

## GOVERNMENT POLICY TO OVERCOME HIV/AIDS TRANSMISSION IN EAST LOMBOK DISTRICT, INDONESIA

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**Abstract:** *The impact of the COVID-19 pandemic has become the basis for changes in Indonesian government policies, especially in the health sector. One of these policies is the formation of the Task Force for the Acceleration of Handling COVID-19 through Presidential Decree Number 7 of 2020, dated March 13, 2020. The government's steps in handling COVID-19 are quite good, but it would be better if they were balanced with efforts to tackle HIV AIDS, which is also an important and global problem. This study uses descriptive qualitative research. The researcher chose this type of qualitative research because by using this type of qualitative research, the data obtained was very high quality and valid. The conclusion of this study is the use of information technology for self-screening symptoms and handling COVID-19 cases; digital technology can also be applied to assist in HIV AIDS prevention programs, for example, for education and self-screening for the detection of HIV AIDS symptoms, as well as developing mobile-based applications for case crises that make it easier for field workers or NGOs to carry out outreach and assistance for antiretroviral therapy (ART) during the COVID-19 pandemic.*

**Keywords:** HIV AIDS prevention, government policy, HIV AIDS

### 1. Introduction

The epidemic of HIV/AIDS threatens the health and lives of the nation's next generation and directly endangers social and economic development and national

security. Therefore, efforts to control it must be carried out as an important effort and is a program implemented in the long term which is carried out in a coordinated manner by involving various parties, as well as by mobilizing intensive resources from all levels of society to accelerate and expand the outreach program. Policy in response to HIV AIDS is a series of decisions made by the holder of responsibility in a particular field. Policy on HIV/AIDS includes a series of decisions and actions that affect institutions, organizations, and service providers' systems and funding related to HIV/AIDS. The AIDS policy context will cover political, economic, and socio-cultural conditions at the international, regional, national, and local levels (Kemenkes.go.id, 2022)

HIV (Human et al.) is a global health problem that threatens Indonesia and the world. WHO says no country anywhere is free from the problem of HIV/AIDS. The risk of death caused by HIV is still high. So far, HIV has claimed 40.1 million (33.6-48.6 million) lives. According to data from the Joint United Nations Program on HIV and AIDS, or UNAIDS, 38.4 million (33.9 million-43.8 million) people in the world live with HIV in 2021.

Meanwhile, in Indonesia, based on the report of the Directorate General of P2P, Ministry of Health of the Republic of Indonesia, the cumulative number of HIV AIDS cases until June 2022 reached 549,291 consisting of 419,551 HIV and 129,740 AIDS, with an estimated death of 38,000. During the COVID-19 pandemic 2020, 50,626 HIV AIDS cases were detected, consisting of 41,987 HIV and 8,639 AIDS. In contrast, the estimated cases of HIV AIDS are as many as 640,000. This means that there are 90,709 cases of HIV AIDS in the community that are not detected. (Ministry of Health RI, 2022).

The big problems faced by Indonesia in tackling the HIV AIDS epidemic include myths and resistance to condoms. The first problem is related to myths related to HIV AIDS that have occurred since the beginning of the HIV AIDS epidemic in Indonesia, namely calling HIV AIDS a cursed disease, only suffering if you have risky behavior, or myths about HIV transmission which led to suffering in people with HIV AIDS (PLHIV and PLWHA). Most people still eradicate HIV transmission through shaking hands, hugging, kissing, sharing cutlery, swimming together, biting mosquitoes, using public toilets, and other things where the information is not quite right. HIV transmission is only through genital fluids, blood fluids, and breast milk from HIV-positive mothers without routine antiretroviral therapy (ART). According to a study from the Spiritia Indonesia Foundation, it is this stigma and concern that causes PLHIV not to seek treatment for up to 2-3 years after they are diagnosed with HIV (Sprita Indonesia, 2021)

The government has also encouraged increased family and community responsibility towards people with HIV and AIDS (ODHA). On the other hand, efforts to increase the responsibility of people living with HIV to protect their families and communities from infection also need to be increased. Considering that the HIV epidemic has become a global problem, the Indonesian government designed an international agreement for AIDS control, promoted multilateral and bilateral cooperation, and expanded cooperation with neighboring countries in the AIDS Control Program (Ministry of Health, 2022).

