

# Regulation of the Rights of Health and Social Care for Women with HIV/AIDS

Budiarsih<sup>1,\*</sup>, Kristoforus Laga Kleden<sup>1</sup>, Endang Prasetyawati<sup>1</sup>, Made Warka<sup>1</sup>, Reynaldi RP

<sup>1</sup>Constitutional Law Departement, Faculty Of Law University Of August 17, 1945, Surabaya, Indonesia

\*Corresponding author. Email: buddyarsih@gmail.com

## ABSTRACT

The Human Immunodeficiency Virus Acquired Immune Deficiency Syndrome HIV-AIDS is a deadly virus that infects in the human reproductive system due to unhealthy sexual intercourse. The formulation on this research is the regulations on access of health and social care for women who have HIV -AIDS and from the aspect of human rights and also the implementation of a ban on discrimination against people with HIV-AIDS, especially in the health sector. HIV / AIDS itself has national and international safeguards as outlined in the form of laws and regulations, or international conventions related to access to health for people with HIV / AIDS. The method used in this research is data collection methods and empirical normative. The results of research that it can be concluded that the position of people with HIV / AIDS who are human beings who have the right should have the protection of human rights, real health service guarantees from the government, access to proper health and the feasibility of getting work and life that should be the right of HIV / AIDS, not just a series of regulatory writings without real action.

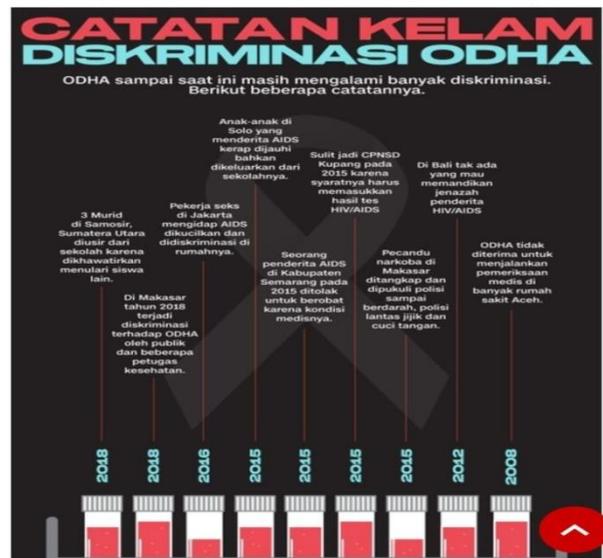
**Keywords:** regulation, health access, people with HIV-AIDS disease

## 1. INTRODUCTION

Human Immunodeficiency Virus / Acquired Immuno Deficiency Syndrome (HIV / AIDS) is an infectious disease that is very dangerous because it does not only have a negative impact on human health but also on the country. The Disease usually infect all of the immune system through sexual contact and usually can be found on the commercial sex workers. People with Human Immunodeficiency Virus / Acquired Immuno Deficiency Syndrome (HIV/AIDS) usually get a stigma by the public, especially children born from a prostitute, they even get worst treatment from the public which ultimately limits the movement of their children in the future. Official data on HIV / AIDS was originally from one province to another, but it was first discovered in the state of Bali in 1987. The number of cases continues to increase over the years. The drastic increase in HIV / AIDS cases began in 2004 with more than 1,000 cases, with the total number of AIDS cases across Indonesia being reported to reach 12700 cases. [Statistik Depkes RI] HIV-AIDS disease also has an impact to the patient, namely social impact, economic impact, and psychological impact. The social impact is that people with HIV-AIDS can no longer interact freely because the infection is a contagious disease so that its movement is also restricted, then the economic impact because ODHA cannot work properly so they can not work or get fired from their company and have to encounter many intensive treatment at a cost that is not cheap, and its psychological impact is due to the limited movement and the economics that began to decreased, on

average, people living with HIV will be depressed physically and mentally and because people living with HIV must adapt to current life and must consume drugs for therest of their life. The perceived stigma can start from depression, anxiety, decreased self-esteem, the emergence of a sense of concern for the public, a bad self-image, and the problem of disclosing ODHA to the surrounding. [Budiarsih,2015]

The research found that discrimination in health services against people with HIV\_AIDS occurred in several areas and did not get protection against health access. The data below shows a form of discrimination against ODHA:



Source: <https://www.cnnindonesia.com/gaya-hidup/20181201062206-258-350362/infografis-catatan-kelam-diskriminasi-odha>

The research found several factors causing HIV-AIDS due to the lifestyle of adolescent girls who have premarital sex [Suara Merdeka 1999] The emergence of the phenomenon of young prostitutes can provide an explanation of the existence of cases of HIV-AIDS among Commercial Sex Workers (PSK) [Rustamaji], so it is also possible to born babies with HIV / AIDS or many women who are classified as good but vulnerable to an environment that is not easy to be avoided which might also be caused because of the affected. [Manjulaa Narasimhan, 2015]

There are also short-term population movements such as business visits which are an important factor in Sexual Networking. With this erratic movement it is possible for someone to have sex with a temporary partner such as in Bali where local residents are involved who not only accompany shopping while on the island of Bali but also act as partners to have sex while in Bali even though these local residents have frequently changed customers which accelerates the flow of HIV-AIDS infection.

In the provisions of legal constitute of Indonesian paragraph 40 of 2004 concerning the National Social Security System (NSSS) it is stated that people who suffer from HIV / AIDS has their right to obtain health insurance. Their rights are mandated in the law. One of them is the sound of article 1. In that article it is stated that "the National Social Security System is a procedure for the implementation of social security programs by several social security providers". This is a form of social protection to ensure that all people are fulfilled the basic needs of a decent life for people with HIV / AIDS. It is also explained in Article 19 Paragraph (2) which states that "Health insurance which is held with the aim of ensuring that participants receive health care benefits and protection in meeting basic health needs." So on that basis people with HIV / AIDS can get access to health care and basic health protection

In the constitution of Indonesian article 36 Year 2009 Concerning Health, it can be found in the provisions which state that had the rights to obtain health is one of the most basic and most important human rights. This is reflected in the People's Health Assembly (PHA). Health must be placed above economic and political interests. Because health is an important element for every human being, it cannot be mixed with political interests by certain groups. In the Convention on Population or the International Conference on Population and Development, Cairo, 1994, it is also mentioned related to HIV disease. The importance of reproductive health must be prioritized and the rights referred to in the conference on reproductive health programs are to increase their efforts to prevent, detect and treat sexually transmitted diseases. The important role of education, information and counseling must be recognized. The distribution of high quality condoms must be a component in all reproductive health programs. So people who have contracted an infectious

disease must prioritize their reproductive health. And do not forget health education and counseling information also need to be considered in order to understand and comprehend reproductive health. As a result of injustice and gender inequality, the discovery of cases of HIV and AIDS in women is often lower than that of men [The Republic of Indonesia's Ministry of Women's Empowerment, *Women's Empowerment in Preventing the Spread of HIV-AIDS*,]

According to the reasons why HIV-AIDS cases for women are often lower than for men, it is necessary to reiterate women's rights through General Recommendation No. 24 on Women and Health, *Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)* In addition, women's awareness is also very low, findings from Surabaya said that from offering free HIV screening services to pregnant women in primary health centers in Surabaya since 2014, but only 70% have used this service [Susilowati Andajani, 2017]

In the covenant there is a duty to fulfill rights, and impose obligations on States parties to take legislative, judicial, administrative and economic budgeting measures and other necessary requirements from available resources to ensure that women can realize their right to health care .

The issue of HIV/AIDS and other sexually transmitted diseases is important from the rights of women and adolescent girls to sexual health. Adolescent girls and women in many countries do not have sufficient access to information and services that are important for ensuring sexual health. As a consequence of unequal gender-based power relations, women and adolescent women often cannot refuse sex or enforce safe and responsible sex habits.

## 2. PROBLEM STATEMENT AND METHODS

Based on this background, the authors focus this research on What is the Regulation of the Right to Health of Women with HIV / AIDS in Indonesia and What is the Access to the Health of Women with HIV / AIDS in Indonesia?

The research method that can be used in legal research is normative legal research, namely legal research to find the rule of law, legal principles, and legal doctrines to answer the legal issues at hand. Normative legal research is conducted to look for solutions to existing legal issues. The results of this study are to provide knowledge about what should be the formulation of the proposed problem. Normative legal research only examines existing legal norms, without seeing its practice in the field (law in action or *ius constituendum*). According to Peter Mahmud Marzuki "the function of legal research is to find something effective and useful in expressing ideas.

