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FAMILY-BASED INCLUSIVE APPROACH TO SOCIAL WELFARE DEVELOPMENT OF PEOPLE WITH HIV/AIDS (PLWHA) IN ACEH: AN OVERVIEW FROM A COMMUNITY AND SHARIA PERSPECTIVE

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ABSTRACT

The development of social welfare for people with HIV/AIDS (PLWHA) in Aceh faces complex challenges, including social stigma, limited resources, and suboptimal inter-agency coordination. This research aims to analyze the role of key actors, the integration of Islamic Sharia values, and collaborative models in supporting the welfare of PLWHA. Using a qualitative method approach, data was collected through in-depth interviews, observations, and document analysis, complemented by quantitative surveys to see the relationships between variables. The findings show that religious leaders and community leaders have a significant influence in reducing stigma through the rahmatan lil 'alamin approach. Some mosques have become centers for HIV/AIDS education, with a focus on prevention, treatment, and rehabilitation. The integration of sharia maqashid values, particularly hifz al-nafs (protection of life) and hifz al-'ird (preservation of dignity) has proven to be an effective normative framework in fostering social acceptance, strengthening the role of the family, and fostering cross-sectoral cooperation. This study recommends strengthening inter-agency coordination, increasing resource capacity, and developing community-based empowerment programs as strategic steps to achieve sustainable welfare of PLWHA in Aceh.

KEYWORDS: Public accounting, education, sustainability, curriculum, IFRS.

1. INTRODUCTION

HIV/AIDS is still one of the serious public health challenges in Indonesia. Based on estimates by the Ministry of Health, the number of people living with HIV (ODHIV) in Indonesia in 2025 is estimated to reach around 564,000 people. Of these, around 63 percent already know their status, 67 percent are undergoing antiretroviral therapy (ARV), and only 55 percent of them have achieved virus suppression¹. These figures

show that despite progress in terms of detection and treatment, challenges in expanding access to health services and ensuring the quality of life of PLWHA remain significant. In Aceh Province, although the number of cases is relatively lower than in other provinces, the trend of HIV/AIDS cases continues to show an increase. Data from the Aceh Health Office recorded that until July 2025 there were 1,974 cases of HIV/AIDS cumulatively, with 348 new cases reported throughout 2024². In fact, in Banda Aceh alone, the cumulative number of cases reached 837 cases until mid- 2025. This fact shows that the issue of HIV/AIDS in Aceh still needs serious attention, not only from a medical but also social aspect.

HIV/AIDS not only impacts life-threatening medical aspects, but also carries significant social consequences. Stigma and discrimination against PLWHA are still rampant, both in the family, community, and health service institutions³. This stigma often triggers social exclusion, denial of the existence of PLWHA, and limits their access to decent health services⁴. As a result, the quality of life of PLWHA declines, and efforts to promote their social well-being are often hampered at various levels.

In the context of Aceh, the application of Islamic law (sharia) has a great influence on the social order, policy structure, and patterns of community interaction⁵. Religious values are the main reference in formulating moral views and in shaping public policy, including in dealing with sensitive issues such as HIV/AIDS. Islamic principles such as *rahmatan lil 'alamin* (mercy for all nature) and *hifz al-nafs* (protection of life) should be a strong moral and spiritual basis to encourage the acceptance, protection, and fulfillment of the rights of PLWHA.

Family is seen as the smallest but most fundamental unit for community resilience. As emphasized that "the resilience of a country is also highly dependent on family conditions"⁶. The family has an important role in supporting the welfare of members, including those living with HIV/AIDS (PLWHA). The principles of family law in Islam that aim to form a family of *sakinah, mawaddah, and warahmah* can be used as a normative basis to foster emotional, instrumental, and spiritual support for PLWHA, so that stigma in the family and community can be minimized.

In addition, the human security perspective that includes the dimensions of health, personal security, and community emphasizes that stigma and discrimination against PLWHA are serious threats to basic human rights⁷. Thus, building a family-based inclusive strategy within the framework of sharia values is not only relevant to the social characteristics of Aceh, but also the key to realizing *freedom from fear* and *freedom from want* for PLWHA.

However, practice in the field shows serious obstacles, especially due to public perceptions that tend to associate HIV/AIDS with behaviors that are considered morally deviant. This raises a paradox between the inclusive values of Islamic teachings and the reality of exclusive social stigma⁸. The family, as the smallest and closest social unit to PLWHA, plays a very important role in supporting their well-being. Family support can be in the form of emotional assistance, social assistance, spiritual strengthening, and economic support.

This support plays a big role in helping people with mental health to cope with psychological distress, reduce feelings of isolation, and improve their overall quality of life⁹. However, the family's ability to provide this support does not stand alone, it is strongly influenced by the socio-cultural context, public understanding of religion, and the implementation of public policies related to HIV/AIDS. If the family is also affected by strong

² Musriadi Aswad, "Banda Aceh Tertinggi Kasus HIV/AIDS," <https://Aceh.Tribunnews.Com/2024/12/20/Banda-Aceh-Tertinggi-Kasus-Hiv-aids>, December 20, 2024.

³ CDC, "Stigma and HIV," <https://www.Cdc.Gov/Hiv/Health-Equity/Index.Html>, April 16, 2024, <https://www.cdc.gov/hiv/health-equity/index.html>.

