior in schools that do and not have PIK-R, comparative studies on HIV/AIDS prevention in adolescents are needed. In particular, differences in adolescent behavior in avoiding risky behavior include SE, PB, and BI components. However, until now, previous research has tended to focus on sexual behavior carried out by teenagers. Thus, the comparison of adolescent behavior, especially in avoiding HIV/AIDS risk behavior, is an interesting research subject.Pangandaran Regency is the area with the fourth-highest number of HIV/AIDS cases in West Java (Purnama et al., 2021). According to the Pangandaran District Health Service, the number of HIV/AIDS cases in Pangandaran District continues to increase every year. In 2023, it is known that there will be 53 cases in the Pangandaran Regency (Dinas Kesehatan, 2023).

Based on a preliminary study at the Department of Family Planning, Women's Empowerment and Child Protection (DKBP3A), it is known that SMA Negeri 1 Pangandaran is the only school that has PIK-R in Pangandaran Regency. Activities carried out include regular weekly training programs for PIK-R members, providing information through social media and school information boards, and activities with non-member students in the form of educational games regarding reproductive health, especially HIV/AIDS. Apart from that,

SMK Negeri 1 Pangandaran is one of the schools that has the most students and does not have PIK-R which is located in the area with the highest HIV/AIDS cases in Pangandaran Regency. The health education at this school includes counseling regarding adolescent reproductive health carried out by local health officers. The research aims is to determine differences in HIV/AIDS prevention behavior between students in schools where there is PIK-R and without PIK-R.

METHOD

This research used a comparative descriptive design with stratified sampling techniques on class X and XI students in schools that did not and had PIK-R in Pangandaran Regency. There were 95 respondents, namely 48 students of SMA Negeri 1 Pangandaran and 47 students of SMK Negeri 1 Pangandaran. This research has received ethical approval from the Research Ethics Committee of 'Aisyiyah Bandung University with Number: 752/KEP.01/UNISA-BANDUNG/IV/2024. Data collection was carried out on May 6-13 2024 using a questionnaire measuring HIV/AIDS prevention behavior in adolescents designed by Niknami et al. (2014) namely the Sexual Behavioral Abstine HIV/AIDS Questionnaire (SBAHAQ) which has been translated into Indonesian by Witdiawati et al. (2023). The items in this questionnaire consist of 13 questions covering 3 domains of health behavior, namely self-efficacy (8 items), perceived benefits (3 items), and behavioral intentions (2 items). Behavior is then categorized into 2 categories, namely positive behavior and negative behavior. This questionnaire has been declared valid and reliable with a mean CVI value of 0.96 and Cronbach's Alpha values of 0.87, 0.77 and 0.85. Data analysis was carried out using univariate and bivariate analysis. Univariate analysis was carried out by describing the data in the form of a frequency distribution presented in a table. Then, to find out the differences in HIV/AIDS prevention behavior between students in schools that do not and have PIK-R, this was done using Mann-Whitney Analysis. This analysis is used as an alternative because the requirements for using parametric tests are not met.

RESULTS

Table 1.
Respondent's characteristics (n= 95)

Respondent characteristics	School that have PIK-R (n=48)		School that do not have PIK-R (n=47)	
	f	%	f	%
Gender				
Male	25	52,1	5	10,6
Female	23	47,9	42	89,4
Age				
<16 Years Old	10	20,8	14	29,8
16-18 Years Old	38	79,2	32	68,1
>18 Years Old	0	0	1	2,1
Class				
X	24	50	25	53,2
XI	24	50	22	46,8
Experience of Gaining Knowledge about HIV/AIDS				
Once	43	89,6	28	59,6
Never	5	10,4	19	40,4
Source of information related to HIV/AIDS				
Social Media	28	58,3	38	80,9
Close Friends	1	2,1	1	2,1

Television	0	0	0	0
Health workers	11	22,9	8	17
PIK-R	8	16,7	0	0

Table 1 shows that overall the majority of respondents were female as many as 65 people (68.5%), were in the 16-18 year age category as many as 70 people (73.6%), and came from class X as many as 49 people (51 .5%). Furthermore, as many as 71 people (74.7%) of respondents overall had received knowledge about HIV/AIDS and the majority of respondents used social media as a source of information related to HIV/AIDS, namely 66 people (69.4%). And only 8 people (16.7%) of respondents from school that had PIK-R used PIK-R as a medium for information about HIV/AIDS.

