



A Study of Perceptions and Social Stigma towards HIV Patients in Educational Environments and Marginalized Population Groups: A Comparative Synthesis Towards AIDS Elimination by 2030

Studi Persepsi dan Stigma Sosial terhadap Pengidap HIV di Lingkungan Pendidikan dan Penduduk Kelompok Marginal: Sebuah Sintesis Komparatif Menuju Eliminasi AIDS 2030

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ABSTRACT

Stigma associated Human Immunodeficiency Virus HIV is the most significant non-clinical barrier threatening the achievement of the global AIDS elimination target in Indonesia. This study aims to synthesize the current literature (2020–2025) to compare the determinants, manifestations, and impacts of stigma in two key settings: the Educational Environment (students and university students) and Marginalized Groups (Key Populations). The study uses a meta-synthesis approach to summarize qualitative and quantitative findings from various research results. The synthesis results show that stigma in the Educational Environment is dominated by misinformation and fear of transmission through casual contact (fear of transmission) among vulnerable young people, which manifests as perceived stigma (fear of discrimination). In contrast, the stigma against Marginalized Groups is intersectional, exacerbated by society's moral judgments (labeling them as "immoral" or "sinners"), which results in enacted discrimination (manifested discrimination) in the health, employment, and social services sectors. While increasing knowledge has proven effective in educational settings, marginalized groups require legal intervention and strong community support to overcome structural barriers. Collective, cross-sectoral action that addresses the moralistic and structural roots of stigma is needed to achieve the "Zero Stigma" target and end the AIDS epidemic in Indonesia by 2030..

ABSTRAK

Stigma terkait Human Immunodeficiency Virus (HIV) merupakan penghalang non-klinis paling signifikan yang mengancam pencapaian target eliminasi AIDS global di Indonesia. Kajian ini bertujuan untuk mensintesis literatur terkini (2020–2025) guna membandingkan determinan, manifestasi, dan dampak stigma di dua lingkungan kunci: Lingkungan Pendidikan (siswa dan mahasiswa) dan Kelompok Marginal (Populasi Kunci). Kajian menggunakan pendekatan

meta-sintesis untuk merangkum temuan kualitatif dan kuantitatif dari berbagai hasil riset. Hasil sintesis menunjukkan bahwa stigma di Lingkungan Pendidikan didominasi oleh misinformasi dan ketakutan akan penularan melalui kontak biasa (fear of transmission) di kalangan usia muda yang rentan, yang bermanifestasi sebagai perceived stigma (ketakutan akan diskriminasi). Sebaliknya, stigma terhadap Kelompok Marginal bersifat interseksional, diperparah oleh penilaian moral masyarakat (penandaan sebagai "immoral" atau "sinners") , yang menghasilkan enacted discrimination (diskriminasi terwujud) yang parah di sektor layanan kesehatan, pekerjaan, dan sosial . Meskipun peningkatan pengetahuan terbukti efektif di lingkungan pendidikan, Kelompok Marginal memerlukan intervensi hukum dan dukungan komunitas yang kuat untuk mengatasi hambatan struktural . Diperlukan aksi kolektif lintas sektor yang mengatasi akar moralistik dan struktural stigma demi mencapai target "Zero Stigma" dan mengakhiri epidemi AIDS di Indonesia pada tahun 2030.

INTRODUCTION

Although there have been significant advances in treatment Antiretroviral Therapy Despite the rapid development of antiretroviral therapy (ART) that transforms HIV from a fatal diagnosis into a manageable chronic condition (Adiansyah, Ramani, & Baroya, 2023; Simamora & Lubis, 2021), Indonesia still faces significant challenges. The country has the highest HIV prevalence in the Pacific region, with a case rate reaching 62.8% (Adiansyah, Ramani, & Baroya, 2023). Global reports indicate that progress in reducing new infections in Asia and the Pacific has slowed significantly, falling short of the target. Fast-Track The UN set a target for 2020 (Aziz, Loo, & Kasim, 2023; Sulaiman & Santoso, 2025). This slowdown, also seen in Indonesia, is not solely due to a lack of medical services, but rather is driven by a failure to address non-medical and structural barriers, one of which is social stigma (Adiansyah, Ramani, & Baroya, 2023). HIV-related stigma serves as a critical barrier that directly impedes prevention, testing, and treatment efforts (often referred to as cascade of care), thus threatening the 95-95-95 UNAIDS target (Budiarti, Yuniati, & Susanto, 2022).

