The Determinant of HIV Testing on Housewives in The Pesisir

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The Determinant of HIV Testing on Housewives in The Pesisir Jember Area

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ARTICLE INFO

ABSTRACT

Background: The development of HIV / AIDS cases in Jember Regency from year to year also tends to increase, but people who take HIV tests have decreased. Most cases of HIV / AIDS are in the "Golden Triangle" Subdistrict, namely Puger, Kencong, and Gumukmas which are the coastal areas of Jember. Objective: to determine the predisposing factors, enabling, reinforcing housewives in the implementation of HIV testing. Methods: This research was an analytical survey with a cross-sectional approach to prove the research hypothesis in the form of a correlation and influence together the predisposing, enabling, and reinforcing factors of housewives on the implementation of HIV testing. The population was all housewives in Kencong sub-district and the study sample was 96 households. The sample collection technique used quota sampling and data collection was carried out by giving questionnaires to housewives who visited to Public Health Center of Kencong. Data analysis used chi square test and logistic regression test. Results: The results showed that there was correlation between age (p = 0.042), education (p = 0.0001), knowledge (p = 0.025), access to HIV testing services (p = 0.025), husband's support (p = 0.019), support from friends. (p = 0.002), health care support (p = 0.001) and there is a co-effect of age (p = 0.046; ExpB = 2.531), education (p = 0.001; ExpB = 4.620), access to HIV testing services (p = 0.041 ; ExpB = 3,928) on the implementation of HIV testing at Public Health Center of Kencong. Conclusion: There is a co-effect of the housewives age, housewives education, and access to HIV testing services on the implementation of HIV testing at Public Health Center of Kencong. Empowerment of productive age housewives as peer cadres for HIV / AIDS promotion and HIV testing.

Determinan Tes HIV pada Ibu Rumah Tangga di Kawasan Pesisir Jember

ABSTRAK

Latar Belakang: Perkembangan kasus HIV/AIDS Kabupaten Jember dari tahun ke tahun juga cenderung meningkat, namun orang yang melakukan tes HIV mengalami penurunan. Kasus HIV/AIDS terbanyak berada pada Kecamatan "Segi Tiga Emas" yaitu Puger, Kencong, dan Gumukmas yang meruapakn daerah pesisir Jember. Tujuan: mengetahui faktor predisposing, abling, reinforcing ibu rumah tangga dalam pelaksanaan tes HIV. Metode: Penelitian ini merupakan survei analitik dengan pendekatan waktu crossectional untuk membuktikan hipotesis penelitian berupa ada hubungan dan pengaruh secara Bersama-sama factor predisposisi, pemungkin, dan penguat ibu rumah tangga terhadap pelaksanaan tes HIV. pulasi adalah seluruh ibu rumah tangga di kecamatan Kencong dan sampel penelitian sebesar 96 IRT. Teknik pengumpulan sampel menggunakan quota sampling dan pengumpulan data dilakukan dengan pemberian angket kpada ibu rumah tangga yang berkunjung ke Puskesmas Kencong. Analisis data menggunakan uji chi square, dan uji regresi logistic. Hasil: Hasil penelitian diketahui ada hubungan usia (p=0,042), pendidikan (p=0,0001), pengetahuan (p=0,025), akses layanan

tes HIV (p=0,025), dukungan suami (p=0,019), dukungan teman (p=0,002), dukungan nakes (p=0,001) serta ada pengaruh secara bersama-sama usia (p=0,046; ExpB=2,531), pendidikan (p=0,001; ExpB=4,620), akses layanan tes HIV (p=0,041; ExpB=3,928) terhadap pelaksanaan tes HIV di Puskesmas Kencong. Kesimpulan: Ada pengaruh secara bersama-sama usia IRT, Pendidikan IRT, dan akses layanan tes HIV terhadap pelaksanaan tes HIV di Puskesmas Kencong. Pemberdayaan IRT usia produktif sebagai kader teman sebaya untuk promosi HIV/AIDS dan tes HIV.

INTRODUCTION

HIV or Human Immunodeficiency Virus is a virus that attacks the immune system and weakens the body's ability to fight infection. AIDS or Acquired Immune Deficiency Syndrome is an advanced condition when the body is unable to fight infection, causing various diseases and complications. A person who has been infected with HIV cannot be cured and can transmit the virus to other people (Government of Western Australia, 2013). HIV / AIDS is a health problem that has become a global problem in Indonesia and has become an international problem because it occurs in various countries with its spread so fast (Ba'ali, 2006) (Widoyono, 2008).

