



CORRELATION BETWEEN MIDWIVES' KNOWLEDGE LEVELS AND THE STIGMA FACED BY PREGNANT WOMEN WITH HIV/AIDS

Wilda Salsabiela¹, Evicenna Naftuchah Riani¹

^{1,2}Midwifery Undergraduate Program, Faculty of Health Sciences, University of Muhammadiyah Purwokerto, 53181, Indonesia

*Corresponding author:

E-mail: wildasalsabiela@gmail.com

ABSTRACT

Background: The HIV/AIDS Situation Analysis, conducted by the Banyumas Regency Health Office in September to October 2021, reveals a rapid increase in HIV/AIDS cases. The escalating number of HIV/AIDS cases has the potential to foster negative perceptions and stigma against individuals living with HIV/AIDS (PLWHA). Midwives' substantial knowledge can play a pivotal role in curbing HIV transmission. This study aims to explore the correlation between midwives' level of knowledge about HIV/AIDS and the stigmatization of pregnant women afflicted by HIV/AIDS, within the primary healthcare centers of Banyumas Regency.

Method: This study was descriptive analysis with cross-sectional research design. The research subjects were midwives who had never attended HIV counselor training at the Medical Support Service Health Center in Banyumas Regency with a total of 61 respondents. The instrument used the HIV-KQ-18 questionnaire to measure the level of knowledge and the SHASS questionnaire to measure stigma attitudes. The analysis uses the Spearman rank correlation test.

Results: The total level of knowledge, amounting to (14.80%), is deemed adequate, while a mere (1.60%) exhibit a high level of stigma. No significant relationship exists between midwives' knowledge levels and the stigma experienced by pregnant women with HIV/AIDS in primary health services within the Banyumas district.

Conclusion: The knowledge of midwives regarding HIV/AIDS still requires improvement. Efforts should be directed towards addressing the stigma held by midwives towards PLWHA. Educational institutions could enhance this by incorporating workshops led by experts from the Health Office and health facilities.

Keywords: *HIV, Midwife Stigma, Knowledge, Pregnant women*

INTRODUCTION

Southeast Asia became the continent with the second largest HIV-infected population in 2019, ranked first by Africa 25.7 million, second by South Asia 3.8 million and third by Asia America 3.5 million. Meanwhile, the population infected with HIV is at least in the Western Pacific continent, which is 1.9 million people. Indonesia is increasingly wary of the spread and transmission of HIV because there are many people living with HIV in the Southeast Asia region¹.

HIV cases in Indonesia in 2019 reached a peak of 50,282 cases. The highest number of HIV cases were in East Java, DKI Jakarta, West Java, Central Java, and Papua, while the highest number of AIDS cases were in the provinces of Central Java, Papua, East Java, DKI Jakarta, and the Riau Islands. The number of HIV in 2019 in Central Java ranks 4th with 5,630 people with a male ratio of 64.50% to 35.50%, while the number of AIDS cases in 2019 in Central Java ranks first. as many as 1,613 people. with a male rate of 68 years and a female 31.40%¹.

Based on the Health Pocket Book of the Central Java Provincial Health Office in the 3rd Quarter of 2021, there were 1,945 HIV cases and 522 AIDS cases in Central Java province, where Banyumas district was ranked 3rd in HIV cases with 63 men and 35 women after the city of Semarang. (123 men and 54 women) and Pati (69 men and 55 women), while AIDS cases ranked in Banyumas Regency at 8th place with 22 men and 2 women².

Analysis of the HIV/AIDS Situation of the Banyumas District Health Office in January-October 2020 obtained data on 267 HIV cases, 159 AIDS cases, and 12 deaths. In September-October 2021 HIV/AIDS cases jumped rapidly, namely in September In September there were 10 HIV cases and 7 AIDS cases, while in October there were 19 HIV cases and 15 AIDS cases. The number of population who tested for HIV were pregnant women, where the population of

pregnant women who were tested was 15878. The result was 14 pregnant women who were HIV positive.(Banyumas Health Office, 2021)

The number of PDP services in (Medicine Support Services) Banyumas district there are 13 services, namely Margono Hospital, Banyumas Hospital, Ajibarang Hospital, Wijayakusuma RST, Baturraden Health Center I, Baturraden II Health Center, Cilongok Health Center 1, Sumpiuh I Health Center, Gumelar Health Center, Public Health Center Donate II, Puskesmas Kembaran I, Puskesmas Sokaraja 1, and Puskesmas Purwokerto Selatan¹.

