jurnal 2

by Cek Rifzul

Factors that Affecting Risky Sexual Behavior among Migran Port Workers in Tanjung Emas Semarang and it's Relation in Prevention Of HIV/AIDS.

Rifzul Maulina[1], Reny Retnaningsih[2], Tut Rayani Aksohini Wiajyanti[3]
[1,2,3] Lecturer of Midwifery Program, Poltekkes RS dr Soepraoen

Migrant workers status as a mobile man with money can became one of key populations for HIV/AIDs transmission. One of places that there were many migrant worker population was Koperasi Tenaga Kerja Bongkar Muat Tanjung Emas Semarang. This study aims to determine factors that affecting sexual behavior of migrant port workers. This research was an explanatory research with cross sectional approach. The data was collected from 62 migrant workers in Tanjung Emas Semarang Port. Data were analyzed using univariate with frequency distribution, bivariate with Chi-square, and multivariate with logistic regression. The result showed that factors related to risky sexual behavior of migrant workers were marital status, residence status, leisure time activity, perceived of vulnerability, and perceived of severity. Leisure time activity was the main factor that has considerable influence to risky sexual behavior, while perceived of severity was the protection factors against risky sexual behavior of migrant workers. From this research, can be conclude that leisure time activity can affect risky sexual behavior of migrant workers besides marital status, residence status, perceived of vulnerability, and perceived of severity.

Keywords: Risky Sexual Behavior, Migrant Workers, Port Worker

INTRODUCTION

Migration is the movement of people with the aim of settling from one place to another beyond administrative boundaries (internal migration) or political / state borders (international migration) (BPS, 2011). Labor migration is divided into migration to the area of exploitation and migration from rural to urban areas (Hugo, 2001).

The rate of migration to urban areas (4.0 million) is three times greater than to rural areas (1.4 million). The migration of migrant workers is dominated by men rather than women (BPS, 2011). Some are single, and some are married men who do not bring their wives with them. The condition of migrant workers who are far from family or travel a lot, and have money is often referred to as "man mobile with money" which encourages male migrant workers to seek pleasure outside. The group of workers are truck drivers, crew members, port workers, as well as motorcycle taxi drivers and construction workers (Hugo, 2001).

Based on the Integrated Biological and Behavioral Survey (STBP) Sexual behavior with FSW by high-risk men increased from 40% in 2007 to 60% in 2011. In addition, there was also a decline in abstinence and loyal behavior, from 11% in the survey year 2007 to 8% in the 2011 survey (Ministry of Health, 2011a, b). This condition is further strengthened by the low use of condoms by high-risk groups of men. The use of condoms in sex with FSW has decreased in the 2011 survey compared to the 2007 survey, from 29% to 15% (Ministry of Health, 2011a, b)

In 2013 HIV cases reached 10,210 people and AIDS as many as 780 people. The highest risk factor comes from a heterosexual relationship of 78.4% (Ministry of Health, 2013). Every year there are about 13,000 more new cases added. As many as 33.8% originated from the productive age group (30-39 years). Housewives occupy the highest position (63 people) compared to other groups (Ministry of Health 2013). This group of men can be the main bridge of transmission between FSWs

and the general public which contributes greatly to the increase in HIV AIDS cases (Ministry of Health, 2011a).

Central Java itself is ranked 6th for cumulative AIDS cases in Indonesia with a total of 2990 people. Whereas based on data from January to March 2013, Central Java was ranked fourth. The highest proportion of people with HIV AIDS (PLWHA) in Central Java is occupied by WPS customers by 47.4%, and the second highest is occupied by spouses of customers with a proportion of 25.4% (KPAP Central Java, 2013).

Until March 2014 the city of Semarang was ranked first for cumulative cases of HIV AIDS in Central Java, 420 cases of AIDS and 920 cases of HIV (Central Java KPAP, 2014). This can be due to the city of Semarang is the capital of Central Java, there is a port, there is a localization and is a city located in the northern coast line. So that the city of Semarang is a destination and a place to stop for migrant workers and migrant workers (KPAP Central Java, 2013).

