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The Realization of People Living with HIV/AIDS Commitment to Participating, and The Benefit and The Challenge of HIV/AIDS Control Program in Surakarta Indonesia

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Abstract
The management of AIDS is a collective responsibility, including People Living with HIV/AIDS (PLWHA). This research aimed to study the realization of PLWHA commitment to participating, and the benefit and the challenge of HIV/AIDS control program in Surakarta Indonesia. This was a qualitative research with case study approach conducted in Surakarta Indonesia. The data was collected through observation, in-depth interview and documentation related to PLWHA being administrators and members of Solo Plus Peer Support Group, People Affected by HIV/AIDS (PABHA), Surakarta AIDS Commission, Health Workers, NGO and people concerned with AIDS as its data source. To validate the data, source triangulation was used. The explanatory analysis in this case study was conducted using Azjen's Theory of Planned Behavior. The involvement of PLWHA in HIV/AIDS control program in Surakarta is like a pyramid. Generally, they serve as participants of socialization; facilitators in HIV/AIDS Communication, Information, and Education; caretakers and attendants of PLWHA; counselor and peer educator; and policy makers. The benefits of the Greater Involvement of People living with or Affected by HIV/AIDS (GIPA) were: HIV/AIDS control will run more ethically and effectively, socialization by means of elaborating PLWHA and PABHA's experience can reduce stigma and discrimination within community, reinforce the organization, and provide more responsive healthcare service, therefore, improve PLWHA's self-confidence and quality of life. The constraints or challenges included personal, social, and institutional one, for example, the difficulty of revealing HIV status before the public, inadequate material mastery and communication skill, some organizations supporting PLWHA inadequately, negative stigma and community's discriminative treatment leading GIPA in HIV/AIDS control program to run less optimally. PLWHA involved in HIV/AIDS control program can get some benefits, but they should also face readily such challenges as negative stigma, social isolation, and discrimination. There should be comprehensive support from family, government, and community to HIV/AIDS control program to make PLWHA acceptable and contributing actively to end AIDS epidemics.

Keywords: Benefit, Challenge, GIPA, HIV/AIDS Control, Participation, PLWHA

1. Introduction

The targets of Sustainable Development Goals (SDG's) in 2030 are to end AIDS, epidemics. For that reason, HIV/AIDS controlling strategy and policy are formulated and implemented from global to regional levels aiming to achieve zero new infection, zero AIDS-related death and zero discrimination by 2030 (Osborn et al, 2015; UNAIDS, 2016; Haghdoost & Karamouzian, 2012; World Health Organization, 2016; UNAIDS Joint United Nations Programme on HIV/AIDS, 2017; UNAIDS, 2017). This strategy is implemented as well in Indonesia, including Surakarta, but HIV/AIDS case number increases continuously. Cumulatively, there are 232,323 HIV and 86,725 AIDS cases in Indonesia in the period of April 1, 1987- December 31, 2016, with 14.608 deaths. Considering the data of Republic of Indonesia's Ministry of 2017, the cumulative number of HIV/AIDS cases reaches 23,311 cases, including: 16,867 HIV and 6,444 AIDS cases. Surakarta AIDS Commission reported that the cumulative number of HIV/AIDS cases is 2528 consisting of 859 HIV, 1669 AIDS, and 701 death cases during October 2005-December 2017.

As the number of People Living with HIV/AIDS (PLWHA) increases continuously, the HIV/AIDS control program should be optimized (Joulaei & Motazedian, 2013). It can be done among others, by realizing the principle of Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA) as the responsibility and right of People Living with HIV/AIDS (PLWHA) to determine their own fate and to participate in AIDS management (UNAIDS, 1999). HIV/AIDS control program requires GIPA to make a decision, to design, implement, monitor, and evaluate the program, and to develop policy thereby improving relevance, acceptability, and effectiveness of the program (UNAIDS, 2007). GIPA is important because PLWHA is those directly experiencing anything, making them vulnerable to HIV infection. Having being infected, they understand better the disease they develop and the strategy to manage it (Buse et al., 2016). GIPA can encourage the more responsive, comprehensive, and sustainable program, because PLWHA can contribute to achieving universal access. Active and meaningful participation of PLWHA will encourage a high sense of belonging to HIV/AIDS control program as something very essential (Asia-Pacific Network of People Living with HIV/AIDS (APN+) and Asia-Pacific Council of AIDS Service Organisations (APCASO), 2005).

