

Challenges and Opportunities for HIV/AIDS Prevention and Control in Indonesia: A Qualitative Exploration from Health Workers and Stakeholder

Desafíos y oportunidades para la prevención y el control del VIH/SIDA en Indonesia: una exploración cualitativa desde la perspectiva de los trabajadores de la salud y las partes interesadas

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SUMMARY

Aim: This study aimed to analyze the challenges and opportunities for HIV/AIDS prevention and control in Bulukumba, Indonesia. **Methods:** This is a quasi-qualitative study that collects data through observation, in-depth interviews, documentation, and focus group discussions to explore the prevention and control of HIV/AIDS in the Bulukumba district. Primary data were obtained from key informants, namely from the disease prevention and control field of Bulukumba district; ordinary informants are the HIV/AIDS Commission, community leaders, religious leaders, and local government. In addition, data were also obtained from supporting informants, namely field assistants, outreach workers, and representatives of the homosexual community. Thematic data analysis

and data validity using triangulation of sources, data, and time to confirm the answers of all informants. **Results:** The Bulukumba District government's collaboration of health workers and stakeholders can help health programs, especially HIV/AIDS prevention. Although funding is still limited, it contributes to health promotion and can help reduce the concerns of stigma and discrimination that are still rife. The collaboration of health workers and stakeholders can help find new cases through early detection so that they can get immediate treatment if new cases are found. **Conclusion:** Based on the results, it can be concluded that HIV prevention and control cannot be separated from the role of health workers together with the Bulukumba District HIV/AIDS Commission and related sectors in tracing and at-risk populations. Stakeholder involvement is expected to help reduce new HIV cases by disseminating correct information and clarifying misinformation about the causes, prevention, and treatment of HIV/AIDS.

Keywords: HIV/AIDS prevention, at-risk populations, stakeholders, health workers, community.

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RESUMEN

Objetivo: Este estudio tuvo como objetivo analizar los desafíos y oportunidades para la prevención y el control del VIH/SIDA en Bulukumba, Indonesia. **Métodos:**

Este es un estudio cuasi cualitativo que recopila datos mediante observación, entrevistas en profundidad, documentación y discusión en grupos focales para explorar la prevención y el control del VIH /SIDA en el distrito de Bulukumba. Los datos primarios se obtuvieron de informantes clave, concretamente del campo de la prevención y el control de enfermedades del distrito de Bulukumba, los informantes comunes son la Comisión de VIH/SIDA, líderes comunitarios, líderes religiosos y el gobierno local. Además, también se obtuvieron datos de informantes de apoyo, es decir, asistentes de campo, trabajadores de extensión y representantes de la comunidad homosexual. Análisis de datos temáticos y validez de los datos mediante triangulación de fuentes, datos y tiempo para confirmar las respuestas de todos los informantes. Resultados: La colaboración de los trabajadores de la salud y las partes interesadas por parte del gobierno del distrito de Bulukumba puede ayudar a los programas de salud, especialmente a la prevención del VIH/SIDA. Aunque todavía tiene una financiación limitada, contribuye a la promoción de la salud y puede ayudar a reducir los problemas de estigma y discriminación que aún abundan. La colaboración de los trabajadores de la salud y las partes interesadas puede ayudar a encontrar nuevos casos mediante la detección temprana para que puedan recibir tratamiento inmediato si se encuentran nuevos casos. Conclusión: Sobre la base de los resultados, se puede concluir que la prevención y el control del VIH no pueden separarse del papel de los trabajadores de la salud junto con la Comisión de VIH/SIDA del distrito de Bulukumba y los sectores relacionados en la búsqueda de poblaciones en riesgo. Se espera que la participación de las partes interesadas ayude a reducir los nuevos casos de VIH al difundir información correcta y aclarar la información errónea sobre las causas, la prevención y el tratamiento del VIH/SIDA.