Based on the 2007-2011, an increase in sex with women sex worker, from 11% to 42%, increased sex with non-permanent partners after 6% to 10% (Ministry of Health, 2007) (Ministry of Health, 2011). HIV prevalence in TBM was 0.3% in 2011, this number is the second highest after the ABK group (Ministry of Health, 2011b). Social Learning Theory (SLT) delivered by Bandura emphasizes reciprocal determinism in which behavior, personal factors, and the environment influence each other (Bandura, 1997). The Health Belief Model (HBM) is a theory that discusses individuals' perceptions of threats posed by health problems (vulnerability, severity), the benefits of avoiding threats, and the factors that influence decisions to act (obstacles, cues to act, and self-efficacy) (Champion, 2008). In this research besides wanting to know the influence of personal and environmental factors also want to explore the factors of one's perception in acting. So this research combines SLT and HBM theory.

METHODS

This type of research is explanatory research with cross-sectional approach. This research was conducted in 2019 at the TKBM Port of Tanjung Emas Semarang who was a migrant worker. Data was collected on 62 migrant workers with a total sampling. The independent variables in this study are characteristics (age, last education, income, marital status, and living status), history of STIs, religiosity, knowledge about STIs and HIV, leisure time activities, perception of vulnerability, perception of severity, attitude and behavior of friends, and service availability and affordability. While the dependent variable is risky sexual behavior of migrant workers. The research tool used was a questionnaire. Data collection is done by interview method. The results of the study were analyzed univariately, bivariately, and multivariate. Bivariate analysis using chi-square and multivariate analysis using logistic regression.

RESULTS AND DISCUSSION

Characteristics of Respondents

Table 1 shows the characteristics of respondents in the study. Most respondents were more than 37 years old (53.2%). As many as 69.4% only have primary level education. Respondents who have a high income are equivalent to the number of respondents who have a low income (50.0%). As many as 77.4% have married status while the rest are not married or ever married but separated from their partners. As many as 51.6% of respondents are migrant workers who are separated from their wives. While the rest migrate with his wife.

Table 1. Frequency Distribution of Sexual Behavior based on Personal, Perception and Environmental Factors

Variable	f	Not risk	Risk	P value
Age				
Young Adults (< 37,13 year)	29 (46,8%)	22 (75,9%)	7 (24,1%)	0,778
Older Adults (≥ 37,13 tahun)	33 (53,2%)	24 (72,7%)	9 (27,3%)	
Last Education				
Basic Education	43 (69,4%)	33 (76,7%)	10 (23,3%)	0,490
Middle Education	19 (30,6%)	13 (68,4%)	6 (31,6%)	
Income				
Low income (< Rp 82.500,-)	31 (50,0%)	25 (83,9%)	5 (16,1%)	0,082
High income (≥ Rp 82.500,-)	31 (50,5%)	20 (64,5%)	11 (35,5%?)	
Marital status				
Married	48 (77,4%)	39 (81,2%)	9 (18,8%)	0,019
Not married	14 (22,6%)	7 (50,0%)	7 (50,0%)	
Status of residence				
With wife/family	30 (48,4%)	26 (86,7%)	4 (13,3%)	0,030
Not with wife/family	32 (51,65)	20 (62,5%)	12 (37,5%)	
IMS history				
Dont have STI history	52 (83,9%)	40 (76,9%)	12 (23,1%)	0,263
Have a history of STIs	10 (16,1%)	6 (60,0%)	4 (40,0%)	
Religiusity				
Low Religiusity	28 (45,2%)	18 (64,3%)	10 (35,7%)	0,106
High Religiusity	34 (54,8%)	28 (82,4%)	6 (17,6%)	
Knowledge				
Low Knowledge	27 (43,5%)	18 (66,7%)	9 (33,3%)	0,234
High Knowledge	35 (56,5%)	28 (80,0%)	7 (20,0%)	
Less risk	35 (56,5%)	30 (85,7%)	5 (14,3%)	0,018
Risk	27 (43,5%)	16 (59,3%)	11 (40,7%)	
Perception of vulnerability				
Low Perception of vulnerability	28 (45,2%)	17 (60,7%)	11 (39,3%)	0,028
High Perception of vulnerability	34 (54,8%)	29 (85,3%)	5 (14,7%)	
Perception of severity				
Low severity perception	32 (51,6%)	20 (62,5%)	12 (37,5%)	0,030
High severity perception	30 (48,4%)	26 (86,7%)	4(13,3%)	
Friend attitude				
Friend attitude not good	19 (30.6%)	12 (63,2%)	7 (36,8%)	0,187
Friend attitude good	43 (69,4%)	34 (79,1%)	9 (20,9%)	
Friend behaviour				
Friend behaviour isnt risk	25(40,3%)	21 (84,0%)	4 (16,0%)	0,147
Friend behaviour is risk	37 (59,7%)	25 (67,6%)	12 (32,4%)	

