



The Relationship of Knowledge and Attitudes of Housewives about Sexually Transmitted Diseases with IVA Examination at the Tanjung Morawa Health Center

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Article Info

Article history:

Received : 31 Maret
October 2022

Revised : 10 April 2022

Accepted : 05 June
2022

Keywords:

Knowledge, Attitude,
VIA Examination

ABSTRACT

Health is a gift that needs to be considered and maintained throughout life. Health improvement can be done by maintaining a lifestyle. The purpose of this study was to determine the relationship between knowledge and attitudes of housewives about sexually transmitted diseases with VIA examination at Tanjung Morawa Health Center. This type of research is an analytic survey with a cross sectional approach. The total population in this study were housewives at the Tanjung Morawa Health Center. By taking the sample using the accidental sampling technique, the sample is carried out by taking respondents who happen to exist or are available in a place according to the research context as many as 30 people. The test used is by using the Chi-Square test. From the results of the study, the results of the Chi Square cross tabulation of the relationship between knowledge and IVA examination were 0.000, where $0.000 < 0.05$, the Chi Square results in the cross tabulation of the relationship between mother's attitude and IVA examination was 0.000, where $0.000 < 0.05$ so that there was a relationship between knowledge and mother's attitude. with VIA examination. The conclusion of this research is that there is a relationship between knowledge and attitudes of housewives about sexually transmitted diseases with VIA examination at the Tanjung Morawa Health Center. So that it can be suggested to health workers to provide counseling about PMS more often to the community and can encourage mothers in the Tanjung Morawa Health Center work area to be more active in participating in every counseling.

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1. INTRODUCTION

Health is a gift that needs to be considered and maintained throughout life. Health improvement can be done by maintaining a person's diet, lifestyle, and behavior. Health improvement is an activity carried out in an integrated, integrated and sustainable manner to maintain and improve health status in the form of disease prevention and treatment. One form of disease that we often encounter is Sexually Transmitted Diseases. (STD) is a disease that is transmitted mainly through sexual contact (Shannon, 2018). Sexually Transmitted Diseases (STDs) are one of the first ten causes of unpleasant disease in men and the second leading cause of women in developing countries(Askhori, 2021) .

Adults aged > 24 years constitute 25% of all sexually active populations, but contribute to nearly 50% of all newly acquired STD cases. Detected STD cases only represent 50%-80% of all existing STD cases. This reflects the limitations of “screening” and the lack of coverage of Sexually Transmitted in each area (Irwan, 2018).

The incidence of STD currently tends to increase. The source of the distribution is difficult to trace, because there has never been a registration of the patients found. The number of patients who had been recorded was only a small part of the actual number of patients. Based on data from the World Health Organization (WHO), more than 340 million new cases of curable STDs (syphilis, gonorrhea, chlamydial infection, and trichomonas infection) occur annually in men and women aged 15-49 years. Epidemiologically, this disease is spread throughout the world, with the highest incidence rates recorded in South Asia and Southeast Asia, followed by Saharan Africa, Latin America and the Caribbean. Millions of STDs by viruses also occur every year, including HIV, herpes virus, human papilloma virus, and hepatitis B virus (Baruah, 2016). Sexually transmitted diseases are also the most common cause of infertility, especially in women. Between 10% and 40% of women with untreated chlamydial infection will develop pelvic inflammatory disease .

In developed countries, the number of patients with chlamydial infection is 3 times higher than men. Of all women who suffer from chlamydial infection, the age group that contributes the most is the age of 15-24 years (Alhassan, 2019). In Indonesia alone, there have been many reports on the prevalence of this sexually transmitted infection (Carmelita, 2017; Tambunan, 2020) . Several existing reports from several locations indicate a high prevalence of gonorrhea and chlamydial infections between 20%-35% .

In addition to chlamydia, syphilis and gonorrhea, HIV/AIDS infection is currently also a concern because of the increasing number of occurrences that continue to grow from time to time (Alqahtani, 2015; Wirawan, 2016). The number of people living with HIV/AIDS can be described as a sexually transmitted disease which is high enough that it is considered an iceberg phenomenon, namely the number of reported sufferers is much smaller than the actual number (Evangeli & Wroe, 2017). Internal variables such as age, education, understanding of STIs, marital status, and employment as commercial sex workers contribute to the growth in the frequency of sexually transmitted infections; high-risk persons are those who regularly change sexual partners and do not use condoms (Nirmalasari, 2018; Siregar, 2021).

