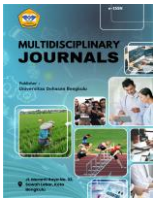

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A Correlation Between The Level Of Knowledge And Attitudes Of Adolescents With The Prevention Behavior Of Human Immunodeficiency Virus (HIV) At Sman 07 Of Bengkulu City In 2024

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Abstract. The estimated number of people with HIV in Indonesia in 2022 was 540,568 people with 24,276 new infections and 27,374 deaths. This study aims to determine the correlation between the level of knowledge and attitudes of adolescents with the behavior of preventing transmission of Human Immunodeficiency Virus (HIV) at SMAN 07 of Bengkulu City in 2024. The research method used was descriptive quantitative research with a cross sectional approach. Sampling technique using Proportionate Stratified Random Sampling technique with the number of samples in this study 90 people representing all students at SMAN 07 of Bengkulu City. The results of univariate test analysis Almost most respondents (41.1%) with good knowledge, most respondents (55.6%) with positive attitudes, most respondents (61.1%) with good HIV transmission prevention behavior. The results of bivariate analysis showed the level of knowledge (0.000) and attitude (0.000) of adolescents with the behavior of preventing transmission of Human Immunodeficiency Virus (HIV). There is a correlation between the level of knowledge and attitude of adolescents with the behavior of preventing transmission of Human Immunodeficiency Virus (HIV) at SMAN 07 of Bengkulu City in 2024. Researchers suggest that for SMAN 07 of Bengkulu City the results of this study can be the basis for the implementation of guidance, coaching, and counseling activity programs on the behavior of preventing transmission of Human Immunodeficiency Virus (HIV).

Keywords: *Knowledge, Attitudes, HIV*

INTRODUCTION

HIV is a serious health condition that needs to be well understood by the public. HIV (Human Immunodeficiency Virus) is a virus that can weaken the immune system (Ministry of Health, 2023). HIV (Human Immunodeficiency Virus) is a virus that attacks the human immune system and weakens the body's ability to fight various types of diseases (Jaenab, 2021). HIV destroys CD4 cells, weakening a person's immunity against opportunistic infections such as tuberculosis, fungal infections, bacterial infections, and certain cancers (Kurniawati, 2022).

The main issues surrounding HIV not only impact the health sector but also the economic, business, and social sectors, all of which can lead to reduced productivity and threaten mental health, family finances, and the sustainability of businesses (Sincihu, 2023). Optimal prevention and mitigation efforts are needed from various parties, including the government (Barisan, 2019) and companies, to anticipate the negative impacts of HIV/AIDS cases in the workplace or company (Sultan, 2021). UNICEF (United Nations International Children's Emergency Fund) stated that in 2020, 150,000 adolescents aged 10-19 years were newly infected with HIV, bringing the total number of adolescents living with HIV to 1.75 million. Alarmingly, 2 in 5

children living with HIV worldwide are unaware of their status, and more than half of children with HIV are receiving antiretroviral treatment (UNICEF, 2020). In Southeast Asia, an estimated 3.9 million people were living with HIV in 2022, of which 81% were aware of their status, and 65% were receiving treatment. An estimated 2.6 million people were receiving antiretroviral therapy in 2022 (World Health Organization, 2023).

The estimated number of people living with HIV in Indonesia in 2021 was 36,902 cases. The number of people living with HIV in Indonesia in 2022 was 540,568, with 24,276 new infections and 27,374 deaths (Ministry of Health, 2022). According to the Bengkulu Province Health Profile, the number of HIV cases in 2020 was 104, followed by 146 cases in 2021 and 178 cases in 2022. Bengkulu City had the highest number of HIV cases in Bengkulu Province in 2022, reaching 113 cases (Bengkulu Provincial Health Office, 2022).

Government programs to prevent HIV/AIDS include efforts to improve and expand public access to comprehensive and high-quality HIV/AIDS screening, diagnostic, and treatment services, as well as STIs (Ministry of Health, 2022), providing access to laboratory tests for monitoring HIV/AIDS treatment, and providing blood screening services (Ministry of Health, 2020). Blood donation activities require screening to ensure the safety and quality of blood for recipients (Utami, 2023).

