



DEVELOPMENT OF COMMUNITY EMPOWERMENT MODELS IN THE SUB-URBAN AREA AS AN EFFORT TO IMPROVE HIV/AIDS KNOWLEDGE

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Abstract

Background: The case of HIV/AIDS is a global problem that must be addressed immediately. A total of 6,176 cases of HIV/AIDS in Indonesia occurred in the age group 20-49 years. One of the causes of the high incidence of HIV/AIDS is the lack of knowledge about HIV/AIDS as a preliminary study found that 63.2% of teenagers in Mluweh Village did not know about HIV/AIDS. This study aims to determine the model of community empowerment to increase knowledge of HIV/AIDS of adolescents in Mluweh Village.

Methods: This study used an intervention method. The informant in this study is adolescents Mluweh Village. The technique of taking data using interviews then data analyzed descriptively.

Results: Adolescents in Mluweh Village did not have comprehensive information on HIV/AIDS, which was due to low levels of education, still considered a taboo of reproductive health education, and lack of information resources on HIV/AIDS. Teenagers feel the need to do the formation of the Working Group (Pokja) HIV/AIDS as an effort to increase knowledge of HIV/AIDS. The formation of the Working Group (Pokja) on HIV/AIDS should also be accompanied by the organizational structure and work program.

Conclusion: The formation of the HIV/AIDS Working Group (Pokja) by utilizing local potentials is very necessary as an effort to increase adolescent knowledge about HIV/AIDS.

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BACKGROUND

The problem of sexuality in adolescents and HIV/AIDS is a global public health problem that requires very serious attention (Speizer & Lance, 2015). In 2016, as many as 36.7 million people in the world affected by HIV and 1.1 million affected by AIDS. So it can be concluded that around 5700 people are infected with HIV every day (UNAIDS, 2016). Indonesia is a country with a fairly high incidence of HIV/AIDS. In 2016, the incidence of HIV in Indonesia was 41,250 and AIDS was 7,491 people. The prevalence of HIV/AIDS in Central Java is also high, namely 19.90 per 100,000 population. In 2016, Central Java Province was ranked 1st out of 33 provinces in Indonesia with 6,444 cases of AIDS and 16,687 cases of HIV (Ditjen PP & PL, 2017). In 2016 there were 649 cases found of HIV/AIDS, while in 2017 to November there were 42 cases found with 6 people having AIDS and 36 HIV cases. According to the secretary of the AIDS Prevention Commission (KPA), this number occurs evenly in all sub-districts in Semarang Regency.

Based on age groups, the highest incidence of HIV was at the age of 20-49 years (87%). Meanwhile, most AIDS cases were aged 20-49 years with 6,176 cases (81%) (Ditjen PP & PL, 2017). When viewed from the incubation period which takes about 5-10 years, it is estimated that the first contact with HIV has occurred in adolescence, so that adolescence can be said to be an age prone to HIV infection (Tusiime et al., 2015).

The incidence rate of school children or students is 2,250 people (Ditjen PP & PL, 2017). This indicates that adolescents are a vulnerable group to contract HIV/AIDS. Several risk factors cause the incidence of HIV/AIDS in adolescents, which are unsafe sexual intercourse, use of illegal substances (alcohol, tobacco, drugs), and lack of awareness, information, and knowledge of adolescents (Ceylan, Ertem, Saka, & Akdeniz, 2009) & (Domenico & Jones, 2007). In addition,

the factors that cause changes in the viewpoint of sexual behavior in adolescents are due to the loose supervision and attention of parents and families, patterns of promiscuity, permissive environment, the increasing number of things that provide sexual stimulation are very easy to find and facilities are often provided by families without realizing it (Nugroho, Shaluhayah, Purnami, & Kristawansari, 2017).

Sexually active adolescents have very minimal access to reproductive health information, access to health services, besides that the nature of adolescents who are still looking for identity is also a problem among adolescents so they are very vulnerable to reproductive health problems such as HIV/AIDS (Wall-Wieler, Roos, & Nickel, 2016). The rise of free sex cases that have an impact on the high number of HIV/AIDS cases in adolescents or productive age is caused by the development of increasingly free sex without being balanced with the provision of education or clear information about sexual behavior (Gyan, 2013).

