

Right to health services for people with HIV/AIDS in Bandarlampung: Challenges and fulfillment

Salma Diva Aurora^{1*}, HS Tisnanta², Agus Triono³
Faculty of Law, Lampung University, Indonesia¹⁻³
salmadiva27@gmail.com



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Abstract

Purpose: This study aimed to determine how the right to health services is fulfilled for people living with HIV/AIDS (PLWHA) in Bandar Lampung City and what are the obstacles to fulfilling the right to health services for HIV/AIDS sufferers there.

Research Methodology: This research uses empirical normative research that employs a literature study approach and research directly at the research location. The data sources for this research were the library and field data.

Results: The research results show that: (1) Fulfillment of the right to health services for people with HIV/AIDS in Bandar Lampung City has been implemented in accordance with Minister of Health Regulation (PMK) Number 23 of 2022 concerning the Management of HIV AIDS and Sexually Transmitted Infections. Fulfillment is realized by the availability of health services for HIV/AIDS sufferers in hospitals, community health centers, and organizations that focus on HIV/AIDS issues and have special programs for HIV/AIDS sufferers.

Limitations: In reality, there are still obstacles faced in fulfilling the right to health services for people with HIV/AIDS in Bandar Lampung City, namely inadequate financial support, antiretroviral drugs that are still dependent on the center, as well as stigma and discrimination by health workers towards HIV/AIDS sufferers.

Contribution: Human Immunodeficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS) has been declared a world pandemic and a disease that is a serious health problem. HIV/AIDS sufferers sometimes experience difficulties in getting health services.

Keywords: *Fulfillment of Rights, Health Services, HIV/AIDS Sufferers*

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1. Introduction

The portrait of Indonesia as a country that upholds the law must be questioned again for its validity. This is in view of the fact that law enforcement tends not to attach importance to human nature as the noblest creation. Talking about laws correlates with rules and regulations. In practice, Indonesia adheres to democratic legal understanding and principles that uphold the rule of law. The model emphasizes that rules or rules play an important role in line with the doctrine of “the rule of law and not of man.” The “rule of law” paradigm comprehensively regulates the guarantee that the law has the highest position, guarantees equality in law and government, as well as the absence of discrimination by prioritizing the principles of Human Rights (HAM). Referring to these conditions, the Indonesian statutory system separates applicable law from the law that should be between *das sein* and *das sollen*. In other words, in positive law, the essence of law is to create justice, embody the social values of

Pancasila, and fulfill the welfare of the people in accordance with the principles of the welfare state (Fahrozy, 2017).

Law is a human work in the form of norms, containing behavioral instructions. In essence, law is a reflection of human will regarding how society should be developed and directed. In carrying out its function as a regulator of human life, law must process and involve various activities (law-making and enforcement) with different qualities (Akib, Triono, Tisnanta, Hukum, & Medlimo, 2023). Individual interests and the interests of human groups are always in conflict with each other. These conflicting interests always cause conflict and chaos if not regulated by law. The law maintains peace by establishing a balance between protected interests, in which each person must obtain as much as possible what is his or her right (Khan & Sultana, 2021).

Health services are all efforts and activities to prevent and treat disease, and all efforts and activities to improve and restore health carried out by health workers in achieving a healthy society (A.D. Kartika & Medlimo, 2022). The aim of health services is to achieve a level of public health that satisfies the expectations and level of community needs (consumer satisfaction) through effective services provided by service providers, which will also provide satisfaction in the expectations and needs of service providers (provider satisfaction) in service institutions that are organized efficiently (institutional satisfaction).

Human Immunodeficiency Virus (HIV) is a virus that causes a decrease in the body's immunity because it attacks human white blood cells, resulting in several signs of disease that develop into Acquired Immune Deficiency Syndrome (AIDS). HIV is known as the "iceberg phenomenon" because only a small part of the ice that appears above the sea surface is visible, namely only the top, while no one can predict what is under the sea or what is not visible. Likewise, with HIV/AIDS cases, only a few are known or reported, while there are probably many more cases in society. The World Health Organization (WHO) has designated HIV/AIDS as a world pandemic and a disease that is a serious health problem, preventing HIV/AIDS is one of the main priorities in efforts to control this disease. The importance of HIV/AIDS prevention measures as a key step to reduce the number of new cases of the HIV/AIDS pandemic globally (Ananda Dwi Kartika, Septiana, Ariani, Kasmawati, & Nurhasanah, 2022).

