

EFFORTS TO PREVENT SEXUALLY TRANSMITTED DISEASES IN CLASS IIA BANJARMASIN CORRECTIONAL INSTITUTION



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ABSTRACT

This study aims to explore efforts to prevent sexually transmitted diseases (STDs) in Banjarmasin Class IIA Correctional Institution. The methods used in this study included observation and interviews with prisoners and health workers to gain an in-depth understanding of the health conditions and prevention practices implemented. The results showed that prevention measures taken include initial health checks for new inmates, including health history assessment and HIV testing for those at high risk. In addition, health socialization is conducted through routine programs such as morning exercises to raise awareness of the importance of a healthy lifestyle. Findings also revealed that factors contributing to the transmission of STDs include deviant sexual behavior, institutional overcapacity, and the lack of awareness of prisoners towards their health. This study emphasizes the importance of a holistic approach in addressing health issues in prisons, which focuses not only on treatment but also on health education and counseling as an effective prevention strategy. The results are expected to provide recommendations for prison managers in creating a safer and healthier environment for prisoners.

Keywords: Infectious Diseases; Sexual; Correctional Institutions



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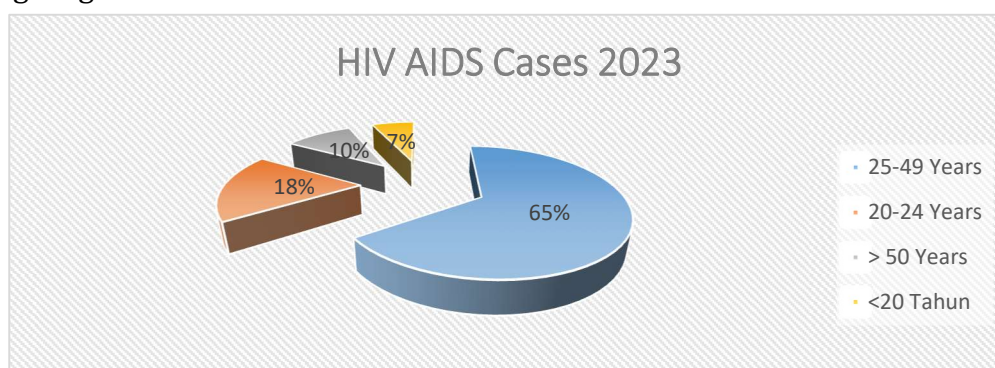
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INTRODUCTION

Epidemiologically, sexually transmitted diseases (STDs) can be spread during anal, oral, or vaginal sex. Bacterial, viral, fungal, or parasitic infections cause the spread of these diseases. Sexually transmitted diseases can have a variety of symptoms, depending on the type of infection, but they usually appear as bumps, sores, or blisters around the mouth of the vagina, penis, or anus. Burning and pain when urinating or having sex, and itching in the penis or vagina (Simorangkir, 2022). The use of objects that have been contaminated with germs, bacteria and viruses that cause STDs can also be another factor outside of direct sexual intercourse. Installation in the male vital organs with a specific purpose, the installation of these objects using tools or objects that are not sterile and are used interchangeably. An American study revealed that 27% of men were dissatisfied with the length of their penis. To meet the dubious customs of the society, penis enlargement is performed using paraffin, Vaseline, silicone and other foreign materials. According to a US survey, 27% of men are not happy with the length of their penis. Dubious penile augmentation is carried out using silicone, paraffin, Vaseline, and other foreign materials in order to comply with social mores (Aschacher et al., 2021).

According to the World Health Organization (WHO), there are more than one million cases of STDs and the number continues to grow every day. Sexually transmitted infections such as syphilis, gonorrhea, chlamydia, venereal infections, hepatitis B, herpes, HPV, groin fungus, and genital fungi. Four of them human papillomavirus (HPV), herpes simplex virus, HIV and hepatitis B are dangerous or even fatal diseases. Without contraceptives STDs are usually spread through sexual contact. Sexually transmitted diseases can cause and increase the likelihood of contracting more fatal infections such as HIV/AIDS if left untreated (Perkasa & Herliana, 2020). The World Health Organization (WHO) reported that in 2022, the number of cases of sexually transmitted diseases reached 374 thousand cases, while the number of cases of HIV infection, especially in Indonesia, reached 39 million cases. Sampling research conducted in 2023, West Java province has the highest HIV infection rate followed by East Java, DKI Jakarta and South Kalimantan following in 13th place. A total of 507 out of 514 districts and cities in Indonesia have confirmed incidences of HIV/AIDS, and 10,924 of those people have undergone treatment (MOH RI, 2023).

