



# Experiences of Adolescents Living with HIV/AIDS at The Sentani Puskesmas, Jayapura District

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**Abstract:** Adolescence is a time when someone wants to try various things. HIV/AIDS status is very vulnerable in adolescence, especially sexual deviations. However, when teenagers contract HIV/AIDS, they face many obstacles. The type of research used was qualitative with in-depth interviews with a purposive sampling method, namely snowball sampling of six informants. Six themes were found, namely transmission of HIV/AIDS through free sex, physical impacts where teenagers can still carry out daily activities independently even though they have symptoms such as fever, mouth ulcers, dermatitis, STIs, weight loss and activity. You can still do it independently on a daily basis, the psychological impact that changes occur, such as sad crying, fear, rejection, depression, trying to commit suicide, worrying, being alone, and trying to end your life, the existence of social support. Community perception of HIV/AIDS includes fear, shame, sadness, isolating oneself, depression and trying to end one's life, prevention efforts are made by adolescents to prevent HIV/AIDS by not having free sex, using condoms when having sex, and carrying out HIV/AIDS tests, and spiritual impact by carrying out activities such as praying and reading holy books.

**Keywords:** Adolescents; HIV/AIDS; Living with HIV/AIDS

## Introduction

The teenage period is puberty which is related to psychological development which is accompanied by sexual development which poses a risk to reproductive health, including the risk of being infected with HIV/AIDS which will affect the body's immunity and cause AIDS which will affect a person's physical and psychological condition (Canziani & Sinnott, 2022). According to Srinatania & Karlina (2021), most teenagers living with HIV/AIDS appear gloomy or sad, feel embarrassed, feel guilty, stressed, feel that they have no support from their family or friends, some even want to end their lives.

Preliminary study results were obtained where teenagers in the Sentani area were found to be infected with HIV/AIDS. Where they experience promiscuity such as sexual deviation and feel sorry for being infected with HIV due to their lifestyle such as drinking, smoking

marijuana, having free sex. After being infected, some teenagers die from HIV/AIDS (Namuli et al., 2021).

According to Br Sembiring et al. (2021), people who were initially infected experienced psychological disorders and they were bored of taking medication for a long time but their illness did not heal. Where HIV/AIDS cases at the Sentani Community Health Center were 278 people in 2021 and 342 people in 2022, an increase of 64 people and there were eight teenagers living with HIV/AIDS at the Sentani Community Health Center.

HIV/AIDS cases in Jayapura Regency in 2018 were 2,973 (1,397 HIV cases and 1,576 AIDS cases) with a death rate of 346. Case Fatality Rate (11.6%). Specifically for AIDS, deaths amounted to 275 CFR 17%. HIV attacks all age groups, the highest number of HIV/AIDS attacks in the productive age of 15 to 49 years as many as 2,751 cases 92.53%, seen from work HIV/AIDS attacks housewives as many as 773 cases (26%), and HIV/AIDS in adolescents aged 12 to 19 years there were 45 cases

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(53.4%). Data from the Papua Health Office (2022) shows that there are 200,441 cases of HIV infection and 29,570 cases of AIDS, which is always increasing, so it is necessary to handle it appropriately through training for teenagers by providing counseling, media development, direct interaction or dialogue with individuals or groups.

HIV cases in Indonesia in 2021 (427,201) and AIDS (131,417), in 2022 the number of HIV cases will be 519,158 people, in DKI Jakarta Province there will be 90,956 cases, East Java will have 78,238 cases, West Java will have 57,246 cases, North Sumatra will have 28,372 cases and Papua had 45,638 cases. In 2017, the World Health Organization (WHO) stated that there were 36,900,000 HIV infections. From this data, there are around 2.1 million children under 15 years of age. And from data from the Joint United Nations Program in HIV and AIDS (UNAIDS), at the age of 15 - 19 years there are 35,000 males and 580 females. The number of children living with HIV aged 10 - 19 years is 450,000 boys and 580 girls. The death rate for children at that age due to AIDS is 20,300 (11,000 boys and 9,300 girls) (Hendrawan et al., 2022).