Availability and affordability

Not good	40 (64,5%)	31 (77,5%)	9 (22,5%)	0,422
Well	22 (35,5%)	15 (68,2%)	7 (31,8%)	
No risk	46 (74,2%)	-	-	
Risk	16 (25,8%)	-	-	

Risk sexual behavior

Respondents who have risky sexual behavior as much as 25.8%. Risk behaviors in this study are activities that increase the risk of HIV transmission such as changing sexual partners or buying sex with sex workers (Unesco, 2009) without using condoms (Ministry of Health, 2011a). When viewed from the type of sex partners, as many as 12.9% of respondents were related to FSW, 9.7% had sex with a boyfriend without using a condom, and as many as 3.2% had sex with a FSW and also a boyfriend without using a condom in the last six months. Such sexual behavior has a very large possibility for contracting various kinds of bacteria, fungi, protozoa, and viruses, one of which is HIV (KPAN, 2014).

The results of the study prove that migrant workers are involved with multipartner sexual behavior, which is having more than one sexual partner at a time. Multipartner sex can occur with female sex workers (WPS) or with female friends. This study is in line with Roy who mentions high levels of extramarital and premarital behavior among migrant taxi driver migrant workers in Bangladesh (Roy, 2010). The same thing was also expressed by Lurie, that migrant workers tend to have at least 1 casual partner (female friend), and there are as many as 20% of male migrants who have more than 1 casual partner (Lurie, 2003).

Sexual behavior by changing partners is compounded by the low level of condom use condom use is often considered to reduce pleasure during sex (Setyawati, 2009). According to Zuma, sexual behavior that is often changed by partners by migrant workers is very dangerous. Because after sexual contact with several FSWs or female friends, when returning to their place of origin, the migrant worker also has sexual relations with her partner. This is very risky to spread STI or HIV (Zuma, 2005).

The use of condoms by respondents in sexual relations other than with a wife is very low. Data from the study show that in the past 6 months there were 20% of respondents always using condoms during sex with FSW. While the use of condoms during sex with a girlfriend or a female friend is only 16.7%.

This study is consistent with research conducted by Roy on migrant workers who stated that condom use consistently was only 5.6% in the past year, and as many as 78.2% of respondents did not use condoms during the last sex (Roy, 2010). Lurie in her study of migrant workers in North Africa, also stated that only 20% of migrant workers had used condoms when having sex with a female friend. The use of condoms is not being consistent and having more than one sex partner puts someone at risk for HIV (Lurie, 2003).

In accordance with Brummer's research which states that as many as 70% of respondents said they had never used a condom and as many as 30% only occasionally used a condom. According to respondents using condoms feels unnatural (Brummer, 2002). Respondents feel uncomfortable if during sexual intercourse can not touch the vagina and penis (Setyawati, 2009).