This is evidenced by the results of the distribution of HIV/AIDS in Indonesia carried out by the Ministry of Health periodically every year. The percentage described based on the age ratio of people with HIV / AIDS in Indonesia in 2023, can be seen in the following diagram.



Source: Indonesian Ministry of Health Year 2023

Figure 1
People living with HIV/AIDS in Indonesia in 2023

Based on the data in Figure 1, the Indonesian Ministry of Health in 2023 stated that the high percentage was in the majority aged 25-49 years (65.5%), 20-24 years (18%) and ≥ 50 years (10%), male (71%) more than female (29%). Men are more likely than women to engage in inappropriate behaviors, such as having multiple promiscuous sexual relationships, which can increase the risk of contracting STDs. As a result, men have higher rates of STDs (Rini et al., 2023).

The high incidence of sexually transmitted diseases in Banjarmasin city also affects the increase in the rate of transmission of sexually transmitted diseases in Banjarmasin prisons. The Banjarmasin correctional facility is located in the center of the city and is also the first place to receive prisoners after the police and prosecutor's office have been released. As a result, the number of sexually transmitted diseases in Banjarmasin prisons shows high fluctuations every year. The following data on sexually transmitted diseases in Banjarmasin prisons can be found on the next page.

Table 1
Data on Sexually Transmitted Diseases in Banjarmasin Correctional Institution
Period 2023 – 2024

| Data on Sexually Transmitted Diseases in Banjarmasin Prisons Period 2023 - 2024 | | | | | | |
|--|--------------|----------|------------------------------------|--------------|----------|---------------------------------|
| Month | Prisoners | | | Prisoners | | |
| | HIV/ AIDS | Syphilis | Genital Herves and others | HIV/ AIDS | Syphilis | Genital Herves and others |
| January | 2 | - | - | - | - | - |
| February | 1 | - | - | - | - | - |
| March | 1 | - | - | - | - | - |
| April | - | - | - | - | - | - |
| May | 3 | - | 1 | - | - | - |
| June | 1 | - | - | - | - | - |
| July | 3 | - | 2 | - | - | - |
| August | 2 | - | 1 | 1 | - | 1 |
| September | 4 | - | - | - | - | 1 |
| November | 1 | - | - | - | - | - |
| December | 2 | 1 | 1 | 1 | - | - |
| January 2024 | 1 | - | - | - | - | - |
| Total | 21 | 1 | 5 | 2 | - | 2 |
| Grand Total | 31 Cases | | | | | |

Source: Banjarmasin Class IIA Correctional Institution Polyclinic, 2024

Based on the data in Table 1, there are a total of 31 cases of sexually transmitted diseases in prisoners and detainees. In prisoners there are 21 cases and 2 cases in prisoners with HIV / AIDS, 1 case of syphilis in prisoners and sufferers of genital herpes skin disease and urinary tract infections inmates as many as 5 cases and 2 cases in prisoners. The high number of patients with sexually transmitted diseases in Banjarmasin prison every month proves that health services and prevention of sexually transmitted diseases must be carried out intensively. Many factors cause sexually transmitted diseases, including vulnerable populations and environments. This extreme density has several negative effects, disturbed security and order, rampant infectious

diseases, low quality of life and the inability to fulfill the direction of correctional development (Wibowo, 2020).

Syphilis is one of the STDs that must be treated immediately, according to WHO's global strategy, Sexually Transmitted Infections from 2016 to 2021. Syphilis must not only be treated curatively but also preventively. A very vulnerable environment is the cause if it occurs in prisoners with the scope of rooms and residential blocks. Prisoners must be addressed because they are a vulnerable and high-risk population. Transmission in the prison environment can be avoided by early diagnosis, treatment, and finding active or passive cases to the absence of symptoms (Desyline et al., 2022). Another contributing factor is the presence of inappropriate sexual activity or orientation among prisoners. The occurrence of transmission caused by the disease is carried by prisoners before serving their sentence in the penitentiary. A health-related problem that often arises in the prison environment is the prevalence of sexually transmitted diseases (STDs), which include syphilis, chlamydia, and gonorrhea, said to be more common there than in the general public (Zaitzow & Willis, 2021).

