International Journal of Science and Research (IJSR)
ISSN (Online): 2319-7064
Index Copernicus Value (2015): 78.96 | Impact Factor (2015): 6.391

HLD Socialization and Demonstration as a Means to Prevent HIV/AIDS Transmission by Barbers in Malang

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Abstract: ***From 9532 Indonesian HIV/AIDS sufferers, none of the cause has been identified including which is in Malang. This means, some of the number may be transmitted through improperly-managed razor blades. Regarding to the high number of sufferer, barbers in Malang critically require to be given education and demonstration of HIV/AIDS transmission in order to make them aware of healthy behavior and take part in preventing HIV/AIDS transmission through razor blades in the municipal area of Malang. This study is designed to analyze the impact of HLD (High-Level Disinfection) education and demonstration toward the behavior (knowledge, attitude, and practice) of preventing HIV/AIDS transmission of barbers. The study employs quasi experimental design with pretest-posttest with control group design. The sample is 30 barbers who were picked by using stratified random sampling method. Data was obtained through observation, questionnaire, and interview. The data analyses utilized are independent T-test and dependent T-test with 0.05 as the significance level. The result of the study shows that (1) There is no significant difference between barbers' behavior [knowledge (p=0.591), attitude (p=0.693) and practice (p=0.716)] before the education and demonstration and control-1 group. (2) There is significant difference between barbers' behavior [knowledge (p=0.000), attitude (p=0.000), and practice (p=0.000)] before and after the socialization and demonstration and experimental group. (3) There is significant difference between barber's behavior [knowledge (p=0.000), attitude (p=0.000), practice (p=0.000)] after education and demonstration and control-2 group. Recommended for KPADs Malang in order to make health promotion policy for barbers and barber skipper of the importance of behavioral prevention of transmission of HIV / AIDS through the razor in Malang, in collaboration with relevant agencies and health professional organizations to provide education on the causes of HIV / AIDS through training razors and razor sterilization using Chlorine 0.5 % and supervision / guidance periodically to barbers and barber skipper to want to carry out the practice of prevention of transmission of HIV / AIDS through the razor in accordance with standard operating procedures have been established***

Keywords: Education, Demonstration, HIV/AIDS, Barber's Behavior

1. Introduction

HIV/AIDS is a mortal disease which the vaccine and the cure are far from be invented. World Health Organization (WHO) claims that this case is identical to iceberg phenomenon in countries which has not held HIV test thoroughly, including Indonesia. Generally, various program has been conducted to overcome HIV/AIDS, but the reach is way too limited. One real example is Prevention Program (Behavioral Change Intervention) which is carried out by The Commission of Aids Prevention (KPAN, 2012).

The Ministry of Health reports that the rate of HIV/AIDS case escalation grows faster, moreover in the last three years. The data for 27 years (January 1987 – June 2014) reveals that 142.950 Indonesians has been infected HIV, 55.623 people positively suffer AIDS, and from 9532 people among them, the causes are not identified. Until June 2014, there are 18.210 people with HIV and 8.976 people with AIDS in East Java. This statistic puts East Java in the second position in Indonesia (Ditjen PP & PL Kemenkes RI 2014). In East Java Province, until March 2014 Malang is second, after Surabaya, for the number of living people with HIV/AIDS with 2.929 people (Health Department of Malang City, Tribunnews.com, Malang, 22nd of August 2014). HIV/AIDS can be transmitted through having not-well-protected sexual intercourse (genital, anal, and oral) with HIV/AIDS sufferers, blood transfusion from HIV/AIDS sufferers, suffering mother to her fetus through the umbilical cord, needle/tools which are able to cut through skin or cause wound/bleeding (razor blade, needle puncture, piercing, and tattoos), and toothbrush which was used by the sufferer (Suesen in Indonesian Health Department 1997). There are 75.9% respondent in Kizhuputtupattu Pondicherry, India states that HIV/AIDS transmission can be trough razor blades which is used in turns (Bibi et al., 2006). The Kuwait Medical Journal article explains that in order to maintain the convicts health, the authority provides massive number of razor blades for the convicts for their regular needs to shave their beards and hair. In Kwazulu-Natal, South Africa, to control the HIV/AIDS, Sexually Transmitted Infections (STI) and Tuberculosis (TB) the research of health education material and razor blade, condom, and glove sterilization training was conducted. Then the result was evaluated after 7-9 months (Peltzer et al., 2006). In Madiun, 120 barbers had HIV/AIDS education from Bambu Nusantara Madiun, an NGO (Tempo, the 14th of January 2008). The result of an interview with a Health Department officer who are the head of The Commission of AIDS Prevention of Malang City in 20th of September 2014 unveils that the public awareness to prevent HIV/AIDS through razor blade in the municipal region of Malang has never been done before. This is in line to the result of interview in the 11th of October 2014 which shows that 1 from 10 barbers have acquired the information about HIV/AIDS from NGOs but there is no explanation that the transmission can be through razor blades and the other 9 barbers claims that they have not been given education and

