

Editorial

Breaking the Stigma: Increasing Comprehensive HIV Knowledge to End Discrimination Against People Living with HIV

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Human Immunodeficiency Virus (HIV) is a virus that infects white blood cells and reduces human immunity. Meanwhile, acquired immune deficiency syndrome (AIDS) is a group of symptoms caused by HIV infection that result in decreased immunity.¹ According to UNAIDS data, the estimated number of people living with HIV in Indonesia (2021) reach 540,000, with approximately 200,000 being women and girls, and 19,000 being children. In Indonesia, the HIV prevalence rate is 0.3%, with a total of 27,000 new infections each year. According to more complete data, up to 26,000 people living with HIV died of AIDS. When compared to ten years ago, the percentage of new infections decreased by 47%, but the number of AIDS-related deaths increased by 88%.² Overall, the number of HIV cases in Indonesia fluctuates, but on an upward trend. Nonetheless, the Indonesian government is committed to helping the world achieve its goal of ending AIDS by 2030.³

Global HIV prevention efforts continue to be encouraged, one of which is through the Political Declaration. The Declaration included a pledge to keep new HIV infections under 370,000, AIDS-related deaths under 250,000, and all forms of HIV stigma and discrimination under control by 2025.⁴ Previously, in 2014, UNAIDS announced that HIV treatment would be accelerated, with a target of 90-90-90 in 2020 and 95-95-95 in 2030, implying that 95% of people living with HIV are aware of their status, 95% of them are receiving treatment, and 95% of those receiving treatment are virus-suppressed. Furthermore, the goal is to achieve 200,000 new infections and zero discrimination.⁵ The Fast-Track approach is a locally led global implementation agenda with a strong emphasis on the 30 countries that account for the majority of new HIV infections in the world, one of which is Indonesia. In this approach, the response to HIV cases will evolve; for example, if HIV testing was previously limited to health services and certain health workers, it will be easier to access through community or mobile services, as well as independent screening, in the fast track response.⁶

Following the adoption of the 2030 HIV Political Declaration, Indonesia developed a National Action Plan for HIV Prevention and Control, as well as the sexually transmitted infections 2020-2024. (RAN HIV). The NAP for HIV also serves as a reference and guideline for the government and health-care stakeholders at the national and regional levels. The estimated number of PLHIV in Indonesia in 2020 was 543,100 people. By the end of 2019, the number of PLHIV who knew their status was 377,564 (69.5%), and the number of ODHIV who were currently on ARV treatment was 127,613 (33.7%).⁷ UNAIDS Indonesia is collaborating with the Ministry of Health, community organizations, academics, and national networks with HIV advocacy to support the Indonesian government in ending AIDS by 2030. UNAIDS with vision of zero new infections, zero AIDS-related deaths, and zero discrimination, support in various HIV response efforts, such as prevention efforts, promote community engagement in HIV response, and HIV data updating, while also ensuring that human rights are respected in the process.

One of the latest developments in efforts to tackle HIV in Indonesia is the permitting of pre-exposure prophylaxis

(PrEP) as one of the method of HIV prevention in the country. The use of antiretroviral drugs as a prevention method is finally permitted in Indonesia, regulation of the Minister of Health of the Republic of Indonesia, number 23 of 2022, concerning the treatment of human immunodeficiency viruses, acquired immunodeficiency syndrome, and sexually transmitted infections.⁸ Despite the fact that the World Health Organization (WHO) has recommended PrEP use since 2015, it is still not widely used. When used as directed, oral PrEP is very effective at preventing HIV.⁹

UNAIDS continues to work with the Indonesian government to achieve the goal of ending AIDS by 2030. Efforts to improve HIV services in Indonesia have also been undertaken with the support of various parties, but this progress has been hampered by high stigma and discrimination against people living with HIV. Many people living with HIV are still stigmatized and discriminated against, both in their families and communities, as well as in professional settings such as the health care providers.¹⁰ Previous research on the factors that influence discrimination against people living with HIV found that gender, place of residence, HIV/AIDS knowledge, and attitudes are explanatory factors for the occurrence of discrimination against people living with HIV. As a result, it is suggested that more HIV and AIDS education be provided.¹¹ Unfortunately, the government pays little attention to prevention efforts through education.

The purpose of this review is to look at the available literature sources that fully describe the HIV situation in Indonesia, as well as the problem of discrimination, which continues to be the most difficult challenge to ending AIDS. This includes gathering references and recommendations on various steps that can be taken to achieve zero discrimination in the community and workplace. This review will serve as a foundation for describing the current state of how discrimination is impeding efforts to end AIDS, as well as a springboard for further discussion about efforts to eliminate this discrimination.

Before delving into the topic of discrimination, it is necessary to first understand the concept of prejudice, which in sociological, psychological, and legal studies is defined as a tendency or urge to judge a group or individual negatively before getting to know them, based on their identity belonging to a certain social category.¹² Prejudice leads to stigma, which leads to the final point, discrimination. According to Erving Goffman, stigma

is the attribution or attachment of a derogatory label, generally applicable in aspects of one's social life, so that a person or group does not achieve social acceptance.¹³

Stigma is then seen as a categorization in a person's socio-biological function that excludes or dwarfs a person with certain labels or characteristics, even considered an aberration, disease, or disturbance to society, according to his research.¹⁴ The stigma can manifest itself as an active attitude or as a subtle or indirect attitude. Stigma can range from avoiding eye or physical contact to more serious and obvious objections such as social rejection, discredit, and differential treatment.¹⁵