East Java Province is designated as the 5 regions with concentrated HIV prevalence where the number of AIDS cases in East Java Province is the second largest after Papua. Based on the residence, most of them are found in Surabaya City, Malang Regency, Pasuruan Regency, Gresik Regency and Jember Regency (PKMK FK UGM, 2015) (East Java Provincial Health Office, 2016). The discovery of new HIV-AIDS cases in Jember Regency continues to increase. In 2011 as many as 180 new cases were found then the discovery of new cases continued to increase where in 2015 669 cases were found (Health Office, 2016). Based on data from the visits of PLWHA at the VCT Clinic RSD Dr. Soebandi Jember, it is known that the number of PLWHA (people with HIV AIDS) from January to October 2018 was 5,729 outpatients and 171 inpatients (Wahyunik, 2018).

Data reported by KPA in East Java Province as many as 1,268 cases occurred among housewives, far exceeding the cases of FSW, which amounted to 568 cases (6.8%) (PKMK FK UGM, 2015). Nationally, AIDS cases also occurred in 14,721 housewives (Ministry of Health, 2017). The main source of transmission of HIV / AIDS to housewives is from their partners or husbands. Heterosexuality is the main cause of the spread of HIV / AIDS (Ministry of Health, 2013).

Public Relations of the Jember Regency Health Office stated that the most cases of HIV / AIDS were in the "Golden Triangle" District, namely Puger, Kencong, and Gumukmas which are the coastal areas of Jember. These areas are in the same area so that the spread of HIV / AIDS can occur easily. HIV / AIDS cases in the three districts were the highest compared to other districts in Jember Regency (Arif et al., 2015). Although the three sub-districts are districts with high HIV / AIDS cases, more research studies have been conducted in Puger. Such as research conducted by Sultoniyah (2017) regarding the role of the Health Office in tackling HIV / AIDS in Puger District (Sultoniyah, 2017). Based on data from the public health center of Kencong, it is known that during September 2017 the number of women

who visited VCT and did HIV testing voluntarily was only one person, while HIV testing was initiated by 93 mothers of health workers. This shows the lack of utilization of the VCT clinic at the public health center Kencong.

Based on this background, the researchers are interested in conducting research on the determinants of the implementation of HIV testing on housewives in the coastal areas of Jember. This research objective was to determine the correlation and effects of predisposing, enabling, and reinforcing factors for housewives in coastal areas in carrying out HIV testing.

METHOD

The type of research in this research is an analytic survey with a cross-sectional research design in which the independent variable and the dependent variable are collected simultaneously at the same time. The analytic survey aims to explain the predisposing, enabling, and reinforcing factors that cause the housewives carry out an HIV test (Notoatmodjo, 2015).

This research was conducted at the Public Health Center of Kencong with participants / research subjects, namely housewives (HOUSEWIVES) who came to the Public Health Center Kencong during data collection in August 2019. The population was all housewives in Kencong sub-district of 18.578. The sample size in this research was 96 HOUSEWIVES which was calculated based on the sample size formula for a cross-sectional study as follows (Murti, 2013):

The sampling technique in this research used quota sampling, where researchers took data from housewives who came to the Public Health Center of Kencong until the sample size was fulfilled, namely 96 HOUSEWIVES (Notoatmodjo, 2010) (Kasjono, 2009).

The research data collection was carried out by giving a questionnaire to the research subjects. Before filling out the questionnaire, research subjects were asked to sign an informed consent as a form of willingness of the participants to take part in the research. Data processing in this research uses a computer with the stages: editing, coding, data entry, and data tabulation (Notoatmodjo, 2015).

The data collection instrument used a questionnaire adopted from Asmaruddin's research (2015) which consisted of questions about age, education, marital status, knowledge, attitudes, access to information, access to HIV testing services, support from husbands, support from friends, and

support for health workers in carry out an HIV test (Asmaruddin, 2015).