The application of GIPA principle in HIV/AIDS control is an attempt of breaking simplification and the less appropriate assumption that those serving as a service provider are only the ones infected with HIV, while the clients are those infected with HIV only. According to the GIPA principle, PLWHA should be involved in all levels of intervention, ranging from the inter-personal level to the policy making level (UNESCO Kingston Cluster Office for the Caribbean and Education Development Center (USA), 2010; Travers et al., 2008). In such countries as Canada and even in several developing countries, PLWHA can show its existence (Cain et al., 2014; Cornu & Attawell, 2003). In Norway, they redesign the organization of outpatient clinic to PLWHA and develop a set of services. Its main targets are optimum health, comprehensive treatment, and medication, and PLWHA empowerment as an organized action, for example, PLWHA nurse coordination. This program is evidently effective and sustainable (Berg et al., 2015).

In Indonesia PLWHA generally are affiliated with Peer Support Group (PSG), the one supporting the PLWHA socially and psychologically. Nowadays, there are about 307 PSGs, one of which is Solo Plus located Surakarta. As an individual, PLWHA can be the member of PSG and participate in HIV/AIDS control program. However, because PLWHA is vulnerable to be infected with opportunistic infection related to its body immunity system and to deal with psychological, social, and economic problems such as stress and depression, can get negative stigma and discriminative treatment from community, and should assume their treatment and medication costs, and etc., their participation is affected (Bunn et al., 2007; Pascoe & Richman, 2009; Zukoski et al., 2011; Akena, 2016; Masoudnia, 2015; Dejman et al., 2015). Theory of Planned Behavior stated that individual or group's intention to participate in a behavior in certain time and place is affected by attitude toward the behavior, subjective norms, perceived behavioral control and intention (Ajzen, 1985; 1991; 2005). In this context, PLWHA participating in HIV/AIDS control program is affected by both internal and external factors.

2. Aims and Objectives

The realization of PLWHA's commitment to participating, and the benefit and the challenge of HIV/AIDS control program in Surakarta Indonesia are studied in this research.

3. Material and Methods

3.1 Study design and area

This qualitative research with case study was conducted in Surakarta Indonesia during July-September 2017 because there are PLWHA from various risks factor and PSG members participating in HIV/AIDS control program (Yin, 2002).

3.2 Data Source

Primary data in this research consisted of 17 informants, including key, main, and supporting informants. Key informant included Program Manager of Surakarta AIDS Commission (A1) and Chairperson of Solo Plus (A2). Main informant included 8 PLWHAs, 5 of which have high risk of being infected with HIV/AIDS: B1 (a female sexual worker), B2 (a gay man), B3 (a transsexual), B4 (a High Risk Man) and B5 (an Injection Drug User) and 3 PLWHA coming from ordinary people (B6, B7 and B8) affiliated with Solo Plus. Meanwhile 7 supporting informant consisted of 2 People Affected by HIV/AIDS (PABHA): C1 (B1's older sibling) and C2 (B2's older sibling); 2 health workers: C3 (a counselor from Voluntary Counseling and Testing Division of Dr. Moewardi Hospital) and C4 (a nurse of Manahan Public Health Center or *Puskesmas*), and an activist of SPEK-HAM NGO (C5); and 2 people concerned with AIDS: C6 (from *Kelurahan* Punggawan or Punggawan village) and C7 (from *Kelurahan* Banjarsari). Meanwhile, secondary data derived from documents related to GIPA and HIV/AIDS control program. The characteristics of the key, main, and supporting informants are presented in table 1, 2, and 3.

