

Parenting Patterns and Adolescent Self-Efficacy in Prevention of HIV/AIDS Risky Behavior

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Abstract:

The parenting style given by parents is inappropriate, it will have an impact on the occurrence of HIV/AIDS risky behavior in adolescents. One of the main factors causing risky behavior in adolescents is the low level of self-efficacy in staying away from risky behavior. This study aimed to analyze the relationship between parenting style and self-efficacy in preventing HIV/AIDS risk behavior in adolescents. The design in this study is a descriptive correlation with a cross-sectional approach. The sampling technique used in this study was proportionate stratified random sampling. Respondents in this study were teenagers at Darus Sholihin Puger Jember Vocational School, many as 84 respondents. Parenting style was measured using a parenting style questionnaire. Self-efficacy was measured using the Self-Efficacy Questionnaire for Prevention of HIV/AIDS Risky Behavior. The analysis in this study used the Chi-square test. The parenting style that is widely applied to adolescents is democratic parenting, and the majority have self-efficacy while preventing HIV/AIDS risky behavior. There is a significant relationship between parenting style and self-efficacy in preventing HIV/AIDS risky behavior with a p-value of 0.026. Health services can educate parents about the importance of parenting to increase self-efficacy in adolescents, especially in terms of preventing HIV/AIDS risky behavior.

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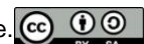
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INTRODUCTION

Parenting patterns refer to the actions/behaviors and methods parents use to socialize and control their children. Parenting style describes how parents react and respond to children. In addition, parenting style is a pattern of parental behavior applied to children that are relatively consistent from time to time (Sooriya, 2017). Parenting is the most dominant and fundamental parental behavior in daily childcare, the parenting style adopted by parents will affect children's behavior and discipline (Selly et al., 2021). Parenting is the best way to educate children by parents as a form of their responsibility to children (Kurniyawan et al., 2023). Parenting is very closely related to a child's personality development, especially his self-confidence (Kurniyawan et al., 2021).

Parents and family are the central educational institutions that shape a child's personality and are tasked with providing guidance, supervision, attention, and affection to children (Faisal, 2016). The role of parents is considered capable of increasing children's independence level (Cahya et al., 2021). Aguma et al. (2014) explained that parents are the closest and most responsible party to adolescents. Therefore, they must become a filter and fortress against the

influence of values and norms from outside. In fact, in today's modern era, many parents do not understand the changes that occur in adolescents, so it is not uncommon for conflicts between the two of them to occur. Adolescents who feel they are not understood often show aggressive actions that can lead to high-risk behavior (Kusumawati, 2017).

If the parenting style given by parents is inappropriate, it will impact the occurrence of risky behavior in adolescents. Risky behavior is behavior that can cause death or disease in adolescents: smoking, free lifestyle, behavior that results in injury and violence, alcohol and illegal drugs, diets that can cause death, and sexual behavior that causes pregnancy and death (Centers for Disease Control and Prevention, 2013). Parents provide the first education for adolescents it greatly influences adolescents in deciding sexual behavior (Rahmawati & Ritanti, 2021). This risky behavior triggers various diseases, including the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS).

HIV/AIDS among adolescents has become a phenomenon requiring more intensive attention and treatment, so youth become one of the aspects that need to be directed toward HIV prevention (Manafe et al., 2014). Adolescents are vulnerable to health problems, especially sexual and reproductive health, such as HIV/AIDS (Herawati & Ritanti, 2021). Prevention is done to reduce the increase in cases of HIV/AIDS, namely through behavioral change factors. Factors for changing behavior can be done by changing or increasing self-confidence in the ability to take action to prevent HIV/AIDS risk behavior or known as self-efficacy (Wilandika, 2017).

Risky behavior can cause death or cause disease (Centers for Disease Control and Prevention, 2013). Wilandika & Ibrahim (2016) mentioned six aspects of risky behavior that lead to HIV: having pre-marital sex, using drugs, watching pornographic videos, talking about sexual relations, using needle tattoos, and ignoring the partner's HIV status (Kurniawan & Sulistyorini, 2019). One of the main factors causing risky behavior in adolescents is the low level of self-efficacy in avoiding risky behavior (Muflih & Setiawan, 2017). Based on research by Tam et al (2012), adolescents' self-efficacy determines their beliefs in controlling themselves from risky behavior. Self-efficacy influences task success and increases motivation. Self-efficacy is one way to increase self-confidence in preventing HIV/AIDS Risky Behavior (Afandi & Kurniawan, 2018).

Self-efficacy is an individual's belief in his ability to take the necessary action to overcome difficulties in carrying out an HIV prevention program (Sariyani et al., 2022). Adolescents who have strong self-efficacy will have high goals and stick to their goals (Kurniawan et al, 2022). Sources of self-efficacy can be achieved through motivation, affection, cognitive, and selection. Self-efficacy is formed from self-assessment of abilities and feelings of threat which can lead to motivation to organize HIV prevention actions (Kurniawan, 2022).