Based on a report from the Indonesian Ministry of Health (DepKes), the number of people with STDs in Indonesia reaches 90,000 – 130,000 people. One of them is HIV positive detected as many as 6,015 cases. While the cumulative AIDS cases were 16,110 cases or there were an additional 4,969 new cases. Deaths due to AIDS were 3,362 deaths. In North Sumatra Province alone, out of 12,855,845 recorded population, there are at least 2947 who suffer from sexually transmitted infections (4).

From the data and facts above, it is clear that sexually transmitted infections have become a separate problem for the government. The high incidence of sexually transmitted infections, especially in women, is evidence that adolescents' knowledge of sexually transmitted infections is still low. Women in this case are often victims of sexually transmitted infections. This may be due to the lack of counseling carried out by the government and other health agencies as well as the lack of awareness of mothers to carry out Visual Inspection with Acetic Acid (IVA) at the nearest health service place. (4)

In the working area of the Tanjung Morawa Health Center, several problems were found, seen from the 2015-2022 Tanjung Morawa Health Center profile report. One of the problems is the data on the occurrence of sexually transmitted diseases. Based on the data obtained from the Puskesmas report from January to April, 30 people were recorded as having sexually transmitted diseases.

Based on the initial survey conducted by researchers on 10 housewives, 7 of them said that they did not understand about STDs and VIA examinations, and 3 of them said that they understood about STDs and VIA examinations.

From the above background, the researcher is interested in examining the relationship between knowledge and attitudes of housewives about sexually transmitted diseases with VIA examination at the Tanjung Morawa Health Center.

The purpose of this study was to determine the relationship between knowledge and attitudes of housewives about sexually transmitted diseases with VIA examination at Tanjung Morawa Health Center.

2. RESEARCH METHOD

Types of research

The type of research design carried out is an analytical survey, namely research that tries to explore how and why the phenomenon occurs. Then analyze the dynamics of the correlation between phenomena, both risk factors and effects. (6)

This research is a descriptive correlation research. Where this research is cross sectional, namely data concerning the independent variable or risk and the dependent variable or the resultant variable, will be collected at the same time. (7) That is, each research subject was only observed once and the measurements were made on the status of the character or variable of the subject at the time of the examination, namely the author wanted to know how to see the Relationship between Knowledge and Attitudes of Housewives About Sexually Transmitted Diseases at Tanjung Morawa Health Center.

Research Time and Location

The location of this research was carried out at the Tanjung Morawa Public Health Center which is located in Tanjung Morawa. (5) The reason why the

researchers conducted research at the Tanjung Morawa Health Center was because the number of STDs in the area was still high and there were still many mothers who did not carry out VIA examinations to ensure their reproductive health. The time needed for this research is from February to May .

Sample and population

The population in this study is the entire research subject. The population in this study were all housewives who did VIA examinations at the Tanjung Morawa Health Center as many as 30 people.

The sample is part or representative of the population under study which can represent the entire population. Sampling in this study was the entire population, namely housewives who carried out VIA examinations from July to August as many as 30 people with the total population technique, namely the entire population was sampled.

Conceptual framework

Conceptual framework is a research flow that shows the variables that influence and are influenced. The variables that influence and are influenced. (6)

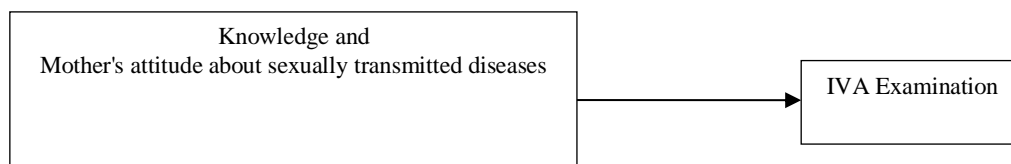


Figure 1. Conceptual Framework

Operational Definition and Measurement Aspect

Data collection Technique

1. Primary Data

Primary data is data obtained where this study obtains information directly from respondents, through interviews and a list of questions related to research problems. In this case, it is addressed to the respondents who became the research sample using a questionnaire. (7)

2. Secondary Data

Secondary data is data obtained from documentation by other parties, such as medical records, recapitulation of values, patient visit data and others. (7) Secondary data in this study were data obtained from the Puskesmas Complete, namely all 30 housewives.