HIV stigma is defined as negative attitudes and beliefs directed at people living with HIV (PLWHA) (Damayanti & Ginting,

2021; CDC, 2024). When these negative attitudes translate into behavior, they become discrimination, namely, the differential treatment of PLWHA compared to individuals without HIV (Damayanti & Ginting, 2021; Simamora & Lubis, 2021). A systematic review in Indonesia identified four main manifestations of stigma: contact avoidance, differential treatment, negative reactions, and self-stigma (self-stigma) (Sudastrri, Wulandari, & Januraga, 2025; Widiasih & Wardani, 2020). It is important to distinguish between the stigma created (enacted stigma), which constitutes real discrimination such as denial of service, and perceived stigma (perceived stigma), namely the fear of possible discrimination among PLWHA (Hardiyanti & Purwanti, 2023). Self-stigma, when PLWHA internalize negative stereotypes about themselves, can lead to feelings of shame, isolation, and hopelessness (Damayanti & Ginting, 2021). These overall psychosocial impacts significantly impact mental health and treatment adherence (Budiarti, Yuniati, & Susanto, 2022).

Educational environments, from junior high school (SMP) to university, are formative arenas where long-term attitudes about health, disease, and vulnerable groups are formed (Aziz, Loo, & Kasim, 2023). Adolescents and young adults (15–24 years

old) have been identified as having a high likelihood of stigmatizing people living with HIV/AIDS (Adiansyah, Ramani, & Baroya, 2023), based on data from the Indonesian Demographic and Health Survey (SDKI). Although studies in Southeast Asia generally note low levels of knowledge about sexually transmitted infections (STIs) and HIV/AIDS among adolescents (Hartono & Siregar, 2020; Simamora & Lubis, 2021), the lack of a specific focus on stigma in educational settings has made interventions in the region, including Indonesia, less targeted (Aziz, Loo, & Kasim, 2023). Addressing stigma among students is not only a curative effort, but also an important strategic investment in shaping a more tolerant and informed next generation, while also breaking the cycle of stigma that is often rooted in misinformation about transmission (Astuti & Purnomo, 2024).

People living with HIV/AIDS (PLWHA) are often classified as a marginalized group due to their small numbers, exclusion from social interactions, and deliberate exclusion from society (Irawan, Kuswandi, & Suparmi, 2022; Wibowo, Hidayat, & Sari, 2023). The majority of people living with HIV/AIDS (PLWHA) in Indonesia come from key populations (key populations—KPs), such as gays, men who have sex with men (MSM), transgender people, sex workers, and intravenous drug users (Aziz, Loo, & Kasim, 2023; Irawan, Kuswandi, & Suparmi, 2022). These groups face a double burden of stigma (dual burden of stigma) (Sudastri, Wulandari, & Januraga, 2025; Wibowo, Hidayat, & Sari, 2023). The stigma against HIV overlaps with existing social stigmas related to sexual orientation, gender, or behavior considered immoral (Hardiyanti & Purwanti, 2023; Nasution & Pratiwi, 2022). Society often assigns stigmatizing labels (stigma markings) to this group, depicting them as “dangerous,” “unclean,” “immoral,” or even “sinners” (Sudastri, Wulandari, & Januraga, 2025; Nasution & Pratiwi, 2022). The consequences of this moralistic labeling are enacted discrimination severe, including job loss, denial of health services, and loss of educational opportunities (Budiarti, Yuniati, & Susanto, 2022; Firdaus, Arifin, & Lubis, 2024).

Although stigma is widely recognized as a major problem, there has been no adequate

comparative synthesis to dissect how stigma operates specifically in Educational Environments (driven by misinformation and fear) versus Marginalized Groups (driven by moral judgment and intersectional discrimination). This study aims to fill this gap through meta-synthesis (Pramono & Wulandari, 2024; Rahmat & Sudarsono, 2021). The main objectives of this report are: (a) Identifying common determinants of HIV stigma in Indonesia; (b) Presenting a comparative analysis of the manifestations and impacts of stigma in Educational Environments and Marginalized Groups; and (c) Developing evidence-based recommendations for targeted cross-sectoral collective action (Krisnawati, Wulandari, & Susanto, 2025). This report is systematically structured, covering research methods, research findings, in-depth discussion, and concludes with a comprehensive bibliography.

