

Strengthening HIV Education and Health Promotion in Schools: A Case Study of 'Aisyiyah Junior High School Bantul, Indonesia

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ABSTRACT

Background: Adolescents are a strategic target in preventing HIV/AIDS and drug abuse. The number of incidences of HIV among children aged 1–14 years has reached 14,150 cases. This number is increased by 700–1,000 each year. In the future, teenagers have the potential to spread information and conducive change, leading society toward a healthier paradigm dealing with HIV/AIDS and drugs.

Aims: This recent study is to conduct an assessment of the HIV risks and preventions of HIV at 'Aisyiyah Junior High School Bantul in order to strengthening HIV education and health promotion in schools.

Methods: This research was conducted using a qualitative approach with all the students of Aisyiyah Junior High School Bantul. Focused interviews were conducted to analyze the promotion and prevention of HIV, facilities and infrastructure, access to HIV information, and HIV advocacy in schools.

Results: This study highlights several challenges in HIV education at 'Aisyiyah Junior High School Bantul, Indonesia. Students mostly rely on limited sources like internet articles and school activities for HIV information, but there's a noticeable lack of accessible, comprehensive resources. The school has adequate facilities, including a health unit, but these aren't being fully utilized for HIV education. While there are some efforts in advocacy, both internal and external, they aren't as effective as they could be. Overall, the school's prevention initiatives need more focus and direct engagement with HIV topics, alongside better access to information to truly make a difference.

Conclusion: The primary factor in preventing HIV among adolescents is knowledge. Therefore, providing access facilitates infrastructure and makes teenagers the agents of prevention of HIV. In addition, advocacy in the form of promotion and prevention can be conducted.

Keywords: *Adolescents' health education; HIV/AIDS risks and preventions, School health advocacy; Health promoting schools.*

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1. Introduction

The age range of adolescents is from 10 years old to before turning 18. The endeavor of the health of adolescents aims to prepare adolescents to become healthy, intelligent, high-quality, productive adults and to participate in maintaining, preserving, and improving their health. The health of adolescents requires a lot of attention because adolescents experience significant physical, psychological, and social changes. One of the endeavors of the health of adolescents is the prevention and control of infectious diseases (Health Ministry, 2023). Prevention of Mother-to-Child Transmission of HIV (PMTCT) has been implemented in Indonesia since 2005, but currently, the number of HIV cases in children aged 1–14 years has reached 14,150 cases. This number increases by approximately 700–1,000 children with HIV each year (Tarmizi, 2023). PMTCT is an effective intervention with a health promotion approach. PMTCT is carried out through comprehensive and continuous HIV prevention and handling activities in four components (prongs), one of which is Prong 1, namely Prong 1 Prevention of HIV Transmission in Reproductive Women (Health Ministry, 2015). Home-based care using a PMTCT handbook significantly improves women's perception of HIV/AIDS prevention in mother-to-child transmission, offering a practical approach for public health centers and home care settings in Purwokerto, Indonesia (Walin, *et. al.*, 2017).

Teenagers are a strategic target to prevent HIV/AIDS and drug abuse. In the future, teenagers have the potential to spread information and make conducive changes that will lead society towards a healthier paradigm dealing with HIV/AIDS and drug abuse. A lot of articles have analyzed HIV, its management, obstacles, and impacts. Sentinel surveillance in Gia Lai, Vietnam, highlights key modifiable risk factors for HIV among people who inject drugs (PWID), emphasizing the need for enhanced harm reduction interventions and continuous monitoring of high-risk behaviors (Hoang, *et. al.*, 2018).

The issue of stigma as a non-health problem poses a major challenge in society. The issue of the inaccuracy of the result of the HIV test based on the respondents' answers in the research. However, in the era of antiretroviral therapy, asking respondents in bio-behavioral surveys to self-report their HIV status is important for measuring and improving access and coverage of services for the care, treatment, and prevention of HIV infection. It is also crucial for estimating the magnitude of unmet needs in addressing the HIV epidemic and for accurately interpreting behaviors related to the transmission and spread of HIV infection (Johnston, 2016). Moreover, Azmi (2017) argues that comprehensive HIV and AIDS knowledge plays a crucial role in encouraging young people to uptake HIV testing, but poor knowledge among the 15-24 age groups in Merauke, Papua, significantly limits testing efforts.

