



Challenges in Organizing the Warga Peduli AIDS (WPA) in Kebumen Regency as a Basis for Recommendations for Sustainable Empowerment Effort

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Abstract. Respond to the HIV/AIDS epidemic requires not only clinical intervention but also the role of local communities, namely Warga Peduli AIDS (WPA), due to the complexity of its transmission. HIV/AIDS cases in Kebumen Regency show a high cumulative prevalence from year to year which has led to the emergence of negative stigma and discrimination against sufferers (PLWHA), so its handling requires strong community mobilization through the role of WPA. However, there is a contradiction between the epidemiological needs and the role of WPA that the root caused by the suboptimal organizing of WPA. Therefore, this study aims to explore the organizing process of WPA in Kebumen Regency to determine the organizing challenges based on Rothman's Three Models of Community Organization: 1) Locality Development, 2) Social Planning, and 3) Social Action. This study used descriptive qualitative method. Data were collected from June-August 2025 through in-depth interviews with 10 informants (2 representatives from KPA, 2 Chairs of WPA, and 6 active members of WPA). The analysis utilized thematic approach with deductive coding based Rothman's dimensions, involving data condensation, systematic categorization, and verification. The result study indicate that organizing of WPA still faces the following challenges: 1) Based on Locality Development: Not all members are active, and the organization is not yet financially independent, 2) Based on Social Planning: There are errors in analyzing epidemiological data which leads to planning mistakes, and 3) Based on Social Action: Program implementation is still incidental and not sustainable. Based on these results, holistic and sustainable empowerment efforts are needed for the organizing process of WPA so the role can be optimal in handling HIV/AIDS and its effects.

Keywords: Community Empowerment, Community Organizing, Warga Peduli AIDS

1 Introduction

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) is a complex public health issue, making it a serious challenge at both the national and global levels. Efforts to combat HIV/AIDS cannot be resolved solely through clinical and medical interventions such as antiretroviral therapy (ARV), but need to be reinforced by an effective social response from the community or support groups. Community involvement is recognized as crucial because HIV/AIDS transmission is greatly influenced by behavior, social norms, and economic vulnerability factors in the surrounding environment [1].

Community participation in combating HIV/AIDS in Indonesia is regulated by Minister of Health Regulation No. 21 of 2013, which mandates, among other things, the establishment and development of Warga Peduli AIDS (WPA) [2]. WPA is a forum for community participation that operates at the grassroots level, such as sub-districts, villages, and neighborhood groups. The main roles of WPA are: a) Prevention and education: Conducting outreach and education to increase community knowledge in breaking the chain of HIV/AIDS transmission, b) Psychosocial support: Providing support and assistance to people living with HIV/AIDS (PLWHA), including facilitating access to services and treatment, c) Stigma mitigation: Creating a conducive environment, free from stigma and discrimination against PLWHA [3] [4] [5].

Kebumen Regency faces an HIV/AIDS epidemiological situation that requires urgent attention. Cumulative case data shows that Kebumen has had a significant and highest prevalence in Central Java since 2003-2025. Based on the cumulative number of HIV/AIDS cases in Kebumen from 2003 to May 2025, there were 2,193 cases, with the highest number occurring in 2017, namely 267 cases [6]. Of the 70% of PLWHA, 33% undergo regular treatment, while 23% have discontinued treatment [7]. Despite control efforts regulated by Kebumen Regency Regulation No. 2 of 2013, the high number of lost contacts (PLWHA who have discontinued treatment) indicates that the problem in the field is still like an iceberg phenomenon, where only a small portion of cases are detected, and the potential for transmission in the community remains alarming [8].

The high number of cases and lack of proper understanding directly exacerbate social challenges, namely negative stigma and discrimination against PLWHA. Stigma has been proven to be the biggest obstacle to HIV/AIDS prevention and control efforts, as it causes PLWHA to be reluctant to seek help, afraid to get tested, and ultimately discontinue treatment [9] [10]. To achieve the Three Zeros target (no new infections, no deaths, and no stigma) by 2030, community mobilization through the optimal role of WPA is a must.