METHODS

Study Design

This study uses a Qualitative Meta-Synthesis approach supported by Comparative Quantitative Analysis (Meta-Review). This approach was chosen to synthesize findings from various empirical studies (Pramono & Wulandari, 2024). Meta-synthesis allows for the summarization of descriptive and qualitative research findings (e.g., public perceptions and experiences of discrimination) (Pramono & Wulandari, 2024; Rahmat & Sudarsono, 2021), as well as comparison of quantitative data such as the prevalence and determinants of stigma across study populations (Adiansyah, Ramani, & Baroya, 2023; Rahmi & Sari, 2023).

Literature Search Strategy and Selection Criteria

A systematic search was conducted against leading academic databases, including SCOPUS, SINTA (Science and Technology Index), Copernicus, PubMed, and Web of Science. The search strategy focused on articles published within the last 5 years (2020–2025) and focused on the Indonesian or Southeast Asian context. (Sudastri, Wulandari, & Januraga, 2025)

Strict Inclusion Criteria Applied:

1. Publication must be within the 2020–2025 timeframe.
2. The main topic should center on stigma, discrimination, or perceptions related to HIV/AIDS.
3. The focus of the study population should include students (Educational Environment) or key/marginalized groups (Key Populations).
4. Studies must be indexed in Scopus, SINTA, or Copernicus

Data were extracted from selected articles based on study population, research design, identified determinants of stigma (e.g.,

knowledge, age, economic status), and reported manifestations of stigma. Findings were then stratified by environmental focus (Education vs. Marginalization) to facilitate in-depth comparative analysis.

RESULTS

The results of this research are presented in three comparative tables to provide a clear picture of the general determinants of stigma and its specific manifestations in the Educational Environment and Marginalized Groups.

Table 1

General Determinations of HIV Stigma in Indonesia

This table summarizes common factors identified in the literature as significant determinants of HIV stigma in Indonesia (2020–2025).

No	Determinants/Key Factors	Specific Findings	Critical Analysis	Source (Author, Year)
1	Level of Knowledge	Lack of knowledge is the strongest predictor, having the highest Odds Ratio (OR) was 2,588.	Misinformation-based stigma is the root cause that is most easily intervened through factual education.	Adiansyah, Ramani, & Baroya, 2023
2	Age (Teenager/Young Adult)	The 15–19 age group had a higher likelihood of stigmatizing (OR 1.611).	Demonstrating the vulnerability of formative age groups to stigma; interventions in educational settings are urgent.	Adiansyah, Ramani, & Baroya, 2023; Aziz, Loo, & Kasim, 2023
3	Overall Prevalence of Stigma	The overall prevalence of negative attitudes in society was found to be very high, reaching 85.6%.	This indicates that HIV stigma in Indonesia has become a deep-rooted social problem (endemic), not an incidental one.	Rahmi & Sari, 2023
4	Prevalence Gap	The levels of high stigma reported across studies vary widely, ranging from 19% to 88%.	This high variation is influenced by differences in study populations (educational vs. clinical) and the measurement instruments used.	Pramono & Wulandari, 2024; Rahmi & Sari, 2023
5	Economic Status	Very poor economic status (OR 1.503) was significantly correlated with the likelihood of stigma	Economic marginalization and low knowledge mutually reinforce the risk of stigma (a double burden on poor PLWHA).	Adiansyah, Ramani, & Baroya, 2023

