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**Knowledge and Attitude Relationship in Adolescent HIV AIDS
Prevention : Hubungan Pengetahuan dan Sikap Pencegahan HIV AIDS
pada Remaja**

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Abstract

General Background: Adolescents represent a high-risk group for HIV/AIDS due to increased social interaction and limited access to accurate reproductive health information. **Specific Background:** In religious-based schools, discussions related to HIV/AIDS are often considered taboo, potentially restricting knowledge acquisition and shaping preventive attitudes. **Knowledge Gap:** Previous studies primarily focused on public or urban schools, with limited investigation of socio-cultural dynamics in Islamic-based educational settings. **Aims:** This study aims to determine the relationship between knowledge and attitudes toward HIV/AIDS prevention among adolescents at SMA IT Cendekia. **Results:** Using a cross-sectional design with 57 students, the findings revealed that 66.7% of respondents had good knowledge and 70.2% demonstrated positive attitudes. Statistical analysis showed a significant relationship between knowledge and attitudes ($p = 0.008$), indicating that higher knowledge levels are associated with more positive preventive attitudes. **Novelty:** This study situates the knowledge–attitude relationship within the context of an Islamic-based school, highlighting the role of socio-cultural and religious values in shaping adolescents' perspectives. **Implications:** The findings emphasize the importance of providing accurate, comprehensive, and culturally sensitive HIV/AIDS education to support positive attitudes and strengthen prevention strategies among adolescents.

Highlights

- Majority of respondents demonstrated adequate understanding and favorable prevention perspectives
- Statistical testing confirms association between cognitive level and preventive orientation
- Religious-based school context reveals socio-cultural constraints in information access

Keywords

HIV/AIDS Prevention; Adolescent Knowledge; Preventive Attitudes; Cross Sectional Study; Religious Based School

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INTRODUCTION

Adolescence is a transitional period from childhood to adulthood characterized by rapid physical, psychological, and social changes, including the development of independence, sexual awareness, and moral values (Na'mah, 2020). During this phase, adolescents tend to have high social mobility, which increases their exposure to various risks, including HIV/AIDS. Limited knowledge and misconceptions about HIV/AIDS remain key factors contributing to adolescents' vulnerability (Ariyanti, 2020).

In Indonesia, HIV/AIDS continues to be a significant public health issue. Based on national data from 2010 to March 2022, the highest number of HIV cases were reported in DKI Jakarta, East Java, West Java, Central Java, and Papua (Ministry of Health Data and Information Center, 2022). Papua, in particular, shows a relatively high prevalence rate, accompanied by low levels of comprehensive HIV knowledge (9.2%). This condition indicates that improving knowledge remains a crucial strategy in HIV/AIDS prevention efforts.

Knowledge plays a fundamental role in shaping adolescents' attitudes and behaviors. Higher levels of knowledge are generally associated with more positive attitudes toward health prevention (Estiani, 2015). Attitude itself reflects an individual's readiness to respond to health-related issues based on experience, information, and environmental influences (Suryati, 2021). However, despite increasing access to information, discussions about HIV/AIDS and reproductive health are still often considered taboo among adolescents, which limits open communication and accurate understanding (Latifah, 2022).

Previous studies have consistently shown a significant relationship between knowledge and attitudes toward HIV/AIDS prevention among adolescents. However, most of these studies were conducted in public schools or urban settings with relatively open socio-cultural environments. These studies tend to focus on measuring knowledge and attitudes quantitatively, with limited exploration of the contextual factors influencing them.

There is still limited research that specifically examines adolescents in Islamic-based schools, where religious values, cultural norms, and social taboos may influence access to information and the formation of attitudes toward HIV/AIDS prevention. This context presents a unique dynamic that has not been sufficiently explored in previous studies.

A preliminary study conducted with 10 students at SMAN 1 Arso revealed several misconceptions about HIV/AIDS transmission, such as beliefs that HIV can spread through casual contact like kissing, shared clothing, or eating utensils. This finding indicates that misinformation among adolescents is still prevalent and highlights the need for more effective and context-sensitive health education.

This study not only examines the relationship between knowledge and attitudes but also places it within the socio-cultural context of an Islamic-based school, where moral and religious values may influence adolescents' perceptions and behaviors toward HIV/AIDS prevention.

Therefore, this study aims to determine the relationship between adolescents' knowledge and attitudes toward HIV/AIDS prevention at SMA IT Cendekia. The findings are expected to provide an empirical basis for developing more effective, culturally appropriate, and morally sensitive educational strategies to improve adolescents' understanding and attitudes toward HIV/AIDS prevention.