The SPSS computer program is used as an application for statistical tests in this study. Data analysis in this study used bivariate and multivariate analysis. Descriptive bivariate analysis using a crosstabulation table and bivariate analytic analysis using the Chi-Square test. Multivariate analysis used logistic regression test with the Backward Stepwise (conditional) method. This method was chosen after comparing the logistic regression test results of several methods. The Backward Stepwise (conditional) method is able to explain more independent variables to the dependent variable. Bivariate and multivariate analyzes were used to answer the research hypothesis in the form of the relationship and influence together with predisposing, enabling, and reinforcing factors for the implementation of HIV testing among housewives in the coastal area of Jember. The degree of probability used in this study is considered significant if the p value is <0.05 (Notoatmodjo, 2015).

This research has received ethical approval from the Jember State Polytechnic Ethics Commission with number 10712 / PL17 / PG / 2019.

RESULTS AND DISCUSSION

There have been many studies related to factors related to the implementation of HIV testing, but most of the targets are pregnant women. Research similar to this research where the target was housewives was conducted in Banyuwangi by Asmaruddin in 2015 but hypothesis testing used a different test (Asmaruddin, 2015). In addition, research on HIV / AIDS prevention by women in Pekanbaru City involves housewives with this type of qualitative research (Dewi, 2017).

Bivariate analysis of the results of the study was presented in the form of crosstabulation to determine the correlation between predisposing, enabling, and reinforcing factors with the implementation of HIV testing by housewives. Predisposing factors consist of age, education, marital status, knowledge, and attitudes of the housewives. Enabling factors are access to information and access to HIV testing services in the working area of the Public Health Center of Kencong. Reinforcing factors in the form of husband support, support from friends, and health workers support in the implementation of HIV testing in the working area of the Kencong Health Center. The correlation between predisposing factors for housewives in implementing HIV testing can be seen in Table 1.

Based on the results of the bivariate analysis in table 1, it is known that those related to the implementation of the HIV test at the Public Health Center of Kencong are the age of the housewives, education of the housewives, and knowledge of the HOUSEWIVES. The age variable shows that 62% of housewives who test for HIV are at a healthy reproductive age (20-35 years). The results of the chi square test showed that there was a relationship between the age of housewives and the implementation of the HIV test (x^2 = 4.141; p = 0.042). In contrast to the characteristics of the HOUSEWIVES in the form of age associated with the implementation of the HIV test, another characteristic, namely the marriage status of the HOUSEWIVES, was not significantly related to the implementation of the HIV test (x^2 = 0,000; p = 1,000). However, although it is not related to cross tabulation, it can be seen that housewives who live far from their husbands do more HIV testing, which is 64.3%.

The predisposing factor from the characteristic aspect of housewives education is that there are more housewives who test HIV for mothers with further education, amounting to 67.3. The results of the relationship test showed that housewives' education was significantly associated with HIV testing (x^2 = 12.098; p = 0.0001). The results of the bivariate analysis of the knowledge variable were directly proportional to the education variable, namely there was a relationship between the knowledge of housewives and the implementation of the HIV test (x^2 = 5.018; p = 0.025), where more housewives who did the HIV test had good knowledge of 61.8%.

In contrast to the knowledge variable which is directly proportional to the education variable, the attitude variable is inversely proportional to the two variables. The results of the correlation test showed that the attitude of housewives was not related to the implementation of the HIV test (x^2 = 2.005; p = 0.157). However, the cross tabulation showed that housewives who did the HIV test had more good attitudes, amounting to 57.9%.

Table 1
Bivariate Analysis of the Correlation between Factors and Predisposing Housewives in Carrying Out HIV Testing

Predisposing Variable	HIV Test				X² (yate's correction)	p value*
	Yes		No			
	N	%	N	%		
Housewives age						
20-35 year	31	62	19	38	4,14	0,04
< 20 dan > 35 year	18	39,1	28	60,9		
Housewives Education						
further (SMA - PT)	37	67,3	18	32,7	12,09	0,0001
Basic (SD - SMP)	12	29,3	29	70,7		
Marriage Status						
Married (stay with husband)	39	51,3	37	48,7	0,00	1,00
Marriedh (far from husband)	9	64,3	5	35,7		
Divorce	1	16,7	5	83,3		
Housewives Knowledge						
Good	34	61,8	21	38,2	5,02	0,03
Not Good	15	36,6	26	63,4		
Housewives Attitude						
Good	33	57,9	24	42,1	2,005	0,16
Not Good	16	41	23	59		

The correlation between the enabling factors for housewives in carrying out HIV testing can be seen in Table 2.Table 2 shows that the enabling factors related to the implementation of HIV testing were access to HIV testing services (x^2 = 4.991; p = 0.025), while access to information was not related to the implementation of the test. HIV (x^2 = 0.710; p = 0.399). More than half of housewives have access to HIV testing information (52.8%) and access to HIV testing services (57%).

