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Effectiveness of *Warga Peduli Aids (Wpa)* Program in Managing Hiv/Aids in Indonesia

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ABSTRACT

Referring to the United Nations Programme on HIV and AIDS (UNAIDS), a total of 37.9 million people suffer from HIV/AIDS. Meanwhile, HIV/AIDS cases in Indonesia entered the 3rd column in the world and occupied the first level in the Asia Pacific continent. The number of HIV/AIDS cases in Indonesia reaches 46 thousand cases and around 640 thousand people are living with HIV positive (UNAIDS, 2019).

The role of WPA is to provide assistance to People Living with HIV/AIDS (PLWHA) in their environment and encourage behavior change in people who have the potential to be infected with the virus by campaigning for a healthy lifestyle.

This literature review aims to find out the empowerment of WPA in HIV/AIDS prevention based on relevant scientific journals.

The method used in this literature review was an internet search from the Google Scholar, PubMed, Proquest, Medscape, and EBSCO databases using the keywords of citizens who care about aids and HIV/AIDS from the latest research in the last 10 years.

Based on the results of the analysis of 10 articles, to overcome the spread of HIV AIDS, an active role from the community, especially WPA cadres, is highly needed. Based on the findings in the field, support from community cadres has the potential to maximize future health impacts, but many WPAs are less active in implementing the program.

KEYWORDS: HIV/AIDS, Citizens who Care about AIDS

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INTRODUCTION

HIV/AIDS is a disease that requires special attention due to its high incidence in Indonesia as there is no effective drug to cure this disease and there is no vaccine yet [1]. People infected with HIV will be carriers and transmitters of HIV for the rest of their lives, and almost all die within 5 (five) years after showing the first symptoms of AIDS if found too late [2]. This condition has social, economic, health and political impacts affecting the welfare of the community [3].

HIV/AIDS cases in Indonesia are very high with a total of 558,618 cases consisting of 427,201 HIV and 131,417 AIDS [4]. The cumulative number of HIV/AIDS cases detected in the January – March 2021 was 9,327 cases consisting of 7,650 HIV and 1,677 AIDS in 498 districts/cities out of 514 districts/cities in Indonesia [5]. The government has made efforts to prevent and control HIV/AIDS as stated in the Regulation of the Ministry of Health No. 21 of 2013 concerning the Prevention of HIV and AIDS using the STOP strategy (Education/campaign, Test, Treat, Maintain) with the target of Three Zero 2030, namely the number of new HIV infections decrease; AIDS-related mortality rates decrease or zero; no stigma and discrimination against PLWHA; improved the quality of life of PLWHA; and reduced socioeconomic impact of HIV and AIDS on individuals, families, and communities [6]. In the effort to handle HIV/AIDS, community participations cover preventing stigma and discrimination against PLWHA and

their families as well as at-risk groups, developing WPA, and encouraging voluntary examination in health service facilities for residents who have the potential or risk of HIV transmission [7].

Most of the people infected with HIV are in the village areas. Activities related to HIV infection and AIDS can be found in the community [8]. A total of 60% of HIV infection occurs in the general public "vulnerable group". Stigma and Discrimination cases against PLWHA are still common in society [9]. Mobilization of community participation at the village/kelurahan level in AIDS response program actions is still low. Most of the AIDS response programs at the village level are still ceremonial and incidental, not sustainable [10]. The funding of AIDS response programs highly depends on foreign aid [11]. Efforts to change the HIV epidemic require massive awareness of the entire community for behavioral change. Opportunities for the development of community-based HIV programs are wide open [12].

Comprehensive knowledge of HIV is low so the acceleration of HIV/AIDS prevention needs to be implemented in an integrated manner in the Community Empowerment Program so that people know, are able, and are willing to participate in HIV/AIDS prevention in their environment [13]. The problem of HIV and AIDS is not only in the medical factor, but also involves social factors such as the values upheld by the society [14]. The focus of the program in the village is to protect the healthy, not waiting for cases and those who are already infected and have open status can get full support.

METHODS

This study used a descriptive narrative method with a literature review design. The literature review is a report containing topics that have been previously published by academics and researchers to expand knowledge about a topic. Besides, the literature review also increases the ability to search for information, namely the ability to scan literature efficiently, and critical assessment, namely the ability to apply analytical principles to identify unbiased and valid information. Internet search covered the Google Scholar, PubMed, Proquest, Medscape, and EBSCO databases using the keywords citizens who care about aids and HIV/AIDS from the latest research in the last 10 years.