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training of sterilizing razor blade.

The number of HIV/AIDS transmission by razor blade in Indonesia has not ever been reported before, but from 9.532 Indonesian HIV/AIDS sufferers, the cause are unknown. This means that the number may be caused by not-well-managed razor blade. Considering the number of HIV/AIDS sufferer in the municipal region of Malang, the barbers are strongly require education and demonstration of HIV/AIDS transmission prevention through razorblade. The study is purposively designed to analyze the behavior (knowledge, attitude, and practice) of barbers before and after being given education and demonstration of High-Level Disinfection (HLD) to prevent HIV/AIDS transmission through razor blade in the Malang City.

2. Research Method

This is a quasi-experimental research with pretest-posttest with control group design (Azwar, 2007). The research subjects are classified into experimental group and control group before the development is being followed up to examine the effect of treatment by comparing the change of score in the control group. The model of design is following:

Experiment Group 01 x 02
Control Group 03 x 04

The population in this study covers the entire male barbers (except salons) who have stall or special place to work in the municipal area of Malang. The research sample is 30 barbers who were chosen by using multistage random sampling (Machfoedz, 2007), (Nasution, 2007), (Roscoe 1982 cit. Sugiyono, 2008). From 30 barbers, they are equivalently (15 barbers a group) classified to two groups: experimental group and control group.

The independent variable of the study is giving barbers education and demonstration of preventing HIV/AIDS transmission through razor blades by using Chlorine 0.5% (HLD). The dependent variable of the study is the barbers' behavior (knowledge, attitude, and practice) in preventing HIV/AIDS transmission through razor blades.

The instrument for quantitative data (information source, knowledge, and attitude) is a questionnaire which is adopted and modified from Mau's (2007), Indonesian Health Department (1997) and WHO (1988). For practice data, the observation manual was utilized.

The result data of the study was analyzed by: (1) both control-1 group and experimental group were given the first test and examined by T-Test independent statistic, (2) after being given treatment to both groups, test 2 was conducted and examined by utilizing paired samples test statistic, (3) the result of the second posttest of experimental group and control-2 group was examined by using T-test independent statistic. The statistic examination optimized the help of SPSS with 0.05 level of significance. (Hastono, S.P. (2007).

3. Result

3.1 Initial knowledge (before treatment)

The result of the study shows that most (80%) of the barbers in treatment group and (73%) in control group have good knowledge about HIV/AIDS. While, the rest 20% of the treatment group and 27% of the control group lack of knowledge about HIV/AIDS.

3.2 Barbers Practice

The entire barbers in both treatment and control group (100%) do not practice the prevention of HIV/AIDS properly. There are 67% barbers from experimental group and 53% of control group make use of a razor blade for 4-5 costumers. Then, the use of a razor blade for more than 5 customers is practiced by 27% of experimental group and 7% of control group.

The data is obtained from observation process. In short, all of the barbers will change the razor blade only after it is getting dull. They use one razor blade only by the economical reason.

3.3 The difference of initial behavior between barbers groups before being given education and demonstration and control-1 group

The difference of initial behavior between barbers groups before being given education and demonstration and control-1 group.

Table 1: Behavior difference between barbers groups before education and demonstration and control-1 group.

Barbers Group	Mean	SD	SE	p *value*	N
Knowledge					
• Before demo	24.20	0.941	0.243	0.591	15
• Control-1	24.00	1.069	0.276		15
Attitude					
• Before demo	61.13	1.506	0.389	0.637	15
• Control-1	60.87	1.552	0.401		15
Practice					
• Before demo	0.67	0.488	0.126	0.716	15
• Control-1	0.60	0.507	0.131		15

*Significant on $\alpha = 0.05$

The average score of barbers group before treatment is 24.20 with 0.941 deviation standard, while the control-1 group average knowledge score is 24.00 with 1.069 deviation standard. From the result of statistic test, the value p=0.591 was obtained. This means in the alpha 5% that there is no significant difference of knowledge average between barbers groups and control-1 group.

