Knowledge and apprehensions concerning HIV/AIDS of Indonesian adolescents
Reflections upon the possibility for professional nurses to spread knowledge to prevent suffering

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Abstract

HIV/AIDS is a global and expanding problem, not least in Indonesia, which is the country with the fastest growing epidemic in Asia. In rural areas of Indonesia it is usually harder to get information compared to urban areas. The lack of information and the fact that it is often taboo to speak about the subject result in common experiences of discrimination and shame for people living with HIV/AIDS. The aim of the study is to describe the knowledge of HIV and AIDS among Indonesian youths living in rural compared to urban areas. Furthermore to get knowledge about their experiences concerning the disease and also how they get information about the subject. A questionnaire was handed out for 15 to 16 years old students at two different high schools. One was located in the rural and the other in the urban area and altogether there were 40 respondents included in the study. The result showed that the knowledge was higher among the students from the urban school although the average knowledge for both schools was quite similar compared to earlier studies. Internet was considered to be the source giving most information about HIV/AIDS and guidance (from an expert in the subject) was suggested as the best source. The respondents stated that the disease is connected to isolation and discrimination, in addition the importance of giving support to the infected. Since guidance was stated to be the best source of information, the nurse has an important role as an expert. The nurse is obliged to promote health and prevent illness and by spreading information this can be done. It will also act to prevent suffering, both physically and psychologically, since HIV/AIDS is such a destructive and stigmatizing disease.

Keywords: HIV/AIDS, knowledge, experiences, adolescents, discrimination, shame, nurse, spread knowledge.
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INTRODUCTION

Just like the Black Death that started in the 14th century and caused millions of deaths, HIV/AIDS is one of today’s most feared diseases. It effects a huge number of people every year globally as husbands looses their wives, children become orphans and this often leads to difficulties, hard for the society to handle.

Both of us, prior to our Bachelor studies, have been voluntary working among children living with HIV/AIDS in developing countries. Touched by their life stories and because of our insight in the complexity of this issue we want to know more about what we, as nurses, can do to participate in the fight against the disease both globally and national. Furthermore we want to get insight in a developing country’s preventive work when it comes to HIV/AIDS. The Minor Field Study (MFS) scholarship from Swedish International Development Cooperation Agency (SIDA), that we have received, gave us the opportunity to go to Yogyakarta, Indonesia, in March 2008, investigating this matter. Christer Ågren (2008), Head of Division for Capacity Building and Exchange Programs, writes: “The aim of these scholarships is to raise the level of knowledge and interest of Swedish students in international development and to give them the opportunity to learn about other countries, thus promoting international understanding and cooperation.” This thesis will give us and you as a reader a wider perspective of adolescents’ knowledge and experiences living in a society affected by HIV and AIDS.

BACKGROUND

Facts about Indonesia

The official name of Indonesia is Republic Indonesia or the Republic of Indonesia with the head of state: President Susilo Bambang Yudhoyono. The country has a land area of totally 1 904 569 km² and the name of the capital is Jakarta, which is located on the island of Java. Year 2006 the estimated number of inhibitors were 225 500 000 people (Swedish institute of international affairs, 2008).

Religion

The Indonesian government states that every inhibitor has to believe in a god whether you are Muslim, Christian, Buddhist, Hindu or Confucian. This means it is illegal to be an atheist and belonging to a tribal belief is considered non-religious. Islam is the most common religion and almost 90 % of the people are Muslims which makes Indonesia, with its huge amount of inhibitors (the fourth populous country worldwide), the largest Islamic country in the world (Swedish institute of international affairs, 2008).

Language

There are at least 400 languages spoken throughout many of Indonesia’s 18 000 islands. The main language is Bahasa Indonesia which works as a communication tool between persons with different mother tongue. In addition, most Indonesians are bi- or multilingual. Javanese is the most common language, spoken by around 70 000 000
people and the second largest is Sundanese, spoken by approximately 20 000 000 people (Swedish institute of international affairs, 2008).

Facts about HIV and AIDS

What are HIV and AIDS?

Human Immunodeficiency Virus (HIV) is a virus, well “hidden” from the immune system, which infects a cell's DNA and then becomes latent. All infected cells are not latent at the same time and therefore a blood test can show active HIV even if the person is free of symptoms. The infected cells reproduces over time and an infected person can carry this latent virus for many years (often around 10 years) until there is a certain amount of cells in the immune system affected. This phase is called Acquired Immunodeficiency Syndrome (AIDS) and during this stadium, since the immune system is heavily reduced, the body is very sensitive for infections, especially the airways, bowel, skin and nerve system. Getting the AIDS diagnosis usually implies that the time of survival is estimated to be around two years (Ericson and Ericson, 2005).

Transmission

Å. Thourot (personal communication, August 19, 2008), adviser at an AIDS on call duty, explains that in an infected person the HIV virus can occur in all body fluids (except for sweat) like blood, seminal fluid, vaginal fluid, breast milk and saliva. The virus transmits via sexual intercourse, blood contact and mother to child when giving birth. In addition, HIV positive women are not recommended to breast feed their child because of the transmission risk. Concerning saliva, there has been discoveries of the virus though this is not transmittable, therefore there is no risk being infected by kissing.

Prevalence

In Asia, as well as in many other countries all over the world, HIV and AIDS are an enormous and growing problem. Year 2006 the number of infected people worldwide was estimated to be around 33 million. Even though Africa has the highest percent of people living with HIV and AIDS compared to all other continents, Asia, with its huge amount of inhabitants, is the second largest affected continent in the world. Of all countries in Asia, Indonesia has the epidemic that grows the fastest. According to World Health Organization (WHO), HIV/AIDS in Indonesia were 2006/2007 prevalent up till approximately 193 thousand adults (UNAIDS & WHO, 2008). WHO states that: “...young people (15-24 years) remain at the centre of the AIDS pandemic in terms of transmission, vulnerability and impact, with an estimated 4-5, 000 people in this age group acquiring HIV every day.” (WHO, 2006). Tjahjono (personal communication, April 9, 2008), who works at a Non Governmental Organization (NGO) in Yogyakarta, tells that the people suffering from HIV/AIDS in Indonesia are most concentrated to the island of Papua and to high risk groups around the country such as drug abusers, sexual workers and homosexuals. Those groups are still minorities in the city of Yogyakarta.
Experienced difficulties concerning HIV and AIDS