RESULTS AND DISCUSSION

The number of HIV/AIDS in Indonesia increases from time to time [15]. Thus, the government has initiated to prevent and control HIV/AIDS as stipulated in the Regulation of Ministry of Health No. 21 of 2013 concerning the Prevention of HIV and AIDS using the STOP strategy (Education/campaign, Test, Treat, Maintain) with the target of Three Zero 2030, with the target of Three Zero 2030, namely the number of new HIV infections decrease; AIDS-related mortality rates decrease or zero; no stigma and discrimination against PLWHA; improved the quality of life of PLWHA; and reduced socioeconomic impact of HIV and AIDS on individuals, families and communities [16]. In the effort to handle HIV/AIDS, community participations cover preventing stigma and discrimination against PLWHA and their families as well as at-risk groups, developing WPA, and encouraging self-examination to service facilities for residents who have the potential or risk of HIV transmission [17]

WPA is a community group consisting of various components in a community environment, at the village/kelurahan, hamlet, block and similar levels in a residential area [18]. The main role of WPA is to mobilize the community to be directly involved in the prevention and control of HIV-AIDS [19]. Through WPA, the acceleration of HIV/AIDS prevention can be implemented in an integrated manner in the Community Empowerment Program [20]. A study found the initial stage is to coordinate with the Health Office, coordinate with the UPTD of the Health Office, and hold a meeting with the City/District AIDS Commission to discuss the stigma and discrimination that exists in society against HIV/AIDS sufferers, coordinate with all other sectors, sub-districts, kelurahan, community leaders, and cadres to further establish and confirm WPA [21].

Another study by Mujoko, et al (2021) reveals that WPA is formed as community participation in handling HIV/AIDS. Its role is to prevent stigma in at-risk groups but the results of the study show that there is a stigma among WPA members on the knowledge, attitudes, and planning and implementation of WPA work programs [18]. The stigma found is in the form of judgment, stigma on appearance, and negative labels. Another role of WPA is to invite at-risk groups to perform the voluntary check at health facilities but this is still not done optimally [22]. This condition can be seen from the lack of data collection, approaches, and programs aimed at-risk groups in the sub-district X area as there is still a stigma on WPA members, and the internal coordination of WPA and WPA partners, namely puskesmas in the division of tasks, which are not maximized. Refresher training or review is needed by all WPA members to increase knowledge about HIV/AIDS in order to form a positive attitude to reduce stigma and to be able to map the area in more detail in order to find out the problems that exist in the region [23]. Besides, WPA can strengthen coordination between members and puskesmas in identifying, approaching, and making work programs to be more targeted [24].

Irwan (2020) reveals that there is a gap between perceptions and knowledge of the WPA program and the role of WPA cadres in the application of the WPA program [22]. Most of the perceptions and knowledge of WPA cadres are good, but the role of cadres in the application of the WPA program is still lacking [25]. Perception is not related to the role of WPA cadres, but knowledge is related to the role of WPA cadres. Thus, it is necessary to increase the role of WPA cadres through the involvement of stakeholders in bridging

the gap between knowledge and perception and the role of WPA cadres in the application of WPA programs in the community [26].

Another study by Wati, et al (2017) shows that there is no discriminatory behavior towards PLWHA [13]. The whole community, including PLWHA, can live side by side in peace and support each other [27]. WPA's role is important in stigma and discrimination against PLWHA. Putri (2020) examines the Effectiveness of the WPA Program in Surakarta in Preventing HIV/AIDS [21]. The implementation of the WPA program in this city does not work well due to communication and resource problems. In terms of communication, the government communication is assessed as poor so it complicates the performance of the government, especially KPA in dealing with HIV/AIDS. People tend to have less trust in the government so it is difficult for KPA to reach people who are at risk of HIV/AIDS [28]. Besides, although the socialization of the WPA program has been intensified in this city, it has not been able to reduce the level of HIV cases because of the lack of public awareness to carry out health tests, especially if it is associated with a deadly virus and the public does not understand how the HIV/AIDS virus is transmitted [29]. Meanwhile, in terms of resources, the implementation of the WPA program at the village level is less effective because many WPA kelurahan has not actively implemented HIV/AIDS prevention programs. It is because of some reasons [30]. First, the formation of WPAs in all villages is based on the initiation of the stakeholder, namely the AIDS Commission, not because of directly desired by the community. Second, the community is still dependent on the allocation of funds in the implementation of any activities related to HIV/AIDS prevention and control so there have not been any sustainable activities in the community. Third, there is no full awareness of HIV cases in the community so there are stigma and discrimination against people living with HIV/AIDS [31].

CONCLUSION

Prevention and control of HIV/AIDS in society is the duty of all stakeholders. HIV/AIDS in society is still a taboo so there is a lot of discrimination in society. Indeed, many people care about AIDS. Citizens who care about aids or WPA play an important role to encourage the creation of "Social Inclusion" where there is public acceptance of PLWHA with various behavioral backgrounds within the framework of public health so that stigma and discrimination are eliminated. The WPA program can run effectively if there is good cooperation and communication from all aspects, namely the city/district government, the health office and the society.

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