### 3. DISCUSSION

#### *a. Abbreviations and Acronyms Setting Health Rights for People with HIV / AIDS*

Arrangements regarding the right to health for people with HIV/AIDS have been regulated in many Indonesian rules and regulations as well as international conventions that have been ratified by various countries in the world, especially by members of the United Nations. The establishment of this health rights regulation aims to implement or enforce human rights regarding access to health which is basically entitled to be obtained by every human being, especially people who have HIV / AIDS. The first concern for the government in increasing the number of cases of HIV-AIDS that continues to rise is to make PerPres RI No. 75 of 2006 concerning the National AIDS Commission (KPAN) which is responsible for developing policies in the response to HIV-AIDS in Indonesia. (Previously, Presidential Decree No. 36 of 1994 concerning the AIDS Commission)

Women's empowerment activities in HIV and AIDS prevention and control are an integral part of various cross-sectoral HIV / AIDS prevention or prevention activities under the coordination of the AIDS Prevention Commission of the Office of the Coordinating Minister for People's Welfare. The implementation of IEC has been regulated in the IEC principles of HIV and AIDS prevention which have been determined by the Coordinating Minister for People's Welfare as Chair of the AIDS Commission (KPA) through Decree No. 16 / KEP / MenkoKesra / VII / 1996 concerning National Guidelines for IEC Management of HIV and AIDS. In an effort to increase the role of women in preventing the dangers of HIV and AIDS, efforts to improve the quality and role of women are directed to:

- Improve the quality of life of individual women
- Improve the quality and activities of women's organizations.

[National Ministry of Women Empowerment, Women Empowerment in Preventing HIV-AIDS Distribution, Article 51].

The Government of Indonesia also held a Special Cabinet Session on the HIV-AIDS series in 2002 which was implemented through an important forum to increase commitment and improve the National Strategy for overcoming HIV-AIDS. The National Strategy for overcoming HIV-AIDS through stages of revision is the first National Strategy 2003-2007 then National Strategy and National Action Plan 2007-2010. The revision of the National Strategy is to develop the results achieved by the government in tackling HIV-AIDS and change the negative stigma of the public towards people with HIV-AIDS.

The National Strategy 2007-2010 was compiled by the National AIDS Commission (KPAN) which was formed based on the Republic of Indonesia's Presidential Regulation Number 75 of 2006. The National Strategy for the Prevention of HIV-AIDS is carried out by the public and the government is jointly assisted by international partners. The National Strategy was followed by a National Action Plan (NAP) that directed HIV/AIDS response to the

outreach population of IDUs and Commercial Sex Workers) and prevented the transmission rate through syringes and sexual

The purpose of the National Strategy and National Action Plan is to support the rights of life and ensure the health rights of people with HIV-AIDS. One strategy is to avoid discrimination against women by means of strategies to prevent the spread of HIV and AIDS with a gender approach that is very important and absolutely necessary. 30 Empowering Women in Preventing the Spread of HIV - AIDS A gender approach is absolutely necessary.

The concept of gender becomes important in relation to health, especially for the interests of women. So far, women have suffered a lot and it is difficult to obtain optimal access, participation, control and benefits to health care facilities. Women are marginalized in getting health services. Therefore many of the rules and conventions that govern it, such as:

1. Law Number 11 of 2005 concerning Ratification of the International Covenant on Economic, Social and Cultural Rights (ICESCR)

There is a value of non-discrimination in the covenant which is listed in the introduction, which states that the rights regulated in the Covenant are derived from the universal declaration of human rights, in particular concerning freedom from fear and freedom. In the introduction, it reads:

*"... Recognizing that, in accordance with the Universal Declaration of Human Rights, the ideal of free human beings enjoying freedom from fear and want can only be achieved if conditions are created whereby everyone may enjoy his economic, social and cultural rights, as well as his civil and political rights..."*

In particular the Covenant guarantees social, economic and social rights culture for people with HIV / AIDS.

The sound of the above article clearly (especially paragraph 1 and paragraph 2 points (b, c, d)) stipulates that the State guarantees the right to enjoy mental and physical health for its citizens, including sufferers of HIV / AIDS.

2. General Recommendation No. 24 on Women and Health, Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).

In the covenant there is a duty to fulfill rights, and impose obligations on States parties to take legislative, judicial, administrative and economic budgeting measures and other necessary requirements from available resources to ensure that women can realize their right to health care .

