POLICY AND IMPLEMENTATION ISSUES TO CONTROL TRANSMISSION OF HIV / AIDS

Prasita Ayu Widyaningtyas

1Department of Health Promotion and Behavioural Sciences, Faculty of Public Health, Airlangga University

*Corresponding author: Prasita Ayu Widyaningtyas, prasita.ayu.widyaningtyas-2015@fkm.unair.ac.id

https://doi.org/10.32827/ijphcs.6.1.34

ABSTRACT

Background: Indonesia is becoming the fourth state as an endemic area of HIV / AIDS with numbers increasing from year to year. To prevent the spread of HIV / AIDS, the Indonesian government issued a policy No. 21 of 2013 to combat the spread of HIV / AIDS. This study aims to perform an analysis of policy and implementation issues in addressing HIV / AIDS cases and barriers affect the success of the policy.

Materials and Methods: Using review from literature data from the journal published or unpublished reports, documents, government regulation, and surveillance data from the Ministry of Republic Indonesia.

Result: Results of this study is the policy of prevention of transmission of HIV / AIDS in Indonesia is still not running properly. Barriers that occur in the form of persistence legal dilemma in the case of HIV / AIDS-related determination of the need to protect others

Conclusion: The control program of HIV / AIDS is not enough to be implemented by health personnel alone but should also involve other sectors, society or community, especially as key populations and the roles and responsibilities of government.

Keywords: Analysis Policy, Human Immunodeficiency Virus (HIV), Acquired Immuno Deficiency Syndrome (AIDS), Implementation
1.0 Introduction

*Human immunodeficiency virus- Acquired Immuno Deficiency Syndrome (HIV-AIDS)* is an infectious disease problem that always increases. HIV virus damages the human immune system, causing the patient to lose endurance, so it can easily become infected of infectious diseases, cancer, and until death. Not only in big cities, but the disease has been to remote outlying villages. Sustainable Development Goals (SDG's) is an ongoing program of the Millennium Development Goals (MDG's). That is still a concern of sustainable development goals of HIV/ AIDS contained in the third goal, which ensures a healthy life and encourage prosperity for all people of all ages. In addition, HIV / AIDS is the fourth leading cause of death problem in the world. (Lieu 2010; Tasa, 2016)

Globally, the *World Health Organization* (WHO) estimates that about 10-12 million adults and children in the world have been infected and every day 5,000 people are infected by the HIV virus. Thus, many countries are at high risk to be spread of HIV / AIDS on a massive scale. HIV / AIDS epidemic is an increase in the incidence of HIV / AIDS cases accelerated and the number of incidence in the estimate. HIV / AIDS is still a problem in HIV / AIDS in the health systems in many countries. Proven with over 50% of hospital beds in Sub-Saharan Africa led to women and girls bear most of the burden of care. This not only adds to their workload, but also reduce the productivity of the vital role of reproductive and community roles they play (ILO, 2005, page 2). Based on the report of UNAIDS in 2012, as many as 12 countries in Asia and the Pacific, namely Cambodia, China, India, Indonesia, Malaysia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Thailand, and Vietnam shows that India's leading position as a country whose population has People Live With HIV/ AIDS highest many as 2.1 million, followed by China as many as 780,000, then Indonesia as many as 610,000 in third and fourth position Thailand as much as 450,000 (Chaira, 2011).

The first case of AIDS transmission in Indonesia were reported in 1987, followed by subsequent cases, so that on January 31, 1995 was recorded at 211 people with HIV and 69 AIDS patients, 44 of them dead. The latest data of June 1999, there were 88 HIV and 26 AIDS patients (up to 31 August 1999) (Kemenkes RI, 2016). Data from the Ministry of Health in 2017, total cumulative HIV cases from the year 1987- March 2017 is up to 2005 there were 859 cases in 2006 occurred 7195 cases, 6048 cases occurred in 2007, in 2008 there was 10 362 cases, in 2009 there was 9793 cases, in 2010 happened 21 591 cases in 2011 occurred 21 031 cases, 21 511 cases in 2012 occurred in 2013 happened 29 037 cases, 32 711 cases occurred in 2014, in 2015 the 30. 935 cases in 2016 occurred 41 250 cases in 2017 occurred 10,376 cases. The highest region of HIV/ AIDS, first in Jakarta (46 758 cases), followed by East Java (33.0433 case), Papua (25 586 cases), West Java (24 650 cases), and Central Java (18,038 cases) (Kemenkes RI, 2017).