Table 2.
HIV/AIDS Prevention Behavior in Students (n=95)

Behavior Category	School that have PIK-R (n=48)		School that do not have PIK-R (n=47)	
	f	%	f	%
Positive	27	56,3	32	68,1
Negative	21	43,7	15	31,9

Table 2 shows the distribution of categories of HIV/AIDS prevention behavior among students in both populations. It is known that overall respondents have positive HIV/AIDS prevention behavior. As many as 27 people (56.3%) of respondents had positive HIV/AIDS prevention behavior in school that had PIK-R, while in schools that didn't have PIK-R as many as 32 people (68.1%) of respondents had positive behavior. Apart from that, 36 people (37.9%) of respondents from both populations had negative attitudes toward preventing HIV/AIDS.

Table 3.
HIV/AIDS Prevention Behavior Based on SE, PB, BI Domains (n= 95)

Behavioral Domains	School that have PIK-R (n=48)		School that do not have PIK-R (n=47)	
	f	%	f	%
Self-Efficacy (SE)				
Positive	38	79,2	35	74,5
Negative	10	20,8	12	25,5
Perceived Benefits (PB)				
Positive	35	72,9	39	83
Negative	13	27,1	8	17
Behavioral Intentions (BI)				
Positive	42	87,5	42	84
Negative	6	12,5	5	11

Table 3. Describes the categories in each domain of HIV/AIDS prevention behavior. It is known that the majority of respondents have self-efficacy (SE) in the positive category, namely 38 people (76.8%) in school that have PIK-R, and 35 people (74.5%) in school that do not. PIK-R. As many as 35 people (72.9%) of respondents in school with PIK-R had perceived benefits (PB) in the positive category, while in school without PIK-R there were 39 people (83%). Apart from that, almost all respondents in school with PIK-R, namely 42 people (87.5%) had behavioral intentions (BI) in the positive category, while in school without PIK-R there were 42 people (89.4%).

Table 4.
Comparison of HIV/AIDS Prevention Behavior (n= 95)

School	*Mean Rank*	*Asymp. Sig (2-tailed)*
School that have PIK-R	45,59	0,331
School that do not have PIK-R	50,46	

Table 4 It is known that the results of the Mann-Whitney test get an value sig (2-tailed) 0.331, which means the asymp value of sig (2-tailed) is >0.05. So, it can be concluded that H0 is accepted and Ha is rejected, which means there is no significant difference between HIV/AIDS prevention behavior among students in schools with and without PIK-R.

DISCUSSION

Characteristics of Students in Schools That Do Not and Have PIK-R

Based on the frequency distribution of respondents' characteristics, the results showed that the majority of respondents were in the middle adolescents phase, namely in the 16-18 year age range, 79.2% in schools that had PIK-R, and 68.1% in schools that did not have PIK-R. In the middle adolescent's phase, they experience conflicts regarding independence and control. Acceptance by the peer group is very important for them because standards of behavior are formed by the peer group (Pratama & Sari, 2021). The research results showed that the majority of respondents had experience gaining knowledge related to HIV/AIDS, 89.6% in schools with PIK-R and 59.6% in schools without PIK-R. Knowledge is part of culture which is manifested in attitudes and behavior and is continuously disseminated (La, 2024). Good knowledge in teenagers can be caused by the experience of getting information about HIV/AIDS (Dewi & Amry, 2020). The research results showed that the majority of respondents used social media as a source of information related to HIV/AIDS, 58.3% in schools with PIK-R and 80.9% in schools without PIK-R. Teenagers have a very close attachment to modern technology which has become their basic need (Ramadhona et al., 2024). And it is not uncommon for this to be done to fulfill their curiosity about something new (Aprilia et al., 2020).