Marital status

In marital status, 50% of respondents who are not married have risky sexual behavior, and only 18.8% of respondents who are married have risky sexual behavior. Bivariate analysis also obtained p = 0.019. Because p <0.05 so it can be stated that marital status has a significant relationship with risky sexual behavior.

In line with research conducted by Roy on migrant workers in Bangladesh, there is a significant relationship between marital status and risky sexual behavior. Unmarried respondents have a greater risk for risky sexual behavior (Roy, 2010). Research conducted by Zuma also obtained results that unmarried migrant workers tend to be more at risk. (Zuma, 2005). Research conducted by Shahi on migrant workers in Mexico, which scores emotional intimacy with a partner. The results show that the scores on married respondents tend to be higher than those who are not married and high scores indicate fewer numbers of sexual partners. (Shahi, 2014) Some respondents also stated that they often went to brothels and had sex with FSW when they were young or not married. After marriage the habit began to decrease this is also in accordance with research conducted by Wu Jun Qingyang states that someone who has been sexually active tends to buy sex when their needs are not met. In addition to meeting their biological needs, they also reason to avoid feelings of loneliness because they are separated from their spouse and family (Wu Jun Qing, 2014).

Status of residence

In residence status, 37.5% of respondents who did not live with their wives had risky sexual behavior. This figure is higher when compared with respondents who live with wives, which is only 13.3% who have risky sexual behavior. In the bivariate analysis the results of p = 0.30 were also obtained, which means that the status of residence has a significant relationship with risky sexual behavior.

In line with research conducted by Roy which states that as many as 78% of respondents who do not live with their partners have risky sexual behavior. This figure is much higher compared to respondents who live with their partners, around 15% who have risky sexual behavior (Roy, 2010). Risk sexual behavior can increase with increasing length of separation from partners (Roy, 2010).

Based on Lurie's research, men who are married usually send some of their money to their families, and some are used to transact sex with respondents who are separated from the family and have high mobility and have greater opportunity to have sex with FSW compared to other groups (Lurie, 2003).

According to research conducted by Kimuna, workers who are separated from their families are 1.39 times more likely to engage in risky sexual behavior. This is because those who migrate apart from being separated from family, are also faced with differences in culture, values, and norms (Kimuna, 2012). Meanwhile, according to Brummer, the causes of risky sexual behavior in migrant workers are first influenced by initial characteristics

Such workers are like age, education, marital status, and social status. Second, during work and migration a person can experience various changes in their characteristics from age to economic level. Third, the difference between the environment from the initial place of residence and the current place of residence. In the original environment he lived with a partner where the place was very upholding cultural values and norms. Whereas in his current residence, he is separated from his partner, in addition there are places that are easily accessible entertainment and lack of social control. Brummer revealed, that there was a shift in views about loyalty to partners. If at first sight loyalty is responsible for the family and does not have another partner, now there is a difference.

Many migrant workers interpret that as long as they use condoms, they maintain loyalty with their partners. They make a justification for this behavior because their partners live far away while they cannot control their biological needs (Brummer, 2002).

In addition to a number of things revealed by Brummer, research conducted by Wilson also states that an increase in income and economic conditions in migrant workers can also trigger the possibility of sex transactions (Wilson, 2011).

Free time activity

As many as 43.5% of respondents have a risky leisure time activity. These leisure activities include going to karaoke or entertainment places, going to prostitution, smoking, drinking alcohol, using drugs, and watching pornographic films.

As many as 83.9% of respondents had smoked. Smoking is considered as a natural thing. In accordance with research conducted in China as many as 37.4% of respondents smoke to fill spare time (Chen, 2009). Nearly half of respondents (48.4%) have watched porn videos. The same research in China also states part of it male migrants watch porn videos on Saturdays and Sundays. Hirsch's research also states that seeing something pornographic is also included in leisure activities (Hirsch, 2009). As many as 37.1% of respondents had been drinking. Most of the drinking is carried out at karaoke guesthouses located at prostitution or brothels. Respondents used to call it complex. Research conducted in Bangladesh also stated that as many as 59% of respondents had been drinking during leisure time (Roy, 2010).