Table 2
Bivariate Analysis of the Correlation of Enabling Factors for Housewives in Carrying Out HIV Testing

Enabling Variables	HIV Test				X^2 (yate's correction)	p value*
	Yes		No			
	N	%	N	%		
Information Access						
Exist	47	52,8	42	47,2	0,71	0,39
Not exist	2	28,6	5	71,4		
HIV Test Access						
Exist	45	57	34	43	4,99	0,03
Not Exist	4	23,5	13	76,5		

Table 3 shows that there is a significant correlation between husband support (x^2 = 5.462; p = 0.019), peer support (x^2 = 9.307; p = 0.002), and health care support (x^2 = 10.932; p = 0.001) with the implementation of the HIV test. More than half of housewives who took an HIV test received support from their husbands (56.8%), support from friends (61.8%), and support from health workers (62.3%).

Table 3
Bivariat Analysis of Correlation between Reinforcing Forcing to housewives on doing HIV test

Reinforcing Variable	Do HIV Test				X^2 (yate's correction)	p value*
	Yes		No			
	n	%	N	%		
Husband's Support						
Exist	46	56,8	35	43,2	5,46	0,02
Not Exist	3	20	12	80		
Friends support						
Exist	42	61,8	26	38,2	9,31	0,002
Not Exist	7	25	21	75		
Health personnel support						
Exist	43	62,3	26	37,7	10,93	0,001
Not Exist	6	22,2	21	77,8		

Source: Primer Data, 2019

The effect of predisposing, enabling, and reinforcing housewives on the implementation of HIV testing can be seen in table 4.Table 4 is a summary of the results of the logistic regression test that can be used to determine the fit of the model (Hosmer and Lemeshow), the contribution of the independent variables to the occurrence of dependent variable (R2), classification accuracy (Classification table), probability of occurrence of dependent variable through independent variable (Exp.B).

The significance value of Hosmer and Lemeshow is 0.979 which is greater than 0.05. The model is able to predict the observation value or the model is acceptable because it matches the observation data so that the model can be accepted. This means that age, education, and access to HIV testing services are appropriate (fit) to predict the implementation of HIV testing in the Public Health Center of Kencong. The Nelgerlerke R2 value of 0.281, namely 28.1%, the variability of the dependent variable can be explained by the independent variable. This means that 28.1% of the implementation of HIV testing at the the Public Health Center of Kencong was influenced by age, education, and access to HIV testing services, while 71.9% was influenced by other factors not examined. The accuracy of the estimation of the classification of the dependent variable is 69.8%, which means statistically the accuracy of forecasting is 69.8%.

Based on the significance value (p-value), it is known that age (p = 0.046), education (p = 0.001), access to HIV testing services (p = 0.041) jointly influence the implementation of HIV testing for housewives in the coastal area of Jember. . The logistic regression equation can be structured as follows:

$$\frac{p}{1-p} = e^{B\ constanta} \times e^{B\ usia} \times e^{B\ pe 婦didikan} \times e^{B\ akses\ layanan}$$

$$\frac{p}{1-p} = e^{-5,1821} \times e^{0,929} \times e^{1,530} \times e^{1,368}$$

The logistic regression equation can be interpreted that the implementation of HIV testing at the the Public Health Center of Kencong is related to the age of the housewives, the level of education of the housewives,, and access to HIV testing services. The log of odds (Log probability) quantity of HIV testing will increase by 0.929 for those housewives, of healthy reproductive age compared to those of healthy reproduction, an increase of 1.530 for those housewives with further education compared to primary education, and an increase of 1.368 for those housewives, who have access to HIV testing services.