Studies such as those that put pressure on high rates of maternal and child mortality throughout the world and the large number of couples wanting to limit the size of their families but not having access to or not using any form of contraception provide an important indication for a state party regarding possible violations of their obligations to guarantee women's access to health care. So far, the parties have requested to provide reports on what has been done to deal with the large number of unhealthy women, especially when this arises due to preventable conditions such as HIV / AIDS.

The issue of HIV / AIDS and other sexually transmitted diseases is important from the rights of women and

adolescent girls to sexual health. Adolescent girls and women in many countries do not have sufficient access to information and services that are important for ensuring sexual health. As a consequence of unequal gender-based power relations, women and adolescent women often cannot refuse sex or enforce safe and responsible sex habits. Dangerous traditional practices such as genital mutilation, polygamy, marital rape, can also expose girls and adults to the risk of being infected with HIV / AIDS and other sexually transmitted diseases. States parties must guarantee without prejudice or discrimination on information about sexual health, education and services for all women, adults and youth, including those who are victims of trafficking, even if they are not legitimate residents of the country. Parties in particular must ensure that the rights of young women and men to sexual and reproductive education are carried out by trained personnel in programs specifically designed and respecting the right to privacy in a confidential manner. In their reports, States parties must identify the tests used to assess whether women have access to health care on the basis of equality between men and women, to demonstrate compliance with article 12. In implementing these tests, States parties must comply with the provisions in article 1 of the convention. Therefore, comments should be included in the report regarding the impact of health policies, procedures, legislation and regulations (protocol) on women compared to men.

In article 12 regulates health which reads: 1. States parties to the Covenant recognize the right of everyone to enjoy the highest standards that can be achieved for physical and mental health. 2. The steps to be taken by the state party to the present Covenant to achieve the full realization of this right must include those needed to pursue:

- (a) provisions for reducing infant mortality at birth
- (b) improvement of all aspects of environmental health
- (c) prevention, treatment and control of all infectious diseases, endemic, other occupational diseases and other diseases.
- (d) creation of conditions that will guarantee all services and medical attention when an illness arises.

*b. Convention on Population or International Conference on Population and Development, Cairo, 1994.*

The UN General Assembly organizes periodic reviews of the implementation of the International Conference on Population and Development Action Programs. In resolution 49/128 of 19 December 1994, the General Assembly decided that the Commission on Population and Development (Commission on Population and Development), formed in 1946 under the name Population Commission, together with the Economic and Social Council (ECOSOC), would have primary responsibility in the follow up of the PoA adopted at the Cairo Conference. CPD has an important role in helping ECOSOC in monitoring, reviewing and assessing the implementation of PoA at international, national and regional levels.

Regarding the population conference, it was also mentioned that HIV was related. The importance of reproductive health must be prioritized and the rights referred to in the

conference on reproductive health programs are to increase their efforts to prevent, detect and treat sexually transmitted diseases. The important role of education, information and counseling must be recognized. The distribution of high quality condoms must be a component in all reproductive health programs. So people who have contracted an infectious disease must prioritize their reproductive health. And do not forget health education and counseling information also need to be considered in order to understand and comprehend reproductive health.

4. Law Number 40 of 2004 concerning the National Social Security System

In the provisions of Law Number 40 of 2004 concerning the National Social Security System (SJSN) it is stated that people who suffer or suffer from HIV / AIDS have the right to obtain health insurance. Their rights are mandated in the law. One of them is the sound of article 1. In that article it is stated that "the National Social Security System is a procedure for the implementation of social security programs by several social security providers". This is a form of social protection to ensure that all people are fulfilled the basic needs of a decent life for people with HIV / AIDS. <sup>1</sup> Also explained in Article 19 Paragraph (2) which states that

*"Health insurance is organized with the aim of ensuring that participants benefit from health care and protection in meeting basic health needs."*

Therefore, with the objectives stated in the article above, people with HIV / AIDS are entitled to access health care and health care and basic health protection. Technically they get social security for health for example with the existence of the Social Security Organizing Agency (BPJS) with the existence of the health BPJS access to treatment becomes easier.