The “era of three zeros” emphasizes the urgent need for research related to data mapping, particularly regarding HIV risk and prevention strategies. Progressive women characterized by their innovative thinking are equipped to develop knowledge grounded in faith. These women possess a firm and wise mindset, holding steadfast to their beliefs while balancing religious values and knowledge. They adopt a middle path, avoiding extremes, whether liberal, conservative, or fundamentalist. In some studies, HIV is often linked to the misconception of it being a “karma disease” associated with negative behaviors. However, the evolution of HIV transmission has shown that it can occur not only through unsafe sexual practices but also via breast milk and blood, such as through blood transfusions. Assessment serves as the initial step to identify potential based on a rich database and can subsequently guide effective prevention strategies.

The World Health Organization (WHO) strongly supports efforts to prevent the impact of HIV on the most affected and at-risk populations. One key strategy to reduce HIV transmission among adolescents is health promotion. According to WHO recommendations, implementing health promotion can effectively help eliminate HIV transmission. This process encourages individuals to take control of their health and develop healthier habits. Health promotion plays a vital role in preventing HIV transmission among adolescents by educating them about the importance of prevention. Through this initiative, it is expected that adolescents will change their attitudes and behaviors regarding HIV, facilitated by health education and advocacy efforts (Wiley, 2014). This study aims to investigate HIV risk and prevention of students with a religious education background.

2. Methods

Study design/ Research procedures

This research employed a qualitative approach by conducting focused, face-to-face interviews between the researcher and the subjects being studied. The duration of each interview minimum 30 minutes until data saturation and focused on identifying themes related to HIV risk and prevention efforts at 'Aisyiyah Junior High School. The open-questions centered on promoting and preventing HIV, as well as exploring facilities and infrastructure, access to HIV information, and advocacy in schools. The participants included students from each class at 'Aisyiyah Junior High School Bantul. Data triangulation will be performed using documents, observations, and insights from the relevant teacher involved in the research.

Measurements

This research utilized qualitative methods that focused on the perspectives of the respondents. A structured interview technique was employed, with predetermined themes guiding the discussions. Data were collected through interviews with teachers and students from each class at 'Aisyiyah Junior High School Bantul. Additionally, triangulation was achieved through the analysis of documents, observations, and input from the responsible teachers.

Statistical techniques

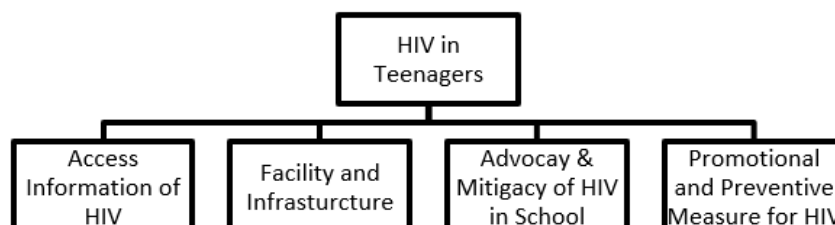
Qualitative research utilizes analysis techniques based on the framework developed by Braun and Clarke (2006). It employs thematic analysis, which includes the following steps: familiarizing oneself with the data, coding the qualitative data, developing themes, reviewing those themes, defining and naming the emerging themes, and preparing an analysis report with the assistance of NVivo 12 software.

Ethical Clearance

The research was conducted after obtaining approval from the research ethics committee on 17 September 2024, and has been approved by ethical committee Universitas Aisyiyah Yogyakarta with number No.3982/KEP-UNISA/IX/2024.

3. Results

The data and theme mapping in this research highlight the risk for and prevention of HIV at 'Aisyiyah Junior High School Bantul. This qualitative study analyzed the data using thematic analysis, focusing on the key information provided by the informants. The researchers utilized NVivo 12 software during the analysis process. The themes that emerged from this research are specifically related to the risk for addressing and preventing HIV.



