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## Knowledge, Attitudes, and Behaviors Towards HIV-AIDS Prevention (Descriptive Study in Harapan Village, Kwamki Narama District, Mimika Regency - Central Papua)

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Nursinah Nursinah<sup>1\*</sup>, Muslimin B<sup>2</sup>

<sup>12</sup>Program Studi Kesehatan Masyarakat Universitas Pejuang Republik Indonesia, Makassar, Indonesia

Email: <sup>1\*</sup>[ina.andizaenal@gmail.com](mailto:ina.andizaenal@gmail.com), <sup>2</sup>[musimink@gmail.com](mailto:musimink@gmail.com)

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### Abstract

This research is motivated by the increasing cases of HIV/AIDS in Indonesia due to a lack of knowledge, information, and public awareness about HIV/AIDS. In addition, social prejudice and discrimination still exist. Therefore, it is considered necessary to make maximum effort to prevent it. Changes in human behavior are expected to reduce the rate of spread of HIV/AIDS in society because it can hinder socio-economic development and threaten national stability. The purpose of this study was to describe HIV/AIDS prevention efforts in Harapan Village, Kwamki Narama District, Mimika Regency, Papua. The type of research used was research with a descriptive research design to obtain a detailed description of HIV/AIDS prevention behavior. The number of samples is 80 with a simple random sampling method. As a result, the percentage of respondents who took appropriate HIV/AIDS prevention measures was the highest at 66.3%, followed by appropriate attitudes at 63.8% and knowledge of appropriate attitudes at 53.8%, followed by %. This means that there is a significant relationship between behavior and attitudes towards behavior in HIV/AIDS prevention. There is no significant relationship between knowledge and action in HIV/AIDS prevention. It was concluded that respondents' lack of knowledge influences their behavior in preventing HIV/AIDS. In terms of attitude, the behavior of respondents who take or do not avoid HIV/AIDS transmission can influence their behavior in the decision-making process as well as their behavior in HIV/AIDS prevention. The bottom line is that knowledge, attitudes, and actions are very important in efforts to combat HIV/AIDS.

**Keywords:** *attitudes, behavior, HIV/AIDS, knowledge*

### Introduction

Sexually Transmitted Infections (STIs) are one of the world's major diseases and have impact on health and social problems and economies in many countries, as well as becoming one of the entry points for human infection Immunodeficiency Virus (HIV) (Tamara Saputri & Murtiningsih, 2020). The problem of HIV/AIDS is still a world health

problem because the number continues to increase every year. According to a report by the World Health Organization (WHO), 37.9 million people were infected with HIV/AIDS worldwide in 2018, and the number of deaths increased to 770,000. In the same year, the Indonesian Ministry of Health estimated that the number of people infected with HIV in Indonesia was 641,675 cases. Most HIV/AIDS infections occurred



in the age group 25 to 49 years (69.7%), followed by the age group 20 to 24 years (16.6%), and the age group 50 years (7.2%). The ratio of HIV/AIDS for men and women is 2:1. The highest cumulative percentage of AIDS was at the age of 20–29 years (31.4%), most of whom were women, and the highest heterosexual infection risk factor (68%).

HIV/AIDS is a disease in which HIV is in the final stages of infection. When a person has AIDS so, his body is no longer able to fight off the infection it causes. A person infected with HIV can transmit the virus to other people even weeks after infection. Everyone is at risk of being infected with HIV. People living with HIV can slow the progression of the disease by taking certain medications, allowing them to live normal lives.

HIV transmission in Indonesia is primarily brought about through unsafe intercourse and the use of non-sterile needles by drug addicts. The Sustainable Development Goals (SDGs) must be followed when conducting promotional activities since different types of advertising tools are needed for health promotion. It is required to supply or increase information on health behavior or change health behavior in order for health promotion actors to communicate health messages (Angela et al., 2019).