“Since the beginning of the AIDS epidemic, stigma and discrimination have universally accompanied diagnosis of HIV” (Herek & Capitanio, as cited in Paxton, Gonzales, Uppakaew, Abraham, Okta, Green, Nair, Parwati Merati, Thephthien, Marin, Quesada, 2005, p. 413). Discrimination is a term for special treatment which means that someone is treated differently from others. To be stigmatized means that someone puts a social constructed label at you (NE.se, 2008). In studies made by Bharat et al.; Castro et al.; Herek; Mukasa Monico et al.; Muyinda et al.; Raveis et al.; Songwathana & Manderson, the stigma associated with HIV is insidious and has lead to disturbing levels of AIDS-related discrimination, which affect the quality of people’s lives and impact on people’s ability to access care and support (as cited in Paxton et al., 2005). Only a few years ago HIV and AIDS victims in India were the most exposed group in the country being discriminated and experiencing stigma (Banerjee & Mattle, 2005). According to Tjahjono (personal communication, April 9, 2008), Indonesian people suffering from HIV and AIDS do not only experience discrimination and stigma connected to their disease, but also feelings of embarrassment and shame. Wiklund (2005) explains that: to understand shame you need to understand the opposite feeling, which is dignity. Shame is a common experience when you feel that your personal value has been taken from you or if you experience that your identity is questioned.

In an article made by Luisa Zúñiga, Blanco, Martínez, Strathdee, and Gifford (2007) it is claimed that people with HIV experiences shamefulness and fears of being ignored because of their disease. Widyawati (personal communication, April 10, 2008), registered nurse (RN), who works as a teacher in maternity nursing at Gadjah Mada University, says that Indonesian people infected by HIV can be difficult to reach because according to the culture it is shameful and embarrassing to have HIV. She adds that since Indonesia is an Islamic country, sex before marriage is unaccepted and this is one of the reasons why HIV is connected to shame.

Spreading knowledge

HIV/AIDS transmits in different ways and sexual intercourse is the most common. Adolescents are at a high risk compared to adults, because of their “Lack of knowledge, lack of psychosocial maturity, embarrassment, and the denial of the need to plan ahead and use condoms…” (Taylor, Lillis & LeMone, 1997, p. 147). Preventive teaching is one role of great importance for the nurse. This includes discussing with teenagers about safe sex and Sexual Transmitted Diseases (STDs) where AIDS is a vital issue (Taylor, Lillis & LeMone, 1997).

“Nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering. The need for nursing is universal. Inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect” (ICN - International council of nursing, 2006, p. 3).

A person’s health is not determined by being well and not sick since it is a personal experience. The health is formed, among others, in relation to the surrounding, where
the people of the society’s treatment and attitude influence. Therefore, when showing each other respect and solidarity, health is easier to attain (Kristoffersen, 1998).

According to Piaget, who has explained the cognitive development, the adolescents between 12-18 years old are in a phase where the future becomes real and futuristic goals can be set. They challenge and question decisions made by adults (Taylor, Lillis & LeMone, 1997). While developing teaching strategies the nurse can use this theory, but he/she has to put into consideration that every person has his/her individual development (Kozier, Erb, Blais & Wilkinson, 1995).

In Indonesia there is no specific subject of reproduction health included in the curriculum of the school and for the adolescents to get information about HIV and AIDS, Internet is first and foremost the way to do this. For the teenagers in the countryside this becomes an even greater issue due to their lack of Internet resources. To reach the youths with information the community health staff works towards the schools, mostly through counselling and the NGOs print pamphlets which they spread among senior high students. In the countryside, the midwife is the one in charge of preventive information as the general nurse at the Public Health Centre is today working with already diagnosed HIV patients (Widyawati, personal communication, April 10, 2008).

**Earlier research**

P. L. Crisovan (2006) has made a research about Indonesian cultural conceptions of HIV/AIDS among female sex workers, third-genders and university students, using a questionnaire. This questionnaire was constructed in seven parts; Background, Sexual Health, Facts and Perceptions about HIV/AIDS, HIV/AIDS Information Sources, Educational Media about HIV/AIDS, HIV/AIDS Programmes from PKBI/Lentera Sahaja/Griya Lentera and HIV/AIDS Programmes from Other HIV/AIDS NGOs.

Mahat and Scoloveno (2006) made a research of 150 Nepalese adolescents’ knowledge, beliefs and attitudes concerning HIV/AIDS. Most of the respondents’ knowledge about HIV/AIDS was at a moderate level, but when it came to transmission and prevention they had a lack of knowledge. Furthermore, Yazdi, Aschbacher, Arvantaj, Naser, Abdollahi, Asadi, Mousavi, Narmani, Kianpishe, Niefallah and Moghadam (2006) studied misconceptions of HIV transmission related to drug use and sexual activity among 1227 Iranian students with a mean age of 16.2 years. The result shows for example that there was a lack of knowledge concerning the condom as a preventing method. In another study, made by Ford, Wirawan, Reed, Muliawan and Sutarga (2000), hundreds of women were interviewed when investigating knowledge, condom use and HIV/STD infections among female sex workers in Indonesia. There was a lack of knowledge about AIDS among many women and most of them thought they were not at any risk of getting infected.

Yoo, Lee, Kwon, Chung and Kim (2005) investigated 1077 Korean high school-aged students’ knowledge, related behaviors, attitudes and their information sources about HIV/AIDS. Concerning information sources the majority responded that TV and school
classes are the two most common ways to get information about HIV/AIDS, further that the need of receiving HIV prevention education is vital for the future.

In Malaysia, Foong, Ng and Lee (2005) made a study among people living with HIV/AIDS and their purpose was to identify the experiences concerning primary health care. They found out that there were several gaps in the provision of care among those lack of consultation and information availability.

The schools included in the study

E. Madyaningrum (personal communication, April 10, 2008), RN, who works as a teacher in community nursing at Gadjah Mada University, tells that the students at the rural school often come from lower till middle class families in the countryside. This school is only for girls with the main focus on accounting. They often do start working directly after school, since it is specialized and a kind of vocational education. The school has no sexual education included in their curriculum and the teachers have little knowledge in this subject. Hence, they have little education about reproduction health, not in their biology class but from their games master/mistress, still the school has no cooperation with the Public Health Centre. The students at the urban school, a general high school for both boys and girls, come from middle to high class families and usually continue studying at some university afterwards. This school has the subject of reproduction health integrated in biology and physical education, further they get education from the Public Health Centre.

