

EVALUATION OF HIV-AIDS PREVENTION PROGRAM IN HOMOSEXUAL MEN IN JAMBI

Hubaybah, Adelina Fitri

Faculty of Medicine and Health Sciences, Universitas Jambi

ABSTRACT

Background: Human Immunodeficiency Virus (HIV) infection remains a global public health concern. According to data in 2018, 37.9 million people in the world are infected with HIV. In Indonesia, the three most risky populations of HIV infection were injecting drug users (56%), homosexual men (18%), heterosexual (17%), and the others (9%), from April to June 2019. The reported data from the Integrated Biological and Behavioral Survey (IBBS) in 2015 showed that the significantly increased number of 2.5 times in the prevalence of HIV infection among homosexual men compared to the data from 2013. This study aimed to investigate the evaluation of HIV-AIDS prevention program in homosexual men in Jambi.

Subjects and Method: This was a qualitative study conducted at Kanti Sehati Sejati Foundation, Jelutung, Jambi, from April to July 2020. The study informants were head of the foundation, head of population outreach program, field accessor of the population outreach program, and assisted homosexual client. The data were collected by in-depth interviews and document reviews. The data were analyzed by reduction, displaying, and drawing conclusions/ verification.

Results: The input of the HIV-AIDS prevention was systematically programmed, including education on the used of lubricants and protection/ condoms, budget monitoring and evaluation, and counseling to homosexual men. The process of the program had been implemented under the existing program implementation guidelines. The program's inhibiting factor was the stigma of homosexual men families not supporting to seek health services. The HIV-AIDS prevention program's output showed that homosexual men had improved the awareness of not changing partners, using condoms while having sex and finding new cases of HIV.

Conclusion: HIV-AIDS prevention programs have been well implemented based on input, process, and output system approach. Peer group support is needed to persuade families from homosexual men to overcome the inhibiting factor of the program implementation.

Keywords: HIV-AIDS, prevention program, homosexual men

Correspondence:

Hubaybah. Faculty of Medicine and Health Sciences, Universitas Jambi. Jl. Letjend Soeprapto No 33 Telanai Pura Jambi. Email: hubaybah@unja.ac.id. Mobile: +628117453224.

BACKGROUND

In Indonesia, HIV cases had increased from the year 2014 - 2017 and decreased in 2018. The number of HIV cases five years from 2014 to 2018 was 32,711 (2014), 30,935 (2015), 41,250 (2016), 48,300 (2017), 46,659 (2018) with the cumulative number of HIV infections up to June 2019 as many as 349,882. The three biggest key populations that cause HIV infection in April - June 2019 were injecting drug users (IDU) (56%), men who

have sex with men (MSM) (18%) and heterosexuals (17%). Based on the integrated biological and behavioral survey (IBBS) report (2015), the MSM group experienced a significant increase in prevalence as many as 2.5 times compared to the 2013 IBBS. The majority of the MSM group came from higher education and had the highest comprehensive knowledge of HIV prevention than other key populations (Ministry of Health, 2013).

There is a need to reduce HIV infection risk in individuals by limiting interactions with HIV risk factors. HIV can be prevented in a combination of ways such as condom use in women and men, testing, and counselling on HIV and PIMS, testing and counselling in patients with dual HIV-TB infections, circumcision in men (circumcision), consumption of ARVs, Pre-exposure Prophylaxis (PrEP) for HIV-negative sex partners, Post-exposure Prophylaxis (PEP) for people with HIV, prevention programs for injecting drug users, and prevention of mother-to-child HIV transmission (MTCT) (WHO, 2019).

The government had made an HIV and AIDS control strategy that consists of two control strategies. First, increasing HIV-AIDS and STI services through Continuous Comprehensive Services. Second, strengthening the national health system in implementing HIV-AIDS/ STIs Control (Ministry of Health RI, 2015). Yayasan Kanti Sehati Sejati is a community network of People Living with HIV-AIDS (PLWHA) which had a vision of improving the quality of life of PLHIV and better and more responsible community behavior. This foundation is in the form of a Peer Support Group, one of which is in Jambi City. There are three main programs at the Kanti Sehati Sejati Foundation, where the MSM community is included in the Most-At-Risk populations (MARPs) outreach program.

Evaluation is a research conducted to collect, analyze, and present the information about the object of assessment, with the next stage being to assess and compare with evaluation indicators. And the results can be used in making decisions about the evaluation results (Wirawan, 2012). Research by Bahri et al. (2009) showed that the preven-

tion and control of STIs and HIV-AIDS in sex workers had increased awareness of sex workers to prevent STIs and HIV-AIDS. They were voluntarily routinely checking their health at a health clinic and using condoms (Bahri and Hakimi, 2009). This study aimed to evaluate HIV-AIDS prevention programs in men who have sex with men (MSM) in Jambi City.

SUBJECTS AND METHOD

1. Study Design

This research used qualitative research methods with a case study approach.

2. Population and Sample

In this study, informants consisted of the chairman of the Kanti Sehati Sejati Foundation in Jambi City, the head of the MARPs outreach program, field outreach programs for MARPs and the MSM male key population became an assisted client.

3. Study Instrument

Data collection techniques were using in-depth interviews and documentation methods. The interview guided with assistance in a recording device, a camera, and a recording device.

4. Data Analysis

Data analysis used data reduction, data display, and conclusion drawing/ verification method.

RESULTS

Table 1 showed sample characteristics consisting of six respondents: 5 male and 1 transgender person. The average age of the respondents was 33.67 years, with the majority of higher education.