Although the role of WPA is vital, previous studies in other regions show that the effectiveness of WPA programs is often not optimal due to implementation and organizational issues. WPA programs have not been fully effective in minimizing cases, so there is a need to improve policy implementation, such as communication, resources, disposition, and bureaucratic structure. Assistance for PLWHA has not been optimal due to limited information flow and cross-sector collaboration that is not yet systemat-

ically structured, so PLWHA still feel excluded. Despite the existence of WPA programs, stigma and discriminatory behavior have not necessarily decreased, indicating that the role of WPA must be intensified in providing complete information.

Following the findings of previous studies, there is a contradiction in Kebumen Regency, namely urgent epidemiological needs that conflict with the suboptimal role of the WPA. The root of this problem lies in the suboptimal organization of the WPA itself. Therefore, this study focuses on filling this gap by exploring the obstacles to WPA organization in Kebumen Regency using a more in-depth perspective, namely Rothman's Three Models of Community Organization [11]: 1) Locality development, which focuses on internal activity and resource independence. 2) Social planning, which focuses on the accuracy of data analysis and efficient program planning. 3) Social action, which focuses on sustainable program implementation and transformative advocacy efforts. By identifying specific constraints in each of Rothman's dimensions, this study is expected to provide recommendations for holistic and sustainable empowerment efforts for WPA in Kebumen, so that the role of the WPA community can be optimized in tackling HIV/AIDS and its negative effects.

2 Theoretical Framework

2.1 Community Organization in HIV/AIDS Prevention

The global and national response to the HIV/AIDS epidemic has been recognized as an issue that requires social and community intervention, in addition to medical intervention. Responding to the HIV/AIDS epidemic requires the active involvement of the community. The foundation of this involvement is community organization, which is defined as a planned process to increase the capacity of community members to work collectively in addressing common problems [11].

Such community organization leads to community empowerment. In the context of health, especially HIV/AIDS, empowerment is defined as a process in which communities gain greater control over the factors that determine their own health, including resources, decision-making, and the social environment [12]. Effective empowerment, as targeted for WPA, aims to transform communities from objects of service to active and responsible subjects in prevention and control [13]. Specifically, the main role of WPA, in accordance with the mandate of the Minister of Health Regulation and Regional Regulations, is to encourage active participation in HIV/AIDS prevention and control. This role encompasses three key functions: education, psychosocial support, and stigma mitigation [3] [4] [5]. Therefore, failure to mobilize and organize WPA directly can hinder the achievement of the global Getting to Three Zeroes goal (Zero New HIV Infection, Zero AIDS Related Death, and Zero Stigma and Discrimination) [14].

2.2 Three Models of Community Organization

This study uses Jack Rothman's Three Models of Community Organization [11] as its main analytical framework. Rothman classifies community organization into three

ideal-type approaches that reflect different goals, assumptions, practitioner roles, and strategic orientations. The use of these three dimensions provides a holistic analysis of the complexity of the WPA's role.

1) Locality development, this approach is process-oriented with the main objective of achieving substantive goals (e.g., WPA programs running) through consensus, self-help, and community capacity building from within. The basic assumption is that communities have the internal potential and capacity to solve their own problems, but need facilitators to build broad participation and encourage democratic procedures. 2) Social planning, this approach is task-oriented and focuses on solving substantive problems (e.g., high HIV transmission rates) through technical approaches, rational data analysis, and program efficiency. The main assumption is that interventions must be guided by objective facts, and planning must be carried out by experts who have the technical ability to solve the problems faced by the community. 3) Social action, oriented towards structural change and aimed at creating fundamental structural change and redistribution of resources or power for groups.