Palabras clave: *Prevención del VIH/SIDA, poblaciones en riesgo, partes interesadas, trabajadores de la salud, comunidad.*

INTRODUCTION

The trend of increasing new cases of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) is the world's concern to end the epidemic by 2030 (1,2). Indonesia is one of the countries experiencing an increase in new HIV cases every year. Various triggering factors include risky behaviors such as promiscuous sex, both heterosexual and homosexual and syringe drug users (3-5). Risky

lifestyles are not only threatening to vulnerable populations but targeting non-risk populations and even infecting all age groups (6-8). This shows that risk behavior factors and low public knowledge and awareness about the dangers of HIV and AIDS are some of the factors in the increase in HIV/AIDS cases in Indonesia.

The Indonesian government has carried out various programs as a form of seriousness in the prevention, handling, and control of HIV and AIDS cases to achieve the end of HIV AIDS and the Three Zeros program in 2030 (9,10). However, until now, the number of new cases is still high, with the cumulative number of ODHIV (people with HIV) reported until March 2023 being 377 650 people, the majority of whom are of productive age, namely 25-49 years old, while the cumulative number of AIDS cases reported as of March 2023 is 145 037 (11). The Ministry of Health's estimate of ODHIV in 2023 is 515 455 people. If there are no prevention and awareness efforts as well as cooperation between the government and the community, the number of cases will continue to grow.

Various challenges are faced in HIV prevention and control efforts, including low preventive efforts in terms of prevention in key populations (periodic sexually transmitted infections (STIs) and HIV screening, involvement of community and religious leaders, and the use of the media in delivering prevention messages and HIV transmission patterns). The media should be more massive in providing education and additional knowledge to the general public regarding HIV, including eliminating stigma and discrimination against people with HIV. Stigma greatly influences the willingness to screen and case findings, so it is the main consideration in providing intervention (12-14). The media plays a crucial role in shaping public awareness about HIV/AIDS prevention and reducing stigma. Through widespread campaigns, it educates people on safe practices, testing, and treatment options, empowering individuals to make informed decisions. Media platforms also challenge misconceptions and stereotypes, promoting understanding and empathy for those affected. The media humanizes the issue by sharing real-life stories and expert insights, encouraging social acceptance. Additionally, it facilitates access to resources and support

systems, ensuring communities stay informed. The media's ability to reach diverse audiences makes it a powerful tool in combating HIV/AIDS and fostering a more inclusive, stigma-free society (15,16). Information about the number of HIV and activities carried out by the local government has been disseminated by local media. However, adequate information regarding prevention, transmission patterns, and treatment of HIV/AIDS has not been widely reviewed by the media, both online and offline. In fact, the message will be conveyed well if the media is involved in HIV prevention, especially online information so that all groups can access it. Information through the media that is continuously provided to targets will significantly increase knowledge about HIV/AIDS, so the government must increase access to information through the media (15,16). Therefore, collaboration from various fields of science and stakeholders is needed to increase participation in HIV prevention and treatment (17,18). The collaboration is expected to be an opportunity to reduce HIV cases, especially in the productive age to reach three zero by 2030. This is very important because there is a population at risk in adolescents, namely gays, transvestites, and men, who are susceptible to sexually transmitted infections. Around the world, STDs have been infected with the HIV epidemic in both developed and developing countries and low-income countries, so HIV prevention strategies are urgently needed, especially the prevention of risky behaviors (19,20).

The increase in HIV/AIDS cases globally, including in all regions of Indonesia, including South Sulawesi, is ranked 8th in the highest case findings for all provinces, namely 420 cases as of March 2023. In the January-April 2024 period, there were 695 cases of HIV Positive in South Sulawesi (21). One of the districts with a high increase in cases is Bulukumba Regency, which is ranked 4th highest out of 21 districts and three cities in South Sulawesi: in 2022, there were 64 cases and 57 in 2023, and 29 HIV Positive Cases as of June 2024 (22). It is suspected that the cause is risky sexual behavior, so it infects and is found in female sex workers, men who have sex with men (MSM), high-risk couples, and sex worker customers. The increase in HIV cases in Bulukumba is a concern because HIV cases target

