



STUDY OF KNOWLEDGE AND SEXUAL BEHAVIOR IN THE PREVENTION OF HIV/ AIDS IN NON-PROFESSIONAL PERSONNEL IN KENDAL DISTRICT

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ABSTRACT

HIV/ AIDS cases are an iceberg phenomenon with a much less reported number than the facts. A number of data reports that non-professional personnel are one of the highest contributors to the number of HIV/ AIDS cases in Indonesia. Objective: The purpose of this study was to describe sexual knowledge and behavior in the prevention of HIV/ AIDS among non-professional personnel in Kendal Regency. In this study, researchers used quantitative research methods using descriptive survey research design. The research sample consisted of 85 people with a purposive sampling technique. The results of this study indicate that the majority of non-professionals have good knowledge of HIV/ AIDS (58.8%) but their behavior falls into the category of risky sexual behavior (71.8%). The conclusion of this study that the majority of respondents had a good level of knowledge of HIV/ AIDS and had risky sexual behavior.

Keyword: HIV/ AIDS knowledge; non-professional personnel; sexual behavior

INTRODUCTION

HIV (Human Immunodeficiency Virus) is a virus that attacks white blood cells and damages the human immune system. HIV causes the body to be unable to fight infection, so people with HIV are susceptible to various diseases, including AIDS (Acquired Immunodeficiency Syndrome) (Capriotti, 2018). The number of reported cases of HIV/ AIDS is far less than the fact, this is what is called the iceberg phenomenon. Until 2019, people with HIV/ AIDS worldwide reached 38.0 million (31.6 million - 44.5 million) people (UNAIDS, 2020). The UNAIDS, (2019) reported that HIV/ AIDS cases in Indonesia reached 640,000 people and 38,000 people died of AIDS. The RISKESDAS, (2018) reported that from 1987 to 2018 the number of HIV / AIDS cases among non-professional personnel was higher than cases that occurred in housewives. This year, non-professional staff was in first place with 2,693 people with HIV / AIDS followed by housewives as many as 1,576 people. The number of HIV/ AIDS cases in Central Java ranks fifth after Bali (Kementerian Kesehatan RI Badan Penelitian dan Pengembangan, 2018). According to data from the Kendal District Health Office in 2019, Kendal Regency ranks 12 out of 15 districts in Central Java and one of the districts that has the highest number of HIV / AIDS cases is the Kaliwungu sub-district, with 109 HIV people and 36 AIDS people.

More than 30 types of pathogens can be transmitted through sexual contact including HIV / AIDS (Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan, 2016). Lack of knowledge of HIV / AIDS can affect sexual attitudes and behavior, thereby increasing the vulnerability of non-professional personnel to contract HIV / AIDS. Research on sexual behavior at risk of HIV / AIDS transmission in loading and unloading workers at the port of Kalimas Surabaya showed that there was a relationship between the frequency of returning home (P-value 0.026; PR = 2.13), knowledge (P-Value 0.013: PR = 3, 04), and attitudes (P-value 0.005; PR = 2.05) with risky sexual behavior of HIV transmission in Kalimas Harbor, Surabaya. Meanwhile education (P-value 0.162), marital status (P-value 0.705), and exposure to counseling (P-Value 1) are not related to these variables (Margawati & Hargono, 2017)

A preliminary study conducted on September 30, 2019 with 10 non-professional respondents showed that the majority (70%) of respondents were able to answer questions correctly about the concept of HIV/ AIDS. However, this knowledge is not in line with behavioral statements in the prevention of HV/ AIDS. The majority of respondents said they had bad habits, including frequent sexual transactions at brothels when they came home from work and invited women to live with commercial workers in boarding houses. This phenomenon shows a mismatch between the level of knowledge and behavior of non-professionals in HIV/ AIDS prevention. Based on the above background, the researcher is interested in conducting research on "Study of Sexual Knowledge and Behavior in the Prevention of HIV/ AIDS for Non-Professionals in Kendal Regency"

METHOD

The method used in this research is quantitative using a descriptive survey research design. The sample of this study was 85 male non-professional workers of productive age and the sampling was purposive sampling. Collecting data using a closed questionnaire that has been tested for validity and reliability includes a questionnaire on demographics, level of knowledge about HIV / AIDS and sexual behavior. The data analysis technique consisted of univariate analysis using central tendency and frequency distribution.

RESULTS AND DISCUSSION

Characteristics of Respondents

Characteristics by Age

Table 1.