Table 4
The effect of *Predisposing, Enabling, Reinforcing* factor to the implementation HIV test

Variables	implementation HIV test						
	B	Wald	p value*	Exp (B)	Hosmer and Lemeshow Test (p value)	Negelkerke R Square	Classification Table (Percentage Correct)
Housewives age	0,929	3,998	0,046	2,531			
Housewives education	1,530	10,586	0,001	4,620			
Service Test Access HIV	1,368	4,191	0,041	3,928	0,979	0,281	69,8
Constant	-5,182	15,697	0,000	0,006			

Source : Primer Data, 2019

There have been many studies related to factors related to the implementation of HIV testing, but most of the targets are pregnant women. Research similar to this study where the target was housewives was conducted in Banyuwangi by Asmaruddin in 2015 but hypothesis testing used different tests.17 In addition, research on HIV / AIDS prevention by women in Pekanbaru City involved housewives with this type of qualitative research (Dewi, 2017).

The results showed that age was one of the predisposing factors associated with the implementation of HIV testing at the Public Health Center of Kencong, where the number of housewives who carried out HIV testing was mostly at healthy reproductive ages (20-35 years). The results of this study are in accordance with research in Banyuwangi in 2015 where the housewives who carried out the tests were mostly young (56.8%) (Asmaruddin, 2015).

The individual characteristic which is a predisposing factor that is also associated with the implementation of the housewives HIV test is the level of education. More than two thirds of housewives who test for HIV at the Public Health Center of Kencong have advanced education (SMA-PT). The level of education is an individual characteristic that can describe the social structure in society. The social structure of individuals and families can lead to a lifestyle including a lifestyle related to health. The difference in the level of education in the community also causes different reactions to the natural health conditions of individuals and families (Notoatmodjo, 2014). Further analysis of the knowledge of the housewives was a factor related to the implementation of HIV testing at the Public Health Center of Kencong. Research by Arniti, et al (2014) found that the acceptance of HIV testing by pregnant women was more in mothers with good knowledge (1.4%; p = 0.001).20

Knowledge is one of the factors that plays an important role in shaping a person's attitude (Fitriani, 2011). This is consistent with the results of cross tabulation, where the housewives who did the HIV test were more likely to have good attitudes about the HIV test. However, further analysis revealed that the attitude of the housewives was not related to the administration of HIV testing. This is in accordance with the research of Setiyawati and Meilani (2015) where the attitude of pregnant women is not related to HIV testing behavior (p = 0.260) (Setiyawati & Meilani, 2015). Attitude is a willingness to act, so attitude is not an implementation of a particular action but only a reaction or response to a stimulus that can lead to a particular action (Fitriani, 2011). So a good attitude does not necessarily result in positive behavior and vice versa.

Enabling factors related to the implementation of HIV testing is the access of housewives to HIV testing services, where more than half of the housewives at Public Health Center of Kencong have access to HIV testing services. The results of this study are in line with Arianty's research (2018)

where easy access to services is related to the behavior of pregnant women in carrying out HIV tests (Arianty, 2018). VCT services are a gateway for people to obtain information about HIV and HIV screening.

Reinforcing factors in the form of support from husbands, support from friends, support for health workers are related to the implementation of HIV testing by the HOUSEWIVES. More than half of the HOUSEWIVESs get support from their husbands, friends, and health workers to do an HIV test. Based on the results of the research, support from husbands and friends is usually in the form of providing information and taking them to HIV testing centers. This is in line with the results of research Semarang in 2012 where there is a relationship between husband's support and the behavior of pregnant women for HIV testing (Shaluhiyah, Titi Legiati Ps, & Suryoputro, 2012). In addition, Asmaruddin's research (2015) states that there is a significant difference between husband's support and peer support in the implementation of the HOUSEWIVES HIV test (Asmaruddin, 2015). In Indonesia, a patriarchal culture has developed where the husband is the head of the family and the decision maker in the family, including giving permission to the wife to take an HIV test (Shaluhiyah et al., 2012).

Family support, especially partners and friends, greatly influence a person's decision to do an HIV test or not. A person makes the decision not to do an HIV test because there is no support from a partner, friend, or family member after someone tells about HIV testing (Gunung, Sumantera, Sawitri, & Wirawan, 2003). This can be used as a basis for empowering housewives as health cadres to disseminate information about HIV / AIDS and HIV testing. Health workers support is usually in the form providing information about HIV / AIDS and HIV testing. The results of this study are in accordance with Arianty's (2018) research, namely that the is a correlation between support from health workers and the behavior of pregnant women in carrying out HIV tests (Arianty, 2018).