FORMULATION OF THE ISSUE

HIV and AIDS is a big problem which is increasing all over the world and in the Asian continent, Indonesia is the country where the disease expands the fastest. To prevent HIV and AIDS from expanding, the importance of spreading information for example about contagious risks and contraceptive is vital. This is a task of great importance for nurses since the International Council of Nurses (ICN) ethical code for nurses proclaims promoting health and preventing illness and suffering.

In Indonesia, like most affected developing countries, it can be difficult to reach people, especially in the countryside, with information, education and basic care. Another possible difficulty might be speaking about HIV/AIDS and premarital sex which has been, and still are, a taboo subject in Indonesia. The country is the largest Islamic country worldwide and perhaps this issue has an influence on giving and receiving information.

Young people are at the centre of the AIDS pandemic and among these youngsters the disease increases every day. Adolescents living in the rural areas might therefore be one of the population groups in most need of information about the disease, yet again since it is often hard for them to get the information due to the limitation of facilities. How do they get their knowledge about HIV/AIDS and what do they know? Are there any differences between youngsters’ knowledge in the countryside and in the urban areas? These issues are utterly important because the future of Indonesia lies in the hands of the youth and consequently, to be able to stop the epidemic they have to know how.
Emotional experiences such as shame, discrimination and stigma can be connected to diseases like HIV/AIDS. Are these mentioned feelings common experiences among Indonesian adolescents?

**AIM**

The aim of the study is to describe the knowledge of HIV and AIDS among Indonesian youths living in rural compared to urban areas. Furthermore to get knowledge about their experiences concerning the disease and also how they get information about the subject.

**METHOD**

The method was chosen to be a questionnaire. Since the aim is to describe the adolescents’ knowledge and also their experiences, the structure of the questionnaire was created both qualitative and quantitative. Holme and Solvang (2006) describe the quantitative method as systematic and structured observations with the aim to find general, average or representative facts. Further, the qualitative method is to be unsystematic and unstructured observations with the aim to get the unique or the eventual divergent facts.

A questionnaire was chosen also because of the possibility to include a larger amount of respondents to get a more general view of adolescents’ knowledge and experiences concerning HIV/AIDS.

**Participants**

**The schools**

Because of the aim to compare between rural and urban areas two classes from two different high schools were chosen to be included in the study by lectors at the Gadjah Mada University, Yogyakarta.

**The students**

The participants were chosen to be in the ages of 15 and 16, 20 respondents from each school. In the class from the rural school there were 36 female pupils who all answered the questionnaire and from these 20 samples were randomly picked (first every second and every fifth from the rest). At this school there were fourteen 15-year-olds and five 16-year-olds (one respondent’s age falling off). The class from the urban school consisted of 13 boys and 17 girls and from their questionnaires all the ones responded by males were chosen, thus every second from the girls’. Of those students five were 15 years old and fourteen were 16 years old (one respondent’s age falling off).
**Ethical considerations**

First a permission letter was written for the Faculty of Medicine at Gadjah Mada University and one for the University’s head office. After this a permission letter was made for the province of Yogyakarta and thereafter an application for a recommendation in that district where the study would be made (for this study, the district of Sleman). Letters were issued for the two high schools, both in the district of Sleman 1: the Specialized Senior High School and the General Senior High School, where the data would be collected. There were also one letter written for the Public Health Centre (Puskesmas, Depok 1), because they are in charge of the reproduction health education in the urban school. An appointment at each school was set up to let them know about the research. When they had given their permission the authors could start collecting the data (E. Madyaningrum, personal communication, April 9, 2008).

An information letter was written in Sweden for the Gadjah Mada University to hand out in good time before the data collection. This was to give the participants a chance to read and think over whether they wanted to participate or not (Appendix 1). The information letter contained a presentation of the authors and the study, further information about the study being voluntary and anonymous so that the participants could refuse to take part. All staff involved in the study had to sign a confidential letter which was also informed to the respondents.

**Questionnaire**

The questionnaire consists of five parts;

- **A. Background**
- **B. Facts and perception about HIV/AIDS**
- **C. Some information sources about HIV/AIDS**
- **D. HIV/AIDS education through media**
- **E. Personal opinions about HIV/AIDS**

Part A gives information about sex, age and religion of the respondents and part B consists of multiple choice questions concerning prejudices about and the knowledge of HIV/AIDS. The topic for part C and D is information sources. Firstly, in part C, the participants were asked to state from where they had received information and secondly (using an essay style question) which sources they would prefer. Part D gives examples for the students to tell which information source they think is in need of giving more, a little more or is giving enough education. At last, part E gives the respondents the opportunity to express their feelings and experiences concerning HIV and AIDS.

Most of the questions were gathered from the questionnaire included in the study about HIV and AIDS in Indonesia, conducted by Crisovan, P.L. From the report ““RISKY” BUSINESS: CULTURAL CONCEPTIONS OF HIV/AIDS IN INDONESIA”, parts of his questionnaire were chosen and combined with three essay questions (Crisovan, 2006). Thereby a new questionnaire for this study was made (Appendix 2).
Translation

The authors of this study first created an English questionnaire proposal, which was compared to the questionnaire mentioned above. The questionnaire, made by Crisovan (2006), was already translated into the Indonesian language. That the questionnaire used in the study was written in this language was of vital importance since the respondents do not know English well enough to understand the questions. The Indonesian questionnaire was thereafter translated into English for the authors. When the study was accomplished and the questionnaires handed in, the written answers were translated into English by the supervisor.

Analyze

Holme and Solvang (2006) explain the general analysis to give the parts of the study a context while put together. Themes are chosen and these leads to questions at issue and finally a systematic analysis is made where relevant parts are analysed. Further Patel and Tebelius (1987) describes a qualitative analyse as an interplay between the researcher and the text. The aim is to get an understanding of the text as a whole and its context using both theoretical and pre-understanding perspectives.

The analyzing part started with the authors reading through the collected data, consequently the questionnaires one by one, to get a personal apprehension and a deeper understanding. Subsequently the material from part B and E plus the written answers in part C were read through together and from the different parts of the questionnaire, codes were picked out. These codes were thereafter gathered into appropriate meaning units, which became the base of the result presentation.

All material, apart from the written answers in part E, were put together in statistical columns and calculated into percent. This percentage was used when presenting the result from the study. The tables enlighten and elucidate notable findings.

The result from part B was presented via themes and part C and D were transformed into tables showing relevant data collected. The written answers for part C were likewise displayed using a table for the most significant sources, the other suggestions given by the adolescents were presented afterwards. Notable differences between the schools were demonstrated to enlighten a comparative view of the students’ knowledge and opinions about information sources. When it came to part E the result was presented in different themes, where quotations were used to emphasize the thoughts and opinions of the respondents. The quotations chosen were remarkable opinions and thoughts that seemed general (mentioned by many of the students).

