

Relationship of Education, Knowledge, and Perception with Stigma Tward PLWHA in Malawili Village, Sorong

Lidia Eklesia Mora¹, Yanti Pesurnay^{2*}, Sariana Pangaribuan³

^{1,2} Universitas Papua, Indonesia; e-mail : y.pesurnay@unipa.ac.id

³ Public Health, Sekolah Tinggi Ilmu Kesehatan Papua, Indonesia, e-mail : y.pesurnay@unipa.ac.id

* Corresponding Author : Yanti Pesurnay

Abstract: Human Immunodeficiency Virus (HIV) is a virus that attacks the immune system, specifically on white blood cells, namely CD4 cells. The most advanced stage of HIV infection is Acquired Immunodeficiency Syndrome (AIDS). The level of education can influence people's way of thinking about stigma. Knowledge and perceptions can influence attitudes and behavior towards PLWHA. People living with HIV will face various stigmatizations can affect the emotional well-being and mental health of PLWHA. The research design used is observational analytic study with a cross-sectional design. The study was conducted in RW 03, Malawili Village, Sorong Regency, the research sample was 195 people selected by proportional random sampling method. The research instrument is a questionnaire. The data obtained was then analyzed by chi-square. Research results obtained the majority of respondents had a secondary education level, namely 91 people (46,7%), the majority of respondents had a good level of knowledge, namely 135 people (62,2%), the majority of respondents had a negative perceptions, namely 99 people (50,8%), and the majority of respondents were in the not stigmatizing category, namely 114 people (58,5%). Based on these results, it can be concluded that there is a significant relationship between the level of education, knowledge and perceptions with Community Stigma Towards People Living With HIV/AIDS (PLWHA) in RW 03 Malawili Village, Sorong Regency.

Keywords: Education level; HIV/AIDS; Knowledge; Perception; Stigma

1. Introduction

According to the World Health Organization (WHO), Human Immunodeficiency Virus (HIV) is a virus that attacks the immune system, specifically the white blood cells known as CD4 cells. HIV compromises the immune system and reduces the body's ability to fight off infections that would typically be easier to overcome in individuals with a healthy immune system. The advanced stage of HIV infection is known as Acquired Immunodeficiency Syndrome (AIDS), which can take years to develop if left untreated [1].

According to data from the United Nations Programme on HIV and AIDS (UNAIDS), the largest population of adults and children living with HIV is found in Eastern and Southern Africa (20.6 million people), followed by Asia and the Pacific (5.9 million people), and Western and Central Africa (5.0 million people). Indonesia, located in Southeast Asia, has the second largest HIV population in the world. Based on the proportion of youth among estimated new HIV infections in Asia and the Pacific in 2018, Indonesia ranked third after the Philippines and Myanmar [2].

According to Indonesia's 2021 Health Profile, the estimated number of people living with HIV was 543,100, with 29,557 new infections and 30,137 HIV-related deaths. Most HIV/AIDS cases were found in the productive age group of 15–49 years. In 2021, West Papua Province reported 360 new HIV cases and 80 new AIDS cases [3].

Received: 27 May, 2025

Revised: 25 June, 2025

Accepted: 08 July, 2025

Published: 15 July, 2025

Curr. Ver.: 15 July, 2025



Copyright: © 2025 by the authors.

Submitted for possible open

access publication under the

terms and conditions of the

Creative Commons Attribution

(CC BY SA) license

([https://creativecommons.org/li](https://creativecommons.org/licenses/by-sa/4.0/)

[censes/by-sa/4.0/](https://creativecommons.org/licenses/by-sa/4.0/))

The 2018 Basic Health Research (Riskesdas) report for West Papua Province showed that in Sorong Regency, 5.15% of the population had no knowledge of HIV/AIDS, and 49.04% had limited knowledge [4].

Education is closely related to a person's level of knowledge. Educational attainment can influence the way people think, including their attitudes toward stigma [5].

A study conducted by Nurman et al. found a significant relationship between education level and stigma toward people living with HIV/AIDS (PLWHA). It was explained that the lower the education level, the higher the stigma toward PLWHA. Conversely, individuals with higher education tend to show lower levels of stigma, as they are more likely to access accurate information about PLWHA [6].