HIV/AIDS cases in Indonesia in 2022 have been reported in 34 provinces in Indonesia. The number of districts/cities reported is 503 out of 514 districts/cities in Indonesia (LBHM, 2019). Of this number, only 466 districts/cities have reported HIV/AIDS cases, while 11 districts/cities have never reported HIV cases/AIDS. The number of PLWHA found in 2022 will mostly be in the age group of 25 – 49 years, some PLWHA sufferers will be heterosexual, MSM population groups, pregnant women, and transgender people. The cumulative number of PLHIV reported up to September 2022 was 338,760, whereas the cumulative number of AIDS cases reported up to June 2022 was 140,024.

People with HIV/AIDS require separate services because this condition has special characteristics and affects various aspects of life. These health services include physical, health, and psychological services, because PLWHA requires complex antiretroviral treatment. These services are needed to ensure appropriate access to ARV drugs, monitor health conditions, and manage side effects and complications that may occur. PLWHA can also transmit the virus to other people; therefore, this service aims to provide education, counseling, and support to prevent the transmission of the virus to other people. PLWHA often faces stigmatization, discrimination, and high psychological pressure. Special services are needed to provide psychosocial support, including counseling, education, and other services, to help them overcome stress, improve quality of life, and build strong social support. Specialized and integrated services for people with HIV/AIDS help ensure that they receive comprehensive care, improve their quality of life, and minimize the risk of transmitting the virus to others (Wirya & Aotari, 2017).

HIV/AIDS sufferers have social and economic conditions; economically, HIV/AIDS sufferers need help to meet basic needs and access the necessary care. HIV/AIDS sufferers also face difficulties in

finding work because of injustice and ignorance about HIV/AIDS; HIV/AIDS sufferers are often the backbone of the family because this condition will cause limitations in working and earning income (LBHM, 2019). HIV/AIDS sufferers also experience changes in social life; they often face prejudice and rejection from the public, family, friends, and perhaps the workplace. This stigma can lead to social isolation, depression, and low self-esteem. HIV/AIDS sufferers require strong social support. However, stigma and discrimination make it difficult for them to receive adequate support. Due to these economic and social conditions, HIV/AIDS sufferers require support and assistance.

HIV/AIDS sufferers have the right to receive necessary care and treatment in accordance with the programs provided. HIV/AIDS sufferers can be covered by the Health Social Security Administering Body (BPJS) because every Indonesian citizen or permanent resident who meets the requirements can register as a BPJS Health participant, including HIV/AIDS sufferers. Registration can be performed through the mechanisms and procedures established by BPJS Health. The BPJS Health is a national health insurance program that provides health protection to registered participants. HIV/AIDS sufferers have the right to obtain necessary health services including diagnosis, treatment, and antiretroviral (ARV) drugs (Elsad & Widjaja, 2022). However, certain treatments and drugs may have different provisions and procedures, and the use of BPJS Health must be in accordance with applicable regulations. HIV/AIDS sufferers are advised to contact and consult BPJS Health or related health facilities to obtain more specific information about the benefits and procedures that apply in the context of HIV/AIDS.

Law No. 23 of 2014 concerning the Regional Government explains that mandatory government affairs relate to basic services, one of which is health, and that regional governments have the authority and duty to carry out handling, especially overcoming health and social problems. Regional governments can design and coordinate joint actions for all elements. Concrete and routine In the context of HIV/AIDS prevention and treatment, The Health Law, Law Number 17 of 2023 concerning health, regulates the authority to administer health. This law includes provisions related to health services for HIV/AIDS sufferers, which emphasize that HIV/AIDS sufferers have the right to obtain quality, safe, and affordable health services. Emphasizes the importance of efforts to prevent the transmission of HIV/AIDS.

The Health Law gives authority to the central government, represented by the Ministry of Health, to give authority to regional governments, both provincial and district/city levels, in providing health services in their regions; giving authority to health facilities, such as hospitals, health centers, clinics, and practices of doctors, nurses, and midwives; and giving authority to BPJS Health to administer the national health insurance program. Based on the description above, this research examines the importance of fulfilling the right to health services for people suffering from HIV/AIDS (PLWHA) in the city of Bandar Lampung.

1.1. Problem Formulation

1. How is the right to health services fulfilled for people living with HIV/AIDS (PLWHA) in Bandar Lampung City?
2. What are the obstacles to fulfilling the right to health services for people living with HIV/AIDS (PLWHA) in Bandar Lampung City?