Result from the study showing relevant and interesting findings are presented. Outcome not shown in the result is still noticeable in Appendix 3.

RESULT

The result is divided into five parts, quite similar to the questionnaire: Facts and perception about HIV/AIDS, Some information sources about HIV/AIDS, HIV/AIDS
education through media, Notable differences between the rural and urban schools and Personal apprehensions about HIV/AIDS. The result showing notable differences, present differences concerning the adolescents’ knowledge and opinions about information sources in addition to earlier result. The respondents were 40 students in the age of 15 and 16, all Muslims.

Facts and perception about HIV/AIDS

The result shows that all students from both schools had heard or read about HIV/AIDS and 85 % knew that AIDS stands for “Acquired Immune Deficiency Syndrome” (75 % at the rural school and 95 % at the urban school). A majority of all students meant that HIV/AIDS is an epidemic in Indonesia and that it has been one of the main health problems in the country. Notable here is that: at the statement “I am not the type of person who can get infected by HIV/AIDS”, most of the students at both schools meant that they were not.

Facts, signs and symptoms

Almost every student knew that the HIV/AIDS virus attacks and disturbs the immune system of the body, but only 30 % at the rural school and 50 % at the urban knew that people with HIV virus finally can develop AIDS. In addition, the majority were aware that there is no effective medication against the disease. There was a difference between the schools when it came to the questions about signs of AIDS. 40 % from the rural school and 75 % at the urban knew that continuously reducing of body weight is a sign. The majority did not know/had doubts if frequently sweating at night and always being tired might be a sign of AIDS.

Contamination risks

That someone might get infected by HIV/AIDS by being close to an infected person was believed by 10 % and not by 50 % at the rural school, all others were unsure. The urban school knew that this is not the case till 90 %, hence 10 % were not sure. There were different opinions whether to avoid people infected by HIV/AIDS or not. 55 % at the rural school would avoid kissing somebody infected compared to 20 % at the urban school. 37.5 % at both schools were unsure. At the rural school, only 45 % were sure they would not avoid shaking hands or hugging a person with HIV/AIDS and barely anyone at the urban would avoid it. The majority at the rural school would not mind sharing a drink with an infected person but the result from the urban school showed that 30 % would mind, 30 % would not mind and 40 % had doubts. All respondents (one falling off at the urban school) knew that a high education is not an assurance not to get infected.

Ways to transmit

The majority at both schools knew that immunization/injection/tattoo needles and circumcision knives used by many people might be ways to transmit the virus, likewise that you can get infected through blood transfusion. 35 % at the rural school thought that HIV/AIDS might be transmitted via sneezing and coughing but only 10 % thought so at the urban school. Further, at the rural school as much as 60 % believed that the
virus may be transmitted through public toilets, 60 % at the urban school did not think so. Moreover, the majority at both schools had doubts whether the HIV/AIDS virus can be transmitted via mosquito bites or not. That pregnant women who are infected by HIV/AIDS may transmit their virus to their baby plus that the virus may be transmitted through breast feeding were considered to be correct by most of the students. The majority of the students knew that the virus do not only infect homosexuals, and they all knew that HIV/AIDS may transmit via sexual intercourse when one is infected.

**Condom use**

35 % at the rural school and 5 % at the urban had doubts if using a condom is a way to prevent HIV/AIDS, but the majority new that this is correct. At the rural school 70 % knew that a condom cannot be used more than once, 85 % at the urban school also knew this and the rest at both schools had doubts. There was a difference between the two high schools regarding whether only persons who have sex with more than one person are required to use condoms. At the rural school 20 % thought so and 45 % did not, compared to the urban school where 35 % believed that it is the case, 55 % did not. Even if all participant students were Muslims the answers to the statement “Using a condom is forbidden according to my belief” differed a lot. The majority answered ‘no’ or had doubts, only 10 % compared to 20 % said ‘yes’.

**Personal opinions**

The majority at both schools had been talking to somebody about HIV/AIDS, but only a few felt comfortable while speaking about the subject. Everyone thought that it would be better to postpone having sexual intercourse until being married and some (20 % at the rural school compared to 25 % at the urban) believed that HIV/AIDS is a decision from God to punish the people for their sin. A minority thought that an infected person should not get work at a public place. All students at the rural school and all students but one (95 %) at the urban were very displeased with the HIV/AIDS epidemic, but only 45 % of all students felt they had enough knowledge to prevent themselves. Nearly all participants thought that they would like to learn more about the disease, that more information is needed, that education about HIV/AIDS should be a part of the curriculum at school and that information should be published in mass media.

**Some information sources about HIV/AIDS**

The information sources given as options were: Seminar, Newspaper, Magazine, School textbook, Radio, Television, Internet, Banner, Announcement board, Brochure and pamphlet, Friends, Teacher, Leader of religion, Relatives, Parents, Government/Public Health Centre, NGOs and other sources. The following tables show, in percent, the result from the respondents, both schools combined. In table 1 it is shown that Internet is the source giving most information, closest followed by Seminar, Television, Brochure and pamphlets and Government/Public Health Centre. Table 2 shows that Announcement board gives the least information, closest followed by Relatives, Newspaper, Banner, School textbook and Radio.
Table 1. The top 5 information sources giving much information about HIV/AIDS.

Table 2. The top 6 information sources giving little information about HIV/AIDS.

Despite from the options of sources giving much and little information the respondents had a third choice which was sources giving no information about HIV and AIDS. 20% at the rural school meant that banners give no information and 30% from the urban school thought likewise concerning relatives and parents.

The best way to get information about HIV/AIDS

For the question about the best way to get information the students were asked to give their own suggestions without any options. Guidance was considered to be the best way to get information, closest followed by Internet, Seminar and Mass Media.
Table 3. The best way to get information about HIV/AIDS.

*an expert giving guidance in the subject

Apart from the suggestions written above, these following sources were proposed by the adolescents: community, books, teachers, activities, brochure/pamphlet, ”to be careful around friends” and school curriculum; 3.5 % falling off.

**HIV/AIDS education through media**

The information sources given as options were: Film or Video, Experts in health, Experts in religion, Seminar, Pamphlets and brochure, Poster, Announcement board, Magazine, Television, Radio, Newspaper, Internet, School textbook, Government (Public Health Centre/Department of information), NGOs and other media. The following tables show, in percent, the result from the respondents, both schools combined. Table 4 shows Experts in religion and School textbook to be the sources in most need of giving much more information, closest followed by Film or Video, Pamphlets and brochure, Announcement board and Government. Table 5 shows Poster to be the source in most need of giving a little more information, closest followed by Announcement board, Magazine and Radio.
Table 4. The top 6 sources in need of giving much more education about HIV/AIDS.

