

Original Article

Effectiveness of HIV AIDS Prevention Program in Kebumen Regency

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Abstract:

The number of HIV/AIDS cases in Kebumen Regency increases every year. In general, HIV/AIDS has a significant impact on the economic, social, and psychological conditions of people living with HIV, both before and after infection. Therefore, the Kebumen Regency Government, through the HIV/AIDS Commission (KPA), is implementing HIV/AIDS prevention efforts. In carrying out these efforts, the KPA is divided into four areas: Prevention, Care, Support, and Treatment, Impact Mitigation, and a Conducive Environment. The implementation of HIV/AIDS prevention efforts needs to be evaluated to determine its effectiveness. Therefore, this research is crucial. This is a qualitative study using primary and secondary data. Data were obtained from employees of the KPA, the Kebumen Regency Health Office, and the Kebumen Regency Peer Support Group. The results of the analysis conducted show that in the Prevention Sector, of the 47 planned activities, 34 or 72% of the activities have been implemented, 6 activities or 13% have been implemented but not optimally, and 7 activities or 15% have not been implemented. In the Care, Support and Treatment Sector, there are 7 planned activities, while the achievement of activities in this sector is that there are 6 activities or 90% have been implemented and 1 activity or 10% has not been implemented. In the impact mitigation sector, there are 7 activity programs with the achievement of 6 activities or 90% have been implemented and 1 activity or 10% has not been implemented. Furthermore, in the Conducive Environment Sector, there are 3 activities, and these 3 activities have been implemented. Based on this, it can be said that the majority of activities in each sector have been implemented and their implementation has been effective.

Keywords: effectiveness, prevention, HIV AIDS.

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Introduction

AIDS is an incurable disease caused by the immune system being attacked by HIV. HIV/AIDS was first reported in 1981 in the United States, then spread rapidly to Europe and other parts of the world. In less than 10 years, HIV/AIDS had spread to almost every

country in the world, thus being considered a new epidemic. ([Idrissi-yaghir et al., 2025](#)).

HIV cases in Thailand were primarily found among homosexuals. Subsequent developments have clearly shown a shift in incidence among other groups, such as intravenous drug users (IDUs), sex workers and their clients, and heterosexuals not included in the aforementioned groups. HIV/AIDS is growing at a rapid pace in Africa, affecting a wide swath of the population. In sub-Saharan Africa, at the end of 2002, an estimated 28.5 million adults and children were living with HIV/AIDS. In South and Southeast Asia, the figure is 5.8 million ([I Ketut Gama, Ni Kadek Dwi Jayanti, 2016](#)).

The first AIDS case was discovered in Indonesia on July 1, 1987 and until December 2007 in Indonesia there were 6,066 HIV sufferers and 11,141 AIDS sufferers. HIV sufferers in Central Java were first reported in 1993 as many as 1 case in Pemalang Regency who was detected in West Java and died as an AIDS case on October 14, 1995. And then every year there are reported cases of HIV-AIDS in Central Java. The cumulative number of HIV-AIDS cases in Central Java until the end of 2023 was recorded at 70,354 HIV cases and AIDS cases (KPA Kebumen Regency, 2023).

HIV-AIDS sufferers in Kebumen Regency are increasing every year. Based on data released by the Kebumen Regency Health Office in October 2025, the number of HIV-AIDS sufferers in Kebumen Regency was 2300 people. From January to October 2025, 107 new cases were found in the HIV phase. Based on age, the highest HIV AIDS cases in Kebumen Regency were in the age group of 30-34 years old, ranking first with 415 people, second with 382 people, and third with the age range of 35-39 years old, there were 357 people. HIV AIDS cases based on age show the phenomenon of productive age being the highest group infected with HIV AIDS, however, at the age of over 50 years also shows a relatively high number of 297 cases, while in the adolescent group aged 15-19 years and 20-24 years also shows an increase in cases every year. The findings of HIV cases in Kebumen Regency based on risk factors from January to October 2025 were dominated by heterosexual sexual behavior, namely 66 people, homosexuals as many as 35 people, bisexuals as many as 3 people and perinatal deliveries as many as 3 people (KPA Kebumen Regency, 2025).