Providing education or knowledge through empowerment is one of the efforts to prevent HIV/AIDS. The results of previous research indicate that there are differences in knowledge after the intervention between the experimental and control groups, which can be concluded that there are significant differences in knowledge of respondents who are given cadre empowerment by counseling (Mahmudah & Fibriana, 2018).

The results of a preliminary study conducted in Mluweh Village on knowledge of the modes of transmission of HIV/AIDS which consisted of 6 modes of transmission, it was found that after the survey was conducted, the data obtained were 63.2% of the community did not know how HIV/AIDS was transmitted or only knew one HIV/AIDS transmission mode, whereas only 1 or 2 community members answered correctly out of the six answers provided. The results of interviews conducted by the community showed that if the information obtained was from television and

Integrated Healthcare Center (Posyandu) activities for mothers and toddlers, local health workers had never provided information about HIV/AIDS to the people of Mluweh Village as a whole.

Interviews were also conducted with youth groups or Youth organization (Karang Taruna)n (Karang Taruna) in Mluweh Village, from the results of interviews conducted with 2 adolescents, knowledge about HIV/AIDS was still low with only knowing that HIV/AIDS is a disease that is transmitted through sexual contact, besides that adolescents tend to have an educational level only up to Middle School or Vocational High School, and teenagers also have free association so that it has the potential to fall into HIV/AIDS. This promiscuity is marked by the number of cases of free sex which are marked by the number of (unwanted pregnancy) cases which have resulted in cases of early marriage, besides that there are cases of drug dealers in Mluweh Village.

One of the community organizations that accommodate aspirations and involves the younger generation is Karang Taruna. Based on the description above, the formation of the HIV/AIDS Working Group (Pokja) through the youth organization (Karang Taruna)n to increase knowledge of HIV/AIDS should be considered (Raharjo, Woro, Nugroho, & Hermawati, 2016).

METHODS

This study used a type of intervention research. Qualitative research methods can describe in detail the variables to be studied (Leerlooijer et al., 2013). The technique of taking informants in this study was random by taking fifteen samples from fifty-five members of the Karang Taruna Mluweh Village, the informants who were present at the counseling activity were twelve informants because three informants were unable to attend. The focus of research is the formation of Working Group (Pokja) HIV/AIDS in the form of outreach activities to members of the

Mluweh Village youth organization (Karang Taruna)n concerning information sources, understanding of HIV/AIDS, modes of transmission, symptoms of HIV/AIDS, prevention and treatment of HIV/AIDS.

The activity began with giving a verbal pretest to all informants about HIV/AIDS material randomly and taking turns to find out the extent of knowledge about HIV/AIDS possessed by the informants, then continued with the provision of counseling materials, questions and answers with informants, posttest orally carried out at all informants were randomized and took turns and 3 informants were selected to be the holder of the HIV/AIDS Working Group (Pokja) at youth organization (Karang Taruna). The selection of Working Group (Pokja) holders is based on a recommendation from the head of the youth organization (Karang Taruna). The activity was continued with the formation of the Mluweh Village youth organization (Karang Taruna) structure and continued with the submission of pocketbooks to the head of the Mluweh Village youth organization (Karang Taruna).

RESULTS AND DISCUSSION

The informants who attended had an age range of 20-25 years, which considered as productive age consisting of 4 women and 8 men, with the highest level education, namely middle school and vocational high school. The informants was a factory worker or self-employed and there was one informant who was currently studying in private university in Semarang.

Working group (Pokja) HIV/AIDS activities are in the form of counseling activities provided by Working group (Pokja) holders to members of the youth organization (Karang Taruna) so that before the formation of the Working group (Pokja), research is carried out to determine the effectiveness of increasing knowledge through counseling methods. The following are the results of providing counseling on HIV/AIDS knowledge

to the youth of Mluweh Village youth organization (Karang Taruna):

Informants' knowledge of HIV/AIDS was still very low, three out of four informants said that the information they obtained was from television or only heard from other friends, while one informant said that they received information when they were in school on biology subjects. So that based on the results of the informant interviews, empowerment through Working group (Pokja) needs to be held to increase knowledge of HIV/AIDS.

The interviewer asks the question "Where do you usually get information about HIV/AIDS, Ms/Mr?" Informant 1 answered: "Yes, usually know from TV Ms, and also from friends Ms.". Meanwhile, informant 2 answered: "From TV, Ms, also facebook sometimes Ms". In contrast to the answers of the two previous informants, informant 3 said: "From school, Ms, in biology subject".

