THE IMPLEMENTATION OF EDUCATIONAL HIV/AIDS BY EDU-ENTERTAINMENT CAMP FOR STREET CHILDREN IN JAKARTA

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Abstract

Background: Acquired Immune Deficiency Syndrome (AIDS) is a symptoms collection of disease caused by Human Immunodeficiency Virus (HIV). Based on data from Province AIDS Commission (KPAD) of Jakarta, the total cumulative cases of HIV/AIDS in Jakarta since 1987 to 2011, reached 5650 cases. According to the Ministry of Social Affairs, it is estimated that there are 230.000 street children in Indonesia in 2007. In Jakarta, there are about 12.000 street children in 2010. In Indonesia until June 2007, 9.689 street children with AIDS and 5.813 infected by HIV. Conceivably, if the cases increase annually and all adolescents were infected by HIV to AIDS, it would thwart the targets of MDGs 2015th. Based on these cases, one of many program to decrease HIV/AIDS is edu-entertainment camp. Objective: The objective of this study is to give an education about HIV/AIDS for street children in Jakarta with Edu-Entertainment Camp. Method: This research is an evaluation study. A systematic literature review was carried out using some database such as KPAD Jakarta, Ministry of Health Republic of Indonesia, Ministry of Social Department, Non Government Organization (NGO), and the other publications. Result: Cases of HIV/AIDS around teenagers especially street children in Jakarta was increased and needed the program that able to reach them to get good and right education. Conclusion: Edu-entertainment camp is one of suitable program to educate street children, because it can maximize the dissemination of knowledge which got by following the camp and give recommendation for the decision maker to make an intervention program. Furthermore, edu-entertainment camp is the most attractive method because it can pull out the interest from the teenagers.

Keywords: Edu-entertainment; Street children; HIV/AIDS

I. Introduction

Acquired Immune Deficiency Syndrome (AIDS) is a new disease and was virtually unknown before 1980. It is an infectious disease that is caused by a virus (HIV) and is spread through the shared contact of blood or semen. Although the death rate from AIDS is fairly low in development countries, it is a worldwide epidemic because the annual mortality statistics is very high, many millions of people are already infected with the virus, and the large majority of these people will probably die as a result of AIDS. Most of these people are heterosexuals with high rates of unsafe sex in developing countries. (CDC, 2004a: UNAIDS, 2004).[1]
The risk factors for AIDS involve ways by which an infected person’s blood or semen contacts the body fluid of an uninfected person. This contact almost always occurs in one of three main ways: sexual activity that exposes each person’s body fluids to the other’s; Exposure is more likely if the genital area has wounds or inflammation from a sexually transmitted disease (Peterman, 1990); Sharing contaminated syringes in drug use; Birth by an infected mother.[2]

Worldwide, there are 38 million people living with HIV/AIDS; of the 5 million newly infected individuals per year, 800,000 are children (UNAIDS, 2004).[3] HIV/AIDS itself is the only one indicator of the 6th MDG Goals that outside the track of the achievement of MDGs in Indonesia 2015. Report on the Achievement of the Millennium Development Goals Indonesia 2010 showed the number of new HIV infections has been increasing in Indonesia. During the period 1996 to 2006, the number of HIV cases increased by some 17.5 percent and it is estimated that some 193,000 people are currently living with HIV in Indonesia. Although in most parts of Indonesia the AIDS epidemic is generally centered among high-risk populations with an estimated national adult prevalence of 0.22 percent in 2008, two provinces in Tanah Papua (Papua and West Papua) are shifting to a generalized epidemic with prevalence of 2.4 percent among the general population aged 15-49 (IBBS, CDC MoH 2007). Cumulatively, the number of AIDS cases tends to increase and in 2009 with 19,973 cases, it was more than double the number in 2006, when AIDS cases totaled 8,194.[4]

Based on data from Province AIDS Commission (KPAD) of Jakarta, the cumulative cases HIV/AIDS in Jakarta when 1987 to 2009, reached 3008 cases. Then the growth of new cases of HIV/AIDS in 2010 amounted to 1310 new cases, thus achieving 4318 cases. Meanwhile, until December 2011, the case was increased by 1332 cases. It means, the total cumulative cases of HIV/AIDS in Jakarta since 1987 to 2011, reached 5650 cases.[5] HIV/AIDS is not just limited to rich people but also the poor; in fact, all of us have a risk for infection. The transmission of HIV is not only in adults but also in children, even newborns. One of communities that have a high risk of being infected with HIV/AIDS is street children, because these children hold a heavy burden to live in the street, where they are supposed to be school. This cause is a heavy burden, so they are looking for an escape, such as drugs and risky sexual behavior as they live together with streets Commercial Sex Workers (CSWs). Thus it can be said of children's lives around HIV/AIDS.[6]