Knowledge about HIV/AIDS influences individuals' attitudes and behaviors toward people living with HIV/AIDS (PLWHA). Stigma often arises due to a lack of public knowledge about HIV/AIDS. Insufficient understanding of how HIV is transmitted frequently leads to fear and rejection of PLWHA within the community [7]. A lack of information and awareness results in misconceptions about HIV transmission, which in turn leads to negative judgments toward individuals living with the virus. People's perceptions of those infected are shaped by their lack of knowledge about the disease. Negative public perceptions of HIV/AIDS often stem from the information they receive, which may be inaccurate or misleading. This contributes to the formation of stigma against individuals infected with HIV/AIDS [8].

Perceptions of infected people are caused by a lack of knowledge about something or a disease. The negative perception of HIV/AIDS comes from the stimulus they receive, one of which is the information received by the community. This results in the formation of stigma towards people infected with HIV/AIDS [9]. Perceptions will influence a person's behavior and attitude towards PLWHA. Some people have the view that PLWHA are people with bad behavior. Many people believe that HIV can be transmitted through sneezing, drinking from the same glass, clothing used by PLWHA, and the use of public toilets [5].

People living with HIV often face various forms of stigmatization, including avoidance behaviors (such as refusing to share food, hold hands, or sit nearby), verbal abuse (such as name-calling or the use of derogatory language), and social rejection (such as being excluded from social events, being ignored, or losing respect and social status) [10]. HIV-related stigma is deeply rooted in fear of the virus itself.

Stigma can significantly affect the emotional well-being and mental health of people living with HIV/AIDS (PLWHA). Many individuals with HIV internalize the stigma they experience, which can lead to the development of a negative self-image. This internalized stigma, or self-stigmatization, can result in feelings of shame, fear, and hopelessness. Such emotions may discourage individuals from seeking HIV testing and treatment [8]. A study conducted in Jelu Village, Ngasem Subdistrict, Bojonegoro Regency, involving 142

community members, found that all respondents held stigmatizing attitudes toward PLWHA. The stigma was rooted in beliefs that people with HIV were enemies, sources of disease, social disgraces, or individuals who disobeyed societal and religious norms. The most prevalent form of stigma expressed in Jelu Village was the perception that HIV/AIDS is a deadly disease [11]. Another study conducted in Kupang City, East Nusa Tenggara Province, revealed that stigma toward PLWHA was based on the belief that they were individuals who had violated social norms [12]. Similarly, research in North Aceh Regency found that stigma occurred because people tended to assign negative judgments to HIV/AIDS, PLWHA, and their behaviors [13].

The presence of stigma toward people living with HIV/AIDS (PLWHA) can discourage individuals experiencing HIV-related symptoms from undergoing HIV testing. This is often due to fear of rejection by family members or the surrounding community if they receive a positive diagnosis [5]. According to data obtained from John Piet Wanane Regional General Hospital in Sorong Regency, HIV cases remain high in the region. The working area of Malawili Public Health Center (Puskesmas Malawili) records the highest number of HIV cases in Sorong Regency. Therefore, this study was conducted to assess community stigma toward PLWHA in RW 03, Malawili Subdistrict.

2. Literature Review

HIV/AIDS remains not only a global health concern but also a deeply rooted social issue. While medical treatment for HIV has advanced significantly, the stigma surrounding people living with HIV/AIDS (PLWHA) continues to be a barrier to prevention, diagnosis, and care. Stigma is defined as a set of negative beliefs and attitudes that society holds against individuals based on perceived differences, including health conditions such as HIV/AIDS [10]. This stigma often manifests in the form of discrimination, social exclusion, and rejection, which can severely impact the physical and emotional well-being of PLWHA.

Three key factors frequently influence the level of stigma in a community: education level, knowledge about HIV/AIDS, and public perception.

2.1. Education Level

Educational attainment is an important determinant of people's attitudes and behaviors. Individuals with higher levels of education generally have greater access to health information, critical thinking skills, and openness to accepting scientific facts. As a result, they tend to be more tolerant and less likely to stigmatize PLWHA [14]. In contrast, limited education may hinder the ability to understand accurate information about HIV transmission, increasing susceptibility to myths and negative stereotypes [6].

2.3. Knowledge of HIV/AIDS

Knowledge refers to an individual's understanding of facts and concepts through learning and experience. Accurate knowledge about HIV—especially about transmission

routes and prevention—can reduce irrational fears and correct misunderstandings that often drive stigma [15]. Studies have shown that people who are well-informed about HIV are less likely to exhibit discriminatory behavior toward PLWHA [15].