As a result of the HIV/AIDS problem that occurs every year, the World Minister of Health, and Family Welfare restated commitments from countries at the U.N. High-Level Meeting to end the AIDS epidemic as a health threat by 2030. This includes ensuring commitment to the Joint United Nations program. Nation on HIV/AIDS aims to ensure more effective, sustainable, and comprehensive AIDS coverage (Naco, 2018).

One of the goals of HIV/AIDS prevention in Indonesia is to be able to support reducing the prevalence of HIV-AIDS, namely, to create a supportive environment. To achieve this target, the government, together with civil society, is asked to play a significant role in the efforts to tackle HIV and AIDS, change laws and regulations that are punitive, counterproductive, and hinder access, such as age limits, as well as issues of human rights and gender inequality, stigma, and treatment of key populations.

Even though HIV/AIDS cannot be cured so far, several efforts can be made to reduce the number of people living with HIV/AIDS and, of course, reduce the amount of virus present in the body. Prevention of HIV infection and replication is a strategy for preventing HIV/AIDS cases. By carrying out treatment, namely antiretrovirals (ARVs), which are virus-suppressing drugs and one of the first therapies that can be carried out (WHO). Globally the number of people newly infected with HIV is decreasing, but there are still many people who are left behind in the treatment of HIV/AIDS, especially for populations at high risk of HIV infection, which are HIV key populations (Ditjen PP & PL Kemenkes RI, 2019)

HIV/AIDS prevention efforts in Indonesia are divided into 3, namely 1) prevention efforts through sexual intercourse, 2) prevention efforts through non-sexual intercourse 3) efforts to prevent HIV transmission from mother to baby. These prevention efforts are carried out, among others, by interventions to change risk behavior for transmission due to sexual intercourse, one of which is by consistently using condoms when having sexual intercourse, for the transmission of sexual intercourse, one of which is carried out by reducing the harmful effects of injecting drug users for HIV/AIDS transmission with the program sterile injecting equipment services with behavior change counseling and psychosocial support. Meanwhile, to prevent transmission of HIV/AIDS from mother to child, one way to do this is to prevent unplanned pregnancies in women with HIV. Commitment to tackling HIV/AIDS supports efforts to abolish laws and regulations that are punitive, stigma-based and provide guidance to people living with HIV/AIDS (Sri et al., 2019)

The key population itself is a high-risk group, including (1) people at risk of infection or prone to infection due to unprotected risky sexual behavior, exchanging sterile syringes; (2) Vulnerable people are people who, because of their work and environment, are vulnerable to HIV transmissions, such as migrant workers, refugees and people at risk and (3) PLWHA (People with HIV/AIDS) are people who have been infected with HIV. According to the United Nations (U.N.), community groups that are included in key populations include IDU (injecting drug users/people who inject drugs), Women Sex Workers (FSW/sex workers), MSM (men who have sex with men -male), and transgender. Efforts to control HIV/AIDS are carried out for key populations by

supporting health promotion that is free of fear and stigma towards key populations and behaviors that are at risk of being attached to key populations (Nur et al., 2019)

Most cases of HIV and AIDS occur in high-risk behavior groups, which are marginalized groups, so HIV and AIDS prevention and control programs require consideration of religion, customs, prevailing societal norms, and health considerations. Transmission and spread of HIV and AIDS are closely related to risky behavior. Therefore, control must pay attention to the factors that influence this behavior. (Ministry of Health, go. id, 2022).

Migrant workers are one of the key populations that are vulnerable or at high risk of HIV AIDS transmission. This is because migrant workers are vulnerable to sexual relations and are at risk of contracting HIV AIDS. The factor of transmission of HIV/Aids to "Boro" migrant workers is risky sexual relations, including sexual violence, sexual intercourse with an HIV-infected person without protection, visiting localizations/PSK complexes, and buying sex. The lower classes do not stigmatize and care for people with HIV/Aids. This acceptance greatly supports care support and treatment (CST) efforts. It is necessary to communicate, inform, and educate about reproductive health and HIV/Aids outreach to the first-time workforce, especially migrant workers.

