



**ANALYSIS OF FACTORS AFFECTING ACCESSIBILITY OF HEALTH SERVICES
REGARDING HIV/AIDS**

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ABSTRACT

HIV/AIDS remains a global health problem that requires special attention regarding the accessibility of health services. Limited access due to several factors impacts the quality of life of people with HIV/AIDS (ODHA). Objective: To analyze the factors that influence the accessibility of health services for HIV/AIDS. Method: This study employed a cross-sectional design using data from the 2017 Indonesian Demographic and Health Survey, involving 2,944 respondents, with data analysis conducted through bivariate chi-square tests and multivariate logistic regression. The independent variables in this study were residence, gender, sources of HIV knowledge from health workers, health insurance status, and access to HIV testing facilities. Results: The results of this study indicate that factors that influence the accessibility of health services for HIV/AIDS, including residence (OR = 1.011; 95% CI = 0.806-1.268), sources of knowledge from health workers (OR = 1.008; 95% CI = 0.851-1.194), health insurance status (OR = 0.776; 95% CI = 0.663-0.907), are more risky than other factors. The conclusion of this study is that community accessibility to health services related to HIV/AIDS is still limited, there are several factors that influence this condition. Conclusion: The most dominant factors related to inaccurate access to health services for HIV/AIDS are the variables of gender, residence, and sources of HIV knowledge from health workers. Meanwhile, the variable of health insurance access status has a significant relationship.

Keywords: accessibility; determinant factors; health service; HIV/AIDS; vulnerable populations

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INTRODUCTION

HIV (Human Immunodeficiency Virus) is a virus that attacks the human immune system, especially CD4 T cells, which play a crucial role in fighting infection (Ramadhan et al., 2024). When a person is infected with the virus, the immune system's ability to function properly can be reduced (Wiratma & Purba, 2022). If left untreated, HIV infection can progress to AIDS (Acquired Immune Deficiency Syndrome), a condition in which the immune system is drastically weakened, leaving the body susceptible to various potentially fatal opportunistic infections (Syafni et al., 2022). HIV transmission generally occurs through unprotected sexual intercourse, the use of non-sterile needles, contaminated blood transfusions, and mother-to-child transmission during pregnancy, childbirth, or breastfeeding (UNAIDS, 2023). HIV itself remains a global problem. According to the World Health Organization (WHO), HIV is a public issue worldwide, with an estimated 36.3 million people living with HIV (Campbell et al., 2022).

By the end of 2024, an estimated 40.8 million people worldwide will be affected by HIV. According to the Joint United Nations Program on HIV/AIDS (UNAIDS), an estimated 0.7% of adults aged 15-49 worldwide are living with HIV, although the epidemic burden varies across countries and regions, and there are approximately 1.3 million new HIV infections (UNAIDS, 2025). In Indonesia, the prevalence of HIV/AIDS has decreased by approximately 67,000 cases, with the estimated number of people living with HIV (ODHA) in 2023 reaching approximately 570,000, and in 2024, it was reported to be approximately 503,000 (Ihsan et al., 2025).

Furthermore, the total number of AIDS cases in Indonesia in 2021 also mostly occurred in the 30-39 age group (Farhan et al., 2024). Based on RISKESDAS data, approximately half

of the population (50.4%) still has limited understanding of HIV/AIDS, accompanied by high stigma and a tendency for discriminatory behavior that remains strong in the social environment. Stigma and discrimination in the health sector can arise from the unfamiliarity of a disease, fear of infection, or the origin of the disease, as is the case among people with HIV/AIDS (Hati et al., 2020). Stigma is the stigmatization of a person in the eyes of others, thereby reducing their status in society through attitudes and behaviors (Sindarreh et al., 2020). This societal stigma and discrimination can have severe psychological effects on how people living with HIV/AIDS (ODHA) perceive themselves. This can lead to depression and hopelessness, which can further impact their zest for life, conceal their status, and delay accessing needed health services (Noerliani, 2022). In a UNAIDS (United Nations Programme on HIV/AIDS) study, one in eight people living with HIV/AIDS (ODHA) experienced feelings of anxiety, fear, hopelessness, and depression due to the discrimination they experienced in their social environment (Turi et al., 2021).