2.4. Perception

Perception is the process of interpreting information and experiences, which influences attitudes and decision-making. Misconceptions, such as believing HIV can be transmitted through casual contact, fuel negative perceptions and reinforce stigma. People who perceive HIV/AIDS as a result of immoral behavior are more prone to blaming and rejecting PLWHA. Conversely, positive and empathetic perceptions help foster acceptance and reduce discrimination [16].

3. Proposed Method

3.1. Research Design

This study employed an observational analytic research design with a cross-sectional approach, in which observations or measurements of variables were conducted at a single point in time.

The aim of this research was to examine the relationship between education level, knowledge, and perception with community stigma toward people living with HIV/AIDS (PLWHA) in RW 03, Malawili Subdistrict, Sorong Regency. Data collection was carried out from June to July 2023.

3.2. Population and Sample

The study population included all residents aged over 17 years living in RW 03, Malawili Subdistrict. The sample was selected using a proportional random sampling technique, in which members of the population were chosen randomly and proportionally based on strata. The sample size was determined using Slovin's formula, resulting in a total of 66 respondents. Participants were selected based on inclusion criteria.

Data collection was conducted through a questionnaire that was administered after informed consent was obtained from eligible participants. After all data had been collected, data processing was carried out.

3.4. Data Analysis

Data were first entered into Microsoft Excel and then analyzed using SPSS software. Univariate analysis was conducted to describe each of the study variables, providing frequency distributions for both dependent and independent variables. Bivariate analysis was conducted to examine the relationship between the independent variables and the dependent variable using the Chi-square statistical test.

4. Results and Discussion

4.1. Analysis Univariate

Table 1. Characteristics of Respondents

Characteristics	Frequency	%
Age		
17-25 years	58	29,7
26-35 years	42	21,5
36-45 years	37	19
46-55 years	33	16,9
56-65 years	17	8,7
>65 years	8	4,2
Ethnicity		
Papuan	20	10,3
Non-Papuan	175	89,7
Gender		
Male	85	43,6
Female	110	56,4
Occupation		
Employed	155	79,5
Unemployed	40	20,5

Table 1. shows the characteristics of research respondents where the highest age in this study was 17-25 years old as many as 58 people (28.7%), and for the least age was > 65 years old as many as 8 people (4.2%). The majority of respondents came from non-Papuan tribes, namely 175 people (89.7%), while the Papuan tribe was 20 people (10.3%). In table 1. it can also be seen that female gender has the highest frequency, namely 110 people (56.4%), while male gender is 85 people (43.6%). The characteristics of the respondents' work in this study were mostly working as many as 155 people (79.5%), while not working as many as 40 people (20.5%).

Table 2. Frequency Distribution of Respondents based on Education Level

Education Level	Frequency	%
Primary education	35	17,9
Secondary education	91	46,7
Higher education	69	35,4
Total	195	100

Based on table 2. it can be seen that secondary education is the highest level of education, namely 91 people (46.7%), then the higher education level is 69 people (35.4%), and the least is the primary education level, namely 35 people (17.9%).

Table 3. Frequency Distribution of Respondents based on Knowledge about HIV/AIDS

Knowledge	Frequency	%
Good knowledge	135	69,2
Moderate knowledge	47	24,1
Poor knowledge	13	6,7
Total	195	100

Based on Table 3, the majority of respondents had good knowledge, totaling 135 individuals (69.2%), followed by those with moderate knowledge at 47 individuals (24.1%), and the fewest had poor knowledge, totaling 13 individuals (6.7%).

Table 4. Frequency Distribution of Respondents based on Perceptions of HIV/AIDS

Perception	Frequency	%
Positive	96	49,2
Negative	99	50,8
Total	195	100

Based on Table 4, it can be seen that the majority of respondents had a negative perception, totaling 99 individuals (50.8%), followed by those with a positive perception, totaling 96 individuals (49.2%).

Table 5. Frequency Distribution of Respondents Based on Stigma toward People Living with HIV/AIDS (PLWHA)

Stigma	Frequency	%
Non-stigmatizing	114	58,5
Stigmatizing	81	41,5
Total	195	100

Based on Table 5, it can be seen that the majority of respondents did not exhibit stigma, totaling 114 individuals (58.5%), while those who did exhibit stigma totaled 81 individuals (41.5%).