1.2. Purpose of Writing

This research aims to determine how the right to health services is fulfilled for people living with HIV/AIDS (PLWHA) in Bandar Lampung City and the obstacles to fulfilling the right to health services for HIV/AIDS sufferers in Bandar Lampung City.

2. Research methodology

This study uses empirical normative research that uses a literature study approach and research directly at the research location. The data sources for this research were the library and field data.

3. Results and discussions

3.1. General description of research objects

3.1.1. Bandar Lampung City Health Service

The Health Service is a supporting element in the duties of the regional head in carrying out government affairs, which is led by the head of the service who is in charge and is responsible for the Mayor through the Regional Secretary. In accordance with the Regulation of the Mayor of Bandar Lampung City Number 42 of 2021 concerning the organizational structure, duties and functions, and work procedures of the Bandar Lampung City Health Service, the Bandar Lampung City Health Service has four areas: the public health sector, health resources sector, health services sector, and disease prevention and control (Dinkes, n.d.).

The Bandar Lampung City Health Service has the main task of carrying out regional government affairs in terms of preparing and implementing regional policies in the health sector based on the principles of autonomy and the task of assistance. To perform these main tasks, the Bandar Lampung City Health Service performs the following functions:

1. Preparation of technical policies in the Health sector
2. Implementation of technical support tasks in accordance with the scope of duties
3. Monitoring, evaluating and reporting on the implementation of technical support tasks in accordance with the scope of duties
4. Technical development in the implementation of supporting functions for regional government
5. affairs in accordance with the scope of their duties
6. Implementation of other functions assigned by the mayor in accordance with his duties and functions.

3.1.2. General description of the research location

Bandar Lampung City is one of 15 cities in Lampung Province. Bandar Lampung City is the capital of Lampung Province. The city was formed based on Government Regulation Number 24 of 1983. Geographically, Bandar Lampung City is located between 50°20'–50°30' S and 1050°28'–1050°37' E. It is located in Lampung Bay at the southern tip of the island of Sumatra. Administratively, the regional boundaries of Bandar Lampung City are as follows:

1. To the north, it borders Natar District, South Lampung Regency.
2. To the south, it is bordered by Padang Cermin District, Pesawaran Regency and Ketibung District and Teluk Lampung.
3. To the west, it borders the Gedong Tataan and Padang Cermin Districts, Pesawaran Regency.
4. To the east borders the Tanjung Bintang District, South Lampung Regency.

The city of Bandar Lampung is the main gateway to the island of Sumatra, approximately 165 KM northwest of Jakarta, has a very important role apart from its position as the capital of Lampung Province, and is the center of education, culture, and economy for the people of Lampung. The city of Bandar Lampung has an area of 197.22 km² which is divided into 13 sub-districts and 98 sub-districts with a population of 879,651 people (based on the 2010 census), a population density of around 8,142 people/km². The city of Bandar Lampung was previously a combination of two twin cities, Tanjung Karang and Teluk Betung. The two twin cities are part of the South Lampung Regency. However, after the issuance of Law Number 22 of 1948, which separated the two cities from the South Lampung Regency, the term Tanjung Karang City-Betung Bay began to be introduced.

3.2. Fulfillment of the Rights to Health Services for People Living with HIV/AIDS (PLWHA) in Bandar Lampung City

3.2.1. People with HIV/AIDS (PLWHA)

The Human Immunodeficiency Virus (HIV) attacks white blood cells, causing a decrease in human immunity. Acquired Immune Deficiency Syndrome (AIDS) is a symptom of reduced immune defense capabilities caused by the entry of the HIV virus into a person's body. The right to health for PLWHA is a basic right that must be given and obtained by every person living with HIV to obtain adequate health services by prioritizing the values of non-discrimination, tolerance, and empathy (Aisah, 2020).

HIV/AIDS has become a global epidemic, especially in Indonesia. Reports of new cases continue to increase every year, but it is difficult to determine the actual number of HIV/AIDS cases. Estimates for calculating the number of PLWHA in Indonesia vary significantly. In March 2020, the estimated number of PLWHA in Indonesia was 543,100, a decrease from the previous year of 640,433 PLWHA. After recalculating the estimates for PLWHA in 2020, the figure was 511,955 people, with details of people with HIV totaling 388,724 people and AIDS totaling 123,321 people.