⁴ Marcin Rzeszutek et al., "HIV/AIDS Stigma and Psychological Well-Being after 40 Years of HIV/AIDS: A Systematic Review and Meta-Analysis," in *European Journal of Psychotraumatology*, vol. 12, no. 1, preprint, Taylor and Francis Ltd., 2021, <https://doi.org/10.1080/20008198.2021.1990527>.

⁵ Trisna Sari, Syarifah Rauzatul Jannah, Asniar, Teuku Tahil, and Suryane Sulistiana Susanti, "Stigma Experienced by Women Living with HIV/AIDS in Aceh Province: A Phenomenological Study," *Enfermería Clínica* (2022), <https://doi.org/10.1016/j.enfcli.2022.03.020>

⁶ Mumtaznur, dan Yenny Sri Wahyuni, "Keamanan Individu (Personal Security) dan Qanun Hukum Keluarga: Tinjauan Konsep Keamanan Manusia (Human Security)," *Usrah: Jurnal Hukum Keluarga* 4, no. 1 (Januari-Juni 2021): 1–20, <https://doi.org/10.22373/ujhk.v4i1.8504>.

⁷ Nelsensius Klau Fauk, Paul Russell Ward, Karen Hawke, and Lillian Mwanri, "HIV Stigma and Discrimination: Perspectives and Personal Experiences of Healthcare Providers in Yogyakarta and Belu, Indonesia," *Frontiers in Medicine* 8 (May 12, 2021): 625787.

⁸ Jonas Svensson, "HIV/AIDS and Islamic Religious Education in Kisumu, Kenya," *International Journal of Qualitative Studies on Health and Well-being* 2, no. 3 (2007): 179–92, <https://doi.org/10.1080/17482620701362853>

⁹ Truc Thanh Thai, Binh Thanh Nguyen, Minh Binh Thi Le Nguyen, Trang Huyen Thi Tran, Ngoc Bich Thi Nguyen, Vy Bao Tran, Phuong Thu Thi Pham, and Han Hy Thi Bui, "The Correlation of Social Support and Family Support with HIV-Related Stigma and Depression in People Living with HIV in Vietnam," *BMC Public Health* 25 (2025): 1094, <https://doi.org/10.1186/s12889-025-22326-x>

social stigma, the support needed by PLWHA can actually decrease.

So far, research on HIV/AIDS in Aceh has focused more on medical aspects, transmission prevention strategies, and government policies in epidemic control¹⁰. Meanwhile, social aspects involving the role of the family and the integration of Islamic values in creating an inclusive approach to PLWHA are still relatively rarely explored. In fact, studies that combine community perspectives, religious values, and family roles have the potential to produce more contextual, sustainable, and effective strategies to reduce stigma and strengthen the social welfare of PLWHA.

From a theoretical perspective, this research has important relevance. Goffman's stigma theory can be used to explain the mechanisms by which discrimination against people with PLWHA is formed, while *the social support* theory from House (1988) can help understand how emotional, informational, instrumental, and reward support from families and communities plays a role in strengthening the social resilience of PLWHA. Meanwhile, the principles of social welfare and Islamic values can be used as a normative basis in formulating an inclusive strategy that is in accordance with the context of Aceh.

Therefore, this study aims to conduct an in-depth study of inclusive approaches in promoting the social welfare of PLWHA in Aceh, with a special focus on the perspective of the community and the application of Islamic sharia values. This study uses a qualitative approach by combining in-depth interview and observation techniques to gain a comprehensive understanding of the life experiences of people with HIV/AIDS (PLWHA) and the dynamics of social support that surround it. In-depth interviews were conducted in a semi-structured manner involving PLWHA, social workers, and community leaders as the main informants. The interview guide is prepared based on the research themes so that it still provides a framework for the direction of the conversation, but is flexible enough to explore the perspectives and personal experiences of the interviewees in a richer way.

In addition, this study also applies observation both participatory and non-participatory. Participatory observation allows researchers to engage directly in certain activities, while non-participatory observation is carried out by keeping a distance so that social interactions that occur can be observed naturally. The focus of observation is directed at the pattern of social interaction of PLWHA in the community environment and in the context of social services. The results of the observations were recorded systematically in the form of field notes and observation checklists as triangulation material for the interview data.

Through the combination of these two techniques, the research seeks to capture reality in depth while maintaining the validity of the data through a multi-source approach. It is hoped that the results of this research can provide a more comprehensive picture of appropriate and sustainable inclusive strategies, and can contribute to the development of social welfare science, public policy formulation, and more humane and contextual social service practices for PLWHA

Theoretical Study of Substance

The theoretical underpinnings of this research refer to three main perspectives: social support theory, stigma theory, and Islamic social welfare principles.

Social Support Theory (House, 1988)

According to House, social support is understood as a resource that an individual obtains through his or her social relationships, which can provide benefits both psychologically and physically¹¹. This support serves to reduce the negative impact of stress and strengthen individual well-being and health. House emphasized that social support is not just about social interactions, but also the quality and content of those relationships that can create a sense of being appreciated, loved, and being part of a caring social network. In his discussion, House outlined several key dimensions of social support, namely:

¹⁰ Harapan Harapan, Said Alfin Khalilullah, Samsul Anwar, Riza Pratama Putra, Muhammad Zia, Fanny Novianty, Sarah Nesya, *et al.* "HIV-Related Stigmatized Attitudes among Health Care Providers in Aceh, Indonesia: The Findings from a Very Low HIV Case-Load Region." *Polish Annals of Medicine* (2015). <https://doi.org/10.1016/j.poamed.2015.05.003>.

