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Related Factors With HIV/AIDS Risk Behavior In Adolescents

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ABSTRACT

HIV/AIDS is a global health problem that is still a serious concern, especially for adolescents who belong to vulnerable groups. This study aims to determine the factors associated with HIV/AIDS prevention risk behavior among adolescents. This type of research uses a quantitative approach with a Cross Sectional design. The population of this study were adolescents who visited the Ganjar Agung West Metro Health Center totaling 562, the research sample was 106 respondents with the sampling technique using Accidental Sampling. Data collection instruments in the form of questionnaires and data analysis using Chi-Square test. The results showed that 91.5% of adolescents had non-risk behaviors for HIV/AIDS prevention, the proportion of good peer roles was 84%, the proportion of positive attitudes was 56.6%, the proportion of good parental roles was 62%. Statistical test results there is a relationship between the role of peers (p-value = 0.005) and attitude (p-value = 0.010) with risky behavior of HIV/AIDS prevention in adolescents. There was no relationship between the role of parents (p-value = 0.158) and the risky behavior of HIV/AIDS prevention in adolescents. The conclusion of this study is that there is a significant relationship between the role of peers, attitudes with HIV/AIDS prevention risk behavior in adolescents and there is no relationship between the role of parents with HIV/AIDS prevention risk behavior in adolescents.

Keywords: Factors, HIV/AIDS, risk behaviors, adolescents

INTRODUCTION

One of the global health issues that remains a serious concern, especially in developing countries like Indonesia, is the Human Immunodeficiency Virus, or HIV. The collection of clinical symptoms resulting from a weakened immune system caused by HIV infection is called Acquired Immunodeficiency Syndrome (AIDS).(Setyani, 2020). Adolescents are a vulnerable group at high risk of HIV transmission, primarily due to a lack of awareness of effective prevention methods.

The Global Health Organization (WHO) reports that the global prevalence of HIV/AIDS has reached 39.9 million, with the majority of cases occurring in women and

girls aged 15 and over. Sixty-five percent of these cases are in the African region.(WHO, 2024)In 2023, approximately 360,000 young people between the ages of 15-24 will be newly infected with HIV, of which 140,000 will be adolescents between the ages of 15-19.(UNICEF, 2024)This increase indicates a serious problem in adolescent behavior related to promiscuity and low awareness of HIV risks. In 2023, there were 515,455 people living with HIV (PLHIV) in Indonesia. In 2022, the Ministry of Health recorded 526,841 HIV/AIDS cases, of which 71% were men.(Ministry of Health, 2022).

Lampung Province is currently in a Concentrated Epidemic phase for HIV/AIDS cases, with HIV prevalence exceeding 5% in certain population groups. In 2023, cases increased, with 927 HIV cases and 159 AIDS cases recorded, compared to 730 HIV and 159 AIDS cases recorded in 2022. Bandar Lampung City was the region with the highest number of cases, followed by Central Lampung, South Lampung, Pringsewu, and Metro. The highest proportion was in the 25-49 age group at 75%, and 4.4% in the 15-19 age group.(Lampung Provincial Health Office, 2023)In Metro City, the increase in HIV/AIDS cases is also significant. In 2022, there were 27 cases of HIV/AIDS, and an additional 17 new cases were reported in 2023.(Metro City Health Office, 2023)The 2023 Metro Health Profile shows that the West Metro area, specifically the Ganjar Agung Community Health Center, has the highest number of HIV/AIDS cases with 17 new cases.(Metro City Health Office, 2023).

Risky behaviors such as unprotected sex, sharing needles, and commercial sex are often triggered by a number of interacting factors. First, a lack of knowledge makes someone more likely to engage in risky behavior that has negative consequences.(Rofiah et al., 2024). Non-physical social and cultural norms influence a person's behavior in trying something new.(Latupeirissa et al., 2023)Economic factors are also very important, as they can be a barrier to the formation of social support within the family, and can even increase a child's vulnerability to exposure to sexual exploitation, commercial sex, or drug use as a way to cope with stress.(Khairunnisa & Apsari, 2021). Lastly, peer pressure often pushes people to take risky actions in order to gain social acceptance.(Sohimah & Sujianti, 2024)All of these elements create an environment that supports risky behavior and increases the likelihood of HIV/AIDS transmission in the community.

