

Identification of Inhibiting Factors as a basis for Formulating Strategies to Tackle HIV/AIDS in Tulungagung Regency, Indonesia

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Abstract

Based on the overall assessment, Indonesia has anticipated the epidemy of HIV/AIDS. However, the number of HIV/AIDS cases in Tulungagung District has increased a bit massively year by year. The total cases of HIV/AIDS from 2006 to 2018 were 2320 cases. In the last three years, the number had an increase of 295 cases, 324 cases, and 431 cases in 2016, 2017, and 2018 respectively. The high number of HIV/AIDS cases showed that some obstacles still exist to combat the HIV/AIDS in Tulungagung District. To identify the constraints as the basis of formulating strategies for the HIV/AIDS in Tulungagung District. **We used a qualitative and descriptive method with an in-depth interview.** Based on the in-depth interview, the inhibiting factors for HIV/AIDS prevention are divided into 3 factors. First, HIV/AIDS patients are still closed and reluctant to do medical check-ups and treatment in health facilities. Second, in terms of health care, health personnel still think that HIV/AIDS is an infectious disease that they keep away. Third, from society's perspective, the social stigma about HIV/AIDS sufferers often exists. By knowing the obstacles that occur in Tulungagung District, the right strategy can be made to accelerate HIV/AIDS prevention in Tulungagung District.

Keywords: *constraints, HIV/AIDS, strategy, health policy, stigma, discrimination.*

Introduction

Health issues are a major concern in development because they affect the quality of human resources. The case of HIV/AIDS in Indonesia was first reported in 1987. This is a phenomenon that is drawing the attention

of many people. Acquire Immune Deficiency Syndrome (AIDS) is a collection of symptoms of a disease caused by HIV (Human Immunodeficiency Virus) that is easily transmitted and causes death¹.

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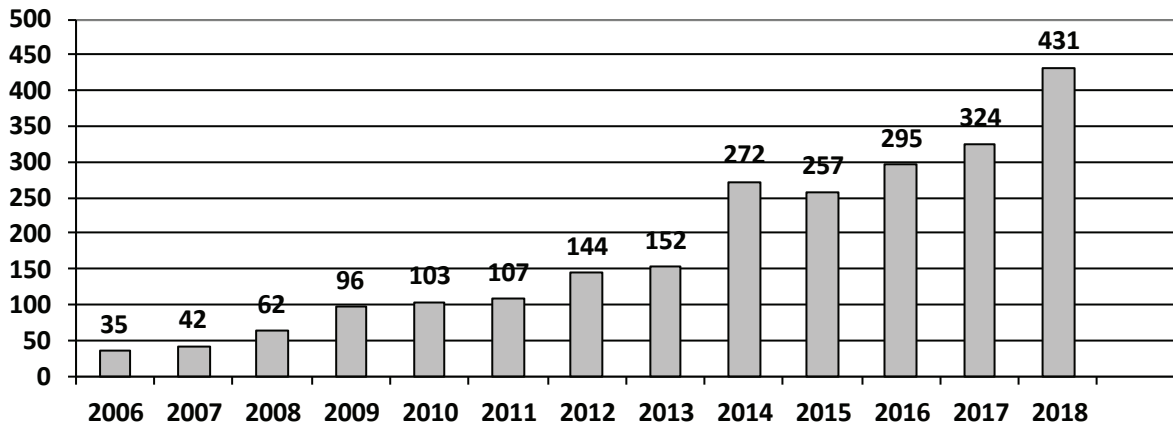


Figure 1. Jumlah Kasus HIV/AIDS tahun 2006-2018

Figure 1. The trend of HIV/AIDS cases in 2006-2018

Based on age, most people with HIV / AIDS have a productive age. The average is between 25-49 years old².