The rate of HIV transmission among adolescents continues to increase throughout the world (Bekker et al., 2023). At the age of 15 - 24 years, there is an increase in the world, influenced by factors such as knowledge about HIV/AIDS, education, economics, environment and culture (Safitri et al., 2022). Data from the Indonesian Pediatrician Association (IDAI) for 2022 includes 1,188 children infected with HIV. There are 741 (3.3%) cases of teenagers infected with HIV in the category of teenagers aged 15 - 19 years, and in the age group 5 - 14 years as many as 173 cases. Transmission of HIV to teenagers is of particular concern, this occurs because of transmission from the mother during pregnancy or childbirth, injection drug use, free sex, especially with members of the same sex (Kinyanjui, 2023).

Research conducted by Suzanna et al. (2021) states that teenagers still have a low self-concept, because they still have unstable emotions and have not yet matured their way of thinking and there is no appreciation for themselves, where teenagers tend to engage in sexual behavior outside of marriage. Several things listed above made the researcher formulate the research question "What are the experiences of teenagers living with HIV AIDS at the Sentani Community Health Center, Jayapura Regency". State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

## Method

This research uses a qualitative research design with exploratory research methods to explore the experiences of teenagers living with HIV AIDS at the Sentani Community Health Center, Jayapura Regency, Papua (Nsibandze et al., 2021). The number of participants in this research was six people using a purposive sampling method and snowball sampling. The number of participants in this research was six people using a purposive method and snowball sampling using a semi-structured in-depth interview method. Data collection is done through interviews, observations, and audio recordings, and then the coding is analyzed quality. The tool used to analyze data and informants is the triangulation data analysis technique.

## Result and Discussion

### Result

The results of the study were based on Experiences of Adolescents with HIV/AIDS at Sentani Community Health Center, Papua conducted semi-structured in-depth interviews with three informants (PLWH) and one counselor, and one informant friend.

#### Adolescents with HIV/AIDS

##### Description of the occurrence of HIV/AIDS transmission among informants

Based on the results of in-depth interviews with all informants, information was obtained about the occurrence of HIV/AIDS transmission through free sex, free sex between heterosexuals and homosexuals. The following are excerpts from in-depth interviews with all informants:

Transmission most often occurs in teenagers through free sex, namely heterosexual and homosexual (Counselor informant) Infected with HIV/AIDS through casual sex (Informants 1, 4, 5, and 6) Infected with HIV/AIDS through casual sex, namely male homosexuals (MSM) (Informants 2 and 3).

#### Physical Impacts on Adolescents with HIV/AIDS

##### Initial symptoms of infection

Based on the results of in-depth interviews with all informants, information was obtained about the physical impacts caused by the symptoms experienced at the start of being infected with HIV/AIDS, namely fever, mouth ulcers, sexually transmitted infections (STIs), skin diseases, and weight loss. The following are excerpts from in-depth interviews with all informants:

The symptoms are fever, mouth ulcers, sexually transmitted infections (STIs), dry and scaly skin and weight loss (Counselor Informant): Frequent fever and

mouth ulcers (Informants 1 and 6); Frequent sores/abrasions on the genitals, mouth ulcers, white mouth and tongue, unable to eat or drink, weight loss (Informant 2); Swollen genitals, painful genitals, pus coming out of urine, frequent fever (Informant 3); Fever (informant 4); and Thin body, mouth white to the point of bleeding, unable to eat, dry, scaly and itchy skin (Informant 5).