A person who receives social support from their social environment will more easily follow the instructions of health workers than someone who does not (Maulita & Suratini, 2022). Previous research also shows that individuals with easier access to health care facilities exhibit more positive attitudes toward people living with HIV/AIDS (ODHA), thereby reducing discriminatory tendencies (Weraman, 2024). This indicates that direct interaction with health workers and understanding medical information can increase public empathy toward people living with HIV/AIDS (Dwina et al., 2024). Thus, stigma not only affects social acceptance but also directly impacts the ability of people living with HIV/AIDS to seek and receive access to health services (Mukaromah et al., 2023).

Access to accessible, affordable, and ODHA-friendly healthcare services is a key variable in HIV/AIDS prevention and management efforts. Social support from family, friends, and the community plays a significant role in encouraging PLWHA to utilize healthcare services. Research by Maulita & Suratini (2022) confirms that PLWHA who receive social support are more likely to comply with healthcare provider instructions than those without. Furthermore, Weraman (2024) found that communities with adequate access to healthcare services exhibit more positive attitudes toward PLWHA, as interactions with healthcare providers broaden understanding and foster empathy. Good healthcare access also encourages ODHA to undergo regular checkups, initiate ARV therapy earlier, and reduce the risk of HIV transmission. Conversely, limited access to services leads to delayed diagnosis, low treatment adherence, and exacerbates existing stigma.

Health education plays a crucial role in reducing stigma and increasing access to healthcare for people living with HIV/AIDS (ODHA) (Yulianti & Hadi, 2025). Community-based programs, such as HIV/AIDS education, peer counseling, and public campaigns, have proven effective in changing public attitudes. Research by Dwina et al. (2024) shows that educational interventions conducted in communities can increase knowledge and reduce discriminatory attitudes toward people living with HIV/AIDS. Access to accurate information also helps dispel myths and misunderstandings about HIV, such as the belief that HIV can be transmitted through casual social contact (Agustina et al., 2025). With increased understanding, communities become more open in supporting people living with HIV/AIDS, making them feel safer in accessing healthcare services. Furthermore, the involvement of mass media and social media in disseminating accurate information about HIV/AIDS can accelerate the process of behavioral change. Therefore, HIV/AIDS prevention strategies cannot be separated from consistent, evidence-based educational interventions.

Social support and integrated access to healthcare services are crucial factors in ensuring the quality of life of people living with HIV/AIDS (Baidowi et al., 2020). A study by Mukaromah et al. (2023)

found that people living with HIV/AIDS who received emotional support from their families and communities were more likely to adhere to ARV treatment compared to those who did not. Positive interactions with healthcare professionals also played a role in building the confidence of people living with HIV/AIDS to continue undergoing therapy and regular check-ups (Safira et al., 2025). This demonstrates that stigma can be reduced if the healthcare system collaborates with social networks at the community level. With this integration, people living with HIV/AIDS not only gain access to medical care but also essential psychosocial support during their long-term treatment journey.

Health insurance plays a significant role in increasing the accessibility of healthcare services, particularly for people living with HIV/AIDS (ODHA). Individuals with health insurance, whether through the Social Security Agency (BPJS) or private insurance, tend to be more able to utilize healthcare services without worrying about costs. This is in line with research by Syafni et al. (2022), which showed that insurance ownership is positively associated with the frequency of visits to healthcare facilities. This more secure access also encourages people living with HIV/AIDS (PLWHA) to be more compliant with routine health check-ups and ARV therapy. Without health insurance, many people living with HIV/AIDS (ODHA) choose to delay or even avoid healthcare visits for financial reasons. Therefore, insurance ownership is a crucial factor in reducing economic barriers and improving continuity of care.

In addition to health insurance, residence also influences the accessibility of health services. People living in urban areas typically have easier access to health facilities due to more adequate infrastructure and the availability of medical personnel. Conversely, those living in rural areas often face obstacles such as distance, transportation costs, and limited HIV/AIDS services (Turi et al., 2021). This situation results in delayed diagnosis and poor treatment adherence. Previous research has shown that geographical distance from health services increases the risk of delays in accessing ARV therapy for people living with HIV (PLWHA) (Weraman, 2024). The objective of this study is to analyze the various factors that influence the accessibility of HIV/AIDS-related health services. Unlike previous studies that primarily focused on static factors, this research incorporates additional dimensions such as health insurance coverage status and the sources of knowledge among health workers (Syafni et al., 2022). Specifically, this study aims to identify demographic, social, and economic factors associated with access to HIV/AIDS services, examine the role of health insurance in improving access, and analyze how knowledge sources among health workers may affect the community's ability to reach these services. Furthermore, the study is intended to provide evidence-based recommendations to enhance the accessibility of HIV/AIDS-related health services in Jambi City.

