

Model of Community Participation in Countermeasures and Protection for People with HIV and AIDS

Widodo Tresno Novianto
Faculty of Law
Sebelas Maret University
Surakarta, Indonesia
rizka.andi86@gmail.com

Subekti
Faculty of Law
Sebelas Maret University
Surakarta, Indonesia

Rehnaemken Ginting
Faculty of Law
Sebelas Maret University
Surakarta, Indonesia

Riska Andi Fitriono
Faculty of Law
Sebelas Maret University
Surakarta, Indonesia

Abstract—This article aims to find forms and recommendations for the expansion and reach and role of the government in efforts to foster community participation in the prevention and protection of people living with HIV and AIDS. In HIV and AIDS transmission and prevention are related to and or depend on human behavior. Therefore, in the effort to overcome and protect HIV and AIDS sufferers, it must be carried out by involving various parties, especially the stakeholders of the HIV and AIDS prevention program. HIV and AIDS prevention efforts are carried out by the community, government, and NGOs based on the principle of partnership where the community and NGOs are the main actors while the government is obliged to direct, guide and create an atmosphere that supports the implementation of HIV and AIDS prevention. All of these factors have an impact on increasing patient satisfaction. Expansion of service coverage by increasing primary health care facilities that can provide HIV and AIDS services directly impacts on greater access for people with AIDS. In real terms the steps that must be taken in the effort to fight HIV and AIDS are through integrated programs from the Regional Work Unit (SKPD, relevant KPA, *Stake Holder* (WPS, MSM, PPS, Waria, IDU's) and the Community (WPA, NGO, company)

Keywords—*model; community participation; management; hiv / aids*

I. INTRODUCTION

The main problem in the context of HIV and AIDS is that anyone can be infected because this virus does not adopt a pattern of favoritism in choosing its victims, meaning that both legal and illegal sex relations are equally at risk in HIV transmission. The only guarantee is if both parties who have sex are HIV

negative, while the partner's sexual behavior even in marriage ties is not easy to ascertain the level of loyalty. This is because there is still a strong patriarchal culture that lives in the community so that there is a tendency to increase HIV cases in housewives (potentially infected by their husbands) and in infants (which is transmitted by their mothers in the process of pregnancy and birth).

[1] WHO reports, Indonesia ranked 4th among the countries that experienced the fastest increase in cases of HIV / AIDS infection. Over the past six years reports of cases of HIV / AIDS infection have been dominated by infections from IDUs. Cases of HIV and AIDS in Indonesia until the end of March 2008 had reached 17.990 cases (6,130 cases of HIV and 11,868 cases of AIDS). About 82% of sufferers are men. According to age group, the largest proportion of AIDS patients is in the age group 20-29 years (53.6%), age group 30-39 years (27.8%), and age group 40-49 years (7.9%).

[2] In the coming year, the largest number of new HIV infections will occur among men who have sex with men (MSM), followed by women in the general population (low-risk women), consisting of infected women through intercourse sex with an infected partner and women who themselves may have been involved in risky behavior in the previous year and those who have actually been infected with HIV can only be detected later. A large number of infections occurred in men who were sex worker customers and men in the general population, which consisted of men who were infected through sexual relations with their wives plus men who had sex with sex workers in the year previous. Estimated results in 2009, in Indonesia there are 186,000 people with HIV positive. The

Ministry of Health of the Republic of Indonesia has designated 278 ODHA referral hospitals (Decree of the Minister of Health of the Republic of Indonesia Number 780 / MENKES / SK / IV / 2011 concerning the Continuation of Referral Hospitals for People with HIV spread in almost all provinces in Indonesia. The Development Situation of HIV and AIDS in Indonesia until September 2011 recorded the number of PLWHA who received ARV therapy as many as 22,843 from 33 provinces and 300 regencies / cities, with a ratio of 3: 1 men and women, and the highest percentage in the 20-29 year age group. The AIDS response program in Indonesia has 4 pillars, all of which lead to Zero new infection, Zero AIDS-related death and Zero Discrimination paradigms.