The average score of attitude of barbers groups before treatment is 61.13 with 1.506 deviation standard, while the average score of attitude of control-1 group is 60.87 with 1.552 deviation standard. The result of statistic test comes to p=0.637 which means that in alpha 5% there is no significance difference of average attitude score between barbers groups before treatment and control-1 group.

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The average score of practice of barbers groups before treatment is 0.67 with 0.488 deviation standard, while the average score of attitude of control-1 group is 0.60 with 0.507 deviation standard. The result of statistic test comes to p=0.716 which means that in alpha 5% there is no significance difference of average attitude score between barbers groups before treatment and control-1 group.

Based on the data above, this study fulfills the requirement to be proceeded in giving treatment of education and demonstration to prevent HIV/AIDS transmission through razor blade.

3.4 The behavior difference between barbers before and after education and demonstration of preventing HIV/AIDS transmission through razor blade

The behavior difference between barbers before and after education and demonstration of preventing HIV/AIDS transmission through razor blade.

Table 2: The behavior difference of barbers' behavior before and after the education and demonstration of preventing HIV/AIDS transmission

Variables	Mean	SD	SE	p *value*	N
Knowledge					
• Before demo	24.20	0.941	0.243	0.000	15
• After demo	27.73	1.534	0.396		
Attitude					
• Before demo	61.13	1.506	0.389	0.000	15
• After demo	67.93	4.698	1.213		
Practice					
• Before demo	0.67	0.488	0.126	0.000	15
• After demo	8.93	1.534	0.396		

*Significant on α = 0.05

The average score of the barbers' knowledge before training is 24.20 with 0.941 deviation standard, while after training is 27.73 as the average with 1.534 deviation standard. The mean score difference between the score before and after the training is 3.533 with 2.031 points of deviation standard. So, the statistic test comes to p=0.000 which means that there is a significant difference in the barbers' knowledge before and after being given the education and demonstration.

Then, the average score of the barbers' attitude before training is 61.13 with 1.506 deviation standard, while after training is 67.93 as the average with 4.698 deviation standard. The mean score difference between the score before and after the training is 6.800 with 5.031 points of deviation standard. So, the statistic test comes to p=0.000 which means that there is a significant difference in the barbers' attitude before and after being given the education and demonstration.

Afterwards, the average score of the barbers' practice before training is 0.67 with 0.488 deviation standard, while after training is 8.93 as the average with 1.534 deviation standard. The mean score difference between the score before and after the training is 8.267 with 1.534 points of deviation standard. So, the statistic test comes to p=0.000 which means that there is a significant difference in the barbers' knowledge before and after being given the education and demonstration.

3.5 The difference of barbers' behavior after being given education and demonstration of preventing HIV/AIDS transmission and control-2 group

The difference of barbers' behavior after being given education and demonstration of preventing HIV/AIDS transmission and control-2 group

Table 3: The difference of barbers' behavior after education and demonstration of preventing HIV/AIDS transmission and the control-2 group

Variables	Mean	SD	SE	p *value*	N
Knowledge					
• After demo	27.73	1.534	0.396	0.000	15
• Control-2	24.13	0.915	0.236		15
Attitude					
• After demo	67.93	4.698	1.213	0.000	15
• Control-2	60.87	1.506	0.389		15
Practice					
• After demo	8.93	1.534	0.396	0.000	15
• Control-2	0.60	0.507	0.131		15

*significant on α = 0.05

The average score of the barbers' knowledge after training is 27.73 with 1.534 deviation standard, while the control-2 group's is 24.13 with 0.915 deviation standard. The crystal clear difference is seen between the mean of after training and the control-2 group: 3.600 with 0.461 deviation standard. The statistic test result comes to p=0.000 which means, in short, that there is a significant difference between barbers' knowledge after the treatment and control-2 group.

