

Implementation of HIV/AIDS Prevention Law Among Adolescent in Increasing Youth Resilience (Study at Dinas Pengendalian Penduduk dan Keluarga Berencana, Bekasi)

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Abstract

In Bekasi City, HIV/AIDS cases are relatively high, and adolescents are said to be vulnerable to HIV/AIDS transmission. Hence, Dinas Pengendalian Penduduk dan Keluarga Berencana, Bekasi City, needs to carry out the prevention according to Bekasi Mayor Regulation Number 125 of 2021. This research aims to determine the implementation of the HIV/AIDS prevention law among adolescents in increasing youth resilience by Dinas Pengendalian Penduduk dan Keluarga Berencana, Bekasi City, and the factors that influence the implementation of it. This research is qualitative research with an empirical juridical approach and descriptive specifications. The research informants were 5 (five) people. Types and sources of data include primary data and secondary data. The results of the research show that the implementation of the law on preventing HIV/AIDS among adolescents has been implemented well as measured by 4 (four) parameters, namely setting targets for preventing HIV/AIDS among adolescents, establishing partnerships in preventing HIV/AIDS among adolescents, facilitating HIV/AIDS prevention among adolescents with partners and establish HIV/AIDS prevention activities. Factors that tend to influence the implementation of HIV/AIDS prevention law among adolescents in increasing youth resilience consist of supporting factors, which at least include regulations regarding HIV/AIDS prevention, the readiness of human resources to carry out activities, and the availability of adequate facilities, and inhibiting factors which at least include difficulty for partners to work together, psychological counselling services which are only available 1 (one) for all adolescents in Bekasi City and unequal funding.

Keywords: adolescents; HIV/AIDS prevention; youth resilience.

Abstrak

Di Kota Bekasi kasus HIV/AIDS cukup tinggi dimana usia remaja dikatakan rentan terhadap penularan HIV/AIDS sehingga perlu adanya pencegahan yang dapat dilakukan oleh Dinas Pengendalian Penduduk dan Keluarga Berencana Kota Bekasi sesuai dengan Peraturan Wali Kota Bekasi Nomor 125 Tahun 2021. Penelitian ini bertujuan untuk mengetahui implementasi hukum pencegahan HIV/AIDS di kalangan remaja dalam meningkatkan ketahanan remaja oleh Dinas Pengendalian Penduduk dan Keluarga

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Berencana Kota Bekasi dan faktor-faktor yang berpengaruh terhadap implementasi hukum tersebut. Penelitian ini merupakan penelitian kualitatif dengan pendekatan yuridis empiris dan spesifikasi deskriptif. Informan penelitian sebanyak 5 (lima) orang. Jenis dan sumber data meliputi data primer dan data sekunder. Hasil penelitian menunjukkan implementasi hukum pencegahan HIV/AIDS di kalangan remaja telah terimplementasi dengan baik diukur dengan 4 (empat) parameter yaitu menetapkan sasaran dalam pencegahan HIV/AIDS di kalangan remaja, menyelenggarakan kemitraan dalam pencegahan HIV/AIDS di kalangan remaja, memfasilitasi pencegahan HIV/AIDS dengan mitra dan menetapkan kegiatan pencegahan HIV/AIDS. Faktor-faktor yang cenderung memengaruhi implementasi hukum pencegahan HIV/AIDS di kalangan remaja dalam meningkatkan ketahanan remaja terdiri atas faktor pendukung yang sedikitnya berupa pengaturan mengenai pencegahan HIV/AIDS, kesiapan sumber daya manusia dalam melaksanakan kegiatan dan ketersediaan fasilitas yang memadai dan faktor penghambat yang sedikitnya berupa masih sulitnya mitra untuk bekerjasama, layanan konseling psikologis yang hanya tersedia 1 (satu) untuk seluruh remaja di Kota Bekasi dan pendanaan yang belum merata.

Kata kunci: ketahanan remaja; pencegahan HIV/AIDS; remaja.