*Teenagers with HIV/AIDS want to be treated like other teenagers*

*Daily activities after being infected with HIV/AIDS*

Based on the results of in-depth interviews with all informants, information was obtained about the physical impact of daily activities after being infected with HIV/AIDS, most of whom were still able to carry out activities independently even though they complained of getting tired quickly and not sleeping well at night. The following are excerpts from in-depth interviews with all informants:

Some teenagers who are HIV/AIDS positive can still carry out their activities independently. But in emotional matters there are many problems, individuals get tired more easily, get angry, cry, they are more sensitive, some even become depressed, causing lack of sleep at night (Counselor Informant): can carry out daily needs independently, gets tired quickly, and prefers to be alone (Informant 1); at first he couldn't move, had difficulty walking, just stayed at home, couldn't wear pants, but couldn't work, now he can work (Informant) daily activities can be done independently (Informant 3); do all your own needs (Informants 4 and 5); and carrying out daily activities independently, now gets tired quickly (Informant 6).

*Psychological Impact on Adolescents with HIV/AIDS*

Based on the results of in-depth interviews with all informants, information was obtained about the changes that occur after being infected with HIV/AIDS, namely psychological impacts such as crying, sadness, fear, rejection, depression, attempting suicide, worrying, being alone, trying to end your life. The following are excerpts from in-depth interviews with all informants:

Changes in adolescents after finding out they are infected are crying, withdrawn, afraid of dying, sad and excessively afraid (Counselor Informant): disbelief, rejection, fear of death (informant 1); crying, scared, depressed, trying to commit suicide (informant 2); thin body reduced to bones, afraid, worried that friends would find out about his illness and started to be alone ((informant 3); sad, wants to die, and is in denial (Informant 4); rejects, is afraid and doesn't want to meet other people (Informant 5); and it is impossible to get a

cursed disease, be afraid, cry, end your life, and be depressed (Informant 6).

*Social Support*

*Public perception of HIV/AIDS in teenagers*

Based on the results of in-depth interviews with all informants, information was obtained on the public's perception of HIV/AIDS in adolescents with psychosocial impacts such as fear, shame, sadness, isolating themselves, depression and trying to end their lives. The following are excerpts from in-depth interviews with all informants:

Many teenagers are afraid of finding out about their illness, even their parents don't know yet (Counselor Informant): fear of not having friends, embarrassing illnesses and isolating yourself (Informant 1); fear of being shunned by friends, teachers and the environment (Informant 2); people stay away if they know about an infectious disease (Informant 3); avoiding crowds, afraid of infecting others (Informant 4); dropped out of school, embarrassed, drank insect poison, depressed (Informant 5); and afraid, sad, and blaming myself, I'm a bad girl (Informant 6).

*Teenagers' interactions with HIV/AIDS and the environment*

Based on the results of in-depth interviews with all informants, information was obtained about the interactions between teenagers with HIV/AIDS and the environment with psychosocial impacts such as starting to withdraw, become alone, fearful, suspicious and worried. The following are excerpts from in-depth interviews with all informants:

Many teenagers start to withdraw, afraid that other people will know their pain. (Counselor Informant): lazy to meet other people, afraid of other people knowing, afraid of being shunned (Informant 1); nobody knows yet, they are afraid, they feel suspicious (Informant 2); take part in activities close to home (Informant 3); worried, afraid (Informant 4); have no friends, everyone stays away, afraid of being infected, alone at home (Informant 5); and is alone, doesn't want to meet people, and is afraid (Informant 6).

*Support for teenagers with HIV/AIDS*

Based on the results of in-depth interviews with all informants, information was obtained about the support that teenagers with HIV/AIDS received mostly from health services and parents (mothers). The following are excerpts from in-depth interviews with all informants:

Most teenagers who come to collect medicine come alone. Only a few people were accompanied by the mother, and the mother did not know that her child was sick with HIV. We didn't tell because the client didn't allow it (Counselor Informant): support from health

services (nurses) (Informants 1, 3, 4, and 6); support from mother and health workers (Informants 2 and 5).

