

## **PREVENTION OF SEXUALLY TRANSMITTED INFECTIOUS DISEASES (STD), HIV AIDS BASED ON OTTAWA CHARTER HEALTH PROMOTION STRATEGY IN WAKATOBI DISTRICT, SOUTHEAST SULAWESI**

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### **ABSTRACT**

Targeting to end the AIDS Epidemic by 2030, the government of Wakatobi Regency, Southeast Sulawesi undertakes HIV prevention efforts with Health promotion strategies based on the Ottawa Charter so that individuals and communities can adopt healthy behaviors by not behaving at risk. This study aimed to examine the prevention of STIs and HIV AIDS based on the Ottawa Charter in Wakatobi in 2022. Using Quasi qualitative data collection techniques using observation, in-depth interviews, and documentation. Informants, namely 1 key informant: Head of the Wakatobi District Health Office, 1 Supporting Informant is the Wakatobi KPAD, and 3 regular informants, namely the Head of Division and Head of the Prevention and Control of Infectious Diseases and Public Health Center officers in Wakatobi Regency. Based on the study results, shows that prevention efforts based on the Ottawa strategy have been implemented but have not been maximized. There are several dimensions: health-oriented policies, a supportive environment, Reorientation of Health Services, individual skills strategies, and Community Movements. Although not many activities have been carried out related to independent programs in HIV prevention and control, the Health Office and KPAD have included plans to approach existing risk groups so that they can realize positive behaviors for health. Based on the results of the study, HIV AIDS Prevention Efforts in Wakatobi Regency based on the Ottawa Charter still need to be improved and strengthened by the local government, especially the Health Service and KPAD. Several programs are still in the planning stages within the dimensions of the Ottawa Charter.

Keywords: HIV AIDS; ottawa charter; prevention; wakatobi

### **INTRODUCTION**

Based on the Joint United Nations Program on HIV/AIDS (UNAIDS), 2020, UNAIDS Data 2019, Geneva: UNAIDS; 2018 revealed Globally, the HIV epidemic has decreased by about 33% since 2001, so that in 2012 it is estimated that there will be around 2.3 million new infections in adults and children. AIDS-related deaths have decreased by 30% since 2005 due to increased access to ARV treatment, including deaths attributed to tuberculosis, also decreasing by 30% since 2004. AIDS-related deaths have declined from their peak in 2004 with 1.7 million AIDS-related deaths per year to 770 thousand AIDS-related deaths in 2018<sup>1</sup>. In the National Action Plan for the Prevention and Control of HIV AIDS and PIMS for 2020-2024 by the Ministry of Health of the Republic of Indonesia, it is stated that the Government and the community support efforts to achieve the elimination of HIV AIDS which has been agreed at the global level that by 2030 we can reach 95-95-95 for treatment, where 95% of people living with HIV know their status, 95% of people living with HIV who know their status are getting treatment, and 95% of people living with HIV who are treated have suppressed the virus. Prevention and control of sexually transmitted infections is an integral part of controlling HIV/AIDS<sup>1</sup>.

The importance of prevention efforts is the responsibility of all parties because sexually transmitted infections (STIs) are not yet under control. Behavioral factors are one of the targets of intervention

because good knowledge and positive attitudes in the community about STIs, HIV AIDS will have an impact on reducing risky behavior and will also reduce new cases of sexually transmitted infections. For the success of an intervention, a Health promotion strategy is needed, namely the implementation of the Ottawa charter strategy which includes 5 items; health-oriented policies, supportive environment, reorientation of health services, individual skills, and community movements. Health-oriented policy activities are aimed at policy makers<sup>2</sup>.

PIMS, HIV AIDS is still homework now and is one of the three zero targets in the Sustainable Development Goals (SDGs) in 2030. To end the AIDS Epidemic by 2030 is a comprehensive goal in the world including in Indonesia with no new HIV infections, no more AIDS deaths, and no more stigma and discrimination against people living with HIV/AIDS (three zero). To slow down the rate of HIV transmission, S.T.O.P HIV was carried out, namely, Flash, Find, Treat, and Maintain. Suluh is a community that gets correct information about HIV AIDS; Finds that 95% of PLHIV know their status; Treats 95% of people living with HIV who know their status is receiving ARVs and keeps 95% of people living with HIV on ARV therapy experiencing viral suppression<sup>3</sup>.