Frequency Distribution of Respondents by Age for Non Professional Workers (n = 85)				
Variable	Median	Std. Deviation	Score Min	Score Max
Age	27	8,5561	19	52

The youngest respondents in this study were 19 years old and the oldest 52 years old. Age is a life stage measured by years and calculated from the time the individual is born to the birthday (Nursalam, 2016, 2013) Age is related to a person's biological changes, where with age the activity of sexual hormones increases which will encourage a person to behave sexually. The sex glands (gonads) that continue to work (primary sex) not only have an effect on the perfection of the body (especially those related to secondary sex characteristics), but also have a profound influence on psychological, moral and social life. This attraction between the opposite sex then develops into a more serious dating pattern and chooses dating and romantic partners who will be designated as life partners (Prawirohardjo, 2016).

Research by Desi, Shaluhayah, & Djati, (2018) found that the percentage of respondents who had risky sexual behavior was more in the group of respondents aged ≥ 29 years as much as 94.1% compared to respondents in the group aged <29 years as many as 71.4% . The conclusion of the research results found that the variables related to STI risky sexual behavior are age and leisure time activities, while the multivariate analysis shows that the factors that most influence on risky sexual behavior are age, leisure time activity and religiosity. In line with Mardalina's research (2015) which states that most of the respondents in the study of factors related to risky sexual behavior in the workforce were 57.1% (aged 22-44 years) who said that at this age a person has a high level of libido (sexual drive) high.

Educational Characteristics, Marital Status and Citizen Status.

Table 2.
 Frequency Distribution of Respondent Characteristics by Education, Marital Status and
 Citizen Status (n = 85)

Variable	f	%
Education		
Primary school	10	11,8
Junior high school	11	12,9
Senior high school	59	69,4
College	5	5,9
Marital Status		
Married	40	47,1
Single	43	50,6
Widower	2	2,4
Citizen Status		
Permanent residents	27	31,8
Non Permanent residents	58	68,2

The majority of respondents in this study were male, graduated from Senior High School, were not married and the status of residents or residences was not permanent or had migrated according to their work. Gender is the difference between men and women in roles, functions, rights, responsibilities, and behaviors that are shaped by the social, cultural and customary values of community groups which can change according to time and local conditions (Puspitawati, 2013 in Muzdalifah & Arisdiani, (2019). The results of research by Mahmudah, Yaunin, & Lestari, (2016) showed that respondents who behaved sexually at risk (20.9%), were male (38.6%), puberty at the age of <11 years (6.3%), lack of knowledge (1.9%), high exposure to sources of sexual information (19.6%) and those with negative attitudes (34.8%). The variables that had a p value <0.05 were gender, exposure to sexual sources of information and attitudes towards various sexual behaviors.

Education is guidance given to the development of others towards dreams and ideals (Notoadmodjo, 2012). Health education is a dynamic development process (receiving / rejecting information), new attitudes and behaviors related to the goal of a healthy life (Notoadmodjo, 2019). The higher the level of education of a person, the easier it will be to receive information so that the more knowledge they have that will affect a person's behavior including sexual behavior.

Marriage is a physical and mental bond between a man and a woman as husband and wife with the aim of forming a happy and eternal family / household based on the One Godhead. Marriage is not only temporary, but continuous between husband and wife in a happy family or household. Article 1 of Law No.1 of 1974 states that physical and mental ties are important things of a marriage because the purpose of marriage is not solely to fulfill one's lust, but to create a happy family and is based on the One God (Yusuf, 2014). The classification of marriage in this study is divided into 3, namely married, unmarried and widower. The results of the analysis and classification of respondents who were married were 40 (47.1%), unmarried 43 (50.6%) and widowers were 2 (2.4%). The majority of respondents were unmarried and the majority of respondents as much as 58 (68.2%) said they had had sexual relations before marriage. The results of the study Oktavia, Banun, & Setyoro, (2013) showed that factors related to premarital sexual behavior in semester V STIKes X East Jakarta

students include residence (p-value 0.05), family harmony (p-value 0, 04) and lifestyle (p-value 0.001). The researcher assumed that the respondents in this study had premarital relations because they were far from their family and the neighborhood where they lived was close to lokalisasi.

The results showed that the majority of respondents were not native residents of Kaliwungu District. The majority of respondents said they came from outside Java. The status of residents in this study is divided into two, namely permanent residents as many as 27 (31.8%) people and non-permanent residents as many as 58 (68.2%) people. A study in line with research states that the status of migrant citizens or being far from their families is at risk of HIV / AIDS transmission because one of the causes is disloyalty to a partner (Mardalina, 2015).

Description of Knowledge of Non-Professionals about HIV / AIDS Distribution of Frequency and Percentage of Answers from Non-Professionals about HIV/ AIDS

Table 3.