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The use of Rothman's Model in this study provides a comprehensive three-dimensional framework for analyzing WPA organizing. This model simultaneously covers: 1) Internal aspects of the organization (local development), 2) Technical aspects and program rationality (social planning), and 3) Advocacy and structural change aspects (social action) [11].

3 Methodology

The research location was in Kebumen Regency, considering that this region has the highest prevalence of HIV/AIDS cases in Central Java Province, but there is a contradiction with the suboptimal role of WPA as the frontline of prevention.

This study used a qualitative descriptive approach. A qualitative approach was chosen because it aims to explore in depth the phenomenon of WPA organization and the

obstacles faced [15]. A descriptive design was used to describe systematically, factually, and accurately based on the theoretical framework of the Three Models of Community Organization [11].

Informants were selected using purposive sampling to ensure they possessed in-depth knowledge of the phenomenon [16]. A total of 10 informants participated in this study:

- a. Key Informants: 2 representatives from the Komisi Penanggulangan AIDS (KPA) of Kebumen Regency who handle regional coordination. The inclusion criteria for KPA informants were: (1) holding a structural position with authority in regional coordination, (2) having at least two years of experience in managing HIV/AIDS programs, and (3) direct involvement in monitoring WPA activities.
- b. Main Informants: 2 Chairs of WPA and 6 active members of WPA from sub-district with the highest HIV/AIDS prevalence (Kebumen and Gombong sub-district). The inclusion criteria for WPA informants were: (1) active involvement in the organization for at least one year, and (2) participation in village-level HIV/AIDS program planning and implementation.

Data were collected through in-depth interviews conducted between June and August 2025. Each session approximately 45 to 60 minutes, was audio-recorded with consent, and transcribed verbatim. The analysis followed the framework described by Miles, Huberman, and Saldaña, which involves a systematic flow of data condensation, data display, and conclusion drawing/verification [17]. The analysis utilized a thematic coding procedure with a deductive approach based on Rothman's three dimensions: Locality Development, Social Planning, and Social Action. To ensure methodological rigor and reliability, the study employed:

- a. Source Triangulation: Cross-checking data between KPA officials, WPA chairs, and WPA active members.
- b. Member Checking: Returning to informants to verify that the findings accurately reflected their perspectives.
- c. Audit Trail: Maintaining a systematic record of field notes and the coding process to ensure transparency.

3.1 Research Ethics

Given the sensitivity of HIV/AIDS stigma topic, the study strictly adhered to the following ethical principles:

- a. Informed Consent: All participants provided written informed consent after being fully briefed on the study's objectives and their right to withdraw at any time.
- b. Anonymity: To protect informants from social discrimination, all personal identities were anonymized using codes (Informant-1, Informant-2, etc).
- c. Data Security: All interview transcripts and recordings were stored in a secure, password-protected digital environment accessible only to the research team.

4 Results and Discussion

The results of the study identified that the organization of WPA in Kebumen Regency still faces a number of obstacles categorized based on the Three Models of Community Organization (Rothman), namely locality development, social planning, and social action. These obstacles systematically explain the contradiction between high epidemiological needs and the suboptimal role of WPA in the field.

4.1 Locality Development

Findings in the field show that WPA in Kebumen Regency faces significant obstacles in the dimension of Local Development, which aims to build internal capacity and voluntary participation. The main obstacles are that **WPA members are not yet fully active and the organization is not yet financially independent**. Based on informant statements, the average attendance rate of WPA members at regular meetings is only 40%, and not all subdistricts have issued WPA membership certificates at the subdistrict level. This lack of active participation is reflected in the statements of several members regarding their daily involvement:

"Jujur saja mba, kami ini namanya ada di SK, tapi kegiatannya apa kami bingung. Biasanya baru bergerak kalau ada undangan sosialisasi dari Puskesmas atau KPA. Kalau tidak ada perintah, ya tidak ada kumpul-kumpul rutin di desa." (Informant 8).