The various restrictions imposed by prisons cause various conflicts in the lives of prisoners. Even those who are not interested in situational homosexuality or same-sex relationships may previously engage in deviant sexual behavior as a means of expressing their desires in same-sex situations (Desyline et al., 2022). Steps that have been implemented by Banjarmasin prison in tackling STDs at this time by identifying since the inmate entered the prison. Prisoners are separated based on criminal offenses and sick records suffered by prisoners. This implementation still has weaknesses to minimize the spread of STDs because there is no categorization of the types of STD diseases that are only classified as syphilis.

Based on the above problems, the author is interested in conducting in-depth research related to the fulfillment of human rights services in overcoming cases of transmission of sexually transmitted diseases. How efforts are made in prevention and the causes or factors of the outbreak of STDs, so the title proposed for research is "Efforts to Prevent Sexually Transmitted Diseases at the Banjarmasin Class IIA Penitentiary".

LITERATURE REVIEW

Contagion theory, which describes how diseases spread, was first proposed in Europe in the fourteenth century with the spread of smallpox, typhus fever, and plague. Because of these circumstances, a theory explaining how infectious diseases might arise through interactions between living things was developed. This hypothesis was developed by Girolamo Fracastoro (1483-1553) and provided a clearer explanation of how diseases are transmitted from one person to another through infectious substances, later known as contagion (Sukokaryo, 2020). Throughout the 14th and 15th centuries, smallpox, typhus fever and plague were all over Europe. The suffering that people experienced at that time led to the belief that infectious diseases were caused by contact with living things. Girolamo Fracastoro was an Italian scientist, developing this theory between 1483 and 1553. According to his hypothesis, diseases spread through a transference substance known as contagion (Ferreira & Serpa, 2020).

Initially, this theory of transmission was not declared as a new microorganism or microorganism because at that time the theory was neither recognized nor developed. The inventor Fracastoro is still considered one of the pioneers in the field of epidemiology, although the theory of transmission as a microorganism only came to light several centuries later. The 18th and 19th centuries saw doctors develop a two-part matrix for the classification of transmission pathways; first there were purely miasmatic

diseases, capable of affecting many people but soon disappearing again, malaria and yellow fever fell into this category. The second were purely infectious diseases, which required direct contact for transmission including smallpox, measles, rabies and syphilis (Polianski, 2021).

In a study conducted by Hendra Alief Sukokaryo (2020), entitled *Lifestyle Analysis of WBP Regarding Clean and Healthy Living Behavior in Correctional Facilities*, a qualitative descriptive approach was applied to explore information related to clean and healthy living behavior in correctional institutions (lapas). This research collects data through interviews with resource persons, literature analysis, and relevant laws and regulations. The main focus of this study was to identify the causes of itch infections among prisoners and highlight their awareness of the importance of clean living to prevent infectious diseases. Overcapacity in prisons is a significant factor contributing to the increased risk of infectious diseases. The relevance to the author's research lies in the use of the same theory in analyzing the causes of disease, although the difference lies in the focus of the study on clean and healthy living behaviors related to specific health problems in prisons.

Research conducted by Imamah, et al (2023) aims to prevent and control sexually transmitted diseases (STDs) through integrated programs involving the community and local government, especially in areas with high risk behavior. The results of the counseling training showed that adolescents were very interested in the information presented, and they were encouraged to improve self-care. After the counseling was conducted, there was an increase in participants' understanding of STDs. The relevance of this study with the author's research lies in the focus of STD prevention, while the difference is that the subjects of this study are adolescents and the community around Pakong Polindes, while the author's research focuses on officers, health workers, and prisoners in prison in STD prevention efforts

METHOD

The research method applied in this study is a qualitative approach, which focuses on exploring and understanding phenomena related to the prevention of sexually transmitted diseases in Banjarmasin prisons. Using a case study design, this research aims to analyze in depth the specific problems that occur in the prison environment, which are characterized by high rates of transmission of sexually transmitted diseases. Data were collected through interviews with informants, including prisoners and medical officers, as well as observation and relevant documentation. This qualitative method allows the researcher to obtain richer and more detailed information, so that the analysis of the phenomenon under study becomes more effective.