Generally, HIV sufferers are more susceptible to other diseases such as tuberculosis, hepatitis, diabetes, high blood pressure and other serious diseases. ([Abbas et al., 2025](#)), ([James et al., 2025](#)), ([Palmateer et al., 2022](#)), ([Kinner et al., 2018](#)). HIV-AIDS has a significant impact on the economic, social and psychological conditions of people with HIV before and after being infected with HIV ([Pardita & Sudibia, 2014](#)). ([Chile., 2019](#)) dan ([Parpura-Gill, 2003](#)). HIV/AIDS has a major impact on the number of workers and the quality of work that people do ([Sultan, 2021](#)). If people infected with HIV do not receive adequate treatment, the number of sick people in need of assistance in the community will increase rapidly unless they receive treatment regularly until they are healthy. As a result of HIV and AIDS, people with HIV/AIDS are permanently unable to work, resulting in reduced income and reduced ability to cover various expenses, including increased healthcare costs.

Human capital theory states that improved education, health, and human capacity can increase human productivity. An analogy has been drawn to conventional investment in physical capital: after the initial investment is made, a stream of future income can be generated from improvements in education and health. Of course, education and health also contribute directly to well-being ([Hasan et al., 2023](#)).

Referring to the human capital theory, the HIV/AIDS epidemic will also have a negative impact on overall national development, as well as socioeconomic, political, and

defense and security aspects.

The above illustration demonstrates the magnitude of the problems caused by this disease. Meanwhile, treatment efforts have not yet fully cured sufferers. Therefore, HIV/AIDS management is more focused on prevention efforts (Kebumen Regency HIV/AIDS Commission, 2026). The government is addressing these impacts through the implementation of various HIV/AIDS response programs. Some of the HIV/AIDS response programs implemented by the Kebumen Regency HIV/AIDS Commission (KPA) include facilitating internal meetings for Peer Support Group (KDS) members, providing basic food packages to underprivileged people living with HIV (PLWHA) affected by COVID-19, providing formula milk, or other items needed by children living with HIV/AIDS (ADHA) every month, strengthening the capacity of KDS members, and training for self-reliance among PLWHA. The effectiveness of HIV/AIDS response programs is crucial for achieving national development goals. Based on the description above, this study emphasizes the effectiveness of implementing HIV/AIDS control policies in Kebumen Regency.

Methods

This study employed qualitative research methods. The data used in this study are primary data and secondary data obtained from the Kebumen District Health Office and the Kebumen District HIV AIDS Commission. Qualitative methods require in-depth data collection, necessitating direct observation and in-depth interviews with informants familiar with the implementation of HIV/AIDS prevention programs in Kebumen Regency.

The sampling technique used in this study was snowball sampling. Initially, the researchers identified five informants: representatives from the Kebumen Regency Health Office, the Kebumen Regency AIDS Commission, the Manpower and Transmigration Office (Disnakertansos), the NGO KDS Moving On, Mitra Alam, the Kebumen Women's Association (WPA), and people living with HIV/AIDS (PLWHA) in Kebumen.

Data analysis is the process of systematically searching for and organizing data obtained using various data collection techniques, such as interviews, questionnaires, observation, and documentation such as video/audio recordings. This involves organizing the data, selecting what is important and what is learned, and drawing conclusions so that they are easily understood by both oneself and others. The data analysis technique used in qualitative analysis has four stages: data collection, data reduction, data presentation, and the final step, drawing conclusions and verification.

The effectiveness of a policy implementation is determined by 6 (six) conditions, including the following (Nunung & Sulastri, 2025):

- a. The existence of legislation or government instructions that assign clear and consistent responsibility for a policy.
- b. Through these laws, it is possible to use an appropriate theory to identify the main factors in the causal relationship that influence the objectives of the policy implementation and to provide strategic authority and control to implementers over target groups to achieve the desired results.
- c. The legislation can establish a sound implementation process and is believed to produce good results due to the involvement of implementers and target groups.
- d. The leaders of implementing agencies/institutions possess managerial and

political skills, a sense of dedication, and responsibility for achieving the targets outlined in applicable regulations.