4.2. Analysis Bivariate

Table 6. Relationship between Education Level and Stigma towards PLHIV

Educational level	Stigma				Total		<i>P</i> Value
	Non-stigmatizing		Stigmatizing				
	n	%	n	%	n	%	
Primary education	12	34,3	23	65,7	35	100	<0,001
Secondary education	52	57,1	39	42,9	91	100	
Higher education	50	72,5	19	27,5	69	100	
Total	114	58,5	81	41,5	195	100	

The analysis of the relationship between the community's education level and stigma toward people living with HIV/AIDS (PLWHA), as presented in Table 6, showed that respondents with a basic education had the highest proportion of stigma at 65.7%. In contrast, respondents with secondary and higher education were more likely not to exhibit stigma, with 57.1% and 72.5%, respectively, categorized as non-stigmatizing.

Based on the Chi-square statistical test, a p-value of <0.001 was obtained, indicating a significant relationship between education level and stigma toward PLWHA.

Table 7. Relationship between Knowledge and Stigma towards PLHIV

Knowledge	Stigma				Total		PValue
	Non-stigmatizing		Stigmatizing				
	n	%	n	%	n	%	
Good knowledge	90	66,7	45	33,3	135	100	0,001
Moderate knowledge	17	36,2	30	63,8	47	100	
Poor knowledge	7	53,8	6	46,2	13	100	
Total	114	58,5	81	41,5	195	100	

The analysis of the relationship between community knowledge and stigma toward people living with HIV/AIDS (PLWHA), as shown in Table 7, revealed that 66.7% of respondents with good knowledge did not exhibit stigma. In contrast, 63.8% of those with moderate knowledge and 46.2% of those with poor knowledge were categorized as stigmatizing, while 53.8% of those with poor knowledge did not exhibit stigma. The Chi-square test produced a p-value of 0.001, indicating a significant relationship between knowledge and stigma.

Table 8. Relationship between Perception and Stigma towards PLHIV

Perception	Stigma				Total		<i>P</i> Value
	Non-stigmatizing		Stigmatizing		n	%	
Positive	82	85,4	14	14,6	96	100	<0,0
Negative	32	32,3	67	67,7	99	100	01
Total	114	58,5	81	41,5	195	100	

The analysis of the relationship between community perception and stigma toward PLWHA, as presented in Table 8, showed that respondents with a positive perception were more likely to be non-stigmatizing, with 85.4% falling into this category compared to only 14.6% who were stigmatizing. Conversely, respondents with a negative perception were more likely to be stigmatizing, at 67.7%, compared to 32.3% who were non-stigmatizing. The Chi-square test yielded a p-value of <0.001, indicating a significant relationship between perception and stigma.

4.3. Discussion

4.3.1 Community Education Level

Education is a learning process, meaning that it involves the growth, development, or transformation of individuals, groups, or communities toward greater maturity and capability [15]. According to Pradana, the level of education influences the learning process; the higher the education, the easier it is for individuals to receive and process information [16]. Rahmadewi states that education is an effort to develop personality and skills both inside and outside of school and occurs throughout a person's lifetime. The higher a person's educational attainment, the easier it is for them to access information. Consequently, educated individuals tend to obtain quality information from others and the media. The more information one receives, the more likely they are to gain accurate health knowledge [17].

The results of this study showed that the majority of respondents had a secondary level of education. The researcher assumes that this may be due to the community's residence in an area with adequate educational facilities and easy access to those facilities. This finding aligns with studies conducted by Retnowati in Banyumas Regency and by Aunana, both of which reported that respondents with secondary education represented the largest proportion [15]; [18].

4.3.2 Community Knowledge about HIV/AIDS

According to Notoatmodjo, knowledge refers to an individual's curiosity about an object, gained through their sensory perception. Each person has a different level of knowledge due to varying perspectives on a given subject [14]. Menggawanti states that knowledge about HIV/AIDS is specific and thus is commonly disseminated through health education and various media sources [19].

The results of this study showed that the majority of respondents had good knowledge. The researcher assumes that this is likely because most respondents had a secondary or higher educational background. Higher levels of education are associated with better knowledge, which enables individuals to more easily comprehend and access health-related information. This is supported by Notoatmodjo's theory, which states that individuals with higher education levels have better capacities to absorb and understand information. Therefore, the better a person's education, the better their level of knowledge [20].

These findings are consistent with a study conducted by Ardiyani in Semarang City in 2021, which found that most respondents had good knowledge about HIV/AIDS [21].