Adolescents today are at high risk of contracting HIV/AIDS (Yanti, 2023). During this period, adolescents must be prepared with knowledge, attitudes, and behaviors to prevent infectious diseases (Mahayaty, 2020). Adolescents tend to be emotionally unstable and easily influenced by others for reasons of solidarity. Adolescents also have a desire to try new things, such as drinking alcohol, injecting drug use, smoking, and engaging in casual sex, all of which carry a high risk of HIV/AIDS transmission (Arini, 2021).

Factors closely related to current conditions have led to the recent rise in risky behavior among adolescents. Preventive behaviors for HIV transmission are influenced by a person's thoughts and feelings, which are shaped by knowledge and attitudes about HIV prevention (Lestari, 2021). Many adolescents ignore or are unaware of the impact of their sexual behavior on reproductive health, both short-term and long-term (Setyawan, FEB, 2019).

HIV prevention efforts can be implemented through behavioral change by continuously increasing knowledge, attitudes, and prevention efforts (Aspariza, 2021). Good and accurate knowledge can help someone prevent diseases such as HIV infection, where accurate knowledge can provide space for more informed thinking about decisions, such as taking action (Elvina, 2020). Attitude is closely related to an individual's level of knowledge. A person's attitude toward an object reflects their level of knowledge about it (Djano, 2023).

The discrepancy in attitudes toward HIV prevention efforts is caused by a person's knowledge about HIV not being aligned with their attitudes and the lack of effort to change their actions or behavior (Solihati, 2020). Good knowledge about HIV will determine the right attitude towards HIV prevention, as increased knowledge can be a key pillar in HIV prevention among adolescents (Ismail, 2022). Both print and electronic media play a significant role in providing information on reproductive health, especially for adolescents (Fransiska, 2022). Previous research conducted by Solihati (2020) found a significant correlation between knowledge levels about HIV/AIDS and HIV/AIDS prevention efforts in adolescents (0.004 <0.05), and attitudes about HIV/AIDS and HIV/AIDS prevention efforts in adolescents (0.001 <0.05). Another study conducted by Sualisman (2023) found a strong correlation between knowledge (0.000 <0.05) and attitudes (0.000 <0.05) in adolescents with HIV/AIDS prevention in the Imbanagara Community Health Center, Ciamis Regency.

Based on the results of an initial survey conducted by researchers at SMAN 07, Bengkulu City, two out of ten students knew what HIV was, how it was transmitted, and how to prevent it, such as by abstaining from sex before marriage and using drugs. The other eight students were aware of HIV but did not know that having sex before marriage, having multiple partners, and

using drugs could transmit and cause HIV infection. Researchers chose to conduct their research at SMAN 07 because it is one of the most sought-after high schools in Bengkulu City. An initial survey revealed that many students still lacked knowledge about HIV, how it is transmitted, and how to prevent it. Therefore, early knowledge of HIV and how to prevent it is crucial to protect adolescents from contracting the disease.

LITERATURE REVIEW

Health Behavior

Health behavior is a person's (organism's) response to stimuli or objectives related to illness and disease, the healthcare system, food and drink, and the environment (Notoatmodjo in Irwan, 2017). Healthy behavior is an individual's actions to maintain and improve their health, including disease prevention, personal hygiene, and fitness through exercise and nutritious food. These healthy behaviors are demonstrated by individuals who perceive themselves to be healthy, even though medically they may not be truly healthy (Irwan, 2017).

Human Immunodeficiency Virus

HIV (Human Immunodeficiency Virus) is a virus that attacks the immune system, resulting in a decreased immune system and susceptibility to infection by potentially fatal diseases (Ratnawati in Elvina, 2020). HIV stands for Human Immunodeficiency Virus, a virus that attacks the human immune system. AIDS stands for Acquired Immune Deficiency Syndrome. AIDS occurs after the virus (HIV) attacks the immune system for five to ten years or more. The immune system becomes weakened, and one or more diseases can develop. Because of this weakened immune system, some diseases can become more severe than usual (Suzanna, 2016).

Knowledge

Knowledge is the result of knowing, and this occurs after a person perceives a particular object. Sensing occurs through the five human senses: sight, hearing, smell, taste, and touch. The time from sensing to producing knowledge is greatly influenced by the intensity of perceptual attention to the object. Most human knowledge is acquired through the eyes and ears (Notoatmodjo in Masturoh, 2018).

Attitude

Attitude is a person's implicit response to a stimulus or object, whether internal or external. Its manifestation cannot be directly observed but can only be interpreted from the implicit behavior. Attitudes realistically indicate the appropriateness of the response. Attitude measurement can be conducted directly or indirectly, through respondents' opinions or questions about an object. Indirectly, this is done through hypothetical questions, which then state the respondent's opinion (Irwan, 2017).