From the interview above, it can be seen that youth organization (Karang Taruna) in Mluweh Village have very limited sources of information, this is because the majority of youth groups have worked since graduating from middle school/vocational high school so they did not get information about HIV/AIDS.

In terms of HIV/AIDS, informants who were randomly selected answered that HIV/AIDS is a deadly disease that is acquired by having free sex and using drugs, is like cancer, and some answered that they did not know about HIV/AIDS.

The interviewer asks the question "What is HIV/AIDS, Ms/Mr?". The question was answered by informant 1 with: "A contagious disease if you are a varmint/ naughty people." Meanwhile, informant 2 answered: "A deadly disease Ms, the sick one are usually those who are naughty and use drugs". Meanwhile, informant 3 said that he did not know at all "Don't know, Ms".

From the interviews conducted, it was found that the informants were not able to explain what HIV/AIDS was like, what was the cause, what was

the difference between HIV and AIDS, and what parts of the body were attacked.

The mode of transmission of HIV/AIDS from the random interviews conducted showed that two informants answered that HIV/AIDS was transmitted through sexual contact and one informant said that HIV/AIDS was transmitted through sexual contact and the use of needles.

The interviewer asks the question "How is HIV/AIDS transmitted, Ms/Mr?". The answer from informant 1 was: "If you dp seual intercourse, Ms". Meanwhile, informant 2 said the same thing: "Yes, as far as I know, if I have a sexual intercourse, Ms". Informant 3 gave a different answer, which is: "And also if you use the same needle as your friends together".

This shows that information and knowledge about reproductive health are still very limited.

The symptoms of HIV/AIDS obtained from the interview results showed that three of the informants who gave answers said that if they did not know the clear symptoms of HIV/AIDS, even one in three informants said that the symptoms of HIV/AIDS were a direct result of death and were ostracized.

The interviewer asks the question "What are the symptoms of HIV/AIDS, Ms/Mr?". Both informant 1 and informant 2 said that they did not know: "Woah, I don't know, Ms" and "I also never know, Ms". Meanwhile, informant 3 answered: "It's bad, Ms, usually you can die right away and you are ostracized, Ms".

This explained that informants still did not know the symptoms caused by HIV/AIDS and did not know how to treat HIV/AIDS sufferers.

HIV/AIDS prevention and treatment, from the information obtained by two of the three informants who answered that prevention, was done by not having sexual intercourse and not using needles together, while one informant said that HIV/AIDS prevention was by not having sexual intercourse with a prostitute. In the treatment of HIV/AIDS, all informants answered

that treatment was carried out by going to a clinic, midwife, or hospital.

The interviewer asked the question "How do you prevent HIV/AIDS, Ms/Mr?". The three informants gave similar answers, informant 1: "Do not have sexual intercourse with varmint, Ms and do not use used needles", informant 2: "Do not have sexual intercourse with prostitute, Ms.", and informant 3: "Do not have sexual intercourse with varmint Ms and don't use used needles too, Ms". Then the interviewer again asked the question: "How about the treatment, how does anyone know?". One of the informants then answered by saying: "Yeah, go to the clinic, midwife Ms, if it's really bad, go to the hospital and you will be given medicine, Ms".

From the results of the interviews obtained, the informants did not yet know about what prevention methods were used to prevent HIV/AIDS and how to treat HIV/AIDS such as the name of the medicine.

The activity was continued with providing counseling to informants, discussion sessions with informants were carried out. Through these discussion sessions, post-test activities were also carried out verbally on informants through oral interviews with informants which were carried out randomly and alternately.

From the results of the post-test, it can be concluded that there was an increase in informants' knowledge about HIV/AIDS. This is known from the answers of informants who were randomly selected.

The definition of HIV/AIDS was based on the informant's answer: "HIV is a virus that attacks the body's immune system, while AIDS is a set of diseases that occur when the body's immune system begin to weaken, Ms, the soldiers are attacked, so they get sick easily".

The mode of transmission of HIV/AIDS was based on the informant's answer: "Yeah, if you have sexual intercourse, blood transfusions, use

needles together, tattoos and use drugs, from breast milk, pregnancy and how to give birth to Ms., and other bad things done, Ms. "

Symptoms of HIV/AIDS was based on the informant's answer: "The symptoms right, Ms? have diarrhea that doesn't heal, high fever, get sick easily and take a long time to heal, Ms, then the skin is dry and red, Ms, it starts getting worse when it's 5 - 10 years while new HIV has no symptoms ".