- e. The policy has the support of the legislative and executive branches, while the judiciary remains neutral.
- f. The priority level of the targets to be achieved by the policy remains unchanged despite the emergence of conflicting public policies or changes in socioeconomic conditions that reduce the strength of the causal link theory supporting the regulation or the strength of political support.

Results

In implementing this response, the KPA is divided into four areas: Prevention, Care, Support, and Treatment, Impact Mitigation, and a Conducive Environment. The analysis shows that in the Prevention Sector, of the 47 planned activities, 34, or 72%, have been implemented, 6 activities, or 13%, have been implemented but not optimally, and 7 activities, or 15%, have not been implemented. The following is an explanation of each activity in the prevention sector:

- 1) VCT Clinic Promotion
This activity has been carried out by the Kebumen Regency Health Office, with implementing officers from community health centers, state hospitals and private hospitals as well as lung disease treatment clinics in Kebumen Regency.
- 2) Training of Trainer (ToT) Teacher
This activity program has been implemented by the Education Office and the Secretariat of the Kebumen Regency AIDS Commission, however not all teachers have received Teacher Training and Education.
- 3) Peer Educator Training for High School/Vocational School Students
The activity program has been implemented by the Education Office and the Secretariat of the Kebumen Regency AIDS Commission, the Lung Disease Treatment Clinic, but has not yet been implemented comprehensively for students in all schools in Kebumen Regency.
- 4) Training for Karang Taruna
This activity program has not yet been implemented.
- 5) School and Youth Organization Mentoring
This program has not yet been implemented.
- 6) Provision of Information Media
This program has been implemented by the Kebumen Regency Communications and Information Office through web training for the HIV-AIDS Commission.
- 7) Radio/Television Broadcasts
This program was implemented by the Protocol and Communications Section of the Kebumen Regency Regional Secretariat and the Kebumen Regency Communications and Information Office through a talk show on Ratih TV Kebumen.
- 8) Seminar on HIV-AIDS Prevention and Control through Condoms
This program was implemented by the Kebumen Regency Health Office and the Kebumen Regency AIDS Commission Secretariat.
- 9) Procurement of Information and Communication (IEC) Media for HIV-AIDS Prevention and Control
This program was implemented by the Public Welfare Section and the Kebumen Regency AIDS Commission Secretariat in the form of leaflets, banners, pocket books, and guidebooks.
- 10) Orientation of the GENRE (Generation Planning) Program for Youth
This program was implemented by the Kebumen Regency Social Services Agency (PPKB).