Adolescents

Adolescents come from the Latin word adolensence, which means to grow or grow into adulthood. The term adolescence has a broader meaning, encompassing mental, emotional, social, and physical maturity (Hurlock in Ahyani, 2018). This period doesn't actually have a clear place, as it doesn't fall under the category of children, but it also doesn't fall under the category of adults or older adults. Adolescence is the stage between childhood and adulthood. The term refers to the period from the onset of puberty to maturity, typically starting at age 14 for males and age 12 for females. The transition to adulthood varies from culture to culture, but is

generally defined as the time when individuals begin to act independently of their parents (Ahyani, 2018).

METHODS

This research used a descriptive quantitative study with a cross-sectional approach. A descriptive quantitative study is a study that utilizes observations with precise interpretation and includes statistical analysis to accurately describe the characteristics of several group phenomena. A cross-sectional research design examines the correlation between independent variables (knowledge and attitudes) and dependent variables (HIV prevention behaviors). Data collection is conducted simultaneously at a single point in time between risk factors and their effects (a point-in-time approach), meaning all variables, both independent and dependent, are observed at the same time (Masturoh, 2018).

RESULTS

Analysis Univariate

Table 1 Distribution Frequency Knowledge Teenagers at SMAN 07 Bengkulu City in 2024

No	Knowledge	Frequency	Percentage (%)
1	Not enough	27	30
2	Enough	26	28.9
3	Good	37	41.1
	Amount	90	100

From table 1 above show of 90 respondents almost part respondents (41.1%) with knowledge Good .

Table 2 Distribution Frequency Attitude Teenagers at SMAN 07 Bengkulu City in 2024

No	Attitude	Frequency	Percentage (%)
1	Does not support	40	44.4
2	Support	50	55.6
	Amount	90	100

From table 2 above show from 90 respondents part big respondents (55.6%) with attitude support .

Table 3 Distribution Frequency Behavior Prevention Human Immunodeficiency Virus (HIV) Transmission at SMAN 07 Bengkulu City in 2024

No	HIV Prevention Behavior	Frequency	Percentage (%)
1	Not enough	35	38.9
2	Good	55	61.1
	Amount	90	100

From table 3 above show of 90 respondents there is part big respondents (61.1%) with behavior good HIV prevention .

Analysis Bivariate

Table 4 Relationships Knowledge with Behavior Prevention Human Immunodeficiency Virus (HIV) Transmission at SMAN 07 Bengkulu City in 2024

Knowledge	HIV Prevention Behavior				Total		*P-Value*
	Not enough		Good				
	N	%	N	%	N	%	
Not enough	23	85.2	4	14.8	27	100	0,000
Enough	5	19.2	21	80.8	26	100	
Good	7	18.9	30	81.1	37	100	
Total	35	38.9	55	61.1	90	100	

Table 4 above show from 27 respondents with knowledge not enough there were 23 respondents (85.2%) with behavior HIV prevention is lacking and 4 respondents (14.8%) with behavior good HIV prevention . Of the 26 respondents with knowledge Enough there were 5 respondents (19.2%) with behavior HIV prevention is lacking and 21 respondents (80.8%) with behavior good HIV prevention . Of the 37 respondents with knowledge Good there were 7 respondents (18.9%) with behavior HIV prevention is lacking and 30 respondents (81.1%) with behavior good HIV prevention .

For know connection level knowledge teenager with behavior prevention Human Immunodeficiency Virus (HIV) transmission at SMAN 07 Bengkulu City in 2024 using the Pearson Chi-Square test . With mark asymp.sig (p)=0.000. Because the p value <0.05 means There is significant relationship , then Ho is rejected and Ha is accepted . This means There is connection level knowledge teenager with behavior prevention Human Immunodeficiency Virus (HIV) transmission at SMAN 07 Bengkulu City in 2024.

Table 5 Relationships Attitude with Behavior Prevention Human Immunodeficiency Virus (HIV) Transmission at SMAN 07 Bengkulu City in 2024

Attitude	HIV Prevention Behavior				Total		*P-Value*
	Not enough		Good				
	N	%	N	%	N	%	
Does not support	30	75	10	25	40	100	0,000
Support	5	10	45	90	50	100	
Total	35	38.9	55	61.1	90	100	

Table 5 above show from 40 respondents with attitude No support there were 30 respondents (75%) with behavior HIV prevention is lacking and 10 respondents (25%) with behavior good HIV prevention . Of the 50 respondents with attitude support there were 5 respondents (10%) with behavior HIV prevention is lacking and 45 respondents (90%) with behavior good HIV prevention .