3. Tertiary Data

Tertiary data is data obtained from published manuscripts such as the World Health Organization, the Indonesian Health Data Survey, basic health research, the Ministry of Health, the North Sumatra Provincial Health Office.

Data analysis

Data analysis was carried out by correlation by looking at the percentage of data collected and presented in the frequency table and discussing the results of research based on existing theories and literature. Spss 17.0 with the analysis steps are:

1. Univariate Analysis

Univariate analysis was used to describe the data performed on each variable from the research results. In this study, univariate analysis was carried out to determine the

frequency distribution of mother's knowledge and attitudes and the frequency distribution of VIA examinations.

2. Bivariate Analysis

Bivariate analysis was carried out on two variables that were thought to be related or correlated. After knowing the characteristics of each variable in this study, the analysis was continued at the bivariate level. To determine the relationship (correlation) between the independent variable (behavior) and the dependent variable (jaundice).

To prove the existence of a significant relationship between the independent variable and the dependent variable, Chi-square analysis was used, at the limit of the statistical significance of the p value (0.05). If the calculation results show the p value < p value (0.05) then it is said that H_0 is rejected, meaning that the two variables have a statistically significant relationship. Then to explain the association (relationship) between the dependent variable and the independent variable used cross tabulation analysis. (7)

3. RESULT AND ANALYSIS

Univariate Analysis

Univariate analysis aims to determine the frequency distribution of a respondent's answer to the variable based on the research problem as outlined in the form of a frequency distribution. Then the following results are obtained:

Table 1. Frequency Distribution Based on Knowledge of Housewives About Sexually Transmitted Diseases

| No. | knowledge | Total | |
|-----|--------------|-----------|------------|
| | | N | % |
| 1. | Good | 3 | 10 |
| 2. | Enough | 5 | 16.7 |
| 3. | Not Enough | 22 | 73.3 |
| | Total | 30 | 100 |

Based on table 2. it can be seen that of the 30 housewives respondents, mothers who have knowledge in the good category are 3 (10%), mothers who have sufficient knowledge are 5 people (16.7%), and mothers who have good knowledge less category as many as 22 people (73.3%).

Table 2. Frequency Distribution Based on Attitudes of Housewives About Sexually Transmitted Diseases at Tanjung Morawa Health Center

| No. | Attitude | Total | |
|-----|--------------|-----------|------------|
| | | N | % |
| 1. | Positive | 6 | 20 |
| 2. | Negative | 24 | 80 |
| | Total | 30 | 100 |

Based on table 3, it can be seen that of the 30 housewives respondents, there were 6 mothers who had a positive attitude (20%), 24 mothers who had a negative attitude (80%).

Table 3. Distribution of IVA Examination Frequency at Tanjung Morawa Health Center

| No. | IVA Examination | Total | |
|-----|-----------------|-----------|------------|
| | | N | % |
| 1. | risky | 24 | 80 |
| 2. | Not Risky | 6 | 20 |
| | Total | 30 | 100 |

Based on table 4, it can be seen that of the 30 respondents who were housewives, there were 24 mothers who did the VIA examination (80%), and 6 (20%).

Bivariate Analysis

Bivariate analysis aims to determine whether there is a relationship between the independent variable and the dependent variable. The following results are obtained:

Table 4. Cross-tabulation between Housewives' Knowledge of Sexually Transmitted Diseases and VIA Examination at Tanjung Morawa Health Center

| No | Knowledge | IVA Examinaition | | | | Total | | P |
|----|----------------------|------------------|-----------|----------|-----------|-----------|------------|--------|
| | | Risk | | Not Risk | | N | % | |
| | | n | % | n | % | | | |
| 1. | Good Knowledge | 0 | 0 | 3 | 10 | 3 | 10 | <0.001 |
| 2. | Sufficient Knowledge | 2 | 6.6 | 3 | 10 | 5 | 16.6 | |
| 3. | Less Knowledge | 22 | 73.3 | 0 | 0 | 22 | 73.3 | |
| | Total | 24 | 80 | 6 | 20 | 30 | 100 | |