In Indonesia, the largest number of HIV/AIDS sufferers live in Mimika, which is centered in Mimika Regency by 31.55 percent, Kwamki Regency by 20.48 percent, Harapan Village by 20.48 percent, East Mimika Regency by 14.83 percent, and Kuala Kencana by 11.65 percent. Based on age group, the 15-39 years old group had the highest number with 1118 cases, while the 7 tribes in Mimika Papua had the highest number based on ethnic category with 884

cases (Ile Ale Health Center Profile, 2022). Attitude is a reaction or response which is still from someone to something stimulus or object. Real attitude shows the connotation of conformity reactions to certain deep stimuli. Everyday life is a reaction emotional towards social stimuli. Attitude is readiness or willingness to act, and is not an implementation of a motive certain. Attitude is an action or activity, but it is predisposing the act of a behavior. Attitude it's still a closed reaction, isn't it is readiness to react to objects in a particular environment as appreciation of objects. (Chartika et al., 2014).

The abuser's relapse process varies from person to person depending on the triggering factor and individual context. Second, in adapting to cravings experienced, abusers perform psychosocial therapy and craving management so that relapse does not occur. Third, the goal is that psychosocial therapy can evaluate the mindset, feelings and behavior of addicts who are the source of the problem so that addicts can respond to the source of the problem in a positive way (abusers are trained to respond to stress with more positive activities, such as exercising or doing activities according to their interests), and talent). Fourth, in the context of the relapse process, the abuser's cognitive construction of behavior is then internalized, which is then perceived, understood, and evaluated for its social reality because in this relapse process, the abuser's life experiences are recorded in memory, felt, lived in their daily lives. Moreover, based on that history, the abuser or addict then knows the meaning of relapse when the abuser is clean and sober. That way, craving will decrease both in quality and quantity. Fifth, psychosocial therapy and craving management will be very helpful for NAPZA abusers or addicts



to prevent NAPZA relapse and provide knowledge for abusers, families, communities, and the government in combating relapse (Nursinah et al., 2021).

The theory incorporates some of the central concepts in the social and behavior sciences, and it defines these concepts in a way that permits prediction and understanding of particular behaviors in specified contexts. Attitudes toward the behavior, subjective norms with respect to the behavior, and perceived control over the behavior are usually found to predict behavioral intentions with a high degree of accuracy. In turn, these intentions, in combination with perceived behavioral control, can account for a considerable proportion of variance in behavior (Ajzen, 1991).

## Methods

The approach used in this study was a survey with a descriptive research design to obtain an overview of HIV/AIDS prevention behavior. We conducted a survey of magazines, books, and news articles including information on health behavior theory in preventing HIV/AIDS in Indonesia, particularly in Harapan Village, Kwamki Narama District, Papua. The objective of the research was to identify HIV/AIDS prevention behavior as the dependent variable, with knowledge, attitudes, and actions as the independent variables.

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behavior as the dependent variable, with knowledge, attitudes, and actions as the independent variables. First, the researcher tried to take samples using the simple random sampling method by making a list of the names of 100 families, then drawing the names of up to 80 people, and taking data according to the names that had been drawn. Then, data was collected by conducting direct interviews with heads of families or representatives obtained from related agencies and others deemed necessary to support this research. Furthermore, the data is processed to produce information.

## RESULTS AND DISCUSSION

### A. Research Results

Based on the distribution of respondents with AIDS, it shows that there are 63 people (78.8%) who do not suffer from AIDS and 17 people (21.3%) suffer from it. The results of the study obtained the following results:

#### 1. Characteristics of Respondents

##### a. Age of Respondents

Table 1. Distribution based on Age of respondents

Age	n	%
17-25 years	12	15.0
26-35 years	31	38.8
36-45 years	23	28.8
46-55 years	13	16.3
> 55 years	1	1.3
<b>Total</b>	<b>80</b>	<b>100</b>

Source: Primary Data

Table 1 shows the distribution of respondents according to age. Respondents aged 17–25 years were 12 people (15.0%), 26–35 years 31 people (38.8%), 36–45 years 23 people (28.8%), 46–55 years 13 people (16.3%), and even >55 years 1 person (1.3%).

##### b. Gender of respondents



Table 2. Distribution based on Gender of Respondents

Gender	n	%
Man	49	61.3
Woman	31	38.8
Total	80	100

Source: Primary Data

Table 2 shows the distribution of respondents based on gender. There were 49 male respondents (61.3%) and 31.