General administrative records in several locations further support this, showing that coordination meetings are often conducted on an incidental basis rather than a fixed schedule. In addition, informants also stated that the WPA is managed by each village and sub-district using the Village Revenue and Expenditure Budget. This shows that the primary source of funding for every WPA activity is stimulus funds, which are often disbursed only towards the end of the fiscal year. A chairperson of WPA shared their perspective on this financial situation:

"Kami sulit mau buat program mandiri karena tidak ada kas. Selama ini kami cuma nunggu 'drop-dropan' dana dari desa, itu pun terbatas sekali buat konsumsi rapat saja, tidak cukup buat pendampingan warga yang sakit." (Informant 4).

General reviews of local planning documents indicate that specific funding for HIV-related activities often competes with other priority health programs, leading to limited operational support for WPA. The root cause of this problem is institutional dependence on village fund allocations, which fundamentally undermines the spirit of self-help and internal initiative among WPA members. In the context of the Local Development Model (Rothman), community organizations are encouraged to rely on internal strengths, consensus, and local resources to achieve their goals through broad participation [11]. When external funds (from the village) become the sole driver of activity, the WPA transforms from a self-help-based organization into an extension of the vil-

lage bureaucracy. The focus of WPA members shifts from their social mission (combating HIV/AIDS and stigma) to administrative compliance. Informants revealed that if there is no budget from the Village Government, then there are no WPA activities at the village level in Kebumen District.

The above conditions are exacerbated by issues surrounding the quality of WPA human resources. Financial dependence prevents the WPA from independently implementing programs outside of the budget season, resulting in activities that are only incidental and unsustainable. This finding is in line with the results of research by Handayani & Mardhiati, who found that the WPA was only formed based on the initiative of stakeholders (KPA) and was still dependent on the allocation of funds for the implementation of each activity, thereby hampering the effectiveness of the program [18]. The lack of consistent funding meant that the WPA failed to optimize the main indicators of local development, namely its institutional capacity and capabilities.

The implication of this dependence is a decline in voluntary participation by WPA members. Participation that is regulated by the availability of village funds is instrumental (only as a means to obtain resources), not substantive (based on commitment and willingness to engage in social missions). The WPA has lost its appeal as a forum for volunteerism and more closely resembles a project implementation unit, which is only active when there are projects. Consequently, the WPA is unable to carry out its main role in overcoming stigma, because combating stigma requires massive and sustained socialization activities [19], something that is impossible to do with minimal and incidental stimulus funds. Therefore, in the future, WPA empowerment measures must focus on efforts to diversify funding and re-instill the ideology of self-help so that the organization has resilience and initiative outside the village budget cycle.

4.2 Social Planning

Social planning is a dimension of community organization models that focuses on rational data analysis and the use of technical expertise to design efficient interventions [11]. This study found a serious obstacle, namely **the village government's misinterpretation of HIV/AIDS epidemiological data, which led to errors in planning and approval of the WPA program**. This error stems from the discrepancy between district macro data and village micro perceptions. Although data from the Kebumen KPA shows that one of the villages in Kebumen Subdistrict has the highest accumulation of HIV cases, the village government, as the budget decision maker, considers that there are no HIV/AIDS cases in its area. An informant from the KPA noted the challenges in this data communication gap:

"Kendala di desa itu seringnya mereka merasa tidak perlu ada WPA yang aktif karena merasa desanya bersih dari HIV. Padahal data kami menunjukkan ada warga desa tersebut yang positif, tapi karena kerahasiaan data, desa tidak tahu dan akhirnya tidak menganggarkan program pencegahan." (Informant 1).

The root cause of this problem is a failure of rationality in policy-making at the village level. The social planning model requires that social interventions be based on

objective facts and real needs in the field, as measured by scientific data, rather than subjective assumptions [11]. When program decisions are based on subjective assumptions (“there are no HIV cases in my village”), this reflects a non-decision-making mechanism, in which real epidemiological problems are ignored or denied in order to maintain the image of the village. This failure indicates a serious gap in instrumental rationality, namely the ability to use the most efficient means (evidence-based programs) to achieve the stated goal (reducing HIV/AIDS).