Picture 1. Emerging themes

Based on Picture 1, the emerging themes from the interviews include three key areas: access to information on HIV, facilities and infrastructure, and advocacy, promotion, and prevention of HIV.

The theme on the access information on HIV

This theme describes how the informants obtain information related to HIV. The majority of informants obtain information about HIV through articles on the internet, libraries, and school activities. It is shown as follows:

“Sometimes in the library, hallway, or while reading articles, the information I find is often what appears on social media, right?” — Informant 1 (A).

“I learned about HIV from my teacher during the Pancasila strengthening program in P5, but I don’t remember much.” — Informant 3 (B).

The interviews indicate a significant lack of accessible information about HIV for teenagers. One informant noted that information about HIV is not widely disseminated:

“There is a lack of distribution of leaflets from the health center. The leaflets focus more on anemia. In this health center, we don’t have any materials on HIV/AIDS; it’s mostly about anemia.” — Informant D.

“I have never heard about HIV at all.” — Informant 2 (O).

This lack of information has prompted schools to take the initiative to spread knowledge about HIV and reproductive health through various educational activities.

“Yes (school assignment) — (Informant DL).

“For the female students who do not pray, we usually hold specific activities. Sometimes we include this information in our school subjects. Additionally, for those outside the classroom, we provide information about hygiene and other related topics. We also touch on reproductive health, although not in a comprehensive way. We once had a session with a doctor who discussed reproductive health, including diseases like syphilis and HIV. We may not have covered everything yet, but perhaps our friends can contribute more later.” — Informant W.

The school’s efforts to address the gaps and limitations in the information provided to students are commendable and worthy of emulation. Students often find it challenging to understand or may misinterpret information due to a lack of guidance from knowledgeable individuals. It is recommended that healthcare professionals take a more active role in disseminating information related to HIV/AIDS to teenagers, as they are a strategic target for prevention efforts.

Facilities and Infrastructure

This theme outlines the facilities and infrastructure available at the school, as well as its accessibility to health services. According to the interview, the school’s location is strategic, providing easy access to health services. It also boasts adequate facilities to support health needs, including the presence of a school health unit.

“Close to the state hospital, RSUD Panembahan Senopati Bantul,” Informant 1 (A).

“There is a nearby clinic,” Informant 1 (A).

“When the female students are in their period, they go to the school health unit, according to my female friends,” Informant 3 (B).

These adequate facilities should be further optimized. It’s essential not only to provide curative services but also to implement promotional activities. The officer assigned to the School Health Unit must be a professional in their field and should actively engage in health promotion whenever students visit. This can be achieved by creating simple educational materials related to HIV/AIDS. Brochures or posters could be made available for students to view and take with them during their visits, helping to fill the information gap about HIV/AIDS. Consequently, students can gain a better understanding and knowledge of this important topic.

Advocacy of HIV Regarding of the Prevention of HIV in Schools

This theme outlines the advocacy efforts aimed at reducing HIV in schools. Advocacy can be conducted by internal parties, such as supervisors from the School Health Unit, health-related organizations, and teachers engaged in relevant activities. Additionally, external parties, including healthcare workers, university educators, police, and non-governmental organizations focused on HIV issues, can also play a crucial role in advocacy. However, based on interviews, it appears that while advocacy exists, it is not being implemented optimally.

“There are classes for girls in the library, the health center, and speech courses offered by lecturers,” Informant 1 (A).

“The doctor comes every Tuesday (visit), every Tuesday...” (Informant DL)

While there are existing advocacy efforts in schools, implemented by both internal and external parties, some informants view these initiatives as suboptimal. They believe that not all parties play significant roles in advocating for HIV prevention.

“There are no (institutions coming to schools to provide health information)” Informant 1 (A).

“From the police, they haven’t (come),” Informant 3 (B)

“Within the school, there is a doctor who visits every Tuesday to facilitate health information, but I have never heard (about any peer educator groups),” Informant 2 (O).