¹¹ J. S. House, Debra Umberson, and Karl R. Landis, "Structures and Processes of Social Support," *Annual Review of Sociology* 14 (1988): 293–318, <https://doi.org/10.1146/annurev.so.14.080188.001453>

- a. Emotional support, in the form of empathy, attention, love, and trust that helps reduce feelings of isolation.
- b. Instrumental support, in the form of real or material assistance such as money, labor, or direct services.
- c. Informational support, which is manifested through the provision of advice, advice, or relevant information to aid decision-making.
- d. Appraisal support, which is feedback, validation, and social comparisons that help individuals assess themselves and their situation¹².

These four forms of support, according to House, are important indicators that explain how social networks function as complex support systems¹³. Social support not only has an effect on psychological adaptation, but it has also been shown to contribute to physical health by lowering the risk of disease and increasing resistance to the stresses of life. As such, House views social support as an important mechanism in maintaining an individual's life balance, especially in the face of stressful situations.

Social Support Theory emphasizes the important role of families, communities, and social networks in safeguarding the well-being of individuals, particularly those facing chronic health challenges such as HIV/AIDS. Social support can be in the form of emotional support (empathy, compassion, acceptance, and motivation), instrumental support (practical assistance in the form of medical expenses, provision of basic needs, or transportation to health facilities), and informational support (providing knowledge, advice, or direction related to medication and healthy lifestyles)¹⁴. In addition, in the context of Aceh, spiritual support from the family through prayer, strengthening religious values, and worship assistance is also an important aspect that adds to the psychological resilience of PLWHA.

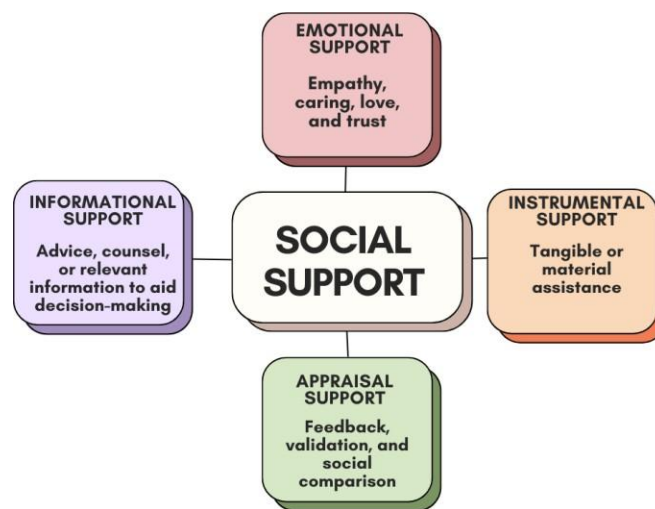


Figure 1 House 1988 Social Support Theory

Various studies show that PLWHAs who receive strong family support tend to have lower levels of stress, better adherence to antiretroviral therapy (ARV), and higher quality of life¹⁵. Conversely, the absence of social support can increase the risk of depression, social isolation, and a general decline in health quality. In the context of Acehnese culture, the family serves as a "first line of defense" that not only provides practical assistance, but also determines the extent to which PLWHA can be accepted by the wider social environment. This means that the role of the family is not only individual, but also affects social dynamics at the

¹² C. P. H. Langford, Juanita Bowsher, Joseph P. Maloney, dan Patricia P. Lillis, "Social Support: A Conceptual Analysis," *Journal of Advanced Nursing* 25, no. 1 (1997): 95-100, <https://doi.org/10.1046/j.1365-2648.1997.1997025095.x>

¹³ Leslie D. Williams, Phumlani Memela, Alastair van Heerden, Samuel R. Friedman, Buyisile Chibi, dan Wendy Avila Rodriguez. "Changes in Stigma and Social Support among Participants in a Randomized Trial of a Novel Expanded Social Network-based HIV Testing Intervention in KwaZulu-Natal, South Africa." *AIDS and Behavior* 28 (2024): 2619–2629. <https://doi.org/10.1007/s10461-024-04379-y>

¹⁴ Deborah Finfgeld-Connett, "Clarification of Social Support," *Journal of Nursing Scholarship* 37, no. 1 (2005): 4-9, <https://doi.org/10.1111/j.1547-5069.2005.00004.x>

¹⁵ Nelsensius Klau Fauk, Lillian Mwanri, Karen Hawke, and Paul Russell Ward, "Traditional Human Immunodeficiency Virus Treatment and Family and Social Influence as Barriers to Accessing HIV Care Services in Belu, Indonesia," *PLoS ONE* 17, no. 7 (July 25, 2022): e0264462, <https://doi.org/10.1371/journal.pone.0264462>

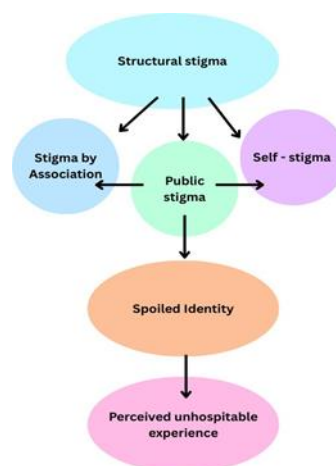
community level.