young people from MSM, transvestites, and other undercover sex workers. The formation of gays, transvestites, and men who have sex with men without realizing it occurs in many teenagers in junior high school and high school and forms an iceberg phenomenon of HIV incidence (23). Based on preliminary data obtained from the HIV / AIDS control commission and the Bulukumba District Health Office, there were 57 new HIV cases in 2023, dominated by MSM as many as 32 cases and 6 cases in transvestites. Meanwhile, as of June 2024, 6 cases were found in Gays, Transvestites, MSM and were found under the age of 20 years. The information obtained was that HIV cases decreased in 2018, but after COVID-19, the number of gays, transvestites, and men who have sex with men increased, which also affected the increase in HIV cases. Local stakeholders suspect that there are economic reasons and social influences behind the rampant formation of gays, transvestites, and men who have sex with young men and other sex workers and become the gateway to HIV cases.

This study is important and different from previous studies because HIV cases in Bulukumba Regency have experienced a shift in infection from those previously dominated by female sex workers. Still, more cases occur in the MSM population. This study analyzes the Challenges and Opportunities of HIV/AIDS Prevention and Control: Health Collaboration and Stakeholders.

METHODS

Design

This study uses quasi-qualitative data by collecting data through observation, in-depth interviews, documentation and focus group discussions to explore the prevention and management of HIV AIDS in Bulukumba Regency.

Primary data was obtained from 13 informants consisting of key informants, namely from the disease prevention and control field in the Bulukumba district; ordinary informants are the HIV AIDS Control Commission, community leaders, religious leaders, and local governments. In addition, data was also obtained from supporting informants, namely companions and field outreaches, as well as representatives of the

gay, transvestite, and MSM communities (Table 1). Data collection was performed using direct observation techniques, in-depth interviews with all informants, and documentation of activities during the research.

The collected data was then reduced, categorized, interpreted, and analyzed thematically. Data validity used source

triangulation, data triangulation, and time triangulation to confirm the answers of all informants and obtain clear information. In addition, time triangulation was carried out to identify patterns of information or changes in data related to HIV/AIDS prevention programs at different times in data collection.

Table 1. Characteristics of Informants

No.	Informant	Age (Years)	Education	Work Unit
1	H. Sh	50	Bachelor	Secretary of the Bulukumba Regency Health Office
2	Sw	41	Bachelor	Disease prevention and control manager
3	HE	40	Bachelor	HIV AIDS Control Commission
4	Hj.Wh	38	Bachelor	Head of Public Health
5	HaM	52	Bachelor	Head of Investment Office
6	Sy	45	Bachelor	Head of the Community Guidance section (Ministry of Religion)
7	Mds	40	Bachelor	Head of the sub-district government section
8	Bdy	45	Bachelor	Head of sub-district service section
9	AA	45	Bachelor	Community leaders
10	AD	50	High school	Field Outreach
11	MYS	43	Bachelor	National Amil Zakat Agency
12	AY	26	Bachelor	NGO
13	A.Sy	25	Bachelor	NGO/ HIV peer support groups

RESULTS

Table 1 shows the characteristics of informants; it can be explained that based on age, all are in adulthood with the maturity to think about roles and responsibilities in preventing stigmatizing diseases such as STIs, including HIV/AIDS. All highly educated informants can be used as a benchmark for success in carrying out their work and reflect quality in knowledge and responsiveness to the increasing HIV cases. The work of informants has a great opportunity to carry out HIV /AIDS prevention and control programs because they are in direct contact with the main tasks and functions as decision-makers in their respective fields.

Collaboration in efforts to prevent and control new HIV cases is inseparable from the role of all communities, including between health and stakeholders. In addition to providing access to health services and information to increase public awareness, full attention to stigma and

discrimination is also expected to be eliminated because it will weaken the mentality of people with HIV and have an impact on the difficulty of obtaining accurate data on HIV cases so that many HIV cases are not handled.