Migrant workers who work abroad are not only at risk of contracting HIV/AIDS but also at risk of being subjected to sadistic treatment because their employers abuse or rape them. Many male migrant workers work in the field, for example, in the construction sector. Meanwhile, women usually work as housekeepers or housemaids. Migrant workers working abroad are vulnerable to HIV/AIDS transmission, where this infectious disease is a deadly disease. Migrant workers or TKI, who incidentally are people of productive age, still have biological needs that must be met. They work abroad in various regions of the country. They associate with various kinds of people, and if they reach the sexual intercourse stage, it will make these migrant workers vulnerable to contracting HIV/AIDS (Murianews.com, 2021).

With the large flow of migrant workers abroad from year to year and working conditions prone to them contracting various sexually transmitted diseases (PHS) and HIV/AIDS, various initial steps are needed to anticipate these problems. Therefore, a study is needed on government policies on former foreign migrant workers at risk of transmitting HIV to AIDS in the East Lombok District. This study aims to determine the government's policy on former overseas migrant workers at risk of transmitting HIV AIDS in the East Lombok District.

## **2. Methods**

This study uses descriptive qualitative research. The researcher chose this type of qualitative research because by using qualitative type research, the data obtained was of very high quality and valid, and useful for analyzing data which would later be poured into the form of descriptive words to find out what phenomena occurred in research subjects, such as behavior, views, attitudes and so on in-depth regarding policies in

overcoming the risk of transmission of HIV/AIDS to former migrant workers in East Lombok District. Determination of informants in this study using purposive sampling and snowball sampling techniques. The selected informants were the East Lombok District Health Office, the East Lombok District AIDS Commission (KPA), people living with HIV/AIDS (ODHA), and the public. Data collection techniques were carried out by observation, interviews using an interview guide, and documentation. Data analysis techniques and data interpretation were used using the techniques proposed by Miles and Huberman (1992: 15-19), which include data collection, data reduction, data validity testing, data presentation, and conclusion. Testing the validity of the data using source triangulation techniques means comparing the process and the results obtained.

### **3. Literature Review**

William Dunn (2004) explains that several models of policy analysis can be used as references: (1) descriptive models, (2) normative models, (3) verbal models, and (4) symbolic models. The explanation of Dunn's policy model can be explained as follows:

Descriptive models, namely policy models, can be compared from various dimensions, the most important of which is to help distinguish the models' objectives, forms of expression, and methodological functions. The two main forms of policy models are descriptive and normative. The purpose of descriptive models is to explain or predict the causes and consequences of policy choices. Descriptive models are used to monitor the results of policy actions. Normative models aim to explain or modify and provide propositions and recommendations for optimizing the intent of some utility (value). Among the several types of normative used by policy analysts is the normative model that helps determine the optimal level of service capacity.

Normative decision problems are usually in the form of finding the variable values insured (policy) that will produce the greatest benefit (value). The verbal model in using the verbal model, the analyst refers to reasoned judgments to make predictions and offer recommendations. Reasonable judgments produce argumentative policies, not in the form of fixed numerical values. Verbal models are inexpensive and relatively easy to communicate between experts and laypeople. Meanwhile, the limitations of the verbal model are that the problems used to provide predictions and recommendations are implicit or hidden, making it difficult to understand and critically assess these arguments as a whole.

The symbolic model uses mathematical symbols to explain the relationship between key variables that are believed to have a first problem. Optimal predictions or solutions are obtained from symbolic models by borrowing mathematical, statistical, and logical methods. The symbol model is difficult to communicate among ordinary people, including policymakers, and even among expert model makers; there often needs to be an understanding of the basic elements of the model. The weakness of the symbolic model is that the results may not be easy to interpret, even among specialists, because the assumptions may need to be adequately stated.