Distribution of Frequency and Percentage of Answers to HIV / AIDS Knowledge for Non-Professional Workers in the Village of Sumberejo, Kaliwungu District (N = 85)

No	Statement	Kuesioner			
		True	%	False	%
1.	AIDS is a symptom of a disease that results from decreased immunity	60	70,6	25	28,2
2	HIV is a virus cause AIDS	66	77,6	19	22,4
3	People who are already infected with HIV will be susceptible to various types of other infectious diseases	62	72,9	23	27,1
4	The use of a syringe that has been contaminated with HIV / AIDS is safe to use	62	72,9	23	27,1
5	We will avoid HIV / AIDS even though we use tattoo needles alternately with people who are already infected with HIV / AIDS	62	72,9	23	27,1
6	Hugging with other people who are already infected with HIV / AIDS can put us at risk for contracting HIV / AIDS	62	72,9	23	27,1
7	Shaking hands with someone with HIV / AIDS can put us at risk for contracting HIV/ AIDS	60	70,6	25	29,4
8	Swimming in the same pool with people who are already infected with HIV / AIDS can put you at risk of contracting HIV / AIDS	44	51,8	41	48,2
9	For unmarried couples, not having sex before marriage is one way to prevent HIV / AIDS transmission	69	81,2	16	18,8
10	Faithful (not changing partners) is a way to prevent HIV / AIDS transmission to married couples	65	76,5	20	23,5
11	Using a condom is one way to prevent HIV / AIDS transmission when having sex is a risk of contracting HIV / AIDS	68	80,0	17	20,0
12	One of the efforts to prevent HIV transmission is to attend health education about HIV / AIDS to increase knowledge of HIV / AIDS	69	81,2	16	18,8
13	There are drugs that can prevent and cure HIV / AIDS	46	54,1	39	45,9

14 Holding hands and sharing with someone who is already infected with HIV / AIDS can put you at risk of contracting HIV / AIDS	55	64,7	30	35,3
15 Blood transfusions from people infected with HIV / AIDS can transmit HIV / AIDS	63	74,1	22	25,9
16 Sharing eating and drinking utensils with a person infected with HIV / AIDS is not at risk of transmitting HIV / AIDS	48	56,5	37	43,5
17 Alternately, use a razor / razor with a person infected with HIV / AIDS at risk of contracting HIV	42	49,4	43	50,6
18 Fever for more than three months, diarrhea, weight loss, canker sores not heal for more than one month are symptoms of HIV / AIDS	47	55,3	38	44,7

Description of HIV/ AIDS Knowledge Level on Non-Professional Workers.

Table 4.
 Distribution of Frequency and Percentage of Knowledge of non-professionals about HIV / AIDS (n = 85)

Knowledge HIV/AIDS	f	%
Deficient	7	8,2
Enough	28	32,9
Good	50	58,8

The results showed that the majority of respondents' knowledge level regarding HIV / AIDS knowledge among non-professional workers in Sumberejo Village was in the category of good knowledge as many as 50 (58.8%) people. The results of the distribution of the answers to each item regarding HIV / AIDS, it was found that the majority of respondents answered correctly (81.2%) were statements number 9 and 12 which read that unmarried couples not having sex before marriage is one way to prevent HIV transmission / AIDS and one of the efforts to prevent HIV transmission is to attend health education about HIV / AIDS to increase knowledge of HIV / AIDS.

Research conducted by Sulkarnaen & Ronoatmodjo, (2017) found that the Indonesian population's knowledge of HIV / AIDS was low. In contrast to the results of research (Muzdalifah & Arisdiani, 2019) which states that the level of knowledge of employees about HIV / AIDS, the majority have a fairly good level of knowledge. Apart from the level of knowledge, other factors that influence non-professional staff to behave sexually deviantly include affordability of sexual transactions and the work environment. This is in accordance with the results of research by Winahyu (2019) which states that irregular working hours due to waiting for loading and unloading of goods are one of the reasons for non-professional personnel to easily reach sexual services. This study states that respondents who have more risky sexual behavior are in the easy-to-reach category of sexual transactions (56.6%) than those in the difficult category (29.6%). Other research states that non-professional hotel workers also have the potential to contract HIV / AIDS due to job demands and also the work environment that requires providing services to customers (Sumiahadi et al., 2017).

A study on the relationship between internal and external factors and premarital sexual behavior among adolescents in Indonesia shows that there is a relationship between internal

and external factors on premarital sexual behavior among adolescents in Indonesia. Internal factors are education level ($p = 0.000$), knowledge ($p = 0.000$), attitude ($p = 0.000$) and lifestyle ($p = 0.017$). External factors are sources of information ($p = 0,000$), completeness of information ($p = 0.005$), roles ($p = 0,000$) and residence ($0,000$) (Umaroh, Kusumawati, & Kasjono, 2017).