1. INTRODUCTION

Adolescence is a transition period from childhood to adulthood. The World Health Organization (WHO) defines it as the phase of life between childhood and adulthood, with an age range of 10-19.¹ Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 25 of 2014 concerning Children's Health Efforts Article 1 Number 7, adolescents are in the age group 10-18 years. Apart from that, according to Badan Kependudukan dan Keluarga Berencana (BKKBN), adolescents are unmarried and have an age range of 10- 24 years. In this transition period from childhood to adulthood, environmental and social influences are challenging for adolescents. Adolescents tend to have a high sense of curiosity and are in a phase of self-discovery, which often makes them try new things, both positive and negative. Smoking, using drugs, alcoholism, and free sex are negative things that tend to attract the attention and curiosity of adolescents.² Free sex, generally carried out unsafely or with multiple partners, is one way of transmitting

¹ World Health Organization (WHO), Adolescent health, https://www.who.int/health-topics/adolescent-health#tab=tab_1, 22 Februari 2024.

² Badan Narkotika Nasional Kabupaten Pulau Morotai, 25 Februari 2020, Orangtua Perlu Waspada, Ini 5 Kenakalan Remaja yang Kerap Dilakukan, <https://pulaumorotai.kab.bnn.go.id/orangtua-perlu-waspada-ini-5-kenakalan-remaja-yang-kerap-dilakukan/>, 2 April 2024.

HIV to adolescents. Thus, adolescents need vigorous self-defence when facing social challenges and environmental influences.

HIV (Human et al.) is a virus in human blood that can weaken the body. At the same time, AIDS (Acquired et al.) is defined as a disease caused by a decrease in human immunity due to HIV infection.³ Transmission of HIV can occur due to sexual activity with multiple partners and not using contraception, using syringes that people living with HIV have used, blood transfusions with non-sterile instruments, other sexually transmitted diseases, and from mother to baby.⁴

HIV/AIDS in adolescents is an epidemic in itself and needs to be addressed and managed separately from HIV/AIDS in adults because adolescents not only face problems in accepting their HIV status but also the need for lifelong treatment and the risk of losing parents and other family members, big question marks in the future regarding health, education, career and marriage, discrimination and stigma from the environment or people around them which puts particular pressure on adolescents with HIV/AIDS, considering that adolescents are still experiencing mental development.⁵

The Bekasi City Government, through Dinas Kesehatan Kota Bekasi, recorded 554 HIV cases from January to August 2022. Based on the data, residents aged 25-49 years dominated people living with HIV in Bekasi City, with 375 people, then the age range 20-24 years with 113 people, aged over 50 years with 44 cases, and 15-19 years with 14 cases.⁶ The total number of HIV/AIDS cases in Bekasi City throughout 2022 reached 922 cases. In the following year, Dinas Kesehatan Kota Bekasi recorded 753 HIV/AIDS cases throughout 2023.⁷ Based on these data, HIV cases among adolescents in Bekasi City are known to be quite a lot.

³ Danny Irawan Yatim, *Dialog Seputar AIDS*, Grasindo, Jakarta, 1997, hlm. 1.

⁴ Siloam Hospitals, 1 Februari 2024, Penyakit HIV dan AIDS – Penyebab, Gejala dan Pengobatannya, <https://www.siloamhospitals.com/informasi-siloam/artikel/apa-itu-hiv>, 22 Februari 2024.

⁵ Smriti Naswa, Y. S. Marfatia, "Adolescent HIV/AIDS: Issues and challenges", *Indian Journal of Sexually Transmitted Diseases and AIDS*, Vol. 31 Issues 1, 2010, hlm. 1.

⁶ BEKASIKOTA.go.id, 16 September 2022, Perkembangan Data Kasus HIV Di Kota Bekasi, <https://www.bekasikota.go.id/detail/perkembangan-data-kasus-hiv-di-kota-bekasi>, 22 Februari 2024.

⁷ Adhi, 6 Desember 2023, Dinkes: Sepanjang 2023 ada 753 Kasus HIV/Aids di Kota Bekasi, <https://rakyatbekasi.com/dinkes-sepanjang-2023-ada-753-kasus-hiv-aids-di-kota-bekasi/>, 24 Februari 2024.