Stigma Theory (Goffman, 1963)

Erving Goffman in his work *Stigma: Notes on the Management of Spoiled Identity* (1963) explained that stigma is a social mark that discredits individuals and causes them to be seen as "less worthy" compared to others¹⁶. Stigma arises through social labeling, negative stereotypes, and discrimination experienced by certain groups, including PLWHA. In the case of HIV/AIDS, stigma is often associated with moral assumptions such as "deviant" behavior, which makes people with disabilities feel guilty for their condition. The stigma theory put forward by Erving Goffman (1963) highlights how certain attributes in individuals can lower their social value in the eyes of society, so that an identity that was originally neutral or positive turns into a spoiled identity or tarnished identity. In the context of People with HIV/AIDS (PLWHA), stigma comes in many interrelated forms. Structural stigma arises when policies, institutions, or public services are not friendly to people with disabilities, for example discrimination in health services or employment opportunities¹⁷. At the same time, public stigma is reflected in societal stereotypes that associate HIV/AIDS with immoral behavior, so PLWHA is often ostracized. The impact of this social pressure often makes PLWHA internalize these negative views and experience *self-stigma*, namely feeling inferior, worthless, and reluctant to seek help.

In addition, stigma also extends to the immediate environment through *stigma by association*, when families or couples with PLWHA are stigmatized by the community. This series of forms of stigma ultimately leads to the formation of a *spoiled identity*, which makes PLWHA experience a *perceived un hospitable experience*, namely feelings of not being accepted and treated inhumanely, both in the social and institutional spheres. Thus, Goffman's stigma theory asserts that stigma is not just a matter of negative labels, but a social process that damages the dignity of individuals and exacerbates their vulnerability in daily life. The consequences of this stigma are far-reaching. At the individual level, stigma can lead to shame, inferiority, and withdrawal from the social environment¹⁸. At the family and community level, stigma often leads to exclusion, rejection, and even discriminatory treatment. Meanwhile, at the structural level, stigma can limit PLWHA's access to adequate health services due to discriminatory attitudes from medical personnel or unfriendly policies. Thus, stigma is not only a psychological problem, but also a social and structural one.

Figure 2 Goffman Stigma Theory



¹⁶ Sonali Patel, "Theorizing a Denial Reaction to Coming out: Revising Goffman's Stigma through a Sexual Identity Process Model," *Sociology Compass* 18, no. 7 (July 2024), <https://doi.org/10.1111/soc.13246>.

¹⁷ Harapan Harapan, Said Alfin Khalilullah, Samsul Anwar, Muhammad Zia, Fanny Novianty, Riza Pratama Putra, Sarah Nesya, *et al.*, "Discriminatory Attitudes toward People Living with HIV among Health Care Workers in Aceh, Indonesia: A Vista from a Very Low HIV Caseload Region," *Clinical Epidemiology and Global Health* (2013), <https://doi.org/10.1016/j.cegh.2013.08.001>.

¹⁸ Bulent Turan, Henna Budhwani, Pariya L. Fazeli, Wesley R. Browning, Michael J. Mugavero, James L. Raper, dan Janet M. Turan, "How Does Stigma Affect People Living with HIV? The Mediating Roles of Internalized and Anticipated HIV Stigma in the Effects of Perceived Community Stigma on Health and Psychosocial Outcomes," *AIDS and Behavior* 21, no. 1 (January 2017): 283–91, <https://doi.org/10.1007/s10461-016-1451-5>

Overcoming stigma requires a multidimensional strategy. In Aceh, interventions must take into account cultural sensitivities and prevailing religious norms. Public education, awareness campaigns, and training for health workers must be adapted to the Islamic value framework that lives in society. This approach is expected to be able to reduce negative stereotypes and build a more inclusive perspective.

Principles of Islamic Social Welfare in Islam

The principles of social welfare are rooted in the maqashid sharia (sharia goals) which emphasizes the protection of five main things: religion, soul, intellect, heredity, and property. In the context of PLWHA, some of the most relevant aspects of sharia maqashid are:

- a. Hifz al-nafs (protection of life): emphasizing the importance of protecting human life regardless of their health condition. This is the normative basis that PLWHA must have access to health services and protection from discrimination¹⁹.
- b. Hifz al-'ird (preservation of dignity): affirms that every human being, including PLWHA, has the right to be treated with dignity and honor. Discrimination, exclusion, or social judgment is contrary to this principle²⁰.
- c. Rahmatan lil 'alamin (compassion for all creation): it is a guideline that Islam encourages compassion, caring, and inclusivity. This principle emphasizes the need to build social solidarity to support PLWHA.

By integrating Islamic principles into social welfare programs, interventions for PLWHA not only meet medical and social needs, but are also in line with the moral and spiritual values of the Acehnese people. This approach is important because religious legitimacy is often a determining factor in the acceptance of a social policy or program in Aceh.

The Islamic principle of social welfare can be an important foundation in supporting People with HIV/AIDS (PLWHA). These values affirm the importance of protection, respect, and social solidarity for PLWHA²¹. Likewise, family resilience in Aceh shows that good communication, prayer and worship, self-introspection, and patience are the main strategies in facing various challenges²². Thus, a family-based approach that integrates Islamic principles and local Acehnese practices can strengthen social interventions, while providing the religious legitimacy that is essential for the acceptance of PLWHA in society.