[3] Efforts to prevent and control HIV and AIDS cannot be separated from the legal and human rights aspects (human rights). The main problem concerning the law relating to the rampant HIV / AIDS cases is how to balance between protection of the interests of the community and the interests of individuals with HIV and AIDS sufferers. Legal aspects and human rights are two components that are very important and contribute to the success or failure of the response program implemented. It is known that one of the main characteristics of the HIV and AIDS phenomenon lies in its uniqueness in transmission and prevention. In contrast to some other infectious diseases whose transmission is assisted and influenced by the surrounding environment, HIV and AIDS is precisely the transmission and prevention associated with and or dependent on human behavior.

[4] HIV and AIDS prevention is a long-term investment, involving multiple sectors, which requires large and the success rate is determined by behavior change. Therefore the perpetrator factor (actor) is one of the determinants in the implementation of HIV and AIDS policies. AIDS is a problem that is not only related to epidemics, but also related to social, economic, political and cultural factors. The activeness of the actors in the implementation of the policy is the main determinant, even evidence is found that although an area does not have an AIDS response policy, but because there are active actors who have attention to the AIDS problem, program intervention can run efficiently [1].

For this reason, efforts to overcome and protect HIV and AIDS sufferers must be carried out by involving various parties, especially stakeholders in HIV and AIDS prevention programs, such as PLHIV groups, key populations, the community sector, government, and the private sector. HIV and AIDS prevention efforts are carried out by the community, government, and NGOs based on the principle of partnership where the community and NGOs are the main actors while the government is obliged to direct,

guide and create an atmosphere that supports the implementation of HIV and AIDS prevention. But so far the implementation of HIV and AIDS prevention involving community participation has not been widely implemented, despite the establishment of KPA (AIDS Prevention Commission) and WPA (AIDS Concerned Citizens) in the community.

II. DISCUSSION

2.1. Expansion of reach and quality of services in the prevention and protection of HIV / AIDS sufferers.

Theoretically, the horizontal approach in the field of health (such as HIV and AIDS prevention) with the assumption of cross-sectoral and cross-program integration in responding to epidemic problems can be a comprehensive and sustainable vision of health development in the future, so that services provided are more effective and efficient by means of :

First, in addition to progressive policies and the availability of resources (people, costs, technology, and knowledge) which are generally still vertical, the determinants of the success of health interventions in combating HIV and AIDS are a sense of ownership and commitment from various parties to the program. LKB is designed to bring services closer to the community level by building the involvement of stakeholders across sectors. A significant challenge is the availability of health resources that meet quality, clear funding sources, and commitment from stakeholders. The sense of ownership of the LKB can be seen from the extent to which each party coordinates and makes a real contribution to realizing sustainable and comprehensive services, for example in terms of cost sharing the intervention process provided by the Health Service and AIDS Control Commission (KPA).

Second, the issue of guaranteeing the quality of services from health workers and non-health workers is crucial in order to provide effective and quality services. The commitment of stakeholders to provide responsive and sensitive services to patient needs is an important prerequisite. This quality is directly proportional to the capacity of all stakeholders. Good capacity and knowledge will have a direct impact on improving service quality.

Third, indications of the effectiveness of the integration of LKB programs in the general health system are increasing patient satisfaction in several aspects of services, such as the level of service speed, capability of health workers in providing services, treatment that is more friendly than health workers, and the maintenance of patient confidentiality. Increasing the added value of the existence of AIDS policy, there are several key factors that need to be considered in the policy implementation process. One

of them, it is important to explore the factors that are supporting and barriers to policy implementation. Foresight in analyzing internal and external factors will have a direct impact on the effectiveness of policy implementation, not only in terms of cost effectiveness, but also the broader impact associated with reducing and decreasing the number of new infections as a goal of the intervention of HIV and AIDS prevention programs [2].

Through the Development of Regional Action Plan Strategies (SRAD) HIV and AIDS prevention programs namely the development of the SRAD HIV and AIDS must be in line with the regional development planning mechanism. The SRAD development process was carried out through studies involving various parties, especially stakeholders in the HIV and AIDS prevention program, such as the PLWHA group, key populations, the community sector, the government, and the private sector. The development of SRAD is also important to refer to evidence-based planning approaches, starting with studies on the picture of the situation of the HIV and AIDS epidemic and program responses and achievements that have been produced to date. The success of HIV and AIDS prevention efforts is determined by the ability to respond to developing epidemic situations along with the calculation of program intervention needs that are appropriate to the burden of the disease.