The rise of HIV/AIDS cases among Indonesian people can trigger negative stigma towards PLWHA. The outlook on the future of people with this disease leads to hopelessness, helplessness, pessimistic expectations, and unclear perceptions that will lead to negative interpretations of facts. This misunderstanding creates negative stigma and discrimination against people living with HIV. The negative stigma aimed at People Living With HIV/AIDS makes the handling of the disease neglected, especially if stigma and discrimination arise from the midwife. The stigma that arises or the beliefs that arise can be in the form of: prejudices that give rise to discrimination. This stigma can be influenced by social interactions, as a result of personal experiences and perceptions of social attitudes.

Knowledge and behavior of nurses/midwives in HIV/AIDS prevention shows that high knowledge will lead to good behavior in preventing HIV/AIDS transmission. Element Fright because the lack or even the availability of protective structures for nurses/midwives influences negative behavior. Fear of being infected or infected in the workplace contributes to unjustified stigma and discrimination against people living with HIV².

There is a decline in professional attitudes to care for patients with HIV infection among health workers³. Stigma that occurs in the health care environment is

a serious problem in the health care system. If there are patients infected with HIV and feel stigmatized by health workers, it can affect the quality of care, quality of life of patients, and involvement in the care process⁴.

The results showed that 40 (63.5%) respondents had sufficient knowledge and 50 (79.4%) respondents had high stigma. The results of this study indicate that there is no significant relationship ($p\text{-value} > 0.05$) between knowledge and stigma related to PLWHA with a negative correlation direction (the higher the knowledge of nurses, the lower the stigma of nurses related to people living with HIV/AIDS)⁴. Therefore, this study aims to analyze the relationship between the level of knowledge of midwives about HIV/AIDS and the stigma of pregnant women with HIV/AIDS³.

METHOD

This type of research is a non-experimental quantitative research with ordinal-ordinal correlative analytic method, namely a correlational research design with a Cross Sectional approach, namely the researcher takes measurements for the independent and dependent variables simultaneously at one time so that there is no follow-up. The population in this study were non-counselor midwives who were in 9 PDP (support care and treatment) Health Centers (Medicine Support Services) in Banyumas district. The sampling technique uses cluster random sampling, namely by taking samples if the population does not consist of individuals, but from groups of individuals, where according to Sugiyono's 2017 book that cluster random sampling is obtained by the formula for the number of respondents per cluster divided by the total number of respondents multiplied by the sample. The variables studied were the independent variable, namely the level of knowledge of the midwife and the dependent variable, namely the stigma of the midwife.

The research instrument used the HIV Brief Knowledge Questionnaire (HIVKQ18) developed by Carey & Schroder 8 consisting of 18 items and designed to provide a measure of knowledge related to HIV. For each of the 18 true/false/don't know statements regarding HIV, a score of 1 was assigned for each "true" answer. "Do not know" and "no response" were coded as "false" and given a score of 0. For scores of more than 16 were said to have good knowledge, scores of 14-12 were said to have sufficient knowledge, and scores below 12 were said to have poor knowledge. . The Spanish HIV/AIDS Stigma Scale (SHASS) is an instrument used to measure stigma against People Living With HIV/AIDS. The original version of SHASS consists of 4 Likert scales, namely STS (strongly disagree), TS (strongly agree), S (agree), SS (strongly agree) and 39 statements, by measuring eleven dimensions (indicators), namely limited rights of PLWHA, PLWHA are required to disclose serostatus, responsibility for infection, lack of productivity of PLWHA, fear of infection, emotions related to HIV, proximity to death, need for control people with HIV/AIDS, people with HIV/AIDS as vectors of infection, as well as body signs of HIV. The scale used in the SHASS questionnaire using a Likert scale. The Likert scale measurement in the study used a scale of 1 to 4 which was divided into categories, namely strongly agree (SS), agree (S), strongly disagree (STS), disagree (ST). The SHASS questionnaire has two types of statements, namely favorable and unfavorable statements, where the assessment for favorable statements is 1 (strongly disagree), value 2 (disagree), value 3 (agree), and value 4 (strongly agree), while the assessment of unfavorable statements is rated 1 (strongly agree), 2 (agree), 3 (disagree), and 4 (strongly agree). don't agree). The assessment of each point of the statement is carried out from the statements that have been filled in by the respondent. The