#### *Efforts to prevent the transmission of HIV/AIDS*

Based on the results of in-depth interviews with all informants, information was obtained about the efforts made by teenagers infected with HIV/AIDS to prevent the transmission of HIV/AIDS so that infected teenagers do not infect other people, stop having casual sex, use condoms when having sex, and do HIV testing. The following are excerpts from in-depth interviews with all informants:

Efforts made to stop casual sex, use condoms when having sex (Counselor Informant): not having casual sex with your boyfriend, waiting for the right time to tell your partner about the infected individual, encouraging your partner to get tested for HIV, praying and sincerely accepting (Informant 1); using a condom every time you have sex (Informant 2); and stop having casual sex (Informants 3, 4, 5, and 6).

#### *The Spiritual Impact of Adolescents with HIV/AIDS*

Based on the results of in-depth interviews with all informants, information was obtained about the activities involved in HIV/AIDS prevention, spiritual activities such as participating in religious activities and praying. The following are excerpts from in-depth interviews with all informants:

Education about HIV/AIDS transmission, HIV/AIDS screening, counseling and spiritual approaches (Counselor Informant): none (Informants 1, 2, 3, 4, and 5); and pray and read the Bible privately (Informant 6).

#### *Stimulus organism of teenagers living with HIV/AIDS*

Based on the results of in-depth interviews with all informants, stimulus information was obtained for teenagers living with HIV/AIDS. These stimuli are divided into two, namely open stimuli and closed stimuli. The hidden stimuli found in informants in in-depth interviews were that the informants were seeking treatment without their family's knowledge, hiding their status from family, friends and the surrounding environment, and closing themselves off.

Get treatment without the family's knowledge by conducting interviews regarding the teenager's interactions with the environment. The following are excerpts from in-depth interviews regarding open stimulus with all informants:

Many teenagers start to withdraw, afraid that other people will know their pain (Counselor Informant): lazy to meet other people, afraid of other people knowing (Informant 1); take part in activities close to home so that mom doesn't know I'm sick (Informant 3); has no friends, everyone stays away, afraid of being infected, alone at

home Informant 5); is alone, doesn't want to meet people, and is afraid (Informant 6); and hide status from family, friends and the surrounding environment by looking at how it interacts with the environment. The following is an excerpt from the interview with the informant.

The results of in-depth interviews related to closing oneself with the changes experienced by teenagers with HIV/AIDS. The following is an excerpt from the interview with the informant: Changes in adolescents after finding out they are infected are crying, withdrawn, afraid of dying, sad and excessively afraid (Counselor Informant) starting to be alone (informant 3).

The following is an excerpt from an interview regarding public perceptions of HIV/AIDS. Many teenagers are afraid of finding out about their illness, even their parents don't know yet. Some teenagers have wanted to end their lives, because the family found out they were infected with HIV/AIDS so the family distanced themselves and even kicked them out (Counselor Informant): fear of not having friends, embarrassing illnesses and isolating yourself (Informant 1); fear of being away from friends, teachers and the environment (Informant); avoiding crowds, afraid of infecting others (Informant 4); dropped out of school, embarrassed, drank insect poison, depressed (Informant 5).

The following are excerpts from in-depth interviews regarding closed stimuli with all informants:

#### *It's sad to live with HIV AIDS*

#### *Changes experienced by teenagers with HIV/AIDS*

Changes in adolescents after finding out they are infected are crying, withdrawn, afraid of dying, sad and excessively afraid (Counselor Informant): crying, scared, depressed, trying to commit suicide (Informant 2); and it is impossible to get a cursed disease, fear, crying, ending your life, and depression (Informant 6)

#### *Public perception of HIV/AIDS*

Many teenagers are afraid of finding out about their illness, even their parents don't know yet. Some teenagers have wanted to end their lives, because the family found out they were infected with HIV/AIDS so the family distanced themselves and even kicked them out (Counselor Informant): sad, and blaming myself, I'm a bad girl (Informant 6); afraid to open up to family, friends and the environment.