HIV/AIDS Prevention Behavior in Students in Schools That Do Not and Have PIK-R

Behavior is an individual's actions as a response to internal and external stimuli (American Psychological Association (APA), 2018). The results of the study showed that 59 respondents (62%) of the 95 respondents overall had HIV/AIDS prevention behavior in the positive category. In both populations, whether in schools with or without PIK-R, the majority of respondents had positive behavior, namely 56.3% in schools with PIK-R, and 68.1% in schools without PIK-R. In table 4.3. It is known that the majority of the three SE, PB, and BI domains have positive scores in their respective populations. It is known that the majority of respondents (76.8%) have the confidence to reject HIV/AIDS risk behavior. Self-efficacy (SE) provides the ability to refuse high-risk behavior for HIV/AIDS transmission. This statement is supported by previous research which found a relationship between the SE domain and HIV prevention (Farahani et al., 2020). Because good self-efficacy makes it easier for teenagers to avoid HIV/AIDS risk behavior. In other words, self-efficacy maintains HIV/AIDS prevention behavior consistently (Kurniawati et al., 2020).

Furthermore, the majority of respondents (77.8%) have confidence in the benefits or perceived benefits that will be felt when carrying out HIV/AIDS prevention behavior. Preventive behavior can avoid being involved in a health problem, especially HIV/AIDS, and this belief is what gives confidence in carrying out HIV/AIDS prevention behavior (Witdiawati et al., 2023). In addition, previous research has proven a strong correlation between PB domains and the implementation of preventive behaviors (Joorbonyan et al., 2022). The findings show that almost all respondents (88.4%) in this study had positive behavioral intentions. The Theory of Planned Behavior indicates that each individual's behavior is based on intention (Joorbonyan et al., 2022). Thus, behavioral intentions are very important in generating HIV/AIDS prevention behavior in adolescents.

Of the three domains SE, PB, and BI, it is known that the self-efficacy domain is the domain that has the most negative results. Several factors can influence the level of self-efficacy, one of which is the lack of information given by someone verbally which is usually used to increase confidence in carrying out a task (Viridula & Wulandari, 2022). This results in teenagers not getting the right and relevant information, making it difficult to carry out HIV/AIDS prevention behavior due to their inability to convince themselves and avoid failure.

Comparison of HIV/AIDS Prevention Behavior in Students in Schools That Do Not and Have PIK-R

Comparative analysis using the Mann-Whitney test was carried out to obtain an sig (2-tailed) value of 0.331, which means the sig (2-tailed) value was >0.05. Thus, the research results show that there is no significant difference between the preventive behavior of students in schools with and without PIK-R. The results of previous comparative studies in schools with and without PIK-R are different, which shows that there are differences in attitudes towards free sex in schools with and without PIK-R. In this research, it was proven that students in schools with PIK-R tend to have more positive attitudes towards free sex (Putri et al., 2021). The three behavioral domains in this study, namely SE, PB, and BI each have a higher prevalence in the positive category. This is different for each population, based on research results it is known that schools with PIK-R have a higher level of self-efficacy (79.2%) compared to schools without PIK-R. PIK-R activities held in the school environment have a positive impact on helping teenagers obtain information and skills regarding reproductive health (Sunarti & Rahmawati, 2022). By previous research, it is known that peer support has a positive influence on HIV/AIDS prevention behavior (Rohmah, 2019).

Thus, researchers assume that the existence of PIK-R activities in the school environment will have a positive impact on self-efficacy in carrying out HIV/AIDS prevention behavior. Students in schools with PIK-R have direct access to information and counseling services related to HIV/AIDS prevention at school so that they can increase their self-efficacy in carrying out HIV/AIDS prevention behavior. Meanwhile, schools that do not have PIK-R have a higher perceived benefit (83%) compared to schools that have PIK-R. In this case, researchers assume that the high level of perceived benefits in schools that do not have PIK-R may be due to the lack of accurate information available, considering that educational activities regarding HIV/AIDS prevention by professional health workers are only carried out occasionally. This gives rise to misconceptions that encourage excessive perceptions regarding the benefits of HIV/AIDS prevention behavior.