In real terms the steps that must be taken in the effort to fight HIV and AIDS are through integrated programs from the Regional Work Unit (SKPD, relevant KPA, *Stake Holder* (WPS, MSM, PPS, Waria, IDU's) and the Community (WPA, NGOs, Companies, etc.)) by taking into account:

- (1) aspects of the substance of the law, namely by further strengthening the operational foundation, especially the technical guidelines and implementation guidelines that govern starting from planning, implementing, evaluating, *monitoring*, sanctions against relevant institutions in implementing HIV prevention programs and AIDS. Strengthening coordination between members of the AIDS Commission, especially in funding and budgeting in each Regional Work Unit;
- (2) structural / institutional aspects, namely by improving the KPA's functions and duties both in quality, management and institutional KPA and supporting programs in the form of funding / budget allocation for each related SKPD.
- (3) aspects of culture / culture, both officers and stakeholders and the community, among others, increase the community's understanding of HIV and AIDS correctly and the role of the community in efforts to combat HIV and AIDS. Increase the

involvement of Key Population by inviting Non-Governmental Organizations (NGOs) concerned about HIV and AIDS and high risk groups in program planning and running programs and program evaluations as field officers (PL), Counselors, Case Managers in the AIDS Commission.

Therefore, the policies that must be carried out so that HIV and AIDS prevention can work well are: (1) by further strengthening the operational foundation, especially technical guidelines; (2) the governing implementation guidelines ranging from planning, implementing, evaluating, *monitoring*, sanctioning; (3) improve the function and duties of KPA both in quality, management and institutional KPA; (4) supporting programs in the form of funding / budget allocation for each related SKPD; (5) improving access to quality health services for PLWHA, children with HIV and AIDS/ ADHA; (6) high risk groups (RISTIs) contracting HIV and AIDS; (7) People living with HIV and AIDS/ OHIDHA); (8) Increasing the involvement of the private sector and business actors / industries / companies, especially towards employees and raising funds, facilities and infrastructure that support prevention programs HIV and AIDS in their environment; (9) increase people's understanding of HIV and AIDS correctly; (10) increasing community participation in efforts to combat HIV and AIDS; (11) Increasing the involvement of Key Population by inviting Non-Governmental Organizations (NGOs) concerned with HIV and AIDS and high risk groups in program planning and (12) running programs and program evaluations as field officers (PL), Counselors, Case Managers in the Control Commission AIDS.

- 2.2. Steps that must be carried out by the Government / Health Office related to the implementation of the community participation model.

Community participation is a great power to build national independence, because participation is a reality of the community movement that will continue to live in the social life of the community. To achieve a model of community participation, the first step is to build a system of community participation movements through the process of organizing in the community itself. Based on social analysis, the process of organizing the community departs from the calculation of the relationship between injustice and inequality where the community itself must be able to portray themselves from their condition / condition. For this reason, the public has the right to get and receive correct information about Narcotics issues, Sexually Transmitted infections (STIs) and HIV and AIDS [3].

The involvement of the role of the organizer (facilitator) from the outside is to facilitate the entire process that is full of various problems and also by contradictions can be understood directly by the community and finally the community is able to choose, decide and take joint actions to deal with their conditions / conditions through stages - the following stages:

2.2.1 Community Organizing.

In order for the participation movement system through the process of community organizing, the steps that must be taken are as follows:

- a. Determine the purpose of organizing in the community. in organizing the community, it should be preceded by setting goals, this is done so that what will be done can be focused, unbiased and not waste a lot of time, energy and costs.
- b. Map the potential of the community. observe in person by going directly to the field or asking for help from people / groups who have the potential and want to support the goal
- c. Map also about the obstacles that exist in the community, this is important so that obstacles to achieving goals can be minimized
- d. Creating a core TEAM that involves all elements of society such as religious leaders , community leaders, youth, women and others, namely those who become a milestone that can move the base in the community.
- e. Hold an intense meeting of the objectives to be achieved after knowing the potential that exists in the community, the core team will be a companion team as well as a facilitator who goes directly to the community. the meeting was then held with the community groups.
- f. Form a Front Line group (Front Line), Support Unit (Supporting unit) and Work Ground (the base of the driving masses)
- g. Propose to policy holders to create a legal umbrella in favor of efforts to overcome and protect the community.