90% of those who know their status are being treated, and 90% of those who run the treatment had no detectable virus in number, (iii) Elimination of transmission of HIV and syphilis from mother to baby, and (iv) Elimination of stigma and discrimination. In 2024, the achievement of more desirable are: (i) 80% reduction in new HIV infections, (ii) Ensuring that 95% of those who are HIV positive in the country are unaware of their status, 95% of those who know their status are in treatment, and 95% of those who undergo effective treatment. Policy of controlling HIV / AIDS refers to the global policy Getting To Zeros, namely: 1. Lowering
to negate new HIV infections, 2. Reduce to abolish the death caused by AIDS-related circumstances, 3. Reduce the stigma of HIV/AIDS

As a result of the issue of HIV / AIDS are increasing on a large scale, the Minister of Health Republic Indonesia issued Decree No. 21 Year 2013 on HIV / AIDS. The scope of regulation in this Ministerial Regulation are HIV and AIDS in a comprehensive and sustainable consisting of health promotion, prevention, diagnosis, treatment and rehabilitation of individuals, families, and communities. The setting of the HIV and AIDS aims to reduce to negate new HIV infections, lowering up negate the deaths caused by circumstances related to AIDS, to eliminate discrimination against people living with HIV, improve the quality of life of people living with HIV, and reduce the socio-economic impact of HIV and AIDS on individuals, families, and society.

However, prevention of HIV-AIDS in Indonesia still faces a variety of complex challenges, requiring both a policy and action at the local, national, regional, and global levels. It happens because of the lack of preventive measures should the government in tackling the spread of HIV / AIDS. The epidemic could have an impact on the political field and in other fields such as health, social, economic, and religious. Social consequences caused by HIV / AIDS have a direct impact on the field of security and public order. As well as the declining quality of health care that can lead to discrimination against people living with HIV. In addition, a decline in morale that can disturb public order and security that will have broad impact in terms of development and political instability. When joints vital life is disrupted state can weaken national defense. Thus, HIV / AIDS is still a negative stigma to people due to the role of government is not total in touching the root causes of HIV / AIDS itself (Baba, 2005; Ministry of Health, 2016; Nurul Arifin, 2005).

AIDS was originally known generically as diseases related to sexual behaviour among homosexual behaviour casual sex, and sexual behaviour of couples. In the last 10 years, HIV transmission has shifted from transmission through the use of non-sterile syringes among injecting drug users (IDUs) into the transmission through sexual intercourse. Based on estimates by the Ministry of Health in 2012, in Indonesia there are approximately 9 million people at high risk of acquiring or transmitting HIV. In addition, the spread of HIV / AIDS can be through body fluids such as blood, vaginal fluid, semen, and breast milk. Blood can transmit HIV when using syringes contaminated with HIV interchangeably without sterilized, such as sharing needles among injecting drug users and through blood transfusions through screening and blood products contaminated with HIV. Reproductive fluids such as semen and vaginal intercourse can transmit HIV through risky sex without using a condom. In addition, HIV can be transmitted through HIV-positive pregnant women to the foetus without the prevention of transmission through breastfeeding mothers and HIV positive (Kemenkes RI, 2017).

Based on some of the spread of HIV / AIDS at the top, the passage of the control program of HIV / AIDS is not enough to be implemented by health personnel alone but should also involve other sectors, society or community, especially as key populations and the roles and responsibilities of government. As well, HIV / AIDS can be transmitted through sexual intercourse-free, and therefore it needs to be improved implementation of regulation / policy of banning sex-free. With regard to the above problems, this article discusses the policy and implementation issues in an effort to control the spread of HIV / AIDS through reproductive fluids.
2.0 Materials and Methods

The three strategies used in making literature are the first things done in Google Scholar with the aim of research related to HIV / AIDS prevention. Keywords are policy, HIV/ AIDS, Implementation, Preventive. Search References to several articles that have been published previously according to the topic that I want. Manually list useful articles to identify references that relevant with topics. The main strategies are to review all reports on the health of the Republic of Indonesia and the laws governing HIV/ AIDS prevention in Indonesia.