This failure of rationality is exacerbated by communication gaps and data flow from the KPA/Health Office level to the implementing level in the villages. The flow of communication and epidemiological data analysis is not conveyed accurately and convincingly to the village government. The gap in planning is also observed in several meeting minutes where HIV prevention programs were often overlooked or considered a lower priority due to a perception that the issue was not urgent in their specific territory. This obstacle indicates a systemic problem in policy implementation, as stated in previous research on HIV/AIDS policy implementation, namely that communication from the Health Office to the community or village level through cadres is suboptimal and data availability is still minimal [20]. The absence of accurately interpreted data at the village level will cause WPA, which should be at the forefront, to lack a factual basis for planning programs to combat stigma and discrimination against PLWHA. On the other hand, programs sourced from village funds become irrelevant and are not prioritized in accordance with the actual epidemiological conditions.

The crucial impact of this planning error is the inaccuracy of program targets, increased risk of HIV/AIDS transmission, and the powerlessness of PLWHA in facing stigma and discrimination. Because planning is not based on epidemiological data (such as data on high-risk populations or key populations in the village), WPA cannot focus on outreach and case finding efforts, as well as evidence-based prevention (e.g., socialization of mother-to-child transmission or referral for HIV testing for prospective brides). Programs that fail to reach high-risk populations in the context of HIV/AIDS control mean that the chain of transmission in the community cannot be broken [21]. Furthermore, if villages assume that there are no cases of HIV/AIDS in the area, efforts to reduce stigma and discrimination will never be prioritized. This condition indirectly exacerbates a discriminatory social environment, forcing PLWHA to hide or lose contact, which ultimately ensures that HIV/AIDS cases will continue to be an iceberg phenomenon in Kebumen.

Therefore, WPA empowerment efforts must include strong technical assistance components in social planning. WPA and village governments need to be empowered so that they have the analytical capacity to read and interpret epidemiological data from the KPA/Health Office. Only with planning based on evidence-based interventions rather than subjective assumptions can WPA programs be relevant, efficient, and effective in breaking the chain of transmission and reducing stigma in Kebumen District. Building rationality in planning is the first step to ensuring that all village resources are directed towards the most urgent community needs.

4.3 Social Action

Social action is a dimension of the model that focuses on collective mobilization efforts to achieve policy and structural changes that benefit the group [11]. This study found that the main obstacle is that **the implementation of the WPA program is still incidental and not yet sustainable**. This obstacle stems directly from limited resources, where funding allocation only comes from village funds and the WPA has not been able to demonstrate adequate financial independence.

One WPA member stated that they could only carry out a maximum of two outreach activities per year, the timing of which was highly dependent on the village fund disbursement schedule. This situation was further described by a member regarding the lack of continuous movement:

"Kegiatan kami ya kalau ada momen saja, misal Hari AIDS Sedunia baru kita bagi-bagi brosur atau pasang spanduk. Setelah itu ya sepi lagi, tidak ada gerakan yang terus-menerus untuk dampingi ODHA karena kami juga takut salah langkah." (Informant 10).

General activity reports from WPA confirm this trend, showing that most initiatives are seasonal and lack a standardized follow-up mechanism or Standard Operating Procedures (SOP) for long-term advocacy. These activities often took the form of ceremonial events at the village or sub-district hall, which were broad in scope and did not focus on high-risk populations. The situation on the ground showed that the community and village leaders recognized the importance of the WPA's role, but also acknowledged that the WPA did not have independent operational funds. The available sources of funding in the village are still limited, and HIV/AIDS prevention programs are not a priority for allocation, so these programs are often neglected or only appear as side programs when there is a surplus or remaining budget. This condition makes WPA programs akin to "seasonal flowers," that is, activities that only appear at certain times, highly dependent on the fund disbursement cycle. This dependence creates a cycle of intermittent activities, which is highly contradictory to the needs of HIV/AIDS programs that require continuous intervention [22], such as ARV adherence counseling and daily stigma reduction.