Apart from that, it is known that both populations have high behavioral intentions, with as many as 42 people (87.5%) in schools that have PIK-R, and as many as 42 people (89.4%) in schools that do not have PIK-R. The high BI domain in schools that do not have PIK-R can be influenced by high self-efficacy, while in schools that do not have PIK-R, it is influenced by high perceived benefits. Reinforced in the Theory of Planned Behavior (TPB), it is explained that the intention to behave is influenced by knowledge, attitudes, subjective norms, self-efficacy, and perceived behavioral control (Rohmah, 2019). Apart from the differences in PB and SE levels in the two populations, subjective norm factors and level of knowledge may have a strong influence on motivation and intention in HIV/AIDS prevention behavior. Furthermore, the research results show that the school data group that does not have PIK-R has a higher mean rank value (50.46), which means that HIV/AIDS prevention behavior is

higher in school environments that do not have PIK-R. This can happen in several ways, one of which is that students do not use PIK-R services at school. Researchers assume that the lack of PIK-R activities involving non-member students could also be a triggering factor. About the sources of information used by respondents in schools with PIK-R, as many as 8 people (16.7%) of the 48 respondents used PIK-R as a source of information related to HIV/AIDS. This shows the lack of interest of teenagers in utilizing PIK-R services at school.

The large number of female respondents among students in schools that do not have PIK-R is also another cause. It is known that almost all respondents in schools that do not have PIK-R are female (89.4%). This is supported by the question that men have 1.9 times the potential to engage in risky behavior compared to women (Rais Hendrawan et al., 2022). Teenage boys tend to think more about sexual things compared to teenage girls because sexual cognitions are higher in teenage boys (Nurdin et al., 2021). Apart from that, the experience of obtaining health information can also be a trigger factor. The research results showed that the majority of respondents in schools without PIK-R had received knowledge related to HIV/AIDS (59.6%). Based on preliminary studies, it is known that even though there is no PIK-R in schools, health education for teenagers regarding reproductive health and HIV/AIDS is often carried out by local health workers. This can trigger an increase in students' knowledge in schools that do not have PIK-R regarding HIV/AIDS prevention and carrying out preventive behavior.

Schools act as institutions that have extensive opportunities to disseminate information related to HIV/AIDS to adolescents by utilizing the PIK-R group (Liana, 2018). Thus, support from stakeholders in schools is very necessary to increase the use of PIK-R in schools. The support provided can be in the form of collaboration with external school institutions, funding support, and holding additional seminars (Isni & Matahari, 2019). However, these activities are not carried out sustainably, which means that there are still teenagers who have HIV/AIDS risk behavior. Thus, to achieve HIV-zero new infections, comprehensive and accurate health education needs to be improved (Viridula & Wulandari, 2022). Thus, by utilizing the power of education, responsible use of social media, as well as contributions from relevant stakeholders, we can encourage the formation of healthy behavior that will have an impact on the future of teenagers and the world (Ramadani et al., 2024). Apart from the prevention programs that have been implemented in Indonesia, technological developments can be used to create comprehensive, proactive and sustainable prevention programs.

CONCLUSION

Based on the results of this research, it can be concluded that the majority of respondents from each population have positive behavior in preventing HIV/AIDS. Furthermore, of the three domains, it is known that the self-efficacy (SE) domain is the domain that has the most negative answers. In addition, the results of the comparative analysis show that H_0 is accepted (sig (2-tailed) > 0.05), so it can be concluded that there is no significant difference between HIV/AIDS prevention behavior among students in schools with and without PIK-R in the Pangandaran Regency area. This can be caused by several possibilities, one of which is the lack of use of PIK-R in schools. Thus, the importance of the contribution of stakeholders in schools to collaborate with various stakeholders to increase the use of PIK-R. Accurate and comprehensive health education is routinely carried out in both schools with and without PIK-R. This research provides a new picture regarding the comparison of preventive behavior based on 3 behavioral domains in adolescents in schools without and with PIK-R. It is hoped

that the information in this research can become a reference for developing more effective interventions for adolescents.