In Article 1 paragraph 1, it is explained that health is a state of well-being and body, and soul, and social conditions that enable everyone to live productively socially and economically. This provision shows that the right to health is an opportunity for everyone to realize optimal and appropriate health access for themselves and / or their community. Other provisions in the Health Act that show the value of non-discrimination are Article 5 which reads:

*"Everyone has the same right to gain access to resources in the health sector."*

This provision clearly shows that the Health Act takes full care of the right to health for sufferers of HIV / AIDS, and equates rights with other health rights.

6. Provincial Regulation of East Java Number 12 of 2018 concerning HIV and AIDS Prevention

HIV / AIDS sufferers in the province of East Java are also relatively high, even the province of East Java ranks first with provinces with HIV / AIDS in Indonesia. The estimated number of people or people of East Java who suffer from the disease is reaching 67,658 people in 2018. Thus, the government through East Java Province Regulation No 12 of 2018 on HIV and AIDS Prevention

determines the provisions regarding how to deal with and how to rehabilitate people. people mengiap HIV / AIDS. Through rehabilitation and care provided by local governments to people who have HIV / AIDS, it can be seen clearly access to health for them. The provisions stipulated in the local regulation concerning rehabilitation of people living with HIV / AIDS can be seen in Article 21 where Rehabilitation is intended to restore quality of life so that it becomes economically and socially productive. Because every human, especially those who suffer from HIV / AIDS, are entitled to regain their quality of life despite suffering or suffering from the disease in order to become more productive individuals and have economic value such as the right to work to provide for their lives and social values such as the right to get the same treatment in society around.

And also through the care and support provided by the local government, they or people who have HIV / AIDS feel their rights are respected by the government especially on their health access rights. This can be seen in Article 22 of East Java Province Regulation Number 12 of 2018 concerning HIV and AIDS

(4) Community-based home care as referred to in paragraph (1) letter b is a form of care provided to people infected with HIV without opportunistic infections, who choose home care.

(5) Home treatment as referred to in paragraph (4) aims to prevent infection, reduce complications, reduce pain / discomfort, increase self-acceptance in dealing with situations and understand diagnosis, prognosis and treatment, and increase independence to achieve quality life

#### **4. SUGGESTION HEALTH ACCESS TO COMMERCIAL SEX WORKERS WITH HIV / AIDS**

The escalation of HIV-AIDS transmission that was so fast pushed the Indonesian government to create an HIV-AIDS prevention body called the National AIDS Commission (KPAN) to be responsible for developing various programs and policies in the prevention of HIV-AIDS in Indonesia. The commission was formed based on Keppres No. 36 of 1994 and in the same year the National Strategy (Stranas) for Combating HIV-AIDS was also compiled.

The Indonesian Government's concern for the case of HIV-AIDS was also shown by the Special Cabinet Meeting of the HIV-AIDS series in 2002. The meeting was expected to be a very important forum to increase commitment, review, refine and set new strategic policies in the response to HIV-AIDS. AIDS in Indonesia. As a follow-up to the cabinet meeting, improvements were made to the National Strategy for the Prevention of HIV-AIDS.

The improvement of the National Strategy is carried out in view of the existence of several important issues such as increasing the problem of risky sex. National Strategy 20003-2007 was also revised again into National Strategy and National Action Plan 2007-2010. The policy bases used still refer to the previous National Strategy, but there

are some sharpening, namely the new National Strategy seeks to develop the results that have been achieved and describe a new paradigm that is more comprehensive and synergistic from all stakeholders.

With the emergence of the National Strategy for overcoming HIV-AIDS and the National Action Plan for 2007-2010. The revision of the National Strategy is to develop the results achieved by the government in tackling HIV-AIDS and change the negative stigma from the public towards people with HIV-AIDS.

National Strategy 2007-2010 compiled by the National AIDS Commission (KPAN) established under the Republic of Indonesia Presidential Regulation Number 75 of 2006. The National Strategy for HIV-AIDS prevention is carried out by the public and the government together with international partners. The National Strategy was followed by the National Action Plan (NAP) which directed HIV / AIDS prevention in the outreach population of IDUs and Commercial Sex Workers) and prevented the transmission rate through syringes and sex.

Talking about health access to sex workers cannot be separated from the existence of human rights for everyone, especially people with HIV / AIDS. Since the founding of the United Nations (UN) about more than 60 years ago, international responsibility for health issues as a human right has become increasingly recognized, especially in commercial sex workers, although the relationship between health and human rights has not been known before until a decade. ago. Basically health and human rights issues themselves are contradictory, but in later developments, both health and human rights developed together on separate paths until several events brought health and human rights into a unity.