higher the score obtained, the higher the respondent's stigma, where scores of less than 99 are in the low category, scores of 99 to 121 are in the medium category and more than 121 are in the high category.

RESULTS

The number of respondents in this study were 61 respondents. The characteristics of the respondents include age, last education, service to HIV/AIDS sufferers, and length of work.

Table 1. Distribution of Respondents Demographic Characteristics:

Characteristics	(n)	Percentage (%)
Age		
24-40 years old	32	52.5%
40-60 years	29	47.5%
Last education		
DIII	56	91.8%
DIV	5	8.2%
Services to People with HIV/AIDS		
Once	30	49.2%
Never	31	50.8%
Length of work		
10 years	8	13.1%
11-20 years old	29	47.5%
>20 years	4	39.3%

Based on the table above, it was found that respondents aged 24-40 were 32 respondents (52.5%) and aged 40-60 were 29 (47.5%). For the latest education of respondents, it was found that the last education was DIII, namely 56 respondents (91.8%) while the last education was DIV only 5 respondents (8.2%). For respondents who have served HIV/AIDS patients as many as 30 respondents (49.2%) and respondents who have never served HIV/AIDS patients as many as 31 respondents (50.8%). For the length of work of the respondents as many as 8 (13.1%) respondents had a length of

service for 10 years, 29 (47.5%) respondents had a length of service of 11-20 years and 24 respondents (39.3%) had a length of work > 20 years.

Table 2. Knowledge Level Univariate Analysis:

Knowledge level	Frequency (n)	Presentation (%)
Not enough	52	85.50%
Enough	9	14.80%
Total	61	100.00%

Based on the table above, of the 61 people studied, the respondents with less knowledge were 52 people (85.50%).

Table 3. Univariate Analysis of Stigma Level:

Knowledge level	Frequency (n)	Presentation (%)
Low	18	29.50%
Currently	42	68.90%
Tall	1	1.60%
Total	61	100.00%

Based on the table above, from the 61 respondents studied, it was found that 42 respondents (68.9%) moderate stigma.

Table 4. Bivariate Analysis

	Knowledge Score	Stigma Score
<i>Correlation coefficient Knowledge</i>	1.000	-.174
<i>Sig. (2-tailed)</i>	-	.180
N	61	61
<i>Correlation coefficient Stigma</i>	-.174	1.000
<i>Sig. (2-tailed)</i>	.180	-
N	61	61

From the results of data processing using SPSS 24.0 For Windows (Evaluation Version) shows the correlation coefficient is -0.174 which shows a negative correlation with a very weak correlation strength. Therefore, H0 is accepted and Ha is rejected, which

means that there is no influence between the independent variable and the dependent variable, the P value (Sig value) also shows 0.180, meaning P value > 0.05, which means that there is no significant relationship between the level of knowledge and stigma or it can be said that the results are opposite.

DISCUSSION

Based on the results of the calculation of the demographic characteristics of the respondents which include age, last education, services for people living with HIV/AIDS, and length of work, the results show that the majority of respondents are aged 24-40, as many as 52.5% years⁵. This age is classified as the age of early adulthood for women, namely adult women starting at the age of 24-40 years where at that age women experience physical and psychological changes. While the age of 41-60 is at least 47.5% which is classified as middle adult age starting at the age of 41-60 years where at this time there is a decrease in both physical and psychological abilities⁵. Age naturally has an influence on a person's physical performance and behavior. Increasing a person's age affects the process of forming motivation so that the age factor is estimated to affect a person's performance and behavior³.