Table 1. Characteristics of Key Informants

No.	Informant	Sex	Age (Year)	Education Level	Position	HIV Status
1.	A 1	Male	47	Bachelor Degree	Program Manager of Surakarta AIDS Commission	-
2.	A 2	Female	38	Diploma	Chairperson of Solo Plus	+

Table 2. Characteristics of Main Informants

No.	Informants	Sex	Age (Year)	Education Level	Position	Risk Factor of being infected with HIV	HIV Status
1.	B 1	Female	25	Senior High School	Member of Solo Plus	Heterosexual (Female Sexual Worker)	+
2.	B 2	Male	28	Bachelor Degree	Member of Solo Plus	Homosexual (Gay Man)	+
3.	B 3	Transsexual	22	Senior High School	Member of Solo Plus	Homosexual (Transgender)	+

4.	B 4	Male	40	Bachelor Degree	Member of Solo Plus	Heterosexual (High Risk Man)	+
5.	B 5	Male	21	Senior High School	Member of Solo Plus	Heterosexual (Injection Drug User)	+
6.	B 6	Female	30	Diploma	Member of Solo Plus	Heterosexual (Nurse)	+
7.	B 7	Female	35	Senior High School	Member of Solo Plus	Heterosexual (Housewife)	+
8.	B 8	Female	36	Diploma	Member of Solo Plus	Heterosexual (Entrepreneur)	+

Table 3. Characteristics of Supporting Informants

No.	Informant	Sex	Age (Year)	Education Level	Position	HIV Status
1.	C 1	Female	27	Senior High School	B1's older sibling	-
2.	C 2	Female	30	Senior High School	B2's older sibling	-
3.	C 3	Male	32	Bachelor Degree	Counselor in Voluntary Counseling and Testing Division of Dr. Moewardi Hospital	-
4.	C 4	Female	30	Diploma	Nurse of Manahan Public Health Center	-
5.	C 5	Female	36	Bachelor Degree	Activist of SPEK – HAM NGO	-
6.	C 6	Female	44	Bachelor Degree	Chairperson of People Concerned with AIDS in *Kelurahan* Punggawan	-
7.	C 7	Male	47	Bachelor Degree	Chairperson of People Concerned with AIDS in *Kelurahan* Banjarsari	-

3.3 Technique of Collecting Data

Data was collected through conducting an in-depth interview with all informants and observing their behavior, and studying documents related to GIPA in HIV/AIDS control program in Surakarta (Flick et al., 2004; Miles et al., 2014).

3.4 Data Validity and Reliability

To test data validity and reliability, source triangulation was conducted by means of clarifying the data obtained from the main informant with other informants, thereby obtaining valid and reliable data (Creswell, 2014). For example, B4 and B5 stated that they actively socialize HIV/AIDS to the people in *Kelurahan* Punggawan, and then the statement was clarified for its truth with C6 as the one living in *Kelurahan* Punggawan.

3.5 Data Analysis

Primary and secondary data collected were then analyzed with an explanatory analysis technique constituting the result of repeated theoretical statement or early proposition about Planned Behavior, GIPA and HIV/AIDS control program that compared the finding of PLWHA's involvement in HIV/AIDS control program in Surakarta and the statement aforementioned, corrected the statement, compared one case and another to correct the statement, and then compared the facts of other cases. It can be repeated if necessary, until obtaining enough data to explain it (Yin, 2002).

3.6 Research Ethics

To ensure the informants' confidentiality, the research was completed with informed consent document related to data obtained (Faden & Beauchamp, 1986). To protect the PLWHAs/PABHAs as the subject of research, all data and information obtained from the informant are safeguarded for their confidentiality and only used for research purpose.

4. Results

4.1 GIPA in HIV/AIDS Control Program

4.1.1 HIV/AIDS Control Program in Surakarta

Surakarta government has organized and implemented a policy related to HIV/AIDS control program and activity, including HIV/AIDS prevention, Care Support, and treatment, HIV/AIDS effect mitigation in the form of psychosocial and economic support, and creating a conducive environment to its program and activity implementation. The implementation of HIV/AIDS control program so far has involved all stakeholders including government, non-government, and community including PLWHA, in this case, Surakarta AIDS Commission as its coordinator. A1 stated that: "The involvement of PLWHA in HIV/AIDS control program in Surakarta significant changes many people's attitude to PLWHA. So far, Surakarta AIDS Commission has conducted training for facilitators of HIV/AIDS Communication, Information, and Education to the public, including PLWHA (e.g. B4, B5, and B7), counselors, nurses (caretakers) and attendants (e.g. B6) of fellow PLWHA to make PLWHA complying with antiretroviral (ARV) therapy and knowing its effect".