Table 1. Sample Characteristics

Informant Code	Age	Gender	Education	Description
IK	43 years old	Male	S1	Foundation Chairman
IP1	31 years old	Male	High School	Head of program
IP2	47 years	Transgender	School	Reacher Fields
KD1	27 years old	Male	Primary school	MSM
KD2	26 years old	Male	High school	MSM
KD3	28 years old	Male	Graduate	MSM

1. Input

From the interview, the result findings showed that the input from the HIV-AIDS prevention program systematic. The input here can be seen from the Kanti Sehati Foundation's program implementer, which was divided into IO and SSR. There was the provision of lubricants and safety/ condoms. The budget is also available, and there are reports per semester. Human resources' role in an effort to carry out changes in the behavior of MSM to care for their health can also be seen from the assistance starting from the test to the test results out by the field reachers.

"In here, there are IO and SSR. There was Yanti in the IO and Hamzah in the SSR "- (IP2)

"Advice? For example,... lots of it, like being given advice, already given... for example we want to have sex, given protection, that's all... yes..." (KD2)

"...for the budget, there is already a separate budget, there is a realization too... and if there is also the remaining budget, immediately returned. This is also for the continuity of the program that is held every semester ..." (IP1)

"Just standard SOP. Their goal is to reach communities that are at risk of providing education, whether in the form of information or IEC and in the end, we will invite them to HCT or VCT. ... Especially if they are already positive, we have a partner notification program based on information obtained from them" (IK)

2. Process

Implementing the HIV-AIDS prevention program was carried out with assistance to assisted client when conducting tests at the Community Health Centre. The prevention program also has a period of one semester or may change according to the Principal Recipient provisions, the Spiritia Foundation. The stigma from the family is still an inhibiting factor in HIV-AIDS prevention programs.

"The procedure for the implementation of the program, usually I am MSM coming to the puskesmas, we usually go straight into the room, we say we want VCT, want to check VCT and STIs" (KD3)

"one semester" (IP2)

"... for our program, the last term is December 31. So in the future, we don't know whether we are still joining the program or whatever we will be later. We don't know yet how it will be. That will be the central person who talks about it ..." (IP1)

"... but on average, they are afraid of their families... there is a stigma. But they sometimes play secretly..." (IP1)

3. Output

This program's success can be seen from the discovery of new HIV cases and increased knowledge of KD about safe sexual relations, such as using condoms and not changing sex partners.

"... we had found many cases from drug users, we had found many cases from sex, there are also many cases ... we were not

only in the city, we have collaborated with the regions as well so we have teams that are also active in the area ..." (IP2)

"The success? First, maybe we are finding more and more so that the number of new cases is a success, providing information about HIV AIDS itself to the community at risk is for us a success. have a sense of awareness of the dangers that will occur them ..." (IK)

"Yes, I understand more about the disease, about the transmission ..." (KD 1)

"... if we come to counselling, we will get knowledge, well that knowledge is what we apply to our lives repacked I mean oh my sex is risky, what should I do with using a condom, then don't change partners ..." (KD3)

DISCUSSION

1. Input

The interview results concluded that the input from the HIV-AIDS prevention program at the Kanti Foundation Sehati City of Jambi, such as executors, infrastructure, service standards, budgets, had been implemented based on guidelines made by Spiritia Foundation. The Spiritia Foundation here acted as a *Principal Recipient* (PR) who received funding support from The Global Fund, which has a social responsibility to participate in HIV-AIDS prevention efforts in Indonesia. Under this program, Spiritia Foundation will be responsible for implementing key population outreach activities for MSM, shemale, and IDU in 121 districts/cities as well as, psychological and social support for PLHIV in 141 districts/ cities in 34 provinces.

Based on the results of research with in-depth interviews, it was found that there was already an SOP made by the Kanti Sehati Foundation in Jambi City. Standard Operating Procedures (SOP) are guidelines for the

implementation of implementing to suit the functions and objectives that have been set.

2. Process

The obstacles to the process of the HIV-AIDS prevention program was stigma from the family. Other research in Semarang also stated that there is still a feeling of stigma and discrimination from stakeholders against the MSM community (Noffritasari et al., 2020). Stigma can be the biggest barrier to HIV prevention, transmission, and treatment. Besides, the stigma on PLWHA makes people who have HIV symptoms reluctant to do HIV status checks. They are afraid that they will be rejected from society, their families, and their sex partners (Mariany, 2019).

The large number of adverse treatment received by the MSM community often creates feelings of self-loathing. It will impact decreasing the desire to carry out health checks and take revenge because it has brought negative things to oneself (Suryaman and Waluyo, 2020). Furthermore, research in Bulukumba revealed that there is fear in the MSM population because of the social sanctions given by people who think that MSM is deviant behavior. Moreover, Bulukumba had implemented Islamic law in social life (Asrina et al., 2019).

3. Output

When viewed from the guidelines for implementing the HIV-AIDS prevention program in Indonesia, the Spiritia Foundation as a PR also has program indicators that are applied to each Implementing Unit. Furthermore, monitoring and evaluation were also carried out every six months at the national, provincial, and district levels. The field survey results also revealed no role or support from the Provincial government in the implementation of the HIV-AIDS prevention program at the Kanti Sehati Foundation.

Goswani et al. (2013) stated that the HIV-AIDS prevention program for MSM/ TG

(Avahan) was able to increase condom use in commercial sex users. It also raises awareness to high-risk groups such as MSM / TG who were educated by peer support groups. Another study in Kenya showed that the National AIDS and STI Control Program (NAS COP) reduced female sex workers who did not use condoms. 90% of injecting drug users reported using safe needles and the majority of respondents already knew that HIV could be transmitted through anal sex (Musyoki et al., 2018).

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