4.3.3 Community Perception of HIV/AIDS

Perception occurs when an individual receives stimuli from the external environment, followed by a cognitive process that results in understanding. There are two forms of perception: positive and negative [22]. According to Yani et al., negative judgments about HIV/AIDS often stem from societal views on its causes, which are frequently associated with immoral behavior and ethical issues [13]. Zainab et al. stated that exposure to information about HIV/AIDS can influence the formation of an individual's perception [23].

The results of this study revealed that many respondents held negative perceptions. The researcher assumes that although many individuals may have good knowledge about HIV/AIDS, this does not necessarily guarantee a positive perception. This is supported by the theory proposed by Nur et al., which states that knowledge is not the sole factor influencing perception; other factors such as behavior, cultural norms, and traditions may also play a significant role [24].

These findings are consistent with the study conducted by Zainab et al. in Kendari City in 2020, which reported that the majority of respondents had negative perceptions toward HIV/AIDS [23]. However, the findings contradict a study by Kasanah and Irmaya, in which respondents were found to have positive perceptions. In that study, although the community appeared to have a positive perception, in reality, people still expressed fear in interacting with PLWHA [25].

4.3.4 Community Stigma Toward People Living with HIV/AIDS (PLWHA)

Stigma toward PLWHA refers to negative societal treatment due to the perception that HIV/AIDS is a consequence of self-destructive behavior, distinguishing it from other viral diseases. This condition is exacerbated by the fact that a significant portion of HIV

transmission among PLWHA occurs through sexual relations involving multiple partner [15]. According to Simorangkir et al., stigma toward PLWHA arises largely from a lack of knowledge about HIV/AIDS [26].

AIDS-related stigma is reinforced by numerous factors, including limited understanding of the disease, misconceptions about how HIV is transmitted, lack of access to treatment, irresponsible media reporting on the epidemic, the belief that AIDS is incurable, and prejudices and fears associated with sensitive sexual issues such as sexuality, illness and death, and drug use [24].

The findings of this study indicate that the majority of community members did not stigmatize PLWHA. The researcher assumes this is due to the respondents' relatively high levels of education and good knowledge, which contributed to a more accepting attitude. These results are consistent with a study conducted by Asra et al. in Kayu Merah Subdistrict, Ternate City, in 2019, where most respondents were also found not to stigmatize PLWHA [27]. However, these findings contrast with the study by Menggawanti, which showed that most respondents did stigmatize PLWHA. That study concluded that the stigma was driven by limited knowledge, which led to misunderstandings about HIV/AIDS and how it is transmitted [19].

4.3.5 The Relationship Between Education Level and Community Stigma Toward PLWHA

Education level determines an individual's reasoning ability, which enhances their capacity to absorb information and think rationally when facing problems. The higher a person's level of education, the more easily they can absorb health-related information [15]. Stigma toward PLWHA varies according to education level; lower education levels are associated with a greater likelihood of exhibiting stigma and discrimination [28]. According to Asra, education significantly influences stigma, whereby individuals with higher educational attainment are less likely to stigmatize PLWHA [29].

The results of the Chi-square statistical test showed a significant relationship between education level and community stigma toward PLWHA. The researcher assumes that this aligns with the findings and theory presented by Asra, which revealed that individuals with secondary and higher education levels were less likely to stigmatize PLWHA, whereas those with only primary education were more likely to exhibit stigma [29].

These findings are consistent with the study conducted by Wahyuni and Ronoatmodjo in 2017, which demonstrated a significant relationship between education level and stigma toward PLWHA in Indonesian communities [30]. This study is also in line with research by Berek and Bubu, which found that individuals with lower education levels-especially those with only primary education-were more likely to stigmatize PLWHA compared to those with secondary and higher education [28].

However, these results contrast with a study by Syukaisih et al., conducted in Indragiri Hulu Regency in 2022, which found no significant relationship between education level and stigma toward PLWHA. That study showed that even individuals with higher education still demonstrated stigma, suggesting that behavior is not solely influenced by education level but may also be shaped by personal life experiences [31].

4.3.6 The Relationship Between Knowledge and Community Stigma Toward PLWHA

According to Puspita et al., the better the public's knowledge about HIV/AIDS, the lower the stigma toward PLWHA will be. This suggests that increased knowledge and experience related to HIV/AIDS can potentially reduce stigma within society. However, there are also individuals with limited knowledge who still demonstrate non-stigmatizing attitudes toward PLWHA, which may be influenced by factors such as sources of information, environment, and personal experiences that shape their views [32]. Simorangkir also notes that individuals with high levels of knowledge do not necessarily possess low stigma, and those with low knowledge may not always have high levels of stigma [26].