The interviews also reveal that current advocacy efforts have not effectively addressed the issue of HIV.

“If it is specifically about HIV, it seems that we often invite professionals, but they discuss the reproductive system in general. It’s more like how the general reproductive system works, and one of our missions is to protect teenagers from dating and so on,” (Informant DL).

“There are also sessions from the community health center about HIV and reproductive health, but not much (male genital changes),” Informant 2 (O).

The advocacy has not been maximized and communicated clearly; thus, the issue of HIV among adolescents is still considered taboo and should not be discussed. This makes the informant uncomfortable to ask the health staff at the school about the issue.

“How should I put it, the School Health Unit has a doctor who visits once a week, allowing students to ask questions or receive medical examinations. The focus is not solely on HIV/AIDS or reproductive health. Later on, Adi, the ninth-grade science teacher, encouraged students to create posters related to the reproductive system, HIV/AIDS, and other relevant topics. These posters were created by the ninth-grade students as part of their science lessons. That’s my perspective, Ma’am,” (Informant DL).

The school is committed to continuously supporting its students by implementing several behavioral rules that must be followed. These rules serve as basic preventive measures, with the hope of fostering good character in each student.

“The school has specific rules regarding interactions among teenagers and discipline, which are outlined in a rulebook distributed during orientation or at the beginning of the school year. This rulebook includes a point system that awards both positive and negative points. For instance, students earn positive points for achievements, participation in organizations, or representing the school. Conversely, they receive negative points for rule violations, such as dating,” (Informant DL).

The school aims to continuously enhance the quality of its students, encouraging them to become agents of change. The goal is to foster healthy social interactions among peers. The advocacy efforts made by the school are commendable and should be leveraged by external parties who share similar objectives, particularly regarding HIV awareness.

Promotion and Prevention of HIV

This theme addresses the promotion and prevention of HIV initiatives undertaken by schools, which serve as educational organizers and the primary authority in establishing regulations for students. The interview indicates that the school has implemented clear rules regarding interactions among students, particularly between genders, as well as regulations concerning the use of narcotics.

“Dating is not allowed,” Informant 2 (O).

“Unsafe interactions like dating are prohibited, and there are preventive measures against drug,” Informant 2 (O).

The existing regulations are complemented by promotions focused on HIV awareness, including the display of informative posters. These posters address not only health issues but also the consequences of promiscuity.

“There are some posters about HIV, including warnings, symptoms, and transmission methods, located in the school health unit. However, I don’t visit the health unit often, and I haven’t seen any posters in the classroom,” Informant 3 (B).

“The restrooms are separated by gender, and information on reproductive health is usually provided by the school health unit specifically for female students. Unfortunately, there’s no additional information offered outside of the health unit,” Informant 3 (B).

The efforts made to help students recognize health issues in general have been quite beneficial. However, HIV-related issues have not been adequately addressed.

“It is very helpful (referring to school regulations). For example, certain regulations prevent interactions because individuals are not mahram (religious rules),” Informant 1 (A).

“There are no specific school regulations; everything is general,” Informant 1 (A).

“There is no prevention strategy for HIV/AIDS. Typically, we only provide iron supplements every week,” (Informant W).

The preventive and promotional measures implemented by the school reflect a strong commitment from the internal parties, such as the education organizers, who prioritize moral and ethical values in shaping students’ character. However, there is room for improvement. Direct explanations about HIV are extremely beneficial, as they enhance teenagers’ understanding of this issue. Increasing teenagers’ knowledge about HIV will empower them to share information on the topic, promoting a healthier societal perspective on HIV/AIDS and drug use.

4. Discussion

The primary factor influencing adolescents in HIV prevention is knowledge (Sadela et al., 2020). The more information provided to teenagers, the more effective their HIV prevention behaviors become. However, most sources of information about HIV/AIDS are not frequently accessed because teenagers often do not seek out information on how the virus is transmitted or how to prevent its transmission. As a result, many teenagers tend to ignore information about HIV/AIDS found in printed or electronic media (Aulia Rahmi et al., 2023).