A1 said that PLWHA serves as persuasive advocates that can lobby other PLWHA to improve Care Support and Treatment at both individual and group levels. This statement is confirmed by C3 and C4, stating that PLWHA trained to be counselors are more sensitive and empathic to their fellow PLWHA and the public, so that counseling can change the perception on the fear of HIV diagnosis.

4.1.2 The Existence of Solo Plus

A2 explained that as an independent group, Solo Plus was established to respond to and to fulfill the need and to support psychosocially PLWHA and PABHA in Surakarta and surrounding. Its main objectives are to fight for the

equality of right and opportunity for PLWHA in order to get access to healthcare service, and to remove the stigma and discriminative behavior within the community. In its inception, Solo Plus has only 6 members and in the period of December – Today it has had 290 PLWHA being its members, but only 30 of them are active. Solo Plus's platform related to HIV/AIDS control program includes improving organizational capacity and PSG's members, giving advocacy about policy and socialization to the public about HIV/AIDS, improving Care, Support, and Treatment services to PLWHA with case management, and developing network and supporting the members of PSG's livelihood sustainability. Routine agenda of Solo Plus includes conducting routine meeting every end of the month in Manahan Public Health Center, Surakarta, attended by administrators and members of Solo Plus, healthcare service, and PABHA. This activity is intended to discuss PLWHA's medication and compliance, support to new members, fund, stigma, recent HIV/AIDS issues, and etc. PLWHA should take care of their health and prevent HIV/AIDS actively.

4.2 PLWHA's Involvement

B1 admitted that she did not participate actively in the HIV/AIDS Control Program, because she worried that others would know her HIV + status. Meanwhile, B2 and B3 stated that: "We do not have experience with HIV/AIDS control program; therefore we serve as participants only when the activity to socialize HIV/AIDS is held by a government or non-government institution."

However, some PLWHA gives instrumental and psychological supports, reward, social integrity, and information actively to other PLWHA. They are B4, B5, and B7. B4 and B5 stated that: "I give HIV/AIDS education actively in some *Kelurahan* (villages) because I have trained to be a facilitator by Surakarta AIDS Commission."

B4 and B5 have ever been informants in an HIV/AIDS socialization activity in *Kelurahan* Punggawan, Banjarsari, and etc. It is confirmed by C6 and C7 stating that: "Punggawan people become concerned with AIDS because they often get communication, information, and education about HIV/AIDS from Health Service, SPEK-HAM as NGO concerned with AIDS and even involved PLWHA such as B4 as the members of Solo Plus. They give testimony about how they are infected with HIV/AIDS and undertake ARV therapy, and etc. So, Punggawan people become wary of and concerned with HIV/AIDS".

Meanwhile, C7 argued that: "B5 explained clearly that promotive, preventive, curative, and rehabilitative services related to HIV/AIDS and PLWHA in Surakarta. Even B5 showed an attractive example, figure, and video so that Banjarsari people were interested in and posed many questions when he became a facilitator in HIV/AIDS education activity in *Kelurahan* Banjarsari".

B4, B5, and B7 revealed that they are motivated to give HIV/AIDS education to the public in order to prevent them from being infected with HIV/AIDS like them. Therefore, people should have knowledge, positive attitude, and behave healthily to prevent them from being infected with HIV/AIDS. This statement was confirmed by A2 stating that their experience is the best teacher from which others can take a lesson to prevent them from being infected with HIV/AIDS.

B6 stated that: "Having gotten training about treatment and facilitation for PLWHA from Surakarta Health Service and Dr. Moewardi Hospital, many of my fellow PLWHA friends consulted me about ARV, supplementary food, viral load test, and etc. But, when I had no knowledge about something, I recommended them to go to VCT clinic in Hospital or Surakarta Public Health Center". B6, as the nurse, supported Solo Plus activity by conducting treatment and medication for PLWHA infected opportunistically. Meanwhile, B7 with communicating skill participated in conducting socialization about HIV/AIDS prevention continuously to make the people understanding HIV/AIDS, thereby removing stigma and discrimination against PLWHA. Thus, PLWHA can be peer educator and community, encourage the participation of new members or participate only by sharing the experience with others, and look for an external resource. However, according to C5, generally, PLWHA in Surakarta serve only as of the object of socialization activity and receive healthcare service. But PLWHA with

open statuses like B4, B5, B6, and B7 are involved in health behavior-changing intervention activity within the community or society. Nevertheless, they serve only as a peer educator or reaching officer, but they do not participate in designing HIV/AIDS control program.