The findings of this study revealed that respondents with good knowledge generally did not stigmatize PLWHA, while those with moderate knowledge were more likely to do so. This aligns with the theory proposed by Menggawati, which states that the better a person understands HIV/AIDS, the lower their likelihood of stigmatizing PLWHA [19]. Interestingly, some respondents with poor knowledge also did not exhibit stigma. The researcher assumes that this may be due to the respondents' direct interactions with PLWHA, which could positively influence their perceptions and reduce stigma, despite their lack of knowledge. This assumption is supported by Febrianti, who stated that individuals who have interacted with PLWHA are more likely to exhibit less stigmatizing attitudes [33].

Statistical analysis using the Chi-square test showed a significant relationship between knowledge and stigma toward PLWHA. These findings are consistent with a study by Puspita et al. (2023) in RT/RW 03/008 under the jurisdiction of Menteng Community Health Center, Palangka Raya, which also found a significant association between knowledge and community stigma toward PLWHA [32]. However, the results contrast with a study conducted by Prastiwi, which found no significant relationship between knowledge and stigma. In that study, respondents believed HIV/AIDS was a consequence of immoral behavior, leading to high levels of stigma regardless of their knowledge levels [34].

4.3.7 The Relationship Between Perception and Community Stigma Toward PLWHA

According to Pranata et al., perception is one of the factors contributing to stigma toward people living with HIV/AIDS (PLWHA) [22]. Prihartini et al. further state that individuals with positive perceptions tend to exhibit lower levels of stigma compared to those with negative perceptions [35].

Based on findings from this study, many members of the community expressed discomfort when dealing with or interacting with individuals who have HIV/AIDS. This aligns with the study by Kasanah and Irmaya, which found that the community often perceives PLWHA as dangerous individuals who should be avoided [25].

Statistical analysis using the Chi-square test indicated a significant relationship between perception and stigma toward PLWHA. The researcher assumes that, in accordance with the theory proposed by Prihartini et al., individuals with positive perceptions are more likely to exhibit positive (non-stigmatizing) attitudes, whereas those with negative perceptions tend to display negative stigma toward PLWHA [35]. These findings are consistent with a study conducted by Nur et al. in 2022 in Naras 1 Village, which also demonstrated a significant correlation between community perception and stigma toward PLWHA [24].

However, these findings contrast with research by Pratiwi, which found no significant relationship between perception and stigma. That study revealed that even individuals with positive perceptions still exhibited high levels of stigma toward PLWHA.

5. Conclusions

The study titled “The Relationship Between Education Level, Knowledge, and Perception with Community Stigma Toward People Living with HIV/AIDS (PLWHA) in RW 03, Malawili Sub-district, Sorong Regency” are, most residents of RW 03, Malawili Sub-district, have a secondary level of education. The majority of the community also possesses good knowledge about HIV/AIDS. However, most respondents hold negative perceptions about HIV/AIDS. Despite this, a majority of the community members do not stigmatize people living with HIV/AIDS (PLWHA). This study found a significant relationship between education level and stigma toward PLWHA. There is also a significant relationship between knowledge of HIV/AIDS and stigma. Furthermore, perception of HIV/AIDS is significantly associated with community stigma toward PLWHA.

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflict of interest.

References

- [1] HIV/AIDS [Internet]. 2022 [cited 2022 Nov 15]. Available from: <https://www.who.int/healthtopics/hiv-aids>
- [2] United Nations Programme on HIV and AIDS (UNAIDS). In 2019.
- [3] Profil Kesehatan Indonesia Tahun 2021. Kementerian Kesehatan Republik Indonesia; 2022.
- [4] Riskesdas Provinsi Papua Barat. Kemenkes RI; 2018.
- [5] Utami WN, Hutami MS, Hafidah F, Pristya TYR. Faktor-Faktor Yang Berpengaruh Terhadap Stigma Dan Diskriminasi Kepada ODHA (Orang Dengan HIV/AIDS): Systematic Review. Prosiding Forum Ilmiah Tahunan (FIT) IAKMI [Internet]. 2020; Available from: <http://jurnal.iakmi.id/index.php/FITIAKMI/article/view/68>
- [6] Nurma N, Ichwansyah F, Anwar S, Marissa N. Penyebab Diskriminasi Masyarakat Kecamatan Dewantara Kabupaten Aceh Utara Terhadap Orang Dengan HIV-AIDS. Sel Jurnal Penelitian Kesehatan. 2018 Jul 23;5(1):1–9.
- [7] Suryani NKN, Siregar KN. Pengetahuan tentang HIV/AIDS dan Diskriminasi terhadap Orang dengan HIV/AIDS pada Wanita Usia Subur di Indonesia. Jurnal Ilmiah Kesehatan. 2021 Dec 7;20(3):104
- [8] Facts about HIV Stigma | HIV Basics | HIV/AIDS | CDC [Internet]. 2022 [cited 2022 Nov 18]. Available from: <https://www.cdc.gov/hiv/basics/hivstigma/index.html>