Media significantly influences HIV prevention among adolescents through the roles of health workers, family, peers, knowledge, and attitudes (Sadela et al., 2020). The use of the internet among teenagers is closely linked to their awareness of HIV/AIDS (Hapitria et al., 2021; Srivastava et al., 2021). Access to information via media is crucial for preventing HIV among teenagers, as it is readily available through various channels, including printed materials like posters and brochures, and electronic media such as advertisements on TV or YouTube. This accessibility enables teenagers to acquire valuable information, empowering them to lead healthy lives and adopt preventive behaviors (Puji et al., 2021; Sadela et al., 2020). Additionally, research indicates a significant relationship between reading about HIV/AIDS in magazines, listening to information about it on the radio, and watching TV programs related to HIV/AIDS and the level of knowledge among teenagers (Zari & Soedirman, 2022).

The use of social media significantly impacts HIV/AIDS prevention. Through these platforms, teenagers can enhance their understanding by communicating, sharing information, and educating themselves about the risks and prevention of the disease. Social media increases awareness, knowledge, and sexual education among youths, which can help prevent them from engaging in risky sexual behaviors that elevate the risk of HIV/AIDS infection. Platforms such as social networking sites and online journals serve as effective tools for health education and promotion aimed at preventing HIV/AIDS among teenagers in Indonesia (Putri et al., 2022; Yusnita, 2021). Additionally, edutainment provides clearer health information about HIV/AIDS to Generation Z, who prefer obtaining information through videos. This type of information can significantly influence their perspective on HIV/AIDS (Ismayati et al., 2023).

Ensuring access to information for teenagers from marginalized communities, low socioeconomic backgrounds, and those with limited education is crucial (Srivastava et al., 2021). Teenagers who have a strong understanding of HIV can help reduce its transmission. Conversely, a lack of knowledge can contribute to increased transmission rates, as awareness about HIV prevention can come from various sources including media, health workers, family, and peers (Sadela et al., 2020). They typically gather information about HIV/AIDS from schools, social media, the internet, and public health initiatives, with sexual education in schools playing a pivotal role in enhancing their understanding. Despite the abundance of available information, some teenagers still harbor misconceptions regarding the transmission and prevention of HIV/AIDS. To improve teenagers' understanding of HIV/AIDS and to decrease stigma, sustainable, fact-based educational programs are essential. Access to media and technology alone isn't enough to reduce stigma, as a study in Yogyakarta revealed persistent misconceptions about LGBT individuals and HIV/AIDS despite good media access (Astuti, *et. al.*, 2017). While social media can effectively share accurate information, it also poses the risk of spreading misinformation if not carefully monitored, highlighting the need for better education and responsible media use to promote understanding and inclusivity. While technology and social media can effectively disseminate accurate information to teenagers, they also carry the risk of spreading misinformation if not properly monitored (Suryawan et al., 2023).

The role of healthcare professionals is crucial, especially for teenagers. These medical experts actively provide knowledge and counseling about health to help prevent HIV infection. Reliable information can significantly influence adolescents' mindsets and understanding of preventive behaviors. The more effectively health officers perform their roles, the better the preventive behaviors exhibited by adolescents (Sadela et al., 2020). Health professionals can positively impact HIV prevention among teenagers. Their active involvement in communicating and educating about the importance of primary prevention encourages adolescents to pay more attention to their health and adopt HIV prevention behaviors (Sadela et al., 2020).

Helping adolescents build better knowledge and attitudes about drugs and sexual health is essential. Studies from Cirebon and Bali show that comprehensive education can guide teens toward healthier choices, reducing the risks of drug abuse and unsafe sexual behaviors (Permana & Khasanah, 2019 ; Pradnyani, *et. al.*, 2019). These days, adolescents are easily influenced when it comes to forming their identities. Positive attitudes toward them can lead to beneficial behaviors in HIV prevention (Sadela et al., 2020). Adolescents are particularly vulnerable to diseases because they often follow the behavior of their peers. If their peer group exhibits positive behavior, it is likely that they will too; conversely, negative peer influence can lead to poor behavior. During this developmental stage, adolescents frequently engage in risky experiments, such as promiscuity and smoking. They may also experiment with drugs without fully understanding the consequences. Therefore, it is crucial for health professionals and families to actively provide information about the factors that contribute to deviant behaviors (Sadela et al., 2020).