Transmission of HIV to youth groups and youth resilience is one of the responsibilities of the Indonesian government in realizing youth rights. Realizing the government's commitment and seeking maximum prevention for adolescents, the Bekasi City Government has not only handed over the duties and functions of HIV/AIDS prevention to Dinas Kesehatan Kota Bekasi but also Dinas Pengendalian Penduduk dan Keluarga Berencana (DPPKB) through Bekasi Mayor Regulation Number 87 of 2016 which has been amended by Mayor's Regulation Number 125 of 2021 concerning Position, Organizational Structure, Main Duties and Functions and Work Procedures at Dinas Pengendalian Penduduk dan Keluarga Berencana. This regulation emphasizes preventing HIV/AIDS among adolescents as the task and function of the Youth Resilience and Welfare Division of DPPKB.

Based on the description above, the author raises two problems: First, how does Dinas Pengendalian Penduduk dan Keluarga Berencana implement the HIV/AIDS prevention law among adolescents in increasing youth resilience? Second, what is factors tend to influence the implementation of HIV/AIDS prevention among adolescents in increasing youth resilience in Dinas Pengendalian Penduduk dan Keluarga Berencana, Bekasi City?

2. RESEARCH METHODS

The research approach method used is empirical juridical, with descriptive research specifications. The research location is at the Faculty of Law, Universitas Jenderal Soedirman, with a research population of students from the Faculty of Law, Universitas Jenderal Soedirman. The sampling method is simple random sampling. Types and sources of data used: primary data and secondary data. Data collection methods with questionnaires, literature, and documentaries. Data processing methods with coding, editing, and tabulation are presented with frequency distribution tables, cross tables, and narrative text data analysis methods with frequency distribution analysis, cross-table analysis, content analysis and comparative analysis.

3. RESULTS AND DISCUSSION

3.1. Implementation of the HIV/AIDS Prevention Law among Adolescents in Increasing Youth Resilience by Dinas Pengendalian Penduduk dan Keluarga Berencana (DPPKB)

HIV/AIDS is still a sensitive issue for people in Indonesia. This situation shows that there is still a high stigma and discrimination related to HIV/AIDS in society.⁸ HIV/AIDS does not only require the role of government but also the role of society and related fields in preventing HIV transmission.

Prevention of HIV/AIDS transmission in Bekasi City is not only actively carried out by Dinas Kesehatan but also by the Dinas Pengendalian Penduduk dan Keluarga Berencana (DPPKB). DPPKB can play a role in preventing the transmission of HIV/AIDS, as regulated in Article 12 Paragraph (1) of Bekasi City Regional Regulation Number 3 of 2009. The duties and functions of DPPKB are further regulated in Article 10 Paragraph (2) of Bekasi Mayor Regulation Number 87 of 2016, which has been amended by Bekasi Mayor Regulation Number 125 of 2021 concerning Position, Organizational Structure, Main Duties and Functions and Work Procedures in the Dinas Pengendalian Penduduk dan Keluarga Berencana, Bekasi City, which in the field process is carried out by the Family Resilience and Welfare Division along with integrated service units under DPPKB.

The DPPKB's implementation of the HIV/AIDS prevention law among adolescents to increase youth resilience in Bekasi City is essentially the enforcement of a legal rule, namely Bekasi City Regional Regulation Number 3 of 2009 and Mayor's Regulation Number 125 of 2021, which relates to the working of law in society. According to Robert B. Seidman, the working of law in society involves 3 (three) essential elements: lawmakers, law implementers and role-holders.⁹

⁸ Kementerian Kesehatan RI, Buku 1 Jenazah ODHA, 2017.

⁹ Sajipto Rahardjo, *Hukum dan Masyarakat*, Bandung Alumni, Bandung, 1986, hlm. 26-27.

The implementation of HIV/AIDS prevention law among adolescents in increasing youth resilience in Bekasi City by DPPKB can be measured by 4 (four) parameters, namely:

- a. Setting targets for HIV/AIDS prevention among adolescents;
- b. Organizing partnerships in preventing HIV/AIDS among adolescents;
- c. Facilitate HIV/AIDS prevention with partners; and
- d. Establish HIV/AIDS prevention activities.