Public policy is an effort to realize certain goals; the government needs to take action and implement the policy to overcome a particular problem. William Dunn said there are 5 stages of public policy: agenda setting, policy formulation, policy adoption, policy implementation, and policy evaluation. Alternative problem-solving is a choice that consists of several formulations that can be used as a solution to the problem at hand. Alternative solutions to problems are called alternative solutions. Problems will always appear in life, and in every appearance, you will be required to have a solution for solving them. Everyone will have different abilities in solving a problem, which will depend on one's mindset and ability to analyze and choose the best solution for the problem. In this case, intelligence will be needed to make alternative solutions to problems and calmness in making decisions.

In the context of the HIV/AIDS prevention program based on Minister of Health Regulation Number 21 of 2013, it is carried out effectively by the government with the participation of the wider community. The form of government policies to address the increasing number of HIV/AIDS infections requires a comprehensive and sustainable management of HIV/AIDS for all levels of society. Implementation of HIV/AIDS management programs related to these programs includes promotions and promotional activities carried out through the Regional Government and the community by increasing communication, education, and information (IEC); HIV diagnostic tests are carried out to prevent the possibility of transmission or increase in the incidence of HIV infection. This HIV diagnostic examination is carried out based on the principle of confidentiality, namely where the results of the examination must be kept confidential and can only be disclosed to the person concerned, the health worker in charge, the next of kin, sexual partners, and other parties following statutory regulations and HIV counseling and testing by medical personnel who are trained and understand HIV disease; handling, handling activities are carried out to care for, support, treat, accompany PLHIV which is carried out based on a clinically based approach, family, peer support category, professional organizations, and the community. Social rehabilitation activities involve developing mental, physical, social, intellectual, and skills. Social guidance includes exchanging opinions, providing motivation and support, and counseling. Mental and spiritual guidance, including religious lectures, spiritual guidance, and manners. Guidance on abilities or skills, including work training and work practices.

#### **4. Result**

The Province of West Nusa Tenggara ranks fourth for the largest Indonesian Migrant Workers (TKI) in Indonesia. From national data, the first position is from the province of East Java, then second to West Java, and third to Central Java. East Lombok is the area with the second largest number of sending migrant workers after Indramayu Regency. The main factor driving the high number of Indonesian migrant workers is the economic factor, namely, working abroad can solve various family economic problems. On the other hand, sending TKI has a negative impact, as seen from the many problems

that befall TKI from pre, during, to post-placement. Where it is said that East Lombok Regency is the Regency with the highest number of Indonesian Migrant Workers in NTB, namely 235,821 people, followed by Central Lombok with 147,611 people, West Lombok with 66,977 people, KLU with 10,158 people, Matatam 12,621 people, Sumbawa 34,474 people, KSB 5,384 people, Bima Regency 17,101 people, Kota Bima 1,045 people and Dompu 6,305 people. This makes the East Lombok district very vulnerable to the risk of HIV/AIDS transmission (Radarlombok.co.id, 2022)

East Lombok Regency is one of the areas that is quite at risk of HIV/AIDS transmission. This is because the population is quite dense, the mobilization of the population and transportation is quite smooth, and it is a tourist area. There are drug cases, and the dynamics of the occupation are very dynamic, especially the increasing number of TKI and TKW working abroad, which can become a potential transmission source if not properly supervised. The number of workers departing in 2021 is 11,000 people. For 2022 from January to December, there will be 15,931 people (Lotim Manpower Office, 2022).

For workers abroad, their health conditions can be guaranteed because they have to pass a medical check-up. Meanwhile, workers who have arrived-returned-arrived in Indonesia had not had their health checked when they arrived in Indonesia. This must be a concern because, for many years, abroad has risked their health if they have deviant sexual behavior. Indonesian Migrant Workers (TKI) who have just returned from abroad are likely to be infected with HIV and AIDS and have been in Indonesia for years. Abroad they were brought back to their hometowns, causing increased HIV and AIDS cases in NTB (Gani, 2019).