Based on the cross tabulation, it can be seen that of the 30 housewives respondents, 3 people with good knowledge (10%), of which 3 people (10%) have good knowledge are not at risk of STDs, and 0 people (0%) have good knowledge at risk of STDs, mothers who have sufficient knowledge as many as 5 people (16.6%), of which 2 people (6.6%) have sufficient knowledge about the risk of STDs and mothers who have sufficient knowledge with no risk of STDs as many as 3 people (10%), and mothers 22 people (73.3%) have less knowledge of which 22 people (73.3%) have less knowledge about the risk of STDs, and 0 people (0%) have sufficient knowledge with no STD risk.

Table 5. Cross-tabulation between Housewives' Attitudes About Sexually Transmitted Diseases and VIA Examination at Tanjung Morawa Health Center

| No | attitude | Excamination IVA | | | | Total | | P |
|----|---------------|------------------|-----------|----------|-----------|-----------|------------|---------|
| | | Risk | | Not Risk | | N | % | |
| | | n | % | n | % | | | |
| 1. | Positive | 0 | 0 | 6 | 20 | 6 | 20 | P=0.000 |
| 2. | Negative | 24 | 80 | 0 | 0 | 24 | 80 | |
| | amount | 24 | 80 | 6 | 20 | 30 | 100 | |

Based on the cross tabulation, it can be seen that of the 30 house wives respondents, 6 people (20%) have a positive attitude, of which 0 people (0%) have a positive attitude towards the risk of STDs, and 6 people (20%) have a positive attitude. positive with no risk of STD , mothers who have a negative attitude as many as 24 people (80%), of which 24 people (80%) have a negative attitude with a risk of STD and mothers who have a negative attitude with no risk of STD as many as 0 people (0%).

4. DISCUSSION

1. Knowledge of Housewives

Based on the results of the study, it can be seen that of the 30 respondents who are housewives, mothers who have knowledge in the good category are 3 people (10%), mothers who have sufficient knowledge are 5 people (16.7%), and mothers who have knowledge in the category less than 22 people (73.3%).

According to Mamonto S (2014) and Sinaga (2019), health education is essential for enhancing individual understanding of sexually transmitted illnesses. There are substantial disparities in teenagers' knowledge and attitudes about sexually transmitted illnesses before and after receiving health education. According to I. A. Siregar (2019) and Kurniati (2018), having adequate information and a positive mindset would impact the choice to act. This is explained by the findings of the study, which demonstrate a correlation between knowledge and attitudes about the prevention of sexually transmitted diseases. According to Diniarti (2019), to minimise sexually transmitted infections (STIs), public health centres must consistently and sustainably disseminate STD care using offline and online media.

According to the research assumption, based on the results of this study, the mother's knowledge influences the mother's behavior to carry out the VIA examination. Mother's knowledge that is good or sufficient is more likely to respond to any information provided so that when a situation occurs to the mother, the mother already understands how to overcome it. Knowledge obtained either directly or from the experience of others always has stages as the knowledge increases and develops. At the time of gaining knowledge, a person will start his knowledge in the process of just knowing, which then increases to understanding after obtaining sufficient information to develop that knowledge and along with the ongoing and continuous interaction process it will make the knowledge gained into something that eventually merges with a person and will influence his behavior.

2. Mother's Attitude

According to Saenong (2020) study, respondents with an inadequate understanding of sexually transmitted illnesses tended to hold negative opinions. In the meantime, those with a positive attitude about sexually transmitted illnesses tended to have a solid information base.

Based on the results of the study, it can be seen that of the 30 housewives respondents, there were 6 mothers who had a positive attitude (20%), 24 mothers who had a negative attitude (80%). According to the researcher's assumption that the mother's attitude is a response to the mother's knowledge about sexually transmitted diseases. A positive attitude is based on good knowledge so that in its application the mother will take good actions as a response to her attitude and knowledge. Basically attitude is a person's readiness to act. Attitude is also a mental and neural state of readiness, which is regulated

through experience which exerts a directed influence on the individual's response to all objects and situations associated with it. Behavior is basically influenced by customs, attitudes, emotions, values and ethics.