For know connection attitude teenager with behavior prevention Human Immunodeficiency Virus (HIV) transmission at SMAN 07 Bengkulu City in 2024 using the Pearson Chi-Square test . With mark asymp.sig (p)=0.000. Because the p value <0.05 means There is significant relationship , then Ho is rejected and Ha is accepted . This means There is connection attitude teenager with behavior prevention Human Immunodeficiency Virus (HIV) transmission at SMAN 07 Bengkulu City in 2024.

DISCUSSION

Frequency Distribution of Knowledge of Adolescents at SMAN 07, Bengkulu City

A study conducted at SMAN 07, Bengkulu City, found that out of 90 respondents, almost half (30%) had poor knowledge, almost half (28.9%) had sufficient knowledge, and almost half (41.1%) had good knowledge.In this study, 27 respondents had poor knowledge. The results showed that they did not know the names of medications given to HIV patients or their role in supporting those living with HIV. Twenty-six respondents had sufficient knowledge. The results showed that they were aware of HIV transmission prevention measures that adolescents can take. Thirty-seven respondents had good knowledge. The results showed that HIV is a type of disease and that HIV attacks the immune system.

Knowledge is the result of knowing that develops after a person perceives a particular object. Knowledge, or cognition, is a crucial domain for the formation of attitudes. Behaviors based on knowledge are more persistent than behaviors not based on knowledge (Notoatmodjo in Mahlufa, 2019).Previous research conducted by Octavia (2022) on "Adolescent Knowledge and Attitudes Regarding HIV/AIDS Prevention." The results showed that the majority of respondents (64 respondents) (72.7%) had good knowledge, a small proportion (22 respondents) (25%) had sufficient knowledge, and 2 (2.23%) had insufficient knowledge.

According to the researcher's assumption, good knowledge is based on a strong curiosity in seeking out various information and health issues. In today's modern era, it is very easy to find or expand knowledge about HIV by learning from the internet. Good information can also be obtained through print media, teachers, and friends.

Frequency Distribution of Attitudes of Adolescents at SMAN 07, Bengkulu City

A study conducted at SMAN 07, Bengkulu City, found that out of 90 respondents, almost half (44.4%) had an unsupportive attitude, while the majority (55.6%) had a positive attitude. In this study, 40 respondents had an unsupportive attitude, suggesting that respondents would avoid friends with HIV. Based on the research results, 50 respondents strongly agreed that HIV prevention should be carried out continuously, while 10 respondents strongly disagreed with premarital sexual intercourse.

Attitude is a person's implicit response to a stimulus or object, whether internal or external. Its manifestations cannot be directly observed but can only be interpreted from the implicit behavior. Realistically, attitudes indicate a consistent response. Attitude measurement can be conducted directly or indirectly, through respondents' opinions or questions about an object. Indirectly, this is done through hypothetical questions, followed by the respondent's opinion being expressed (Irwan, 2017).

In a study conducted by Lestari (2021) on "Analysis of Factors Related to Adolescent Behavior in HIV/AIDS Prevention in Neighborhood Association (RW) 15, Kecapi Village, Harjamukti District, Cirebon City," the results showed that the majority of respondents (49 respondents (57.0%) supported HIV/AIDS prevention, while 37 (43.0%) did not.

According to the researchers' assumptions, supportive attitudes are based on good knowledge. If respondents have a good understanding of HIV, they will tend to have supportive attitudes. Conversely, respondents with less understanding of HIV will tend to have unsupportive attitudes.

Frequency Distribution of HIV Prevention Behaviors among Adolescents at SMAN 07, Bengkulu City

A study conducted at SMAN 07, Bengkulu City, found that out of 90 respondents, almost half (38.9%) had poor HIV prevention behaviors, while the majority (61.1%) had good HIV prevention behaviors.

In this study, 35 respondents showed poor HIV prevention behaviors, as evidenced by the study's findings. They did not use the bathrooms of HIV-positive individuals or eating utensils shared with HIV-positive individuals. Fifty-five respondents showed supportive attitudes, as evidenced by the study's findings. They abstained from casual sex and avoided sharing needles with illicit drugs to prevent HIV transmission.