*(Public Health Centre/Department of information).

Table 5. The top 4 sources in need of giving a little more education about HIV/AIDS.

An interesting result from the study shows that according to the adolescents, 45% from each high school thought that Internet gives enough information. Generally there were a few students that thought there is enough information from all sources optional.

**Notable differences between the rural and urban schools**

It is notable that there were differences when it came to the students’ knowledge and opinions about information sources compared between the two schools, even though the majority at the schools combined several times was of the same opinion. Following information elucidates the differences.
Facts and perception about HIV/AIDS

15% at the rural school were unsure whether there is a possibility that the HIV/AIDS virus may be transmitted through immunization needles used by many people. The rest of all respondents from both schools knew that this is the case. Only 60% at the rural school thought that pregnant women who are infected by HIV/AIDS may transmit their virus to their baby, compared to 80% at the urban. Even though the majority at both schools was unsure whether HIV/AIDS may be transmitted through mosquito bites or not, just 15% at the rural school knew that this is not true, 25% knew this at the urban school. That there is no effective medication against HIV/AIDS was known by 60% at the rural school and 80% at the urban. 25% at the rural school and 40% at the urban stated that it is a sign to frequently sweat at night and to always be tired might be a sign of AIDS.

70% compared to 90% had been talking to somebody about HIV/AIDS and 25% compared to 45% felt comfort while doing so. 90% compared to 95% wanted to learn more about the disease, also 75% compared to 85% wanted education about HIV/AIDS to be part of the curriculum at school. Yet, 40% compared to 50% thought that they had enough knowledge to prevent themselves from being infected. Even though more of the students at the urban school wanted to learn more about the disease as much as 70% at this school, compared to 60% at the rural school, thought they were not the type of person who could get infected.

Some information sources about HIV/AIDS

That television gives much information were thought by 80% at the rural school, but only by 55% at the urban. Banners were considered to give little information according to 75% compared to 50% and only 5% compared to 30% thought that they give much information about HIV/AIDS. When it came to teachers, 75% compared to 45% thought that they give much information; hence 25% compared to 55% thought they give little information. Leader of religion was considered to give much information according to 50% at the rural school and 25% at the urban. 45% compared to 70% meant they give little information. 80% compared to 55% thought that relatives give a little information and parents, as well, were considered by 65% compared to 40% to give little information.

HIV/AIDS education through media

There were two specific media sources that showed notable differences between the two schools. At the rural school 70% thought that pamphlets and brochures need to give much more and 20% thought they need to give a little more information. At the urban school 45% meant pamphlets and brochures need to give much more information, thus just as many thought that a little more would be needed. 60% compared to 40% thought that television needs to give much more information. Furthermore, 20% compared to 40% meant that it needs to give a little more information.
Personal apprehensions about HIV/AIDS

Feelings connected to HIV/AIDS

Most of the students write that they would feel sad/sorry for people they know if they got infected. To be supportive and friendly and not to isolate the infected person were quests that many respondents found important. One of them says:

“I will give support to the patient, with carefulness, but it doesn’t mean that I will stay away from the patient. I will give motivation so that the patient will not feel isolated.”

Even though many wants to give support to infected persons, some of them state that they would feel afraid and worried because of the risk to get infected. Therefore, some would feel uncomfortable developing relationships with an infected person and because of that, distance themselves from the infected one.

“…if someone who I know got infected by that virus, I will stay away so I cannot get infected.”

“If I get infected by HIV/AIDS, to be honest, I will be afraid to get isolated by my friends.”

The last quotation shows that there were also fears among the adolescents about getting infected and thereby being isolated. According to one of the students, the reason to this isolation might be that people do not have enough knowledge about HIV and AIDS. This isolation issue and the fears of loosing friends as well as the common perception that ”free sex” is wrong (and that people infected by HIV therefore should have acted wrong) has evidently a strong impact to some of the students. A few of them write that if they would get infected, they would have strong doubts whether to live or die.

“If I got infected by HIV/AIDS… I don’t want to live and I want to be dead fast, because my life will not be enjoyable and I would not have any friends, I would be isolated.”

One student was of the opinion that if he/she got infected, it might be a warning from God, to stop having ”free sex”. Another one thought that if you get infected you have to accept it, because it cannot be changed unless God wishes.

Is HIV/AIDS connected to discrimination and/or shame?

To this question the answers at the rural school were split even between ‘yes’ and ‘no’. At the urban school 55 % thought that HIV/AIDS is connected to discrimination/shame and 45 % did not think so.

Many of the respondents who thought it was connected meant, once again, that infected people most commonly will be isolated and therefore become discriminated, to some extent, because of the society’s lack of knowledge about HIV and AIDS.

“…it is correlated to discrimination because most people who are infected by HIV/AIDS will be isolated by others. It is because they don’t know about the disease.”
Some wrote that HIV/AIDS is connected to “bad things” like “free sex” and drug abusers using injection needles. Students state:

“…because people thought that the HIV/AIDS virus is transmitted because of doing free sex with spouse interchange, and commonly people view that as very bad.”

“…AIDS is transferred through a way that is taboo for Indonesian people…”

According to some of the adolescents the disease is shameful and the infected person can embarrass both him-/herself and his/her family. One student even states that HIV/AIDS is embarrassing for the whole country.

Everyone answering that HIV/AIDS is not connected to discrimination/shame wrote in their own opinion how to make it unconnected.

“…HIV/AIDS is not only transferred through interchange of spouse in free sex. People only view the negative sight, that HIV/AIDS is only transferred through free sex. The Government should give the information/explanation that HIV is not only transferred through free sex.”

Two of the students stated that God would not make any difference whether you are infected or not. One wrote as follows:

“…God creates us in the same level, and there is no difference. No one wanted to be infected by HIV/AIDS, so it’s no need to be embarrassed, as long as we can prevent ourselves so we can minimize the risk of HIV/AIDS.”

Even though infected persons get isolated several respondents emphasize the importance of giving support.

**DISCUSSION**

**Method discussion**

Since this study is made in a very different place; a developing country with a culture and religion unlike ours and with a language that we do not understand, we faced a huge challenge. But despite these difficulties concerning our study we are both grateful for this incredible experience.