- 11) Increasing the Promotion of HIV-AIDS Prevention and Control through Family Resilience
This program was implemented by the Kebumen Regency Social Services Agency (PPKB).
- 12) Guidance and Counseling for Public Transportation Drivers, Passengers, and Freight Drivers
This program has been implemented by the Kebumen Regency Transportation Agency.
- 13) Increasing Community Participation in HIV-AIDS Prevention and Control in Kebumen Regency
This program has been implemented by the Kebumen Regency Dispermades P3A (Village and Community Empowerment Agency).
- 14) Increasing Community Participation in Partnership Development: Sub-Activity: Increasing Community Participation in HIV-AIDS Prevention and Drug Abuse
This activity has not been implemented by the National Unity and Politics Agency (BKN) because authority regarding narcotics lies between Kesbangpol and the Kebumen Police.
- 15) Providing Material at the Mas Mbak Election Event for the Kebumen Regency Tourism and Culture Agency
This activity has been routinely implemented by the Kebumen Regency Youth, Sports, and Tourism Agency.
- 16) Blood Screening
This program has been implemented by the Indonesian Red Cross in Kebumen Regency, but tracking and outreach to suspects has not been optimal.
- 17) Providing counseling and information to high school students, university students, company workers, and civil servants at high risk of drug abuse and trafficking.
This program was implemented by the Kebumen Regency Office of National Unity and Politics.
- 18) Developing and improving the skills of anti-drug cadres among high school students, university students, company workers, and civil servants living in vulnerable and high-risk environments for drug abuse and trafficking.
This program was implemented by the Kebumen Regency Office of National Unity and Politics and was implemented five times. It contributed to students' understanding of the dangers of drugs and HIV/AIDS through the Drug Ambassador program. This activity has yielded positive results, increasing students' knowledge about drugs and HIV/AIDS.
- 19) Conducting drug testing starting with high school students, university students, company workers, and civil servants at high risk of drug abuse and trafficking.
This program was implemented by the Kebumen Regency Office of National Unity and Politics.
- 20) HIV-AIDS awareness raising within the Manpower Office (including supervisors) and in the workplace through the Occupational Health and Safety (K3) program
This program has not yet been implemented.
- 21) HIV-AIDS Prevention and Management Training in the Workplace
This program has been implemented by the Kebumen Regency Manpower, Cooperatives, and Small and Medium Enterprises Office, but not all companies have received training.
- 22) Facilitating the establishment of Workplace Workers' Associations (WPA) in 449 villages and 11 sub-districts
This program has been implemented by the Kebumen Regency AIDS Commission, the Kesra Division, and the Kebumen Regency Dispermades P3A. WPAs have been established in 449 villages and 11 sub-districts, as evidenced by decrees from the Village Heads or Lurahs in each region.
- 23) Training and curriculum application in health education institutions on HIV-AIDS management

- This program has been implemented by the Muhammadiyah Health College of Kebumen Regency.
- 24) HIV-AIDS campaign for all stakeholders in Kebumen Regency
This activity has been implemented by all members of the Kebumen Regency AIDS Commission.
 - 25) Initiating the inclusion of the AIDS Prevention Program on the Village Website
This activity has been implemented by the Village Development Agency (Dispermades P3A) and the Kebumen Regency NGO, Lingkungan Hidup (Formula of Villages).
 - 26) Socialization and training for law enforcement officers
This program has not yet been implemented.
 - 27) Each member of the AIDS Commission's regional government agencies (OPD) conducted information and education (IEC) on HIV-AIDS.
This activity has been implemented, but not all members of the prevention working group have implemented it.
 - 28) Increasing HIV-AIDS awareness raising to the community.
This program has been implemented by the Prevention Working Group.
 - 29) Socialization with the Communications and Information Office and the Protocol and Communications Section of the Kebumen Regency Regional Secretariat
This program has been implemented by members of the Kebumen Regency AIDS Commission.
 - 30) Development of IT-Based Information and Communication Technology (IEC)
This program has been implemented by the Secretariat of the Kebumen Regency AIDS Commission.
 - 31) Outreach and Prevention for Religious and Community Leaders
This program has been implemented by the AIDS Commission and the Kebumen Regency Regional Secretariat's Social Welfare Section. This activity included the Ulama-Umaro (Islamic Scholar) program.
 - 32) HIV-AIDS Outreach for Inmates and Prison Officers
This program has been implemented by the Kebumen Regency Detention Center, with eight sessions underway to educate inmates about the dangers and prevention of HIV-AIDS.
 - 33) Screening for New Inmates
This program has been implemented by the Kebumen Regency Detention Center and the Kebumen Regency Health Office, with eight sessions underway to identify HIV-positive inmates within the detention center.
 - 34) Development of Information and Communication Technology (IEC) for HIV-AIDS Prevention and Control in Prisons
This program was implemented by the Social Welfare Section of the Kebumen Regency Regional Secretariat.
 - 35) Training on HIV-AIDS Surveillance, VCT/Vaccine-Based Infections (STIs), STI, PMTCT, program management, CST/PDP, RR officer meetings, TB HIV-AIDS network meetings
This program was implemented by the Kebumen Regency Health Office.
 - 36) Zero Surveillance
This program was implemented by the Kebumen Regency Health Office.
 - 37) Training on Human Resources for Health Services
This program was implemented by the Kebumen Regency Health Office.
 - 38) HIV-AIDS Health Promotion through Interactive Dialogue, Health Promotion Media, and Socialization
This program was implemented by the Kebumen Regency Health Office.
 - 39) World AIDS Day (HAS) Activities

HAS activities are routinely held annually by the Kebumen Regency Regional Secretariat's Public Welfare Section and the Kebumen Regency AIDS Commission Secretariat, along with all members of the Kebumen Regency AIDS Commission.