Based on data for 2022, the HIV/AIDS prevalence rate in this district has increased quite sharply, and there are 37 new HIV/AIDS sufferers with a productive age of 17-45 years of 96%, ages over 60 years of 2%, and children of 2%. Men dominate patients, as much as 92%, and women, as much as 8%. For sufferers, it is dominated by homosexuals at 75%, households at risk at 13%, customers of sex workers at 10%, and babies at 2%. Furthermore, 91% of sufferers are former migrant workers, 2% of children from marriages of former migrant workers, and 7% are female customers of commercial sex workers. For 2023, new sufferers were traced until March 2023. There were 15 sufferers, all former migrant workers, or 100% were male (Lotim Health Office, 2023).

Risk factors for transmitting HIV AIDS among migrant workers include not being open to their husbands/partners, mostly related to fear of marital conflict and loss of social and financial support. Secrecy prevents women migrant workers from negotiating using condoms with their partners. The reasons for not disclosing to friends, family, and other community members are mostly fear of rejection and social anxiety because of the stigma associated with HIV. Explanations about unprotected sex in disclosing HIV status show that the male sex is more dominant than the female; this influences decision-making to practice safe sex. Some female migrant workers think being obedient and good can lead to a low risk of HIV transmission (Syed et al., 2019).

This is called the iceberg phenomenon, where the number of reported HIV AIDS cases does not reflect the actual number of cases in the community. This undetected number is a link in the chain of the spread of HIV AIDS in society, especially through unprotected sexual intercourse. This is due to the absence of screening for migrant workers returning to their regions. Besides that, existing cases will be tracked if sufferers experience complaints and examine themselves at health facilities so that new officers will trace cases and contacts that sufferers have made. Besides that, officers experienced difficulties because more sufferers were not forthright about their sexual activity because they felt it was taboo to talk about it, especially those related to culture in Lombok, especially what is known as a thousand mosques. Besides that, his family also withheld information about it because they felt it was taboo and embarrassed to talk about it. This made it difficult for officers to cut the risk chain of HIV/AIDS transmission.

#### *4.1. HIV AIDS prevention policy*

The HIV/AIDS control policy is to increase advocacy, socialization, and capacity building, improve management capabilities and professionalism, improve accessibility and quality, and increase the range of services for HIV/AIDS services. Another goal is to drive community-based programs, enhance networks, partnerships, and cooperation, and strive to meet resource needs. To achieve this goal, integrated services were formed in hospitals, health centers, NGOs, and detention centers/prisons). The problem of HIV/AIDS is big because the transmission of HIV/AIDS mainly occurs due to risky behavior, such as unprotected sexual practices, using unsterile and multiple needles for needles, and the transmission of HIV-positive mothers to their babies. Therefore, HIV/AIDS prevention policies must be carried out comprehensively, including promotive, preventive, curative, and rehabilitative efforts. It is necessary to involve all relevant sectors, civil society organizations, including the private sector and community leaders.

Social policies are government decisions made to respond to issues of a public nature, namely addressing social problems or meeting the needs of the public, including policies related to HIV-AIDS prevention efforts. Social policy as a form of public policy refers to what the government should do to improve the quality of human life through offering various fee allowances, community services, and other social program benefits. As a public policy, social policy has preventive (prevention), curative (healing), and development (development) functions. Social policy is a provision designed collectively to prevent social problems (preventive function), address social problems (curative function), and promote social welfare (development function) as a form of state obligation (state obligation) to fulfill the social rights of its citizens (Edi Suharto, 2005).

The preventive function in this context is the prevention of HIV-AIDS transmission, which is carried out through several efforts. Sexually it can be prevented by abstinence from sex, monogamous sex with an uninfected partner, non-penetrative sex behavior, and consistent and correct use of male or female condoms. In addition to these positive sex features, drug users are injected using new needles that are certain to be sterile. Prevention efforts can also be made by ensuring the safety standards of blood



and blood products through an HIV test. In outline, social policy is embodied in three categories: laws and regulations, social service programs, and the taxation system. Based on this category, it can be stated that every statutory regulation, law, or regional regulation concerning social problems and life is a form of social policy, but not all social policies are in the form of laws.