Theoretical Synthesis

By synthesizing these three perspectives, this study emphasizes the need for a multidimensional approach in supporting PLWHA. Social Support Theory provides a basis for understanding the importance of the role of families and communities in maintaining the welfare of PLWHA. Stigma Theory helps uncover the social barriers and discrimination that exacerbate the condition of PLWHA, while also offering direction for stigma reduction strategies. Meanwhile, the Islamic Social Welfare Principles function as an ethical and spiritual foundation that is able to strengthen social legitimacy in an effort to build inclusivity.

This integrated theoretical framework serves as an analytical foothold to examine how an inclusive approach can be applied in the context of Aceh. By combining social, psychological, and spiritual aspects, this study is expected to be able to produce strategic recommendations that are not only effective practically, but also in accordance with applicable religious norms, cultures, and values.

¹⁹ Aay Siti Raohatul Hayat, "Formula Pemeliharaan Jiwa (Hifz al-Nafs) pada Undang-Undang Nomor 16 Tahun 2019," *Islamic Review: Jurnal Riset dan Kajian Keislaman* 9, no. 1 (2020), <https://doi.org/10.35878/islamicreview.v9i1.195>

²⁰ Eko Siswanto dan Athoillah Islamy, "Fikih Moderasi Beragama dalam Kehidupan Bernegara di Indonesia," *Jurnal Al-Adalah: Jurnal Hukum dan Politik Islam* 7, no. 2 (Juli 2022): 198–217, <http://jurnal.iain-bone.ac.id/index.php/aladalah>

²¹ Titi Fitriana and Ucca Arawindha, "The Role of Religious Leaders in HIV/AIDS Prevention and Management: Study in Malang City," in *Proceedings of the First Australian International Conference on Industrial Engineering and Operations Management*, Sydney, Australia, December 20–22, 2022, 915–21, <https://ieomsociety.org/proceedings/2022australia/204>

²² Ida Fitria, Muslim Zainuddin, Julianto, Cut Rizka Aliana, dan Nur Intan Barlian, "Family Resilience in a Psychological Perspective in Indonesia," *El-Ussrah: Jurnal Hukum Keluarga* 7, no. 1 (Juni 2024): 204–205, <https://doi.org/10.22373/ujhk.v7i1.23107>

Results & Discussion

This section presents research findings obtained from the field, then analyzed using relevant theoretical frameworks. The findings are not only presented descriptively, but also discussed in relation to the main ones used, namely the social support theory by House 1988, and the stigma theory by Goffman 1963.

Dimensions of Social Support (House, 1988)	Form of Research Findings	Result of social support
Emotional (acceptance, empathy, feeling loved)	Family support through unconditional acceptance, positive communication, and encouragement of life	Reducing social isolation and depression in PLWHA; consistent with the findings of Nyblade et al. (2019)
Instrumental (tangible assistance, materials, logistics)	Family: driving to the hospital, providing nutritious food, helping with administrative matters; Government: financial assistance, ARV distribution; NGO: peer support group programs	Facilitating access to health services, reducing economic and transportation barriers
Informational (advice, information, guidance)	Religious leaders: inclusive preaching that HIV/AIDS is a medical disease, education in mosques and religious studies; NGOs: stigma reduction campaigns, counseling, health cadre training	Providing a new perspective that shifts moral stigma to a public health-based understanding.
Appreciative / Assessment (positive feedback, social recognition)	Religious and community leaders: recognize the dignity of PLHIV as valuable human beings; Sharia integration based on maqashid (hifz al-nafs, hifz al-'ird) which emphasizes the protection of life and honor.	Cultivating a sense of dignity, providing moral legitimacy that PLHIV have the right to be respected and protected

Table 1 Finding identified to Social Support by House 1988

Family-based inclusive approach

Forms of Family Support for PWH supporting the welfare of people with HIV/AIDS (PWH) in Aceh. Family support is not only limited to meeting material needs, but also includes emotional, instrumental, and spiritual dimensions that complement each other. Emotional support is manifested in the form of unconditional acceptance of PLWHA as a family member. This admission serves to reduce the sense of isolation and prevent social isolation that is often experienced by PLWHA due to community stigma. Families strive to maintain positive communication, avoid derogatory language, and encourage them to continue living a productive life.

Instrumental support includes tangible actions such as transporting PLWHA to the hospital, supporting adherence to antiretroviral therapy (ARV), providing nutritious food, and helping to manage administrative documents related to health services. This kind of assistance is crucial considering that access to medical care is often hampered by financial and transportation limitations in rural areas of Aceh. With the role of families, the logistical burden of PLWHA can be reduced, so that they are able to focus on health recovery.

Spiritual support emerged as a distinctive aspect in the context of Aceh, which has a strong religious culture. Families often encourage PLWHA to increase worship, read prayers together, or participate in local recitations. This support serves a dual purpose: as a source of inner peace as well as a religious coping mechanism that fosters a sense of optimism. This is in accordance with the concept of religious coping explained by Pargament (1997), namely religious beliefs and practices can help individuals face heavy life pressures.