METHOD

This research used a cross-sectional design to analyze the factors that hinder the acquisition of accurate information about HIV/AIDS. The research data were sourced from the 2017 Indonesian Demographic and Health Survey (IDHS), which is part of the Indonesian Demographic and Health Survey Program with permission to use the data from the Inner City Foundation (ICF) International. To obtain a sample of men and women, the researchers combined the Indonesian Individual Recode Phase 7 (IDIR71FL) and Indonesian Male Recode Phase 7 (IDMR71FL) datasets. The respondents included men and women with and without knowledge of HIV/AIDS. Incomplete data were excluded from the analysis, resulting in a total sample of 2,944 respondents. The independent variables studied included residence (urban and rural), gender, source of HIV knowledge from health workers, health insurance status (covered or not), and access to HIV testing (ever or never).

The residence variable is categorized into two categories, namely urban and rural according to the Central Statistics Agency (BPS). The source of HIV/AIDS knowledge from health workers is grouped into two, namely receiving knowledge sources and not receiving them at all. The health

insurance status variable is categorized into two, namely covered and not covered according to the Health Social Security Administering Agency (BPJS). The place for HIV testing is categorized into two, namely having access to HIV testing at a hospital and not having access. The data of this study were analyzed using IBM SPSS Statistics software version 27. Univariate analysis was conducted to describe the distribution of respondent characteristics, while bivariate analysis used the chi-square test. Furthermore, multivariate analysis was conducted using the logistic regression method, where the results are displayed in the form of Adjusted Odds Ratio (AOR) with a 95% confidence interval (95% CI) and a significance level set at p value < 0.05 .

The sampling technique used in this study was the population from the 2017 Indonesian Demographic and Health Survey (IDHS). This sampling is typically conducted through a two-stage probability sampling process based on the latest population census framework. In the first stage, census blocks were randomly selected proportionally based on urban and rural areas. Next, in the second stage, a number of households within the selected census blocks were selected for interview. This approach ensures that every household in Indonesia has an equal chance of being selected, thus ensuring that the survey results reflect the demographic and health conditions of the population both nationally and regionally. The use of two-stage probability sampling in the IDHS aligns with Demographic and Health Survey (DHS) standards. This methodology ensures that the resulting data is not only nationally representative but also allows for cross-country comparisons in the context of health and demographic indicators. Furthermore, it provides a strong basis for generating valid and reliable estimates that can be used in national health policy evaluations and cross-country comparative analyses.

RESULT

Table 1.
Respondent characteristics (n= 2,944)

Variable	f	%
Residence		
Urban	1.635	55.53
Rural	1.309	44.47
Gender		
Male		53.27
Female		46.73
Sources of Knowledge from the Health Worker		
Obtained	1.169	13.2
Not Obtained	7.667	86.8
Health Insurance Status		
Covered	1.757	59.71
Not Covered	1.187	40.29
HIV Testing Locations		
Access	956	32.5
Not Access	1.988	67.5

Based on the results of Table 1, most respondents were came from urban areas (55.53%) and were male (53.27%), and they did not receive information about HIV from health workers (86.8%). Most respondents were covered by health insurance (59.71%), and most did not access hospitals for HIV testing (67.5%).

Based on the results of the analysis using Chi Square with a 95% confidence level, it was found that there was a relationship between residence and access to health services for HIV/AIDS with a p -value of 0.009. The analysis results obtained an odds ratio (OR) value of 1.011. It can be concluded that respondents who live in urban areas have approximately 1.01 times greater chance of accessing HIV/AIDS health services than those who live in rural areas. However, this OR value indicates that the difference in opportunities is very small and less meaningful in practice, although statistically significant. In other words, the residence factor only makes a very limited contribution

to the accessibility of HIV/AIDS health services. Similarly, other variables, namely the Source of Knowledge (HIV) from Health Workers with access to health services for HIV/AIDS (p-value 0.008) and Health Insurance Status with access to health services for HIV/AIDS (p-value 0.001). However, no relationship was found between Gender and access to health services for HIV/AIDS (p-value 0.952).