Another root cause is the weakness of WPA as a community organization in demanding changes to budget policies at the village level. This weakness has resulted in WPA's failure to integrate programs into the Village Revenue and Expenditure Budget (APBDes). The social action model requires an organized conflict or confrontation strategy to pressure decision makers to redistribute power and resources to marginalized groups [11]. WPA's target groups (PLWHA and high-risk groups) are structurally weak and vulnerable to stigma. Therefore, the WPA should act as activists and advocates who mobilize a support base to demand that HIV/AIDS programs be made a mandatory priority in village planning documents (RPJMDes and RKPDes). The failure of the Kebumen Regency WPA in this role demonstrates its inability to operate in the local political arena, which has resulted in the marginalization of HIV/AIDS issues from the development agenda. The lack of systematic cross-sectoral collaboration among WPA and the absence of significant impact indicate weaknesses in networking and advocacy

[23]. Without strong political support, the WPA cannot perform its role consistently, meaning that the WPA's role cannot be sustained in the long term.

The serious impact of the failure of Social Action is the erosion of trust among PLWHA and high-risk groups towards the WPA, as well as the unsustainability of support. Incidental programs are unable to provide consistent assistance for therapy adherence (ARV), which is key to preventing transmission and improving the quality of life of PLWHA. This failure in Social Action ensures that even though the WPA is formally present, it does not have sufficient institutional authority to comprehensively and repeatedly address stigma and discrimination, which is precisely what is needed to achieve the sustainability of HIV/AIDS response programs in Kebumen District. The empowerment of the WPA must be aimed at making the WPA a key policy player capable of demanding the rights of vulnerable groups.

5 Recommendations for WPA Empowerment

Recommendations for WPA empowerment in Kebumen Regency must be designed holistically and multidimensionally, focusing on efforts to address the root causes of organizational problems identified through the Three Rothman Models. Based on the aspect of Local Development, WPA need to be encouraged to achieve financial independence through self-help initiatives and diversification of funding sources (non-APBDes), as well as strengthening internal management capacity to increase member participation, which is currently still instrumental. Furthermore, to improve Social Planning, there must be mandatory technical assistance from the KPA/Health Office to WPA and village officials regarding accurate epidemiological data analysis to eliminate failure of rationality, thereby ensuring that budgeted prevention and outreach programs are relevant and targeted at high-risk populations. Finally, through the dimension of Social Action, WPA must be empowered in policy advocacy and negotiation so that they have the political leverage to demand the integration of HIV/AIDS programs as mandatory and sustainable programs in the APBDes document. The implementation of these integrated recommendations is important to end the cycle of incidental activities and strengthen the institutional authority of WPA in breaking the chain of transmission and reducing stigma in the community.

6 Conclusion

Based on Rothman's Three Models of Community Organization framework, the organization of WPA is not yet optimal, which systematically hinders the effectiveness of HIV/AIDS prevention efforts. These constraints are divided into three dimensions: 1) Based on Local Development, WPA members are not yet fully active and the organization is not yet financially independent, 2) Based on Social Planning, there are errors in the village government's analysis of HIV/AIDS epidemiological data, leading to errors in planning and approval of WPA programs, 3) Based on Social Action, the implementation of WPA programs is still incidental and not yet sustainable. Overall, the combination of these obstacles creates a serious contradiction: WPA is unable to carry

out its vital role in evidence-based prevention and overcoming stigma in a sustainable manner, which leads to an increased risk of spread and the phenomenon of lost contact in Kebumen District. Therefore, holistic and sustainable empowerment efforts are needed that target these three dimensions simultaneously.

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