#### 4.2. *HIV/AIDS and Migrant Workers*

Indonesian migrant workers, also known as Indonesian Migrant Workers (TKI), are Indonesian citizens who work abroad in an employment relationship for a certain period by receiving wages. However, the term TKI is often connoted with manual workers. Women migrant workers are often called women workers (TKW). Migrant workers or Indonesian Migrant Workers are Indonesian citizens who fulfill the requirements to work abroad in an employment relationship for a certain period by receiving wages. (TKI Law, 2004).

According to the 2004 Indonesian Labor Law, former migrant workers or former TKI are migrant workers or TKI who return to their country of origin due to the expiration of the work agreement period; termination of employment before the work agreement period ends; there is a war, natural disaster, or epidemic in the destination country; experienced a work accident which resulted in being unable to carry out his work anymore; died in the destination country; paid leave; and deported by the local government.

Migrant workers usually go to countries of destination unaccompanied by their sexual partner, and the fact is that at their age (most of them are teenagers), their sexual need and desire for satisfaction is very high. Compared to his hometown, this need and desire to satisfy are still very likely dampened by the cultural values and social control mechanisms that apply to that community. However, in this new country, cultural values and social control mechanisms fade away so that what is not done in their hometown becomes possible in their new residence. In such a context, sexual relations between them become one of the efforts to fulfill sexual needs and various reasons for survival. Such a pattern will, of course, lead to vulnerability to the transmission of various sexually transmitted diseases; this vulnerability is even higher when it is associated with limited access to health services and information.

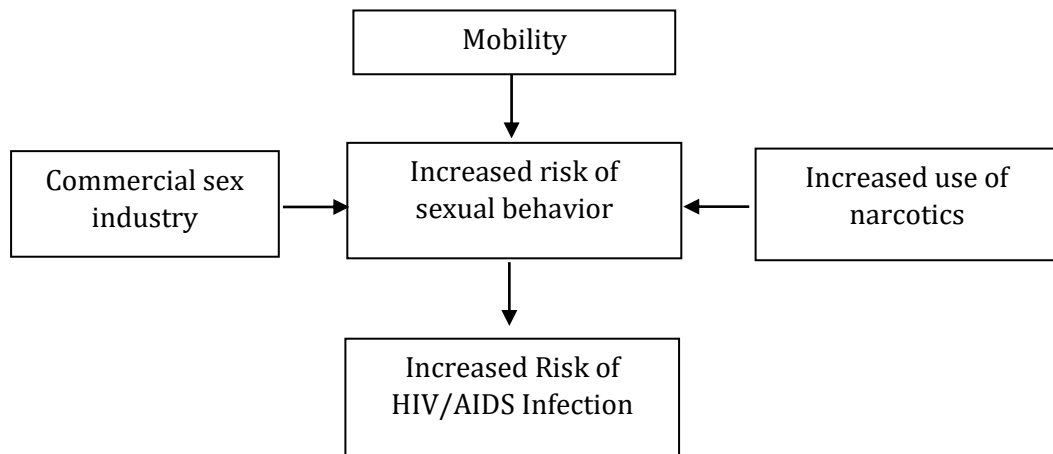
With the increasing transmission of HIV in Asia, migrant workers are at risk of contracting HIV because they usually have limited knowledge about HIV/STD transmission and its prevention, so their perception of the risk is generally low, including the use of condoms. Unfortunately, services that provide such information are relatively very limited, and it is compounded by access to health services which is very difficult for them due to various reasons such as the inability to speak the local language, cultural understanding, the high cost of treatment for foreigners and their immigration status, especially workers. Illegal migrants. The factors above make workers vulnerable to the transmission of STDs and HIV. Therefore, there is a need to deal with the problems of migrant workers by developing reproductive health and sexual programs for them.

The knowledge of illegal migrants is very limited compared to legal migrants, but the scale of illegal migrants is much larger, i.e., migrants who enter illegally without going through official checks, migrants who enter legally but stay even though their visa has expired, migrants who enter with non-work visas (Hugo, 2001). Migration is increasing yearly, especially in Malaysia, although migration occurs in several ASEAN countries, mostly in Malaysia. 23 Malaysia's labor force is male-colored Indonesian and is associated with low wages and low-status jobs that Malaysians seek to avoid (Hugo, 1995).