- 40) STI and HIV-AIDS Training for Mubaligh/Religious Leaders
This activity has been implemented five times by the Public Welfare Section of the Kebumen Regency Regional Secretariat. It contributes to increasing knowledge about HIV-AIDS prevention and treatment and providing understanding to mubaligh/religious leaders about HIV-AIDS prevention and treatment.
- 41) STI and HIV-AIDS Training for Koran study groups/Majelis Taklim/Religious Groups
This activity program has been implemented by the Public Welfare Section of the Kebumen Regency Regional Secretariat.
- 42) HIV-AIDS awareness campaigns for new students, parent forums, subject teacher meetings, and guidance and counseling
This program has been implemented by the Public Welfare Division of the Kebumen Regency Regional Secretariat.
- 43) Facilitating campaigns or disseminating information and policies on formal and informal education
This program has not yet been implemented.
- 44) "I'm Proud I Know" Campaign
This program has been implemented by the Education Office, the Ministry of Religious Affairs, the Health Office, the Manpower Office, the Public Welfare Division of the Kebumen Regency Regional Secretariat, and the AIDS Commission Secretariat. However, it has not been fully implemented because it was not continued in the following year.
- 45) Reagnesia Procurement
This program has been implemented by the Health Office and the Kebumen Regency Regional General Hospital.
- 46) Sermon Material Development
This program has been implemented by the Ministry of Religious Affairs of Kebumen Regency.
- 47) HIV-AIDS Ambassador Selection
This program has been implemented.

In the Care, Support, and Treatment Sector, there are seven planned activities. The achievement of these activities is as follows: 6 activities, or 90%, have been implemented, and 1 activity, or 10%, has not been implemented. The following are the activity details:

- 1) STI VCT/KTS referral activities
This activity has been implemented by 47 service providers in Kebumen Regency. These services include regional and private hospitals, all community health centers (Puskesmas) in Kebumen Regency, and the Lung Disease Treatment Unit.
- 2) Social Analysis Training (buddies/peer support)
This activity has not yet been implemented by the Moving On Peer Support Group in Kebumen Regency.
- 3) Regular monitoring of the functioning of VCT/KTS, CST/PDP, PMTCT, and PTRM services at Kebumen Regency Health Service Facilities.
This activity has been implemented by the Kebumen Health Office.
- 4) Optimization of mobile clinics (VCT/KTS, IMS) for 26 sub-districts.
This program has been implemented by the Kebumen Health Office.
- 5) Establishment of CST Clinics
This activity has been implemented by the Kebumen Health Office by establishing 10 CST Clinics: two regional public hospitals and eight community health centers.
- 6) Establishment of VCT Clinics
This activity has been implemented by the Kebumen Regency Health Office, establishing 47 VCT services in Kebumen Regency: 35 Community Health Centers

(Puskesmas), 11 Regional Public Hospitals and Private Hospitals, and 1 Kebumen Lung Disease Treatment Clinic.

- 7) Establishment of the LKB (Continuous Comprehensive Services) program for 35 Community Health Centers

This activity has been implemented by the Kebumen Regency Health Office.

In the impact mitigation sector, there are seven program activities, with six activities, or 90%, having been implemented, and one activity, or 10%, not yet implemented. The following is an explanation of each activity in the Impact Mitigation Sector:

- 1) Outreach to People Living with HIV/AIDS

This activity has been implemented by the Moving On Peer Support Group in Kebumen Regency and is conducted regularly to increase productivity and empowerment in terms of economic and health. This activity is funded by the Global Fund and the Semarang Peduli Kasih Foundation.