Allport defined discrimination as any action that denies individuals or groups the right to equal treatment.¹⁶ The concept of discrimination can also be defined as unequal treatment experienced by individuals or groups based on reasons of background or identity or characteristics, for example: race, ethnicity, gender, disability vs non-disability, sexual orientation, and other categories. Direct discrimination, and indirect discrimination are two types of discrimination. Direct discrimination is an expression of the concept of discrimination.¹⁷

Allport has emphasized that discrimination breeds inequality as a result of different situations. Discrimination is wrong because it prevents a person from receiving public recognition or drawing attention to his or her respect situation. On that basis, Allport's definition emphasizes the motivation of every human being, which is fundamentally seeking equality and recognition of worth, esteem, and respect.¹⁸

Individual, institutional, and structural discrimination are the three types of discrimination that occur in society. Individual discrimination is the use of stereotypes, prejudices, and patterns of behavior by a person of a specific race, ethnicity, gender, or other group that poses a threat to or intends to discriminate against other groups. Discriminatory actors have personal motivations and mindsets, as well as psychological conflict factors, that lead to negative attitudes toward other groups at this level.¹⁹

Meanwhile, institutional discrimination manifests itself in the form of policies, rules, or attitudes—patterns of behavior of policy implementer purposefully discriminating against or selecting certain groups or characteristics in the social structure—where the scope extends beyond the level of social interaction between individuals. This then has an impact on a person's ability to acquire opportunities and social success.²⁰

Meanwhile, structural discrimination occurs when institutional discrimination, namely policies and actions of stakeholders, have a greater impact on minority groups, resulting in potential harm or threats to minority groups.²¹ Structural discrimination occurs and is deeply embedded in the system. It manifests itself in various aspects of social life, such as the education system, health care system, justice system, and so on, and is exacerbated by the existence of regulations and policies that foster an unfavorable political climate for minority groups.

This type of discrimination occurs not only in the community, but also in the workplace. According to the 2021 International Labor Organization (ILO) report, nearly four out of ten respondents believe that people living with HIV should not work directly with those who do not have the virus. Six out of ten people agree that an HIV test should be required before being allowed to work. Only one in every two people is aware that HIV cannot be transmitted through sharing a bathroom. This study demonstrates how a lack of knowledge about HIV transmission leads to stigmatizing and discriminatory attitudes. Misconceptions and myths persist, contributing to stigma and discrimination.²²

Many studies have been conducted to support the claim that having a thorough understanding of HIV can help to reduce stigma and discrimination in society. A study in Ethiopia (2020) found that increasing HIV knowledge and overcoming false perceptions and myths is critical for reducing discriminatory attitudes toward HIV-infected people. To dispel these myths,

information, education, and communication programs must step up their education campaigns.²³

Furthermore, a 2019 study conducted in Pakistan found that knowledge and education are inversely related to discriminatory attitudes. This study also concluded that there was a need for information about HIV and AIDS in order to reduce stigma and avoid discriminatory attitudes.²⁴

Let us look at the efforts made by the Indonesian government after we see and understand the importance of comprehensive HIV and AIDS knowledge. In Indonesia, prevention strategies, case detection, and case management are used to combat HIV and AIDS (Table 1).

²Ministry of Health's HIV and AIDS control strategy. This educational and syncitization component is ultimately carried out by HIV national networks and organizations, various campaigns and educational activities were carried out with the goal of raising public awareness about HIV issues. However, the lack of a supporting ecosystem, such as legal regulations and government involvement in these educational efforts, will pose a significant challenge.

According to data from the Community Legal Aid Institute (LBHM), it is often law enforcement officials and local governments who become perpetrators of violations such as stigma and hate speech. Meanwhile, the most common forms of discrimination were raids, discriminatory policies, and criminalization based on sexual orientation and drug use.²⁵

HIV response in Indonesia will not progress as

Table 1. Indonesia's HIV& AIDS response

Prevention	Surveillance	Case Management
<ul style="list-style-type: none"> - Combination prevention in high-risk populations, including condoms and lubricant, STI screening and treatment, sterile injecting equipment, and methadone maintenance therapy. - Circumcision - Prophylaxis both before and after exposure - Preventing transmission from mother to child - Immunity against HPV infection - Screening tests should be performed. - Standard precautions are used. 	<ul style="list-style-type: none"> - Testing. This includes independent screening, screening at health facilities, and early infant diagnosis. - Tracing: notification of spouse and children - Epidemiological investigation; data collection, processing, analysis, interpretation, and dissemination - Observation of ARV drug resistance and gonorrhea - Decision-making based on data and information 	<ul style="list-style-type: none"> - Standard state management (ARV high potency, less toxicity, opportunistic sexually transmitted infections) - TB prevention therapy - Multi-month dispensing - Elimination of Transmission of HIV, Syphilis, and Hepatitis B from Mother to Child - Provision of access to monitoring treatment with HIV viral load examination

There is no educational component related to comprehensive HIV and AIDS knowledge, according to the Indonesian

quickly as expected if discrimination against people living with HIV persists in society. In general, Indonesia lacks specific legal regulations that address and protect vulnerable groups, in this case, people living with HIV. This legal framework is critical and extremely beneficial in educational efforts to reduce, if not eliminate, stigma and discrimination in society.

As a result, an anti-discrimination law in Indonesia is urgently needed to protect the rights of all citizens, without exception. The law will give victims of discrimination legal recourse and will contribute to a more inclusive and tolerant society. Furthermore, anti-discrimination laws can aid economic development by ensuring that individuals are not denied opportunities because of their identity. Overall, enacting anti-discrimination legislation in Indonesia is critical to constructing a more just and equitable society for all of its citizens.

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