A1 said that the chairperson of Solo Plus (A2) serves as information, knowledge, and skill sources equivalent to professionals in planning, implementing, monitoring, and evaluating HIV/AIDS control program in Surakarta. She represents PLWHA Surakarta in making policy. Her argument is appreciated equivalent to other members' in Surakarta AIDS Commission during developing a strategic plan of HIV/AIDS control program, including increasing the budget for PLWHA treatment and medication. This is justified by C5, C6, and C7, and supported fully by all PLWHA in Surakarta. The pyramid illustrating PLWHA's involvement in HIV/AIDS control program in Surakarta can be seen in figure 1.

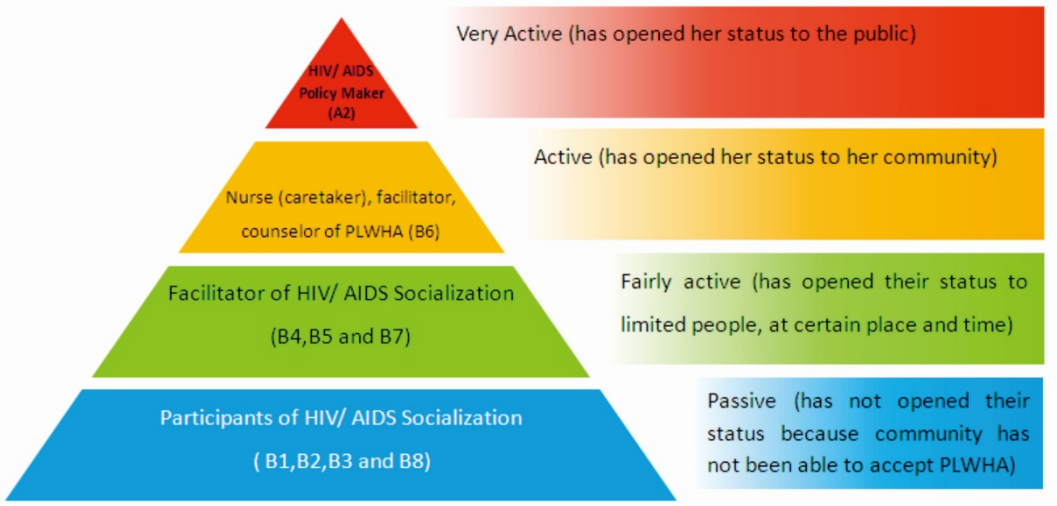

Figure. 1. PLWHA'S Involvement in HIV/ AIDS Control Program in Surakarta

4.3 Benefits of GIPA to Community

B1, B2, and B3 stated that: "In the presence of Solo Plus, PLWHA are supported both socially and psychologically, so that they can share a feeling, information, and be facilitated in order to accept their HIV status. Solo Plus helps PLWHA reveal their HIV status to their family or beloved people and even become counselor, educator, and, facilitator to other PLWHA". In relation to GIPA in HIV/AIDS control, physicians and VCT counselors cater to us friendly so that they we comply with ARV consumption and never discontinue our medication and become healthy. It is suggested by B1, B2, B3, B4, and B5.

C6 and C7 argued that: "In the presence of GIPA in HIV/AIDS control, the people become concerned with AIDS and have a positive perspective on PLWHA, and the health workers provide service corresponding to the specified standard without discriminating their clients." Meanwhile, B4 stated that: "I change my health behavior from formerly changing sexual partners frequently into being loyal to my wife."

Having acquired information from a member of Solo Plus, B1 now always uses a condom when she caters to her guests to avoid HIV/AIDS infection. B2 and B3 stated that through correct knowledge and information about the importance of condom and lubricants to prevent HIV/AIDS, the LGBT community becomes alerted and behaves healthily and safely in their sexual intercourse.