#### *Changes experienced by teenagers with HIV/AIDS*

Changes in adolescents after finding out they are infected are crying, withdrawn, afraid of dying, sad and excessively afraid (Counselor Informant): disbelief,

rejection, fear of death (Informant 1); afraid and doesn't want to meet other people (Informant 5).

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#### *Hope of Adolescents living with HIV/AIDS*

Based on the results of in-depth interviews with all informants, information was obtained about the hope for teenagers with HIV/AIDS, namely recovery. The following are excerpts from in-depth interviews with all informants:

Hope for HIV/AIDS sufferers to recover (Counselor Informant): healing (Informant 1 and 2); healing, regularly taking medication (Informant 3); healed, taking medication regularly, there are activities to inform teenagers about HIV/AIDS (Informant 4); want to recover, take medication regularly, and no family members are infected (Informant 5); and want to recover, provide education to other people (Informant 6).

Based on the researcher's observations, the informant was a teenager who was sociable/sociable and not a person who closed himself off. This can be seen from the positive response shown to researchers. However, the feeling of pressure was quite visible from the movements of his hands, which liked to play with the nails on his fingertips. During the conversation, participants wiped their tears several times because they spontaneously came out.

Based on a review of documents at the Sentani Community Health Center's VCT Poliklik, it was found that the counselor is the person in charge of the VCT who has carried out training related to counselors, every visit of the informant is documented in the patient record book, the patient's medical records are properly archived and stored neatly in one room and the patient's medication administration records are recorded in the book. visit.

#### *Discussion*

Based on the results of research conducted on adolescents with HIV/AIDS, there were eight themes at the Sentani Community Health Center. get health facilities at the P2P Polyclinic, especially VCT services, get counseling, prevention, treatment and care services for clients with HIV/AIDS.

#### *Adolescents with HIV/AIDS*

##### *Description of the Occurrence of HIV/AIDS Transmission in Adolescents*

This research revealed that the informants were aged between 17 - 19 years and most of them were still studying at high school. The teenager was infected with HIV/AIDS because the informant had free sex with more than one partner and there were informants who had free sex both homosexually and heterosexually.

In line with research (Sumartini & Maretha, 2020), the spread of HIV/AIDS among teenagers is mostly caused by free sexual behavior and research Ristianadewi et al. (2021) states that risky behavior of contracting HIV/AIDS occurs due to sexual deviation (free sex). Similarly, according to the results of research conducted (Sembiring & Makualaina, 2024), the cause of HIV/AIDS transmission is casual sexual relations with people infected with HIV/AIDS.

It is known that most people and teenagers still consider discussing sex as taboo and embarrassing. However, it is known that most of the transmission of HIV/AIDS in adolescents is from sexually deviant behavior.

#### *Physical Impacts on Adolescents with HIV/AIDS*

##### *Early symptoms of HIV/AIDS infection*

Most informants after being infected with HIV/AIDS experienced fever, mouth ulcers, skin diseases, sexually transmitted infections, and weight loss (Ruhinda, 2024). In line with research conducted Muthmainnah (2024) that weight loss usually occurs by more than 10% in individuals infected with HIV/AIDS due to reduced nutritional intake caused by mouth ulcers, fever and IMS.

#### *Daily activities of teenagers with HIV/AIDS*

Adolescents with HIV/AIDS who are initially infected can still carry out activities independently but get tired quickly. This is in line with research conducted Pujasari & Chung (2022) where individuals infected with HIV/AIDS experience problems with rest activities where changes occur such as fatigue, sleep disturbances at night.

According to research Wanda (2022), service workers have a significant influence on changes in physical conditions because health services interact

more often to provide outreach about HIV/AIDS. According to research Tohit & Haque (2024), it is still considered taboo and embarrassed to discuss sexual matters at a young age, which causes a lack of information about sex among teenagers.