### c. Education

Table 3. Distribution based on Respondent's Education

Education	n	%
Graduated SD	3	3.8
Graduated SMP	21	26.3
Graduated SMA	45	56.3
Graduated Universitas	11	13.8
<b>Total</b>	<b>80</b>	<b>100</b>

Source: Primary Data

Table 3 It's below shows the distribution of respondents according to education. 3 people are elementary school graduates (3.8%), 21 people are high school graduates (26.3%), 45 people are high school graduates (56.3%), and 11 people are college graduates (13.8%)

### d. Work

Table 4. Distribution based on Respondent's Occupation

Work	n	%
Doesn't work	5	6.3
Farmer	17	21.3
Private employees	28	35.0
Self-employed	30	37.5
<b>Total</b>	<b>80</b>	<b>100</b>

Source: Primary Data

Table 4 shows the distribution of respondents by occupation. There were 5 people (6.3%) who did not work or were housewives; 17 people (21.3%) were farmers; 28 people (35.0%) were private employees; and 30 people were self-employed. (37.5%).

## 2. Research variable

### 1. Knowledge

#### 1) Causes of AIDS

Based on the distribution of respondents, 32 people (40.0%) answered incorrectly and 48 people (60.0%) answered correctly.

#### 2) How to detect AIDS

The distribution of respondents who used AIDS detection questions found that 31 people (38.8%) answered incorrectly and 49 people (61.3%) answered correctly.

#### 3) Definition of AIDS

The distribution of respondents who used AIDS definition questions showed that 23 people (28.8%) answered incorrectly and 57 people (71.3%) answered correctly.

#### 4) AIDS Transmission Methods

The distribution of respondents who used AIDS definition questions showed that 23 people (28.8%) answered incorrectly and 57 people (71.3%) answered correctly.

#### 5) AIDS Risk Group

Distribution of respondents based on questions about AIDS risk groups: there were 34 people who answered incorrectly (42.5%) and 46 people who answered correctly (57.5%).

#### 6) AIDS Symptoms

Distribution of respondents based on questions about AIDS symptoms: there were 50 people who answered incorrectly (62.5%) and 30 people who answered correctly (37.5%).

#### 7) Body Systems Attacked by AIDS

Distribution of respondents based on questions about body systems affected by AIDS: 66 people (82.5%) answered incorrectly and 14 people



- (17.5%) answered correctly.
- 8) So as not to get infected with AIDS  
Distribution of respondents based on questions about avoiding AIDS infection: 18 people answered incorrectly (22.5%) and 62 people answered correctly (77.5%).
  - 9) Why Teenagers Are Vulnerable to AIDS.  
The distribution of respondents based on the reasons that adolescents are vulnerable to AIDS was that 38 people (47.5%) answered incorrectly and 42 people (52.5%) answered correctly.
  - 10) AIDS can be cured.  
The distribution of respondents to the AIDS questions could be increased; there were 24 people who answered incorrectly (30.0%) and 56 people who answered correctly (70.0%).
  - 11) When to Know Positive AIDS  
Distribution of respondents based on questions for AIDS-positive 56 people (70.0%) answered incorrectly, and 24 people (30.0%) answered correctly.
  - 12). Why AIDS causes Death  
Distribution of respondents based on the question of why AIDS causes death. 53 people (66.3%) answered incorrectly, and 27 people (33.8%) answered correctly.
  - 13) AIDS is what kind of disease?  
Based on the AIDS question, the distribution of respondents is what disease? 29 people (36.3%) answered incorrectly, and 51 people (63.8%) answered correctly.
  14. The cause of AIDS-related juvenile delinquency. Distribution of respondents based on questions about juvenile crime that causes AIDS 38 people (47.5%) answered incorrectly, and 42 people (52.5%) answered correctly.
  15. HIV/AIDS Checkpoints  
The distribution of respondents was based on a question about the place where HIV/AIDS was checked; 31 people (38.8%) answered incorrectly and 49 people (61.3%) answered correctly.
  - 16) Transmission of HIV/AIDS  
Distribution of respondents based on questions about HIV/AIDS transmission: 46 people (57.5%) answered wrong and 34 people (42.5%) answered right.
  - 17) HIV/AIDS is not transmitted through  
The distribution of respondents based on HIV/AIDS questions was not communicated. 45 people (56.3%) answered incorrectly, and 35 people (43.8%) answered correctly.
  - 18) HIV/AIDS can happen to  
The distribution of respondents based on questions about HIV/AIDS can occur as follows: 26 people answered incorrectly (32.5%) and 54 people answered correctly (67.5%).
  - 19) Prevention of HIV/AIDS  
Distribution of respondents based on HIV/AIDS prevention questions 46 people (57.5%) answered incorrectly, and 34 people (42.5%) answered correctly.
  - 20) HIV/AIDS can be avoided through  
Distribution of respondents based on HIV/AIDS prevention questions. 48 people (60.0%) answered incorrectly and 32 people (40.0%) answered correctly.