Age of street children is around 6 to 18 years. Based on this range, we know that some of the children are teenagers. According to Santrock (2002), the main characteristics of adolescents include rapid physical growth, self-awareness, and always keen to try something new. Teenagers are not the end of the personality period but it is the one of main stages in the formation of personality. Teens spend more time with his peers. In addition, many teens begin receiving information from the mass media that has become known and close to them. Therefore, adolescents become individuals who are open to new things (Makgosa 2010). They are susceptible to risky behaviors such as using drugs and risky sexual behavior, which are causes of HIV disease and AIDS.[7] According to Ministry of Social Affairs, there are an estimated 230,000 street children in Indonesia in 2007. [8] In Jakarta, there are about 12,000 street children in 2010. [9] In Indonesia until June 2007, 9,689 street children with AIDS and 5,813 infected by HIV.[10]

The government’s attempts to suppress HIV/AIDS cases in street children to get the same intervention as a normal teenager has been done, both formal and informal.
However, this case still need support from various sectors. Forms of intervention that attractive and appropriate to need of street children, which the majority are teenagers, become an alternative in control of HIV/AIDS. Based on these problems, the authors wish to conduct research related to HIV/AIDS among street children through education training. The method of education training could be a program which combines of education and entertainment, called Edu-Entertainment as a Solution to Educate Street Children about HIV/AIDS in Jakarta.

II. Operational definitions:
1. Acquired Immune Deficiency Syndrome (AIDS) is a symptoms collection of disease caused by Human Immunodeficiency Virus (HIV).
2. HIV is a retrovirus that belong to this class of RNA viruses (viruses that use RNA as a molecular carrier of genetic information).
3. Street child is an individual less than 18 spend some or all of his/her time by carrying out activities to earn money or to survive. (Shalahuddin, 2004).[11]
4. Edu-entertainment training is activity to educate street children in Jakarta, which combines of education and entertainment.

III. Objective
   The objective of this research is to give an education about HIV/AIDS for street children in Jakarta with Edu-Entertainment training.

IV. Framework Theory
   In this study, the authors used the theory of communication-persuasion Burgon and Huffer as a reference in the intervention program on street children in Jakarta. Furthermore, the Need theory of Abraham Maslow and McClelland also become reference in determining the indicators of achievement.

V. Research Method
   The method of this research is an evaluation study. It is aimed at assessing a program, activity, or policy intended to intervene with the community. The evaluation research is intended to give feedback in order that a program, activity, or policy exerts an effect as expected. Evaluation has three main focuses: to assess the program conceptualization, program implementation, and effect of a program (Denzin & Lincoln, 2000).[12] This research wants to give an education about HIV/AIDS for street children in Jakarta with Edu-Entertainment training. The data collection techniques, sampling, and instruments in this research are as follows:

5.1 Sample and data collection method
   The sampling technique used was purposive sampling that refers to the objective of research. The data type used in this study is secondary data. So, the authors
determined that samples are consisted of street children aged 15-18 years in Central Jakarta.

5.2 Instrumentation
Instruments used in this study are the module Edu-Entertainment, adapted from WHO Module Education for Street Children.

VI. Finding & Discussion
6.1 Descriptive statistics & analysis
The authors found the data that showed a high incidence of HIV / AIDS in Indonesia since 2002 to 2011 in June.

Graph 1. Total Cumulative of AIDS Cases in Indonesia
Last 10 Years Reporting until June 2011[13]

Based on the chart, the cumulative number of AIDS cases in Indonesia in the last 10 years reached 26,483 cases. Increasing the number of people with AIDS have occurred from year to year. Been a surge of cases of AIDS are very high in 2008 which reached 4969 cases.