In collecting data, researchers used several techniques, such as structured interviews, observation, and literature study. Primary data was obtained from direct sources, while secondary data included documents and reports that supported the analysis. The process of checking data validity was carried out through triangulation techniques, which included triangulation of sources, techniques and time to ensure data credibility. Data analysis followed the Miles and Huberman paradigm, which included data collection, data reduction, data presentation, and conclusion drawing. With this approach, the research is expected to provide a better understanding of the challenges and efforts to prevent sexually transmitted diseases in Banjarmasin prisons.

RESULTS AND DISCUSSION

Efforts to prevent sexually transmitted diseases in Banjarmasin Class IIA Correctional Institution

Sexually transmitted diseases (STDs) pose a significant challenge within the Class IIA Banjarmasin Correctional Institution (Lapas), primarily due to several contributing factors, including deviant sexual behavior, inmate fraternization, and the prevalence of unhealthy environmental conditions. These issues create a conducive environment for the transmission of STDs, thereby endangering the health and well-being of the inmate population. Recognizing the urgent need to address this public health concern, the Banjarmasin Correctional Facility has initiated a series of preventive measures aimed at curbing the spread of STDs. These measures not only focus on protecting the health of prisoners but also emphasize the importance of maintaining a safe and secure environment within the facility. Through educational programs about safe sexual practices, regular health screenings, and improved hygiene standards, the facility seeks to mitigate the risk of STDs and promote overall health awareness among inmates. Furthermore, the implementation of these preventive strategies underscores the institution's commitment to fostering a rehabilitative atmosphere, which prioritizes the physical and mental health of all individuals incarcerated within its walls. This is in line with the research of Luth et al. (2022), which emphasizes the importance of personal relationships in influencing individual behavior towards health.

The Banjarmasin Correctional Facility begins its procedures with a crucial initial examination for newly admitted prisoners, a systematic approach designed to comprehensively evaluate their overall health conditions. This examination includes the measurement of various health indicators such as weight, height, and blood pressure, along with a thorough assessment of the prisoners' medical histories. Conducted by qualified health personnel at the primary clinic, this process adheres to strict standard operating procedures (SOPs) to ensure consistency and quality of care. The meticulous nature of this initial assessment is vital as it allows for the identification of any pre-existing health issues that could influence the prisoners' treatment and overall management within the facility. By prioritizing these evaluations, the Banjarmasin Correctional Facility not only addresses immediate health concerns but also lays the groundwork for tailored medical interventions, fostering a safer and more supportive environment for all inmates.

After initial screening, high-risk inmates, including those identified with tuberculosis (TB) disease, are required to undergo HIV testing. This screening is conducted within one week of admission and aims to detect dangerous infectious diseases. The testing process involves collaboration with external health facilities, which is a crucial step in mapping the health conditions of inmates so that treatment measures can be taken promptly. As stated by Dr. Yayuk, these test results are not only important for initial identification, but also for following up on the effectiveness of treatment according to CDC guidelines. Thus, this step plays an important role in maintaining the health of inmates and preventing the spread of infectious diseases in the prison environment, which could have wider consequences not only for inmates but also for the surrounding community. This effort demonstrates a commitment to ensuring that every inmate receives proper and adequate medical care, and emphasizes the importance of a comprehensive approach to health in the correctional system (Cullinen et al., 2021).

Health socialization is important in preventing the incidence of STDs among prisoners, and the positive approach of being aware of the issues through health socialization should be considered. The health workers carry out morning exercise

programs, routine health observations of the prisoners, and also create an open atmosphere with the prisoners so as to identify the existing problems and help the prisoners treat the health problems. While these socialization activities are not just about informing, they also focus on bringing in a greater sense of the importance of healthy living for their lives within the prison environment. These two approaches together significantly help in diminishing the risk of transmission of the STDs as the prisoners could be more conscious and observant towards better health habits for themselves and others. These will hopefully make the prison environment a health-promoting setting that will be of essence in reducing STDs, hence improving the overall health of the incarcerated people.