A2, C3, and C5 argued that: "GIPA is useful to make the service more humanistic and personal. Health behavior-changing intervention will run more effectively by involving PLWHA, so that compliance with medication will improve and counseling will be more credible and interesting to the targeted group". A1, A2, B8, C3, and C4 added that: "There is a greater awareness of HIV/AIDS issues PLWHA leading to the expansion of advocacy activity related to PLWHA's right, self-confidence, physical health, and wellbeing."

However, A2, B4, B5, B7, C4, and C5 argued that most importantly GIPA can reduce stigma and discrimination against PLWHA, activists of HIV/AIDS Control Program, and health workers within the community. Meanwhile, A1, A2, and C5 stated that: "GIPA can develop HIV/AIDS-related planning and policy, as PLWHA can cooperate with other stakeholders. It means that PLWHA's involvement exerts a positive effect on the policy". The benefits of GIPA to the community are presented in table 4.

Table 4. Benefits ff GIPA to Community

No.	Informant	Benefits of GIPA
1.	A1	HIV/AIDS Control Program runs more ethically and Effectively
2.	A2	Government becomes more HIV/AIDS responsive in the presence of policy and budget supporting the program
3.	B1	Using condom routinely during catering to her clients
4.	B2	LGBT behave healthily and safely
5.	B3	Transsexual community uses condom and lubricant during sexual intercourse
6.	B4	Being loyal to his wife
7.	B5	Reducing stigma and discrimination against PLWHA
8.	B6	Complies with ARV consumption.
9.	B7	Consuming ARV continuously and no longer stressed
10.	B8	Aware of HIV/AIDS issue
11.	C1	Being sympathetic and emphatic to PLWHA.
12.	C2	Having no negative perspective on PLWHA.
13.	C3	Counselor becomes more sensitive and emphatic to PLWHA.
14.	C4	There is a change of perception within community on the fear of HIV/AIDS diagnosis.
15.	C5	Reducing stigma and discrimination against PLWHA, and HIV/AIDS activists.
16.	C6	People become concerned with AIDS.
17.	C7	People become concerned with AIDS.

4.4 The Challenges of GIPA

4.4.1 Constraints to PLWHA

There are some constraints with GIPA in HIV/AIDS control, including personal, social, and institutional dimensions. B1, B2 and B3 faced personal constraints such as worsening health condition, worry with

opportunistic infection risk, stress, and fear of stigma and violence, so that they have not been able to meet GIPA commitment optimally. Meanwhile, B5 and B7 were less active, because they have poor communication skill, inadequate technical skill, and less self-confidence.

Meanwhile, social constraint relates to stigma, discrimination, and poor solidarity among fellow PLWHA. B1, B2, B4, B5, and B8 have indeed supported by family, but they feel that the support has not been optimal yet, because generally, the community has not been able to accept their condition with HIV diagnosis. It affects their mental development, personality maturity, and quality of life. B4 and B5 with open status stated that: "Stigma and discrimination are directed not only to them but also to their family members and friends. We always encounter this when we will begin HIV/AIDS socialization in a place. People are always cynical to us, but after we have explained well, the audience will begin to be interested in and pose question, so that we become self-confident. Even they then invite us to be the speaker in other places."

Meanwhile, the constraint coming from institutional dimension includes inadequate supporting healthcare service system. In addition, some organization like Public Health Center gives PLWHA inadequate opportunity of and information to contribute, as it underestimates PLWHA's capability and considers them as patient or victim. It is confirmed by B6. A2 stated that the supporting health workers affect GIPA in HIV/AIDS control and PLWHA's quality of life. Health workers serve to conduct a home visit, to provide counseling about compliance, and then to get feedback related to PLWHA's health status. However, communication has not been established maximally with the patients, so that access to medical treatment has not run optimally yet. A1 and C5 revealed that the discriminative policy also constrains GIPA in overcoming AIDS, for example, the obligation for undertaking HIV-test during recruitment, the limitation of PLWHA's moving space, and the inadequate organizational fund. The constraints with GIPA of PLWHA can be seen in table 5.

Table 5. Constraint with GIPA of PLWHA

No.	Informant	Constraints with GIPA
1.	B1	Worsening health
2.	B2	Worry with opportunistic infection
3.	B3	Stress, fear of stigma and violence
4.	B4	Often getting negative stigma and discriminative treatment
5.	B5	Having poor communication skill
6.	B6	Mass organization gives PLWHA inadequate opportunity and support
7.	B7	Having poor technical skill and self-confidence
8.	B8	Community has not been able to accept PLWHA.