Based on the results of the research on the characteristics of the respondent's latest education, it shows that non-counselor midwives at the PDP health center in Banyumas Regency have the latest D3 education as many as 91.8% compared to midwives who have the latest DIV education, which is only 8.2% which is in line with Hastuti's research, 2020 about the most midwife education. in Banyumas Regency is D3 71% and the lowest is S2/S3 2%. Education is one of the factors that can influence the emergence of stigma and discrimination against People living with HIV/AIDS. The type of health worker according to their educational background affects the

score of stigma and discrimination against PLWHA³.

Based on the results of the research on the characteristics of respondents in services to people living with HIV/AIDS, it was found that there were more midwives who had never served people living with HIV/AIDS, as many as 50.8% compared to midwives who had served PLWHA, which was 49.2%, which was in line with previous research conducted. Characteristics of services to people living with HIV/AIDS respondents are mostly never, namely 94.8%⁶.

Based on the results of the research on the characteristics of the respondent's length of work, it was found that there were more midwives who worked for 11-20 years, namely (47.5%) compared to midwives who worked 10 years, which was only (13.1%) and midwives who worked >20 years, which was (39.3 %) the largest proportion of the length of work of midwives at the puskesmas was for 11-20 years, as many as 59 respondents (73.8%) of 80 respondents and the least was midwives who had worked 10 years which was in accordance with the research⁷. that the characteristics of midwives based on the length of work at the Puskesmas are at least 6-10 years as many as 13 respondents (20%) of 65 respondents^{7,8}. The length of work affects the occurrence of stigma and discrimination because someone who has worked for a long time tends to have broader insight and more experience, where this plays an important role in changing the behavior of a health worker. The length of a person's work will affect his experience, so that it also influences the determination of attitudes and decisions in providing health services, including for people living with HIV/AIDS⁸.

Based on the results of the calculation of the univariate analysis of the knowledge variable from 61 people studied, respondents with less knowledge were 52 people (85.50%) while respondents with sufficient knowledge

were 9 people (14.80%) it can be concluded that the majority of non-counselor midwives knowledge in Puskesmas Treatment support services in Banyumas Regency are still lacking, that the highest knowledge of respondents with less knowledge as many as 12 people (36.4%) and sufficient knowledge as many as 5. people (15.2%) or it can be concluded that the majority of respondents still have less knowledge⁹. Knowledge of HIV/AIDS greatly affects how the individual will behave towards people with HIV/AIDS¹⁰.

Based on the results of the calculation of the univariate analysis of the stigma variable that of the 61 respondents studied, it was found that 18 respondents had low stigma (29.50%), 42 respondents (68.9%) moderate stigma, and 1 respondent (1.60%) high stigma. it can be concluded that there is still a moderate level of stigma namely the most stigma with low stigma as many as 43 respondents (12.3%), moderate stigma by 229 respondents (68.5%) and high stigma by 67 respondents (19.2%)⁶. Stigma and discrimination against people living with HIV/AIDS arise related to ignorance about the mechanism of HIV transmission, the estimated risk of being infected by excessive contact through casual contact and negative attitudes towards social groups affected by the HIV/AIDS epidemic³.

Based on the research results, the correlation coefficient value is -0.174 which shows a negative correlation with a very weak correlation strength. Therefore, H₀ is accepted and H_a is rejected, meaning that there is no influence between the independent variable (knowledge) and the dependent variable (stigma), P value (Sig value) also shows 0.180, meaning that P value > 0.05, which means that there is no significant relationship. between knowledge level and stigma.

Based on the results of the study, it shows that the strength of the correlation is -0.174, which means that

the interpretation table of the correlation hypothesis test above is in the value of 0.0 - 0.2 or it can be said that the strength of the correlation is very weak. The direction of the correlation shows a negative value, which means that the higher the knowledge of the midwife, the lower the stigma of the midwife and vice versa, the lower the knowledge of the midwife, the higher the stigma of the midwife. There is no significant relationship between the level of knowledge of midwives with stigma. This can be seen from the results of the calculation of p value > 0.05, with a value of 0.180.

