

Journal Educational of Nursing (JEN)

Vol. 4 No. 1 – January – June 2021; page 41-50

p-ISSN : 2655-2418; e-ISSN : 2655-7630

journal homepage: <https://ejournal.akperrspadjakarta.ac.id>

DOI : [10.37430/jen.v4i1.79](https://doi.org/10.37430/jen.v4i1.79)

Article history:

Received: February 19, 21

Revised: February 25, 21

Accepted: March 02, 21

Relationships Attitudes, Role of Parents, and The Community Environment With Knowledge about HIV/AIDS in Adolescents

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Abstrak

Cases of STI (Sexually Transmitted Infections) and HIV / AIDS are quite common among adolescents. Various types of STIs and HIV / AIDS are very influential on a person's health level in general and reproductive health conditions in particular because in general, various STI and HIV / AIDS infections are directly related to the human reproductive system. Even HIV / AIDS can have an impact on death. The purpose of this study was to determine the factors related to knowledge of HIV / AIDS in adolescents. This research is an analytical survey research in which the research will be conducted is a research using cross sectional research method (cross-cutting) because in this study the independent and dependent variables will be observed at the same time. Based on the results of the study, it can be concluded that the distribution of adolescent knowledge about HIV / AIDS at SMK Gema Gawita Tangerang in 2019, namely Not Good as many as 54 respondents (58.7%) and Good as many as 38 respondents (41.3%). The distribution of adolescent knowledge about HIV / AIDS based on gender was 46 respondents (50%) and 46 respondents (50%), based on The role of parents were 60 respondents (65.2%) and 32 respondents (34.8%) had a role. %), based on the Attitude of students who have negative Attitude as many as 45 respondents (48.9%) and positive ones as many as 47 respondents (51.1%), based on the environment where there are as many as 24 respondents (26.1%) and those who support 68 respondents (73.9%), based on Information Technology, there were 31 respondents (33.7%) and 61 respondents (66.3%) made use of it.

Keywords: Attitudes, Role of Parents, The Community Environment, Knowledge, HIV/AIDS, STI (Sexually Transmitted Infections), Adolescents

Introduction

Mortality and morbidity is a big problem for developing countries like Indonesia today. In the 4th paragraph of the 1945 Constitution, which reads the government of the Indonesian state which protects the entire Indonesian nation and all Indonesian bloodshed and to promote public welfare, educate the nation's life. In this case it can be interpreted that Indonesia expects welfare from various

aspects of life, one of which is from the health aspect so that a healthy nation can be created.

Adolescence is a period of self-discovery that encourages him to have a high sense of curiosity, want to stand out and be recognized for his existence. However, on the other hand, adolescents experience emotional instability so that they are easily influenced by friends and prioritize group solidarity. In adolescence,

due to hormonal influences, physical changes are also rapid and sudden. This change is shown from the development of the sexual organs towards the perfection of function and the growth of the secondary sexual organs. This makes adolescents very close to sexual issues. However, the limited provision of information made teenagers still need attention and direction.

The insensitivity of parents and educators to the condition of adolescents causes them to fall into socially disabled activities. Coupled with the reluctance and awkwardness of adolescents to ask the right person, it strengthens the reasons why teenagers often behave inappropriately towards their reproductive organs. Data shows that from adolescents aged 12-18 years, 16% get information about sex from friends, 35% from pornographic films, and only 5% from parents.

Adolescents in their development need an adaptive environment that creates comfortable conditions for asking questions and forms a character that is responsible for themselves. There is an impression in adolescents that sex is fun, the peak of a sense of love, which is so happy that there is no need to be afraid. Also developing opinion on sex is something that is interesting and needs to be tried (sexpectation). Moreover, when adolescents grow up in a mal-adaptive environment, it will encourage the creation of immoral behavior that damages the future of adolescents. The impact of promiscuity has led to deviant activities such as free sex, criminal acts including abortion, drugs, and the development of sexually transmitted diseases (STDs).