Then, the average score of the barbers' attitude after education and demonstration is 67.93 with 46.98 deviation standard, while the control-2 group's is 60.87 with 1.506 deviation standard. The clear difference is seen between the mean of after training and the control-2 group: 7.067 with 1.274 deviation standard. The statistic test result comes to p=0.000 which means, in short, that there is a significant difference between barbers' attitude after the treatment and control-2 group.

Afterwards, the average score of the barbers' practice after education and demonstration is 8.93 with 1.534 deviation standard, while the control-2 group's is 0.60 with 0.507 deviation standard. The clear difference is seen between the mean of after training and the control-2 group: 8.333 with 0.417 deviation standard. The statistic test result comes to p=0.000 which means, in short, that there is a significant difference between barbers' practice after the treatment and control-2 group.

According to the respondent confession, the factors which inhibit them to do the prevention of HIV/AIDS transmission through razor blade are a) financial reason and b) lacking of information about HIV/AIDS causes.

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4. Discussion

4.1 The difference of initial behavior between barbers groups before being given education and demonstration and the control-1 group.

According to the statistic test, there is no significant different between the average score of barber group's behavior (knowledge, attitude, and practice) before treatment and control-1 group's.

Based on the initial statistic test above, the result shows that this study fulfills the requirement to be carried out in giving treatment of education and demonstration of preventing HIV/AIDS transmission through razor blade because both groups indicate the same homogeneity in the sense of their knowledge, attitude, and even the practice. This identical homogeneity is possibly influenced by the information source of HIV/AIDS which is also almost identical: 60% barbers of experimental group and 53% barbers of control group have the equally poor information source about HIV/AIDS. The big three media in Malang City to spread info of HIV/AIDS for barbers are television (55%), health workers (46.7%), and media on boards in health facilities (40%). This finding, for the first rank, is identical to the research of Al-Serouri *et al.* (2002) that the main information sources of HIV/AIDS in Sana'a Yemen are television (40%), newspapers (21%) and radio (19%). The almost identical research result is also confessed by Ebrahim (2008) that the main information source of HIV/AIDS for the convicts in Mazandaran Province, Iran, is mass media (radio, television, and newspaper) which help them to understand about HIV/AIDS well.

The importance of education and demonstration is also in line with what Al-Sereuri *et al.* (2000) believe that the barbers and people of Sana'a, Yemen, and the convicts in Mazandaran, Iran, should grow awareness to behave avoiding unsterilized razor blade and shaving instruments which are used in turns to prevent HIV/AIDS transmission among them. The statement does not contradict what Akeke *et al.* (2007) have that to maintain personal health of the convicts from HIV infection, the prison authority in Kuwait should provide razor blade as many as possible for the convicts regular needs like shaving and cutting hair. The identical result of research was also expressed by Rompay *et al.* (2008) that to spread the HIV/AIDS information to the whole population in Tamil Nadu, India, barbers are trained as the HIV educator. It is reported from the training location that those barbers can be successful HIV educators in their rural areas because they can explain about the razorblades they use is really free from HIV. Green *et al.* (1980) declares that the process which bridges two cliffs of health information and health practice is health education. This concept should be adapted and applied to the barbers in the municipal area of Malang specifically and in Indonesia generally to make universal precautions toward HIV/AIDS comes true.

4.2 The difference of behavior between barbers before and after education and demonstration of preventing HIV/AIDS transmission.

From the result of statistic test, there is significant difference between the average score of barbers' behavior (knowledge, attitude, and practice) before and after the education and demonstration of preventing HIV/AIDS transmission through razor blade and the experimental group.

This study is agrees Hamalik (2005) that in the end of every education process, there will always be behavior change in the aspects of knowledge, attitude, and practice so it will be useful and successful. There are inevitable factors which influence the success of education and demonstration such as media, method, information channel, infrastructure, and the human resource. According to Piotrow *et al.* (1997) the use of multiple information channel in the process of sending message (multiple information-channel approach) in the case of education and demonstration has more chance to change the educatees' behavior than utilizing single information channel.