“It is astonishing that HIV cases as have been explained, especially in children who are still teenagers, not because of a lack of community participation, but we do not know if the condition is this severe and even the risky behavior of gays, transvestites, and MSM becomes very unsettling. We need information related to infected data in our area to do anything such as socialization to several villages” (interview with BY, July 11, 2024).

The obstacle is that gays, transvestites, and MSM hide themselves, but the number is increasing, but there is no exact data because

they are still closed. There is even a tendency to self-medicate traditionally if someone is sick and experiencing symptoms of an STI. This was expressed by the community leader as follows:

“We really hope that there will be information about alternative medicine, so we hope that there will be a resource person who understands the drug because many friends choose to treat themselves, worried that if they are caught, they will be shunned” (interview results on informant Mm, July 11, 2024).

The misconception that STIs can be treated traditionally through herbal remedies indicates a low understanding of HIV. A straightforward explanation related to the epidemiology of HIV disease explained by the head of the health office can provide information that:

“Sexually transmitted infections, including HIV cannot be treated herbally, especially since HIV cannot be cured and there is no drug that can cure it, but there are antiretroviral (ARV) drugs that can inhibit the worsening of infection, can reduce viral load in the blood and improve the quality of People with HIV” (dr. A, 11 July 2024).

The Bulukumba Regency HIV/AIDS Control Commission has coordinated with relevant agencies to conduct education and screening regularly, but the reach is still limited due to budget problems. Some of the obstacles experienced in conducting screening and tracking are in addition to gays, transvestites, and MSM, who are still challenging to identify; only about 10 % of female sex workers are local people, and 90 % are immigrants. The immigrant has only been at the location for 3 months, working as a cafe waiter, and will change or mutate with a new arrival. So, it is difficult to monitor his health regularly because he has moved to other places outside the Bulukumba area.

Based on the results of the Focus Group Discussion (FGD) data from 2018 to date (As of July 2024), there are around 320 people with HIV who are undergoing treatment. Two hundred two people with HIV are undergoing treatment. Still,

some are actively continuing treatment, but only around 140 people because some are receiving treatment outside Bulukumba, loss to follow-up, and some have died. The data shows the increase in cases that occurred in young MSM, and it was seen that when education was carried out, many participants were still in school clothes. This is very concerning, especially if it is assumed that one MSM has sex with 3-5 people, the number of people at risk of HIV infection is much higher. The results of the focus group discussion also hope that there will be collaboration from all stakeholders and the community to educate and be aware of adolescent association jointly. There is a screening plan for prospective brides, as revealed by the HIV /bAIDS Control Commission and from the office of the Ministry of Religion, as follows:

“In 2016/2017, the Ministry of Religion once formed an HIV control team that actively visited Women Sex Workers to provide socialization about the dangers of AIDS, until now in the Marriage Guidance program, information about HIV has always been entrusted” (Sy, July 11, 2024).

The HIV / AIDS Control Commission provided further information:

“Many LSLs are screened and found positive because we have been intensively carrying out the program for the last three years, especially since there are non-governmental organizations (NGOs) from Makassar who have come in to help with screening. The registered Sex Workers are still very young, in their teens, as well as those who are still very young, rarely 30 years old, and have just become Female Sex Workers; they are also illegal because they do not have an operational permit. Due to the increase in HIV case findings, the Bulukumba government, in this case, the Regent, will make a regulation that requires all brides-to-be to take part in HIV screening, at least if anyone is positive can find out their status” (Hr, July 11, 2024).

Various obstacles are faced in efforts to prevent and handle HIV infection, in addition to the prevalence of risky behavior at a young

age, including limited resources and funding, stigma, and discrimination, and people who behave at risk of avoiding screening, causing the program to run optimally. However, many factors are reinforcing, such as the involvement of stakeholders and HIV / AIDS observers who are enthusiastic about taking part in the HIV prevention program in Bulukumba Regency.