- [9] Anggraeni R, Sutini T, Senjaya S. Perception Of HIV Stigma Perception In HIV Infected People. *Journal of Maternity Care and Reproductive Health*. 2020;3(4):243
- [10] Evidence for eliminating HIV-related stigma and discrimination. UNAIDS 2020.
- [11] Patonah S, Susanti DA, Ni'mah MS. Stigma Masyarakat Terhadap Orang Dengan HIV/AIDS Di Desa Jelu Kecamatan Ngasem Kabupaten Bojonegoro. *Jurnal Ilmiah Kesehatan*. 2022;3(1):13
- [12] Hati K, Shaluhiah Z, Suryoputro A. Stigma Masyarakat Terhadap ODHA Di Kota Kupang Provinsi NTT. *Jurnal Promosi Kesehatan Indonesia*. 2017 Jan 17;12(1):62.
- [13] Yani F, Sylvana F, J. Hadi A. Stigma Masyarakat Terhadap Orang Dengan HIV/AIDS (ODHA) Di Kabupaten Aceh Utara. *Jurnal Media Publikasi Promosi Kesehatan Indonesia (MPPKI)*. 2020 Jan 15;3(1):56–62.
- [14] Retnowati M. Hubungan Pendidikan Dan Kepercayaan Dengan Stigma Tokoh Agama Terhadap Orang Dengan HIV/AIDS (ODHA) Di Kabupaten Banyumas. *Bidan Prada [Internet]*. 2017 Nov 20 [cited 2023 Jul 24]; Available from: <https://ojs.stikeslypp.ac.id/index.php/JBP/article/view/272>
- [15] Pradana YA. Analisis Faktor yang Mempengaruhi Stigma Pelajar Pada Penderita HIV dan AIDS berdasarkan Teori Health Belief Model di SMAN 1 Genteng. *Universitas Airlangga*. 2017;
- [16] Rahmadewi A. Studi Deskriptif Stigma Masyarakat Terhadap ODHA (Orang Dengan HIV/AIDS) Di Kabupaten Sleman [skripsi]. [Sleman]. Universitas Ngudi Waluyo. 2021;
- [17] Aunana F. Hubungan Tingkat Pengetahuan Dan Persepsi Dengan Stigma Masyarakat Terhadap ODHA Di Desa Pandowoharjo, Kecamatan Sleman, Kabupaten Sleman [skripsi]. [Yogyakarta]. Politeknik Kesehatan Kementerian Kesehatan Yogyakarta. 2019;
- [18] Notoatmodjo S. *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta; 2018.
- [19] Menggawanti E, Faridah I, Afyanti Y. Hubungan Tingkat Pengetahuan Dan Persepsi Dengan Stigma Masyarakat Terhadap Odha Berdasarkan Usia Dan Pendidikan Di Indonesia Tahun 2020. *Nusantara Hasana Journal*. 2021 Jun 15;1(1):85–94.
- [20] Notoatmodjo S. *Metodologi Penelitian Kesehatan*. Rineka Cipta; 2010.
- [21] Ardiyani IYL. Hubungan Tingkat Pengetahuan HIV/AIDS Dengan Self-Stigma Orang Dengan HIV/AIDS Di Balai Kesehatan Masyarakat Kota Semarang [skripsi]. [Semarang]. Universitas Islam Sultan Agung Semarang. 2021;
- [22] Pranata AD, Fitriani D, Ardi NB, Wahyuni L. Pengetahuan Dan Persepsi Dengan Stigma Masyarakat Terhadap ODHA Di Kota Tangerang Selatan. *Prosiding SENANTIAS: Seminar Nasional Hasil Penelitian dan PkM*. 2023;4(1).
- [23] Zainab AA, Yusran S, Rezal F. Kajian Empiris Stigma terhadap ODHA pada Masyarakat di Kota Kendari. *Jurnal WINS*. 2020;01(01):18–23.