METHODS

This study employed a quantitative approach with a descriptive-analytical design using a cross-sectional method. The cross-sectional design was used to examine the relationship between independent and dependent variables measured simultaneously at one point in time (Notoatmodjo, 2015).

The independent variable in this study was the level of knowledge about HIV/AIDS prevention, while the dependent variable was adolescents' attitudes toward HIV/AIDS prevention. Knowledge was measured using a structured questionnaire consisting of several items related to the definition, transmission, and prevention of HIV/AIDS. The scores were categorized into "good" and "sufficient" levels based on predetermined criteria. Attitude was measured using a Likert-scale questionnaire and categorized into "positive" and "negative" attitudes.

The research was conducted at SMA IT Cendekia with a total sample of 57 students from grade X and XI, selected using a total sampling technique. Data collection was carried out after obtaining official permission from the school. The researchers visited the school and gathered participants in one room. Prior to data collection, the researcher explained the objectives of the study and obtained informed consent from all participants. Respondents were then instructed on how to complete the questionnaire and were given 10 minutes to fill it out. The researcher remained present to provide clarification if needed.

The research instrument was tested for validity and reliability before data collection. Validity testing was conducted using product-moment correlation, while reliability testing used Cronbach's Alpha coefficient, indicating that the instrument was reliable for use in this study.

Data analysis was performed using both univariate and bivariate analysis. Univariate analysis was used to describe the

distribution of knowledge and attitudes among respondents. Bivariate analysis was conducted using the Chi-square test to determine the relationship between knowledge and attitudes toward HIV/AIDS prevention, with a significance level of $p < 0.05$ [1](#).

RESULT AND DISCUSSION

Based on the analysis of 57 respondents consisting of tenth and eleventh grade students at SMA IT Cendekia, it was found that most teenagers have a good level of knowledge regarding HIV/AIDS prevention. This knowledge was obtained from various sources, such as social media, peers, family, and teachers. A total of 66.7% of respondents were classified as having good knowledge, while another 33.3% had sufficient knowledge. This indicates that the majority of students already understand the basics of HIV/AIDS, both regarding its definition, transmission methods, and preventive measures. However, there were still a small number of respondents who were unable to correctly answer several questions related to the sources of transmission and methods of HIV/AIDS prevention, which indicates an information gap that needs to be strengthened through health education in schools.

Furthermore, the study results showed that the majority of respondents (70.2%) had a positive attitude toward HIV/AIDS prevention, while 29.8% showed a negative or less responsive attitude. This positive attitude was evident in their acceptance of the importance of maintaining healthy behaviors, avoiding risky sexual relations, and supporting regular HIV testing efforts. However, a small number of respondents still expressed doubts about certain preventive measures, such as understanding how to avoid transmission through bodily fluid contact and the use of protective equipment. Factors such as peer influence, social and cultural values, and the lack of open communication about sexual issues within the family and school environment also play a role in shaping adolescents' attitudes toward HIV/AIDS.

Table 1. Subject Characteristics of Class X and Class XI Students at SMA IT Cemdekia

Source: Processed by the researcher, 2025.

NO		Characteristics	Frequency (f)	Percentage (%)	
1	Gender	Man	32	56.1	
		Woman	25	43.9	
	Total		57	100	
2	Resources	Mass media	12	21.1	
		Social media	14	24.6	
		Friend	14	24.6	
		Teacher	8	14.0	
		Family	9	15.8	
	Total		57	100	
3	Father's occupation	Doesn't work	0	0	
		civil servant	12	21.1	
		Indonesian National Armed Forces/Indonesian National Police	16	28.1	
		Private sector employee	14	24.6	
		Self-employed	15	26.3	
		Total		57	100
		Doesn't work	18	31.6	
civil servant	16	28.1			
4	Mother's Job	Indonesian National Armed Forces/Indonesian National Police	7	12.3	
		Private sector employee	6	10.5	

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		Self-employed	10	17.5
	Total		57	100

Table 1 shows that Respondent gender groups with equal percentages, namely male and female. Respondents received initial information regarding HIV/AIDS >social media and most of the respondents' fathers' employment status >TNI/POLRI and most of the respondents' mothers' employment status >unemployed.

Results of observations on research subjects based on research variables:

Table 2. Knowledge about HIV/AIDS prevention

Knowledge	Frequency (f)	Percentage (%)
Good	38	66.7
Enough	19	33.3
Total	57	100

Based on the table above, it shows that the majority of respondents have good knowledge, more than the respondents who have sufficient knowledge, and there are no respondents who have insufficient knowledge.