The unity of health and human rights issues can in essence be seen in the phenomenon of the development of HIV / AIDS, where there are women's health problems, including violence, and human rights violations that occur in several countries such as the Balkans and Africa that bring attention to the nature of the relationship that exists between health and human rights.

This masalah helps to explain the differences, but it continues, parts of the health and human rights paradigm. Meanwhile, the relationship between health and human rights can be seen from the development of the language of health as human rights in recent years allowing the relationship between health and human rights to be mentioned openly in a broader scope in society.

By not reducing the principle of non-discrimination in the context of protection and respect for human rights of sex workers who suffer from HIV / AIDS, Articles 41 and 42 of Law No. 39 of 1999 provides arrangements for special treatment for vulnerable groups including: people with disabilities, elderly people, pregnant women and children. This provision is encouraged by a notion that the regulation of special treatment is to ensure that vulnerable groups in society are not discriminated against in enjoying their rights to receive services and health protection. Of the two provisions under the Act, women or sex workers who have HIV / AIDS are also entitled to get treatment or get access to health that is equal to the groups mentioned.

In addition, in Law No. 39 of 1999 there are also provisions concerning the protection of reproductive health rights for women (Article 49) and children's health rights (Article 62). Because women's reproductive health especially commercial sex workers also need attention. Because they also deserve protection or get health assistance from the government. For further provisions concerning the health of the child is an integral part of the previous provisions, which means that from a woman (commercial sex workers) can cause health problems for their children, which ultimately disrupt the growth of a child. Therefore children also need to be considered access to health as well. And also must get the rights that need to be obtained.

#### **ACCESS TO NATIONAL HEALTH INSURANCE (JKN)**

The country is here to provide services or access to health for them, especially sex workers who have HIV / AIDS. The access is the National Health Insurance Access for female sex workers. The implementation of the National Health Insurance (JKN) in Indonesia is one of the main forms of health development reform implemented since January 1, 2014. The implementation of JKN aims to provide universal access to essential health services and financial protection for all Indonesian citizens (universal health coverage) which is targeted to be achieved in 2019.

To realize justice as one of the visions of health reform, efforts to expand coverage need to target all groups in society by not ignoring minority groups. Female sex workers (PSP) are community groups that are often marginalized both legally and socially. On the other hand, the Female Sex Worker population has a high susceptibility to exposure or exposure to human immunodeficiency virus (HIV) and sexually transmitted infections (STIs), in addition to non-reproductive reproductive diseases such as physical and psychological trauma. JKN is a solution to create health financing that is more sustainable, effective and equitable for Female Sex Workers or Commercial Sex Workers.

#### **HEALTH ACCESS IN HOSPITAL**

Health access that is clearly visible is the Hospital. Here HIV / AIDS sufferers who incidentally Sex Workers should have an attachment to the Hospital in order to get services. That attachment appears in the form of an agreement. The agreement which is enforced is the *Inspanningsverbintenis* Agreement, whereby the hospital through its health staff is maximally available to provide medical services to these patients.

The existence of this agreement, creates rights and obligations for both parties that make it, namely the patient suffering from HIV / AIDS and the hospital.

From the rights mentioned above, a lot of access is obtained from these rights, for example, people with HIV / AIDS get easy access to know their health status, get easy to choose the type of health service and so forth. While the obligation of patients with HIV / AIDS for the hospital must be known. Because in an attachment there must be reciprocity with each other. Which is not only beneficial for the patient (people with HIV / AIDS) but also from the hospital, especially the obligations that must be fulfilled by patients are also useful for smooth access to health care needed.

Thus the obligations of patients with HIV / AIDS can be known in the following cases.

1. Provide clear and correct information to people who need it (health workers). This openness is based on a sense of trust which will later be useful for anticipating the transmission of HIV / AIDS and for other preventive activities.
2. Become a partner of health workers in the treatment program, namely by implementing the advice given by health workers in the context of care.
3. Preventing HIV / AIDS transmission to others and maintaining the best health of the driver.
4. Obligation to be honest when problems arise, especially in relation to health workers and hospitals, both directly and indirectly.
5. Obligation to provide compensation if the patient takes actions that are detrimental to health workers and / or the hospital;
6. Obligation to provide compensation for professional services that have been provided by health workers (hospital)

## **5. CONCLUSION**

In Indonesia, the HIV-AIDS virus has infected a population of all ages. This is very worrying because it will damage the nation's next generation because they no longer look at age and for children born of HIV-AIDS vulnerable to infection as well, this has a negative impact on the quality of human resources (HR) and it has also been investigated that access to the health of the HIV-AIDS sufferers are still very minimal in Indonesia, therefore there needs to be an adequate response to reduce cases of HIV-AIDS in Indonesia with high program coverage.