HIV/AIDS in Bandar Lampung City has an estimated calculation for July 2023, and the number of PLWHA in Bandar Lampung City will be 2,462. However, after recalculating the estimate for PLWHA for 2023, a figure of 1,930 PLWHA was obtained. [SIHA 1.7] Of the total cumulative number of PLWHA who entered treatment and were receiving ARV (antiretroviral) treatment, there were 1,462, and the cumulative number of PLWHA who were lost to follow-up (dropped out of medication) was 245. The percentage of HIV/AIDS cases is mostly found in heterosexual transmission/groups, homosexuals, and people who use injection needles (Disease Prevention and Control Sector, Bandar Lampung City Health Service). From the above data, it can be said that HIV/AIDS cases in Bandar Lampung City have many PLWHA cases. Even though every PLWHA can receive early treatment according to their needs, there are currently cases where PLWHA is no longer taking medication or receiving other medical treatment (Alim, Triono, & Yudhi, 2023).

People with HIV/AIDS (PLWHA)'s main need is to take antiretroviral (ARV) drugs that function to slow down the growth of the HIV/AIDS virus. However, if medication is not administered according to the needs of each PLWHA and is not consumed regularly according to instructions, the virus in the PLWHA's body will become active again, which can worsen the body's condition and affect the sufferer's immune system. This is one form of vulnerability of the PLWHA group to infection or suffering from other chronic diseases if they cannot access existing health treatment facilities.

When facing global challenges related to HIV/AIDS, service management is very important to ensure that HIV/AIDS sufferers receive optimal care and support. The success of this management not only reflects the success of the health system but also has a major impact on the lives of individuals and society. The service procedures are as follows:

1. Pretesting Counseling

Pre-testing counseling is a counseling process given to someone before carrying out certain health tests, especially those related to HIV/AIDS. Pretesting counseling aims to provide comprehensive information to individuals who will undergo a test, help them understand the implications of the test and potential risks, and provide support. emotional.

2. Informed Consent

Informed consent refers to a person's consent after they have been given adequate and clear information about a medical procedure, treatment, or action. Before undergoing the HIV test, all participants provided written consent. An important aspect of written consent is that the client is given an explanation of the risks and impacts as a result of the action and agrees to it. The client has the ability to understand and express his/her consent. The client was not forced to provide consent. unable to make a decision due to limitations in understanding, the counselor applies honestly and objectively to convey information.

3. Testing for HIV in VCT

The principle of HIV testing is to maintain patient confidentiality. Testing was performed to confirm the diagnosis. Rapid testing allows clients to obtain testing results on the same day. The purpose of testing is to establish a diagnosis, safeguard blood donors (screening), and conduct surveillance and research.

4. Post-testing counseling

Post-test counseling in HIV (post-test counseling) is a counseling process provided to someone after they have undergone an HIV test. The aim of this counseling is to provide support, information, and understanding of the HIV test results obtained by the individual. The main key in conveying testing

results, double-check all client results in the medical record before meeting the client, convey it to the client face to face, be careful calling the client from the waiting room, a counselor is not permitted to convey test results verbally or non-verbally in waiting room and test results must be written

5. Continuous support service

Ongoing support services for people living with HIV/AIDS refer to the ongoing range of services provided to individuals living with HIV/AIDS to support their physical, mental, and social well-being. This service is designed to provide long-term support, promote continuity of care, and improve the quality of life of HIV/AIDS patients, such as follow-up counseling, Treatment Support Treatment (PDP) support groups, case management services, care and support, psychiatric services, medication adherence counseling, and references.

3.2.2. Health services for people with HIV/AIDS in Bandar Lampung City

Health services are all efforts to prevent and treat diseases. All efforts and activities to improve and restore health are conducted by health workers to achieve a healthy society. In principle, health services prioritize promotive and preventive health services. Promotive services are efforts to improve public health in a better direction and prevent people from falling ill in order to avoid disease. Both methods can be implemented by the government to improve health.

Health workers who treat HIV/AIDS sufferers and those who treat HIV/AIDS sufferers play a very important role in providing care and support. They also face certain risks related to their work, such as HIV Post-Exposure Prophylaxis, which is a preventive measure for health workers who contract HIV due to needle sticks, contaminated blood from HIV sufferers, or corpses of HIV sufferers. Exposure to infectious fluids not only carries the HIV virus but also the hepatitis virus (Hepatitis B and C). Percutaneous injuries are the most common work-related accidents, and are usually caused by hollow needles. The factors that influence them are the amount and type of fluid involved, the depth of the puncture/wound, and the site of injury or exposure.