Distribution of Frequency and Percentage of Answers of Non-Professionals on HIV/AIDS Prevention Behavior

Table 5
 Distribution of Frequency and Percentage of Answers to HIV / AIDS Knowledge for Non-Professional Workers in the Village of Sumberejo, Kaliwungu District ($n = 85$)

No	Statement	Kuesioner			
		Yes	%	No	%
1	Have you ever kissed on the neck or ear (hickey) other than with your regular partner?	52	61,2	33	38,8
2	Have you ever kissed someone other than your partner to cause sexual desire?	52	61,2	33	38,8
3	Have you ever had intercourse before marriage?	58	68,2	27	31,8
4	Apart from a regular partner, do you currently have any other sexual partners?	54	63,5	31	36,5
5	Do you not use a condom when you have sex with a regular partner?	49	57,6	36	42,4
6	Have you ever done masturbation (sexual pleasure by men to reach climax)?	52	61,2	33	38,8
7	Have you ever hugged someone other than your partner, causing sexual arousal?	56	65,9	29	34,1
8	Have you ever been alone with other than your regular partner to feel the genitals?	55	64,7	30	35,3
9	Have you ever had a lip kiss with the opposite sex who was not a regular partner?	56	65,9	29	34,1
10	Have you ever made out to rubbing the sensitive body parts around the genitals?	54	63,5	31	36,5
11	Have you ever kissed the breast other than with your regular partner?	57	67,1	28	32,9
12	Have you ever had oral sex (sucking or licking) with the opposite sex other than a regular partner?	50	58,8	35	41,2
13	Do you usually watch porn videos to generate stimulation before intercourse with someone other than your partner?	55	64,7	30	35,3
14	Do you have sex on your own?	53	62,4	32	37,6
15	Have you had sexual relations with a non-permanent partner until your partner became pregnant?	56	65,9	29	34,1
16	Have you ever played with or licked your vagina during sexual intercourse with your non-permanent partner?	55	64,7	30	35,3
17	Has your partner ever played your penis during sexual intercourse with your non-permanent partner?	56	65,9	29	34,1
18	Have you ever had anal sex by inserting the penis into the anus with your regular partner?	56	65,9	29	34,1

No	Statement	Kuesioner			
		Yes	%	No	%
19	In addition to your regular partner, do you play with your partner's clitoris to insert your fingers during sexual intercourse?	53	62,4	32	37,6
20	Have you ever switched partners with your friends for sexual relations?	39	45,9	46	54,1
21	Apart from your regular sexual partners, have you had sex with other people before?	49	57,6	36	42,4

Description of Sexual Behavior (Action Domain) in Non-Professionals

Table 6.

Distribution of Frequency and Percentage of Sexual Behavior (Action Domain) among Non Professional Workers (n = 85)

Sexual behavior	f	%
Sexual behavior is not risky	24	28,2
Risk sexual behavior	61	71,8

The results showed that the majority of respondents as many as 58 (68.2%) said that they had had intercourse before marriage. The conclusion regarding the behavior (action domain) among non-professional staff shows that most of them are in the category of risky sexual behavior with 61 (71.8%) of 85 respondents. A study mentions that one of the reasons why women become involved in vulnerable groups of contracting STIs and HIV is because their husbands or sexual partners have unsafe sexual behavior outside of their marriage and or use unsterile injecting drugs. Women's vulnerability to transmission of diseases such as HIV is based on several factors that occur at the individual, household and community level as well as at the macro level which often make women unaware of the dangers of HIV and AIDS (Dewi, Wulandari, & Karmaya, 2013). Based on the results of this study, the researchers assumed that sexual behavior had the risk of transmitting HIV / AIDS to the individual himself or to others.

Another study by Noviyani, Dany (2017) shows that the variables of age, knowledge and attitudes of respondents do not have a significant relationship with sexual risk behavior for STIs. Meanwhile, access to sexual tools, behavior of sexual partners and behavior of community friends were significantly associated with risky sexual behavior. The results of the analysis of other studies by (Mahmudah et al., 2016) show that respondents who have risky sexual behavior (20.9%), are male (38.6%), enter puberty at the age of <11 years (6,3 %), had a low level of knowledge (1.9%), had high exposure to sources of sexual information (19.6%) and who had negative attitudes (34.8%). The variables that had a p value <0.05 were gender, exposure to sexual sources of information and attitudes towards various sexual behaviors. It can be concluded that adolescent sexual behavior in Padang City is influenced by male gender, high exposure to sexual sources of information and negative attitudes towards various sexual behaviors.

CONCLUSION

Based on research on "Study of Sexual Knowledge and Behavior in the Prevention of HIV / AIDS for Non-Professionals in Kendal District" it can be concluded that: the characteristics of respondents are based on the youngest age is 19 years and the oldest is 52 years. The majority of respondents (50.6%) were unmarried, graduated from senior high school (69.4%), migrants

(not native citizens) (68.2%), had a good level of HIV/AIDS knowledge (58.8%) but the majority still have risky sexual behavior (71.8%).

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