Previous research has indicated that peers play a significant role in preventing teenage pregnancies (Firdausi et al., 2019). After engaging in peer education programs, students demonstrate an increase in their knowledge. This improvement is largely due to the comfortable environment peers create for sharing information, their ability to influence one another, and the strong personal relationships they maintain. Additionally, peers possess a solid understanding of each other's social and cultural backgrounds and have knowledge about HIV/AIDS, which makes the information more readily accepted. They can effectively encourage and motivate their peers to adopt positive attitudes towards HIV/AIDS-related issues. Moreover, the information students have about HIV/AIDS also comes from other sources, including mass media and websites (Safitri, 2021).

The role of teachers is crucial for adolescents in preventing sexually transmitted diseases (STDs). Research has indicated a connection between teachers' involvement in the PIK-KRR program and adolescents' attitudes toward STD prevention efforts (Maesaroh et al., 2021).

Family plays an equally vital role, as adolescents need guidance during this formative period to understand healthy behaviors. At this stage, they are often exploring their identity and may struggle with decision-making. In terms of social interactions, it's important for them to choose their friends wisely to avoid engaging in promiscuous behaviors. Thus, families are key in educating adolescents about the consequences of promiscuity on their health. They should inform young people about the risks associated with detrimental behaviors that can lead to HIV infection. By doing so, families contribute to the primary prevention of STDs, ultimately enhancing the health status of adolescents (Sadela et al., 2020).

Teenagers still require guidance to select the information they receive, so the information will not directly influence them. The information obtained by teenagers from the mass media has not yet been used as a guideline for healthy and responsible sexual behavior (Puji et al., 2021). The role of the family, especially parents, must be able to control the movements of teenagers. Parents' beliefs and control over adolescent behavior significantly impact how they communicate with their children about sexuality (Puji et al., 2021).

Previous research has shown that students with a background in religious education have an optimistic attitude and behave according to religious values, enabling them to firmly reject interactions and actions that could harm themselves and others (Sari, 2019).

The development and integration of youth-friendly HIV, programs to encourage parent-adolescent communication about sex and HIV, and teacher training and resources to raise awareness of HIV, act as first responders, and provide community referrals are among the strategic opportunities and initiatives. In order to change sociocultural and political contexts of vulnerability, youth-led peer education programs were essential to the HIV response. They promoted HIV prevention and sexual health awareness for youth, as well as the resilience and socioeconomic empowerment of peer educators themselves (Newman et al., 2022).

The limitation of this study such as the interview was taken in the single school that might increase the bias data. Strengths of this study include meaningful research design, implementation, and interpretation of results, and triangulation of data. Further research should build on quantitative research to evaluate students' HIV knowledge and also exploring the collaboration model with local healthcare facilities to enhance school based health education.

5. Conclusion

The key to preventing HIV among adolescents is knowledge. Media plays a significant role in influencing adolescent behavior, particularly regarding the risk impact and strategies for HIV prevention. This influence comes from various sources, including health professionals, family, and peers, as well as their overall knowledge and attitudes. Consequently, teenagers can act as advocates for spreading information about HIV/AIDS prevention. They can help facilitate access to resources, improve infrastructure, and engage in advocacy efforts focused on promotion and prevention. To address risk settings and service gaps in the areas of education, family, and peer relationships, as well as to create integrated, youth-friendly healthcare systems and organizations, multilevel and multicomponent interventions are required. Importantly, the effectiveness of HIV prevention and care is limited by strong political and societal restrictions on sexual health and rights for young people, which must be taken into account when implementing social and structural interventions. The stakeholder collaboration may increase the participation of community and increasing the awareness the HIV risk and prevention.

Conflict of Interest

There is no conflict of interest in this research.

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