Graph 2. Cumulative Percentage of AIDS Cases in Indonesia
by Group Age up to June 2011[14]

Through the graphic presentation of cumulative AIDS cases in Indonesia above by age group up to June 2011 at the age of 20-29 years to reach 46.4%. This suggests that AIDS affected at that time the people of productive age. AIDS is a disease that appeared around 5 to 10 years after a person is found HIV positive. So that, it is certain if new cases of AIDS reported in 20-29 years of age is already infected with HIV before age 20 years or 15 years ranged.

Based on data from KPAD Jakarta, since January-June 2011 HIV / AIDS in Jakarta as many as 1184 people. Of the 766 people with HIV / AIDS based on job classification, occupied is the first position among the employees as much as 283 persons (199 HIV
and 84 AIDS). Then followed by the housewife as much as 147 people, self-employed as many as 139 people, prisoners occupied the fourth position with a number of people with 48 people, roughly 32 people working, non-medical professionals as many as 29 people, as well as the student or the student as much as 27 people. Meanwhile, according to Surveillance Epidemiology Section of HIV and AIDS Department of Health, Jakarta, from January to June 2011, the total people living with HIV / AIDS as much as 1184, among 675 patients with HIV and 509 AIDS patients. And throughout the first half of 2011, there were 109 people with HIV / AIDS died. While the year 2010 there were new cases of HIV and AIDS as many as 1433 people 1310 people, with a mortality rate of 280 people.

Graph 3. Percentage of HIV / AIDS in Jakarta Each Province until the year 2011 (%)[16]

Of the total cases that occurred until 2011, the region’s most prevalent cases of HIV / AIDS in East Jakarta as much as 28 percent. Followed by as much as 23 percent of West Jakarta, Central Jakarta as much as 20 percent, 14 percent of North Jakarta and South Jakarta 15 percent.
Then, the case of HIV / AIDS by age group, in the year 2011, the general group 25-44 years there as much as 78 percent, increased 2 percent compared to the year 2010 that only 76 percent. Age group over 45 years to reach 15 percent, down 1 percent compared to 2010, which reached 16 percent.

### 6.2 Reliability analysis

**Programs that were been Implemented for Adolescent in Jakarta**

Jakarta Stop AIDS is a Primary Prevention School Programme, especially for adolescent. The focus of this program is to increase adolescent’s awareness. They are given knowledge about HIV, AIDS, and drugs, and then know about how to spread and prevent it, so they can aware and inform it to people around them. They also know to carry well people with HIV/AIDS.

This program was implemented by empowering teachers and students in High School, government, and non-government organization. Beside that, some students were selected to be ambassador of Jakarta Stop AIDS. Since 2009, every weekend some students and teachers in Jakarta are given training about HIV/AIDS. Unfortunately, this program has not reach collegian that still apart of adolescent.

National Family Planning and Coordinating Board (NFPCB) addresses three issues namely sexuality, HIV/AIDS, and drug abuse. The main focus of this activity is on prevention of those issues by providing information and counseling to adolescent (aged 10-19). The Adolescent Reproductive Health (ARH) program is a nationwide activity since the year 2000 with budget of around US$ 1 million per year. The main activities are on building commitment, promotion and Information, Education, and Communication (IEC), establishing centers for information and counseling on ARH and capacity building for programme implementers. While these are positive efforts worth scaling up there is urgent need to review existing policy on youth reproductive health with regard to make reproductive health services available in a public health centers.

Currently, interventions are IEC and counseling materials, training modules on ARH for peer educators, peer counselor and master trainers on ARH at national and selected provincial level. The strategy is to reach the adolescent through peer approach. In the next five years, activities through empowering Indonesia Scout Organization and
Faith Based Organizations will be developed. The initiative targeting adolescent through Scout Organization will focus on adolescent aged 10-14 in school. The current response to HIV/AIDS targeting children and young people is heavily prevention oriented. It emphasizes knowledge and skills to prevent risky behavior such as pre-marital sex, unprotected sex, and injecting drug use.

In Pennsylvania, there was an adolescent leadership development program named Healthy Youth Peer Education (HYPE). It is a program that encourages teenagers to define what they think a healthy community for youth looks like. Over a 5 week period this summer, youth will assess local resources and strengths that can be harnessed to overcome the problems within their neighborhood. Youth participants with diverse backgrounds and risk profiles from Allentown area will be trained ad advocates and researches using methodologies from public health, community media, and creative arts. The target of this program is young people. They are incumbent for social change to bring their vision of how everyone -youth and adults- can work toward creating that healthy community in Allentown, Pennsylvania. Goals of the HYPE Program include: build skill for positive self-expression and critical thinking; develop skill set for work as change agents through training in team-building, community based research and advocacy; create a shared vision for what community should be and how youth find their place in it; create a positive environment for diverse group of youth sharing pro-social norms; and develop supportive relationships between participants, professionals, and college students involved in change work.