3.0 Discussion

3.1 Policy Background the Emergence of HIV / AIDS

HIV/ AIDS actually need to be of particular concern in the community based on the target SDGs. HIV / AIDS epidemic that is increasing so rapidly ranging from a low epidemic, the epidemic is concentrated, and is necessary to the epidemic spread of HIV/ AIDS is integrated, comprehensive, and quality. The majority of HIV infections are from unprotected intercourse between individuals one of whom has HIV. Heterosexual intercourse is the main mode of HIV infection worldwide. In Indonesia, the highest percentage of HIV infection were reported in the age group 25-49 years (69.7%), followed by the age group 20-24 years (16.6%) and ≥ 50 years age group (7.2%). The most dominant factor transmission risk heterosexual intercourse by 58.7%, 17.9% injecting drug users, MSM (Men Sex Men) 15%, and perinatal transmission by 2.7% (Kemenkes RI, 2015).

Based on the Report of the United National AIDS (UNAIDS) in 2012 said that an estimated 50 million Asian women at risk of HIV / AIDS from their intimate partners. Some evidence from countries in Asia showed that the women were married or had a relationship with men who have high-risk sexual behaviour. Although the number of HIV / AIDS cases in men is higher than women, but because of the way most infections are through heterosexual (8,922 cases), this may affect the transmission in women. Thus, women become the most vulnerable groups of contracting HIV from a partner or husband. The vulnerability of women infected with HIV are generally due to their lack of knowledge about the dangers of HIV / AIDS and the lack of access to HIV prevention services. Biologically women are more at risk of contracting HIV when having sexual intercourse without a condom than men (Nitimihardjo, 2015).

Therefore, emerging policy of controlling HIV / AIDS refers to the global policy Getting To Zeros, namely: 1. Lowering to negate new HIV infections, 2. Reduce to abolish the death caused by AIDS-related circumstances, 3. Counteracting discrimination against PLWHA. In addition, the Government of Indonesia to respond to these issues and HIV / AIDS prevention by issuing Regulation of the Minister of Health of Indonesia Number 21 of 2013 on HIV / AIDS. This regulation aims to reduce new HIV infections to negate, lowering up negates the deaths caused by AIDS-related circumstances, to eliminate discrimination against people living with HIV, increasing the quality of life of people living with HIV, and mitigate the socio-economic impact of HIV and AIDS on individuals, families.
3.2 Implementation Issues in HIV / AIDS

The implementation of prevention of transmission of HIV / AIDS is still a problem in some aspects. Buoyed by the problems in the global and national strategies translate into packets action program (operational) easily measurable success at all levels of service by considering the issue of HIV / AIDS. During this time, the action program conducted by Indonesia still performed inconsistently so the results are yet to be felt. Further, KPA is still not working effectively because of HIV / AIDS has not been considered a priority public health problem and a social problem that needs to be addressed duplicate staff, and funding is still largely dependent on overseas that resulted in the coordination of programs not developed according to plan. The action program of HIV / AIDS is also not target oriented, which means the program needs to be implemented based on a clear target groups and the behaviour of the group. In addition, there are many human resources executive level less skilled in developing programs and less responsive in dealing with the complexity of the problem of HIV / AIDS. The problem at the community level is still much that stigma in patients with very large (Muninjaya, 1999).

3.3 Barriers to Implementation of HIV / AIDS

As a result of some of the problems mentioned above, so that it becomes an obstacle to the implementation of Regulation run in Indonesia. Such as the Ministry of Health of the Republic of Indonesia Number 21 of 2013 on HIV / AIDS that includes care issues and values that are applied. Supposedly, the issue of health care is not the case because it was listed in the regulations as appropriate. In addition, the Indonesian government has not been able to deal with people living with HIV are well and still needed a good commitment from the government. (Lusyana, 2017). Moreover, barriers that occur in the form of persistence legal dilemma in the case of HIV / AIDS-related determination of the need for the protection of others, such as the sexual partner of the patient, the patient's right to privacy, or with the community to protect the transmission. Cases of missing or escaped, will be a source of infection, causing prevention of HIV / AIDS is hampered. Problems in the practice of HIV-AIDS treatment, many patients are told to not divulge their HIV status to others it family, the public and even to their sexual partners.(Lin Laura and Bryan A. Liang 2005: 1), The explanation is already contained in Decree No. 21 of 2013, which states that if a health worker discovered HIV cases, he shall inform the patient to open his status on her partner.