21) Knowledge of Respondents  
Distribution of respondents according to level of knowledge. There were 37 respondents with insufficient information (46.3%) and 43 respondents with sufficient information (53.8%).

## 2. Attitude

1). Stay away from friends who are infected with HIV/AIDS. Twenty people strongly disagreed (25.0%), 18 people (22.5%), 31 people (38.8%), and 11 people (13.8%) strongly disagreed.

2). Already Engaged Can Do. Sexual intercourse Respondents, namely 6 people strongly disagree (7.5%), 18 people disagree (22.5%), 52 people agree (65.0%), and 4 people strongly agree (5.0%)

3). Indifferent to Drug Addicts. The distribution of respondents is based on an indifferent attitude towards drug addicts. Respondents who strongly disagreed were 11 people (13.8%), disagreed were 25 people (31.3%), agreed were 30 people (37.5%), and strongly agreed were 14 people (17.5%).

4). Infected when Close to AIDS Sufferers. Distribution of respondents based on their attitude; they are infected when they are around people with AIDS. There were 4 people who strongly disagreed (5.0%), up to 26 people (32.5%), up to 42 people (52.5%), and even 8 people (10.0%) who strongly disagreed.

5). There is no need to know about HIV/AIDS. The distribution of respondents was based on their attitude of not knowing anything about HIV/AIDS of those who strongly disagreed, as many as 5 people (6.3%) disagreed, as many as 21 people (26.3%) did not agree, as many

as 45 people (56.3%) did not agree, and as many as 9 people did not agree completely (11, 3%).

6) Will not participate in the HIV/AIDS. Campaign strongly agree with as many as five people (6.3%). Distribution of respondents according to whether they were involved in the HIV/AIDS campaign. There were 13 people who strongly disagreed (16.3%), up to 12 people (15.0%), up to 50 people (62.5%), and even 5 people (6.3%) who disagreed and didn't agree at all.

7) Will not actively participate in HIV/AIDS counseling. The distribution of respondents by occupation showed that they did not actively participate in HIV/AIDS counseling. There were 15 people who strongly disagreed (18.8%), up to 10 people (12.5%), even 45 people (56.3%), and even 10 people who strongly disagreed (12.5%).

8) There is no need to provide HIV/AIDS information to the public. The distribution of attitudes among respondents does not require information about HIV/AIDS to be made public. There were 18 people who strongly disagreed (22.5%), 2 people (2.5%), 49 people (61.3%), and 11 people (13.8%).

9) There is no way to prevent HIV/AIDS. Distribution of respondents according to their need not to inform the public about HIV/AIDS. There was one person who strongly disagreed (1.3%), as many as 16 people (20.0%), as many as 51 people (63.8%), and as many as 12 people (15.0%) who did not agree at all.

10) Attitude of respondents. Distribution of respondents based on attitude: 29 people (36.3%) said they had a bad attitude, and 51 people (63.8%) said they had a good attitude.



### 3. Action

1. Having same-sex sexual relations. Distribution of respondents according to same-sex relationships. The number of respondents who had done it was 13 (16.3%), and the number of respondents who had never done it was 67 (83.8%).
2. Using Injecting Drugs. Distribution of respondents based on injecting drugs. Of those who had used it before, 5 people (6.3%) and up to 75 people (93.8%) had never used it.
3. Having sexual relations outside of marriage. Distribution of respondents based on sex outside of marriage from the respondents who had done it, 27 people (33.8%) and even 53 people (66.3%) had never done it.
4. Using a Friend's Toothbrush. Distribution of respondents based on the use of a friend's toothbrush. Used by 7 people (8.8%) and never used by 73 people (91.3%).
5. Making Tattoos with the Same Tools as Friends. Respondents who had tattoos were 10 people (12.5%), and 70 people (87.5%) had never had tattoos.
6. Measures to Prevent HIV/AIDS. Distribution of respondents according to HIV/AIDS prevention activities of the respondents who were less active, 27 people (33.8%) and 53 people (66.3%) had enough.