Bivariate Analysis

1. Relationship of Housewives' Knowledge About Sexually Transmitted Diseases With VIA Examination at Tanjung Morawa Health Center

Based on the results of the study, it can be seen that there is a relationship between Housewife's Knowledge of Sexually Transmitted Diseases with VIA Examination at Tanjung Morawa Health Center obtained from the value of Sig. $0.00 < \text{value } 0.05$.

According to the assumptions of the results of this study, it is appropriate that the knowledge aspect is very important in maintaining health. Good knowledge will influence mothers to take good actions too, but in this study it was found that the majority of mothers who had less knowledge. Mother's lack of understanding of sexually transmitted diseases greatly affects the risk of STDs. This is due to the lack of information that mothers have about STDs and VIA examinations. Some of the factors that cause mothers to lack knowledge of mothers so that mothers do not respond to conducting VIA examinations are because mothers are not active in participating in counseling provided by health workers and mothers are less concerned about information provided by health workers, so mothers tend not to understand what to do. carried out so that the risk of STDs becomes large, while mothers who have good knowledge and understand enough about STDs and carry out self-examinations by conducting VIA examinations.

According to Naidoo (2018), the fundamental objective of the twenty-first century should be the improvement of teenage sexual behavior. This involves protecting against sexually transmitted illnesses, enhancing contraceptive adherence, and encouraging appropriate media usage (Pandjaitan, 2017). They observed that television is widely recognized as the most effective source of STIS knowledge for teenagers. However, parents and relatives perform an alarmingly inadequate role, which may reflect their own ignorance and reluctance regarding STIs (Baruah, 2016).

2. Relationship of Housewives' Attitudes About Sexually Transmitted Diseases With VIA Examination at Tanjung Morawa Health Center

Based on the results of the study, it can be seen that there is a relationship between the attitudes of housewives about STD with VIA examination at the Tanjung Morawa Health Center with the chi square test obtained sig $0.001 < 0.05$.

According to the researcher's assumptions, a positive attitude will affect a person's actions towards something. So the actions taken tend to be better. In fact, there are still many mothers who have negative attitudes, this is due to their ignorance of the information provided so that when they experience an incident, the mother's actions in dealing with it are not good. A positive attitude is based on sufficient knowledge and even good knowledge, but if good knowledge does not have a positive attitude then the mother's response to action is also less, this can cause the situation to get even worse.

5. CONCLUSION

After doing research the author can draw the following conclusions:

1. The knowledge of housewives about sexually transmitted diseases at the Tanjung Morawa Health Center has the majority of knowledge in the poor category as many as 22 people (73.3%) and the minority of mothers have knowledge in the good category as many as 3 people (10%),

2. Attitudes of housewives at Tanjung Morawa Health Center majority of mothers have negative attitudes as many as 24 people (80%) and a minority of mothers have positive attitudes as many as 6 people (20%),
3. The majority of VIA examinations were carried out by mothers as many as 24 people (80%) and the minority were not carried out by mothers as many as 6 people (20%).
4. There is a relationship between the knowledge of housewives about STD and the VIA examination at the Tanjung Morawa Health Center with the chi square test, the result is sig (2sided) $0.00 < 0.05$.
6. There is a relationship between the attitude of housewives about STD with VIA examination at the Tanjung Morawa Health Center with the chi square test obtained sig (2sided) $0.00 < 0.05$.

Suggestion

1. Share the Research Place

It is hoped that health workers will do more frequent counseling about STD and urge mothers to participate whenever there is counseling.

2. For Housewives

It is hoped that mothers can increase their knowledge about STDs so that mothers can carry out early examinations by conducting VIA examinations.

3. For Educational Institutions STIKES Helvetia

It is hoped that the lecturers at Stikes Helvetia will be able to use the results of this study as reading material for students who are more interested in attending the lectures given by the lecturer and can add learning references

4. For Further Researchers

Considering that this study still has many shortcomings and weaknesses, it is recommended for further researchers to examine the knowledge of mothers about STDs with VIA examination

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