3.4 Policy to Control of Free Sex

Human is a living being that cannot be separated from the sex act. Sex can serve to add to offspring when they are married. Another function of sex is to fulfil the desire of the two couples who have married. Sexual activity is divided into three kinds, namely vaginal, anal, and oral sex. Vaginal sex is sex is done in general. Anal sex, both between men and men and men and women, equally high risk, especially for couples who contracted the infection. This is because the lining of the anus and the axis of the intestine (rectum) is easily damaged during sex. Meanwhile, oral sex is also high risk at the time of semen out of ejaculation into the mouth. When an injury or inflammation in the mouth from sexually transmitted infections (Sexually Transmitted Infections), due to toothbrushes, mouth sores and inflammation.
Wounds can become a conductor of the HIV virus into the bloodstream. Thus, if you want to have sex safely, it is necessary to use a condom to prevent the exchange of fluids between the vagina with sperm. Requirements for safe sex are sex is forbidden to do with people who are not couples legally. In addition, during sexual intercourse with a partner to be faithful and avoid sexual intercourse carried out by a group of high risk of HIV / AIDS. However, today many people are promiscuous, especially in heterosexual, homosexual, or bisexual. The whole house can do the same sexual behaviour, such as hugging, kissing, petting, oral sex. For someone who has been tested positive for HIV but want intercourse can do HIV counselling.

HIV counselling is one of the WHO program on preventing HIV transmission. Counselling is part of the principle of "5C" in HIV testing is "consent", "counselling", "confidentiality", "correct test result", and "connection" (connection to treatment facilities, treatment, and prevention). HIV counselling is a communication that is private and confidential between a client to a counsellor who has been trained on HIV / AIDS to improve the client's ability to deal with stress and make decisions related to HIV / AIDS. Clients in HIV counselling are those who will and have been tested for HIV. Aspects of consent (permit) and confidentiality (secrecy) is a very important aspect in HIV counselling (PKBI Yogya, 2016).

Thus, efforts to control the spread of HIV and AIDS through sexual intercourse can be freely organized by each agency and / or through the cooperation of two or more parties in the form of special activities for HIV and AIDS, or integrated with other activities. Such activities can work together with non-governmental organizations, professional organizations in health, community key populations, and the business community to partner actively with agencies / government agencies in response to HIV and AIDS. In addition, to address sex behavior in homosexuals were considered a risk factor for contracting HIV / AIDS, the government issued Law No. 44 Year 2008 Article 4 paragraph (1) about pornography, which essentially prohibits sexual acts freely, penetration, and sex on same-sex couples, children, people die, and animals. However, there is no strict punishment for sexual behavior of homosexuals and people who became very promiscuous, so there are homosexuals who reveal their identity to the public.

4.0 Conclusion and recommendation

HIV and AIDS prevention policies issued to end the AIDS epidemic as a threat to public health in 2030. Transmission of HIV / AIDS can be transmitted in three ways, namely through the fluid reproductive organs, blood, and breast milk. The risk factors of transmission of liquids on reproductive organs that can be transmitted through casual sex relationships. As a result of the spread of HIV / AIDS is increasing from year to year, the Indonesian Government issued Decree No. 21 Year 2013 on HIV / AIDS. In the implementation of this policy, there are problems in the health service and the values that are applied. Still their homosexual or heterosexual patients who hide their HIV status. This review recommends that the policies implemented have more strict sanctions in dealing with HIV / AIDS transmission and cross-sector cooperation is needed for the success of the program.
Acknowledgement

This manuscript is prepared as a requirement for the Bachelor of Public Health in Faculty of Public Health Airlangga University

Declaration

The authors have no conflict of interest for declaration

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