In Table 1 it can be seen that 40.7% of respondents who have risky leisure time activities also have risky sexual behavior. This figure is higher compared to respondents whose leisure activities are not at risk but have risky sexual behavior (14.3%). The results of the bivariate analysis on the leisure activity variable also have a value of p = 0.018. So it can be stated that leisure activities have a significant relationship with risky sexual behavior. Someone who has done these leisure time activities will have more opportunities and desires to engage in risky sexual behavior. in accordance with Roy's research, which states that respondents who have risky leisure time activities tend to have risky sexual behavior with a value of p = 0.001 (Roy, 2010).

While the results of Hirsch's study stated that respondents who engage in risk-free leisure activities such as going out with friends, going to parties, going to bars and other nightspots tend to have risky sexual behavior (Hirsch, 2009). The same results were obtained in Chen's study which states that going to an entertainment place, going to a prostitution place, and seeing something pornographic are positively related to risky sexual behavior (Chen, 2009)

Vulnerability Perception

In Table 1 it can be seen that 45.2% of respondents have a low perception of vulnerability. Almost some respondents still have low perception. In the Setegn study there were also 45.4% of respondents who still had a low perception of HIV vulnerability (Setegn, 2013).

In more detail it is known that 21% of respondents feel that they are young and healthy so that they are not easily infected with HIV. There are 33.9% of respondents feel that people who are older (over 40 years old) are more easily infected with HIV because their immune system has decreased. As many as 53.2% of respondents felt that HIV could not be transmitted through blood transfusions because every blood donated had been tested and confirmed safe.

Of the respondents who had low perceptions of vulnerability, 39.3% had risky sexual behavior. This figure is higher when compared with respondents from groups who have a high vulnerability perception of 14.7%. Based on the bivariate test results, also obtained the results of p = 0.028, so it can be said that the perception of vulnerability has a significant relationship with risky sexual behavior. It can also mean that someone who has a low perception of vulnerability is more likely to have risky sexual behavior.

In accordance with Kimuna's research, that respondents who have low vulnerability perceptions tend to have risky behaviors (not using condoms) (Kimuna, 2012). Collinson stated that the low perception of the vulnerability of migrant workers would also spur the potential for greater spread of HIV (Collinson, 2006).

Perception of severity

Based on Table 1 it can be seen that as many as 51.6% of respondents have a low perception of severity. In line with Lin's research, 58% of respondents had low HIV / AIDS severity perceptions (Lin, 2005). In more detail, there are 75% of respondents who think that people who get HIV / AIDS will not die faster. As many as 48.4% of respondents also think that people suffering from HV / AIDS can still be cured.

Of the respondents who had low perception of severity, 37.5% had risky sexual behavior. This figure is higher when compared to the group that has a high perception of severity, which is as much as 13.3%. Lin's research on migrant workers in Taiwan also results in more risky sexual behavior by respondents who have a low severity perception (38.5%) than respondents who have a high severity perception (31.6%) (Lin, 2005).

Based on the results of bivariate analysis p value = 0.030 was obtained. Then it can be stated that the perception of HIV severity has a significant relationship with risky sexual behavior. Lin also states that the perception of severity is a significant factor for a person's sexual behavior (Lin, 2005). This means that someone who has a low perception of vulnerability is more likely to have risky sexual behavior and vice versa

Multivariate Analysis

Table 2. Results of Logistic Regression Analysis of Factors Influencing Sexual Behavior of Migrant Workers

Variable	Koefisien	p	R	(Cl)
Free Time Activity	1,682	0,013	5,376	1,428-20,237
Perception of severity	-1,642	0,020	0,194	0,049-0,773
Constanta	-0,299	0,670	0,742	

Table 2 shows the results of the logistic regression analysis of leisure activity variables having an influence on risky sexual behavior with an odds ratio of 5.376 (p = 0.013 95% CI: 1.428-20.237) which means that respondents who have spare time leisure activities are 5.376 times more likely to have risky sexual behavior compared to respondents who have time-filler activities less risky. The results of this study are also consistent with Chen (odds ratio 1.27 95% CI: 1.00 - 1.61) (Chen, 2009) and Roy's research (odds ratio 8.4 95% CI: 4.3-13.8) (Roy, 2010).