Efforts to achieve 90-90-90 start from the district/city which is formulated as a District Based Intervention (Intervention at the district/city level). Each district/city is obliged to implement HIV AIDS and PIMS prevention and control programs and achieve the set targets<sup>1</sup>. This effort was also carried out in Wakatobi Regency, Southeast Sulawesi, based on data from the KPAD and the local Health Office in 2021 there were 13 new cases of HIV. This new case became a 'warning' and the Wakatobi government responded to prevent it by screening at-risk populations at nightclubs, counseling junior high and high school youth, and screening pregnant women at the Puskesmas with HIV cases. This effort is not carried out continuously due to limited budget and facilities, so a Health promotion strategy based on the Ottawa Charter is needed. The provision of education in the form of health promotion aims so that individuals and the community can adopt healthy behavior by not behaving at risk such as using drugs, free sex, and changing sexual partners so that the community can be independent in improving their health.

The discovery of new HIV cases in Wakatobi every year is of course a concern for the government, in this case, the local Health Service and KPAD, because more people can be infected than the data found. Thus, there is a need for interventions that can provide awareness to the community. Regarding the implementation of the Ottawa Charter strategy, for Health-oriented Policy (Healthy Policy Public), the Health Service has advocated for the Regent and DPR in Wakatobi but is still constrained by budget and infrastructure and facilities; Regarding the Supportive Environment, approaches to owners of nightclubs for socialization and screening but are not continuous and approaches to religious and community leaders have been carried out but are still limited; Reorient Health Service (Reorient Health Service), the Wakatobi Health Service and related parties seek to place Health as the responsibility of individuals and groups at risk so that they can maintain and improve their health status, can prevent, recognize signs of STIs<sup>4</sup>; Individual Skills (Personal Skills), providing education to youth in junior high and high school but not scheduled and not sustainable due to budget constraints; Community Action (Community Action), this activity is still not carried out and there is no special community such as HIV AIDS observers. Non-governmental organizations that once existed, are not even active anymore.

There are still many obstacles related to prevention efforts being carried out, so the purpose of this study is to examine efforts to prevent STIs, and HIV AIDS based on the Ottawa Charter in Wakatobi in 2022.

## METHOD

Using a Quasi-qualitative method with a descriptive design that aims to explore efforts to prevent STIs, and HIV AIDS based on the Ottawa Charter in Wakatobi. Techniques for collecting data by means of observation, in-depth interviews, and documentation during the research. The research informants consisted of 1 key informant, namely the Head of the Wakatobi District Health Office, 1 Supporting Informant was the Wakatobi KPAD, and 3 regular informants, namely the Head of Division and Head of the Prevention and Control of Infectious Diseases and Public Health Center officers in Wakatobi Regency. The data that has been collected is then categorized, reduced and analyzed, interpreted, and presented in a narrative manner. Data validity techniques using triangulation of sources, techniques, and time.

## RESULTS

This second phase of research was carried out starting in February 2022 in Wakatobi Regency, with informants:

No	Informan	Age (years)	Religion	Education	Job	Address	Description
1	Ir	36	Moslem	S1	Civil Servant	Binongko	Ordinary Informants
2	W.M	36	Moslem	D3	Civil Servant	Wanci	Ordinary Informants
3	Nrh	39	Moslem	S1	Civil Servant	Wangi-wangi	Ordinary Informants
4	Zn	34	Moslem	S1	Private/ KPA	Hureana	Supporting Informants
6	Mld	50	Moslem	S2	Civil Servant	Wangi-Wangi	Key Informants

Table 1 shows that the age of the informants is at the age of maturity to carry out their duties and be responsible for their duties and is very appropriate to be an informant because they can provide information related to HIV AIDS prevention efforts based on their experience at work. Likewise with the educational background in accordance with the position / place of work carried out.

Based on the results of the study, it was found that prevention efforts were carried out based on the Ottawa Charter strategy:

### a. *Healthy Policy Public*

This strategy is aimed at policymakers so that activity programs get support in the form of public policies that support or benefit health<sup>2</sup>. For this strategy, the Health Office has approached the local government and the DPR, support for the prevention and control of STIs, and HIV AIDS has been obtained but is constrained by the lack of budgetary support so there are several plans that have not been carried out. As stated by the following informant:

*“Funds are limited, so that's how it is... usually for the prevention of family planning, there is intensive counseling about condoms in BKKBN. It's a GENRE. There is a KB village. Not much has been done here because the program based on the BOK (Health Operational Assistance) at the puskesmas if it is not in the BOK, cannot be done”*