Individuals with solid self-efficacy in preventing HIV/AIDS risk behavior can have a significant influence, namely reducing the incidence of HIV because of engaging in behaviors that will transmit HIV infection (Wilandika, 2017). Prevention of HIV transmission can be done through abstinence, loyalty, using condoms, staying away from drugs, and education (Kurniawan et al., 2021). The Indonesian government is trying to control HIV/AIDS by expanding services up to the Puskesmas level from counseling and testing to ARV care/medication, to achieve a national acceleration of AIDS prevention (Kurniawan et al., 2022). The higher the education, the easier it is to receive information and quickly determine and change to better behavior in HIV prevention (Gustawan et al., 2022).

The formation and improvement of self-efficacy to prevent HIV/AIDS risk behavior in adolescents are obtained from the role of parents (Ariyanti, 2019). Parents are the main parties who play a role in the growth of self-efficacy in adolescents. The growth of self-efficacy is centered on parenting styles from parents, then influenced by peers, siblings, and other. Parenting patterns

and good interactions with family members are supporting factors for forming positive self-efficacy in adolescents (Widiyanti & Marheni, 2013). This study aimed to analyze the relationship between parenting style and self-efficacy in preventing HIV/AIDS risk behavior in adolescents.

METHOD

The design in this study is the descriptive correlation with a cross-sectional approach. The sampling technique used in this research is using probability sampling, with the approach taken proportionate stratified random sampling. Respondents in this study were teenagers in classes X and XI who attended Darus Sholihin Puger Jember Vocational School. As many as 84 respondents were measured using the formula in the G*Power 3.0.1.0 application.

The research sample criteria consisted of inclusion criteria, including adolescents aged 15-19 years, adolescents living with their parents, adolescents with student status at Darus Sholihin Puger Vocational School, willing to be respondents, and able to communicate well and effectively. Exclusion criteria in this study were adolescents with physical limitations or who can inhibit communication, such as blind or deaf. The independent variable of parenting style was measured using the parenting style questionnaire. The dependent variable, self-efficacy for preventing HIV/AIDS risky behavior, was measured using the Self-Efficacy Questionnaire for preventing HIV/AIDS risky behavior. The analysis in this study used the Chi-square test.

RESULT

Univariate Analysis Results

Table 1. Respondents' Characteristics Based on Age, Gender, and Religion among Adolescents at Darus Sholihin Puger Vocational School (n=84)

Variables	Frequency	Percentage
Age		
Median (min-max)	17	(15-18)
Gender		
Man	58	69.00
Woman	26	31.00
Religion		
Islam	84	100

There is known that the median age of the respondents was 17 years. Gender distribution of the 84 respondents shows that more than half of the respondents are male (69.0%), and the distribution of religion shows that all respondents are Islam/Moslem (100%).

Parents' Parenting Style and Self-Efficacy Prevention of HIV/AIDS Risk Behavior

Table 2. Parents' Parenting Style and Self-Efficacy Prevention of HIV/AIDS Risky Behavior among Adolescents at Darus Sholihin Puger Vocational School (n=84)

Variable	Frequency	Percentage (%)
Parenting Style		
Authoritarian	21	25.0
Democratic	35	41.7
Permissive	28	33.3
Self-Efficacy		
Low Self-Efficacy	20	23.8
Moderate Self-Efficacy	39	46.4
High Self Efficacy	25	29.8

The most dominant parenting style applied to 84 respondents was democratic parenting, with 35 respondents (41.7%). Most adolescents have moderate self-efficacy, with 39 respondents (46.4%).

The Relationship between Parenting Style and Self-Efficacy in the Prevention of HIV/AIDS Risky Behavior

Table 3. Analysis of the Relationship between Parenting Style and Self-Efficacy in Preventing HIV/AIDS Risky Behavior among Adolescents at Darus Sholihin Puger Vocational School (n=84)

Parenting Style	Self-Efficacy in Prevention of HIV/AIDS Risk Behavior			Total	p-value
	Low	Moderate	High		
Authoritarian	9	4	8	21	0,026
Democratic	4	21	10	35	
Permissive	7	14	7	28	
Total	20	39	25	84	

The 35 respondents who received democratic parenting had moderate self-efficacy of 21 and high self-efficacy of ten. The relationship between parenting style and self-efficacy in preventing HIV/AIDS risk behavior in adolescents at Darus Sholihin Puger Vocational School shows a p-value =0.026. Thus there is a relationship between parenting style and self-efficacy in preventing HIV/AIDS risk behavior in adolescents at Darus Vocational School Sholihin Puger.