Based on the first parameter, the following theme substance was obtained: target of HIV/AIDS prevention education; adjusting the number of targets; determining the target number data sourced from Dinas Pendidikan, Bekasi City; the target age range for HIV/AIDS prevention among adolescents is following the adolescent age range according to the BKKBN; there are no specific criteria in setting targets; counselling or outreach in schools and outside the school environment, and; list of schools that have received outreach or counselling on HIV/AIDS prevention.

The substance of the theme above provides implementation results, showing that the target determination by DPPKB is carried out by adjusting the youth age range according to the BKKBN, namely 10-24 years. Data collection on the number of adolescents comes from Dinas Pendidikan and is adjusted to the target number by DPPKB. Then, to obtain optimal results and overall education, DPPKB conducts outreach or counselling to adolescents in and outside the school environment. The main targets for HIV/AIDS prevention are adolescents in schools or certain areas outside the school environment, but not limited to adolescents; DPPKB can involve parents, families or other representatives to optimize educational efforts. The results of this implementation have implications for delivering the necessary education to targets to prevent risky behavior, especially HIV, which is delivered appropriately and comprehensively.

Based on the description above, target setting is implemented appropriately among adolescents to prevent HIV/AIDS. The implementation is by Article 10 Paragraph (2) letter m Bekasi Mayor Regulation Number 87 of 2016, amended by Bekasi Mayor Regulation Number 125 of 2021.

Based on the second parameter, the substance of the theme is obtained as follows: the form of partnership implemented, procedures for establishing partnerships, a list of existing partnerships, and benefits or contributions obtained from the partnership.

The substance of the theme above provides implementation results, showing that the implementation of HIV/AIDS prevention activities among adolescents with partnerships is carried out and adjusted to the needs and connectivity of activities with partnerships and DPPKB. Establishing partnerships with various parties, DPPKB feels that to carry out HIV/AIDS prevention activities among adolescents in Bekasi City more optimally, DPPKB cannot do it without the help of other related parties. DPPKB establishes partnerships by sending or bringing notification letters regarding activities to partners. DPPKB communicates after partners respond to the notification letter. This communication is carried out through discussions with partners to avoid misunderstandings regarding the goals and needs of activities and to provide information about activities more clearly. By this far, DPPKB has partnered with Dinas Pendidikan to make collecting data and the number of students in each school easier. Apart from Dinas Pendidikan, DPPKB has partnered with Dinas Kesehatan to deliver education and prevention regarding HIV/AIDS to adolescents more precisely and by health guidelines. Dinas Kesehatan also acts as an expert resource. Then, DPPKB established partnerships with youth-related community organizations such as Karang Taruna and parents or family representatives who have adolescents to maximize efforts to educate and prevent HIV/AIDS among adolescents. The results of this implementation have implications for ensuring HIV/AIDS prevention activities among adolescents are carried out correctly and optimally, minimizing errors in implementing activities and disseminating information.

Based on the description above, partnerships are implemented appropriately to prevent HIV/AIDS among adolescents. This is in accordance with Article 10 Paragraph (2) letter q of Bekasi Mayor Regulation Number 87 of 2016, which has been amended by Bekasi Mayor Regulation Number 125 of 2021.

Based on the third parameter, the following theme substance is obtained: procurement of supporting equipment; type and form of supporting equipment; provision of ongoing counselling and communication, and; list of counselling providers.

The substance of the theme above provides implementation results, showing that facilitating HIV/AIDS prevention with partners has been carried out by DPPKB by adjusting the needs of each partner in procuring supporting equipment, types and forms of supporting equipment, as well as providing ongoing counselling and communication with partners. Facilitating partners in socialization or counselling related to HIV/AIDS prevention among adolescents is carried out by DPPKB by providing supporting tools that are often needed, such as teaching aids for Dinas Kesehatan, utilized by them to improve information and education related to the materials presented, then providing a psychologist and counselling services for adolescents at MTS 1 Bekasi City. Adolescents other than MTS 1 Bekasi City students can arrange a consultation with this psychologist, but the provision is still limited to only that one school. DPPKB also facilitates related community organizations outside the school environment with educational materials to disseminate information related to HIV/AIDS prevention among adolescents. Apart from that, DPPKB provides other necessary media, such as pamphlets, posters, and questionnaires. The results of this implementation have implications for the establishment of good partnerships and the smooth running of HIV/AIDS prevention activities among adolescents.

Based on the description above, the implementation of facilitating HIV/AIDS prevention with partners has been carried out well. This is in accordance with Article 10 Paragraph (2) letter p Bekasi Mayor Regulation Number 87 of 2016, amended by Bekasi Mayor Regulation Number 125 of 2021.

Based on the fourth parameter, the following theme substance was obtained: forms of HIV/AIDS prevention activities among adolescents; mechanism for implementing HIV/AIDS prevention activities among adolescents; expert speaker in delivering HIV/AIDS prevention among adolescents; responsible for HIV/AIDS prevention activities among adolescents; target responses related to HIV/AIDS prevention activities among adolescents; strategies for delivering education related to HIV/AIDS prevention; providing life skills improvement training; use of digital media and print media in carrying out HIV/AIDS prevention activities among adolescents.

The substance of the theme above provides implementation results, showing that the determination of activities in preventing HIV/AIDS among adolescents is adjusted to the scope of knowledge that adolescents need to know in preventing HIV/AIDS. The activities carried out by DPPKB in preventing HIV/AIDS among adolescents are mainly socialization or counselling related to education on the dangers of free sex, drugs and HIV/AIDS and their risks to adolescents. This socialization or counselling includes psychological, social and educational aspects. Apart from socialization or counselling, DPPKB also uses the Peer Education Method by providing education or peer counsellors. The results of this implementation have implications for the appropriate implementation and delivery of activities from various aspects to adolescents so they can manage this information and knowledge positively. However, counselling with psychologists is still limited to only 1 (one) school, namely MTS 1 Bekasi City.

Based on the description above, the implementation of determining activities to prevent HIV/AIDS among adolescents has been carried out well. This is in accordance with Article 10 Paragraph (2) letter 1 of Bekasi Mayor Regulation Number 87 of 2016, which has been amended by Bekasi Mayor Regulation Number 125 of 2021.

Suppose the facts above are connected with the theory of the working of law in society by Robert B. Seidman, which states that the working of law in society involves 3 (three) components: lawmakers, law implementers and role holders.¹⁰ In that case, the result shows that the lawmaker is the Bekasi City Regional Government, the legal implementer is DPPKB, and the role holders, in this case, are adolescents in schools and outside the school environment in Bekasi City.

Based on the analysis of the parameters above, it can be interpreted that the implementation of the HIV/AIDS prevention law among adolescents to increase adolescent resilience by Dinas Pengendalian Penduduk dan Keluarga Berencana (DPPKB) has been implemented well. This can be seen from:

- a. The implementation of the target set by DPPKB in preventing HIV/AIDS among

¹⁰ Sajipto Rahardjo, *Hukum dan Masyarakat*, Bandung Alumni, Bandung, 1986, hlm. 26-27.

- adolescents has been carried out appropriately;
- b. The implementation of partnerships by DPPKB in preventing HIV/AIDS among adolescents has been carried out well and appropriately;
 - c. Implementation of HIV/AIDS prevention facilities by DPPKB and partners has been carried out well and appropriately;
 - d. DPPKB has implemented the determination of materials for HIV/AIDS prevention activities well and precisely.

3.2. The Factors that Influence the Implementation of HIV/AIDS Prevention among Adolescents in Increasing Adolescent Resilience by Dinas Pengendalian Penduduk dan Keluarga Berencana (DPPKB).

Factors influence the working of law in society. The factors that tend to influence the implementation of HIV/AIDS prevention law among adolescents in increasing youth resilience by DPPKB will be analyzed using a doctrine by Soejono Soekanto, which states that whether a law is good or not is determined by 5 (five) factors including the legal factor itself (law), law enforcement factors, supporting facilities or facilities factors, community factors and cultural factors.¹¹ The factors that tend to influence the law's implementation in this research will be divided into 2 (two): supporting factors and inhibiting factors.

Based on the interview results, the supporting factors in implementing HIV/AIDS prevention law among adolescents in increasing adolescent resilience include:

- a. There are regulations regarding HIV/AIDS prevention in the duties and functions of DPPKB;
- b. Readiness of DPPKB and partners in providing education to adolescents;
- c. Educational materials that are easy to understand and relevant for adolescents;
- d. Availability of adequate supporting facilities;
- e. Human resources who are trained and experts in their fields, and;
- f. Good response and enthusiasm from adolescents.

¹¹ Soerjono Soekanto, *Faktor-Faktor yang Mempengaruhi Penegak Hukum*, Raja Grafindo Persada, Jakarta, 2007, hlm. 5.

The inhibiting factors in implementing HIV/AIDS prevention among adolescents in increasing adolescent resilience include:

- a. Schools or community organizations are still challenging to collaborate;
- b. Currently, only 1 (one) psychologist counselling service is for available all adolescents;
- c. Unequal funding;
- d. Many schools to reach;
- e. Detailed guidelines regarding activities have not been created.

If the factors mentioned above are linked to Soerjono Soekanto's doctrine regarding factors that influence law enforcement, the idea can be obtained that:

a. Legal Factors

The legal factors referred to in this case are laws in the material sense, namely written regulations that apply generally and are made by legitimate central or regional authorities. Based on the research results, the existence of regulations regarding HIV/AIDS prevention in the duties and functions of DPPKB, namely Mayor Regulation Number 125 of 2021, and the absence of detailed guidelines regarding HIV/AIDS prevention activities among adolescents in DPPKB are legal factors.

b. Law Enforcement Factors

In this case, law enforcement factors are the parties who form and implement the law. Based on the research results, the readiness of DPPKB and partners to carry out socialization or counselling regarding HIV/AIDS prevention among adolescents is a law enforcement factor.

c. Facilities Factors that Support Law Enforcement

In this case, facilities that support law enforcement include educated and skilled human power, good organization, adequate equipment, sufficient finances, and more. Based on the research results, the availability of adequate supporting facilities and skilled human resources and experts in their fields, psychologist counselling services, which are only available one for all adolescents, unequal funding, and the provision of education via social media have not been actively carried out are factors

of supporting facilities.

d. Community Factors

In this case, the community factor is the environment in which the law applies or is applied. Based on the research results, adolescents' good responses and enthusiasm are community factors.

e. Cultural Factors

In this case, based on human intention in social life, cultural factors result from work, creativity, and taste. Based on the research results, it is still difficult for schools or community organizations to collaborate due to cultural factors.

CONCLUSION AND SUGGESTION

Based on the results above, the following conclusions can be drawn. The implementation of the HIV/AIDS prevention law among adolescents to enhance youth resilience has been carried out effectively. This is evidenced by several indicators, including the proper targeting by DPPKB in HIV/AIDS prevention efforts, well-organized partnerships established by DPPKB, effective facilitation of prevention programs with partners, and the appropriate selection of educational materials for HIV/AIDS prevention activities. Additionally, several supporting and inhibiting factors influence the implementation of the HIV/AIDS prevention law among adolescents in Bekasi City.

The supporting factors include the existence of regulations related to HIV/AIDS prevention within the duties and functions of DPPKB, the readiness of DPPKB and its partners in providing education to adolescents, educational materials that are easy to understand and relevant, the availability of adequate supporting facilities, competent human resources, and positive responses and enthusiasm from adolescents. On the other hand, inhibiting factors include challenges in collaborating with schools and community organizations, limited availability of psychologist counseling services, unequal funding distribution, the extensive number of schools to be reached, the absence of detailed guidelines for activities, and the lack of active implementation of education through social media.

Based on the matters above, the author provides several suggestions to DPPKB. It is recommended to develop detailed guidelines related to HIV/AIDS prevention activities among adolescents to ensure that these activities are conducted in accordance with established protocols. Additionally, increasing the availability of psychologist counseling services should be considered to ensure accessibility for all adolescents, particularly in areas where risky behaviors are more prevalent. Furthermore, adding more personnel to implement the activities or creating a structured schedule for their execution would help ensure that all schools are reached more evenly.

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