Several studies have shown that young men and women have had sex. Research in Jakarta in 1984 showed that 57.3 percent of teenage girls who were pregnant before marriage claimed to be obedient to worship. Research in Bali in 1989 states, 50 percent of women who come to a clinic to get menstrual induction are aged 15-20 years. According to Prof. Wimpie,

menstrual induction is another name for abortion. For the record, the incidence of abortion in Indonesia is quite high, namely 2.3 million per year. "And 20 percent of them are teenagers," said the Professor of FK, Udayana University, Bali.

Research in Bandung in 1991 showed that of junior high school students, 10.53 percent had lip kissed, 5.6 percent had deep kissing, and 3.86 percent had sex. From a medical aspect, according to Dr. Budi Martino L., SPOG, free sex has many consequences, for example, sexually transmitted diseases (STDs), as well as infection, infertility and cancer. It is not surprising that there are more cases of premarital pregnancy, abortion, and venereal and sexually transmitted diseases among adolescents (including HIV-AIDS).

In Denpasar, according to a professor at the Faculty of Medicine at Udayana University, as of November 2007, 441 women out of 4,041 people were living with HIV-AIDS. Of the 441 women with HIV-AIDS, 33 were injecting drug users, 120 sex workers and 228 people from good families. Due to the condition of women with HIV-AIDS experiencing a decline in their immune system, it has caused 20 cases of HIV-AIDS to attack children and babies born to them.

The actions of adolescents who are often out of control cause the length of social problems they experience. According to WHO, worldwide, an estimated 40-60 million mothers who do not wish to become pregnant have an abortion every year. Each year an estimated 500,000 women die from pregnancy and childbirth. About 30-50% of them die from complications of unsafe abortions and 90% occur in developing countries including Indonesia (Nurul Muzayyanah, 2011).

Problems related to adolescent behavior and reproduction, such as the increase in cases of sexually transmitted diseases, especially HIV-AIDS, the very high mortality of young mothers, widespread abortion practices due to

unwanted pregnancies and the tendency of today's adolescents to have sexual intercourse before marriage.

This premarital sex behavior is visible to the eye, but it does not happen by itself but is driven or motivated by internal factors that cannot be observed directly (invisible to the eye). Thus the individual is moved to engage in premarital sexual behavior.

Sexual transmission (transmission) of HIV occurs when there is contact between a person's vaginal secretions or preseminal fluid and their partner's rectum, genitals, or oral mucous membranes. Unprotected receptive sexual intercourse is more risky than unprotected insertive sexual intercourse, and the risk of anal intercourse is greater than the risk of casual sex and oral sex. Oral sex does not mean there is no risk because HIV can be entered through receptive or insertive oral sex.

Sexual violence in general increases the risk of HIV transmission because protectors are generally not used and there is frequent physical trauma to the vaginal cavity which facilitates HIV transmission (<http://www.wikipedia.org/wk/AIDS#note-Koenig33-34>, downloaded 15 September 2010).

The transmission of HIV depends on the level of transmission of the person and the vulnerability of sexual partners who have not been infected. The ease of transmission varies at different stages of the disease and is not constant between people. An undetectable plasma viral load does not necessarily imply a small viral load in semen or genital secretions. Every 10 times the increase in the amount of blood plasma HIV RNA corresponds to an 81% increase in the transmission rate.

Women are more susceptible to HIV-1 infection due to hormonal changes, vaginal microbial ecology and physiology, and a greater susceptibility to sexually transmitted diseases. People infected with HIV can still be infected with other, more virulent strains of the virus ([http //](http://)

[www.Wikipedia .org / wk / AIDS # noteSagar-37](http://www.Wikipedia.org/wk/AIDS#noteSagar-37), downloaded on 15 September 2010).

Sexually transmitted infections require continuous early observation / detection because sexually transmitted infections (STIs) are one of the doors to facilitate HIV transmission. In particular, it has the aim of obtaining a picture of the epidemiology of STIs, and the factors that affect the development of the disease, so that they continuously and systematically provide epidemiological information support for the implementation of the prevention.

Emergency level monitoring through analysis of morbidity if possible death. Following the trend of incidence, risk factors and disease CFR for early detection and management of outbreaks in order to ensure the allocation of resources to vulnerable groups.

The general objective of this study was to determine the factors related to knowledge of HIV / AIDS in adolescents at SMK Gema Gawita, Tangerang in 2019.