REFERENCES

Ajide, K. B., & Balogun, F. M. (2018). Knowledge of HIV and Intention to Engage in Risky Sexual Behaviour and Practices among Senior School Adolescents in Ibadan, Nigeria. *Physiology & Behavior*, *6*(1), 3–8. https://doi.org/10.1177/0022146515594631.Marriage

Alizade, M., Farshbaf-Khalili, A., Malakouti, J., & Mirghafourvand, M. (2021). Predictors of preventive behaviors of AIDS/HIV based on Health Belief Model constructs in women with high-risk sexual behaviors: A cross-sectional survey. *Journal of Education and Health Promotion*, *10*, 1–9. https://doi.org/10.4103/jehp.jehp_1046_20

American Psycological Association (APA). (2018). *APA Dictionary of Psychology*. American Psycological Association (APA). https://dictionary.apa.org/behavior

Aprilia, R., Sriati, A., & Hendrawati, S. (2020). Tingkat Kecanduan Media Sosial pada Remaja. *Journal of Nursing Care*, *3*(1), 41–53. https://doi.org/10.24198/jnc.v3i1.26928

Dewi, Y. R., & Amry, R. Y. (2020). Pengaruh Pendidikan Kesehatan Tentang HIV/AIDS Dengan Media Audiovisual Terhadap Pengetahuan Remaja Di SMA Negeri I Sleman DIY. *Jurnal Ilmiah Kesehatan*, *1*(2), 1–7.

Farahani, F. K., Darabi, F., & Yaseri, M. (2020). The effect of theory-based HIV/AIDS educational program on preventive behaviors among female adolescents in Tehran: A randomized controlled trial. *Journal of Reproduction and Infertility*, *21*(3), 194–206.

Haiga, Y., Zulkarnaini, A., & ... (2023). the Overview of Beliefs, Attitude, Knowledge, and Behavior of Hiv/Aids Prevention in Adolescents. *Community …*, *4*(2), 2305–2309. http://journal.universitaspahlawan.ac.id/index.php/cdj/article/view/14400%0Ahttp://journal.universitaspahlawan.ac.id/index.php/cdj/article/download/14400/11177

Hapitria, P., Lestari, F. N., & Widiyanti, R. (2021). Analisis Faktor Yang Berhubungan Dengan Perilaku Remaja Dalam Pencegahan Hiv/Aids Di Rw 15 Kelurahan Kecapi Kecamatan Harjamukti Kota Cirebon Tahun 2021. *Journal of Midwifery Science and Women's Health*, *2*(1), 1–8. https://doi.org/10.36082/jmswh.v2i1.279

Isni, K., & Matahari, R. (2019). School Stakeholder's Support on the Use of Youth Information and Counseling Centers (PIK-R). *Jurnal Kesehatan Masyarakat*, *14*(3), 311–317. https://doi.org/10.15294/kemas.v14i3.11699

Joorbonyan, H., Ghaffari, M., & Rakhshanderou, S. (2022). Peer-led theoretically Desinged HIV/AIDS prevention intervention among students: a case of health belief model. *BMC Public Health*, *22*(1), 1–10. https://doi.org/10.1186/s12889-021-12445-6

Juniasti, H., & Asriati. (2023). Pengetahuan dan Sikap Remaja Tentang HIV/AIDS pada Remaja Kota dan Desa di Provinsi Papua. *Jurnal Pendidikan Dan Konseling*, *5*, 4269–4276.

Kurniawati, D., Rahmawati, I., & Kurniawati, I. C. (2020). GAMBARAN EFIKASI DIRI PENCEGAHAN PERILAKU BERISIKO HIV / AIDS REMAJA DI SMAN 3 JEMBER Program Studi Ilmu Keperawatan , Fakultas Keperawatan , Universitas Jember , Jember

Abstrak PENDAHULUAN Masa remaja adalah fase tumbuh kembang yang dinamis ditandai peru. *Jurnal Keperawatan Sriwijaya*, *7*(2), 43–47.