One of the principles that underlines the implementation of medication support care (PDP) services is quality service to ensure that clients receive the right service and attract people to use the service. The purpose of measuring quality assurance is to assess officer performance and customer or client satisfaction and assess the accuracy of counseling and testing protocols, all of which aim to provide quality and guaranteed services.

1. Counseling in PDP

Counseling services begin with a friendly atmosphere served by trained counselors. Tools for assessing service quality include evaluating the performance of all PDP staff, assessing the quality of counseling by presenting supervisors as clients, holding regular meetings with counselors following developments in counseling and HIV AIDS, suggestion boxes, assessments by service officers, measuring how far counselors follow protocol rules, and regular supportive supervision. Counseling quality assurance tools in PDP

- a. Recording devices when counseling pseudonymous clients or real clients who have provided consent to be recorded.
- b. Customer satisfaction forms, client numbers, and names were recorded. The form was placed in a secure locked box. All comments were collected and assessed at a meeting with all officers. Clients who cannot write or read are assisted by volunteers. Officers who work at institutions are not permitted to assist with filling.
- c. Internal or external assessment can use a simple list of whether PDP services meet the minimum standard requirements determined by the Ministry of Health and WHO

Efforts to control HIV/AIDS in Indonesia are regulated by Minister of Health Regulation Number 21 of 2013 concerning HIV/AIDS Management. This regulation covers the comprehensive and sustainable management of HIV and AIDS, which includes health promotion, prevention, diagnosis, treatment, and rehabilitation of individuals, families, and communities. Article 3 of the Minister of Health Regulation No. 21 of 2013 states that overcoming HIV/AIDS aims to reduce the number of PLWHA, eliminate

discrimination against PLWHA, improve the quality of life of PLWHA, and reduce the socioeconomic impact of HIV and AIDS on individuals, families, and society.

The right to health is part of the basic rights of every human being and is a basic need for every human being that cannot be reduced under any circumstances. Even in General Comment No.14 KIHESB, it is stated that the right to health is a fundamental human right and is invaluable for the implementation of other human rights (Limbong, 2020). Fulfillment of the Right to Health for Vulnerable Groups in Indonesia. Fulfillment of the right to health is so important that it is guaranteed as a human right by several international and national instruments. The provisions in this instrument state the responsibility for health on the part of the state by formulating health as an individual right and/or by establishing concrete state obligations (Eide, Krause, & Rosas, 2001). In Article 25 of the Universal Declaration of Human Rights, Article 12 KIHESB, Article 12 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and Article 24 of the Convention on the Rights of the Child, it is generally stated that the provisions on the right to health are rights-based and a number of responsibilities are formulated. State responsibility in the health sector (Triono 2021).

In Article 12 of the KIHESB it is stated that "everyone has the right to enjoy the highest attainable standard of physical and mental health." This provision states that the right to health is an individual's right. The highest standard achieved is every individual's enjoyment of the right to health. In the national instrument, it is stated in the 1945 Constitution article 28H "Every person has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and the right to receive health services." This regulation underlines a change in the paradigm of health, which is an individual's right; however, its fulfillment is the responsibility of the state.

Article 4 and Article 5 of Law Number 17 of 2023 concerning Health ("Health Law") emphasizes that everyone has equal access to all health resources, safe, quality and affordable services as well as freedom in determining the health services needed. It is stated in Article 41 paragraph (2) of the Human Rights Law that "every person with disabilities, elderly people, pregnant women and children, has the right to receive special facilities and treatment." Specifically related to children, Article 62 states that every child has the right to receive adequate health services and social security, in accordance with their physical, mental, and spiritual needs". This shows that apart from the state's obligation to provide health services, the right to health must be enjoyed by vulnerable groups without discrimination.