The Health Office also received support from traditional leaders, as follows:

*“Because this is not necessarily the task of health workers and KPA, it is also very important to involve or contribute traditional leaders, religious leaders, community leaders, youth groups, or RT and RW associations, for example, because this is a big problem that we must solve together. -together collectively”*

b. *Supportive Environment*

This strategy is aimed at the managers of public places in order to provide facilities that support the creation of healthy behavior from the community<sup>2</sup>. For this matter, the Health Service and the local KPAD have made an effort to visit THM as stated below:

*“If we have a lot of programs, but funding is constrained... we have HIV counselors who have been trained. To carry out direct screening to the community, we experience logistical limitations, so we only focus on pregnant women”*

c. *Reorient Health Service*

This strategy seeks to place the community as an active party to improving and maintain their health status.

In this regard, the KPAD stated:

*“What we need to work hard on is the general public regarding HIV and its prevention. If it's the cafe, they're the ones who contact us, they say if necessary, every 3 months a screening is held hehehe...It was further disclosed that although it had not yet been realized, there were already plans for activities with community involvement as stated below:*

*“While it was discussed from last year that in every village there is a health forum which is also structured, so that later every village head that we have formed several villages, this is for handling health problems including AIDS, the community is an active role from the community itself. the members are from the community, village leaders, PKK women, and community leaders”*

d. *Personal Skill*

This strategy is to realize the skills of individuals in maintaining and improving their health by providing understanding to the community regarding efforts to prevent diseases such as STDs, and HIV AIDS<sup>2</sup>.

Based on the results of interviews with the Department of Health, it was found that:

*“Education has been done at THM, as well as outreach to peers such as junior high school, high school. This year's program planning has also been proposed for socialization and training, including for the VCT clinic.”*

e. *Community Action*

This strategy supports the existence of activities that encourage the realization of behaviors that enable the creation of people who are willing and able to maintain and maintain their health.

Regarding the community movement in Wakatobi, not much has been done, as stated by the KPAD as follows:

*“The possibility that can be done for local communities is, for example, approaching communities such as waria, but the structure is not clear because the position of the chairperson is also being contested. MSM the info is also there, only they are not open”*

Furthermore, the KPAD revealed:

*“In the past, we collaborated with NGOs in 2013-2014 but now the NGOs are gone. I forgot the name, our collaboration is socialization. The basis for socialization is because there are cases that have been found, the difficulty is that our data is not in sync between the provinces and here (Wakatobi).”*

## **DISCUSSION**

Movement, although there have not been many activities carried out by many communities in Wakatobi related to independent programs in HIV prevention and control, the Health Service The global effort to end the HIV epidemic is a goal stated in the Sustainable Development Goals (SDGs) based on the agreement of 193 countries that are members of the United Nations including Indonesia. One of the 17 SDGs goals is a healthy and prosperous life in Goal 3, namely ending the AIDS epidemic by 2030. Data from the 2020 Joint United Nations Program on HIV/AIDS (UNAIDS) in the NAP AIDS for 2020-2024, mentions Controlling HIV and AIDS in the Asia Pacific has been quite successful in reducing new HIV infections by 9% since 2010. In the Asia Pacific region, there has also been an increase in ARV treatment coverage from 42% (in 2015) to 54% (in 2018). AIDS-related deaths are estimated to have fallen to 200,000 people, down from 240,000 people in 2015.

Despite the decline in new cases, prevention efforts must continue to be carried out continuously in order to achieve zero new cases by 2030. Regarding the decline in new cases of HIV infection, the results of Ma'ruf & Puengsamran's research (2016) show that knowledge about HIV/AIDS is related to HIV/AIDS-related behavior among young urban men in Indonesia. Meanwhile, regarding the death of HIV patients in Indonesia, predictors were identified such as male HIV sufferers, with low education, through heterosexual transmission or IDU, starting therapy with low CD4 values, and not having a medication supervisor (Utami et al., 2017). These findings can be used as a basis for reference in the development of HIV programs in Indonesia<sup>6,7,8</sup>.