**Participants**

In good time, before we came to Indonesia, we sent our request to the Gadjah Mada University asking for the data collection to be taken from two high schools, ages 16, and in each class 20 students, split even girls/boys. We wanted one school to be located in a rural area because we had heard that for the adolescents in the countryside it is harder to get information about HIV and AIDS. The other school should be from an urban area so that we could see if there was any difference.

When we arrived to Gadjah Mada University we were given the information that all our plans were not able to accomplish. For example, it was not possible to collect data from
a school in the countryside because of bureaucratic procedures. Instead we got to visit a school located in the outskirts of the city where the students came from the countryside. Unfortunately there were only girls at this school. Furthermore, not only 40, but all students attending the classes at both schools we collected the data from, were expected to fill out the questionnaires according to a general rule at the schools. We informed them about the importance of the participation being voluntary, but despite this, everyone chose to participate. We cannot judge, but perhaps this cultural habit “forced” them to take part even if they did not really want to. Because of the high number of girls in the study we chose to include all the boys’ questionnaires from the second school in our material for analysis. Perhaps this was not the ultimate statistical method, but at that time we found it most suitable and correct.

Indonesia is an Islamic country till 90 % but this does not show in our study, where 100 % were Muslims. We therefore chose to briefly look into Islam’s possible influence on the answers.

**Ethical considerations**

The information letter we prepared in Sweden was not carried out until we arrived at the schools for our data collection. Unfortunately the ethical procedures were not ready to make it possible for Gadjah Mada University to hand out this letter in advance. This may have been one of the reasons why no student refused to be part of the study.

**Questionnaire**

While choosing questions from the Indonesian questionnaire made by Crisovan (2006), we one by one got simple, quick translations. Unluckily this resulted in choosing a few questions that we probably would not have chosen if the process of translation had been more precise. Since the questionnaire was constructed in a short time and no pilot study was made, some of the questions might have been hard for the students to interpret. Thus, when the data collection was made, we found that it might have been better to ask some of the questions in other ways to receive relevant data. Those misunderstandings were visible in the way the answers were written for some of the questions. For example, to the statement “I am not the type of person who can get infected by HIV/AIDS” where the optional answers ‘yes’ and ‘no’ both could mean the same.

In some questionnaires there were answers falling off even though all participants were asked to fulfill the entire form. Two questions were not included in the questionnaire for the urban school because suddenly, as a higher amount of respondents were to participate, new copies of the questionnaire were needed and in the haste, question C 18 and 19 fell off (see Appendix 2).

**Translation**

As mentioned above there were some difficulties when it came to translation while choosing questions. Thus, we faced some issues when it came to understanding and analyzing the written answers from the questionnaires since none of us working with the study is native English speakers. This might have the effect that some information from the written answers is not shown or has been incorrectly interpreted.
Limitations of the study

This study might not be able to generalize the knowledge and experiences about HIV and AIDS, nor the differences between rural and urban areas concerning this issue, among Indonesian adolescents. Instead of a general school in the countryside, the rural school was a Muslim school just for girls, focusing on accounting. Moreover, 40 students may be a small number of participants to generalize, especially since the schools and the students were not randomly picked. Even so, it can give an indication of the actual situation.

Analysis

As our study was constructed both qualitative and quantitative we found it a bit difficult to use a certain method of analysis. The analyzing theoretical procedure might therefore be somewhat inadequate.

Result discussion

In general, the urban school had more knowledge about HIV/AIDS compared to the rural school. This might have several different explanations due to the fact that this school was a school located in an urban area. First of all, the urban school has a lot of facilities such as cooperation with the Public Health Centre and also more education in the subject of reproduction health. Secondly, the students at this school usually come from middle to high class families which might give them better opportunities to get the information, e.g. Internet access.

Knowledge about transmission

According to the result of our study, among Indonesian youths, only 45 % at the rural school knew for sure that they would not mind shaking hands with somebody infected and barely any at the urban school would mind doing this. Notable is that 60 % of the students at the rural school thought public toilets could transmit HIV/AIDS, while just as many at the urban school knew this is incorrect. 15 % compared to 25 % knew mosquito bites do not transmit the virus, although the majority at both schools was unsure in this matter.

Mahat and Scoloveno (2006) state, from their research among Nepalese adolescents, that most of the youths were aware of the ways to transmit HIV/AIDS. Furthermore, the majority knew that transmission through mosquito bites, sharing public toilet seats and holding hands is not possible. In addition, Yazdi et. al. (2006) explain the knowledge of transmission among Iranian adolescents to be high since just a few thought that shaking hands and using public toilets are ways to transmit the virus. Moreover, Yoo et. al. (2005) found in their study among Korean adolescents that only 4.3 % thought that HIV contaminates by shaking hands, but that mosquito bites will transmit the virus was believed by 71.2 %. 28.3 % of the respondents thought that sharing toilet is a way to transmit HIV.
Compared with the studies mentioned above the misconception about transmission, according to our study, is not very different when it comes to Indonesian adolescents. Still, there are a lot of youngsters (not only according to our study but also as shown in the others) unaware and unsure of the actual ways for the HIV/AIDS to transmit. This is one reason why it is very important to spread information and knowledge so that we can prohibit the HIV/AIDS epidemic to grow even wider, and thereby prevent people from suffering.

Knowledge about condom use

Most of the adolescents in our study knew that using a condom is a way to prevent HIV, although more students at the urban school were aware of this fact compared to the rural. In the Iranian study almost half of the respondents did not know for sure that using a condom is a way to prevent HIV (Yazdi et al., 2006). Moreover, less than half of the participants in the Korean study knew that condom use probably will prevent one from getting infected (Yoo et al., 2005). Using a (latex) condom to lower the chances was known by the majority in the Nepalese study (Mahat & Scoloveno, 2006). Since the sex debut today perhaps is more common among youngsters in their early teens, it is vital to know that condom use is the most important way to prevent themselves and decreases the risk of getting infected, while having sexual intercourse.

Information sources

In our study, the students chose Internet, seminar and television from the options, given as the top three sources giving much information. Announcement board was the source considered to be giving the least information about HIV/AIDS. Also parents were stated to be a small source of information. The source that was suggested to be the best, according to the adolescents, was guidance. Internet as well as seminar was also highly ranked in this matter. These results show which sources that reaches the adolescents and also where more resources are in need to increase the knowledge and awareness of the disease.