Prevention and treatment of HIV/AIDS based on the informant's answer: "The prevention are ABCDE right, Ms? Not having sexual intercourse before marriage, being loyal to one partner, using a condom if your partner is sick with HIV/AIDS, not using drugs as well as looking for correct information and clear sources, for example a midwife ".

Another informant then answered how to prevent HIV/AIDS by saying: "The treatment of HIV cannot cure, but if you diligently taking the medication, it can inhibit the development of the virus in the body and surely you must be diligent in taking the medicine, Ms".

After conducting oral interviews with results indicating an increase in the knowledge of the informants, the next activity was the formation of a Working Group (Pokja) for HIV/AIDS program holders. The selection of Working Group (Pokja) holders is carried out with the consideration of the head of the youth organization (Karang Taruna), and those are being elected from three members who are not officials in the youth organization (Karang Taruna) and are active members.

Working Group (Pokja) holders will be given two pocketbooks containing material on basic information about HIV/AIDS and the dangers of free sex in adolescents for further counseling to members of youth organization (Karang Taruna) who have not attended the counseling event by community services of Public Health Department (PKL IKM UNNES 2017) students.

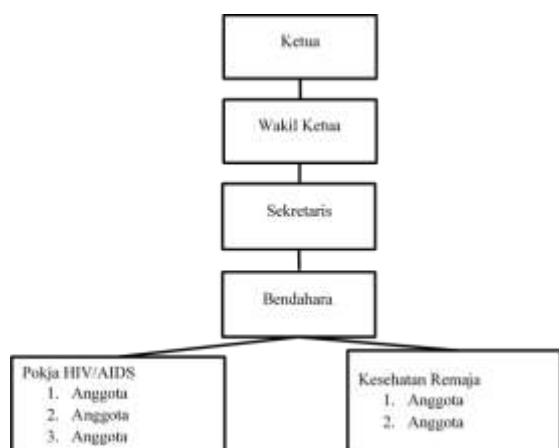


Figure 1. The organizational structure of the youth organization working group (pokja) HIV/AIDS in Mluweh Village in 2017

Counseling is carried out every one month once on a regular and scheduled basis, the youth organization (Karang Taruna) can also coordinate with village cadres and can carry out outreach to village communities with a variety of targets.

The organizational structure of the youth organization (Karang Taruna) on working group (Pokja) HIV/AIDS consists of the head of the youth organization (Karang Taruna), the vice-chairman of the youth organization (Karang Taruna), the accounting and secretary, and the holder of the working group (Pokja) HIV/AIDS which consists of three people.

The chairperson of the youth organization (Karang Taruna) and the working group (Pokja) holder have different duties and responsibilities, including the duties of the head of the youth organization (Karang Taruna), namely: overseeing the implementation of HIV/AIDS counseling and early marriage, conducting monthly evaluations of the implementation of counseling, establishing relationships and collaborating with health workers or with village cadres regarding the implementation of HIV/AIDS counseling, changing working group (Pokja) HIV/AIDS holders. The duties of the working group (Pokja) holders are: to provide counseling about

HIV/AIDS to members of the youth organization (Karang Taruna) according to the schedule that has been made, to provide counseling about HIV/AIDS to the community with the permission of the head of the youth organization (Karang Taruna), to collect questions for members of youth organization (Karang Taruna) related to HIV/AIDS, seek accurate information on health workers about HIV/AIDS.

The operation of this working group (Pokja) must also be accompanied by the roles of various levels of society, both from the Mluweh Village government, health workers, and Mluweh Village community.

CONCLUSION

Based on the results of interviews and interventions carried out at outreach time. The formation of working group (Pokja) HIV/AIDS in youth organization (Karang Taruna) is effective in increasing the knowledge of informants about HIV/AIDS. The activities of the working group (Pokja) HIV/AIDS in Mluweh Village are carried out in the form of regular counseling once a month, with the ongoing activities of the working group (Pokja) HIV/AIDS it is hoped that it will be able to overcome the problem of the lack of knowledge of the Mluweh Village community, especially youth about HIV/AIDS.

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