No	Determinants/Key Factors	Specific Findings	Critical Analysis	Source (Author, Year)
6	Level of education	occurring. Low education level (OR 1.247) was significantly associated with high stigma.	Strengthening the finding (1) that access to and acceptance of correct scientific information is essential to reducing stigma.	Adiansyah, Ramani, & Baroya, 2023
7	Attitude/Perception Correlation	Stigma shows a significant correlation with misperceptions and negative attitudes towards PLWHA.	Stigma is not only a cognitive problem, but also an affective problem influenced by fear and moral values.	Rahmi & Sari, 2023
8	Employment Status	Individuals who were unemployed (OR 1.065) had a slightly higher likelihood of stigmatizing.	Lack of interaction and contextual understanding can increase prejudice among the unemployed/non-productive.	Adiansyah, Ramani, & Baroya, 2023
9	Gender	Female gender (OR 1.056) showed a slightly higher correlation with stigma than male gender.	It may reflect a more conservative social role or greater concern for family health.	Adiansyah, Ramani, & Baroya, 2023
10	Marital status	Marital status (OR 1.416) also showed a significant relationship with stigmatizing attitudes.	Potentially associated with greater concerns about the risk of transmission (contact) within the household and sexual morality.	Adiansyah, Ramani, & Baroya, 2023

Table 2:**Manifestations of Stigma and Interventions in Educational Environments**

This table focuses on the manifestations of stigma among pupils and students and interventions that have been shown to be effective in educational settings.

Item	Manifestations/Impacts of Stigma	Specific Description of Findings	Critical Results	Analysis	Source (Author, Year)
1	Dominant Type	Dominant in <i>perceived stigma</i> (fear of	Stigma focuses on fear of social reaction, not the actual experience		Irawan, Kuswandi, & Suparmi, 2022;

Item	Manifestations/Impacts of Stigma	Specific Description of Findings	Critical Results	Analysis	Source (Author, Year)
		discrimination or judgment from others).	of discrimination (compared to Marginalized Groups).	severe	Hardiyanti & Purwanti, 2023
2	Root of the Problem	Driven by an irrational fear of transmission through casual social contact (<i>fear of casual contact</i>).	This fear is of a nature <i>informational-driven</i> and can be effectively neutralized through proper education.		Damayanti & Ginting, 2021
3	Social Behavior	Manifestations include avoiding contact, gossip, and exclusion/restriction of social interaction by peers.	Shows that the stigma in this environment is still at the stages <i>social avoidance</i> (avoidance) and not structural discrimination.		Sudastri, Wulandari, & Januraga, 2025; Irawan, Kuswandi, & Suparmi, 2022
4	Disease Perception	Teenagers/students view HIV/AIDS as a dangerous and highly contagious disease (misinformation)	These misconceptions are a primary target of cognitive interventions in schools and colleges.		Lestari & Purnomo, 2024; Dirgantara & Puspita, 2022
5	Effective Intervention (Media)	1 Health education using interactive media (video and <i>booklet</i>) effectively reduces stigma values in junior high school students.	Unconventional interventions relevant to Gen Z show significant results in attitude change.		Haryono & Wibowo, 2024; Astuti & Purnomo, 2024
6	Effective Intervention (Contact)	2 A combined program of knowledge and direct interaction/contact has been shown to be	There is a need for humanization of PLWHA (with ethics) to change affective attitudes driven by emotional fear.		Triana, Setiawan, & Rosyida, 2024; Kencana & Prabawa, 2024

Item	Manifestations/Impacts of Stigma	Specific Description of Findings	Critical Results	Analysis	Source (Author, Year)
7	Intervention Target	superior to cognitive education alone. Direct contact interventions have been shown to be successful in nursing and medical students.	It is important as a strategic investment to prevent <i>clinical stigmaty</i> prospective healthcare providers.		Kencana & Prabawa, 2024; Zulkarnain & Ahmad, 2021
8	Long Term Impact	The risk of forming long-term intolerant attitudes if not addressed at formative ages (adolescence and young adulthood).	Intervention in education is a long-term social prevention effort against discrimination.		Aziz, Loo, & Kasim, 2023
9	Attitude Change Results	Successful interventions resulted in decreased negative affect, discriminatory intentions, and reduced blaming attitudes towards PLWHA.	Success is measured through changes in behavior and emotions, not simply increases in knowledge scores.		Triana, Setiawan, & Rosyida, 2024
10	The Role of Curriculum	There is a need for mandatory integration of stigma reduction interventions into the education curriculum, not just incidental activities.	Ensuring institutional structural changes to support an inclusive environment.		Zulkarnain & Ahmad, 2021

Table 3:

Manifestations and Impacts of Stigma on Marginalized Groups

This table summarizes the intersectional nature of stigma experienced by Key Populations (*Key Populations*) and the impact of discrimination is realized (*enacted discrimination*).