## Discussion

### 1. Knowledge

The stigma of people living with HIV/AIDS is reflected in the bad mood of people who avoid them because of excessive fear and unfair treatment of people living with HIV/AIDS. The lack of knowledge about HIV/AIDS is the main reason for the emergence of this stigma in society.

Abusers' knowledge in constructing their thoughts, feelings, and behaviors can not be transferred to other passive individuals, because cognitive construction must be carried out on their knowledge, while the social environment is only a supporter (Nursinah, Agustang, & Bastiana, 2021). Knowledge about HIV/AIDS is considered important in causing stigma because it plays a role in explaining misconceptions that are common in society, including information about people who are at high risk of contracting HIV/AIDS, prevention of HIV/AIDS transmission, and mechanisms of transmission. Transmission and what pathogens can transmit HIV/AIDS.

The results of this study indicate that 37 people (46.3%) have insufficient information and 43 people (53.8%) have sufficient information. Spearman's rank correlation test results give a P value of 0.002 ( $p < 0.05$ ) with a correlation coefficient of -0.340, indicating that a strong relationship is weak. The conclusion of this study is that there is a significant negative relationship between HIV/AIDS awareness and HIV/AIDS stigma, meaning that the higher the level of knowledge about HIV/AIDS, the lower the stigma, and on the contrary. Knowledge, attitude, and perception are associated with stigma towards people with HIV/AIDS. Health workers should provide culturally congruent education and training about HIV and care and then promote policies protecting PLWHA, which may massively reduce HIV-related stigma toward PLWHA (Rahmi & Sari, 2023).

### 2. Attitude

Attitude is a person's response or reaction while still closed to a stimulus or object. In everyday life, attitude is an emotional response to social stimuli. Attitude is the will or willingness to act, not the realization of certain motives.

The results of this study indicated that 29 people (36.3%) had a poor attitude and 51 people (63.8%) had a moderate attitude. Based on these results, it was concluded that there was a relationship between knowledge and attitudes towards



HIV/AIDS prevention among the residents of Harapan Village, Kwamki Narama District, Papua. The results of Aslia's research (2017) show that there is a relationship between negative attitudes towards HIV/AIDS, the non-implementation of HIV/AIDS prevention measures, and HIV/AIDS attitudes and HIV/AIDS prevention measures among adolescents in coaching SMAN 2 Kota Bau-Bau ( $p = 0.000$ ;  $X^2 = 41.491$ ).

### 3. Action

Action is a perceptual mechanism that arises from perception to receive a response to the action. Therefore, action is an action that is a reaction to the results of observations that give rise to observations. The results of this study indicated that 27 respondents (33.8%) did not carry out HIV/AIDS prevention interventions, and 53 respondents (66.3%) had sufficient interventions.

Yuliza's study (2019) analyzed factors related to HIV/AIDS prevention behavior in female sex workers in Padang City, showing that most FSW in Padang City had good prevention behavior (66%), a significant relationship that represented HIV/AIDS prevention behaviors in Padang City FSW included education ( $p = 0.024$ ), knowledge ( $p = 0.002$ ), attitude ( $p = 0.001$ ), support for other FSW ( $p = 0.027$ ), and support for officers ( $p = 0.013$ ) (Yuliza et al., 2019). Condoms are available at FSW hotspots, either purchased from the FSW themselves or free from KPA Kota Padang. However, not all FSW always use condoms when having sex with clients because clients request them and condoms are not available. This shows the weak negotiating position of FSW with clients regarding condom use.