During the process of education and demonstration, the barbers indicated excitement and enthusiasm. Even, after a month of education and demonstration, the result of observation and posttest-2 come to significant result. Yet, the use of Chlorine 0.5% for High-Level Disinfectant (HLD) should be highly cautious because the solution is given for free for the first month only as the compliment of the training. Then, on the following months, there should be following up action to monitor whether or not the barbers are still using the Chlorine 0.5% as HLD. The knowledge and the attitude of the barbers should be considered also. Although the treatment shows significant result, but the knowledge and attitude measurement media was designed to only measure general HIV/AIDS knowledge and attitude or in other words, it is not specifically measuring the knowledge and attitude of preventing HIV/AIDS transmission through razor blade. Prabandari (2005) utters that good knowledge and attitude are not always be expressed in good behavior. The same thing is expressed by Sarwono (1997) who believes that what should be given more attention in the case of HIV/AIDS is the proper knowledge and attitude about AIDS which is not automatically equipped with positive action in the form of concrete movement to prevent AIDS. This study is in line with the finding of Widodo (1999) that the implementation of nosocomial infection (including HIV/AIDS) prevention program in the wards of IRNA I Internal Disease in Dr. Sardjito Central General Hospital in Yogyakarta shows that knowledge is inversely correlated to variables of behavior.

All of the barbers are supposed to behave in the practice of preventing HIV/AIDS transmission according to the existing universal precaution. If they do not, they have enough chance to transmit the virus to their customers. Regarding to the attempt of public vigilance toward the HIV/AIDS transmission through blood-polluted tools, there is something to consider that every single tool which is able to cut through skin and blood (like: syringe, tattoo needle, and razor blade) is one use tool which can be reused. If there is no option to

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dispose it, before using it again the user should decontaminate it by soaking it in a disinfectant solution such as Chlorine 0.5% for about 10-30 minutes. This solution exterminates viruses including HIV (Health Workers Education Center, 1997 and WHO, 1988). This method may prevent the transmission of HIV/AIDS through razor blade in relatively cheaper than changing razorblade for each costumer of the barbers because a liter of Chlorine 0.5% costs only Rp 1000,- and can be used for 1.5 month while a razor blade costs Rp 2500,- to Rp 3000,- for each use.

Actually, if the barbers' knowledge about HIV/AIDS is consistently good, hopefully the behavior of preventing HIV/AIDS transmission is good as well. This expectation is also uttered by Green and Kreuter (2000) that knowledge is a result of knowing something happens after an individual attempts to avoid a particular object. The knowledge factor influence a person in behaving because knowledge (cognitive) is an initial motivation of creating action. Knowledge is also an important predisposition element for a behavioral change.

Another identical research result is also reported by Eshrati *et al.* (2008) that in order to prevent HIV/AIDS transmission among convicts in Iran, the authority provides education as the initial support to decrease the vicious practice of HIV transmission. Consequently, most of the convicts manage to have above average knowledge about HIV transmission. 79.5% questions about HIV transmission were correctly answered as well as the question of awareness not to share razor blade and syringe. The same finding was also announced by Bibi *et al.* (2006) that 75.9% respondent in Kizhuputtupattu Pondicherry, India, state that HIV/AIDS transmission can be through the use of a razor blade in turns.

4.3 The behavior difference between barbers after being given education and demonstration of preventing HIV/AIDS transmission and control-2 group.

The result of statistic test shows that there is significant difference between the behavior (knowledge, attitude, and practice) average of the barbers after being given education and demonstration of preventing HIV/AIDS transmission and the control-2 group.

Based on the statistic test above, the result shows that the effect of giving education and demonstration in the sense of knowledge, attitude, and practice of the experimental group of barbers experience a lift than the control group of barbers which did not receive any education and training. The result of the study corresponds to the cognitive consistency theory that sharing information and experience will bring consistent knowledge and attitude with the expected behavior and human behavior tends to be consistent toward the knowledge, attitude, and behavior (Simons-Morton *et al.*, 1995). Related to action, Milton (1981) suggests that attitude holds crucial role to behave and not to behave toward a particular problem is attitude. Attitude itself is someone's feeling and mind regularity which tend to take action on her/his environmental aspect. Considering the case up above, to grow such favorable attitude of barbers to be willing to do prevention action of HIV/AIDS transmission, the health educator along with the related departments are supposed to administer approaches and cooperation's to the environments which are able to change barbers' attitude, for instance, the managers of the barbers under her/his supervision or their wives. This is concurrent to Azwar (2007) who states that attitude is the most important behavior determinant. Attitude itself is a favorable feeling of unfavorable feeling toward a particular psychological object. Attitude establishment can be influenced by personal experience, culture, important figure, mass media, particular institutions, and emotional factor from the individual her/himself. The same thing is expressed by Maramis (2006) who thinks that behavior is the expression of attitude, popularly. If the change of behavior is crucial to have, the first thing to do is changing the attitude.