Table 2.
Factors Related to Accessibility of Health Services for HIV/AIDS (n= 2,944)

Variables	Information about HIV/AIDS		p-value	OR (95%CI)
	Not access (%) (n%=1.988)	Access (%) (n%=956)		
Residence				
Urban	1.481 (50.31)	468 (15.90)	0,009	1.011 (0.806-1.268)
Rural	507 (17.22)	488 (16.57)		
Gender				
Male	1.082 (69.0)	486 (31.0)	0,952	0.966 (0.900-1.036)
Female	961 (69.85)	901 (30.15)		
Sources of Knowledge from the Health Workers				
Obtained	585 (29.47)	283 (29.63)	0,008	1.008 (0.851-1.194)
Not obtained	1.400 (70.37)	672 (70.37)		
Health Insurance Status				
Covered	761 (38.39)	425 (44.46)	0,001	0.776 (0.663-0.907)
Not covered	1.226 (61.61)	531 (55.54)		

Table 3.
Results of Multivariate Logistic Regression Model Analysis (n= 2.944)

Variables	B	P	OR	95%CI
Residence	0,026	0,777	1,026	0.857-1.229
Gender	0,026	0,762	1,027	0.866-1.218
Sources of Knowledge from the Health Workers	-0,061	0,630	0,941	0.733-1.207
Health Insurance Status	-0,269	0,013	0.764	0.617-0.946

Based on the analysis of table 3 using multivariate logistic regression test, all four variables had p-values <0.05. However, one variable was found to have a statistically significant relationship with access to HIV testing in hospitals, namely Health Insurance Status (p=0.013). The analysis showed that after being controlled by other variables, respondents who were not covered by health insurance were 0.764 times (or 23.6% lower) likely to access HIV testing in hospitals compared to those who were covered. Other variables such as Place of Residence had an OR value of 1.026 (95% CI = 0.857-1.229), the variable Source of Knowledge from Health Workers had an OR value of 0.941 (95% CI = 0.733-1.207), and the variable gender with an OR value of 1.027 (95% CI = 0.866-1.218) did not show a significant relationship with access to HIV testing in hospitals.

DISCUSSION

The results of the Chi Square analysis between residence and access to health services for HIV/AIDS obtained a p-value of 0.009 or less than alpha 0.05. Therefore, it can be concluded that H0 is rejected, meaning there is no relationship between residence and access to health services for HIV/AIDS. The results of this study are the same as previous studies, namely there is a significant relationship (p<0.001) between residence and access to health services for HIV/AIDS (Bono et al., 2023). In theory, residence (rural and urban) has a significant relationship with access to health services due to differences in the distribution of health facilities, the availability of medical personnel, and transportation infrastructure which is generally more adequate in urban areas than in rural areas (Marada et al., 2024). The variable of gender with access to health services for HIV/AIDS has a p-value of 0.952 or more than alpha. This indicates that H0 is accepted, meaning there is no relationship between gender and access to health services for HIV/AIDS. The results of this study are in line with previous research which showed no significant relationship (between

gender and access to health services for HIV/AIDS (Salsabila & Setianingsih, 2024). Previous research found that men have a 6.5 times greater chance of contracting HIV/AIDS compared to women (Herlinda et al., 2022).

The results of the Chi-Square analysis of the source of knowledge from health workers with access to health services regarding HIV/AIDS obtained a p-value of 0.008, smaller than alpha 0.05. It can be concluded that H_0 is rejected and there is a significant relationship between the source of knowledge from health workers and access to health services regarding HIV/AIDS. The results of this study are in line with previous research that showed a relationship between the source of knowledge from health workers and access to health services regarding HIV/AIDS ($p < 0.05$) (Simorangkir et al., 2021). In theory, providing adequate information or knowledge about HIV/AIDS from health workers has a significant relationship with access to health services, because health workers play a role as a trusted source of information, makers of clinical decisions, as well as agents of change in community behavior in seeking and utilizing services (Hardiansyah et al., 2024). Good knowledge allows health workers to provide correct education, reduce stigma, so that access becomes wider and more effective (Wahyuni & Nurwati, 2024). The health insurance status variable obtained a p-value of 0.001, which is smaller than the alpha value of 0.05.