Kurniyawan, E. H., Lisnawati, Rifai, A., Widayati, N., Rasni, H., Dewi, E. I., & Wuryaningsih, E. W. (2023). Parenting Patterns and Adolescent Self-Efficacy in Prevention of HIV/AIDS Risky Behavior. *Health and Technology Journal (HTechJ)*, *1*(1), 87–94. https://doi.org/10.53713/htechj.v1i1.16

La, J. (2024). Perbandingan Tingkat Pengetahuan Siswa Kelas XI SMA Sebelum dan Sesudah Edukasi Komplikasi Penyakit Sosial Terhadap Kejadian HIV/AIDS Di Biak Numfor Tahun 2021 LA. *Jurnal Inovasi Riset Ilmu Kesehatan*, *3*(1), 20–29.

Liana, I. (2018). Efektivitas Program Generasi Berencana Pusat Informasi Konseling (Pik) Remaja Bagi Siswa Sma Negeri Di Kota Banda Aceh. *AVERROUS: Jurnal Kedokteran Dan Kesehatan Malikussaleh*, *4*(2), 15. https://doi.org/10.29103/averrous.v4i2.1034

Mahdalena, L., Yusuf Attaziri, A., Yuliani, H., Rahayuningsih, C., Dwi Andaka, N., Setiawan, T., & Febrian, N. (2022). Pencegahan Resiko Penularan HIV/AIDS dengan Edukasi Stop Free Sex pada Remaja di SMA Negeri 1 Ciamis. *Kolaborasi Jurnal Pengabdian Masyarakat*, *2*(4), 362–366. https://doi.org/10.56359/kolaborasi.v2i4.106

Meilani, N., Setiyawati, N., & Barasa, S. (2022). Adolescent self-efficacy and attitude towards HIV AIDS prevention in Yogyakarta, Indonesia. *Jurnal Kesehatan Ibu Dan Anak*, *16*(1), 41–48.

Naully, P. G., & Romlah, S. (2018). Prevalensi HIV dan HBV pada Kalangan Remaja. *Jurnal Kesehatan*, *9*(2), 280. https://doi.org/10.26630/jk.v9i2.908

Niknami, S., Shokravi, F., Tavafian, S., Fesharaki, M., Jafari, M., & Najarkolaei, F. (2014). Sexual behavioral abstine HIV/AIDS questionnaire: Validation study of an Iranian questionnaire. *Journal of Education and Health Promotion*, *3*(1), 10. https://doi.org/10.4103/2277-9531.127564

Nurdin, M. R., Supriyatni, N., & Lestari, T. (2021). *Faktor-Faktor Yang Berhubungan Dengan Perilaku Pencegahan Hiv-Aids Pada Remaja SMA/SMK Di Kota Tidore Tahun 2021*. *3*, 20–25.

Pratama, D., & Sari, Y. P. (2021). Karakteristik Perkembangan Remaja | Jurnal Edukasimu. *Edukasimu.Org*, *1*(3), 1–9. http://edukasimu.org/index.php/edukasimu/article/view/49

Purnama, D., Rosidin, U., & Sumarna, U. (2021). Peningkatan Pengetahuan Siswa tentang HIV/AIDS di SMAN 1 Parigi Kabupaten Pangandaran. *JPKMI (Jurnal Pengabdian Kepada Masyarakat Indonesia)*, *2*(1), 33–41. https://doi.org/10.36596/jpkmi.v2i1.132

Putri, C. N. erika, Khusna, A. N., Latunnisa, R., Khofifah, I., Nastiti, T. O., & Sumiyati, S. (2021). Perbedaan Sikap Remaja Terhadap Seks Bebas Pada Sekolah Yang Memiliki Pusat Informasi Dan Konseling Remaja (Pik R) Dan Yang Tidak Memiliki Pik R. *Jurnal Sains Kebidanan*, *3*(1), 24–29. https://doi.org/10.31983/jsk.v3i1.6829