The results of the multivariate analysis show that there is a co-effect of age, education, and access to HIV testing services on the implementation of HIV testing by housewives. The Exp (B) value indicates that the probability (odds) of housewives who test for HIV is 4.620 times greater for housewives with advanced education, 3.928 times greater for housewives who have access to HIV testing services and 2.531 times greater for housewives with reproductive age. healthy. Based on this value, the factors that had the greatest influence on the implementation of HIV testing at the Kencong Health Center were the level of education (Exp.B = 4,620), then the access factor for HIV testing services (Exp.B = 3,928) and the age of the housewives (Exp.B = 2,531). The contribution of these three factors was 28.1% (R2) to the implementation of HIV testing by housewives.

The level of education has the greatest influence on the implementation of HIV testing by housewives. Education level is related to the ability to find prevention methods and make safer decisions (USAID, 2011). The results also showed that more than two thirds of the housewives who took the HIV test were well educated. The level of education also affects the ease of receiving information, where in general, the higher a person's education level, the easier it will be to receive information (Notoatmodjo, 2014). This is consistent with the results of a study where more than half of the housewives at the Kencong Health Center had good knowledge of HIV / AIDS and HIV testing.

The access factor for HIV testing services is the second factor that influences the implementation of HIV testing at the Public Health Center of Kencong. The Public Health Center of Kencong ,VCT clinic has been running well. Based on the data, it is known that case finding occurred because of the initiative of health workers to carry out HIV testing in the community or better known as PITC. It is easy for the community to access HIV testing and counseling services because of the existence of PITC. Officers at the VCT clinic at Public Health Center of Kencong come to "pick up" people who have risk factors / are exposed to HIV / AIDS. It is necessary to raise self-awareness in the community to take advantage of VCT clinics so that case finding can be broader. This is in line with the research of Setiyawati and Meilani (2015) where PITC is the variable that most influences HIV testing behavior in pregnant women (p = 0.0001; Exp.B = 21,30).

Based on the results of this research it is necessary to empower productive age housewives as health cadres who can act as peers and provide information about HIV / AIDS and HIV testing. Based on the results of research where peer support is associated with the implementation of HIV testing, it is easier for housewives to accept information from their peers. Peer cadres can also be used to make housewives aware to voluntarily use VCT clinics.

The limitation of this research is that only one coastal area is used as a place of research and the sample collection technique is in the form of quota sampling, which is a non-probability sampling technique. This causes not all housewives to have the same opportunity to be the research sample, only housewives who come to the Public Health Center Kencong have the opportunity to be the sample.

CONCLUSIONS AND SUGGESTIONS

Factors related to the implementation of HIV testing by housewives were age, education, knowledge, access to HIV testing services, support from husbands, support from friends, and support from health workers. Factors that co-influence the implementation of HIV testing by housewives are age, education, and access to services.

The main factors affecting the implementation of HIV testing by housewives are access to HIV testing services, followed by education and age of the housewives. It is necessary to empower productive age housewives as health cadres who act as peers in disseminating information about HIV / AIDS and HIV testing. It is expected that the cadres will be able to influence the housewives in coastal areas to take advantage of the VCT clinic at the Public Health Center.

Conflicting of Interests Statement

The authors declared that no potential conflicts of interests with respect to the authorship and publication of this article.

REFERENCES

Arianty, T. (2018). Perilaku Ibu Hamil dalam Melakukan Tes HIV. *HIGEIA (Journal of Public Health Research and Development)*, *2*(3), 488-497. https://doi.org/10.15294/higeia.v2i3.20033

Arif, A., Ariyanto, Y., Ramani, A., Epidemiologi, B., Biostatistika, D., Fakultas, K., & Masyarakat, K. (2015). *Pemetaan Faktor Risiko Kejadian HIV dan AIDS di Kabupaten Jember Tahun 2015 HIV and AIDS Risk Factors Mapping in Kabupaten Jember on 2015.*

Asmaruddin, M. (2015). *Faktor-Faktor yang Mempengaruhi Kesediaan Ibu Rumah Tangga untuk Melaksanakan Testing HIV.* Retrieved from http://eprints.undip.ac.id/47378/

Ba'ali. (2006). *Kita Bisa Kena, Kitapun Bisa Cegah.* Yogyakarta: Pilar Media.