Based on adolescent leadership development programs are implemented in Pennsylvania (HYPE), the authors think that this program is appropriate to applied in Jakarta. It can be done by adjusting the characteristics of the target program in this case are street children. The program approach that used based on the theory of communication-persuasion Burgon and Huffer as a reference in the intervention program on street children in Jakarta. Furthermore, the Need theory of Abraham Maslow and McClelland also become reference in determining the indicators of achievement.

Persuasive communication is a process, which is the process of influencing attitudes, opinions and behaviors of others, both verbally and nonverbally. The process is any symptoms or phenomena that show a continuous change in the context of the time, any implementation or ongoing treatment. There are two problems associated with the use of the process, namely the question of dynamics, objects, and issues of language use. According Burgon & Huffner, persuasive communication is a communication process that aims to influence the thoughts and opinions of others in order to adjust their opinions and desires communicator. As well as a process of communication that invites or persuades others in order to change attitudes, beliefs and opinions as you wish communicator.

Persuasive communication model, there are two basic components in it, namely the variable output and input variables. Variable input in communication persuasion consists of source, messages, channel, receiver and target behavior. Number of the source used to make the process of persuasion communications. The authors focused education and training involving the government, in this case KPAD in Central Jakarta. Unanimity overall/unity of the sources used. Source materials used referring to WHO guidelines on HIV AIDS education and training to street children. Demographic characteristics of the sources used demographic (education, gender, age, socio-economic). Demography consists of educational and social economy is still very low.
Appeal presented quite compatible, because in this case involves the government, so it can run sustainable to control. Credibility input source used in persuasive communication must be reliable. The message conveyed is about knowledge of HIV and AIDS prevention and control to do. The message packaged in a persuasive, that invite and foster the street children to be affected to the message. The information should contain relevant information to the HIV/AIDS issues that are currently attacking a teenager.

Messages that are included in this program are: sexual and reproductive health; risky sexual behavior; HIV/AIDS and other sexually Transmitted Diseases; prevention and control. Organizing messages conveyed by dividing per module of the WHO reference. Furthermore, intermediary’s messages using audiovisual media, it is direct delivery to the education provided and indirect through practice and games. In this case, the context is educational for children, especially street children who require special techniques in conveying information.

Recipients of information characterized by low education of street children aged 15-18 years focusing on both men and women, based in Jakarta. Their knowledge of the behavior and prevention of HIV/AIDS are still very low. So the language used to convey this information also needs to be adjusted.

The short-term indicator of achievement from the program is the fulfillment of physiological needs, safety, love and belongingness. While the long-term indicator of achievement is the creation of self-esteem and self-actualization in street children to be able to independently identify and protect themselves from HIV/AIDS.

While in output variable there are series of specific path, that recipients experienced a change of thinking in the form of knowledge from the messages conveyed by the communicator. The outputs consist of an introduction, the process of interaction, to the long outreach behavior change. However, the basis output from the communication model is the recipients of a message get the knowledge.

VII. Conclusions & Recommendation

Based on this situation, recommendation are offered is trough the camp activities which are edu-entertainment camp. Contained a series of activities, including focus group discussions, peer leader training, role playing / drama, art exhibition which the theme is HIV / AIDS, fast race-appropriate, and charity building. Targetting the child could to have an interest and curiosity about knowledge of reproductive health, especially HIV / AIDS.

To facilitate the implementation of the camp, it is cooperating with NGOs and the Government in order to accumulating street children who were targeted in the program, and to optimized the program to be profesional is also required. Hopefully, the program able to educate street children, maximized the dissemination of knowledge which got by following the camp, and could help the decision maker to make an intervention program.

Necessary, in the Edu-entertainment program contained the modules which are used to perform a series of activities. Modules can be adopted from the WHO module "Working with Street Children: A Training Package on Substance Use, Sexual and Reproductive Health Including HIV/AIDS and STDs" published by the Department of Mental Health and Substance Dependence, Geneva, Switzerland.
References:


