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The Relationship of Perceived Stigma Among PLHIV with Utilization of Care Support and Treatment (CST) Services in Solo Plus Peer Support Group

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ABSTRACT

Introduction: Care, support and treatment (CST) services are among the services needed by PLHIV. This service can improve the quality of life among PLHIV, but there are still PLHIV who do not use the service regularly. The aim of this research was to analyze the relationship between perceived stigma with utilization of CST services. **Method**: This type of research was quantitative, namely analytical observational (cross sectional). This research was conducted at the Solo Plus Surakarta Peer Support Group with a total sample of 110 PLHIV taken using exhaustive sampling technique. The independent variable was perceived stigma and the dependent variable was utilization of CST services. The instrument for measuring perceptions of stigma used the Berger HIV Stigma Scale while utilization of CST services was measured using a questionnaire that looks at behavior in the last six months. Data analysis was carried out using Fisher Exact. **Results**: Perceived stigma was related to the use of CST services among PLHIV. The perception of stigma that is most often felt by PLHIV is the perception of stigma about PLHIV themselves (self-stigma), where PLHIV feel afraid that other people will not accept them if they know their status. PLHIV also feel that they are not well because there is HIV in their body. If self-stigma is not handled, it will affect the quality of life of PLHIV. **Conclusion**: Perceived stigma was associated with utilization of CST services so one way to reduce self-stigma is increase the participation of PLHIV in Peer Support Groups. At the Peer Support Group, massive discussions can also be held regarding efforts to improve the quality of life of PLHIV.

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INTRODUCTION

HIV/AIDS is still a global concern because the number of cases is quite high (Stanley et al., 2019). In 2021 there will be around six million people living with HIV

(PLHIV) in Asia. Based on this number, 76% of PLHIV know their status, and there are still 14% who have not accessed care, support and treatment services (CST services) (UNAIDS, 2022). Likewise in Indonesia, in 2021 there will be 36,902 HIV cases (Kementerian Kesehatan Republik Indonesia, 2022b). Then in the first quarter of 2022 there were 10,525 HIV cases in Indonesia and there were still 17.6% who had not undergone ART. In the first quarter of 2022, Central Java will be the fourth province in the number of PLHIV after West Java, East Java and DKI Jakarta (Kementerian Kesehatan Republik Indonesia, 2022a).

Stigma and discrimination are still barriers in the world's response to overcoming HIV/AIDS. In 2017, there were 68.7% of women aged 15-49 years in Indonesia who had negative attitudes towards PLHIV, and there were 4.6% of PLHIV who experienced stigma and discrimination from the general public (UNAIDS, 2022). A study in Binjai Indonesia also found that 45.6% of PLHIV had high perceived stigma (Sufra Rizkani et al., 2020). Perceived stigma consists of external stigma and internal stigma (Pourmarzi et al., 2017). This perception of stigma is often felt by PLHIV and its impact can influence the use of CST services (Chimoyi et al., 2022; Rahmatin & Azinar, 2017; Sanga et al., 2019). This CST service is very important because it can improve ART compliance (Diyah et al., 2019).

Surakarta is one of the cities in Central Java where one of the priority programs is HIV control, where HIV/AIDS cases in Surakarta in 2021 amounted to 76 cases (Dinas Kesehatan Kota Surakarta, 2022). One of the CST services in Surakarta is at the Manahan Community Health Center. The Solo Plus Peer Support Group is a support group at the Manahan Community Health Center that contributes to providing support to PLHIV. Based on a survey at the Manahan Community Health Center, it was found that not all PLHIV visit CST regularly.

Research conducted in Binjai found that stigma influences the use of CST services, especially among PLHIV who are male (Rizkani et al., 2020). A systematic review of health service use suggests that further study is needed on the influence of need factors such as stigma on health service use (Soleimanvandiazar et al., 2020). If PLHIV are stigmatized and do not utilize CST services, this can affect the quality of life of PLHIV (Kusumaningrum et al., 2020; Rueda et al., 2016).

PLHIV must be able to utilize CST services to survive, and receive support from fellow PLHIV and health workers. Based on qualitative research, it was found that there are quite a lot of obstacles for PLHIV in getting CST services, including financial problems, side effects, self-efficacy, distance to services, fear of public recognition of their HIV status, stigma. and perceived stigma, service hours that do not match PLHIV's loose working hours, and limited support from family (Aidha & Aprilina, 2020; Diah et al., 2015; Jaafari et al., 2022; Sufra Rizkani et al., 2020). Stigma is one of the factors inhibiting the use of CST services among PLHIV. Stigma is a social process, an experience experienced by PLHIV in the form of rejection, feeling shunned by other people. This stigma can develop into fear if other people see themselves in an HIV service clinic. Stigma is the main key that prevents PLHIV from accessing CST services (Nakigozi et al., 2015). In another study in China, it was stated that further research was needed to look at the stigma of PLHIV among those who already received support (Li et al., 2018). If PLHIV have received support and are not stigmatized, of course PLHIV will use CST services. In previous research, the perception of stigma measured was the perception of stigma that came from outside PLHIV (Rizkani et al., 2020). Meanwhile, in this research, perception of stigma was explored by PLHIV's perception of stigma originating from outside themselves (external) and internally to find out whether internal and external stigma was related to utilization CST services among PLHIV. Therefore, this study aims to analyze the relationship between perceived stigma with utilization of CST services for PLHIV in the Solo Plus Peer Support Group.

LITERATURE REVIEW

HIV is a disease that is still an epidemic. Based on WHO data, in 2022 there will be around 39 million PLHIV. There is a global target that by 2025, 95% of PLHIV who know their HIV status, 95% of PLHIV who know their status receive Antiretroviral Therapy (ART), and 95% of PLHIV who receive ART experience a reduction in their viral load (World Health Organization, 2023). Stigma and discrimination will hinder the achievement of these targets (World Health Organization, 2017). The perception of stigma felt by PLHIV is a self-assessment of PLHIV which is linked to PLHIV's feelings about the views of other people and society about themselves and their HIV status (Ibrahim et al., 2019).

Support is a factor that influences the level of stigma felt by PLHIV. One of these supports is from family. This family support will increase the self-confidence of PLHIV so that the perception of internal stigma among PLHIV becomes lower. If PLHIV do not receive family support, they are at risk of experiencing increased perceptions of external stigma (Pourmarzi et al., 2017).

In Indonesia, it was also found that PLHIV need support from the people around them so that they can survive the perceived stigma. Social support is important support. If PLHIV receive support from the social environment, they will be in a positive network and can help PLHIV to improve their quality of life (Hidayat et al., 2022).

HIV testing services and CST are important things that support 95-95-95 (World Health Organization, 2017). This CST service can help provide the social support needed by PLHIV. CST services include care, support and treatment services that are useful for improving the quality of life of PLHIV. CST services for HIV/AIDS without complications are available at community health centers (Ministry of Health of The Republic of Indonesia, 2017).

METHOD

This research was an analytical observational research, namely cross sectional, which was carried out with a population of 110 PLHIV in the Solo Plus Peer Support Group. The research was conducted in 2020. The sampling technique used exhaustive sampling with a total research sample of 110 respondents whose data was collected directly. The sample criteria for this study were PLHIV who were included in the Solo Plus Peer Support Group at least 6 months in December 2019, and willing to be a respondent. The exclusion criteria for this research sample were PLHIV who lost contact and moved residence (not within the reach of Solo Plus Peer Support Group).

The independent variable of this research was perceived stigma and the dependent variable was utilization of CST services. Perceptions of stigma in this research were PLHIV's perceptions regarding negative stigma from society (external), and PLHIV's own perceptions regarding their HIV status and PLHIV's fear of being in society (internal). Data regarding perceived stigma was taken using a questionnaire filled out by PLHIV. Stigma perceptions were divided into two categories, namely high and low stigma perceptions. Meanwhile, the utilization of CST services by PLHIV was the routine use of CST services by PLHIV which was seen every month for the last six months. Utilization of CST services was categorized into good and poor use of CST services. Utilization of CST services was seen through observation of CST service utilization cards and a questionnaire filled out independently by PLHIV. Utilization of CST services was categorized as good if PLHIV have regularly used CST services in the last 6 months, and categorized as poor if PLHIV have not used CST regularly for the last 6 months. The perceived stigma questionnaire in this study used the Berger HIV Stigma Scale which was valid with the reliability test results,

namely Cronbach's alpha value of 0.98. Data analysis in the study used univariate (to describe respondent characteristics, perceived stigma and utilization of CST services) and bivariate analysis with Fisher Exact (because there is 1 cell that have expected count less than 5). Perceived stigma was stated to be related to the use of CST services if p-value<0.05 or level of significance 95%. This research meets ethical requirements No. 2992/B.1/KEPK-FKUMS/VII/2020.

RESULT AND DISCUSSION

The characteristics of respondents in this study consisted of age, gender, marital status, and length of time in the Peer Support Group. The characteristics of these respondents can be seen in Table 1.

Table 1. Distribution of Respondent Characteristics (N= 110)

Characteristics	Frequency (n)	Percentage (%)
Age (y.o)		
17-22	6	5.5
23-28	39	35.5
29-34	29	26.4
35-40	17	15.4
41-45	9	8.2
46-50	4	3.6
51-55	3	2.7
56-60	3	2.7
Sex		
Female	69	62.7
Male	41	37.3
Marital status		
Married	45	40.9
Single	61	55.5
Widow	4	3.6
Long time attending peer support groups		
<4 tahun	58	52.8
4-5 tahun	20	18.2
6-7 tahun	10	9.0
>7 tahun	22	20.0

The majority of respondents in this study were aged 23-28 years (35.5%). Based on gender, the majority of respondents were female (62.7%). Then more than half of the respondents' marital status was unmarried (55.5%). When looking at the length of time they have been in the peer support group, more than half of the respondents have been in the Peer Support Group for less than 4 years.

Table 2. Bivariate Analysis Results

Variable	Utilization of CST Services		*p-value*
Perceived Stigma	**Good**	**Not good**	
High	76 (89.4%)	9 (10.6%)	0.023
Low	17 (68%)	8 (32%)	

Based on the results of bivariate analysis, PLHIV who utilize CST services well tend to be PLHIV who have a high percentage of perceived stigma (89.4%). Based on Table 2, it can be seen that perceived stigma is associated with utilization of CST services among

PLHIV. Perceived stigma was related to the use of CST services among PLHIV. The results of this research are in line with research in Binjai and Lampung which states that the perception of negative stigma towards PLHIV will result in PLHIV not utilizing VCT and CST services (Nurfalah et al., 2019; Rizkani et al., 2020). In this study, PLHIV who used CST services well tend to be PLHIV who had a high perception of stigma. This high perception of stigma comes more from internally or from oneself (self stigma) so that PLHIV in this study still make good use of CST services. This is because in health services and Peer Support Groups, PLHIV do not experience stigma and discrimination. In Peer Support Groups, PLHIV can also get support from health workers and other PLHIV (Handayani & Mardhiati, 2018). Through Peer Support Groups, PLHIV can also have the opportunity to improve their quality of life (Mbah et al., 2021; Susanti & Sari, 2018). A systematic review that has been carried out suggests that peer support groups can improve the quality of life of PLHIV through good use of services (Bateganya et al., 2015; Berg et al., 2021). This is supported by research which shows that group support can increase adherence to ART in PLHIV (da Silva Oliveira et al., 2020).

The stigma usually experienced by PLHIV is internal stigma or from oneself in the form of fear and worry that people will discriminate against them if they know their HIV status. PLHIV are also afraid to communicate to others if they have HIV, and PLHIV also feel if HIV in his body is one of the things that makes him feel bad. This is the same as qualitative research which showed that PLHIV's stigma towards themselves is because PLHIV feel insecure and feel that other people will not accept them (Tristanto et al., 2022). This prevents PLHIV from disclosing their status to their families. This condition is in accordance with the results of this research, namely that PLHIV who make good utilization of CST services are those who are unmarried or widowed. This is because unmarried PLHIV do not have a high perception of stigma that their partner will not accept them. This is in line with research conducted in Mauritania which states that there is a relationship between forms of stigma and marital status (Mohamed Boushab et al., 2017).

In this study, it was also found that good utilization of CST services tends to be found among PLHIV who are female. Women tend to have lower perceptions of stigma than men. A study in Uganda also showed that self-stigma was more common among male PLHIV (Namisi et al., 2022). In addition, in this study the utilization of CST services was better for PLHIV who had been attending Peer Support Groups for a long time. Therefore, further efforts are needed so that PLHIV can utilize CST services and join Peer Support Group because these services can provide support to PLHIV. It is also hoped that this service can reduce self-stigma among PLHIV so that it can also improve the quality of life of PLHIV (Fajriyah et al., 2018; Mukaromah et al., 2023). Based on research in Amsterdam, it was stated that to improve the quality of life for PLHIV, strategies need to be pursued to reduce self-stigma, one of which is support groups (Van Der Kooij et al., 2021). Reducing this stigma is also one of the programs in dealing with HIV (Dewi et al., 2021).

CONCLUSION

The conclusion of this research was that stigma became a factor related to the use of CST services among PLHIV. PLHIV do not use CST services regularly because they feel they are not good enough and are afraid that other people will not accept them when they find out their HIV status. The stigma most often felt by PLHIV is internal stigma or self-stigma. If self-stigma is not addressed, it can affect the quality of life of PLHIV. One of the efforts to reduce self-stigma is by participating in CST services, including regularly participating in support group activities.

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REFERENCES

Aidha, E. N., & Aprilina, H. D. (2020). Hubungan Pengetahuan dan Sikap tentang Voluntary Counseling and Testing (VCT) dengan Partisipasi mengikuti VCT pada Wanita Pekerja Seksual. *Jurnal Kesehatan*, *13*(2), 85–96. https://doi.org/10.23917/jk.v13i2.11734

Bateganya, M. H., Amanyeiwe, U., Roxo, U., & Dong, M. (2015). Impact of support groups for people living with HIV on clinical outcomes: A systematic review of the literature. *Journal of Acquired Immune Deficiency Syndromes*, *68*, S368–S374. https://doi.org/10.1097/QAI.0000000000000519

Berg, R. C., Page, S., & Øgård-Repål, A. (2021). The effectiveness of peer-support for people living with HIV: A systematic review and metaanalysis. In *PLoS ONE* (Vol. 16, Issue 6 June 2021). Public Library of Science. https://doi.org/10.1371/journal.pone.0252623

Chimoyi, L., Chikovore, J., Musenge, E., Mabuto, T., Chetty-Makkan, Candice. M., Munyai, R., Nchachi, T., Charalambous, S., & Setswe, G. (2022). Understanding factors influencing utilization of HIV prevention and treatment services among patients and providers in a heterogeneous setting: A qualitative study from South Africa. *PLOS Global Public Health*, *2*(2), e0000132. https://doi.org/10.1371/journal.pgph.0000132

da Silva Oliveira, R., Primeira, M. R., Dos Santos, W. M., de Paula, C. C., & de Mello Padoin, S. M. (2020). Association between social support and adherence to anti-retroviral treatment in people living with HIV. *Revista Gaucha de Enfermagem*, *41*. https://doi.org/10.1590/1983-1447.2020.20190290

Dewi, R. K., Kusumaningrum, T. A. I., Saputri, M. W., Febriyanti, D., & Pebrianti, S. (2021). Faktor Personal dan Sikap Teman mengenai Tindakan Pencegahan Dampak Penularan HIV/AIDS dengan Stigma Mahasiswa Terhadap Orang dengan HIV/AIDS (ODHA). *Jurnal Kesehatan*, *14*(2), 184–194. https://doi.org/10.23917/jk.v14i2.15056

Anyta, N. D. (2015). Komunikasi Antarpribadi Konselor Terhadap ODHA di Klinik VCT RSUD Kabupaten Karanganyar. *Komuniti*, *VII*(2), 68–73.

Dinas Kesehatan Kota Surakarta. (2022). *Profil Kesehatan Kota Surakarta 2021*.

Diyah, F., Pangerti, A., & Prasetya, H. (2019). Effect of Care Support Treatment and Other Factors Affecting the Intention and Adherence to Antiretroviral Therapy: Path Analysis Evidence, from Malang East Java. *Journal of Health Promotion and Behavior*, *4*(4), 298–305. https://doi.org/10.26911/thejhpb.2019.04.04.06

Fajriyah, Y. L., Demartoto, A., & Murti, B. (2018). The Effect of Depression, Stigma, and Peer Support Group, on the Quality of Life of People Living with HIV/AIDS in Solo Plus Peer Support Group, Surakarta, Central Java. *Journal of Health Promotion and Behavior*, *03*(01), 27–36. https://doi.org/10.26911/thejhpb.2018.03.01.03

Handayani, S., & Mardhiati, R. (2018). Keberlanjutan Peran Dukungan Sebaya di Dalam Sistem Penanggulangan HIV di Tingkat Provinsi dan Kota/Kabupaten Indonesia. *Perilaku Dan Promosi Kesehatan*, *1*(1), 44–53.

Hidayat, J., Huang, X.-Y., Lin, H.-R., Wei, S.-J., Chen, M.-Y., & Pranata, S. (2022). Exploring the Experience of Stigma among People Living with HIV in Bali, Indonesia: Qualitative Phenomenological Study. *Makara Journal of Health Research*, *26*(1), 44–50. https://doi.org/10.7454/msk.v26i1.1331

Ibrahim, K., Kombong, R., & Sriati, A. (2019). The Difference of Perceived HIV Stigma between People Living with HIV Infection and Their Families. *Nurse Media Journal of Nursing*, *9*(2), 117–127. https://doi.org/10.14710/nmjn.v9i2.24256

Jaafari, Z., McFarland, W., Eybpoosh, S., Tabatabaei, S. V. A., Bafti, M. S., Ranjbar, E., & Sharifi, H. (2022). Barriers and facilitators of access to HIV prevention, care, and treatment services among people living with HIV in Kerman, Iran: a qualitative study. *BMC Health Services Research*, *22*(1). https://doi.org/10.1186/s12913-022-08483-4

Kementerian Kesehatan Republik Indonesia. (2022a). *Laporan Eksekutif Perkembangan HIV AIDS dan Penyakit Infeksi Menular Seksual (PIMS) Triwulan I Tahun 2022*.

Kementerian Kesehatan Republik Indonesia. (2022b). *Profil Kesehatan Indonesia 2021*.

Kusumaningrum, T. A. I., Atharik, A., Gita, A. P. A., & Kusumawati, Y. (2020). Perceived Behavioral Control (PBC): Dominant factors of Voluntary Counseling and Testing (VCT) of Human Immunodeficiency Virus (HIV) intention in housewives at Surakarta City. *EurAsian Journal of BioSciences*, *14*(November), 5433–5439.

Li, Z., Morano, J. P., Khoshnood, K., Hsieh, E., & Sheng, Y. (2018). HIV-related stigma among people living with HIV/AIDS in rural Central China. *BMC Health Services Research*, *18*(1). https://doi.org/10.1186/s12913-018-3245-0

Mbah, P., Iroezindu, M., Esber, A. L., Dear, N., Reed, D., Adamu, Y., Tiamiyu, A. B., Mohammed, S. S., Kibuuka, H., Maswai, J., Owuoth, J., Bahemana, E., Ake, J. A., Polyak, C. S., Crowell, T. A., Bartolanzo, D., Reynolds, A., Song, K., Milazzo, M., … Olomi, W. (2021). Assessing the impact of HIV support groups on antiretroviral therapy adherence and viral suppression in the African cohort study. *BMC Infectious Diseases*, *21*(1). https://doi.org/10.1186/s12879-021-06390-3

Ministry of Health of The Republic of Indonesia. (2017). *Panduan Teknis Mentoring Klinis dan Program HIV AIDS dan PIMS di Indonesia*.

Mohamed Boushab, B., Fall-Malick, F.-Z., Ould Cheikh Melaïnine, M. L., & Basco, L. K. (2017). Forms of Stigma and Discrimination in the Daily Lives of HIV-Positive Individuals in Mauritania. *The Open AIDS Journal*, *11*(1), 12–17. https://doi.org/10.2174/1874613601711010012

Mukaromah, N., Ferianto, F., & Lestari, R. (2023). Hubungan stigma diri dengan kualitas hidup orang dengan HIV/AIDS di Yogyakarta. *MEDIA ILMU KESEHATAN*, *12*(1), 56–68. https://doi.org/10.30989/mik.v12i1.823

Nakigozi, G., Makumbi, F. E., Kigozi, G., Nalugoda, F., Reynolds, S. J., Chang, L. W., Kagaayi, J., Serwadda, D., Wawer, M. J., & Gray, R. H. (2015). Barriers to Utilization of HIV Care Services Among Adolescents and Young Adults in Rakai, Uganda: the Role of Economic Strengthening. *Global Social Welfare*, *2*(2), 105–110. https://doi.org/10.1007/s40609-015-0030-4

Namisi, C. P., Munene, J. C., Wanyenze, R. K., Katahoire, A. R., Parkes-Ratanshi, R. M., Kentutsi, S., Nannyonga, M. M., Ssentongo, R. N., Ogola, M. K., Nabaggala, M. S., Amanya, G., Kiragga, A. N., Batamwita, R., & Tumwesigye, N. M. (2022). Stigma mastery in people living with HIV: gender similarities and theory. *Journal of Public Health (Germany)*, *30*(12), 2883–2897. https://doi.org/10.1007/s10389-021-01480-7

Nurfalah, F., Yona, S., & Waluyo, A. (2019). The relationship between HIV stigma and adherence to antiretroviral (ARV) drug therapy among women with HIV in Lampung, Indonesia. *Enfermería Clínica*, *29*(S2), 234–237.

Pourmarzi, D., Khoramirad, A., & Gaeeni, M. (2017). Perceived Stigma in People Living With HIV in Qom. *Journal of Family and Reproductive Health* , *11*(4), 202–210. http://jfrh.tums.ac.ir

Rahmatin, E., & Azinar, M. (2017). Faktor-Faktor yang Berhubungan dengan Keteraturan Kunjungan Layanan Care Support And Treatment (CST) pada Pasien Koinfeksi Tb-HIV di Balai Kesehatan Paru Wilayah Semarang. In *Public Health Perspective Journal* (Vol. 2, Issue 1). http://journal.unnes.ac.id/sju/index.php/phpj

Rizkani, R. S., Utama, S., & Mutiara, E. (2020). The Correlation between Perception of Stigma of HIV/AIDS and Utilization of Voluntary Counseling and Testing and Care, Support and Treatment Polyclinic at Djoelham Hospital, Binjai. *Journal of Health Promotion and Behavior*, *5*(1), 26–34. https://doi.org/10.26911/thejhpb.2020.05.01.04

Rueda, S., Mitra, S., Chen, S., Gogolishvili, D., Globerman, J., Chambers, L., Wilson, M., Logie, C. H., Shi, Q., Morassaei, S., & Rourke, S. B. (2016). Examining the associations between HIV-related stigma and health outcomes in people living with HIV/AIDS: a series of meta-analyses. *BMJ Open*, *6*(e011453), 1–15. https://doi.org/10.1136/bmjopen-2016

Sanga, E. S., Mukumbang, F. C., Mushi, A. K., Lerebo, W., & Zarowsky, C. (2019). Understanding factors influencing linkage to HIV care in a rural setting, Mbeya, Tanzania: qualitative findings of a mixed methods study. *BMC Public Health*, *19*(1). https://doi.org/10.1186/s12889-019-6691-7

Soleimanvandiazar, N., Mohaqeqi Kamal, S. H., Sajjadi, H., Ghaedamini Harouni, G., Karimi, S. E., Djalalinia, S., & Setareh Forouzan, A. (2020). Determinants of outpatient health service utilization according to andersen's behavioral model: A systematic scoping review. In *Iranian Journal of Medical Sciences* (Vol. 45, Issue 6, pp. 405–424). Shriaz University of Medical Sciences. https://doi.org/10.30476/ijms.2020.85028.1481

Stanley, T. L., Fourman, L. T., Feldpausch, M. N., Purdy, J., Zheng, I., Pan, C. S., Aepfelbacher, J., Buckless, C., Tsao, A., Kellogg, A., Branch, K., Lee, H., Liu, C. Y., Corey, K. E., Chung, R. T., Torriani, M., Kleiner, D. E., Hadigan, C. M., & Grinspoon, S. K. (2019). Effects of tesamorelin on non-alcoholic fatty liver disease in HIV: a randomised, double-blind, multicentre trial. *The Lancet HIV*, *6*(12), e821–e830. https://doi.org/10.1016/S2352-3018(19)30338-8

Sufra Rizkani, R., Utama, S., & Mutiara, E. (2020). The Correlation between Perception of Stigma of HIV/AIDS and Utilization of Voluntary Counseling and Testing and Care, Support and Treatment Polyclinic at Djoelham Hospital, Binjai. *Journal of Health Promotion and Behavior*, *5*(1), 26–34. https://doi.org/10.26911/thejhpb.2020.05.01.04

Susanti, R., & Sari, K. (2018). Pelayanan Klinik Voluntary Counseling and Testing (VCT) di Rumah Sakit Umum Daerah Ambarawa Kabupaten Semarang Tahun 2017. *Indonesian Journal of Midwivery (IJM)*, *1*(1).

Tristanto, A., Afrizal, Setiawati, S., & Ramadani, M. (2022). Overview of Community Stigma and Self-Stigma related to HIV and AIDS. *Alfuad Journal*, *6*(1), 1–14.

UNAIDS. (2022). *UNAIDS DATA 2022*. Joint United Nations Programme on HIV/AIDS (UNAIDS).

Van Der Kooij, Y. L., Kupková, A., Den Daas, C., Van Den Berk, G. E. L., Kleene, M. J. T., Jansen, H. S. E., Elsenburg, L. J. M., Schenk, L. G., Verboon, P., Brinkman, K., Bos, A. E. R., & Stutterheim, S. E. (2021). Role of Self-Stigma in Pathways from HIV-Related Stigma to Quality of Life among People Living with HIV. *AIDS Patient Care and STDs*, *35*(6), 231–238. https://doi.org/10.1089/apc.2020.0236

World Health Organization. (2017). *Review of The National Health Sector Response to HIV in The Republic of Indonesia*.

World Health Organization. (2023). *Epidemiological Fact Sheet, HIV Statistics, Globally and by WHO Region, 2023*. https://apps.who.int/iris/handle/10665/360348,