DISCUSSION

The results from the focus group discussion (Table 2) related to the HIV AIDS prevention and treatment program structurally, with the chairman of the Regent of Bulukumba Regency giving full attention to the increase in HIV cases by involving cross-sectors to synergize and coordinate with each other in carrying out HIV AIDS prevention and treatment programs.

Table 2. Focus Group Discussions Results: Suggestions from Health Workers and Stakeholders for HIV/AIDS Prevention and Treatment in Bulukumba

Information	
HIV Prevention	HIV/AIDS Treatment
<ol style="list-style-type: none"> 1. Voluntary Counselling Test (VCT), 2. Advocacy for the legal umbrella of HIV AIDS prevention (screening plan for brides-to-be) 3. Formation of outreach teams and counsellors 4. Regular screening and education on at-risk populations, especially in the gays, transvestites and MSM community, assisted community members and injecting drug users 5. Screening in affected populations: pregnant women and people with Tuberculosis 6. Religious approach, marriage guidance 7. Stop Stigma and Discrimination Activities 8. Approach, persuading at-risk populations to screen and treat reactive 9. Strengthening health empowerment and promotion through the media 10. Detection in blood donation activities 11. Generation planning formation 	<ol style="list-style-type: none"> 1. Prompt treatment in reactive (positive) cases 2. Contact tracing 3. Regular meetings once a week between companions and people living with HIV 4. Counselling for People with HIV at any scheduled ARV intake 5. Monitoring and mentoring of People with HIV with ARVs 6. Instant search minimizes loss of follow-up 7. Notification of medication collection schedule via mobile phone of People With HIV 8. Delivery of ARVs outside of health care to People with HIV who miss treatment schedules 9. Motivation 'know the status' 10. Survivor support for treatment 11. Condom use 12. Treatment and treatment of opportunistic infections 13. CD 4 and viral load check

Until now, various activities have been carried out, including collaborating with stakeholders, although the activities carried out are still not optimal due to different obstacles. Stakeholder participation in the community is a force to break down disparities in misinformation about sexually transmitted infections, including HIV (24,25). Stakeholders play an important role in support, multi-directional provision of information, and clarifying public misconceptions related to HIV AIDS (26,27).

In addition, based on the results of the Focus Group Discussion that has been carried out in Bulukumba Regency involving elements of the health office, stakeholders, and the local HIV AIDS control commission, information related to the increase in HIV cases and its obstacles was obtained that:

HIV managers, peer support groups, and the HIV AIDS control commission in Bulukumba Regency hope that the community can participate widely in the prevention and treatment of HIV

AIDS, at least not stigmatizing and discriminating against people with HIV so that people who behave at risk can sincerely carry out VCT. This is expressed as follows:

“People with HIV are afraid to open up, and people who behave at risk are afraid to check themselves because they are worried about people’s stigma, so it is hoped that support from

stakeholders will be provided in the form of socialization of HIV prevention and straightening out misconceptions about HIV transmission” (Sw, HE, A.Sy, interview on July 5, 2024).

Based on the results of the FGD, obstacles, and strategies in efforts to prevent and handle HIV AIDS in Bulukumba Regency can be compiled as follows (Table 3 and Appendix 1):

Table 3. SWOT Analysis (Which stands for Strengths, Weaknesses, Opportunities, and Threats) from Internal and External for HIV/ AIDS Prevention and Control in Bulukumba