Table 3. HIV/AIDS prevention attitudes

Knowledge	Frequency (f)	Percentage (%)
Positive	40	70.2
Negative	17	29.8
Total	57	100

Based on the table above, it shows that the majority have a positive attitude regarding HIV/AIDS prevention.

Table 4. Connection Knowledge on Student Class X and Class XI with HIV/AIDS Prevention at SMA IT Cendekia

Knowledge	Attitude				Amount	
	Positive		Negative		f	P
	F	%	F	%		
Good	31	54.4	7	12.3	38	100
Enough	9	15.8	10	17.5	19	0.008

Based on the table above, it can be seen that students in grades X and XI who have good knowledge about HIV/AIDS mostly have positive actions regarding HIV/AIDS prevention attitudes and students who have sufficient knowledge about HIV/AIDS mostly have negative attitudes about HIV/AIDS.

The results of statistical tests indicate a significant relationship between the level of knowledge and attitudes towards HIV/AIDS prevention in adolescents, with a p value of 0.008 ($p < 0.05$). This means that the higher the level of knowledge of students about HIV/AIDS, the more positive their attitudes towards prevention efforts. Students with good knowledge tend to be more able to make rational and responsible decisions regarding their health behaviors. Conversely, students who have sufficient knowledge but show negative attitudes are likely influenced by external factors such as a less supportive social environment or a taboo view of the topic of HIV/AIDS. These findings confirm that comprehensive knowledge plays an important role in forming positive attitudes towards HIV/AIDS prevention among adolescents.

This good knowledge is due to respondents' understanding of HIV/AIDS obtained from various sources of information such as mass media, social media, friends, teachers, and family. However, there are still some who have sufficient knowledge because respondents have not received enough accurate information about HIV/AIDS. Most of the respondents who have sufficient knowledge did not correctly answer questions 4, 6, and 7 regarding the source of HIV and how HIV/AIDS is

transmitted.

Knowledge is influenced by several factors, including age. Age reflects physical, psychological, and social maturity, which influences the teaching and learning process. This means that age is one of the factors influencing information acquisition, which ultimately influences the increase in a person's knowledge, including knowledge about HIV/AIDS. The adolescence period has a broad meaning, encompassing mental, emotional, sexual, and physical maturity. This period also includes the transition from adolescence or youth to adulthood. Furthermore, the respondents' educational level, which is still at the secondary level, also influences the information obtained by the respondents, as the respondents did not receive specific material about HIV/AIDS during their previous education, and the implementation of counseling programs specifically about HIV/AIDS at SMA IT Cendekia did not yet fully educate students about HIV/AIDS. The positive response of adolescents towards HIV/AIDS prevention carried out by female students of SMA IT Cendekia is due to the good information they received about HIV/AIDS prevention. The more positive a person's attitude, the better the behavior they show. However, there are still respondents who still feel doubtful about their perception of carrying out HIV/AIDS prevention so that the responses produced by respondents are negative/less responsive to HIV/AIDS prevention and respondents who have this negative response answered less well on attitude statements number 4 and number 6 which contain how to avoid HIV/AIDS transmission.

Many factors influence a person's attitude. These factors include personal experience, the influence of others considered important, cultural influences, mass media, educational and religious institutions, and emotional factors. Personal experience can influence attitudes because the basis for forming an attitude must have a personal experience that leaves a strong impression. The influence of others considered important can also influence attitudes because individuals tend to have attitudes that align with the attitudes of people considered important, such as parents. Mass media and social media also have a significant influence on attitude formation. People pay more attention to opinions based on what they read, see, and hear in the mass media.

The results of the study showed that respondents who had good knowledge with positive HIV/AIDS prevention attitudes were (54.4%). Respondents who had good knowledge with negative HIV/AIDS prevention attitudes were (12.3%). The results of respondents who had sufficient knowledge with positive HIV/AIDS prevention attitudes were (15.8%) and respondents who had sufficient knowledge with negative HIV/AIDS prevention attitudes were (17.5%). The level of student knowledge with HIV/AIDS prevention attitudes at SMA IT Cendekia found that most respondents had good knowledge and positive responses to HIV/AIDS prevention attitudes.

This research is in line with research conducted by Aisyah stated that there is a relationship between adolescents' knowledge and attitudes about HIV/AIDS because most of the respondents' knowledge and attitudes have a significant influence on HIV/AIDS prevention. Research conducted by Priastana and Hendra found that there is a relationship between the level of knowledge about HIV/AIDS and attitudes towards HIV/AIDS prevention in adolescents. Adolescents with higher knowledge about HIV/AIDS tend to be better at determining attitudes towards HIV/AIDS prevention because accurate knowledge significantly contributes to the formation of appropriate attitudes and provides space for deeper thought regarding future decisions.