While the technique to change the barbers' attitude into the positive attitude can be by using a strategy of increasing national health promotion. This strategy is also administered in order to build and improve partnership mainly with public figures (including religious leaders, politicians, humanists, celebrities, etc.), NGOs, and press (of printed mass media, radio, and television) (Health Department of Indonesia, 2005). Special strategy which leads to prevention of HIV/AIDS transmission through blood according to Suesen (1997) is administering disinfecting syringes or other tools which are able to cut through skin or cause wound (tattoo needle, syringe, razor blade, etc.) by incineration or disinfectant solution with strict supervision so that each tool above in every health service is always in sterile condition. Another identical study was conducted by Kuo *et al.* (2006) which in the discussion session elaborates that one of risky behaviors to HIV and hepatitis C virus (HCV) is barbers because public barbers in Pakistan often work under not hygienic circumstances. It has been a common thing that people do shaving along their lives, so that barbers deserve enough attention from the association in charge. Those barbers should be trained to make sure that the tools they use are completely well sterilized. Besides, society also need health education about the potential risk to get HIV/HCV through shaving tools or razor blades which are not well administered.

Although according to Sarwono (1997) who states that negative attitude is not always correlated to the real attitude, yet every barber really have to have positive attitude toward public vigilance practice of preventing HIV/AIDS transmission through razor blade, so, later, the barbers' costumers society even the barbers themselves and their family can be far from HIV/AIDS infection and other diseases which is transmitted through blood. Because, based on the initial tabulation, there are 67% of barbers who use one razor blade for 4-5 costumers in average.

Based on the data above and according to the finding of the study in the observation process, the barbers do not change the razor blade or shaving blade right after the first use or in other words they will change it after it is getting dull. Possibly, the result of the study is related to the result of interview between the researcher and an officer of Health Department of Malang City who also is the secretary of The Commission of AIDS Prevention of Malang City. The interviewee said that the public vigilance to prevent

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HIV/AIDS transmission through razor blade in Municipal area of Malang is critically low or have not been conducted, (private communication, the 29th of May 2014). Other factors which trigger barbers do not administer the practice of preventing HIV/AIDS transmission through razor blade possibly are the negative existence of intention, subjective norms, normative beliefs, and the motivation from the barbers themselves. This case is identical to what Fishbein & Ajzan (1975) reported that to change an X behavior, the intension to change it is crucially required. The intention is also strengthened by the good subjective norms about the X behavior. Besides, this subjective norms is also reinforced by the normative beliefs and motivation to obey as well.

5. Conclusions and Suggestions

In conclusion, (I) there is no significant difference between groups of barbers' behavior [knowledge (p=0.591), attitude (p=0.637), and practice (p=0.716)] before being given education and demonstration and the control-1 group, (II) there are significant difference between the experimental group of barbers' behavior [knowledge (p=0.000), attitude (p=0.000), and practice (p=0.000)] before and after being given education and demonstration, and (III) there are significant differences between barbers' behavior [knowledge (p=0.000), attitude (p=0.000), and practice (p=0.000)] after being given education and demonstration and control-2 group.

For The Commission of AIDS prevention of Malang City and the related departments, the suggestion is making health promotion policy to barbers and their supervisors about the importance of behavior of preventing HIV/AIDS transmission through razor blade in the municipal region of Malang. Along with the related agencies health profession organization in Malang, they can give education about the cause of HIV/AIDS from razor blade, razor blade sterilization debriefing by using Chlorine 0.5%, and also gradual training to the barbers and their supervisors in the municipal area of Malang so that they are willing to conduct the procedure of preventing HIV/AIDS through razor blade under the established standard of operating procedure.

References

[1] Akeke V., Mokgatle M., & Oguntibeju O. (2007). Knowledge, Attitudes and Practices that Facilitate the Transmission of HIV among Prison Inmates: Areview. *The Kuwait Medical Journal*, 39 (4): 310-318. http://www.kma.org. kw/KMJ/Issues/dec2007/Review%20Article/031007%20Knowledge%20 Attitudes.pdf [Diakses, 25 Juli 2008]

[2] AI-Serouri, A.W., Takioldin, Ashish, H., Aldobaibi. A. & Abdelmajed, A. (2002), Knowledge, attitudes and beliefs about HIV/AIDS in Sana'a Yemen. *Eastern Mediterranean Health Journal* Volume 8, No. 6, November 2002. http://www.emro. who.int/ publications/emhj/0806/ knowledge.htm: [Diakses 30 Desember 2008].