That much as 4.1% of dentists with good knowledge with high stigma and 21.5% knowledgeable doctors with less high stigma where p value = 0.643, it was concluded that there was no relationship between knowledge about HIV/AIDS with dentists' stigma against people living with HIV/AIDS⁶

Result that 11 respondents (17.5%) with good knowledge had high stigma, and 3 respondents (4.8%) with good knowledge had low stigma. The results of the table indicate that there is no significant relationship (p-value > 0.05) between knowledge and nurses' stigma related to people living with HIV/AIDS. The r value is 0.070 with a negative correlation direction (the higher the knowledge of nurses, the lower the stigma of nurses related to people living with HIV/AIDS)⁶

The factor that affects the stigma of health workers is the existence of training on the handling of patients with HIV/AIDS in health workers¹¹. The results of the study using the Chi Square statistical test with a p-value of 0.01, which means that there is a relationship between the participation of midwives in training on HIV/AIDS and the midwife's stigma against HIV-positive mothers. The results of the analysis obtained an OR value of 5.13 (95% CI: 1.21-21.6) which means that midwives who have

not attended training on HIV/AIDS have a 4.97 times higher chance of having a high stigma against mothers with HIV/AIDS. HIV positive compared to midwives who have attended training on HIV/AIDS. The training is a learning effort organized by organizations both government, non-governmental organizations and companies with the aim of meeting organizational needs and achieving organizational goals. Training as part of education contains a learning process to acquire and improve skills¹². HIV/AIDS training is a learning process that involves the acquisition of skills, concepts, rules or attitudes to improve workforce performance¹³. Training of health workers on HIV/AIDS results in not only increased knowledge but also improved attitudes towards People Living with HIV/AIDS⁴ Training as part of education contains a learning process to acquire and improve skills, a relatively short time and methods that prioritize practice over theory¹⁴. HIV/AIDS training is a learning process that involves the acquisition of skills, concepts, rules or attitudes to improve workforce performance¹⁴. Training of health workers on HIV/AIDS results in not only increased knowledge but also improved attitudes towards People Living with HIV/AIDS⁴ Training as part of education contains a learning process to acquire and improve skills, a relatively short time and methods that prioritize practice over theory¹⁵. HIV/AIDS training is a learning process that involves the acquisition of skills, concepts, rules or attitudes to improve workforce performance¹². Training of health workers on HIV/AIDS results in not only increased knowledge but also improved attitudes towards People Living with HIV/AIDS³

The other factors that influence stigma according to is long working. Based on the results of the analysis of the relationship between the length of service of health workers and the stigma

of PLWHA (People Living With HIV/AIDS) at the Talun Health Center, Blitar Regency using Pearson correlation analysis, it was found that the significance level was $p = 0.046$, meaning that there was a significant relationship between length of work and stigma on PLWHA (People Living With HIV/AIDS) at the Talun Health Center, Blitar Regency. The development of behavior and attitudes of health workers in making decisions and behavior in health services requires work experience so that it can lead to high self-confidence. The length of a person's work will affect his experience, so that it also influences the determination of attitudes and decisions in providing health services, including for people living with HIV/AIDS. Based on Morrow and McElroy¹⁶, Most of the respondents are in the maintenance stage, namely with a length of work > 10 years as many as 20 respondents. At this stage, respondents should gain more experience in carrying out their duties as health workers. To suppress or avoid stigma from health workers, it is necessary to prepare the character building of health workers in dealing with people living with HIV/AIDS through HIV/AIDS training. And the best training target is during the advanced stage (2-10 years), because this stage is the best stage for the formation of attitudes and character in working towards the maintenance stage. At this stage, respondents should gain more experience in carrying out their duties as health workers. To suppress or avoid stigma from health workers, it is necessary to prepare the character building of health workers in dealing with PLWHA (People Living With HIV/AIDS) through HIV/AIDS training. And the best training target is during the advanced stage (2-10 years), because this stage is the best stage for the formation of attitudes and character in working towards the maintenance stage. At this stage, respondents should gain more

experience in carrying out their duties as health workers. To suppress or avoid stigma from health workers, it is necessary to prepare the character building of health workers in dealing with people living with HIV/AIDS through HIV/AIDS training. And the best training target is during the advanced stage (2-10 years), because this stage is the best stage for the formation of attitudes and character in working towards the maintenance stage.