Based on Risk Factors	Test Achievement	HIV Positive (+)
Pregnant women are tested for HIV	13.544	6
TB patients are tested for HIV	1.553	17
IMS patients are tested for HIV	538	3
WBP patients are tested for HIV	1.005	0
WPS patients are tested for HIV	1.030	4
LSL patients are tested for HIV	1.458	105
Waria patients are tested for HIV	168	0
Penasun patients are tested for HIV	0	0

Source: Field of Disease Prevention and Control

Factors Affecting the Quality of Health Services. According to Parasuraman, the dimensions that represent consumer perceptions of service quality are as follows.

a. Direct Evidence (Tangible)

Defined as the appearance of facilities, equipment, and personnel providing services, because a service cannot be seen, smelled, touched, or heard, the tangible aspect becomes a very important measure of service delivery.

b. Reliability

This dimension measures the reliability of a service for consumers. The reliability dimension is defined as the ability to reliably and accurately provide promised services.

c. Responsiveness (Responsiveness)

This is the willingness to help and provide services quickly to consumers, which includes alertness of the workforce in serving consumers, speed of the workforce in handling transactions, and handling consumer complaints. Responsiveness was the most dynamic dimension. This is influenced by the technological development factors. One example of responsiveness to services is speed.

d. Guarantee (Assurance)

It is a dimension of service quality related to the ability to instill trust and confidence in consumers. The assurance dimension includes the workforce's ability to know the product, including the employee's ability to know the product appropriately, the quality of hospitality, attention, and politeness in providing services.

According to Dewi's explanation (results of an interview with Dewi as a member of the Disease Prevention and Control Division of the Bandar Lampung City Health Service, Monday, September 25, 2023). Health services for HIV/AIDS sufferers have expanded to various health facilities such as hospitals, clinics, and health centers. The total number of health service facilities available in Bandar Lampung City is 419, with 314 community health centers and 80 hospitals (government and private). In this health service, these agencies also provide free counseling, HIV testing, and antiretroviral treatment. However, PLWHA is not satisfied with accessing health services comfortably and easily because of complicated administration, high costs, spatial disparities, discrimination, and other problems, both internal and external, which hinder PLWHA from accessing health services. To become a BPJS member, there are many obstacles related to the large number of administrative documents that must be completed to obtain a referral to a health service center according to the development of the disease and the length of the process required. Therefore, PLWHA uses its own funds for HIV/AIDS treatment.

The target of this health service is to treat HIV/AIDS sufferers, namely, pregnant women, TB patients, sexually transmitted infection patients, MSM (men who have sex with men), sex workers, transgender people, injecting drug users, and community members. Based on the total population factors at risk, they were the ones most at risk of contracting HIV/AIDS.

3.3. Factors Barriers to Fulfilling the Right to Health Services for HIV/AIDS Sufferers (PLWHA)

3.3.1 Insufficient financial support

The quality of life of people living with HIV/AIDS (PLWHA) is determined by the continuity of treatment throughout their life. Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2013 concerning HIV/AIDS Management, central and regional governments are required to allocate a budget to fund HIV/AIDS prevention, ensuring the availability of medicines and necessary health equipment, including care, support, and treatment (CST) for people with HIV/AIDS (PLWHA) borne by the state. Every health insurance provider is obliged to cover some or all of the costs of the treatment of insured PLWHA. This was also confirmed by the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2014 concerning the Guidelines for Implementing the National Health Insurance Program.

Funds for HIV/AIDS treatment can come from both individual and family income sources. The family will cover medical costs for family members, including wives, husbands, and children who suffer from HIV/AIDS and are unemployed. Meanwhile, PLWHA who are unmarried but independent pay for their

own treatment. HIV/AIDS treatment costs include medical costs, such as registration, health services, counselor/doctor services, medicines, and laboratory tests. PLWHA treatment costs were calculated based on the costs incurred by PLWHA. Registration fees and doctor services are 0 (zero) for patients who use BPJS or receive Regional Government subsidies, while PLWHA, who use their own funds, must pay registration fees at private hospitals.

Based on the explanation from the source. The condition of health services in Bandar Lampung City for PLWHA sufferers currently faces a lack of adequate financial support. Although this challenge is not only limited to Bandar Lampung City, there are still many PLWHA from other regencies/cities who do not only live in Bandar Lampung City. Currently, health agencies in Bandar Lampung City depend on financial support from various funding sources. Although efforts have been made to ensure optimal services, there is still a perceived lack of funding, which impacts the availability of services for PLWHA sufferers.

3.3.2 Antiretroviral Drugs That Still Depend on the Center

Antiretroviral is an antiviral drug that functions only to suppress the development of the HIV virus in the body, not to kill the HIV virus. To date, therapy with ARVs is the most clinically successful strategy. ARV therapy aims to maximize HIV replication, increase CD4 lymphocytes, and improve the patient's quality of life, which in turn will reduce morbidity and mortality. As with other antimicrobial drugs, the complexity among patients, pathogens, and drugs influences drug selection and dosage.