Fitrianingsih, R., Dewi, Y. I., & Woferst, R. (2018). Faktor-Faktor yang Mempengaruhi Perilaku Pencegahan HIV/AIDS Pada Ibu Rumah Tangga. *Jurnal Ners Indonesia, 9*(1), 59-71. DOI: http://doi.org/10.31258/jni.9.1.59-71

Dinas Kesehatan. (2016). Profil Kesehatan Kabupaten Jember Tahun 2016. *Depkes.* Retrieved from http://www.depkes.go.id/resources/download/profil/PROFIL _KAB_KOTA_2016/7306_Sulsel_Kab_Gowa_2016.pdf%0Ahttp ://www.depkes.go.id

Dinas Kesehatan Provinsi Jawa Timur. (2016). *Profil Kesehatan Provinsi Jawa Timur Tahun 2017.* Surabaya: Dinas Kesehatan Provinsi Jawa Timur.

Fitriani, S. (2011). *Promosi Kesehatan.* Yogyakarta: Graha Ilmu.

Government of Western Australia. (2013). HIV/AIDS. *Communicable Disease Control Directorate Department of Health.* Retrieved from www.public.health.wa.gov.au/1/64/1/contact_us.pm

Gunung, I. K., Sumantera, I. G. M., Sawitri, A. A. S., & Wirawan, D. N. (2003). *Buku Pegangan Konselor HIV/AIDS. ; 2003.* Yayasan Kerti Praja Yayasan Burnet Indonesia ANCP-AusAID, Macfarlane Burnet Institute for Medical Research and Public Health Limited.

Indah, I. S. (2018). *InfoDatin : Situasi Umum HIV-AIDS dan Tes HIV.* Jakarta: Pusat Data dan Informasi Kesehatan Kementerian Kesehatan RI.

Kasjono, H. S. (2009). *Teknik Sampling Untuk Penelitian Kesehatan.* Yogyakarta: Graha Ilmu.

Kementerian Kesehatan. (2013). *Profil Kesehatan Indonesia Tahun 2013.* Jakarta: Kementerian Kesehatan Republik Indonesia.

Kementerian Kesehatan. (2017). *Laporan Perkembangan HIV-*

AIDS & Infeksi Menular Seksual (IMS) Triwulan IV Tahun 2017. Jakarta.

Murti, B. (2013). *Desain Dan Ukuran Sampel Penelitian Kuantitatif*. Yogyakarta: Gadjah Mada University Press.

Notoatmodjo, S. (2014). *Promosi Kesehatan Dan Ilmu Perilaku*. Jakarta: Rineka Cipta.

Notoatmodjo, S. (2015). *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta.

PKMK FK UGM. (2015). Kajian Dokumen Kebijakan HIV-AIDS dan Sistem Kesehatan di Indonesia. In *Journal of Chemical Information and Modeling*. https://doi.org/10.1017/CBO9781107415324.004

Setiyawati, N., & Meilani, N. (2015). Determinan Perilaku Tes HIV pada Ibu Hamil. *Kesmas Natl Public Heal J*, *3*(9), 201. https://doi.org/10.21109/kesmas.v9i3.565

Shaluhiyah, Z., Titi Legiati Ps, & Suryoputro, A. (2012). Perilaku Ibu Hamil untuk Tes HIV di Kelurahan Bandarharjo dan Tanjung Mas Kota Semarang. *J Heal Promot*, *2*(7), 74–85. https://doi.org/10.14710/jpki.7.2.153-164

Sultoniyah, A. (2017). *Peran Dinas Kesehatan Dalam Menanggulangi HIV/AIDS di Kecamatan Puger Kabupaten Jember*. Universitas Jember.

USAID. (2011). *Upaya Mendukung Penanggulangan HIV/AIDS Manual Untuk Organisasi Masyarakat Sipil Pekerja Seks Perempuan*. Jakarta.

Wahyunik, S. (2018). Penderita HIV/AIDS di Jember 4.018 orang, Tahun ini Terdata 500 orang. Retrieved from Suryamalang.com website: http://suryamalang.tribunnews.com/2018/11/30/penderita-hivaids-di-jember-4018-orang-tahun-ini-terdata-500-orang

Widoyono. (2008). *Epidemiologi, Penularan, Pencegahan, dan Pemberantasannya*. Jakarta: Penerbit Erlangga.

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