4.4.2 Constraints with GIPA within Community

The difficulty of revealing an individual's HIV status, according to A1, is the severest challenge to PLWHA, as it can generate negative stigma against them. It may come from family, community, surrounding environment, and public. In addition, there are discriminative treatment and even physical abuse, making PLWHA/PABHA worried and afraid. Some HIV/AIDS activists and health workers have encountered this.

C5 suggested that some organizations' less preparedness to involve PLWHA/PABHA in HIV/AIDS control program becomes a distinctive challenge. It is because of poor awareness or inadequate information in organization, and even discrimination and unconscious prejudice against PLWHA. Some organizations are infeasible to PLWHA/PABHA, having no policy to pay or to involve them, having limited supporting facilities

and circumstance for their involvement such as health facility, health benefit, and psychological support. B5 and B7 admitted that inadequate communication skill and material mastery related to HIV/AIDS make PLWHA uninvolved in socialization activity.

In addition, according to C4 and C5, there is still skepticism related to PLWHA's health condition. Organization doubts the sustainability of HIV/AIDS control program when PLWHA are involved within it. Meanwhile, all members of organization have risk of being sick, developing severer disease, or even death. However, this risk will more likely occur in PLWHA than in other individuals or groups without HIV/AIDS. This problem is a big challenge to organization feeling threatened with the reduced work hour of sick PLWHA or the lost human resource due to death. Table 6 shows the constraints with GIPA within community.

Table 6. Constraints with GIPA within Community

No.	Informant	Constraints with GIPA
1.	A1	Open status related to PLWHA's health.
2.	A2	Stigma and discriminative treatment from community.
3.	B1	Healthily behaving consistency
4.	B2	Family and surrounding environment's support to PLWHA.
5.	B3	Negative perspective on PLWHA.
6.	B4	Self confidence and positive thinking about the existence of PLWHA.
7.	B5	The improvement of self communication skill.
8.	B6	Community's perception on HIV/AIDS.
9.	B7	The improvement of skill and HIV/AIDS material mastery
10.	B8	The improvement of PLWHA's role within community
11.	C1	Removing negative stigma against PLWHA
12.	C2	Removing negative stigma against PLWHA
13.	C3	Perception on and acceptance to PLWHA.
14.	C4	Perception on and acceptance to PLWHA.
15.	C5	The improvement of PLWHA's knowledge and skill in order to beinvolved in organization activity.
16.	C6	The improvement of community's knowledge on HIV/AIDs and its acceptance to PLWHA.
17.	C7	The improvement of PLWHA's role within community

5. Discussion

GIPA in HIV/AIDS control program is encouraged with PLWHA's intention including attitude, behavior, subjective norm, and behavior control. PLWHA with a positive attitude and the subjective norm will have greater behavior control. Realizing that they have the opportunity and can perform such behavior, PLWHA will have the intention to be involved within it, for example, attending routine meeting and activity of PSG, becoming the facilitator of HIV/AIDS socialization beneficial to themselves, other PLWHA and community (Ajzen, 1985).

GIPA in HIV/AIDS control is highly defined by a situational factor, norm, group role and support, culture, and etc. Such condition relates to PLWHA's attitude and behavior (Ajzen, 2005).

However, positive attitude unsurely guarantees PLWHA to intend and to behave positively to HIV/AIDS control, because other factors contribute to creating their active behavior. The factors include culture developing in their environment, differentiation of PLWHA's experience supported with age, HIV/AIDS knowledge, and PLWHA's trauma. Inadequate material mastery, self-confidence, and support from surrounding environment prevent PLWHA from being involved in HIV/AIDS control program. Several factors lead to the change of PLWHA's attitude and motivation, so that an intention arises to be involved or uninvolved in HIV/AIDS control (Ajzen, 1991). So, PLWHA's attitude to HIV/AIDS control is affected by varying experience, education level, social status, and environmental culture.