Factors closely related to current conditions have contributed to the recent rise in risky behaviors among adolescents. Many adolescents are unaware of the impact of their sexual behaviors on reproductive health, both in the short term and over time. HIV prevention behaviors are influenced by a person's thoughts and feelings, which are shaped by their knowledge of HIV prevention and their attitudes toward it. Furthermore, exposure to mass media as a source of information was related to adolescents' knowledge of HIV prevention, but not significantly related to their attitudes toward HIV prevention (Lestari, 2021).

This is in line with previous research conducted by Solihati (2020) on "Knowledge and Attitudes About HIV/AIDS and HIV/AIDS Prevention Efforts." The results showed that 75.2% of respondents were practicing HIV/AIDS prevention well, and 24.8% were not practicing HIV/AIDS prevention well at SMK Yapinktek Jatiuwung, Tangerang City.

According to the researchers' assumptions, HIV prevention behaviors must be implemented early, considering that most adolescents today engage in risky social interactions. Health workers and families need to play a role in increasing adolescents' knowledge about the dangers of HIV and how to prevent it so that respondents can develop positive HIV prevention behaviors.

The Relationship between Knowledge and Human Immunodeficiency Virus (HIV) Prevention Behavior at SMAN 07, Bengkulu City, in 2024

A study conducted at SMAN 07, Bengkulu City, found that of 27 respondents with insufficient knowledge, 23 (85.2%) had inadequate HIV prevention behavior and 4 (14.8%) had good HIV prevention behavior. Of the 26 respondents with sufficient knowledge, 5 (19.2%) had inadequate HIV prevention behavior and 21 (80.8%) had good HIV prevention behavior. Of the 37 respondents with good knowledge, 7 (18.9%) had inadequate HIV prevention behavior and 30 (81.1%) had good HIV prevention behavior.

In this study, there were 4 respondents with insufficient knowledge but good HIV prevention behavior. The researchers assumed that the respondents had good parental support and positive interactions with peers and teachers. There were 5 respondents with sufficient knowledge and 7 respondents with good knowledge but poor HIV prevention behavior. This is attributed to a lack of family support and negative peer influence.

To determine the relationship between adolescents' knowledge levels and their behavior in preventing Human Immunodeficiency Virus (HIV) transmission at SMAN 07, Bengkulu City, in 2024, the Pearson Chi-Square test was used. The asymp.sig (p) value was 0.000. Since the p value <0.05 indicates a significant relationship, Ho is rejected and Ha is accepted. This means there is a relationship between adolescents' knowledge levels and their behavior in preventing Human Immunodeficiency Virus (HIV) transmission at SMAN 07, Bengkulu City, in 2024. This means that respondents with insufficient knowledge have lower HIV prevention behavior compared to respondents with good knowledge.

Respondents with good knowledge are more likely to engage in HIV/AIDS prevention behaviors than those with less knowledge. This is because respondents with good knowledge will have more information about HIV/AIDS prevention than respondents with less knowledge. Knowledge is a factor in the formation of behaviors and actions that will be taken by adolescents. If adolescents have good knowledge about HIV/AIDS, then positive behaviors regarding HIV/AIDS will also be formed. This study aims to develop or improve the extent of students' knowledge about HIV/AIDS prevention behaviors (Djano, 2023).

Previous research was conducted by Hairil Akbar (2020), entitled "The Relationship Between Knowledge and HIV/AIDS Prevention Behaviors Among Adolescents in Poyowa Besar 1 Village, South Kotamobagu District." Data analysis used the Chi-Square test, with the results showing a correlation between knowledge and HIV/AIDS prevention behaviors among adolescents in Poyowa Besar 1 Village, South Kotamobagu District (p-value = 0.000). Another study was conducted by Setyaningsih (2023), entitled "Determinants of Adolescent Knowledge Levels about HIV/AIDS and Preventive Behavior in Grade XI Students at SMAN 1 Carenang." This study found a correlation between adolescent knowledge levels about HIV/AIDS and preventative behavior in grade XI students at SMAN 1 Carenang (P=0.002).

According to the researchers' assumptions, knowledge is a factor that can shape adolescent behavior. Adolescents with good knowledge will develop positive behavior, while those with insufficient knowledge will develop less positive preventative behavior. Therefore, adolescents need to increase their knowledge to better understand and comprehend HIV and be able to prevent the disease effectively.