Method

The population in this study were students of SMK Gema Gawita, Tangerang in 2019. The total population in this study was 120 people. The sample criteria are divided into two, namely inclusion criteria and exclusion criteria. Inclusion criteria are criteria by which research subjects can represent in the research sample who qualify as the sample. The inclusion criteria in this study were part of the student population of SMK Gema Gawita, Tangerang in 2019. While the exclusion criteria are criteria where the research subject cannot represent the sample because it does not meet the requirements as the research sample. The exclusion criteria for this study were students of SMK Gema Gawita Tangerang who could not attend the research. The sampling technique in this study was using simple random sampling method.

Research result

Univariate Analysis

Dependent Variable

Table-1 Distribution of Knowledge About HIV / AIDS among Adolescents in SMK Gema Gawita Tangerang

No.	Knowledge	Frequency	%
1.	Not Good	54	58,7%
2.	Good	38	41,3%
	Amount	92	100%

Based on table 1 it can be analyzed from 92 respondents, it is found that most of the respondents have knowledge about HIV / AIDS which is Not Good, namely 54 respondents (58.7%), while respondents who have Good knowledge about HIV / AIDS are 38 respondents (41, 3%).

Independent Variable

1. Gender

Table-2 Distribution of Knowledge About HIV/AIDS among Adolescents in SMK Gema Gawita Tangerang by Gender

No.	Gender	Frequency	%
1.	Woman	46	50%
2.	Man	46	50%
	Amount	92	100%

Based on table 2 it can be analyzed, knowledge about HIV / AIDS based on Gender Amount Woman is 46 respondents (50%), and Amount Man is 46 respondents (50%).

2. Attitude

Table-3 Distribution of Knowledge About HIV / AIDS among Adolescents in SMK Gema Gawita Tangerang Based on Attitude

No.	Attitude	Frequency	%
1.	Not Good	45	48,9%
2.	Good	47	51,1%
	Amount	92	100%

Based on table 3 it can be analyzed, knowledge about HIV / AIDS according to negative Attitude Amount is 45 respondents (48.9%), and positive Amount is 47 respondents (51.1%).

Table-7 Relationship between Gender and Knowledge of HIV/AIDS in Adolescents at SMK Gema Gawita, Tangerang in 2019

No	Gender	Knowledge				%	P-Value	OR 95 %CI
		Not Good		Good				
			%		%			
1.	Woman	33	71,7%	13	28,3%	46	100%	0,019 3,022 CI=1,272– 7,178
2.	Man	21	45,7%	25	54,3%	46	100%	
	Total	54	58,7 %	38	41,3%	92	100 %	

3. The role of parents

Table-4 Distribution of Knowledge About HIV / AIDS among Adolescents at SMK Gema Gawita Tangerang Based on The role of parents

No.	The role of parents	Frequency	%
1.	No Role	60	65,2%
2.	Have a Role	32	34,8%
	Amount	92	100%

Based on table 4 it can be analyzed, knowledge about HIV / AIDS according to The role of parents Amount with No Role is 60 respondents (65.2%), and those who Have a Role are 32 respondents (34.8%).

4. Living Environment

Table-5 Distribution of Knowledge About HIV / AIDS in Adolescent Vocational High School Gema Gawita Tangerang Based on Living Environment

No.	Living Environment	Frequency	%
1.	Does not support	24	26,1%
2.	Support	68	73,9%
	Amount	92	100%

Based on table 5 it can be analyzed, knowledge about HIV / AIDS according to the environment where you live, the amount that does not support is 24 respondents (26.1%), and the amount that supports is 68 respondents (73.9%).

5. Information Technology

Table-6 Distribution of Knowledge About HIV / AIDS in Adolescent Vocational High School Gema Gawita Tangerang Based on Information Technology

No.	Information Technology	Frequency	%
1.	Not Using	31	33,7%
2.	Make Use of	61	66,3%
	Amount	92	100%

Based on table 6 it can be analyzed, knowledge about HIV/ AIDS according to the Information Technology Amount that is Not Using is 31 respondents (33.7%), and the Amount that Make Use of is as many as 61 respondents (66.3%).

Bivariate Analysis

1. Gender

Based on table 7 knowledge about HIV / AIDS based on Gender with Amount Woman 46 respondents who have Not Good knowledge are 33 respondents (71.7%) and Good knowledge are 13 respondents (28.3%), while with Amount Man 46 respondents who have Good knowledge as many as 25 respondents (54.3%) and Not Good as many as 21 respondents (45.7%).

The results of the chi square statistical test with continuity correction obtained p-value $< \alpha$ (p-value = 0.019 and $\alpha = 0.05$),

this indicates that there is a significant relationship between gender and knowledge about HIV / AIDS in adolescents at SMK Gema. Gawita, Tangerang in 2019. The analysis of the closeness of the relationship between 2 variables obtained OR = 3.022 (95% CI: 1.272–7178). This means that respondents who are Gender Female have 3 times the knowledge of Not Good compared to respondents who are Gender Man.

2. Attitude

Table-8 Relationship Between Attitude and Knowledge of HIV / AIDS in Adolescents at SMK Gema Gawita, Tangerang in 2019

No	Attitude	Knowledge				%	P-Value	OR 95 %CI
		Not Good		Good				
			%		%			
1.	Not Good	34	75,6%	11	24,4%	45	100%	0,003 4,173 CI= 1,709– 10,187
2.	Good	20	42,6%	27	57,4%	47	100%	
Total		54	58,7 %	38	41,3%	92	100%	

Based on table 8, knowledge about HIV/AIDS based on Good Attitude Amount as many as 47 respondents who had Good knowledge were 27 respondents (57.4%) and those who were Not Good were 20 respondents (42.6%), while Amount Attitude Not Good was 45 respondents 34 respondents (75.6%) have Not Good knowledge and 11 respondents (24.4%) have Good knowledge.

The results of the chi square statistical test with continuity correction obtained p-value $< \alpha$ (p-value = 0.003 and $\alpha = 0.05$),

this shows that there is a significant relationship between Attitude and knowledge about HIV/AIDS in adolescents in SMK Gema Gawita, Tangerang in 2019. The analysis of the closeness of the relationship between 2 variables obtained OR = 4.173 (95% CI: 1.709–10.187). This means that respondents who have negative attitudes have 4 times the knowledge of Not Good compared to those who have positive attitudes.

3. The role of parents

Table-9 The Relationship Between The Role of Parents and Knowledge About HIV/AIDS among Adolescents at SMK Gema Gawita, Tangerang, 2019

No	The Role of Parents	Knowledge				%	P-Value	OR 95 %CI
		Not Good		Good				
			%		%			
1.	No Role	43	71,7%	17	28,3%	60	100%	0,001 4,829 CI=1,923– 12,124
2.	Have a Role	11	34,4%	21	65,6%	32	100%	
Total		54	58,7 %	38	41,3%	92	100%	

Based on table 9, knowledge about HIV/AIDS based on The role of parents with Amount No Role 60 respondents who have Not Good knowledge are 43 respondents (71.7%) and Good knowledge are 17 respondents (28.3%), while Amount Have a The role of 32 respondents who had Good knowledge was 21 respondents

(65.6%) and Not Good was 11 respondents (34.4%).

The results of the chi square statistical test with Continuity Correction obtained p-value $< \alpha$ (p-value = 0.001 and $\alpha = 0.05$), this indicates that there is a significant relationship between The role of parents and

knowledge about HIV/AIDS in teenagers at SMK Gema Gawita, Tangerang in 2019.

Analysis of the closeness of the relationship between the two variables obtained OR = 4,829 (95% CI: 1,923–

12,124). This means that respondents who do not have The role of parents have 5 times the knowledge of Not Good compared to respondents who have Have a Role parents.

4. Living Environment

Table-10 Relationship Between Living Environment and Knowledge of HIV/AIDS in Adolescents at SMK Gema Gawita, Tangerang in 2019

No	Living Environment	Knowledge					%	P-Value	OR 95 %CI
		Not Good		Good					
			%		%				
1.	Does not support	13	54,2%	11	45,8%	24	100%	0,777	0,778 CI= 0,304– 1,989
2.	Support	41	60,3%	27	39,7%	68	100%		
Total		54	58,7 %	38	41,3%	92	100 %		

Based on table 10 knowledge about HIV / AIDS based on Environment with Amount that Does not support 68 respondents who have Not Good knowledge as many as 41 respondents (60.3%) and those who are Good are 27 respondents (39.7%) while Amount Support is 24 respondents who 13 respondents (54.2%) have Not Good knowledge and 11 respondents (45.8%) have Good knowledge.

The results of the chi square statistical test with Continuity Correction showed that the value of $p - \text{value} > \alpha$ ($p - \text{value} = 0.777$ and $\alpha = 0.05$), this indicates that there is no significant relationship between the environment where you live and knowledge about HIV / AIDS in adolescents. at SMK Gema Gawita, Tangerang in 2019.

5. Information Technology

Table-11 Relationship between Information Technology and Knowledge of HIV / AIDS in Adolescents at SMK Gema Gawita, Tangerang in 2019

No	Information Disclosure	Knowledge					%	P-Value	OR 95 %CI
		Not Good		Good					
			%		%				
1.	Not Using	24	77,4%	7	22,6%	31	100%	0,017	3,543 CI= 1,329– 9,442
2.	Make Use of	30	49,2%	31	50,8%	61	100%		
Total		54	58,7 %	38	41,3%	92	100%		

Based on table 11 knowledge about HIV / AIDS based on Information Technology Amount which is Not Using 61 respondents who have Good knowledge as many as 31 respondents (50.8%) and knowledge of Not Good as many as 30 respondents (49.2%), while Amount is not exposed 31 24 respondents (77.4%) had Not Good knowledge and 7 respondents (22.6%) had Good knowledge.

The results of the chi square statistical test with continuity correction obtained $p - \text{value} < \alpha$ ($p - \text{value} = 0.017$ and $\alpha = 0.05$), this indicates that there is a significant relationship between Information Technology and knowledge about HIV/AIDS in adolescents in SMK Gema Gawita, Tangerang in 2019.

Analysis of the closeness of the relationship between the two variables obtained OR = 3.543 (95% CI: 1.329-9.442). This means that respondents who are not exposed have 4 times the knowledge of Not Good compared to respondents who are exposed.

Discussion Knowledge

Based on the results of the study of 92 respondents, it was found that those who had Not Good knowledge about HIV/AIDS were 54 respondents (58.7%) and 38 respondents who had Good knowledge (41.3%).

This premarital sex behavior is visible to the eye, but it does not happen by itself but

is driven or motivated by internal factors that cannot be observed directly (invisible to the eye). Thus the individual is moved to engage in premarital sexual behavior.

Motivation is a behavior driver. The relationship between these two constructs is quite complex, among others it can be seen as follows: The same motivation can drive different behaviors, likewise the same behavior can be directed by different motivations. Certain motivations will encourage someone to do certain behaviors as well. In a teenager, premarital sex behavior can be motivated by affection and love, dominated by feelings of closeness and high passion for their partners, without any clear commitment (according to Sternberg this is called romantic love); or because of group influence (conformity), in which the teenager wants to be part of the group by following the norms that have been adopted by the group, in this case the group has performed premarital sexual behavior.

Another factor that can influence a teenager to have premarital sex is that he is driven by a great curiosity to try all unknown things. This is a characteristic of teenagers in general, they want to know many things that can only be satisfied and realized through their own experience, "Learning by doing".

This is where a problem often arises in the lives of teenagers because they want to try everything, including those related to bodily functions which also involve their partners. But behind it all, the internal factor that most influences adolescent sexual behavior that leads to premarital sexual behavior in adolescents is the development of sexual organs. It is said that the gonads (sex glands) that continue to work (primary sex) not only have an effect on the perfection of the body (especially those related to secondary sex characteristics), but also have a profound influence on psychological, moral, and social life.

In the psychological life of adolescents, the development of sexual organs has a strong influence on adolescent interest in the opposite gender. This type of mutual

attraction then progresses to a more serious pattern of dating as well as choosing dates and courtship to establish as life partners. Whereas in moral life, along with the operation of the gonads, conflicts often arise in adolescents. The problem that arises is that sex drive and moral considerations often conflict. When the sex drive is too large, causing a strong conflict, it tends to be won over by various excuses as self-justification.

The influence of the development of sexual organs on the social life of adolescents can make new friends, make love affairs with the opposite sex. This love affair no longer shows excessive worship of the opposite sex and "monkey love" is no longer visible. They are completely attached to someone of the opposite sex, so that they are bound by the rope of love.

Gender

The univariate research results show that Amount Woman is 46 respondents (50%) and Man is 46 respondents (50%). This is in accordance with the results of a study conducted by the Indonesian Adolescent Reproductive Health Survey (2006), where the level of knowledge of male adolescents was higher than adolescent women, although not too striking.

Based on the results of the bivariate research, it was obtained a p-value of 0.019, this indicates that there is a relationship between gender and knowledge of HIV / AIDS in adolescents. This is in accordance with research which shows that Man has better knowledge than Woman with a p-value of 0.030.

The role of parents

Based on the univariate research results, it can be seen that the Amount of parents who have No Role is 60 respondents (65.2%) and those who have a Role are 32 respondents (34.8%). This is in accordance with the results of the study which states that parents as educators at home are expected to be able to provide knowledge from one generation to the next and also states that there is a relationship between The role of parents and knowledge of adolescents, with the results of parents who

are No Role, namely 80 respondents (56.2%) and 34 respondents (33.8%) have a role.

And the results of the bivariate research on the respondent The role of parents obtained a p-value of 0.001, indicating that there is a relationship between The role of parents and knowledge of HIV/AIDS among adolescents. This is in accordance with research which shows there is a relationship between The role of parents and adolescents' knowledge of HIV/AIDS with a p-value of 0.043.

Living Environment

Based on the results of the univariate research, it can be seen that the Amount Environment that is not at risk is 68 respondents (73.9%) and those at risk are 24 respondents (26.1%). This is in accordance with previous research, from 53 respondents whose environment is in the Support category, only 7.5% of their knowledge level is in the Good category, and 92.5% whose level of knowledge is in the poor category.

Based on the results of the study of the bivariate environment of the place of residence, the p-value of 0.777 shows that there is no relationship between the environment in which they live and knowledge of HIV / AIDS in adolescents.

Premarital sex is not only not accepted by society but also creates other problems. Pregnancy outside of marriage is one of the problems that arise due to sexual relations before marriage. This pregnancy does not only cause social problems, but also health problems for the person concerned, especially if those who experience it are young adolescents. Pregnancy at a young age in terms of health carries a high risk, both during pregnancy and during childbirth. The high risk referred to is not only the risk of illness in the pregnant and unborn child, but also the risk of death.

The statistical test shows that there is a significant relationship between unsafe sex behavior and education, adolescents with low education have a tendency to behave in unsafe sex compared to adolescents with

high education. This can be explained that psychologically, sexual behavior before marriage also brings the perpetrators to experience various changes. The study of Billy et al. (1988), for example, show that perpetrators of premarital sex experience some sort of decline in aspirations. This aspiration further reduces the motivation to learn. It is therefore not surprising that many of them have experienced a decline in academic achievement. Of course there are other psychological effects.

Several studies conducted in America (Bankcroft and Reinisch, 1990; Hofferth et al., 1987), Brazil (Morris et al., 1988), Jamaica (Warren, et al., 1988), and other countries (see Faturochman, 1992) shows that Attitude and sexual behavior before marriage are more prominent in men than women. This phenomenon is partly due to the fact that the double standard of premarital sex is still in effect, namely different demands on Man and Woman in terms of sex (Reis, 1967; Siedlecky, 1979). Women are required to behave more carefully, while men are more free to have sex.

Information Technology

Based on the results of univariate research, it can be seen that the Amount Information Technology that is Not Using is 31 respondents (33.7%) and those who Make Use of 61 respondents (66.3%). This is in accordance with the results of previous research on 100 adolescent respondents showing that there is a relationship between adolescents in reproductive problems, Not Using with results (72%) and Make Use of (28%).

Based on the results of the bivariate Information Disclosure study, it was found that the p-value of 0.017 showed that there was a relationship between Information Technology and knowledge about HIV/AIDS in adolescents. This is also in accordance with the results of previous research, from 53 respondents (83%) whose information factor is Not Using and (17%) are in the Make Use of category with a p-value of 0,000.

In adolescence, his closeness to his peer group is very high because in addition to peer group ties replacing family ties, they are also a source of affection, sympathy and understanding, share experiences and serve as a place for adolescents to achieve autonomy and independence.

So it is not surprising that adolescents have a tendency to adopt information received by their peers, without having a significant information base from more reliable sources. Information from his friends, in this case related to premarital sex behavior, often raises curiosity which forms a series of questions in adolescents. In order to answer that question and at the same time prove the truth of the information received, they tend to engage in and experience premarital sex behavior itself.

The influence of media and television is often imitated by teenagers in their daily behavior. For example, adolescents who watch teen films with western culture, through observational learning, see sexual behavior as pleasant and acceptable to the environment. This is imitated by them, sometimes without thinking about differences in culture, values and norms in different societies' environments.

Attitude

Youth attitudes about HIV/AIDS at SMK Gema Gawita Tangerang obtained univariate results of 47 respondents (51.1%) who had Good Attitude and 45 respondents (48.9%). This is in accordance with the results of the study which showed that students' Attitude towards knowledge about HIV/AIDS, which had a positive attitude, were 26 respondents (31.1%) and negative attitudes were 67 respondents (68.9%).

Based on the results of the bivariate study on adolescent Attitude, the p-value was 0.003, indicating that there was a relationship between Attitude and knowledge about HIV/AIDS in adolescents. This is consistent with the results of the study which showed there was a relationship between HIV/AIDS knowledge and Attitude in adolescents at SMA Negeri 2 Grobogan

with a p-value of 0.000 and a value of $r = 0.05$.

Behaviors that are inconsistent with the task of adolescent development can generally be influenced by parents. When parents are able to provide understanding of sexual behavior to their children, the children tend to control their sexual behavior according to the understanding given by their parents.

This happens because basically the best sex education is given by the parents themselves, and can also be realized through the way the parents live in the family as husband and wife who are united in marriage.

The difficulty that arises later is when the parents' knowledge is inadequate, it causes the Attitude to be less open and tends not to provide an understanding of child sexual problems. As a result, children get unhealthy sex information. A researcher concluded the results of his research as follows: unhealthy or inappropriate sexual information has resulted in adolescents being involved in cases of conflict and mental disorders, wrong ideas and fears related to sex. In this case, the creation of conflict and mental disorders and wrong ideas can allow a teenager to engage in premarital sexual behavior.

Based on a review of Good's literature in the form of research results and textbooks, Clayton and Bokemeier (1980) concluded that sexual behavior before marriage is closely related to the permissive attitude of sexual behavior before marriage. Attitude as a predisposition of behavior will not always manifest. According to Ajzen (1988), Fishbein and Ajzen (1975) and Worchel and Cooper (1983) Attitude and behavior can be consistent if Attitude and the behavior in question is specific and has relevance to one another. Because permissive Attitude towards premarital sex and sexual behavior before marriage are specific and relevant to one another, this Attitude can be a predictor of their behavior.

Conclusion

Based on the results of the bivariate research on Not Good knowledge about HIV / AIDS, it was found that there was a significant relationship between Gender, The role of parents, Attitude, Environment and Information Technology with knowledge of HIV / AIDS.

The role of parents as the closest person and someone who has more frequency to meet in the family is needed to equip themselves with knowledge about HIV/AIDS prevention efforts in their families from an early age. Parents also need to be provided with how to communicate well with their children, especially before adolescence.

It is necessary to develop community empowerment by increasing knowledge about HIV-AIDS prevention efforts in community groups, Good reproductive health cadres through PKK mothers, youth organizations, religious leaders and local cultural figures so that they can Have a Role and as figures in providing exemplary, Attitude, affective as well as paternalism that can be an example for teenagers to have safe and healthy sex behavior for the prevention of STIs, HIV-AIDS.

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