The results of this study are in line with research by Ashari that there is a relationship between the level of student knowledge and attitudes towards HIV/AIDS prevention. Good knowledge about HIV/AIDS is very necessary because, the better the level of student knowledge about HIV/AIDS, the better the attitude in preventing HIV/AIDS. This is because attitudes are not only influenced by education, there are other factors that influence such as unsupportive environmental factors, lack of access to information because it is still considered taboo for teenagers, while students who have less knowledge but have good attitudes towards prevention can be because these students are influenced by the attitudes of others they often see, such as parents and friends. Parents who provide good examples to their children will influence their children to have good attitudes as well.

The findings of this study indicate a significant relationship between knowledge and attitudes toward HIV/AIDS prevention among adolescents. Students with higher levels of knowledge tend to demonstrate more positive attitudes toward prevention. This suggests that knowledge functions as a cognitive foundation that shapes how individuals perceive health risks and make decisions regarding preventive behavior.

From a theoretical perspective, this finding can be explained through Green's health behavior theory (Notoatmodjo, 2015), which states that knowledge is a predisposing factor influencing behavior formation. Adequate knowledge enables adolescents to understand the risks, modes of transmission, and prevention strategies of HIV/AIDS, thereby fostering rational and responsible attitudes. However, knowledge alone is not sufficient. The presence of enabling factors (such as access to information) and reinforcing factors (such as family and peer support) plays a crucial role in translating knowledge into positive attitudes. This explains why some respondents with sufficient knowledge still exhibited negative or hesitant attitudes.

The persistence of negative attitudes among some students can be attributed to socio-cultural barriers. In many contexts, including Islamic-based schools, discussions about HIV/AIDS and reproductive health are still considered taboo. This cultural constraint limits open communication and may lead to misinformation or incomplete understanding. As a result, adolescents may possess basic knowledge but lack the confidence or clarity to adopt appropriate preventive attitudes. This finding highlights the importance of contextual factors in shaping health behavior, beyond individual cognitive aspects.

Furthermore, the influence of social environment particularly parents and peers emerges as a critical determinant of adolescents' attitudes. Social learning theory suggests that individuals tend to adopt behaviors and attitudes observed from significant others. Adolescents who are exposed to positive role models are more likely to internalize similar attitudes

toward HIV/AIDS prevention. Conversely, in environments where communication about sexual health is restricted, adolescents may rely on inaccurate or fragmented information.

This study also underscores the role of information sources, especially social media, in shaping adolescents' knowledge and attitudes. According to McGuire's communication theory (1989), repeated exposure to information through mass media can significantly influence individuals' attitudes and perceptions. In the digital era, adolescents are highly exposed to online content, making social media a powerful tool for health education. However, without proper guidance, this exposure may also increase the risk of misinformation. Therefore, integrating technology-based health education with accurate and culturally sensitive content is essential.

The findings of this study are consistent with previous research (Aisyah, 2019; Priastana & Hendra, 2018; Ashari, 2020), which demonstrated a significant relationship between knowledge and attitudes toward HIV/AIDS prevention. However, this study provides additional insight by emphasizing the influence of socio-cultural context, particularly within Islamic-based educational settings. This context creates a unique dynamic where moral values, social norms, and access to information interact in shaping adolescents' attitudes. Overall, the results highlight that improving adolescents' knowledge is necessary but not sufficient. Effective HIV/AIDS prevention requires a comprehensive approach that integrates cognitive, social, and cultural dimensions. Educational strategies should not only focus on increasing knowledge but also address social norms, reduce stigma, and promote open communication in a manner that aligns with cultural and religious values.

CONCLUSION

This study concludes that there is a significant relationship between adolescents' knowledge and attitudes toward HIV/AIDS prevention at SMA IT Cendekia. Higher levels of knowledge are associated with more positive attitudes toward prevention efforts. This finding highlights the importance of improving adolescents' knowledge through comprehensive and context-appropriate health education to support the development of responsible health behaviors.

However, this study is limited by the small sample size from a single school and the use of a cross-sectional design, which does not allow for causal interpretation. Future research is recommended to involve larger and more diverse samples and to explore additional factors such as social, cultural, and family influences using more comprehensive approaches.

Schools and health institutions should integrate comprehensive and culturally sensitive HIV/AIDS education into the curriculum, particularly in religious-based schools. Educational programs should utilize interactive and technology-based approaches, including social media, to improve accessibility and engagement.

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