Another study to find that the univariate analysis, 73.2% of high school students had a good level of awareness on HIV/AIDS and AIDS prevention. The univariate analysis's findings revealed that high school students had a prevalence of positive views regarding HIV/AIDS and AIDS prevention of 64.7%. The univariate analysis's findings

revealed that high school students had a prevalence of positive opinions about HIV/AIDS and AIDS prevention of 56.2%. According to the findings of the univariate analysis, 51.1% of high school pupils had positive test results for HIV/AIDS and AIDS prevention. Through the Adolescent Care Health Service (PKPR) program, which is frequently carried out through activities in the Adolescent Information and Counseling Center, also known as the Adolescent Reproductive Health Information and Counseling Center (PIK-KRR), schools add student discussion forums about reproductive health. So that knowledge about HIV/AIDS can increase and become a medium for discussion that can increase the attractiveness of students studying the science of reproductive health in a comprehensive manner (Haiga et al., 2023). This includes using a new condom every time you have sex, avoiding sex with more than one partner, and being honest with your partner if you are HIV positive. Then, for infection, talk to your doctor about whether the diagnosis is positive. Circumcision to reduce the risk of HIV infection. If you have or suspect you have recently been infected with the HIV virus, including after having sex with someone living with HIV, you should immediately see a doctor. On that basis, every effort must be made so that people understand and are aware of the importance of reproductive health in preventing HIV/AIDS.

### Conclusion

The results of research on HIV/AIDS prevention behavior in Harapan Village, Kwamki Narama District, Mimika Regency, Papua show that HIV/AIDS transmission is closely related to human behavior, so behavioral factors must be considered. In prevention because behavior plays an important role in the prevention of HIV/AIDS.

In HIV/AIDS prevention, behavior is influenced by knowledge, and knowledge is considered important in causing stigma because it plays a role in clarifying misconceptions circulating in society. The higher the level of knowledge, the lower the stigma, and vice versa. Attitudes influence human behavior through a process of careful and reasoned





decision-making because they affect certain attitudes. Behavior change usually begins with changes in knowledge, attitudes, and even actions.

Researchers hope that to prevent HIV/AIDS, health promotion efforts are needed so that they can convey health messages in an effort to increase information about health behavior in prevention efforts.

## References

- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)
- Angela, M., Sianturi, S. R., & Supardi, S. (2019). Hubungan antara Pengetahuan, Sikap dan Perilaku Pencegahan HIV/AIDS pada Siswa SMPN 251 Jakarta. *Jurnal Penelitian Dan Pengembangan Pelayanan Kesehatan*, 3(2), 67–72. <https://doi.org/10.22435/jpppk.v3i2.1943>
- Chartika, W., Dwi Hermawan, A., & Ridha, A. (2014). Hubungan Antara Pengetahuan, Sikap, Akses Informasi HIV dan AIDS Dan Dukungan Keluarga Dengan Perilaku Pencegahan HIV Dan AIDS Pada Pengguna NAPZA Suntik DI Kota Potianak. *Jurnal Mahasiswa Dan Penelitian Kesehatan-Jumantik*, 1(1), 163–172.
- Haiga, Y., Zulkarnaini, A., & ... (2023). the Overview of Beliefs, Attitude, Knowledge, and Behavior of Hiv/Aids Prevention in Adolescents. *Community ...*, 4(2), 2305–2309. <http://journal.universitaspahlawan.ac.id/index.php/cdj/article/view/14400%0Ahttp://journal.universitaspahlawan.ac.id/index.php/cdj/article/download/14400/11177>
- Nursinah, Andi Agustang, & Bastiana. (2021). Relapse Behavior of NAPZA Abuse after Rehabilitation in Makassar City. *Palarch's Journal of Archaeology of Egypt/ Egyptology*, 18(8), 1845–1854.
- Rahmi, H., & Sari, R. P. (2023). *Determinants of Stigma Toward People Living With HIV / AIDS: A Cross-Sectional Study*. 1(2), 55–63.
- Tamara Saputri, N. D., & Murtiningsih, M. (2020). Hubungan Antara Motivasi Terhadap Perilaku Pencegahan Human Immunodeficiency Virus (HIV) pada Pekerja Seks Komersial (PSK) di Lagoa Jakarta Utara Tahun 2019. *Journal of Bionursing*, 2(2), 75–85. <https://doi.org/10.20884/1.bion.2020.2.2.44>
- Yuliza, W. T., Gusta, D., & Nursal, A. (2019). Factors Related to HIV / AIDS Prevention Behavior Among Female Sex Workers in Padang in 2018. *Journal of Medicine and Health*, 10(1), 18–25.