However, the study also found variations in the intensity of family support. In some cases, the family still shows ambivalence, on the one hand they try to be supportive, but on the other hand they still harbor shame or worry about the stigma of their neighbors. This ambivalence shows that the role of the family is not always uniform, but is influenced by economic factors, knowledge, and inherent cultural values.

Community perspective

The Role of Religious and Community Leaders Aceh, with its status as an area that implements Islamic Sharia, makes religious figures as moral references as well as social authorities. This study found that the role of religious leaders greatly determines how people perceive PLWHA. Most of the mosque clerics and imams interviewed expressed a progressive view: that HIV/AIDS is a medical disease, not merely the result of immoral behavior, and therefore PLWHA should not be shunned. This approach is based on the principle of rahmatan lil 'alamin, which emphasizes universal affection. This narrative is very important to shift the dominant discourse that tends to blame PLWHA.

In practice, a number of mosques in Banda Aceh and Aceh Besar have begun to integrate HIV/AIDS education into da'wah activities, sermons, and recitations. Da'wah material not only teaches the prevention of transmission, but also reminds the congregation of the obligation to maintain human dignity. This program is in line with the study of Parker & Aggleton (2016), which stated that the involvement of religious leaders can be an effective strategy in reducing morality-based stigma.

However, challenges still exist. Certain segments of society continue to associate HIV/AIDS with deviant behaviors, such as drugs or promiscuous sex, resulting in resistance to inclusive narratives. This kind of rejection shows that there is a contestation of discourse at the local level: between the paradigm of public health and the paradigm of social morality. In this situation, religious leaders have a strategic position as mediators of discourse, and their success will depend heavily on the courage to change the perspective of conservative worshippers.

In addition to ulama, the general public also plays a role in supporting PLWHA through social solidarity. Some local communities have even developed village-based mentoring groups that combine sharia values with public health principles. However, this solidarity is not evenly distributed. There are still many people who choose to keep their distance, because of ignorance or exaggerated fear. This indicates the need for a more structured education campaign, involving both religious and traditional leaders.

Development of social welfare of PLWHA

Support from the Government and Non-Governmental Organizations The findings of the study show that the support of local governments and NGOs in Aceh has made a real contribution, but still faces various limitations. The government, through Baitul Mal Aceh, provides financial assistance to PLWHA who are classified as poor or poor. In addition, the Aceh Health Office guarantees free distribution of ARV drugs, as well as medical counseling programs. This effort shows the integration of HIV/AIDS issues in the framework of sharia-based social welfare, where assistance is not only seen as a health policy, but also as a moral obligation of the state.

On the other hand, NGOs play a role in providing psychosocial services, counseling, and advocacy for the rights of PLWHA. For example, some local organizations run peer support group programs that allow PLWHA to share experiences and strengthen resilience. NGOs are also active in stigma reduction campaigns, through seminars, social media, and training of public health cadres.

However, this study found serious problems in coordination between institutions. Government programs, national NGOs, and local communities often run in parallel without adequate synergy. As a result, there is overlap in activities, inefficient use of resources, and confusion at the PLWHA level regarding which services should be accessed. This condition strengthens Hasenfeld's (2010) argument about the importance of coordination between organizations in the provision of social services, because without coordination, the effectiveness of programs will decrease.

In addition, limited funds and human resources are also the main obstacles. Many NGOs rely on external donors who are not always consistent, while local government budgets are often prioritized on other issues. This raises a critical question: to what extent does local political commitment really place HIV/AIDS as a priority for social development in Aceh?

Aceh's Sharia Perspective

Integration of Sharia Values in Social Welfare Development for PLWHA The application of Islamic Sharia in Aceh is not only a legal system, but also a normative framework that can be used as an ethical basis in dealing with HIV/AIDS issues. The results of the study show that the integration of sharia values, especially the principles of sharia maqashid, provides moral legitimacy to protect PLWHA from discrimination.

Two main principles of maqashid sharia are relevant in this context: *hifz al-nafs* (protection of the soul) and *hifz al-'ird* (preservation of human dignity). This principle affirms that every human being, including PLWHA, has the right to the protection of life and honor. Thus, stigma and discrimination are not only contrary to human rights, but also to Islamic values themselves.

The integration of sharia values in policies is also seen in programs that emphasize a balance between medical, social, economic, and spiritual aspects. For example, PLWHA is not only given access to treatment, but also involved in skills training to support economic independence. On the spiritual side, PLWHA is accompanied to stay connected to the religious community, so that they do not experience religious alienation. Critical analysis shows that sharia-based social welfare development models have great potential to reduce stigma. However, challenges arise when sharia is interpreted narrowly only as a punishment or moral policing mechanism, which risks reinforcing discrimination against PLWHA. Therefore, sharia interpretations that emphasize compassion, protection, and inclusivity need to be continuously promoted.

With a collaborative approach based on sharia maqashid, the responsibility for social welfare development is not only on the shoulders of the government, but also on families, religious leaders, NGOs, and the wider community. This is in line with the principle of shared responsibility, where all social actors have a role in ensuring that PLWHA lives with dignity.