The various ARV drugs commonly used in Indonesia include viral and viral drugs. ARV therapy is a treatment that must be carried out by someone who is HIV positive or PLWHA, but not all PLWHA need ARV medication immediately because PLWHA who are given ARV treatment are PLWHA at a certain stage, and ARV use must be according to the doctor's instructions. ART and antiretrovirals are currently the only drugs that provide great benefits in the treatment of PLWHA. The use of ARVs requires adherence and continuity of treatment, which involves the role of the patient, doctor or health worker, companion, and the availability of drugs. If treatment is stopped midway, it can cause the virus to become more virulent and develop more quickly, and what is even more dangerous, stopping ARVs can cause the virus to become resistant to ARVs so that ARVs will no longer be able to function to suppress the development of the virus in the body.

Before carrying out treatment with ARV/ART, pharmacists need to have an understanding of the principles of ART, the benefits of ART, the basic knowledge of using ARVs, and when to start ART for PLWHA. This guideline also provides information about the 4S: starting, substituting, switching, and stopping, namely, the right time to start ART (starting), choosing which drugs should be continued if you have to change part of the treatment regimen (substituting), reasons for changing the entire regimen (switching), and when stopping ART (stopping).

ARV therapy must be carried out for life, and the success of ARV therapy is highly dependent on PLWHA's compliance with ARV consumption and support from the surrounding environment. In ARV therapy, it is also necessary to carry out follow-up when the patient arrives, physical examinations every month, and laboratory examinations every 3 months. The most efficient way to inhibit the development of HIV infection is to use ARVs, which remain the gold standard for suppressing the number of viruses. However, the consumption of multivitamin supplements (vitamins B, C, and E) and selenium has a good ability to reduce the risk in those who have not undergone ARV treatment. Multivitamins can strengthen the immune system, whereas selenium supplements provide minerals that suppress the growth of viruses.

3.3.3 Internal Factors of People with HIV/AIDS (PLWHA)

According to Desi's explanation [Member of the DAMAR Advocacy Institute, Saturday, September 23, 2023], internal factors involving fear among people suffering from HIV/AIDS, especially those related to rejection or prohibition from the family, can be a serious obstacle in obtaining the necessary health services. Some PLWHA may face significant emotional and psychological dilemmas that impact their ability to speak openly to their families. In many cases, PLWHA is afraid to reveal their HIV/AIDS

status for fear of rejection and lack of understanding of HIV/AIDS in the family. Some families may lack information about how HIV/AIDS is transmitted and managed, so they tend to feel afraid and unwilling to support PLWHA (Sari et al., 2022).

To overcome these barriers, approaches involving psychosocial support and counseling are essential. Providing families with accurate information about HIV/AIDS, involving them in the education process, and creating a safe space for PLWHA to talk about can help reduce stigma and fear. Additionally, promoting a better understanding of HIV/AIDS at the family level can increase social support and motivate PLWHA to seek health services without fearing rejection.

5. Conclusions

Fulfillment of the right to health services for PLWHA in the city of Bandar Lampung already exists in various health agencies, such as community health centers, hospitals, clinics, and organizations that focus on HIV/AIDS. PLWHA can undergo HIV/AIDS testing and routine treatment at these institutions. These agencies also always directly reach out to places where it is clear that HIV/AIDS rates are high.

The obstacles that occur in health services for PLWHA in providing health services for PLWHA are that many health workers discriminate against PLWHA when PLWHA want to access health services. The distribution of antiretroviral drugs is still limited if the antiretroviral drugs in hospitals and clinics have run out, so it will take a long time for them to be available again, even though PLWHA has to take these drugs regularly. In addition, there are internal factors that hinder health services for PLWHA, such as the sufferer's family, where the sufferer is afraid to reveal it to their family for fear of not being accepted by their family.

Therefore, it is hoped that the government will pay more attention to health services in Bandar Lampung City, such as the availability of affordable and easily accessible testing services in various regions as well as the unlimited supply of antiretroviral drugs. This is important because PLWHA really requires this medicine, and they have to take it regularly. In other words, it is hoped that local governments will implement programs to ensure that PLWHA consistently gets access to and adheres to antiretroviral treatment, as well as provide psychosocial support services to help PLWHA overcome stigma and other mental health problems, and involve sufferers' families in providing social support.

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