- [24] Nur YM, Yolanda M, J.S Can ZA. Hubungan Tingkat Pengetahuan dan Persepsi dengan Stigma Masyarakat terhadap ODHA di Desa Naras I. *Jurnal Akademika Baiturrahim Jambi*. 2022 Sep 15;11(2):193.
- [25] Kasanah U, Irmaya LKF. Hubungan Persepsi Masyarakat Tentang HIV/AIDS Dengan Kejadian Stigma Yang Bersifat Diskriminasi Pada ODHA (Orang Dengan HIV/AIDS) Di Kabupaten Pati Tahun 2017. *Jurnal Ilmu Kebidanan dan Kesehatan*. 2018;9(2):124.
- [26] Simorangkir TL, Sianturi S, Supardi S. Hubungan Antara Karakteristik, Tingkat Pengetahuan dan Stigma pada Penderita HIV/AIDS. *Jurnal Ilmu Keperawatan dan Kebidanan*. 2021;12(2):208.
- [27] Bely JVNBN, Darmini AAA yuliaty. Hubungan Tingkat Pengetahuan Masyarakat Tentang HIV/AIDS Dengan Stigma Terhadap ODHA Di Wilayah Kerja Puskesmas Ii Denpasar Selatan. *Jurnal Riset Kesehatan Nasional*. 2020 Dec 30;4(2):67–72.
- [28] Berek PAL, Bubu W. Hubungan Antara Umur, Jenis Kelamin, Pendidikan Dan Pekerjaan Dengan Stigmatisasi Terhadap Orang Dengan HIV/AIDS Di RSUD MGR. *Gabrielmanek,Svd Atambua*.
- [29] Asra E, Supriyatni N, Mansyur S. Stigma terhadap Orang dengan HIV dan AIDS (ODHA) pada Masyarakat di Kelurahan Kayu Merah Kota Ternate Tahun 2019. *Jurnal Biosaintek*. 2020 Jan 7;1(1):47–57.
- [30] Wahyuni AS, Ronoatmodjo S. Hubungan Antara Pengetahuan HIV/AIDS Dengan Sikap Penolakan Terhadap Orang Dengan HIV/AIDS (ODHA) Pada Masyarakat Indonesia (Analisis Lanjut Survei Demografi Dan Kesehatan Indonesia 2012). *Jurnal Kesehatan Reproduksi*. 2017;8(1):41–52.
- [31] Syukaisih S, Alhidayati A, Oktaviany W. Analisis Stigma Dan Diskriminasi Masyarakat Terhadap Orang Dengan HIV/AIDS (ODHA) Di Kabupaten Indragiri Hulu. MI [Internet]. 2022 Jul 26 [cited 2023 Aug 12];16(2). Available from: <https://jurnal.umsb.ac.id/index.php/menarailmu/article/view/3447>
- [32] Puspita A, Katimenta KY, Rosela K, Trigusman H. Hubungan Tingkat Pengetahuan Masyarakat Tentang HIV-AIDS Dengan Stigma Pada ODHA Di RT/RW 03/008 Wilayah Kerja Puskesmas Menteng Palangka Raya. *Jurnal Rumpun Ilmu Kesehatan*. 2023 Mar 11;3(1):208.
- [33] Febrianti. Faktor - Faktor Yang Berhubungan Dengan Stigma Terhadap Orang Dengan HIV Dan AIDS (ODHA). *Journal Endurance*. 2017;2(2):158.
- [34] Prastiwi RNW. Hubungan Pengetahuan, Sikap Dan Persepsi Anggota WPA Tentang HIV/AIDS Dengan Stigma Pada ODHA Di Surakarta. *Universitas Muhammadiyah Surakarta*. 2019;
- [35] Prihatini NML, Nurhesti POY, Antari GAA. Hubungan Antara Persepsi Tentang HIV/AIDS Dan Stigma Terhadap ODHA Pada Mahasiswa Kesehatan Fakultas Kedokteran Universitas Udayana. *Community of Publishing in Nursing (COPING)*. 2022;10(3).