Stigma against PLWHA in Aceh

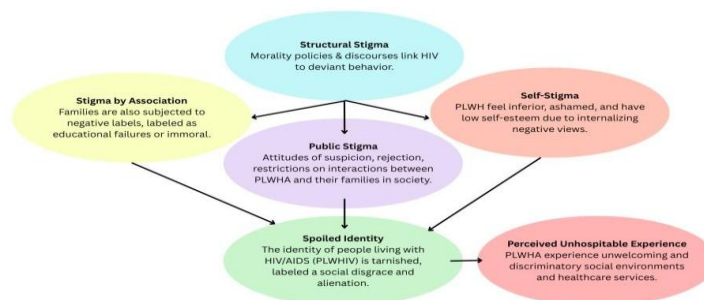


Figure 3 Finding result classify with Stigma theory (Groofman, 1963)

In the context of the life of PLWHA in Aceh, stigma is present in various layers that interact with each other. First, structural stigma is seen through dominant policies and discourses that still associate HIV/AIDS with morality. Some religious and community leaders interpret HIV as a consequence of deviant behavior, such as drugs or promiscuous sex. This narrative reinforces negative meanings embedded in social structures and narrows the space for public health-based approaches. Although there are progressive scholars who try to present an inclusive narrative, resistance to this discourse shows the strength of the contestation between the paradigm of morality and the paradigm of health.

Second, public stigma appears at the community level, especially in daily social relations. People often show suspicion, rejection, or restriction of interaction with PLWHA. As a result, PLWHA families also face social pressure. In this study, it was found that even though families try to provide emotional support, there is still ambivalence in the form of shame or worry about the negative views of their neighbors. This indicates that public stigma functions as a bridge that connects structural stigma with family dynamics. Furthermore, public stigma gives rise to stigma by association, where PLWHA families also experience stereotypes and exclusion. Families can be considered "ungood" or "failing to educate," adding to the psychological burden. At the same time, PLWHA itself often experiences self-stigma, namely feelings of inferiority, shame, or worthlessness. This self-stigma is further reinforced by negative social views, as well as the ambivalence of family support.

The interaction between structural, public, associative, and internal stigmas results in a condition called spoiled identity. The identity of PLWHA is tarnished because the label of the disease is attached to morality and is considered a social disgrace. This tarnished identity has an impact on the daily experiences of PLWHA which is full of alienation. Finally, this condition leads to a perceived unhospitable experience, which is the experience that the social environment and health services feel unfriendly. PLWHA often feels that they are not fully accepted, both in the community and in the health service system. This confirms that stigma is not just a psychological phenomenon, but also a socio-structural experience that prevents people with disabilities from living a decent and dignified life.

Conclusion

Social welfare development for People with HIV/AIDS (PLWHA) in Aceh faces complex challenges, including persistent social stigma, limited resources, and suboptimal inter-agency coordination. The study highlights the important role of families, religious leaders, community members, and governmental and non-governmental organizations in supporting PLWHA.

Family support, which includes emotional, instrumental, and spiritual dimensions, serves as a primary buffer against social isolation and psychological distress. Religious and mosque leaders play a strategic role in shaping public perception, promoting the values of *rahmatan lil 'alamin*, and encouraging inclusive community-based education programs. Government agencies and NGOs provide essential services, including health services, financial assistance, counseling, and vocational training, although coordination among these agencies remains a challenge. Social welfare development for People with HIV/AIDS (PLWHA) in Aceh faces complex challenges, including persistent social stigma, limited resources, and suboptimal inter-agency coordination. The study highlights the important role of families, religious leaders, community members, and governmental and non-governmental organizations in supporting PLWHA.

Family support, which includes emotional, instrumental, and spiritual dimensions, serves as a primary buffer against social isolation and psychological distress. Religious and mosque leaders play a strategic role in shaping public perception, promoting the values of *rahmatan lil 'alamin*, and encouraging inclusive community-based education programs. Government agencies and NGOs provide essential services, including health services, financial assistance, counseling, and vocational training, although coordination among these agencies remains a challenge. Integrating Sharia principles, especially the values of *sharia maqashid hifz al-nafs* (protection of life) and *hifz al-'ird* (preservation of dignity), provides an ethical and

normative framework for creating inclusive, supportive, and sustainable social welfare programs. This approach strengthens the role of the family, encourages community acceptance, and encourages cross-sectoral collaboration to ensure that PLWHA lives with dignity and has the opportunity to develop themselves. This study recommends improving inter-agency coordination, expanding resource capacity, and developing community-based empowerment programs as strategic steps to achieve sustainable social welfare for PLWHA in Aceh.