For the severity perception variable based on multivariate analysis in Table 2 the results were p = 0.20 and odds ratio 0.194 (95% CI: 0.048-0.861). Which means that perception of severity has a protective function against risky sexual behavior. So that respondents with high severity

perceptions tend to protect themselves from risky sexual behavior and respondents with low severity perceptions tend to risk sexual behavior. In accordance with Li's research stated that risky sexual behavior increases with decreasing perception of severity with an odds ratio of -0.129 (95% CI: -0.269-0.134) (Li, 2004). Appropriate results were also found in the Hingson study which stated that respondents with a perception of low severity 1.82 times tended to engage in risky sexual behavior (Hingson, 1990).

CONCLUSION

Migrant workers who have risky sexual behavior as much as 25.8%. Leisure time activity is the most influential factor towards risky sexual behavior of migrant workers, while the perception of vulnerability is a protection factor for the sexual behavior of migrant workers. Other factors that have a significant relationship with migrant workers' risky sexual behavior are marital status, residence status, leisure time activities, perceptions of vulnerability and perceptions of bleeding.

Based on the characteristics of the respondents most of the respondents were old adults, had basic education, were married, and did not live with his wife and family.

LITERATURE

Badan Pusat Statistik. 2011. Migrasi Internal Penduduk Indonesia Hasil Sensus Penduduk Indonesia 2010. Badan Pusat Statistik: Jakarta.

Bandura A. 1997. Social Learning Theory. Prentice Hall. Inc: New Jersey.

Brummer D. 2002. Labour Migration and HIV/AIDS in Southern Africa.International Organisation for Migration Regional Office for Suothern Africa (IOM.OIM), 1-26.

Champion VL, Skinner CS. 2008. The Health Belief Model. In: Glanz K, Rimer BK, Vismanath K, Ed. Health Behaviour and Health Education: Theory, Research, and Practice. 4th ed. John Wiley & Sons, Inc: San Francisco, 45-65.

Chen X, Li X, Stanton B, et al. 2009. Associations between Leisure Activities and HIV Risk Bahaviors among Rural Migrants in Urban China. Californian Journal of Health Promotion 7:(2), 01-15.

Coffe MP, Garnett GP, et al. 2005. Patterns of Movement and Risk of HIV in Rural Zimbabwe. Journal of Infectious Diseases 191(Sppl):S, 159-67.

Collinson M, Wolff B, Tollman S, and Kahn K. 2006. Trends in Internal Labour Migration From the Rural Limpopo Province, Male Risk Behaviour, and Implication for Spread of HIV/AIDS in Rural South Africa.J Ethn Migr Stud 32:4,633-648.

Departemen Kesehatan (Depkes), Badan Pusat Statistik (BPS), US Agency for International Development (USAID), Komisi Penanggulangan AIDS (KPA), Family Health International- Program Aksi Stop AIDS (ASA). 2011. Surveilans Terpadu Biologis Perilaku (STBP) 2007. Kementrian Kesehatan Republik Indonesia: Jakarta.

Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan, Kementrian Kesehatan Republik Indonesia. 2013. Laporan Perkembangan HIV-AIDS Triwulan I 2013. Kementrian Kesehatan Republik Indonesia: Jakarta.

Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan, Kementrian Kesehatan Republik Indonesia. 2013. Laporan Perkembangan HIV-AIDS Triwulan II 2013. Kementrian Kesehatan Republik Indonesia:Jakarta.

Hingson RW, Strunin L, Berlin BM, Heeren T. 1990. Belief about AIDS, Use of Alcohol and Drugs, and Unprotected Sex among Massachusetts Adolescent. American Journal of Public Health 80:3, 295-299.