2.2.2 Early Steps of Community Organizations in HIV / AIDS Prevention.

The initial steps for community organizations in the context of the prevention and protection of HIV / AIDS sufferers are as follows: [3]

- a. Identify and record specific issues related to sub-populations with high risk behavior (RISTI, Drugs, HIV and Aids) in the community;
- b. Discuss with the community about the similarity of hopes and interests related to their issues, especially those who have high risk, narcotics, HIV and AIDS behavior and the efforts and activities that have been carried out so far;

- c. Make an agreement with the community about what can be done together in order to improve health efforts in the community;
- d. Hold meetings with interested organizations, local institutions, groups and individuals and make a pattern of how everything will work in a rhythmic motion. Through an issue agreed upon by all and priority scale in the development of the action plan; dividing clear roles according to ability, specifications or areas of interest of each individual / group. To facilitate coordination, one group is chosen who will act as the secretariat in charge of coordinating, information, preparing meetings, dividing the results of the meeting and regulating communication.
- e. Plan joint programs and activities for a certain period of time, for example activities that coincide with certain moments (national health day, children's day, AIDS day, etc.) for the purpose of campaigning and building broader solidarity;
- f. Design and create a variety of campaign media to expand support while promoting the mission of saving the nation from the dangers of HIV and AIDS.

When community organizing has been formed, groups of Citizens of AIDS (WPA) are made up of various components in a community environment at the Village / Kelurahan level (RW and Hamlet). The main task of WPA is to mobilize the community to participate directly in the efforts to prevent and control HIV and AIDS. The process that will be carried out by the community through a participatory method in the AIDS Care Citizens (WPA) is a system of identifying potential, formulating problems, determining priority problems, determining plans for activities and programs and conducting evaluation and monitoring.

Indicators of success of the Model of Community Participation through WPA include organized AIDS community groups, the public can find out easy ways to obtain basic health services, organized referral systems for high risk groups (Risti) and PLWHA, the establishment of bureaucracy groups and the community [4].

The formation of the Community Participation Model is an effort that cannot be measured in a fast time, and is a purely community participation movement from the processes that occur in the community. Therefore, efforts to develop AIDS care citizens depend on the processes that occur in the community. Model of community participation in prevention and mitigation efforts that are formed in development and the results will be long and

require a continuous process, involving many parties / people and continuously / continuously so that the achievement of success depends on the principle of benefits experienced and felt by the community.

III. CONCLUSION

From the results of the research, the following conclusions can be drawn:

- 3.1. Expansion of the scope of services by increasing primary health care facilities that can provide HIV and AIDS services directly impacts on greater access for people with AIDS. The availability of wider access to first-level health care facilities is one indication of the effectiveness of LKB.
- 3.2. Model of community participation, the first step is to build a system of community participation movements through the process of organizing in the community itself. Based on social analysis, the process of organizing the community departs from the calculation of the relationship between injustice and inequality where the community itself must

be able to portray themselves from their condition / condition. For this reason, the public has the right to get and receive correct information about Narcotics issues, Sexually Transmitted infections (STIs) and HIV and AIDS.

REFERENCES

- [1] Z. Iliyasu, I. S. Abubakar, M. Kabir, and M. H. Aliyu, "Knowledge of HIV/AIDS and attitude towards voluntary counseling and testing among adults.," *J. Natl. Med. Assoc.*, 2006.
- [2] C. I. Grossman, D. W. Purcell, M. J. Rotheram-Borus, and R. Veniegas, "Opportunities for HIV combination prevention to reduce racial and ethnic health disparities," *Am. Psychol.*, 2013.
- [3] C. T. Da Ros and C. Da Silva Schmitt, "Global epidemiology of sexually transmitted diseases," *Asian Journal of Andrology*. 2008.
- [4] Kementerian Kesehatan Republik Indonesia, *Profile Kesehatan Indonesia 2012*. 2012.
- [5] CDC, "About HIV/AIDS | HIV Basics | HIV/AIDS," *Centers for Disease Control and Prevention*, 2018.