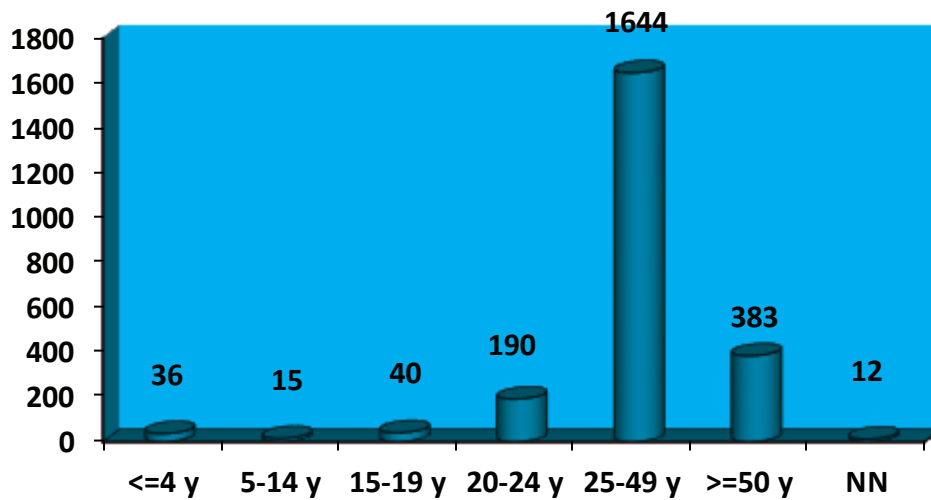


Figure 2. Distribution of HIV/AIDS patients by age

The population of the Tulungagung Regency until 2018 is 1,035,290 people³. While the number of HIV/AIDS cases until 2018 in 2,320 cases with the number of male cases at 55%, and women at 45%. Based on the spread of risk factors, 97% is transmitted through sex, 2% is transmitted through perinatal, and 1% is transmitted through syringes². Based on this background, the study aimed to find out the obstacles as a basis in formulating strategies in overcoming HIV/AIDS in Tulungagung Regency.

Methods

The study was conducted with a qualitative approach, that was presented in narrative form⁴. Data collected through observation, in-depth interviews, and secondary data tracing in the form of documents/reports. In-depth interviews were conducted with selected informants from the Tulungagung Health Office (Head of the Disease Prevention Section, Head of the Infectious Disease Section, and managing HIV/AIDS program), Head of the Health Center, Health Center Doctors, AIDS Commission, and the HIV/AIDS community.

Findings

Characteristics of Respondents

A person living with HIV/AIDS (PLWHA) is defined as someone who has been infected by HIV or who has begun to show one or more symptoms of AIDS. In general, most people with HIV will arrive at the AIDS stage within 5-10 years (average 6 years). Immune system damage is gradually seen in the development of symptoms ranging from no symptoms to clinical conditions with severe symptoms.

In this study, respondents were divided into several groups, namely 8 people living with HIV consisting of 2 people from the Peer Support Group (PSG), 3 people from the transgender community (Apricot Non-Government Organization/NGO) and 3 people from Men Like Men (Pelangi NGO); Head of Disease Prevention Division, Head of Communicable Disease Prevention Section and manager of HIV/AIDS program (Health Office); Head of Health Center, Health Center Doctor, and manager of the HIV/AIDS program from Ngantru Health Center; and 2 people from the HIV/AIDS Commission.

Based on interviews with 8 PLWHA, information was obtained that PLWHA were infected with HIV through sexual intercourse with their partners by 100%, aged between 25-49 years by 87.5%. Some underwent treatment after they learned about 50% of their HIV status, while the rest underwent treatment after complaints of comorbidities, still had not told their families about 25% of their HIV status. These results are in line with the results of previous studies which explain that the transmission of HIV infection through sexual contact is the most common. In terms of age, the majority of PLWHA are in the productive age category⁵.

Obstacles in HIV/AIDS Control

Based on interviews with PLWHA communities, 50% of PLWHA were initially reluctant to go to a health care facility. They only went to the health care facility after their body condition declined. After being examined the PLWHA found out that they had contracted HIV. PLWHA are reluctant to go to a health care facility because they are afraid of their condition, are afraid that their status will be known by the community, and they are also afraid of losing

their jobs. This information is in line with previous research studies which explained that PLWHA were afraid of their condition and community acceptance⁶.

The problems faced by PLWHA are not only problems of physical conditions that are declining, but also social problems such as discrimination. HIV/AIDS is considered a curse due to deviance because HIV/AIDS is attached to people who commit irregularities such as sex workers, gays, free sex offenders, and injecting drug users⁷. The stigma caused PLWHA to be reluctant to seek health services and social support that they could have received. Many PLWHA has lost their jobs and public services. Even a child can be refused education at school¹.