Research conducted by Nasution in 1999 on 300 TKI who worked in the construction sector and entered through unofficial channels showed as much as 49.63% fulfilled their sexual desires with commercial sex workers who were specially brought to their place of residence far from crowds by pimps. CSWs are brought in at least once a month for one week because they cannot go to prostitution brothels for fear of arrest. According to a study conducted in Kabul in 2000, the frequency of sexual intercourse in one month was 4-5 times as much as 48.49%, 2-3 times as much as 37.23%, and only once per month as much as 14.28%. The case study conducted by Ilmi (2002) found that 87.5% of TKI had sexual intercourse, and 97.3% had sexual intercourse while they were working abroad. This is because they get information through print and electronic media, especially VCDs, and they have enough free time after work. According to Skeldon 2000, the relationship between the spread of HIV/AIDS and population mobility is a very real and complex relationship regarding the spread of infectious diseases. Three important components in the relationship between population mobility and HIV/AIDS are the presence of high-risk behavior (unprotected sex), risk groups are conventional and non-permanent immigrants, and mobility places a person in a permanent situation. Population mobility is one of the most important factors in accelerating HIV transmission in an area. HIV/AIDS will spread with people who, when moving, spread risky situations so that they engage in unsafe sexual behavior (Paul, 2000)

Research conducted in Thailand (Knodel, 2001) related to the locking of people who suffer from illness and return to their places of origin, usually located in villages, and shows a high rate of return among people with AIDS. According to Hugo, 2001. Factors causing migrant workers to be at risk of contracting STDs, especially HIV/AIDS, are because most of them are not accompanied by their families; most are young and have worked for a long time. Most of the contract period is over 2 years; half are illegal workers working in places with sufficient opportunities to go to brothels and have unprotected sex.

Overseas workers are a special group that faces the problem of being vulnerable to HIV/AIDS transmission. Furthermore, male migrant workers are more at risk because they tend to have sex with sex workers in the destination country (Hugo, 2001). The link between population mobility and an increased risk of infection is:



Source: Researches, 2023

Figure 1. Increased Risk of HIV/AIDS Infection in East Lombok

Migrant workers or Indonesian Migrant Workers (TKI) in Malaysia who work in the construction sector fulfill their sexual needs by establishing relationships with fellow female immigrants from Indonesia (TKW) who are in the same area or partner. This often happens among male migrants who are currently married. Initially, it was only based on consensual, but because often the sexual services of female migrants create an imbalance, this habit provides additional income for female migrants (Nasution, 1999).

Many Indonesian migrants fulfill their sexual needs in prostitution places around the city with frequent visits at least once a month. Prostitutes of interest are prostitutes with low pay, around R.M. 20, originating from India, the Philippines, Thailand, and India (Kabul, 2000). Their fatigue from working on the plantations, boredom, and loneliness abroad are cured by the arrival of prostitutes from the city. As quoted by the Pelita Ilmu Foundation, several migrant workers in Malaysia admit that every week several prostitutes come to the plantations where they work. Some of their colleagues cannot help themselves, which is one reason they cannot send money to their families because their income is spent on prostitution. Free sexual behavior in Malaysia will certainly make him vulnerable to transmitting various sexually transmitted diseases (STDs) and HIV. Their low average education also increases this risk. Their knowledge about STDs and HIV/AIDS is very limited. An even more dangerous impact is when migrant workers infected with or brought in STIs, and other viruses return to visit their families at their place of origin. They can transmit STDs, the HIV virus, or other reproductive diseases to their wives. Also, if they return home and remarry with women in their place of origin, there will certainly be a high risk of infecting their partners.

## 5. Conclusion

This study concludes that the use of information technology for the self-screening of symptoms and handling of COVID-19 cases, the use of this digital technology can also

be applied to assist in HIV AIDS prevention programs, for example, for education and self-screening for the detection of HIV AIDS symptoms, as well as developing mobile-based applications for case crises that make it easier for field workers or NGOs to carry out outreach and assistance for antiretroviral therapy (ART) during the COVID-19 pandemic.

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