DISCUSSION

Parenting Style

In this study, it was stated that 35 adolescents received democratic parenting and were the most dominant when compared to the other two parenting styles. Democratic parenting is parenting that prioritizes the interests of the child. Murtiyani's research (2011) stated that 30% of adolescents out of 40 respondents received democratic parenting. Arub's research (2017) showed that 54 adolescents (67.5%) received democratic parenting. In that study, democratic parenting was most dominantly applied to adolescents. Adolescents with a democratic parenting style have received education, guidance, and care from their parents in forming a personality that can influence behavior by prioritizing the interests of adolescents but still under proper supervision. This can affect adolescents to protect themselves from risky behavior, which in this study is sexual behavior.

In this study, many adolescents received democratic parenting because their parents were here. Even though they gave their children freedom to carry out all activities, the parents still supervised and gave them attention. Even though parents want the best for their children, they still involve and provide rights or opportunities for adolescents as children and family members whose opinions still need to be heard and even accepted. Parents direct their children not only to obey the rules but also to understand why there are things that can be done and some that cannot be done.

Self-Efficacy Prevention of HIV/AIDS Risky Behavior

The results showed that the 84 respondents in this study had moderate self-efficacy (46.4%). This is in line with research by Widiyanti & Marheni (2013), which states that most respondents, namely middle adolescents in Denpasar, have moderate self-efficacy, namely 211 people (55.5%). This differs from Wilandika's study (2017), which showed that self-efficacy in preventing HIV-risk behavior among Muslim students, the majority of which was 53.7%, was relatively high, with an average self-efficacy score of 80.3.

Respondents with high self-efficacy will avoid HIV-risk behaviors such as extramarital sex, watching porn videos, using drugs, tattoo needles, and not wanting to know their partner's HIV status. Mustikasari's research (2016) showed the results of research on adolescents at a Vocational School on November 10, Jombang, that the respondents' self-efficacy mainly was in the high category, namely 55 adolescents (56.1%) of respondents had high self-efficacy.

Self-efficacy in adolescents in this study is still moderate. Therefore, it needs to be increased so that self-efficacy in adolescents becomes higher. So, in this case, it is necessary to have support and communication from the closest people, such as parents, family, and teachers, to increase self-confidence in adolescents. It is hoped that these adolescents can control themselves in inappropriate behavior.

The Relationship between Parenting Style and Self-Efficacy in the Prevention of HIV/AIDS Risky Behavior

The results obtained from this study showed that there was a significant relationship between parenting style and self-efficacy in preventing HIV/AIDS risk behavior in adolescents at Darus Sholihin Puger Vocational School, Jember Regency. Mustikasari's research (2016) also states that there is a relationship between self-efficacy and adolescent sexual behavior. The research by Widiyanti & Maherni (2013) stated that the formation of self-efficacy in adolescents is inseparable from the influences that accompany it. Family is the primary socialization for a child. Therefore, the initial growth of self-efficacy is centered on parents, then influenced by peers, siblings, and other. Parents as adults and the first model to give direction to adolescents regarding the things that must be done to be able to survive outside the family. In this case, parents apply different parenting styles when educating their children.

Today, many teenagers engage in deviant behaviors such as free sex, drinking alcohol, and drugs. The existence of deviant or risky behavior is due to the low self-efficacy of these individuals (Muflih & Setiawan, 2017). According to research by Tam et al. (2012), adolescents' self-efficacy determines their beliefs in controlling themselves from risky behavior. Individuals with high self-efficacy feel confident in carrying out healthy behaviors and will later avoid risky behaviors that can negatively impact their own health. Concerning risky behavior toward health, someone with high self-efficacy tends to have the initiative to initiate behavior that can positively affect maintaining health. Adolescents with high self-efficacy will have a higher chance of avoiding risky physical activity behaviors such as smoking, consuming alcohol, having mental health problems, using illegal drugs, eating behavior problems, and watching pornography (Anggai, 2015).

From the explanation above, the dynamics of parenting given by different parents will also affect the formation of adolescent self-efficacy. The more appropriate the parenting style given by parents to adolescents, the higher the self-efficacy that is formed. Likewise, in this study, adolescents who receive democratic parenting have moderate or even high self-efficacy. So that adolescents can increase their resilience against risky behaviors that lead to the occurrence of HIV/AIDS.

CONCLUSION

The parenting style that is mostly applied to teenagers at Darus Sholihin Puger Vocational School Jember Regency is democratic parenting. Most adolescents at Darus Sholihin Puger Vocational School, Jember Regency, have self-efficacy and are currently preventing HIV/AIDS risky behavior. There is a significant relationship between parenting style and self-efficacy in preventing HIV/AIDS risk behavior. Health services can educate parents about the importance of parenting to increase self-efficacy in adolescents, especially in terms of preventing HIV/AIDS risky behavior. In addition, health services can also provide other education regarding factors that can affect self-efficacy in preventing HIV/AIDS risky behavior so that adolescents can increase their resilience to risky behaviors that lead to the occurrence of HIV.

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