[3] Azwar, S. (2007), *Sikap Manusia Teori dan Pengukurannya*, Edisi ke 2, Pustaka Pelajar, Yogyakarta.

[4] Bibi, P., Panda, P., Purty, AJ. & Bazroy, J. (2006), Awareness on HIV/AIDS among Women in Refugee Community. *Indian Journal of Community Medicine*, Vol.31, No. 3 (2006-07 - 2006-09): http: //medind. nic.in/iaj/t06/i3/iajt06i3p208.pdf [Diakses, 30-10-2007].

[5] Depkes RI (1997), *AIDS dan Penanggulannya*, Pusdiknakes kerjasama dengan *The Ford Foundation* dan Studio Driya Media, Jakarta.

[6] Depkes RI (2005), *Kebijakan Nasional Promosi Kesehatan*, Pusat Promosi Kesehatan, Jakarta.

[7] Ditjen PPM & PL Depkes RI (2014), *Statistik Kasus HIV/AIDS di Indonesia - dilapor s/d Desember 2007*, www.aids.ina.org [Diakses, 28 Februari 2015].

[8] Djumiran (2008), 120 tukang cukur mendapat penyuluhan HIV/AIDS. *Harian Tempo*, 14 Januari, hal. 1. www.aids.ina.org [Diakses, 22 Februari 2008].

[9] Ebrahim, H. (2008), Iranian Epidemiological Training Programs for AIDS Prevention in Mazandaran Province, *Pakistan Journal of Biological Sciences* 11 (17): 2109-2115, 2008, ISSN 1028-8880, http://www. scianalert.net/pdfs/pjbs/ 2008/2109-2115.pdf: [Diakses, 30 Desember 2008].

[10] Eshrati, B., Taghizadeh Asl, R., Dell, C. A., Afshar, A., Millson, P. M. E., Kamali, M., & Weekes J. (2008), Preventing HIV transmission among Iranian prisoners: Initial support for providing education on the benefits of harm reduction practices, *Harm Reduction Journal* 2008, 5:21doi: 10.1186/1477-7517-5-21, http://www.harmreductionjournal. com/content/5/1/21 [Diakses, 20-11-2008].

[11] Fishbein, M. & Ajzen, I. (1975), *Belief, Attitude, Intention and Behavior: An Introduction to Theory and Re-search*, Addison-Wesley Publishing Company, Inc. Philippines.

[12] Green, L.W., Kreuter, W.M. (2000), *Health Promotion Planning An Educational and Environmental Approach*, Mayfield Publishing Company. London.

[13] Green, L.W., Kreuter, M.W., Deeds S.G. & Partridge K.B. (1980), *Health Education Planning A Diagnostic Approach.* The John Hopkins University: Mayfield Publishing Company. California.

[14] Hamalik, O. (2005), *Pengembangan Sumberdaya Manusia: Meneje-men Pelatihan Ketenagakerjaan Pende-katan Terpadu*, Bumi Aksara, Jakarta.

[15] Hastono, S. P. (2007), *Basic Data Analysis for Health ResearchTraining Analisis Data Kesehatan*, FKM UI, jakarta.

[16] KPAN (2012), *Rencana Aksi Nasional Penanggulangan HIV/AIDS di Indonesia 2007-2010*, KPAN, Jakarta.

[17] Kuo, I., Hasan, S.ul., Galai, N., Thomas, D. L., Zafar, T., Ahmed, M. & Strathdee, S. A. (2006), High HCV seroprevalence and HIV drug use risk behaviors among injection drug users in Pakistan. *Harm Reduction Journal* 2006, 3:26doi:10.1186/ 1477-7517-3-26. http://www.harmreductionjournal.com/content/3/1/26 [Diakses, 20 Nopember 2008].