- 2) Home Visits to People Living with HIV/AIDS

This activity has been implemented by the Moving On Peer Support Group in Kebumen Regency and is conducted regularly to strengthen the bond between people living with HIV/AIDS and peer support groups, facilitating approaches and assistance for medication adherence. These visits also reach people living with HIV/AIDS who are not yet open or willing to receive peer support.

- 3) PLWHA Meetings

This activity has been implemented by the Moving On Peer Support Group in Kebumen Regency and is held four times a year. These activities share information with people living with HIV/AIDS on ART/ARVs to improve adherence. Challenges in this activity include the limited number of participants, which limits the reach of participants.

- 4) Social Rehabilitation for People Living with HIV/AIDS

This activity has been implemented by the Kebumen Regency Social Affairs, Population Control, and Family Planning Office, but it only ran for a few years. Therefore, a program is needed to support other programs.

- 5) Nutritional Assistance and Complementary Foods for People Living with HIV/AIDS

This activity has been implemented by the Kebumen Regency Health Office, targeting infants of mothers living with HIV/AIDS and children living with HIV/AIDS.

- 6) Financial Assistance for the Embalming of the Bodies of People Living with HIV/AIDS

This activity has not yet been implemented.

- 7) Embalming Training for Toga (Toga)

This program has been implemented by the Public Welfare Section of the Kebumen Regency Regional Secretariat and has been conducted five times. The results have socialized the proper procedures for embalming the bodies of the community members.

Furthermore, in the Conducive Environment Sector, there are three activities, and all three have been implemented. Based on this, it can be said that the majority of activities in each sector have been completed.

- 1) Sub-Sub-Recipient Meetings

This activity has been implemented by the Kebumen Regency AIDS Commission. This activity has been held 12 times. This activity coordinates programs between the AIDS Commission, the Health Office, and Nahdlatul Ulama.

- 2) HIV-AIDS Knowledge Refreshment for Women-Based Persons (WPA) Cadres

This activity has been implemented by the People's Welfare Section of the Kebumen Regency Secretariat, the Kebumen Regency AIDS Commission Secretariat, and the

Kebumen Regency Dispermades P3A.

3) Coordination Meetings at the Sub-district Level

This activity has been implemented by the People's Welfare Section of the Kebumen Regency Secretariat. This activity coordinates HIV-AIDS prevention and response programs and activities. By providing results in the formation of WPA and coordinating HIV-AIDS prevention and response activities.

The number of HIV/AIDS cases found in Kebumen Regency is relatively high. Program and activity implementation during this period has reached 77%, with the following HIV/AIDS situation:

Case findings in the AIDS phase still dominate. The highest spread of HIV-AIDS is caused by heterosexual risk factors, but in the last 5 years the highest increasing trend is in homosexual risk factors. Based on age groups from January to October 2025, all categories increased, starting from toddlers, children, adolescents, adults and the elderly. The highest increase in HIV-AIDS findings was at age >50 years. Based on type of employment, the highest number of HIV-AIDS sufferers was in the type of work that employees work, followed by case findings in the self-employed and laborers. The distribution of HIV-AIDS cases with the highest number of new cases found during this reporting period was in Petanahan, Karanggayam and Ambal Districts (Data KPA Kebumen Regency, 2025). Based on the description of the analysis of the situation of HIV-AIDS developments, we can conclude that HIV-AIDS prevention and control programs in Kebumen Regency are still very necessary in order to achieve Three Zero 2030.

Results Of The Analysis Of The Effectiveness Of The Implementation Of The HIV AIDS Prevention Program

The effectiveness of a policy implementation is determined by 6 (six) conditions, including the following (Nunung & Sulastri, 2025):

a. The existence of legislation or government instructions that assign clear and consistent responsibility for a policy. This activity is based on:

- 1) Peraturan Presiden Nomor 75 Tahun 2006 tentang Komisi Penanggulangan *Human Immunodeficiency Virus Acquired Immuno Deficiency Syndrome* Nasional sebagaimana telah diubah dengan Peraturan Presiden Nomor 124 Tahun 2016 tentang Perubahan atas Peraturan Presiden Indonesia Nomor 75 Tahun 2006 tentang Komisi Penanggulangan *Human Immunodeficiency Virus Acquired Immuno Deficiency Syndrome* Nasional (Berita Negara Republik Indonesia Tahun 2006 Nomor 124);
- 2) Peraturan Menteri Pendidikan Nomor 9/U/1997 mengenai Pencegahan *Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome* melalui Pendidikan, diikuti dengan Peraturan Menteri Pendidikan Nomor 303/U/1997 mengenai Pedoman Pelaksanaannya;
- 3) Peraturan Menteri Dalam Negeri Nomor 20 Tahun 2007 tentang Pedoman Umum Pembentukan Komisi Penanggulangan *Acquired Immuno Deficiency Syndrome* dan Pemberdayaan Masyarakat dalam Rangka Penanggulangan *Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome* di Daerah;
- 4) Peraturan Menteri Koordinator Bidang Kesejahteraan Rakyat Nomor 2/Per/Menko/Kesra/2007 tentang Kebijakan Nasional Penanggulangan *Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome* Penanggulangan melalui Pengurangan Dampak Buruk Penggunaan Narkotika, Psikotropika dan Zat Adiktif;
- 5) Peraturan Menteri Dalam Negeri Nomor 22 Tahun 2007 tentang Pemberdayaan Masyarakat dalam Penanggulangan *Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome* di Daerah;

- 6) Peraturan Menteri Dalam Negeri Nomor 54 Tahun 2010 tentang Pelaksanaan Peraturan Pemerintah Nomor 8 Tahun 2008 tentang Tahapan, Tatacara Penyusunan, Pengendalian, dan Evaluasi Pelaksanaan Rencana Pembangunan Daerah;
 - 7) Peraturan Menteri Kesehatan Nomor 21 Tahun 2013 tentang Penanggulangan *Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome*;
 - 8) Keputusan Menteri Tenaga Kerja dan Transmigrasi Nomor KEP.68/MEN/IV/2004 tentang Pencegahan dan Penanggulangan *Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome* di Tempat Kerja;
 - 9) Keputusan Menteri Kesehatan Republik Indonesia Nomor 760/Menkes/SK/VI/2007 tentang Penetapan Lanjutan Rumah Sakit Rujukan Bagi Orang Dengan *Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome*;
 - 10) Instruksi Menteri Perhubungan Nomor 3 Tahun 2005 tentang Tim Penanggulangan *Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome* dan Penyalahgunaan Narkoba di Lingkungan Departemen Perhubungan;
 - 11) Peraturan Daerah Provinsi Jawa Tengah Nomor 5 Tahun 2009 tentang Penanggulangan *Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome*;
 - 12) Peraturan Daerah Provinsi Jawa Tengah Nomor 11 Tahun 2013 tentang Pencegahan dan Penanggulangan Penyakit di Provinsi Jawa Tengah;
 - 13) Peraturan Gubernur Jawa Tengah Nomor 72 Tahun 2010 tentang Petunjuk Pelaksanaan Peraturan Daerah Provinsi Jawa Tengah Nomor 5 Tahun 2009 tentang Penanggulangan *Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome*;
 - 14) Peraturan Daerah Kabupaten Kebumen Nomor 2 Tahun 2013 tentang Penanggulangan *Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome*;
 - 15) Peraturan Bupati Kebumen Nomor 71 Tahun 2013 tentang Petunjuk Pelaksanaan Peraturan Daerah Kabupaten Kebumen Nomor 2 Tahun 2013 tentang Penanggulangan *Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome*; Strategi Rencana Aksi Daerah (SRAD) HIV-AIDS Kabupaten Kebumen Tahun 2021-2026
- b. Through these laws, it is possible to use an appropriate theory to identify the main factors in the causal relationship that influence the objectives of the policy implementation and to provide strategic authority and control to implementers over target groups to achieve the desired results.