A person infected with HIV/AIDS can have physical impacts that affect their physiological needs. The results of research observations showed that teenagers infected with HIV/AIDS quickly felt tired, nutrition began to be disrupted with the emergence of mouth ulcers, diarrhea, tuberculosis, skin diseases, weight loss of up to 10%. and rest is disturbed because they cannot sleep at night because of the symptoms of the disease they are suffering from.

#### *Psychological Impact on Adolescents with HIV/AIDS*

Based on the research results, it was found that the changes that occur after being infected with HIV/AIDS are psychological impacts such as crying, sadness, fear, rejection, depression, attempting suicide, worrying, being alone, trying to end your life. Based on research Rich et al. (2022), it is said that if there is a psychological impact on teenagers with HIV/AIDS who have the desire to end their life, there is a feeling of shame, and they are shunned by their friends due to discrimination.

In line with research conducted by Oktapia & Huwae (2023) that the experience of teenagers who are still afraid of telling their status as infected with HIV/AIDS is due to teenagers who feel afraid of being ignored by their friends and family if their status as PLWHA is known. In research conducted by Alzahrani & Almarwani (2024), in the early stages of infection, teenagers felt guilty, embarrassed, and afraid of being found out by friends, family, and other people that they were infected. Public perception of HIV/AIDS in adolescents causes psychosocial impacts such as fear, shame, sadness, isolation, depression and suicide attempts.

#### *Social Support for Adolescents with HIV/AIDS*

##### *Community Perception of Adolescents with HIV/AIDS*

The results of the research obtained information on public perceptions of HIV/AIDS in adolescents with psychosocial impacts such as fear, shame, sadness, isolating themselves, depression and trying to end their lives. According to research Shaluhiyah et al. (2015) in society there is still a lot of stigma towards people with HIV/AIDS. Stigma that exists in society, such as parents not allowing it or individuals themselves not wanting to be friends or socializing with PLWHA, refusing to live close to each other, let alone living in the same house, people will avoid and be unwilling to have relationships with PLWHA. This is the basis for teenagers to feel afraid if someone finds out that they are infected with

HIV/AIDS. Stigma exists because of the lack of clear and complete information to the public, especially PLWHA.

The perception that arises in society is that a teenager infected with HIV/AIDS is a naughty child. If they are infected with HIV/AIDS, individuals will experience stress and depression as the main factors causing individuals to die more quickly, even though teenagers with HIV/AIDS want to be treated like other teenagers. Researchers perceive that adolescents with HIV/AIDS receiving support from health services can increase control adolescents' compliance, taking ARV medication regularly, and avoiding casual sex.

#### *Interaction of Teenagers with HIV/AIDS on the Environment*

The results of the research obtained information about the interactions between teenagers with HIV/AIDS and the environment with psychosocial impacts such as starting to withdraw, become alone, fearful, suspicious and worried.

#### *Support for Adolescents with HIV/AIDS*

In this study, informants received support for teenagers with HIV/AIDS mostly from health services. This is caused by parents and families not knowing that PLWHA are infected with HIV/AIDS. There were two informants who were accompanied by their mother for treatment at the pustekmas but did not yet know about their child's illness.

The support faced by adolescents is due to biological, psychological and social stressors due to stigma and discrimination from family and society. Forms of psychological and social support that can alleviate or hinder the progression of initial HIV infection to AIDS, such as assisting a person or family in understanding infection, death due to AIDS, legal support, providing counseling, providing psychological and psychosocial support, and developing HIV/AIDS prevention strategies (Br Sembiring et al., 2021).

According to research (Sumbi et al., 2021), most parents do not know that their children are infected with HIV/AIDS because their children want to keep it a secret. Teenage illnesses are not told to the family. It is feared that if the HIV/AIDS status of the teenager is known to the family, the teenager is worried that they will receive negative stigma from the family. According to research Kirana (2022), teenagers with HIV/AIDS who have knowledge regarding the disease they suffer from will prevent the transmission of HIV/AIDS.