No	Manifestations/Impacts of Stigma	Specific Description of Findings	Critical Analysis Results	Source (Author, Year)
1	Dominant Stigma Type	Dominant in <i>enacted discrimination</i> (discrimination is realized) and <i>self-stigma</i> serious.	This stigma is <i>actual</i> (real) and causes concrete losses (legal, economic), in contrast to the stigma in educational environments.	Sudastrı, Wulandari, & Januraga, 2025; Irawan, Kuswandi, & Suparmi, 2022
2	Moralistic Marking	People living with HIV are labeled as "immoral," "sinners," and "bad and irresponsible."	Stigma is driven by moral and religious judgments about key population behavior (sexual/drugs), not just fear of transmission.	Sudastrı, Wulandari, & Januraga, 2025; Nasution & Pratiwi, 2022
3	Discrimination in Employment	The reluctance of the majority of society to work with PLHIV, especially in the public interaction sector.	Demonstrates failure of law enforcement (Employment Law) and high socio-economic resistance.	Firdaus, Arifin, & Lubis, 2024; Yasin & Prabowo, 2025
4	Clinical Discrimination	Abuse, denial of service, and neglect in health care facilities.	It is the biggest barrier in <i>treatment cascade</i> , causing <i>drop out</i> ART and hamper health	Hardiyanti & Purwanti, 2023; Rahmat & Sudarsono, 2021

			targets.	
5	Barriers to Treatment	Stigma hinders access to HIV testing, disclosure of status, and adherence to ART (UNAIDS 95-95-95).	Discrimination creates a hidden cycle that makes the epidemic difficult to control.	Budiarti, Yuniati, & Susanto, 2022; ¹
6	Stigma Interseksional	PLHIV experience a double burden of stigma, overlapping with stigma against their identity (e.g., injecting drug users).	Interventions must be intersectional, addressing prejudice against the basic identity of PLHIV, not just HIV status.	Wibowo, Hidayat, & Sari, 2023; Aziz, Loo, & Kasim, 2023
7	Structural Impact	Leading to loss of housing, economic stability, jobs, and loss of educational opportunities.	Discrimination turns stigma into chronic poverty and social vulnerability.	Firdaus, Arifin, & Lubis, 2024; Utama & Setiadi, 2024
8	Support Needs	Peer support (<i>peer support</i>) by communities (such as JIP) is vital to addressing self-stigma and isolation.	Community support is a <i>mechanism coping primary</i> when formal support (medical/legal) fails.	Kartika & Prasetyo, 2023; Agustina & Pratama, 2021
9	Hygiene Marking	PLWHA are labeled as “dangerous” and “unclean,” triggering extreme avoidance.	This labeling is driven by ignorance and fear of contamination, in line with patterns of stigma surrounding other infectious diseases.	Sudastrri, Wulandari, & Januraga, 2025
10	Legal Intervention	Legal assistance	The main	Utama & Setiadi, 2024;

<p>required (<i>legal aid</i>), rights literacy, and monitoring of rights violations to address structural barriers.</p>	<p>solution is firm law enforcement to protect the human rights of PLHIV and dismantle structural discrimination.</p>	<p>Sulaiman & Santoso, 2025</p>
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DISCUSSION

The Paradox of Knowledge and the Emotional Roots of Stigma

Data shows that lack of knowledge is the strongest statistical predictor of stigma (Adiansyah, Ramani, & Baroya, 2023). However, the high prevalence of negative stigma (as high as 85.6% in some studies) (Rahmi & Sari, 2023) suggests that simply increasing factual knowledge about transmission mechanisms is insufficient to eradicate this social problem. HIV stigma is driven not only by cognitive deficits but also by deep-seated emotional components, such as irrational fears (e.g., fear of transmission through casual contact, even though clinically unlikely) and a strict moral value system (Hardiyanti & Purwanti, 2023).

The failure of purely cognitive education programs to fundamentally change attitudes suggests that stigma operates at a more complex emotional and social level. Supporting this is evidence from intervention studies that found that programs combining knowledge and direct contact with people living with HIV were significantly more effective in reducing stigmatizing attitudes than programs solely based on knowledge (Triana, Setiawan, & Rosyida, 2024). Contact-based interventions promote empathy and challenge emotional misconceptions, resulting in more substantial and sustainable attitudinal change.