HIV/AIDS can lead to a progressive decline in the immune system if left untreated. People living with HIV (PLWHA) are susceptible to various diseases, particularly infectious and malignant diseases such as pulmonary tuberculosis, skin disorders, chronic diarrhea, and liver infections. The social and emotional challenges experienced by people living with HIV are also caused by the negative stigma instilled in society, which ultimately leads to discriminatory treatment. This stigma and discrimination stem from the belief that HIV/AIDS always leads to death.(Purwaningtyastuti, 2018)Adolescents infected with HIV/AIDS experience physical damage in addition to long-term impacts on their mental and emotional health. This impacts not only the adolescents themselves, but also their families, communities, and countries.(Sumakul et al., 2023).

Adolescents are defined as individuals aged 15–21 years, as defined by Said (2015). During this age range, individuals tend to be in a phase of self-exploration and are potentially involved in risky behaviors such as unprotected sex, same-sex relationships, and injection drug use. Research into factors associated with HIV/AIDS risk behaviors in adolescents is crucial for identifying effective early prevention efforts.

Adolescents are potentially at risk for HIV/AIDS due to behavioral and emotional developmental factors. HIV/AIDS can also be linked to various risky behaviors among adolescents. Research conducted at four high schools within the Harapan Raya Community Health Center (UPTD) in Pekanbaru found that 27.7% of adolescents engaged in risky behaviors related to HIV/AIDS.(Abdi et al., 2019)Similarly, research conducted in Gorontalo found that 26.6% of adolescents engage in risky behavior related to HIV/AIDS. Some adolescents engage in risky behavior because they are already in relationships with the opposite sex, which can be realized through dating and courtship. This means that adolescents spend more time dating.(Yulianingsih, 2015).

Research conducted(Sohimah & Sujianti, 2024), the results showed that HIV/AIDS risk behavior in adolescents in Cilacap Regency was related to attitudes (p value = 0.001). Basically, each individual has different characteristics and has different learning experiences, education, social status and even upbringing in their environment. The role of peers (p value = 0.006), the role of peers who do not support HIV/AIDS prevention such as trying to imitate their peers in attitudes, speech, interests, appearance,

behavior, and knowledge have risky behavior as many as 2 people (2%) and not at risk as many as 1 person (1%)(Sohimah & Sujianti, 2024).

This is in line with research conducted by Yulianingsih at State Senior High School 1 Gorontalo, attitudes (p value = 0.000), and parental roles (p value = 0.092) where parental roles had no relationship with HIV/AIDS risk behavior.(Yulianingsih, 2015). In contrast to Yulianingsih's research, this study shows a relationship between parental role and risky sexual behavior (p value = 0.001).(Amaylia et al., 2020)These studies show that attitudinal factors, peer groups, and parental roles collectively play a significant role in shaping adolescents' attitudes toward HIV/AIDS risks.

Based on the background of the problem above, the author's interest in conducting research at the Ganjar Agung Community Health Center in West Metro was increased, entitled "Factors Related to HIV/AIDS Risk Behavior in Adolescents." This study aims to explore attitudes, the role of peers, and the role of parents towards this risky behavior.

METHOD

This study uses quantitative research with a cross-sectional approach. In cross-sectional research, in a cross-sectional study design, researchers only conduct observations and measurements of variables at a specific point in time. Variable measurements are not limited to being at exactly the same time, but have the meaning that each subject is only subjected to one measurement, without follow-up or repeated measurements.(Lusiana et al., 2015).

The population of this study was all teenagers who visited the Ganjar Agung Metro Barat Health Center, 562 teenagers.The technique chosen is Non Probability sampling, using Accidental Sampling, namely a sampling technique carried out by taking cases or respondents who happen to be there or available in a place according to the research context.(Notoatmodjo, 2018).The sample in this study were 106 adolescents who visited the Ganjar Agung Metro Barat Community Health Center.