Strength (S)	Weakness (W)
<ol style="list-style-type: none"> 1. Regulation of the Minister of Health Number 23 of 2022 concerning HIV AIDS Control 2. National Action Plan for the Prevention and Control of HIV, AIDS, and PIMS in Indonesia in 2020-2024 3. There is an HIV AIDS Control Commission in Bulukumba Region 4. Support from the Bulukumba Regency government and its staff 5. Health services available 6. Adequate resources 7. Stakeholder support 8. There are peer support groups from NGOs 9. There are peer support groups from NGOs 	<ol style="list-style-type: none"> 1. Limited budget 2. Stigma and Discrimination 3. There is no exact data on the number of female sex workers, gay transvestites, and MSM 4. Formation of Gay Transvestites and Young MSM 5. Findings of HIV cases in adolescents and dominated by MSM 6. Lifestyle demands 7. There are female sex workers online 8. Low preventative behavior 9. Low knowledge and awareness of treatment 10. Relying on herbal remedies 11. Low condom usage 12. Community participation is still lacking 13. Resources at the HIV AIDS Commission are still lacking 14. Need the involvement of community leaders and religious leaders 15. Screening is still limited to at-risk populations 16. Educational media has not been massive Local community involvement is still minimal

HIV AIDS cases in Bulukumba Regency, which are increasing every year, are a threat to the younger generation, especially many found in early adolescence and the MSM population. The cooperation of health agencies, the field of HIV AIDS control, field outreach, and assistance from NGOs has shown encouraging progress because it has embraced vulnerable populations even though there are still many that have not been reached due to limited funds and, generally, NGOs are closed, especially those in rural areas. Various weaknesses in the prevention and

control of new HIV cases that must be completed require hard work and not a short time. These are also limitations in this study, which lasted only one year. For this reason, the sustainability of activities is expected to be the commitment of the Bulukumba district government to the sustainability of the HIV/AIDS program, which is currently being intensified. The health office and the Bulukumba AIDS Control Commission use outreach workers who are part of the MSM community to persuade their friends in the group to do voluntary screening, use condoms, and

CHALLENGES AND OPPORTUNITIES FOR HIV/AIDS PREVENTION AND CONTROL

Appendix 1		
External		
Opportunity (O)	Strategy (SO)	Strategy (WO)
1. Local government support	1. Information communication and education are further improved	1. Advocacy for budget support
2. Funding support	2. Human Resource Placement and Human Resource Capacity Building	2. Data reinforcement
3. Involvement and Cooperation of Related Agencies and the HIV/AIDS Control Commission	3. Screening of brides-to-be	3. Increased awareness and knowledge
4. Involvement of religious leaders and community leaders	4. Wider range of screening, testing and tracing	4. Educational campaigns
5. NGO assistance, global funds and the presence of peer support groups	5. Involvement of stakeholders, local communities	5. Improved healthy behaviour
6. Regular screening and education of at-risk populations	6. Strengthening the 95-95-95 target strategy	6. Increasing the role of community leaders as agents of change "HIV AIDS Task Force"
7. There is local media	7. Strengthening health promotion strategies	7. Strengthening Social support
8. Examination and treatment services are available	8. Involvement of the Education and Family Welfare Empowerment Office	8. Partnership Enhancement
	9. Increasing the role of peer support groups	9. Increased use of technology and the role of social media for access to information about HIV AIDS
		10. Monitoring and evaluation
Threat (T)	Strategy (ST)	Strategy (WT)
1. Lifestyle	1. Healthy behavior changes	1. Empowerment of HIV AIDS NGO
2. Risky behavior	2. Massive socialization to vulnerable groups affected by HIV	2. Increase the number and capacity building of HIV workers (health workers, HIV AIDS control committees, Field outreach and peer support groups)
3. Social pressure	3. Utilization of referral facilities and integration of other health programs	3. Innovative information and educational communication media and methods according to the characteristics of the target
4. The permissive attitude of the community	4. Empowerment	Partnership
5. Parental supervision	5. Increasing the role of strengthening women's empowerment groups	
6. Economic pressures	6. Building youth creativity	
7. Social media	7. Improved control of sexually transmitted infections	
	8. Declaration of HIV AIDS care citizens	

provide support for reactive people to continue treatment and survive and behave healthily. The activity received a positive response from several male sex men (MSM). Still, there were also obstacles faced, such as rejection and self-treatment, so socialization to increase understanding was expected to continue. In this condition, several people with HIV lose to follow-up and do not know their whereabouts because they are desperate and do not believe in ARV treatment (28). The involvement of peer support groups is indeed needed because this approach is based on mutual trust or trust from people in risk groups (29). Although efforts to provide communication, information, and education have been carried out, there are still those who have not responded positively because building trust is

not easy with diverse backgrounds, even though they are in the same community. For this reason, support and trust building from health information providers, especially about HIV AIDS, provide time investment and dialogue by paying attention to the characteristics and perspectives of the target so that persuasive information and efforts can be received (30-32).