The Relationship between Attitudes and Human Immunodeficiency Virus (HIV) Prevention Behavior at SMAN 07, Bengkulu City, in 2024

A study conducted at SMAN 07, Bengkulu City, found that out of 40 respondents with unsupportive attitudes, 30 (75%) had inadequate HIV prevention behavior. Of the 50 respondents with supportive attitudes, 5 (10%) had inadequate HIV prevention behavior.In this study, there were 10 respondents with unsupportive attitudes but with good prevention behavior. The researchers assumed that the respondents were surrounded by positive friends and family who consistently reminded them of the importance of good behavior in HIV prevention. There were 5 respondents with supportive attitudes but with poor prevention behavior. The researchers assumed that even though the respondents had positive attitudes, being in the wrong social circle would impact their poor behavior. Furthermore, a lack of family attention could lead to poor prevention behavior. To determine the relationship between adolescent attitudes and behaviors to prevent Human Immunodeficiency Virus (HIV) transmission at SMAN 07 Bengkulu City in 2024, a Pearson Chi-Square test was used. The asymp.sig (p) value was 0.000. Since the p value <0.05 indicates a significant relationship, Ho is rejected and Ha is accepted. This means there is a relationship between adolescent attitudes and behaviors to prevent Human Immunodeficiency Virus (HIV) transmission at SMAN 07 Bengkulu City in 2024. This means that respondents with unfavorable attitudes have lower HIV prevention behaviors compared to respondents with favorable attitudes.

Adolescents with positive attitudes want to learn more about HIV prevention and prevention programs developed specifically for HIV-positive adolescents and young adults. Positive attitudes are usually aligned with adolescents' existing knowledge, resulting in no effort to change their actions or behaviors. Although adolescents have good knowledge and attitudes about HIV/AIDS, it is still possible for them to avoid HIV/AIDS prevention efforts. This is due to a lack of awareness of the dangers of HIV/AIDS (Sualisman, 2023).

Previous research conducted by Fauziyah (2023) entitled "The Relationship between Knowledge and Attitudes and HIV/AIDS Prevention Measures among Vocational High School Students in Sumedang." The results of this study found a significant relationship between attitudes and HIV/AIDS prevention measures among students at SMK X (0.018) ($p < 0.05$). Another study conducted by Hidayat (2022) entitled "The Relationship between Knowledge Levels and Attitudes and HIV/AIDS Prevention Measures among Grade XII Students at SMKN 1 Cirinten." In this study, there was a relationship between attitudes and HIV/AIDS prevention measures with a p value of 0.043.According to the researchers' assumptions, attitudes are a crucial domain in shaping adolescent behavior. Supportive attitudes will shape positive behavior. Conversely, non-supportive attitudes will shape negative behavior. In forming a

supportive attitude, guidance from parents and the role of health workers are needed to increase respondents' insight so that they have a supportive attitude in HIV prevention behavior.

CONCLUSION

1. Almost all respondents (41.1%) had good knowledge at SMAN 07 Bengkulu City in 2024.
2. Most respondents (55.6%) had a supportive attitude at SMAN 07 Bengkulu City in 2024.
3. Most respondents (61.1%) have good HIV prevention behavior at SMAN 07 Bengkulu in 2024.
4. There is a relationship between knowledge and behavior of adolescents in preventing the transmission of Human Immunodeficiency Virus (HIV) at SMAN 07 Bengkulu in 2024 (r=0.000).
5. There is a relationship between attitudes and behaviors of adolescents in preventing the transmission of Human Immunodeficiency Virus (HIV) at SMAN 07 Bengkulu City in 2024 (r=0.000).

LIMITATION

Theoretical

a. For the Faculty of Health Sciences, Dehasen
   It is hoped that the results of this study can be used as input in planning and developing health intervention programs to address existing problems related to human immunodeficiency virus (HIV) prevention behavior.
b. For Future Researchers
   It is hoped that the results of this study can provide reference materials and input for further research by adding other variables related to HIV prevention behavior.

Practical

a. For SMAN 07 High School in Bengkulu City
   It is hoped that the results of this study can serve as a foundation for implementing guidance, counseling, and mentoring programs on HIV prevention behavior.
b. For Respondents
   It is hoped that respondents can further study to enhance their knowledge and understanding of HIV prevention behavior.

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