This research was conducted at the Ganjar Agung Community Health Center in West Metro from April 22 to June 22, 2025. The research instrument used a questionnaire. Data analysis used the SPSS V.25 computer application, namely the Chi-Square test.

RESULTS AND DISCUSSION

1. Univariate Analysis

Table 1. Frequency Distribution Based on Respondent Characteristics

Respondent Characteristics		Amount	%
Respondent Age			
	15- <18 Years	32	30.2
	18-21 Years	74	69.8
	Total	**106**	**100.0**
Gender			
	Man	35	33.0
	Woman	71	67.0
	Total	**106**	**100.0**
Status			
	Work	17	16.0
	Student	47	44.3
	Students	42	39.6
	Total	**106**	**100.0**

Based on Table 1, it shows that of the total 106 respondents, the majority were aged 18-21 years, as many as 74 people (69.8%). In terms of gender, the majority of respondents were women, as many as 71 people (67.0%). Based on status, the group with the largest number were students, as many as 47 people (44.3%). These results indicate that the respondents were dominated by young women, the majority of whom were still pursuing formal education.

Table 2. Frequency Distribution based on HIV/AIDS Risk Behavior in Adolescents

Preventive behavior	Amount	%
No Risk	97	91.5
Risky	9	8.5
Total	**106**	**100.0**

Based on table 2, the results show that 97 respondents (91.5%) had non-risky behavior in preventing HIV/AIDS.

Table 3. Frequency Distribution Based on Factors Associated with HIV/AIDS Risk Behavior in Adolescents

	Amount	%
The Role of Peers		
Good	89	84.0
Not good	17	16.0
Attitude		
Positive	60	56.6
Negative	46	43.4
The Role of Parents		
Good	62	44.3
Not good	44	41.5

Table 3 shows that 89 (84.0%) children's peer role was categorized as good. 60 (56.6%) children's attitudes were categorized as positive. 62 (44.3%) children's parents' role was categorized as good.

2. Bivariate Analysis

The Relationship between Peer Roles and HIV/AIDS Risk Behavior in Adolescents Visiting the Ganjar Agung Community Health Center, West Metro in 2025.

Table 4. The Relationship Between Peer Roles and HIV/AIDS Risk Behavior in Adolescents

Variables	Preventive behavior				Amount		*P-value*
	No Risk		risky				
	f	%	f	%	F	%	
The Role of Peers							
Good	85	97.0	4	4.5	89	100.0	**0.005**

Not good	12	70.6	5	29.4	17	100.0
Amount	**97**	**91.5**	**9**	**8.5**	**106**	**100.0**

Based on table 4, of the 89 adolescents with good peer roles, there were 85 respondents (97.0%) who had non-risky behavior in preventing HIV/AIDS and 4 respondents (4.5%) who had risky behavior in preventing HIV/AIDS.

Based on the research results, a p-value of 0.005 was obtained, meaning the value is smaller than (0.05). This indicates a significant relationship between the role of peers and risky behavior in HIV/AIDS prevention among adolescents visiting the Ganjar Agung Metro Barat Community Health Center in 2025.a

The Relationship between Attitudes and HIV/AIDS Risk Behavior in Adolescents Visiting the Ganjar Agung Community Health Center, West Metro in 2025.

Table 5 The Relationship Between Attitudes and HIV/AIDS Risk Behavior in Adolescents

Variables	**Preventive behavior**				**Amount**		***P-value***
	No Risk		**risky**				
	f	**%**	**f**	**%**	**F**	**%**	
Attitude							
Positive	59	98.3	1	1.7	60	100.0	**0.010**
Negative	38	82.6	8	17.4	46	100.0	

Amount	**97**	**91.5**	**9**	**8.5**	**106**	**100.0**

Based on table 5, of the 60 adolescents with positive attitudes, there were 59 respondents (98.3%) who had non-risky behavior in preventing HIV/AIDS and 1 respondent (1.7%) who had risky behavior in preventing HIV/AIDS.