Therefore, it can be concluded that H_0 is rejected and there is a significant relationship between health insurance use and access to health services for HIV/AIDS. The results of previous studies showed that health insurance use is related to access to health services for HIV/AIDS with a p-value of 0.000 (Binuko & Fauziyah, 2024). Health insurance covered by the government can reduce direct cost barriers and increase affordability, so that individuals are more encouraged to utilize health services both routinely and curatively (Wanti, 2024). Furthermore, insurance also acts as a financial protection mechanism that allows people from various socio-economic levels to access services without worrying about economic burdens, thereby increasing equitable access to health (Arviana et al., 2024).

The findings of this study confirm that residential factors have a significant relationship with access to HIV/AIDS health services. People living in urban areas tend to have easier access to services because health infrastructure, transportation, and the availability of medical personnel are more affordable in urban areas (UNAIDS, 2021). Conversely, rural communities face barriers such as long distances to health facilities, limited public transportation, and a shortage of health personnel, further limiting their access to HIV/AIDS services. This phenomenon aligns with the principle of health equity, which emphasizes that equitable access can only be achieved if structural barriers are minimized. A study in Indonesia found that geographic disparities play a significant role in the inequality of hospital service utilization, with rural residents having a lower likelihood of utilizing outpatient and inpatient services compared to urban residents (Setiawan et al., 2022). This suggests that efforts to increase access to HIV/AIDS health care should not only focus on the availability of services in urban areas but also consider strategies for equitable service distribution in rural areas, for example by strengthening community-based services, mobile clinics, or more effective integrated referral systems.

CONCLUSION

Barriers to accessing inaccurate health services are caused by several factors, including gender, residence, sources of information from health workers, and health insurance status. On the other hand, different health services within the community have a less significant relationship. Financial protection through health insurance plays a crucial role in increasing community access to HIV/AIDS services. Suggestions for health workers include increasing health insurance coverage with counseling, education, and health promotion services about HIV/AIDS.