Hirsch JS, Laboy MM, Nyhus CM, et al. 2009. "Because He Misses His Normal Life Back Home": Masculinity and Sexual Behavior Among Mexican Migrants in Atlanta, Georgia. Perspect Sex Reprod Health 41:1, 23-32.

Hugo G. 2001. Mobilitas Penduduk dan HIV / AIDS di Indonesia. ILO Indonesia, UNAIDS Indonesia, UNDP.

Kemetrian Kesehatan (Kemenkes) Republik Indonesia. 2011. Surveilans Terpadu Biologis Perilaku (STBP) 2011. Kementrian Kesehatan Republik Indonesia: Jakarta.

Komisi Nasional Indonesia untuk UNESCO, Kementrian Pendidikan Nasional (Kemendiknas) RI. 2009. Pendidikan Pencegahan HIV. Komisi Nasional Indonesia untuk UNESCO:Jakarta.

Komisi Penanggulangan AIDS Nasional.2014. IMS dan Pemeriksaan Kesehatan Rutin. Komisi Penanggulangan AIDS Nasional: Jakarta

Komisi Penanggulangan AIDS Provinsi Jawa Tengah (KPAP Jateng). 2013. Kondisi HIV & AIDS di Jawa Tengah s/d Juni 2013. Komisi Penanggulangan AIDS Provinsi Jawa Tengah: Semarang.

Koperasi Tenaga Kerja Bongkar Muat (TKBM) Pelabuhan Tanjung Emas. 2012. Her Registrasi Anggota Koperasi TKBM Tahun 2012. Koperasi Tenaga Kerja Bongkar Muat: Semarang.

Li X, Stanton B, Fang X, Lin D, et al. 2004. HIV/Std Risk Behaviour and Perceptions among Rural to Urban Migrants in China. AIDS Educ Prev 16:6, 538-556.

Lin P, Simoni JM, and Zemon V. 2005. The Health Belief Model, sexual Behaviors, and HIV Risk among Taiwanese Immigrants. AIDS Education and Prevention 17:5, 469-483.