Based on the research results, a p-value of 0.010 was obtained, which means the value is smaller than (0.05). This indicates a significant relationship between attitudes and risky behavior in HIV/AIDS prevention among adolescents visiting the Ganjar Agung Metro Barat Community Health Center in 2025.a

The Relationship between Parental Roles and HIV/AIDS Risk Behavior in Adolescents Visiting the Ganjar Agung Community Health Center, West Metro in 2025.

Table 6. The Relationship Between Parental Roles and HIV/AIDS Risk Behavior in Adolescents

Variables	**Preventive behavior**				**Amount**		***P-value***
	No Risk		**risky**				
	F	**%**	**F**	**%**	**F**	**%**	
Role of Parents							
Good	59	95.2	3	4.8	62	100.0	
Not good	38	86.4	6	13.6	44	100.0	**0.158**
Amount	**97**	**91.5**	**9**	**8.5**	**106**	**100.0**	

Based on table 6, of the 62 adolescents with good parental roles, there were 59 respondents (95.2%) who had non-risky behavior in preventing HIV/AIDS and 3 respondents (4.8%) who had risky behavior in preventing HIV/AIDS.

Based on the research results, a p-value of 0.158 was obtained, which means the value is greater than (0.05). This indicates that there is no significant relationship between

the role of parents and risky behavior in HIV/AIDS prevention in adolescents visiting the Ganjar Agung Metro Barat Community Health Center in 2025.a

1. Frequency distribution based on HIV/AIDS risk behavior in adolescents visiting the Ganjar Agung Community Health Center

Based on the results of research conducted at the Ganjar Agung Community Health Center with 106 respondents, the majority of adolescents have non-risky behavior in preventing HIV/AIDS, with a presentation of 91.5% (97 respondents).

According to research by Sohimah and Sujianti(2024), the low rate of risky behavior in adolescents can be associated with high levels of knowledge and positive attitudes towards HIV/AIDS, as well as the influence of a supportive environment (such as schools and health facilities).

2. Frequency distribution based on the role of peers with HIV/AIDS risk behavior in adolescents visiting the Ganjar Agung Community Health Center

Based on the results of research conducted at the Ganjar Agung Health Center with 106 respondents, the majority of teenagers have good peer roles, with a presentation of 84.0% (89) respondents.

Teenagers are more receptive to information from their peers than from the mass media, family, or teachers. Good peers tend to engage in positive HIV/AIDS prevention behaviors, while bad peers tend to engage in HIV/AIDS-risk behaviors.(Nurdin et al., 2023).

3. Frequency distribution based on attitudes towards HIV/AIDS risk behavior among adolescents visiting the Ganjar Agung Community Health Center

Based on the results of research conducted at the Ganjar Agung Community Health Center, with 106 respondents, the majority of teenagers had a positive attitude, with a presentation of 56.6% (60 respondents).

Adolescents have their own individual attitudes toward objects, and differences in attitudes are normal. Essentially, each individual has different characteristics and differs in learning experiences, education, social status, and even upbringing within their environment (Sohimah & Sujianti, 2024).

4. Frequency distribution based on the role of parents with HIV/AIDS risk behavior in adolescents visiting the Ganjar Agung Community Health Center

Based on the results of research conducted at the Ganjar Agung Community Health Center, with 106 respondents, almost half of the teenagers had good parental roles, with a presentation of 44.3% (62 respondents).

Adolescence generally involves personality changes that indirectly impact relationships with family members. Differences in values held by family and children are sometimes perceived as outdated. Communication between parents is often out of step with adolescent development. Parents sometimes force information, leading adolescents to choose to discuss matters with their peers.(Yulianingsih, 2015).

5. The Relationship between Peer Roles and HIV/AIDS Risk Behavior

Based on the results of research conducted at the Ganjar Agung Metro Barat Community Health Center, it shows a significant relationship between the role of peers and risky behavior in preventing HIV/AIDS in adolescents, with a p-value of 0.005. Peers shape adolescents' identities and behaviors, with both positive and negative impacts. For example, adolescents who frequently associate with peers who frequently use drugs and get drunk are highly susceptible to adopting their lifestyles.(Yulianingsih, 2015).