The researchers observed that teenagers infected with HIV/AIDS only received support from health services (counselors), because the individuals had not informed their families (parents) about their illness. This is due to a lack of individual knowledge about HIV/AIDS transmission and prevention. The role of counselors is needed in providing education about

HIV/AIDS so that teenagers with HIV/AIDS can open up and improve their coping and regular ARV treatment.

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support, providing counseling, providing psychological and psychosocial support, and developing HIV/AIDS prevention strategies (World Health Organization, 2022).

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#### *Stimulus organism of teenagers living with HIV/AIDS*

The research results obtained stimuli for teenagers living with HIV/AIDS, which consisted of open stimuli and closed stimuli. Open stimuli are (1) teenagers with HIV/AIDS seeking treatment without their family's knowledge (2) PLWHA hiding their disease status from family, friends and the surrounding environment (3) PLWHA closing themselves off. According to research Muhia (2023), states that in adolescence it is still considered a taboo and embarrassing disease so that teenagers hide their health status from family, friends and the environment.

According to research Suparno et al. (2021) states that adolescent behavior is influenced by a lack of knowledge about reproductive health, while adolescents experience psychological changes in wanting to try new things. Adolescents are still easily influenced and driven by sexual stimulation so that they have sex outside of marriage which has an impact on reproductive health, one of which is sexually transmitted infections.

The results of the observations showed that adolescence is a period of transition to adulthood, which experiences physical, social and mental changes, including changes in the reproductive system. This encourages teenagers to want to try new things. With sexual issues still being taboo in society, teenagers' knowledge about sex is still lacking, so many teenagers engage in free sex. By engaging in sexual deviation (premarital sex), it has the impact of sexually transmitted infections (STIs), which adolescents must understand,

that STIs are one of the factors for transmitting HIV/AIDS in adolescents.

The closed stimulus was found to be that PLWHA feel sad about living with HIV/AIDS and are afraid of their family, friends and the environment. According to research conducted Adraro et al. (2024), teenagers infected with HIV/AIDS experience depression, are afraid of meeting other people, lose hope for the future, and some even want to end their lives.

Research Witdiawati et al. (2023) shows that changes in attitudes occur due to processes that occur in every organism or teenager. The message or stimulus given can be accepted or rejected by teenagers with HIV/AIDS. A person's attention is needed during communication so that it is known, can receive and process the message so that there is a change in attitude or response.

The results of observations are that teenagers with HIV/AIDS are afraid of being ostracized by their family, friends and society, so they isolate themselves. Because there is still stigma and discrimination in society. It is hoped that educational activities using various data methods will be able to break the chain of HIV/AIDS transmission.

#### *Hope of Adolescents living with HIV/AIDS*

The research results from all teenage informants with HIV/AIDS have hope of recovery. Overall, the informants only hope for recovery. Education needs to be given to teenagers so that they regularly and obediently take ARVs to increase their immunity and have healthy behavior so that there are zero new HIV infections, zero deaths due to AIDS and zero discrimination against people with HIV/AIDS.

## Conclusion

The characteristics of the informants in this study were that the majority were high school students aged 17-19 years and none of the informants had parents or family who knew that the teenager was infected with HIV/AIDS. From the research results, six (6) themes were obtained, namely HIV/AIDS infection, physical impact, psychological impact, social support, prevention efforts, spiritual impact. Based on the results of research that has been carried out, suggestions can be given that are useful for PLWHA, especially teenagers with HIV/AIDS, to reduce the transmission of HIV/AIDS with support from government institutions, HIV/AIDS related institutions, PLWHA, families and communities. Health education programs on reproductive health, especially HIV/AIDS, with local content and outreach and training from health services or the community to reduce the transmission of HIV/AIDS to teenagers

through heterosexuals and homosexuals (Men Like Men), namely zero new HIV infections. Zero deaths from AIDS and zero discrimination against people with HIV/AIDS.

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