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[18] Machfoedz, I. (2007), *Metodologi Penelitian Bidang Kesehatan, Keperawatan, dan Kebidanan*, Fitramaya, Yogyakarta.
[19] Machfoedz, I. & Suryani, E. (2007), *Pendidikan Kesehatan Bagian dari Promkes*, Fitramaya, Yogyakarta.
[20] Maramis, W. F. (2006), *Ilmu Perilaku dalam Pelayanan Kesehatan.* Airlangga University Press, Surabaya.
[21] Mau, D. T. (2007), *Promosi Kesehatan dengan Metode Peer Education terhadap Pengetahuan dan Sikap Siswa SMU dalam upaya Pencegahan Penularan HIV/AIDS di Kabupaten Belu-NTT*. Tesis, Universitas Gadjah Mada.
[22] Milton, C.R. (1981) Human Behavior in Organization: Three levels of Analisis, New jersey: Prentice-Hall in: Gitosudarmo, I. & Sudata, I N. (2008), *Perilaku Keorganisasian: Sikap (Attitude) Pengertian dan Komponen-komponen Sikap*, Edisi ketiga, BPFE, Yogyakarta, p. 23.
[23] Nasution, N. (2007), *Metode Research (Penelitian Ilmiah)*, Bumi Aksara, Jakarta.
[24] Peltzer K., Mngqundaniso N., & Petros G. (2006), A controlled study of an HIV/AIDS/STI/TB intervene-tion with traditional healers in KwaZulu-Natal, South Africa. *Journal Scan AIDS Behav* 2006 Nov;10(6):683-90.http://hivinsite. ucsf.edu/InSite? page=jl-05-03, [Diakses 16 Juli 2008].
[25] Piotrow,PT., Kincaid, D.L., Rimon, J.G.I., & Rinehart, W. (1997) Health Communication: Lessons from Family Planning and Reproductive Health. Westport, CT: Praeger in: O'Sullivan, G.A., Yonkler, J.A., Morgan, W., & Merritt A.P.A. (2005), *Panduan Lapangan Merancang Strategi Komunikasi Kesehatan: Multichannel approach* ed. Astuti S.I., Hendriyani, Qodrat H., & Soraya, Program STARH, Jakarta, p. 150.
[26] Prabandari, S.Y., Tetra Dewi, S.F,. Supriyati & Paramastri I. (2005), Pelatihan Ketrampilan Pencegah-an Perilaku Penyalahgunaan Narkoba Bagi Siswa SD dan SMP di Yokyakarta, *Berita Kedokteran Masyarakat*, BKM/XXI/1/Maret, pp. 01-06.
[27] Rompay, K. KA. V., Madhivanan, P., Rafiq, M., Krupp, K., Chakrapani, V. & Selvam D. (2008), Empowering tha people: Development of an HIV peer education model for low literacy rural communities in India. *Hum Resour Health Journal* 2008; 6: 6. Published online 2008 April 18. Doi: 10.1186/1478-4491-6-6. http://www. pubmedcentral.nih. gov/articlerender.fcgi?artid=2377249, [Diakses 05 Januari 2009].
[28] Sarwono, S. (2007), *Sosiologi Kesehatan: Beberapa Konsep Beserta Aplikasinya*, Cetakan keempat, Gadjah Mada University Press, Yogyakarta.
[29] Sarwono, S.W. (1997), Aspek Perilaku dalam Penularan AIDS In: Depkes RI, *AIDS Petunjuk untuk Petugas Kesehatan*, Ditjen PPM & PLP, Jakarta, pp. 125-132.
[30] Simons-Morton, B.G., Greene, W.H., & Gottlieb N.H. (1995), *Introduction to Health Education and Health Promotion*, Waveland Press, Inc, Prospect Heights. Illinois.
[31] Suesen, N. (1997), GPA (*Global Programme on* AIDS) Dalam Kaitannya dengan Program Nasional Pencegahan dan Pemberantasan AIDS In: Depkes RI, *AIDS Petunjuk untuk Petugas Kesehatan*, Ditjen PPM & PLP, Jakarta, pp. 21-31.
[32] Sugiyono (2008), *Statistika untuk Penelitian*, Alfabeta, Bandung.
[33] Widodo, W. (1999), *Analisa Situasional Pelaksanaan Program Kebersihan dalam Pencegahan Infeksi Nosokomial*. Tesis, Program Pascasarjana Universitas Gadjah Mada Yogyakarta.
[34] World Health Organisation (1988), *Guidelines For Nursing Management of People Infected With Human Immunodeficiency virus (HIV)*, WHO AIDS Series 3, WHO: Genewa.

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