Research conducted by Nur Aulia(2020), also in line with this study. The Fisher Exact test results in the study showed a p-value of 0.004, indicating a significant relationship between peer role and promiscuous sexual behavior among adolescents at SMA Negeri 16 Samarinda. Another opinion from research conducted by Nur Amaylia(2020), the results of the study showed a significant relationship between the role of peers and risky sexual behavior with a p-value = 0.003.

6. Relationship between Attitudes and HIV/AIDS risk behavior in adolescents

Based on the results of research conducted at the Ganjar Agung Metro Barat Health Center, it was shown that there was a significant relationship between attitudes and risky behavior in preventing HIV/AIDS in adolescents where the p-value = 0.010.

This finding is in line with research by Sohimah(2024), which shows a significant relationship between attitudes and risky behavior with a p-value of 0.001. Research conducted by Siti Muhaimin(2023), it was found that of the 80 teenagers, the majority had a negative attitude about HIV/AIDS, as many as 41 people (51.2%), this was because the majority of respondents had a low level of knowledge so that this could influence their attitudes.

The relationship between parental roles and HIV/AIDS risk behavior in adolescents

Based on the results of research conducted at the Ganjar Agung Metro Barat Health Center, it was shown that there was no relationship between the role of parents and risky behavior in preventing HIV/AIDS in adolescents with a p-value = 0.158. This means that in this study, parental involvement was not statistically proven to have an effect on the tendency of adolescents to engage in risky behavior such as free sex, injecting drug use, or not using condoms.

The results of this study are in line with research by Suri(2024), there is a p-value result of 0.810 which does not have a significant relationship between the role of parents and HIV/AIDS prevention behavior in adolescents in Cilincing sub-district, North Jakarta city in 2024.

Good communication built by parents to children can indeed influence behavior and actions, but during puberty, respondents' personalities generally experience indirect changes that affect their relationships with parents and other family members.(Suri & Alnur, 2024)..

Although the results of this study are not related, the role of parents remains positive, providing supervision, education, and modeling behaviors that support HIV/AIDS prevention. This indicates that many parents are already performing their role effectively in instilling understanding and moral values in their children, but their approach may not be strong enough to suppress all forms of adolescent deviant behavior.

CONCLUSION AND SUGGESTIONS

Based on the results of research that has been conducted on "Factors Related to HIV/AIDS Risk Behavior in adolescents visiting the Ganjar Agung Metro Barat Community Health Center in 2025", the following conclusions can be drawn:

1. The proportion of non-risky behavior in preventing HIV/AIDS in adolescents visiting the Ganjar Agung Metro Barat Community Health Center was 97 people (91.5%).
2. The proportion of good peer roles was 89 people (84.0%), positive attitudes were 60 people (56.6%), and good parental roles were 62 people (44.3%) among adolescents who visited the Ganjar Agung Metro Barat Health Center.

3. There is a relationship between the role of peers and risky behavior in preventing HIV/AIDS in adolescents visiting the Ganjar Agung Metro Barat Health Center with a p value of 0.005 ≤ (0.05).a

4. There is a relationship between attitudes and risky behavior in preventing HIV/AIDS in adolescents visiting the Ganjar Agung Metro Barat Health Center with a p value of 0.010 ≤ (0.05).a

5. There is no relationship between the role of parents and risky behavior in preventing HIV/AIDS in adolescents visiting the Ganjar Agung Metro Barat Health Center with p value = 0.158 > (0.05).a

For future researchers, it is recommended to expand this study with a qualitative approach to more deeply explore the reasons and factors influencing risky behavior in adolescents, especially those not identified through quantitative methods. Furthermore, the addition of variables such as the influence of social media, family communication patterns, and the role of the residential environment could also be considered to obtain more comprehensive and relevant results in today's adolescent social context.

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