REFERENCES

- Agustina, D., Dio, M., Takasima, K., Zahra, A., Nasution, S., Amalia, S., Ridana, C. N., Aldini, S. D., & Khaiyath, S. A. (2025). Meningkatkan Pengetahuan Tentang Pencegahan HIV & AIDS Melalui Kampanye Media Sosial: Perspektif Masyarakat Umum dan ODHIV. *Jurnal Kesehatan Tambusai*, 6(2), 8469–8482.
- Arviana, M. E., Hafidz, F., & Setiyaningsih, H. (2024). The relationship between health insurance ownership and health service utilization, out-of-pocket expenses, and catastrophic health expenditure in the Special Region of Yogyakarta in 2023. *BIO Web of Conferences*, 132. <https://doi.org/10.1051/bioconf/202413204002>
- Baidowi, A. G., Khotima, K., Andayani, S. A., Keberawatan, S., Kesehatan, F., & Jadid, N. (2020). Hubungan Dukungan Sosial dan Spiritual Penderita HIV/AIDS dengan Kualitas Hidup Penderita HIV/AIDS. *Jurnal Ilmiah STIKES Citra Delima Bangka Belitung*, 3(2), 118–126. <https://doi.org/10.33862/citradelima>
- Binuko, R. S. D., & Fauziyah, N. F. (2024). Pengaruh Faktor Ekonomi dan Sosial Terhadap Akses Pelayanan Kesehatan di Rumah Sakit. *Jurnal Manajemen Dan Administrasi Rumah Sakit Indonesia (MARSI)*, 8(2), 123–134. <https://doi.org/10.52643/marsi.v8i2.4182>
- Bono, R. S., Pan, Z., Dahman, B., Deng, Y., & Kimmel, A. D. (2023). Urban-rural disparities in geographic accessibility to care for people living with HIV. *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV*, 35(12), 1844–1851. <https://doi.org/10.1080/09540121.2022.2141186>
- Campbell, N. R. C., Burnens, M. P., Whelton, P. K., Angell, S. Y., Jaffe, M. G., Cohn, J., Espinosa Brito, A., Irazola, V., Brettler, J. W., Roccella, E. J., Maldonado Figueredo, J. I., Rosende, A., & Ordunez, P. (2022). 2021 World Health Organization guideline on pharmacological treatment of hypertension: Policy implications for the region of the Americas. *Revista Panamericana de Salud Pública*, 46, 1. <https://doi.org/10.26633/rpsp.2022.55>
- Dwina, N., Supriyatna, R., & Sabdani, H. (2024). Analisis Indeks Stigma Terhadap Penyakit HIV di RSUD Dr. M. Yunus Bengkulu. *Jurnal Ilmu Kesehatan Masyarakat*, 13(04), 323–334. <https://doi.org/10.33221/jikm.v13i04.3233>
- Farhan, M., Maulana, Z., Hasibuan, A., & Mauliah, S. (2024). Melonjaknya Kasus HIV Dikalangan Remaja Indonesia. *AMSIR Community Service Journal*, 2(1), 1–7.
- Hardiansyah, M. F., Ningsih, W. T., Nugraheni, W. T., & Wahyuriyanto, Y. (2024). Hubungan Pengetahuan Hiv / Aids Dengan Stigma Remaja Terhadap Odha Di Man 1 Tuban. *Jurnal Ilmu Kesehatan*, 8, 368–375. <https://journal-mandiracendikia.com/jikmc>
- Hati, K., Shaluhiah, Z., & Suryoputro, A. (2020). Stigma Masyarakat Terhadap ODHA Di Kota Kupang Provinsi NTT. *Jurnal Promosi Kesehatan Indonesia*, 12(1), 62–77. <https://doi.org/10.14710/jpki.12.1.62-77>
- Herlinda, F., Diniarti, F., & Darmawansyah. (2022). Faktor-Faktor Yang Berhubungan Dengan Kejadian HIV/AIDS Di Puskesmas Penurunan Kota Bengkulu Tahun 2022. *Jurnal Vokasi Kesehatan*, 2, 13–22. <https://journal.bengkuluinstitute.com/index.php/juvokes>
- Ihsan, Rahman, Mawaddah, A. U., Pratama, I., Marsel, Fahmi, Suriani, L., & Alfassa, A. I. (2025). Analisis Situasi Kesehatan Masyarakat dan Tantangan Layanan Kesehatan di Provinsi Riau & Kabupaten Indragiri Hilir Tahun 2023-2024. *Journal of Statistics Demography and Engineering (ALPHA)*, 1(1), 23–40.
- Marada, N., Hano, Y. H., & Hafid, W. (2024). Hubungan Jarak Tempat Tinggal dan Pengetahuan Masyarakat. *Jurnal Kolaboratif Sains*, 7(8), 3075–3080. <https://doi.org/10.56338/jks.v7i8.5863>
- Maulita, A. A., & Suratini. (2022). Hubungan Dukungan Sosial Dengan Kualitas Hidup Penderita HIV/AIDS di Yogyakarta. *Journal of Mother and Child Health Concerns*, 2(2), 41–47.
- Mukaromah, N., Ferianto, F., & Lestari, R. (2023). Hubungan Stigma Diri Dengan Kualitas Hidup Orang Dengan HIV/AIDS di Yogyakarta. *Media Ilmu Kesehatana*, 12(1), 56–68. <https://doi.org/10.30989/mik.v12i1.823>