Optimizing Interventions in the Education Sector

The educational environment plays a strategic role because the 15–24 age group has been identified as highly vulnerable to high stigma (Adiansyah, Ramani, & Baroya,

2023). Targeting this group during the formative phase (junior high school to university students) is essential, as suggested by successful intervention studies in junior high school students and nursing students (Astuti & Purnomo, 2024; Triana, Setiawan, & Rosyida, 2024). Interventions in schools and universities should transition from a passive curriculum to experiential learning strategies, such as case-based learning and peer-led initiatives (peer-led initiatives) (Aziz, Loo, & Kasim, 2023; Triana, Setiawan, & Rosyida, 2024).

This strategy is important because teenagers and students are highly influenced by perceived stigma—fear of peer judgment (Irawan, Kuswandi, & Suparmi, 2022). By normalizing safe and ethical discussions and interactions with people living with HIV/AIDS (interactions without stigma), interventions can effectively reduce irrational fear of transmission, a major source of misinformation-based stigma among young people (Triana, Setiawan, & Rosyida, 2024). The success of interventions focused on improving emotional competence and negative affect toward people living with HIV/AIDS in healthcare students suggests that this multidimensional approach should be expanded to all educational institutions.

Intersectionality and the Double Burden of Marginalized Groups

Comparative analysis shows that the stigma experienced by Key Groups (Key Populations—KPs) are intersectional, where their identities (e.g., injecting drug users, sex workers) already carry deep social stigma before being diagnosed with HIV (Aziz, Loo, & Kasim, 2023; Wibowo, Hidayat, & Sari, 2023). Stigma against KPs is driven by society's moral judgments of behavior deemed immoral

or reprehensible (Hardiyanti & Purwanti, 2023).

The stigmatization of people living with HIV from marginalized groups as "immoral" or "sinners" (Sudastrri, Wulandari, & Januraga, 2025; Nasution & Pratiwi, 2022) has severe psychosocial consequences. This moralistic label triggers self-stigma. Intense discrimination causes people living with HIV/AIDS to withdraw, hide their status (non-disclosure), and be reluctant to seek treatment or support (Budiarti, Yuniati, & Susanto, 2022; Irawan, Kuswandi, & Suparmi, 2022). The community, feeling justified by this moral judgment, then carries out enacted discrimination (discrimination manifests) through exclusion and denial of services (Hardiyanti & Purwanti, 2023). This cycle of discrimination forces KPs to live in hiding, making outreach efforts and comprehensive prevention programs extremely difficult to implement effectively (Aziz, Loo, & Kasim, 2023).

Structural Barriers and Failure of Law Enforcement

Although Indonesia has a legal framework that recognizes human rights (Law No. 39 of 1999) and the right to non-discriminatory labor (Law No. 13 of 2003) (Firdaus, Arifin, & Lubis, 2024; Utama & Setiadi, 2024), structural discrimination, particularly in the workplace, remains rampant. Data shows that a large portion of the public remains reluctant to work with people living with HIV/AIDS, particularly in sectors that involve public interaction (Firdaus, Arifin, & Lubis, 2024).

The gap between legal regulations and field reality indicates a failure in law enforcement (enforcement). Laws that are not strictly enforced serve only as policy rhetoric without providing real structural protection. Discrimination causes people living with HIV/AIDS to lose jobs and economic stability, which in turn worsens their quality of life and adherence to ART. Increased government oversight of companies and institutions, as well as strict sanctions against discriminatory practices, is needed to ensure that the legal framework serves as an effective umbrella of protection for people living with HIV/AIDS

(Firdaus, Arifin, & Lubis, 2024; Yasin & Prabowo, 2025).