The study made in Iran showed that, according to the respondents, television was the most common way of getting information about HIV/AIDS, followed by teachers and friends. Parents and school books were stated to be the sources giving least information (Yazdi et al., 2006). In addition, the Korean study likewise gave the result that television is the best source, thereafter school classes followed by Internet Web sites. Not so many thought that friends was an usual source, and yet again, parents were ranked as giving the least information about HIV/AIDS (Yoo et al., 2005).

According to all three studies, mass media is the most important source when it comes to giving information and education about HIV/AIDS. Therefore it is very important that the information given is correct, up-dated and presented in a way for all people to understand, no matter age, gender or place of residence. That guidance is the best source implies that the nurse, as an expert in the subject, possesses a vital role of giving adolescents good HIV/AIDS guidance and education. Through giving evidence based and up-dated information in a suitable way, the nurse can prohibit suffering in many ways, such as preventing infection and also decreasing occurrence of discrimination and
In the study it emerged that many of the adolescents had a will to learn more about HIV/AIDS. This is a great presumption for the nurse to spread knowledge with the aim of prevention that will be easily and amenably received among them. Even if the province of Yogyakarta is not a high risk zone today, Indonesia still is the Asian country with the fastest growing HIV/AIDS epidemic. Therefore it is of great importance for the nurse to spread knowledge, especially among the youth, since they are the future and still are in the process of becoming individuals with their own opinions and perceptions. To us, as nursing students from Sweden, it is a matter of course that the general nurse has the obligation to spread knowledge to prohibit suffering. HIV/AIDS is continuously increasing globally; therefore the information about the virus is a great task for the general nurse to give in Indonesia as well as in Sweden. That WHO states that youngsters today are an exposed group when it comes to HIV/AIDS combined with Piaget’s theory about adolescents’ cognitive development, enlighten that this is an important target group for information and education. The nurse, educated and qualified in the subject, can be significant for the preventive work in accordance with the ethical code for nurses.

**Religious and personal apprehensions**

The religious view of the students seemed to have had an influence on the answers, for example some wrote about God punishing people for their sin and that everyone has an equal value in his eyes whether infected or not.

According to our study, there seems to be uncertainty when it comes to the guidelines concerning condom use. This might be a risk for infection if one chooses to have sex without condoms.

Most of the adolescents included in our study among Indonesian youngsters answered ‘yes’ to the statement “I am not the type of person who can get infected by HIV/AIDS.” In the study made among female sex workers in Bali, most of the women did not think they had a chance to get AIDS (Ford et. al., 2000). The study made among Nepalese adolescents shows that the majority of the respondents did not think they were likely to get AIDS (Mahat & Scoloveno, 2006). We do not know why the majority of the respondents in all three studies thought they were not the type, and even though it is an interesting aspect, we are unsure if the question from our questionnaire was correctly apprehended. This because of the formulation of the statement put in relation to the answering options available.

**Feelings and thoughts**

“I don’t think anything can be done for people living with HIV/AIDS. It is a lonely disease.” (Foong, Ng & Lee, 2005, p. 138). This enlightens the fact that some people with HIV/AIDS experience lack of support (Foong, Ng & Lee, 2005). This is to be compared to result from our study where the students strongly pointed out the issue of isolation in correlation to HIV/AIDS, and one student stated he or she would consider suicide if getting infected. We think this is a very frightening thought due to the fact that this was a young person, only imagining what it would be like. If there is already so much fear among adolescents, is it because they do not have enough knowledge about
the disease and/or because of the taboo in the society? Yet again, knowledge is important to prevent people from suffering, e.g. from isolation which might lead to reduced feelings of wellbeing and ill-health.

Many students from our study stated that it is very important to be supportive even though they thought most people would avoid being around an infected person. This shows that even though there is a lot of fear and negative thoughts when it comes to HIV/AIDS, there is still hope for a different and better way of dealing with people infected.

A study about AIDS-related discrimination, made in Asia, displays interesting facts: the major area of discrimination is centered within the health sector, women are more likely than men to be discriminated and sometimes the person infected is not the first one to know about it (Paxton et. al., 2005). Our study does not explain how discrimination against people with HIV/AIDS occurs, however that discrimination is a fact. Embarrassment and shame are also feelings connected to HIV/AIDS, which means that apart from spreading knowledge, the nurse can help infected persons to contain dignity, confidence and self-esteem.

**Implications for nursing**

The best way to fight HIV/AIDS probably is to spread knowledge, especially due to the fact that there is no medical cure. Consequently to prevent suffering, both physically and psychologically, since HIV/AIDS is such a destructive and stigmatizing disease. That the students stated that guidance from an expert is the best way to get information, and also that only 45 % of all respondents thought they had enough knowledge to prevent themselves, elucidates the importance for the nurse to spread knowledge and educate adolescents to prevent the disease from expanding. This can be done via Public Health Centers locally as well as through media and well established organizations worldwide. The Nurses ethical code implies that preventing illness and promoting health are two of the main priorities in the profession of nursing.

Thoughts that appeared while making this bachelor thesis are wonderings what the outcome would be if the same questionnaire was handed out to Swedish students in the same age. It would be interesting to compare our study to one made in Sweden and maybe this could be an implication for further studies.

**ACKNOWLEDGEMENT**

We would like to thank all staff at the School of Nursing, Faculty of Medicine, Gadjah Mada University, Yogyakarta, for your warm welcome and for making our stay in Yogyakarta the best imaginable. Special thanks to our Swedish supervisor Britt-Marie Halldén at University College of Borås and our Indonesian supervisor Mrs. Widyawati, RN, Magister in hospital management, Specialize in Maternity Nursing and a teacher at the Gadjah Mada University, for all your help in the process of our study. Also special thanks to Mrs. Ema Madyaningrum, RN, Bachelor in Nursing Science, Magister in Tropical Medicine and a teacher at the Gadjah Mada University, for organizing our data collection. Great thanks to Mr. Tjahjono and Åsa Thourot for your expert information.
We would also like to thank the two participating schools for letting us make our research, and to all respondents taking part in the study. Other thanks to SIDA who made this possible by giving us the MFS scholarship. We have learnt a lot and our experiences have given us a wider perspective when it comes to the importance of preventive work and care. Finally once again, thanks to all for making this Bachelor thesis possible to accomplish.
REFERENCES