Wholesome and professional policies have been put in place by the Banjarmasin Penitentiary, proving full commitment to the challenge brought on by sexually transmitted diseases in correctional facilities. These include regular checkups, testing of dangerous diseases on a selective basis, and continuous socialization of health among the inmates regarding sexual hygiene. While these are the ways through which the facility aims to protect the health of its inmates, the bigger picture is to make sure that not only is the inmate population safe and healthy but also anyone who sets foot inside the compound. The all-round approach has the dual benefit of addressing immediate health concerns and also empowering the prisoners with knowledge and awareness about sexually transmitted diseases, important for their overall well-being. This would significantly reduce the rates of STDs among inmates, a point well presented in a number of studies emphasizing the role of health education and prevention within correctional facilities. Therefore, the onus lies with the Banjarmasin Correctional Facility itself to lead the other facilities toward believing in better health outcomes since improvement in systematic health initiatives will eventually uplift individual and collective health within the correctional system by Desyline et al. (2022).

Factors causing transmission of sexually transmitted diseases in Banjarmasin Class IIA Correctional Institution

Factors causing the transmission of sexually transmitted diseases (STDs) in Banjarmasin Class IIA Correctional Institution are closely related to the contagion theory which suggests that infectious diseases require direct contact between individuals. This contact, whether physical through kissing or sexual intercourse, facilitates the transfer of bacteria or viruses that cause STDs. In Banjarmasin prison, prison overcrowding and inmates' deviant behaviors such as homosexuality are major factors in the spread of STDs. According to Naufali et al. (2021), deviant sexual behavior occurs seven and a half times more in prisons than in the general public, coupled with the lack of adequate health examination facilities. Direct transmission within prisons is often exacerbated by inmates' unwillingness to have their health checked. As revealed by informants, many prisoners conceal their health conditions, which makes it difficult for officers to carry out prevention. Deviant behaviors such as "homobo'olabui" (same-sex sexual relations) and unauthorized sexual relations inside and outside prison are also significant factors. This phenomenon creates a network of homosexual behavior that is difficult to detect, because it is based on the need to satisfy each other's sexual desires (Ramadhini & Rinaldi, 2023). In this context, prisoners not only act as consumers but also as providers of sexual services, resulting in the formation of a network of homosexual behavior within the prison. Peer influence is particularly strong, with prisoners more easily influenced to try same-sex sexual relationships. Inmate informant MPH admitted that his attraction to the same sex began as a teenager, indicating a significant influence of the social environment

in the formation of sexual behavior (Firdaus et al., 2023). Cases of STD transmission in Banjarmasin prisons are more complex as infected prisoners are often asymptomatic. With a minimal health screening system, many prisoners do not realize they are infected with an STD until it is too late. The Banjarmasin prison clinic doctor stated that the incubation period for STDs can vary, so it is important to conduct regular check-ups on prisoners who engage in risky sexual behavior (Das et al., 2023). Factors contributing to the transmission of STDs in Banjarmasin prison include direct contact, deviant sexual behavior, unwillingness to seek health care, and social networks that encourage such behavior.

Transmission of sexually transmitted diseases (STDs) in Class IIA Banjarmasin Correctional Institution is influenced by various factors, especially through indirect intermediaries. This transmission occurs when objects such as clothing, towels, or handkerchiefs are contaminated with bacteria or viruses that cause STDs. When these objects are used by other inmates, the risk of transmission increases significantly (Ferreira & Serpa, 2020). Poor personal and environmental hygiene habits in Banjarmasin prisons facilitate the spread of the disease, especially amidst overpopulation and a lack of facilities to maintain hygiene. Crowded and inadequate environmental conditions make cleaning and personal hygiene care difficult. Prisoners are often reluctant to engage in regular bathing and washing activities, resulting in a high risk of transmission through contact with contaminated objects. These unhealthy practices are exacerbated by the sharing of clothing and other personal items. This creates a situation where infectious diseases can easily spread among prisoners, especially for those who have unhealthy living habits and do not pay attention to environmental hygiene.