Clinical Stigma and Threats to the Healthcare Chain

Stigma is not limited to the general public; it also manifests among healthcare providers (Sudastrri, Wulandari, & Januraga, 2025). Discrimination in healthcare facilities, which can take the form of abuse, denial of services, or neglect, is a major barrier to access. treatment cascade (Hardiyanti & Purwanti, 2023). Clinical stigma causes PLHIV to be afraid to disclose their status to health workers and can even potentially cause patients to drop out from ART (Rahmat & Sudarsono, 2021). Documented cases of discrimination in health services, for example in Pekanbaru, highlight how critical this issue is in hampering treatment efforts (Hardiyanti & Purwanti, 2023).

To overcome bottleneck. To address this, interventions must be targeted at the healthcare system. Stigma reduction programs should be mandatorily integrated into health professions education curricula, as has been shown to be successful in nursing and medical students (Triana, Setiawan, & Rosyida, 2024; Zulkarnain & Ahmad, 2021). Furthermore, mechanisms for clinical ethics oversight and accountability for healthcare workers who engage in discrimination must be strengthened.

The Critical Role of Community Support and Advocacy

Amid widespread structural discrimination, the role of PLWHA community networks, such as the Positive Indonesia Network (JIP), is vital (Budiarti, Yuniati, & Susanto, 2022; Utama & Setiadi, 2024). These organizations provide a peer support system (peer support) which is crucial, helping PLHIV overcome isolation and self-stigma (Kartika & Prasetyo, 2023). They also lead human rights-based advocacy efforts and provide rights literacy to key populations (Utama & Setiadi, 2024).

The government and development partners need to sustainably support programs focused on community strengthening, providing paralegal assistance, and monitoring human rights violations

(Sulaiman & Santoso, 2025; Utama & Setiadi, 2024). These efforts directly reduce the legal and structural barriers faced by people living with HIV/AIDS, particularly in accessing essential services.

The Road to AIDS Elimination by 2030

This study concludes that HIV stigma in Indonesia is multi-level, driven by different mechanisms in different environments: informational in educational settings and moral-structural in marginalized groups (Krisnawati, Wulandari, & Susanto, 2025). To achieve the UNAIDS target of "Zero Stigma" (embodied in the 10-10-10 framework) (Budiarti, Yuniati, & Susanto, 2022), which aims to reduce discrimination to less than 10% at all levels, a fragmented approach is no longer sufficient.

Indonesia must implement comprehensive collective action and cross-sectoral interventions (Sudastri, Wulandari, & Januraga, 2025; Nasution & Pratiwi, 2022). This requires a shift in focus from simply disease It's HIV right People living with HIV/AIDS (PLWHA). Interventions must target three pillars: Education (addressing misinformation and fear), Law (eliminating punitive policies and ensuring law enforcement), and Social Affairs (changing judgmental moral norms) (Budiarti, Yuniati, & Susanto, 2022). Only through integrated efforts across all sectors—not just the health sector—can Indonesia end the AIDS epidemic by 2030.

CONCLUSION

Based on a comparative synthesis of studies (2020–2025), it is concluded that HIV stigma in Indonesia is a complex socio-structural barrier with significantly different manifestations in different environments, which collectively threatens the achievement of the 2030 AIDS elimination target.

1. Informational-Based Stigma in Educational Environments: Stigma among teenagers and students is dominated by misinformation and irrational fear of transmission through casual contact (fear of casual contact). This is evident from the finding that low levels of knowledge are the strongest predictor of stigma (OR 2.588). Stigma here manifests

as perceived stigma And social avoidance. Contact-based interventions and affective education have proven effective in addressing the cognitive and emotional roots of these problems.

Intersectional and Structural Stigma in

2. Marginalized Groups: PLWHA from key populations (Key Populations) experience double burden of stigma which is exacerbated by society's moral judgments. Its main manifestation is enacted discrimination (manifest discrimination) is severe, including denial of health care, loss of employment, and stigmatization ("immoral," "sinner"). This discrimination is structural and requires strict law enforcement.
3. Critical Impact on Healthcare: Clinical stigma (abusive treatment or denial of services in health facilities) is bottleneck mainstay in the treatment chain (treatment cascade), trigger drop out ART and inhibiting viral load suppression .

CONFLICT OF INTEREST (If There is Exist)

It explain about a situation in which a person or organization is involved in multiple interests, financial or otherwise, and serving one interest could involve working against another. Typically, this relates to situations in which the personal interest of an individual or organization might adversely affect a duty owed to make decisions for the benefit of a third party.

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