CONCLUSION

There is no very strong significant relationship between the level of knowledge of the midwife and the stigma of the midwife towards pregnant women with HIV/AIDS at the PDP Public Health Center, Banyumas Regency. The relationship is negative, so the higher the level of knowledge, the lower the stigma. This is in accordance with the expectations of the research that I researched, namely the higher the level of knowledge, the lower the stigma where the majority of respondents have a low level of knowledge as many as 52 people (85.50%) and the majority of respondents have a moderate level of stigma, namely 42 respondents (68.9%).

ACKNOWLEDGEMENT

The writer realizes that the writing of this thesis is still far from perfect due to various limitations that the author has. In the preparation of this thesis, the author needs support and motivation. Therefore, the authors would like to thank the honorable:

1. Dr. Ns. Jebul Suroso, S. Kep., M. Kep as the Chancellor of the University of Muhammadiyah Purwokerto who has provided direction and motivation in the preparation of the thesis.
2. Dr. Ns. Umi Solikhah, S. Pd., S. Kep., M. Kep as the Dean of the Faculty of Health Sciences, University of Muhammadiyah Purwokerto who has

provided direction and information regarding the preparation of the thesis.

3. Dewi Ambarwati, M. Keb as the Head of the Midwifery Study Program for the Undergraduate Program and the Midwifery Professional Education Study Program for the Profession Program who has provided various motivations and information related to the implementation of thesis preparation.
4. Evicenna Naftuchah Riani, M. Kes as the supervisor who has been willing to give her time to provide motivation, direction and input related to the preparation of the thesis.
5. All midwives at Puskesmas Baturraden I, Baturraden II, Cilongok I, Sumpiuh I, Gumelar, Sumbang II, Kembaran I, Sokaraja I, and South Purwokerto who were willing to be respondents.
6. All parties who have helped in completing this thesis that cannot be mentioned one by one.

REFERENCE

1. Information from the Ministry of Health of the Republic of Indonesia. (2020).
2. Banyumas Health Office 2021, KB (2021). ANSIT HIV AIDS 2021 October.
3. Aryanto, SD, Rahmat, I., Kustanti, A., Medicine, F., Gadjah, U., Pharmako, J., North, S., Mada, UG, Pharmako, J., Utara, S., Mada, UG, Farmako, J., & North, S. (2018). NURSE'S KNOWLEDGE AND STIGMA RELATED TO PEOPLE WITH HIV / AIDS (PLWHA) Student of Undergraduate Nursing Science Study Program Lecturer of the Department of Mental Nursing Nursing Science Study Program Medical Nursing Lecturer in Nursing Science Study Program.
4. Paryati, T., Raksanagara, AS, Afriandi, I., Planning, P., Health, P., Society, IK, & Medicine, F. (2012). Stigma and discrimination against PLWHA by