In addition, deviant practices such as the planting of prayer beads on the genitals also contribute to the transmission of STDs in Banjarmasin prison. This activity not only has the potential to cause infection in prisoners but also increases the risk of contracting other STDs, such as HIV. The process of body modification performed by inmates—for example, using non-sterile tools to perform the act—increases the risk of blood-borne transmission of the virus, making the situation in the prison even more dangerous (Parriault et al., 2019). Although many inmates choose to endure pain and not report symptoms of infection, there are still cases that arise from poor hygiene. Illnesses such as yeast and genital infections may not often be seen due to their milder and self-limiting nature. Still, more serious infections such as HIV and syphilis are common. The clinic doctor at Banjarmasin Correctional Facility, for example, revealed that although some sexually transmitted diseases do not appear often, HIV, syphilis, and herpes simplex remain a major concern. Finally, environmental factors and inadequate hygiene at Banjarmasin prison contribute to the risk of STD transmission. Prisoners often dry clothes carelessly and share toiletries, while facilities to raise awareness of hygiene are still very limited. The lack of information and supervision regarding healthy living behavior compounds this problem, so more effective measures are needed to prevent disease transmission within prisons.

CONCLUSION AND SUGGESTION

In an effort to prevent the transmission of Sexually Transmitted Diseases (STDs) at the Banjarmasin Class IIA Correctional Institution, various efforts are made that target prisoners from the time they first enter until they undergo a period of guidance. The first effort is the initial health check, where new inmates undergo a thorough check of their physical condition and medical history to detect the risk of STDs and chronic diseases. The next step is HIV testing and TB screening, which is carried out in collaboration with

local health centers, to ensure that positive inmates can receive immediate treatment. The results of these tests are kept confidential and only known by relevant parties to maintain the privacy of the inmates.

In addition to examinations, Banjarmasin Correctional Facility also actively conducts health socialization to prisoners, such as education on healthy lifestyles and the importance of maintaining cleanliness to reduce the risk of STD transmission. This socialization is carried out through routine activities such as morning exercises and visits by medical officers to residential blocks, ensuring continuous assistance and supervision of prisoners' health. This effort aims to break the chain of transmission of STDs in the prison environment and increase prisoners' awareness of their own health.

Based on the results of the analysis of factors causing transmission of sexually transmitted diseases (STDs) in Class IIA Correctional Institution Banjarmasin, this transmission can occur due to several significant factors. Contagion theory suggests that disease transmission requires contact between individuals. In Banjarmasin prison, factors such as high interaction between prisoners due to the absence of isolation for STD sufferers, except for cases of tuberculosis, are one of the causes of transmission. Although treatment can reduce the risk of transmission, there is still potential for spread due to direct contact, such as homosexual relationships that arise from deviant behavior, lack of opportunities to channel sexual desires with the opposite sex, and limited space and facilities in prisons. Overcapacity conditions exacerbate this situation, making deviant behavior more common.

It is especially distressing to note that the prison environment, which is known to have widespread deviant sexual behavior including unprotected intercourse, provides a means for the direct transmission of sexually transmitted diseases such as HIV and syphilis. Some become the providers of these sexual services, while others are the consumers within these confined areas; this provides an interaction that largely perpetuates the spread of these diseases. This trended phenomenon is further worsened by the general lack of knowledge among the prisoners on the importance of frequent health checkups, thereby making the implementation of prevention measures put in place by the prison authorities difficult. The unhygienic living conditions among the prisoners, as well as the absence of appropriate facilities to ensure standards of hygiene, promote the risk of disease spread due to indirect means like shared diseased clothes or towels. The combination of these factors makes the need to provide better health knowledge and facilities in the jails all the more urgent, pointing out the wider implication on public health because of uncontrolled transmission of STDs within these vulnerable populations.

The other critical factor that adds to the health threats among prisoners is the prevalence of unsafe practices, specifically genital mutilation with sharp instruments, to which serious infection and a high probability of contracting an STD can be attributed. Although it may not be as common among the population in prison, the effects this can have on inmates' health are intense and disturbing. It's a situation that fully underlines the failures in prison supervision and control, with measures still far from optimal, especially in those particular parts of a prison where vulnerabilities are higher. The problems are further exacerbated by the limited number of correctional officers that directly influences the process of monitoring inmates. Moreover, the incomprehensive use of monitoring technologies, such as CCTV, heightens the current and potential reduction in hazardous interactions among prisoners and makes it much more difficult to create an environment which is safe and secure. Without proper supervision, not only demeaning practices are passed down but also serious threats to inmates for overall

health and well-being are a burning need for systemic reforms in the way prisons function with respect to health services..

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