Appendix 1

To whom it may concern,
We are two nursing students from University College of Borås, Sweden, and we are writing our Bachelor thesis in the subject of HIV and AIDS. The purpose of this study is to investigate what adolescents in the Indonesian countryside and urban areas know about the disease and the experience of either being or knowing anyone infected.
To get this information we will visit two schools and carry out a questionnaire among adolescents in the age of 16, split even between boys and girls. It will be 20 participants from each school and it is absolutely voluntary to take part in the study. This questionnaire will be strictly anonymous and confidentially treated. There will be both multiple choice and writing questions, all in your mother tongue. For us to get the most truthful information in the subject, we would appreciate if you answered the questions as honest and correct as you can.
Yours sincerely,
Victoria Zakrison and Frida Davidsson
Appendix 2
Questionnaire

A. Background
Circle a letter for the answer you choose

1. Sex
   a. Male
   b. Female

   Age: ________________

2. Your religion
   a. Islam
   b. Hinduism
   c. Catholicism
   d. Protestant Christianity
   e. Buddhism
   f. If other, mention………………

B. Facts and perception about HIV/AIDS
Choose the correct answer from the statements below. Put a (X) in one of the available columns.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t understand/ doubt</th>
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10. Somebody might get infected by HIV/AIDS if they are closed to the infected person

11. Drug users who use an injection needle together may increase their risk of HIV/AIDS infection.

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<th>Yes</th>
<th>No</th>
<th>Don’t understand/doubt</th>
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12. Reducing of body weight continuously is a sign of AIDS.

13. One may get infected by HIV/AIDS through blood transfusion.

14. To frequently sweat at night and always being tired might be a sign of AIDS.

15. There is a possibility that HIV/AIDS virus may be transmitted through tattoo needles which is used by many people.

16. Only people who have sex with more than one person are required to use condoms.

17. HIV/AIDS virus is an epidemic in Indonesia.

18. Using condom is a way to prevent HIV/AIDS.

19. Pregnant women who are infected by HIV/AIDS may transmit their virus to their baby.

20. HIV/AIDS virus may be transmitted through breast feeding.

21. People with high education have no risk to get HIV/AIDS.

22. People with HIV virus finally can develop AIDS.

23. HIV/AIDS may be transmitted through sneezing and cough.

24. HIV/AIDS may be transmitted through public toilet.

25. HIV/AIDS may be transmitted through mosquito bites.

26. HIV/AIDS virus attacks and disturbs the immune system of the body.

27. Somebody who is infected by HIV/AIDS may transmit their disease to others by sexual intercourse.

28. Using a condom is forbidden according to my belief.

29. Only homosexuals (gay) can get infected by HIV/AIDS.

30. I have been talking to somebody about HIV/AIDS.

31. I feel comfort while talking about HIV/AIDS to somebody.

32. I believe that HIV/AIDS is a decision from God to punish the people for their sin.

33. Personally I am very displeased about the HIV/AIDS epidemic.

34. I believe that people infected by HIV/AIDS should not get work at a public place.

35. I would like to learn more about HIV/AIDS and a lot of things about the disease.

36. More information about HIV/AIDS is needed.

37. Education about HIV/AIDS should be part of the curriculum at
school.

<table>
<thead>
<tr>
<th>38. Information about HIV/AIDS should be published through mass media.</th>
<th>Yes</th>
<th>No</th>
<th>Don’t understand/doubt</th>
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<tr>
<th>39. HIV/AIDS has been one of the main health problems in Indonesia.</th>
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<th>40. I have enough knowledge about HIV/AIDS to prevent myself from being infected by the virus.</th>
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<th>41. I think it will be better to postpone having sexual intercourse until being married.</th>
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<tr>
<th>42. I am not the type of person who can get infected by HIV/AIDS.</th>
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### C. Some information sources about HIV/AIDS

*From where did you get the information about HIV/AIDS? Give your answer by putting a (X) into one of the available columns below:*

**Much**: The information sources give much information about HIV/AIDS to you.

**Little**: The information sources give little information about HIV/AIDS to you.

**Nothing**: The information sources give no information about HIV/AIDS to you.

<table>
<thead>
<tr>
<th></th>
<th>Much</th>
<th>Little</th>
<th>Nothing</th>
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<tbody>
<tr>
<td>1. Seminar</td>
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<td>2. Newspaper</td>
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<td>3. Magazine</td>
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<td>4. School textbook</td>
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<td>5. Radio</td>
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<td>6. Television</td>
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<td>7. Internet</td>
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<td>8. Banner</td>
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<td>9. Announcement board</td>
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<td>10. Brochure and pamphlet</td>
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<td>11. Friends</td>
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<td>12. Teacher</td>
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<td>13. Leader of religion</td>
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<td>14. Relatives</td>
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<td>15. Parents</td>
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16. Government/Public Health Centre

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<th>Little</th>
<th>Nothing</th>
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17. Non Governmental Organisation (NGO) mention…………………

18. Other sources, mention ……………………….

19. Which way do you think is the best to get information about HIV/AIDS?

_____________________

D. HIV/AIDS education through media

In your opinion, the community may use more information about HIV/AIDS from the media which mentioned below. Give your answer by putting a (X) in an available column with notification:

**Need much more:** the media needs to give much more education about HIV/AIDS.

**Need a little more:** the media needs to give a little more education even though it has been available everywhere, because it is still not enough.

**Enough:** the media has enough education about HIV/AIDS.

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<tr>
<th></th>
<th>Need much more</th>
<th>Need a little more</th>
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<tbody>
<tr>
<td>1. Film or Video</td>
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<td>2. Experts in health</td>
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<td>3. Experts in religion</td>
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<td>4. Pamphlets and brochure</td>
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<td>12. Schools text book</td>
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<td>13. Government (Public Health Centre/Department of information)</td>
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<td>14. Non Governmental Organisation (NGO),</td>
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</table>
E. Personal opinions about HIV/AIDS

You may write the answers for the questions below, in your own opinion.

1. If you, or somebody you know, are infected by HIV/AIDS, how do you feel about it?


10. Do you think that HIV/AIDS is a disease connected to discrimination and/or shame?
   □ Yes
   □ No

   If yes, why?


If no, why not?


Thank you for your attention and participation!
Victoria and Frida
Appendix 3
Numbers (percent per school)

A. Background

20080407
Girls: 20(100)
Boys: 0
15 y.o: 14(70)
16 y.o: 5(25)
Falling off: 1(5)
Islam: 20(100)

20080408
Girls: 7(35)
Boys: 13(65)
15 y.o: 5(25)
16 y.o: 14(70)
Falling off: 1(5)
Islam: 20(100)

B. Facts and perception about HIV/AIDS

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**C. Some information sources about HIV/AIDS**

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### D. HIV/AIDS education through media

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E. Do you think HIV/AIDS is a disease connected to discrimination and/or shame?

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No: 10(50)

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