- health workers _Tri Paryati Factors Affecting Stigma and Discrimination against PLWHA (people living with HIV/AIDS) by health workers: literature review.
5. Lindawati, Psychology, F., Requirements, M., Degree, M., Psychology, S., & Psi, S. (2018). DIFFERENCES BETWEEN BODY IMAGE BETWEEN EARLY ADULT AND MAD ADULT WOMEN.
 6. Adha. Rufaidah. (2021). RELATIONSHIP LEVEL OF KNOWLEDGE ON STIGMA OF PEOPLE WITH HIV/AIDS (PLWHA).
 7. Anugrahwati, R., Hakim, N., & Manggala Husada Nursing Academy, D. (2019). FACTORS AFFECTING NURSE COMPLIANCE IN DOING HAND HYGIENE FIVE MOMENTS IN RS. HERMINA JATINEGARA.
 8. Aan Adriansyah Lecturer of the Study Program, AS, & Public Health, Faculty of Health, I. (2017). THE INFLUENCE OF AGE AND LONG WORKING ON MIDWIFE'S SOCIAL AWARENESS IN THE PROVISION OF FE TABLETS TO PREGNANT WOMEN Effect of Midwife's Age and Length of Employment Towards Social Awareness of Midwife in Fe Tablets Administration for Pregnant Women.
 9. Sudarsono, S. (2015). The Relationship between Characteristics of Nurses and Midwives with STIGMA in People with HIV/AIDS (PLWHA) at the Talun Health Center, Blitar Regency. *Journal of Nurses and Midwifery*, 2(1), 030–037.
<https://doi.org/10.26699/jnk.v2i1.art.p030-037>
 10. Sirait, H., Tobing, HPL, Studi, P., Pematangsiantar, K., & Medan, K. (2016). The Relationship between Knowledge and Perception of Midwives About HIV/AIDS with Stigma to Women with HIV/AIDS in Pematangsiantar City. In *Maternal And Neonatal Journal* (Vol. 12).
 11. Dwi Aryanto, S., Rahmat, I., Kustanti, A., Study Program, MS, Nursing, I., Department of Mental Nursing, Nursing Science Study Program, Gadjah Mada University, D., North Sekip Pharmaco, J., & Medical Nursing Nursing Science Study Program Surgery, D. (2017). NURSE'S KNOWLEDGE AND STIGMA RELATED TO PEOPLE WITH HIV/AIDS (PLWHA).
 12. Musringatun. (2017). Factors associated with midwife stigma.
 13. Damayanti, A. (2017). Analysis of Predisposing Factors Related to Community Behavior in Eradicating Mosquito Nests (Psn) in Rw 004, Nambangan Kidul Village, Manguharjo Subdistrict, Madiun City, 2017. Thesis for S1 Nursing STIKes Bhakti Husada Mulia Madiun, 11150331000034, 1–147.
 14. Dr. Suliyanto. (2014). *Non-Parametric Statistics in Research*. Andi Yogyakarta.
 15. Fitriani, A., Shaluhiyah, Z., Suryoputro, A., & Nations, U. (2013). Stigmatization of Midwives in Pregnant Women with HIV and AIDS in Semarang City. *Indonesian Journal of Health Promotion*, 8(1), 79–89.
<https://doi.org/10.14710/jpki.8.1.79-89>
 16. Consulate General of the Republic of Indonesia. (2020). HIV/AIDS recognize to be avoided.
 17. Kustanti, A., Wijayanti, Y., Rahmat, I., Nursing, M., Mada, UG, Dalam, DP, Medicine, F., Mada, UG, Ners, PS, Medicine, F., & Gadjah, U (2015). Cross Cultural Stigma Scale Related to HIV/AIDS in Nursing Students. *Jppni*,

01(2), 145–153.

18. Mitra, B. (2015). Implementation of the Banyuwangi Public Health Service Guarantee Program (Jpkmb) in Realizing Primary Health Services for All Levels of Society. *The Indonesian Journal of Public Administration (IJPA)*, 1(2), 1–19. <https://doi.org/10.52447/ijpa.v1i2.269>
19. Notoatmodjo. (2018). *Health Research Methodology*. EGC.
20. Nurul Latifah, AW (2014). Relationship of Knowledge Level with Hygiene and Sanitation Behavior on Food Traders in Bantul Market. 1–13.
21. Talwar, P., & Rahman, MFBA (2015). Assessment of HIV knowledge among university students using the HIV-KQ-18 scale: A cross-sectional study. *South East Asia Journal of Public Health*, 5(1), 33–38. <https://doi.org/10.3329/seajph.v5i1.24849>
22. Wahyuni, R., & Susanti, D. (2019). Description of student knowledge about HIV/AIDS at Pasir Pengaraian University, Rokan Hulu Regency. *Maternal And Neonatal Journal*, 2(6), 341–349.
23. Dwi Aryanto, S., Rahmat, I., Kustanti, A., Study Program, MS, Nursing, I., Department of Mental Nursing, Nursing Science Study Program, Gadjah Mada University, D., North Sekip Pharmaco, J., & Medical Nursing Nursing Science Study Program Surgery, D. (2017). *NURSE'S KNOWLEDGE AND STIGMA RELATED TO PEOPLE WITH HIV/AIDS (PLWHA)*.
24. Banyumas Regent Regulation No. 64 of 2019. (2019). *JDIH Banyumas Regency*, 1–19