Harmony from health workers and stakeholders can help government programs in the health sector, especially HIV / AIDS prevention, contribute to health promotion and can help reduce concerns about stigma and discrimination that are still very strong in society. The stigma makes prevention efforts more difficult because people who behave at risk will be afraid to check themselves, so stakeholder collaboration can

create a space of acceptance and empathy and eliminate stereotypes because HIV is not only a health problem but a shared responsibility (33,34). The cooperation that has been carried out by the local government between the HIV/AIDS control commission, the national Amil Zakat agency, and the Ministry of Religious of Bulukumba district as well as non-governmental organizations (NGOs) from outside Bulukumba Regency because there are no NGOs specifically observing HIV/AIDS in the region. Currently, it is being intensified to involve stakeholders as an extension of the government in conveying information and preventing HIV/AIDS. Stakeholders are expected to help provide information through the media and HIV prevention campaigns, especially in the field of education, which aims to provide understanding to adolescents (35,36).

The Bulukumba district government is committed to achieving three zero by 2030 (zero new cases of HIV, zero deaths with AIDS, zero discrimination) through education, testing, treatment, and maintenance programs by strengthening 95 % of people with HIV know their status, 95 % of people with HIV get treatment, and 95 % of people who get HIV treatment experience viral suppression. This commitment will be achieved if all parties from the government, the wider community, and the private sector can work together to achieve the HIV elimination target by 2030. One of the obstacles in case tracking or screening and treatment is the stigma felt by at-risk communities or individuals who behave at risk, so massive education is needed regarding HIV transmission patterns and prevention. Ending the HIV/AIDS epidemic is due to increased interventions in the community to reduce the stigma that arises due to limited knowledge about HIV so that people will consciously check themselves (37). The health office and the Bulukumba district HIV/AIDS control commission have scheduled screening and meetings in at-risk communities every 3 months even though they have been unable to reach the whole due to budget constraints.

The approach through health promotion involving stakeholders effectively prevents misunderstandings of information and makes communication more straightforward because they already understand the characteristics of the surrounding community (38). Its role in educating

to increase knowledge about the increase in HIV AIDS, especially in adolescents, is one of the programs carried out as early as possible. Adolescents are strategic targets because they are expected to participate in transmission prevention, especially those with risky behaviors such as MSM so that the target of Zero by 2030 can be achieved (39,40).

CONCLUSIONS

Based on the results of the research, it can be concluded that the findings of increasing HIV cases are inseparable from tracing and screening carried out by the HIV/AIDS Control Commission and the Bulukumba Regency health office targeting more at-risk populations. Still, there are many more that have not yet been reached. The involvement of stakeholders is expected to help reduce new HIV cases by disseminating correct information and clarifying misinformation about the causes, prevention, and treatment of HIV AIDS. Reinforcement of information is expected in specific groups such as Women Sex Workers, at-risk partners, and gay, transvestite, male sex men who are potentially vulnerable communities experiencing an increase in HIV infections. This study emphasizes strengthening the cooperation of stakeholders and health workers in HIV/AIDS prevention efforts, in addition to strengthening the involvement of local communities and at-risk communities in HIV/AIDS prevention efforts aimed at providing awareness in reducing HIV cases and assisting the government program for Zero new cases by 2030.

Ethics Approvals

Before the data search, this research had received a recommendation for ethical approval from the research ethics committee of the Muslim University of Indonesia with number 229/A.1/KEP-UMI/VI/2024, registration number UMI 012406347, dated June 11, 2024.

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