HIV response activities consist of prevention, care, support, and treatment, impact mitigation, and the creation of a conducive environment. The implementation of these activities is based on the theory of justice, which essentially states that society aims to maximize the effectiveness of the most vulnerable groups in society and ensure everyone has the opportunity to gain something for their work. This theory was put forward by Rawls (1971). In addition to referring to this theory, HIV impact mitigation activities are in line with empowerment theory. This theory was first recommended by Barbara Salomon in 1977. Empowerment theory understands human problems in the context of the social, political, and economic environment, especially those with the least advantages in society (Perkins, 1995). Empowerment theory not only recognizes the interdependence and interplay of individuals and society but also places human problems from the perspective of the person within the environment. In direct practice with individuals, empowerment interventions can primarily help individuals develop psychological efficacy or coping

skills to adapt to the existing social environment (Fawcett et al., 1995). Collaborative empowerment opportunities with community partnerships aim to improve community well-being and support the development process.

- c. The legislation can establish a sound implementation process and is believed to produce good results due to the involvement of implementers and target groups.

Peraturan Daerah Kabupaten Kebumen Nomor 2 Tahun 2013 tentang Penanggulangan *Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome*; Peraturan Bupati Kebumen Nomor 71 Tahun 2013 tentang Petunjuk Pelaksanaan Peraturan Daerah Kabupaten Kebumen Nomor 2 Tahun 2013 tentang Penanggulangan *Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome*; The 2026-2030 Regional Action Plan Strategy (SRAD) for HIV/AIDS in Kebumen Regency can establish a sound implementation process and is believed to produce positive results due to the involvement of implementers and target groups. This activity is under the responsibility of the Kebumen Regency HIV/AIDS Commission (KPA) and is implemented by people living with HIV/AIDS (targets) and monitored by Putra Bangsa University to ensure that the activity is carried out properly and professionally, with improvements in quality and results over time.

- d. The leaders of implementing agencies/institutions possess managerial and political skills, a sense of dedication, and responsibility for achieving the targets outlined in applicable regulations.

The agency responsible for this activity is the District HIV/AIDS Commission, which has extensive knowledge of HIV/AIDS, its people, its impacts, and how to address it. Furthermore, the Commission collaborates with the Health Office and universities to implement all HIV/AIDS response activities. Lecturers are obligated to fulfill the Tri Dharma of Higher Education, which allows them to conduct regular research to evaluate programs and properly carry out community service in accordance with applicable regulations.

- e. The policy has the support of the legislative and executive branches, while the judiciary remains neutral.

This activity is a planned activity that has been stated in the Regional Action Plan Strategy (SRAD) regarding HIV-AIDS prevention in Kebumen Regency which has been approved by the Regency DPRD and the Regent, so this activity is supported by the government.

- f. The priority level of the targets to be achieved by the policy remains unchanged despite the emergence of conflicting public policies or changes in socioeconomic conditions that reduce the strength of the causal link theory supporting the regulation or the strength of political support.

The implementation of HIV-AIDS prevention and response programs and activities in Kebumen Regency can be coordinated and synergized between the Kebumen Regency AIDS Commission, non-governmental organizations, and relevant stakeholders.

The success of AIDS response programs and activities in Kebumen Regency can be measured using established annual achievement indicators.

The National HIV-AIDS Response Goal "Three Zeros 2030" is Zero New HIV Infections, Zero AIDS-Related Deaths, and Zero Discrimination. This target is planned to be achieved by 2030.

The priority of HIV-AIDS response remains improving the economic well-being of

people living with HIV-AIDS in Kebumen Regency

Conclusion

Based on the analysis, it can be concluded that Kebumen Regency's HIV/AIDS response efforts are not yet fully effective, as several planned activities have not yet been implemented. However, the implementation of these activities meets the indicators for effective public policy implementation.

Suggestion

Based on the conclusions above, the Kebumen Regency government should maximize its HIV response program implementation, particularly in the prevention sector, which still lacks sufficient activity. The Kebumen Regency government should strengthen partnerships and collaboration with other agencies to maximize program implementation, including all government agencies, universities, non-governmental organizations, and the Lawet Sehati peer support group.

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