HIV-AIDS also includes Sexually Transmitted Diseases that make it easy to infect Commercial Sex Workers. From the data reported, the impact of Commercial Sex Workers is the highest influence but cannot be denied when Commercial Sex Workers try to seek treatment for health is still difficult because easily discriminated against because of his work.

In tackling the HIV-AIDS case, the Government's first concern was to make the Presidential Link of the Republic of Indonesia Number 75 of 2006 concerning the National AIDS Commission (KPAN) responsible for formulating policies in the prevention of HIV-AIDS in Indonesia and ratifying the UN Conventions, namely the Law Number 11 Year 2005 concerning Ratification of the International Covenant on Economic, Social and Cultural Rights (General Covenant on Economic, Social and Cultural Rights), General Recommendation No. 24 on Women and Health, Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). Convention on Population or the International Conference on Population and Development, Cairo, 1994 and other conventions that uphold the eradication of HIV-AIDS.

Health access available to people with HIV-AIDS is also demonstrated by the government through the National Health Insurance Access (JKN) where the State is here to

provide services or health access to them, especially sex workers who have HIV / AIDS. The access is access to National Health Insurance for female sex workers and Health Access in Hospitals with HIV / AIDS get easy access to know their health status, get easy to choose the type of health service

## REFERENCES

- [1] Budiarsih "Hak Pekerja di Bawah Hukum Kesehatan Awam Malaysia dan Indonesia" 2015 Vol: 1 Nomor: 3 . ISSN: ISBN -978-5920-10-3. Makalah Prosiding: Terindeks
- [2] Manjula Narasimhan " Advancing the sexual and reproductive health and human rights of women living with HIV " Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland, J Int AIDS Soc. 2015; 18(6Suppl 5): 2083. Published online 2015 Dec 1. doi: 10.7448/IAS.18.6.20834 .
- [3] Susilowati Andajani, dkk " Determinants of HIV provider-initiated testing and counseling screening service used by pregnant women in primary health centers in Surabaya " Department of Public Health and Preventive Medicine, Faculty of Medicine, Universitas Airlangga, Surabaya Vol 26 No 4 (2017
- [4] Perda Provinsi Jawa Timur Nomor 12 Tahun 2018 Tentang Penanggung HIV dan AIDS
- [5] Undang-Undang Nomor 11 Tahun 2005 Tentang Pengesahan *International Covenant on Economic, Sosial and Cultural Rights*
- [6] Undang - Undang No 40 tahun 2004 tentang Sistem Jaminan Sosial Nasional
- [7] Undang-Undang Nomor 36 Tahun 2009 Tentang Kesehatan
- [8] Internasional Covenant Cultural Political Right Konvenan Internasional tentang Hak Ekonomi, Sosial, Dan Budaya.
- [9] Konvensi tentang Kependudukan atau International Conference on Population and Development, Kairo, 1994.
- [10] Berita AIDS Indonesia, 3 (3) 1994
- [11] Fajan, P., D.N. Wirawan. 1994. :STD knowledge and behaviours among clients of female sex workers in
- [12] Bali, Indonesia". AIDS Care, 6 (4)
- [13] Hak Asasi Perempuan, Instrumen Hukum Untuk Mewujudkan Keadilan Gender, Yayasan Obor Indonesia, Jakarta, 2007
- [14] Harian Republika, (25 April 1999)
- [15] Jurnal Kependudukan Indonesia, Vol. III, No 2, 2008.
- [16] Laporan HIV triwulan II Kementerian Kesehatan Tahun 2008.
- [17] Statistik kasus AIDS di Indonesia, Ditjen PPM dan PL DEPKES RI
- [18] Kementerian Negara Pemberdayaan Perempuan RI, Pemberdayaan Perempuan Dalam Pencegahan Penyebaran HIV-AIDS