The obstacle in the effort to tackle HIV/AIDS is the lack of awareness and willingness of patients to take medication, such as taking Anti Retroviral Virus (ARV) drugs. This is due to the fear and anxiety of PLWHA in conducting examinations and treatment (47.9%). PLWHA does treatment only at the first visit but for further treatment, the patient does not come again to the Health Center to continue treatment. The results of the study found that the lack of awareness of PLWHA was also caused by the low level of patient knowledge, and PLWHA did not attend counseling by the counselor due to lack of strategic location access⁸.

Stigma and Discrimination of Health Officers against PLWHA

Stigma is the act of giving a social label that aims to discredit a person or group of people with bad views. In practice, stigma results in acts of discrimination that is the act of not recognizing or not seeking the fulfillment of the basic rights of individuals or groups as properly as human beings with dignity. Stigma and discrimination occur because of the perception that they are considered as “enemies”, “diseases”, “shameful elements of society”, “or those who are disobedient to the prevailing community or religious norms”. The implications of stigma and discrimination are not only for certain people or groups but also for families and parties related to their lives. UNAIDS defines stigma and discrimination related to HIV/AIDS as negative traits given to a person that causes unfair and unfair actions towards that person based on HIV/AIDS status¹.

Based on the results of in-depth interviews with HIV/AIDS managers in Tulungagung Health Office and Ngantru Health Center, it can be concluded that there are stigma and discrimination that occurs in first-level service facilities against PLWHA. The forms of stigma and discrimination are excessive use of self-protection tools against PLWHA patients, underestimating and judging poorly, there is the labeling of PLWHA patients, there is no guarantee of confidentiality of test results to families and other health workers, and refusal to treat patients.

Stigma and discrimination are not only done by ordinary people who do not know about HIV/AIDS but can also be done by health workers. This finding is following the results of previous studies that inform that health workers (doctors and nurses) have a stigma and discriminate against PLWHA⁹. The results of this study are also in line with other studies that found that discriminatory behavior carried out by health workers against PLWHA including using personal protective equipment only when dealing with HIV sufferers, carrying out additional sterilization on equipment used by PLWHA, giving certain codes to PLWHA, separating in separate places used tools used by PLWHA, and put PLWHA in a separate place with the reason to maintain the comfort of other patients, discussing HIV status with others, and there are still those who refuse to treat PLWHA¹⁰.

Health workers should be able to minimize the stigma and discrimination against PLWHA because health workers are the spearhead of the successful response to HIV/AIDS. Health workers are an important component in various health service approaches to PLWHA. Health workers have the authority, among others, to provide health services, carry out early detection, make referrals, and provide counseling¹¹. Besides, health workers must be able to work together with various parties in the prevention of HIV/AIDS in an area. Health workers not only play a role in terms of promotive, preventive, curative, and rehabilitation but also contribute to holistically and comprehensively. To support this goal, health workers must work together with various sectors such as NGOs, HIV care activists, governments, and donor agencies so that prioritized programs can be carried out effectively, efficiently, and sustainably⁸.

Community Stigma and Discrimination against PLWHA

As many as 55% of PLWHA in Tulungagung Regency are male, this is the following statistics on HIV/AIDS cases in Indonesia in September 2014 where most PLWHA in Indonesia were male¹². Initially, HIV/AIDS was more common in homosexual men, so the sexual activity of homosexual men was blamed as a cause of HIV/AIDS, but current data show that in developing countries heterosexual transmission is more common. Stigma and discrimination among respondents are more felt in the male group because men are more likely to engage in risky behaviors such as frequent changes in partnerships for homosexual and heterosexual couples, and narcotics users using needles, thereby increasing the risk of HIV/AIDS transmission.

Based on the results of interviews and discussions with the head of the section on Prevention and Treatment of Communicable Diseases, HIV/AIDS program manager of the Tulungagung Health Office, despite having socialized about HIV/AIDS, the public still did not fully understand and be open to sufferers. In other words, the public also did not get the right understanding and information related to this one disease. As a result, PLWHA still often receive undue treatment, thus making PLWHA refuse to open their status to their spouse or deliberately change their behavior to avoid negative reactions. This reaction can certainly hamper efforts to intervene in the spread of HIV/AIDS.