Lurie MN, Williams BG, et al. 2003. The Impact of Migration on HIV-1 Transmission in South Africa. Sexually Transmitted Diseases 30:2, 149-156.
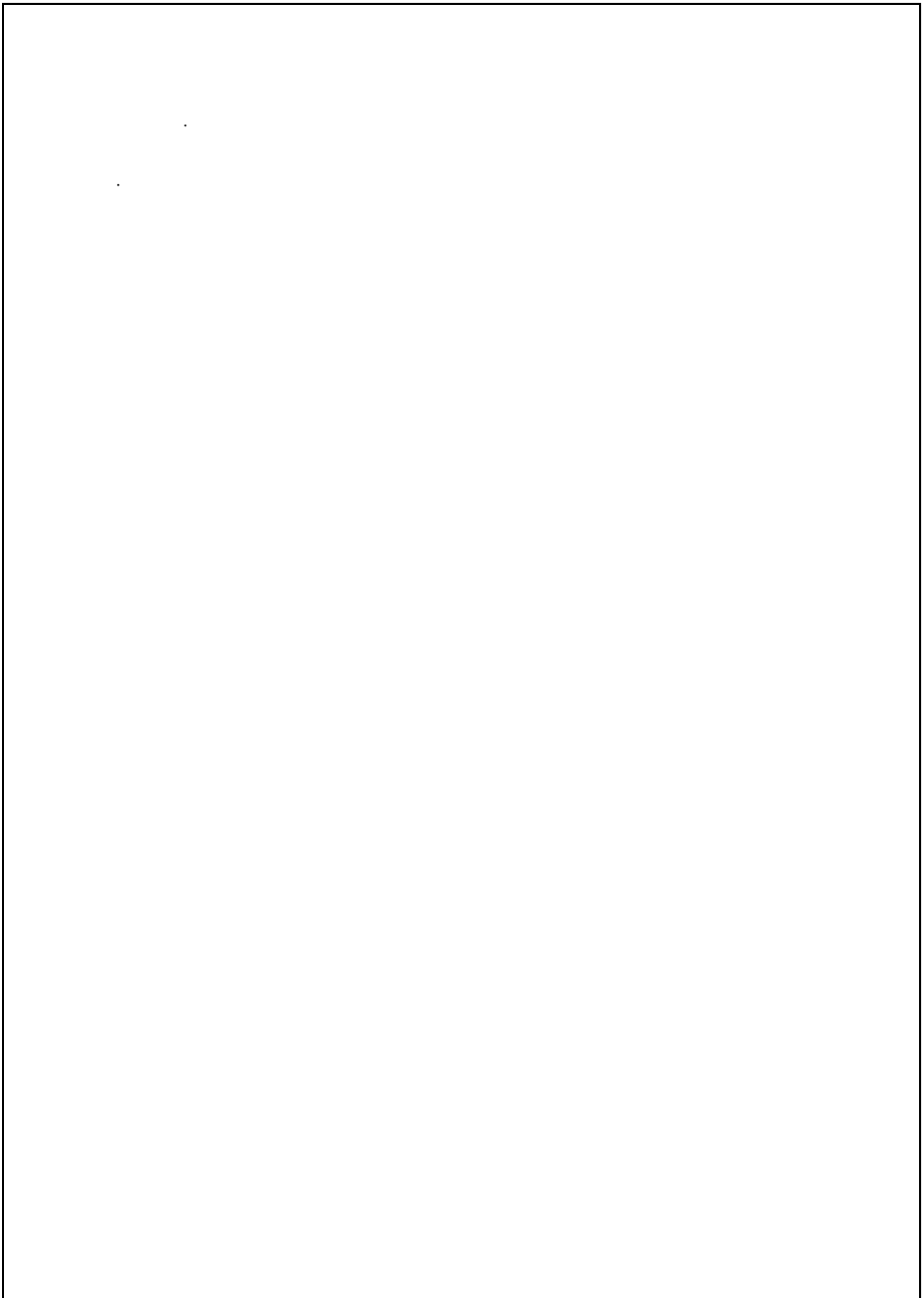
Roy T, Anderson C, Evans C, and Rahman MS. 2010. Sexual Risk Behaviour of Rural to Urban Migrant Taxi Drivera in Dhaka, Bangladesh: A Cross-sectional Behavioural Survey. Public Health 124, 648-658.

Setyawati A. 2009. Faktor-faktor yang Mempengaruhi Penggunaan Kondom pada Hubungan Seksual Pengguna Narkoba Suntik di Kota Semarang. Universitas Diponegoro: Semarang.

Wilson N. 2011.. Economic Booms and Risky Sexual Behavior : Evidence from Zambian Copper Mining Cities. Williams College Departemen of Economics.

Wu JQ, Wang KW, Li YY, et al. 2014. Male Rural-to-Urban Migrants and Risky Sexual Behavior : A Cross-sectional Study in Shanghai, China. International Journal of Environmental Research and Public Health 11, 2846-2864.

Zuma K, Lurie MN, et al. 2005. Risk Factors of Sexually Transmitted among Migrant and Non-Migrant Sexual Partnership from Rural South Africa. Epidemiol Infect 133, 421-428.

jurnal 2

1   Submitted to International Health Sciences University
    Student Paper
    1%

2   Edianto, Agung Waluyo, Sri Yona. "Correlation of family acceptance and peer support group toward sexual behavior risk on MSM with HIV/AIDS in Medan, Indonesia", Enfermería Clínica, 2019
    Publication
    1%

3   garuda.ristekdikti.go.id
    Internet Source
    1%

4   ejournal.undip.ac.id
    Internet Source
    1%

5   Submitted to President University
    Student Paper
    1%

6   Sandra J. Bean, Joseph A. Catania. "Vaccine Perceptions Among Oregon Health Care Providers", Qualitative Health Research, 2013
    Publication
    <1%