Subjective norm of PSG is also affected by PLWHA's intention to be involved in HIV/AIDS control (Barbara et al., 2014). PLWHA affiliated with Solo Plus has better quality of life than those not affiliated with, because they have self-confidence, basic knowledge on HIV/AIDS, access to healthcare service, treatment, support, and medication, do not transmit the virus to others, and conduct positive activities (Pickles et al., 2017). There is a significant relationship between PSG's role and compliance with ARV consumption, because PLWHA affiliated with PSG feel more comfortable and opened, and get more support in undertaking their life (Igumbor et al., 2011). PLWHA trust PSG because they share the same misery, thereby complying with medication system and ARV consumption. PWLHA undertaking either inpatient and outpatient treatment and medication need PSG's role, such as monitoring ARV and supplementary food consumption, and giving social and psychological support. In addition, PSG serves as a motivator to make PLWHA keep fighting against their disease and doing physical activities corresponding to their ability (Kipp et al., 2011).

Being a speaker in an activity socializing HIV/AIDS is not easy, moreover being involved to be planner, decision-maker/policy maker, and evaluator of HIV/AIDS control program. Therefore, PLWHA needs certain knowledge and skill in order to be sure with their ability. The improvement of PLWHA's communication skill and HIV/AIDS material mastery enables PLWHA to deal with stigma and discrimination wisely, to be willing to reveal their HIV status to their close friends and family, to speak up in classroom, to discuss in debate either locally or nationally (Kidd & Clay, 2007; Tran et al, 2019). GIPA in HIV/AIDS control program creates supporting and inclusive environment, thereby reducing stigma and discrimination and resulting in greater involvement level (Aggleton et al., 2003; Carr & Gramling, 2004; Cornu, 2006). The strategy taken to reduce stigma and discrimination is to explain the community's misperception on HIV/AIDS and PLWHA based on information, by means of using advertisement, leaflet, video, and other media, and presentation in school and photovoice exhibited in public space (Brown et al, 2003; Demartoto et al, 2017).

As known, those closest and most valuable to PLWHA's life are family, including parents, partners, and other members of the family. PLWHA need family support, including emotional, instrumental, and informational supports. Emotional support needed includes the family's attention, support, and love related to their health condition, for example, encouraging the compliance with ARV consumption, therefore improving PLWHA's life expectancy and quality. It indicates that people care about and consider them as a part of the family and love them despite HIV/AIDS disease (Nkhoma et al., 2015).

Instrumental support to PLWHA includes fulfilling daily and financial needs and taking care of them during their sickness. Recommendation or information related to the improved health is a part of informational support. PLWHA expect that the presence of recommendation and information from family makes them feeling not being left alone in dealing with and improving its health condition. Family support can also reduce stress due to physical, psychological, and social problems the PLWHA often encounter. Social support functions as preventing strategy to reduce stress and negative effect and to improve the individual or family's mental health directly. Family can motivate PLWHA not to cease all of their activities (Silva & Tavares, 2015). Meanwhile, health workers' support in revealing HIV status will improve self-confidence and reduce PLWHA's negative perception on HIV/AIDS

(Arem et al., 2011; Alamo et al., 2012). In organization, PLWHA's participation can change the perception and give valuable experience and knowledge. Within the community, it can break fear and prejudice by showing that PLWHA are productive members and contributors of the community (Asia-Pacific Network of People Living with HIV/AIDS (APN+) and Asia-Pacific Council of AIDS Service Organisations (APCASO), 2005). In the presence of personal, social, and institutional constraints and challenges, PLWHA needs material and emotional supports, reward, social integrity, and comprehensive information from such sectors as family, PSG, health workers, Surakarta AIDS Commission, and community, to make GIPA in HIV/AIDS control running optimally.

6. Conclusion

PLWHA will contribute actively to the HIV/AIDS control program when they benefit from it. However, in addition to benefit, there are also other consequences the PLWHA should assume: personal, social, and institutional challenges such as negative stigma, social isolation, and discrimination from the community. Therefore, GIPA in HIV/AIDS control will be accomplished with some consideration and planning.

7. Recommendation

Belief, capability, and powerfulness in HIV/AIDS control should be inculcated inside PLWHA, therefore having positive intention and activeness in HIV/AIDS control program. It can be a guideline to the HIV/AIDS Control Program, thereby reducing HIV/AIDS incidence rate and improving PLWHA's quality of life.

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