The high community stigma against PLWHA in Tulungagung Regency is due to the high negative attitude of families and communities towards PLWHA. This study is in line with other studies which found that the factors that influence the community's stigma towards PLWHA are the high negative attitude of families and communities towards PLWHA. This makes the community reject and hate the group¹³.

The results of other studies also mentioned that stigma is the biggest barrier in preventing HIV transmission and treatment. Besides, the stigma against PLWHA also makes people who have symptoms or are suspected of suffering from HIV reluctant to do tests to find out their HIV status. Because if the results are positive, they are afraid of being rejected by the family, and especially by the couple. The emergence of stigma

in the community is also one of the obstacles faced in tackling HIV/AIDS¹⁴. The results show the importance of treatment that involves partners to motivate PLWHA to adhere to treatment, eradicate stigma, restore hope, and reduce social differences. All of these methods are carried out to normalize PLWHA to eliminate social isolation¹⁵.

Knowledge about HIV/AIDS greatly influences one's attitude towards people with HIV/AIDS. Stigma arises because of the people's ignorance of correct and complete HIV/AIDS information, especially in the mechanism of HIV/AIDS transmission, groups of people at risk of contracting HIV/AIDS, and how to prevent it¹⁶. Providing knowledge or information related to HIV is one effective way to explain HIV/AIDS prevention and transmission^{17,18}. Someone with good and correct knowledge about HIV/AIDS is expected to reduce and even eliminate the stigma of PLWHA¹⁹.

HIV/AIDS Prevention Strategy in Tulungagung Regency

In Tulungagung Regency, HIV/AIDS prevention efforts have been integrated and integrated from promoting healthy behavior (promotive), prevention of HIV/AIDS (preventive), as well as treatment and care (curative) and life support (support) for PLWHA. Preventive and promotive efforts are priority efforts that are carried out in a balanced manner with curative efforts and support for PLWHA^{8,20}.

Promotive efforts carried out in the form of counseling and outreach through leaflets and posters as well as interactive dialogue on the radio. This step is in line with previous research recommendations that inform concrete steps that must be taken in efforts to tackle HIV/AIDS in the form of socialization through information and education communication (IEC), either directly (counseling, seminars/training, PMI blood screening), or indirectly (via posters/advertisements/radio-TV broadcasts)²¹.

Another preventive effort capability is the Health Center in Tulungagung Regency has been able to carry out HIV diagnosis through VCT clinic services. This information is consistent with previous research that informs health services in preventive measures, namely conducting tests on populations at risk of HIV. The HIV

test is divided into two approaches, namely VCT and PITC, which are the first steps to ascertain whether a person is infected with HIV or not²¹.

Curative efforts in the form of the availability of Care, Support, and Treatment (CST) services in 7 Health Service Centers, namely Dr. Iskak Hospital, Islamic Hospital, Ngunut Health Center, Ngantru Health Center, Kalidawir Health Center, Kauman Health Center, and Cadar Health Center. The health service center which is a CST has facilities to be a reference for PLWHA doing ARV treatment. This is to facilitate treatment for those who have difficulty getting referrals from first-level health facilities²².

Efforts to support PLWHA are carried out by collaborating with the AIDS Commission and the PLWHA community, so PLWHA feels more comfortable in terms of HIV/AIDS services in the Tulungagung Regency. HIV/AIDS prevention is carried out jointly by the government, community, private sector, and people with HIV/AIDS with the support of international organizations. Communities including NGOs are the main actors in the implementation of countermeasures while the government empowers the community and provides assistance in the direction, guidance, and create a supportive atmosphere⁸.

Conclusions

Stigma and discrimination by the public and health workers against HIV/AIDS patients in Tulungagung Regency still occur frequently, for this reason, there is a need for continuous socialization and counseling about HIV/AIDS. The support of the PLWHA Community and the HIV/AIDS Commission is expected to be able to change the mindset of HIV/AIDS patients so that they want to get tested and undergo ARV treatment. By knowing the obstacles that occur in Tulungagung Regency, the right strategy can be formulated to accelerate the prevention of HIV/AIDS in Tulungagung Regency.

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