Rais Hendrawan, Nur Ulmy Mahmud, & Arman. (2022). Hubungan Perilaku Remaja Terhadap Pencegahan HIV/AIDS SMAN 1 Lasusua Kolaka Utara. *Window of Public Health Journal*, *3*(2), 284–292. https://doi.org/10.33096/woph.v3i2.374

Ramadani, R. C., Ibrahim, K., Mirwanti, R., & ... (2024). Social media use, knowledge, attitudes, and risky sexual behavior of HIV transmission: A survey among boarding school adolescent students in Indonesia. *... Nursing Journal*. https://www.belitungraya.org/BRP/index.php/bnj/onlinefirst/view/3244

Ramadhona, N., Rini, A. P., & Pratitis, N. (2024). Kecenderungan Perilaku Seks Bebas pada Remaja : Apakah ada Peranan Kontrol Diri dan Intensitas Penggunaan Media Sosial? *Jurnal Psikologi Indonesi*, *2*(1), 275–286.

Ratnawati, D., Setiawan, A., Sahar, J., Widyatuti, Nursasi, A. Y., & Siregar, T. (2024). Improving adolescents' HIV/AIDS prevention behavior: A phenomenological study of the experience of planning generation program (GenRe) ambassadors as peer educators. *Belitung Nursing Journal*, *10*(1), 56–66. https://doi.org/10.33546/bnj.2883

Rohmah, S. (2019). Pengaruh Dukungan Teman Sebaya, Sumber Informasi Dan Pengetahuan Terhadap Perilaku Pencegahan Hiv Aids Dikalangan Pelajar Smkn Kalinyamatan Jepara Tahun 2016. *Journal of Midwifery and Public Health*, *1*(2). https://doi.org/10.25157/jmph.v1i2.3023

Saputri, I., Damayanti, N., & Abdullah, S. (2021). Tingkat Pengetahuan Remaja Tentang Hiv/Aids Di Sma Negeri 4 Palu. *Medika Alkhairaat : Jurnal Penelitian Kedokteran Dan Kesehatan*, *3*(3), 109–116. https://doi.org/10.31970/ma.v3i3.86

Singh, J. A., Siddiqi, M., Parameshwar, P., & Chandra-Mouli, V. (2019). World Health Organization Guidance on Ethical Considerations in Planning and Reviewing Research Studies on Sexual and Reproductive Health in Adolescents. *Journal of Adolescent Health*, *64*(4), 427–429. https://doi.org/10.1016/j.jadohealth.2019.01.008

Sunarti, N. T. S., & Rahmawati, I. R. (2022). Pengetahuan dan Kesiapan Kehidupan Berkeluarga Bagi Remaja: Studi Komparatif di SMA, SMK dan MA. *Jurnal Ilmu Kebidanan (Journal of Midwivery Science)*, *10*(2), 85–92. https://doi.org/10.36307/jik.v10i2.201

Unicef. (2023). *Adolescent HIV prevention*. Unicef. https://data.unicef.org/topic/hivaids/adolescents-young-people/

Viridula, E. Y., & Wulandari, S. (2022). Efektivitas Promosi Kesehatan Dalam Meningkatkan Self Efficacy Dan Pengetahuan Tentang Ims, Hiv Dan Aids Pada Siswa Sma. *Jurnal Ilmu Keperawatan Dan Kebidanan*, *13*(2), 474–482. https://doi.org/10.26751/jikk.v13i2.1461

WHO. (2023). *Adolescent health*. WHO. https://www.who.int/health-topics/adolescent-health#tab=tab_1

Witdiawati, J, N. H., Sumarna, U., & Purnama, D. (2023). Perilaku Pencegahan Hiv/Aids Pada Remaja: Self-Efficacy, Perceived Benefits Dan Behavioral Intentions. *MANUJU: MALAHAYATI NURSING JOURNAL*, *5 No. 9*, 3134–3142. https://doi.org/https://doi.org/10.33024/mnj.v5i9.11132