The behavior-based approach is one way to reduce new HIV cases by using various strategies, such as the Ottawa Charter strategy. Based on the results of this study, HIV AIDS prevention and control efforts in Wakatobi Regency have been carried out even though they are still not optimal due to various obstacles. Regarding policies from a health perspective, Wakatobi Regency is still in the planning process to strengthen policies for the prevention and control of STI, HIV, and AIDS. The local KPAD Joint Health Service has received full support from the local government and the DPR for HIV prevention efforts, but there has been no decision letter for the working group. The budget is also limited so that socialization and screening are carried out only in areas where HIV cases are found. However, these prevention efforts are still being carried out, such as screening for

examinations of pregnant women carried out by the Puskesmas which have included HIV prevention and screening programs in the Health Operational Assistance (BOK). It is very necessary to have policies contained in written rules so that these policies can be implemented continuously because there is already a person in charge of the program. Afrilia and Ubaidullah (2019) revealed that the government's role in HIV and AIDS prevention and control is very much needed because strategies from various parties in this case the government and the community need to be carried out considering the impacts and there is no cure yet<sup>9</sup>

Regarding a supportive environment, the government of Wakatobi Regency through the Health Office seeks to support the creation of positive behaviors such as preparing HIV counselors and screening for risk groups both for pregnant women and for workers in cafes or THM. For screening, there are accompanying doctors and programmers and there is also a laboratory, if further treatment is needed, they will be referred to more complete facilities such as Baubau Hospital and Kendari Hospital.

Regarding the Reorientation of Health Services, the Health Service has planned empowerment for community participation in maintaining their health, especially regarding sexually transmitted infections. This strategy is important because people think that they are users of health services, of course, this must be changed so that it needs to be empowered so that people have awareness and put health on individual responsibility. Aji, M.S, and Yudianto (2020) in their study revealed that the responsibility for health services should be a shared responsibility between health service providers and those who receive services. The health provider or service provider does not only provide services but can increase the active role of the community in the development of health aspects. There needs to be awareness that the role of health care providers is not only as a subject but also as an object<sup>10</sup>.

In the individual skills strategy carried out by the Wakatobi Health Office by providing education to junior high and high school youth about HIV and its prevention, such as I am proud of I know, although it is not carried out continuously. In this strategy, the emphasis is indeed on providing understandings to individuals on how to maintain health, prevent disease, improve health and so on<sup>2</sup>. Providing information to adolescents because at that age they face a lot of complexities in their relationships, vulnerable to influence but also easier to accept and change their behavior based on the information obtained. Kesumawati, et al (2019) in their study revealed that information is something that is needed by every individual, a person is said to be able to find information if he can get the information correctly<sup>11</sup>. There are many ways to provide knowledge to the target, one of which is the provision of education which will have an impact on individual skills in making decisions regarding health problems around them, including efforts to prevent sexually transmitted infections. Aji M.S and Yudianto (2020) stated that individual skills are important to create a healthier society. Basic skills need to be equipped with health knowledge. They are able to make the best decisions for themselves and the environment related to health<sup>10</sup>.

Regarding the Community and KPAD have included plans to approach existing groups such as Waria so that they can realize positive behavior to prevent and control HIV. Health. In addition, there are already potential local communities that are teenagers such as GENPI (Generasi Pesona Indonesia) although they have not been given intervention regarding HIV, these communities are actively influencing their peers regarding the promotion of the Wakatobi area and become

productive teenagers and can become a reference group in the social environment. Hidayat (2012) suggests that peer education is identified as an important means of disseminating information about HIV/AIDS and reproductive health because sex-related issues are often difficult to discuss openly and there are barriers to formally delivering health education. Peer education can overcome some difficulties, can transfer knowledge, and communication is carried out more freely and openly in peer groups<sup>12</sup>. The community movement through local communities in Wakatobi is expected to have a positive impact and become a role model in efforts to prevent sexually transmitted diseases because youth who are members of GENPI are representatives of youth selected from each of the existing sub-districts.

## CONCLUSION

The conclusion of this study is that HIV AIDS Prevention Efforts in Wakatobi Regency based on the Ottawa Charter still need to be improved and strengthened. In terms of Health-oriented Policy, support is still verbal and the budget is still limited. For a supportive environment, there are already counselors and screening is carried out on pregnant women and there are laboratory facilities, programmers and accompanying doctors, but they still need to be improved so that if cases are found they can be handled without being referred. In the reorientation of health services, it still needs to be optimized because individuals have not played an active role independently in efforts to prevent sexually transmitted infections. Regarding individual skills, socialization and education about HIV have been carried out but it is not sustainable. For the community movement, there are no groups that care about HIV AIDS yet but there are communities that have the potential to be mobilized.

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