- Noerliani, D. (2022). Persepsi Masyarakat Terhadap HIV/AIDS dan ODHA Sebagai Upaya Untuk Menurunkan Stigma Masyarakat Terhadap Penderita HIV/AIDS di Desa Krebet Kecamatan Pilangkenceng Kabupaten Madiun Tahun 2016. *Jurnal Ilmu Inovasi Riset Ilmu Kesehatan*, 1(1), 20–28.
- Ramadhan, A. S., Rahayuwati, L., Yamin, A., & Amelia, V. (2024). The Perspective of the Acehese Community in Indonesia toward HIV/AIDS. *Jurnal Promosi Kesehatan Indonesia*, 20(1), 55–65. <https://doi.org/10.14710/jpki.20.1.55-65>
- Safira, A. A., Nurridha, H. A., & Ghozali. (2025). Gambaran Penerimaan Diri Orang dengan HIV/AIDS (ODHA) Remaja di Yayasan Pelita Ilmu. *G-Couns: Jurnal Bimbingan Dan Konseling*, 9(2), 850–861. <https://doi.org/10.31316/g-couns.v9i2.6656>
- Salsabila, A. Z., & Setianingsih, L. E. (2024). Pemanfaatan Pelayanan Kesehatan Peserta Jaminan Kesehatan Nasional di Puskesmas Cikarang. *Indonesian Journah of Health Research Innovation (IJHRI)*, 1, 9–17. <https://journal.ymci.my.id/index.php/ijhri/index>
- Setiawan, E., Nurjannah, N., Komaryani, K., Nugraha, R. R., Thabrany, H., Purwaningrum, F., & Sarnianto, P. (2022). Utilization patterns of healthcare facility and estimated expenditure of PLHIV care under the Indonesian National Health Insurance Scheme in 2018. *BMC Health Services Research*, 22(1). <https://doi.org/10.1186/s12913-021-07434-9>
- Simorangkir, T. L., Sianturi, S., & Supardi, S. (2021). Hubungan Antara Karakteristik, Tingkat Pengetahuan Dan Stigma Pada Penderita Hiv/Aids. *Jurnal Ilmu Keperawatan Dan Kebidanan*, 12(2), 208–214. <https://doi.org/10.26751/jikk.v12i2.789>
- Sindarreh, S., Ebrahimi, F., & Nasirian, M. (2020). Stigma and discrimination in the view of people living with human immunodeficiency virus in Isfahan, Iran. *HIV and AIDS Review*, 19(2), 132–138. <https://doi.org/10.5114/hivar.2020.96489>
- Syafni, E., Fajar, N. A., & Sitorus, R. J. (2022). Determinan Akses Pelayanan Kesehatan Rendah pada Orang dengan HIV/AIDS (ODHA) di Kota Jambi. *Jurnal Integrasi Kesehatan Dan Sains*, 4(2), 142–148. <https://doi.org/10.29313/jiks.v4i2.10268>
- Turi, E., Simegneu, D., Fekadu, G., Tolossa, T., Desalegn, M., Bayisa, L., Mulisa, D., & Abajobir, A. (2021). High Perceived Stigma Among People Living with HIV/AIDS in a Resource Limited Setting in Western Ethiopia: The effect of Depression and Low Social Support. *HIV/AIDS - Research and Palliative Care*, 13, 389–397. <https://doi.org/10.2147/HIV.S295110>
- UNAIDS. (2021). *Confronting Inequalities Lessons for pandemic responses from 40 years of AIDS*.
- UNAIDS. (2023). *The Path That Ends AIDS 2023*. <http://www.wipo.int/amc/en/mediation/rules>
- UNAIDS. (2025). *Global HIV Statistics*.
- Wahyuni, E. S., & Nurwati, I. (2024). Peningkatan Pengetahuan Masyarakat Tentang Hiv/Aids Melalui Program Edukasi Kesehatan di Solo. *Jurnal Pengabdian Masyarakat (JUPE)*, 1(7), 18–21. <https://jurnal.naiwabestscience.my.id/index.php/jupe/>
- Wanti, D. I. (2024). Pengaruh Kepemilikan Asuransi Kesehatan Pada Kelompok Miskin Terhadap Utilisasi Pelayanan Kesehatan di Indonesia : Sebuah Studi Retrospektif. *Jurnal Ekonomi Kesehatan Indonesia*, 8(2), 123. <https://doi.org/10.7454/eki.v8i2.7273>
- Weraman, P. (2024). Pengaruh Akses Terhadap Pelayanan Kesehatan Primer Terhadap Tingkat Kesehatan dan Kesejahteraan Masyarakat Pedesaan. *Jurnal Review Pendidikan Dan Pengajaran*, 7(3), 9143–9148. <http://journal.universitaspahlawan.ac.id/index.php/jrpp>
- Wiratma, D. Y., & Purba, D. (2022). Penyuluhan Pencegahan Penyakit Menular HIV-Aids Pada Anak Remaja Di Kelurahan Dwikora Medan. *Jurnal Abdimas Mutiara*, 3(2), 363–366.
- Yulianti, D. P., & Hadi, E. N. (2025). Strategi Promosi Kesehatan di Komunitas Terhadap Stigma Penderita HIV/AIDS/ AIDS : Sistematis Review. *Jurnal NERS*, 9(2), 1486–1495. <http://journal.universitaspahlawan.ac.id/index.php/ners>