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References

1. RRI. "Kemenkes Catat ODHIV 2025 Tembus 564 Ribu." <https://tribatanews.polri.go.id/blog/nasional-3/kemenkes-catat-odhiv-2025-tembus-564-ribu-89158?>, June 21, 2025.
2. Aswad, Musriadi. "Banda Aceh Tertinggi Kasus HIV/AIDS." <https://aceh.tribunnews.com/2024/12/20/banda-aceh-tertinggi-kasus-hiv-aids>, December 20, 2024.
3. CDC. "Stigma and HIV." <https://www.cdc.gov/hiv/health-equity/index.html>, April 16, 2024. <https://www.cdc.gov/hiv/health-equity/index.html>.
4. Rzesutek, Marcin, et al. "HIV/AIDS Stigma and Psychological Well-Being after 40 Years of HIV/AIDS: A Systematic Review and Meta-Analysis." *European Journal of Psychotraumatology* 12, no. 1 (2021): preprint. Taylor and Francis Ltd. <https://doi.org/10.1080/20008198.2021.1990527>.
5. Sari, Trisna, Syarifah Rauzatul Jannah, Asniar, Teuku Tahlil, and Suryane Sulistiana Susanti. "Stigma Experienced by Women Living with HIV/AIDS in Aceh Province: A Phenomenological Study." *Enfermería Clínica* (2022). <https://doi.org/10.1016/j.enfcli.2022.03.020>.
6. Mumtazinur, dan Yenny Sri Wahyuni. "Keamanan Individu (Personal Security) dan Qanun Hukum Keluarga: Tinjauan Konsep Keamanan Manusia (Human Security)." *Usrah: Jurnal Hukum Keluarga* 4, no. 1 (Januari–Juni 2021): 1–20. <https://doi.org/10.22373/ujhk.v4i1.8504>.
7. Fauk, Nelsensius Klau, Paul Russell Ward, Karen Hawke, and Lillian Mwanri. "HIV Stigma and Discrimination: Perspectives and Personal Experiences of Healthcare Providers in Yogyakarta and Belu, Indonesia." *Frontiers in Medicine* 8 (May 12, 2021): 625787.
8. Svensson, Jonas. "HIV/AIDS and Islamic Religious Education in Kisumu, Kenya." *International Journal of Qualitative Studies on Health and Well-being* 2, no. 3 (2007): 179–92. <https://doi.org/10.1080/17482620701362853>.
9. Thai, Truc Thanh, Binh Thanh Nguyen, Minh Binh Thi Le Nguyen, Trang Huyen Thi Tran, Ngoc Bich Thi Nguyen, Vy Bao Tran, Phuong Thu Thi Pham, and Han Hy Thi Bui. "The Correlation of Social Support and Family Support with HIV-Related Stigma and Depression in People Living with HIV in Vietnam." *BMC Public Health* 25 (2025): 1094. <https://doi.org/10.1186/s12889-025-22326-x>.
10. Harapan, Harapan, Said Alfin Khalilullah, Samsul Anwar, Riza Pratama Putra, Muhammad Zia, Fanny Novianty, Sarah Nesya, et al. "HIV-Related Stigmatized Attitudes among Health Care Providers in Aceh, Indonesia: The Findings from a Very Low HIV Case-Load Region." *Polish Annals of Medicine* (2015). <https://doi.org/10.1016/j.poamed.2015.05.003>.
11. House, J. S., Debra Umberson, and Karl R. Landis. "Structures and Processes of Social Support." *Annual Review of Sociology* 14 (1988): 293–318. <https://doi.org/10.1146/annurev.so.14.080188.001453>.
12. Langford, C. P. H., Juanita Bowsher, Joseph P. Maloney, dan Patricia P. Lillis. "Social Support: A Conceptual Analysis." *Journal of Advanced Nursing* 25, no. 1 (1997): 95–100. <https://doi.org/10.1046/j.1365-2648.1997.1997025095.x>.
13. Williams, Leslie D., Phumlani Memela, Alastair van Heerden, Samuel R. Friedman, Buyisile Chibi, dan Wendy Avila Rodriguez. "Changes in Stigma and Social Support among Participants in a Randomized Trial of a Novel Expanded Social Network-based HIV Testing Intervention in KwaZulu-Natal, South Africa." *AIDS and Behavior* 28 (2024): 2619–2629. <https://doi.org/10.1007/s10461-024-04379-y>.

14. Finfgeld-Connett, Deborah. "Clarification of Social Support." *Journal of Nursing Scholarship* 37, no. 1 (2005): 4–9. <https://doi.org/10.1111/j.1547-5069.2005.00004.x>.
15. Fauk, Nelsensius Klau, Lillian Mwanri, Karen Hawke, and Paul Russell Ward. "Traditional Human Immunodeficiency Virus Treatment and Family and Social Influence as Barriers to Accessing HIV Care Services in Belu, Indonesia." *PLoS ONE* 17, no. 7 (July 25, 2022): e0264462. <https://doi.org/10.1371/journal.pone.0264462>.
16. Patel, Sonali. "Theorizing a Denial Reaction to Coming out: Revising Goffman's Stigma through a Sexual Identity Process Model." *Sociology Compass* 18, no. 7 (July 2024). <https://doi.org/10.1111/soc4.13246>.
17. Harapan, Harapan, Said Alfin Khalilullah, Samsul Anwar, Muhammad Zia, Fanny Novianty, Riza Pratama Putra, Sarah Nesya, et al. "Discriminatory Attitudes toward People Living with HIV among Health Care Workers in Aceh, Indonesia: A Vista from a Very Low HIV Caseload Region." *Clinical Epidemiology and Global Health* (2013). <https://doi.org/10.1016/j.cegh.2013.08.001>.
18. Turan, Bulent, Henna Budhwani, Pariya L. Fazeli, Wesley R. Browning, Michael J. Mugavero, James L. Raper, dan Janet M. Turan. "How Does Stigma Affect People Living with HIV? The Mediating Roles of Internalized and Anticipated HIV Stigma in the Effects of Perceived Community Stigma on Health and Psychosocial Outcomes." *AIDS and Behavior* 21, no. 1 (January 2017): 283–91. <https://doi.org/10.1007/s10461-016-1451-5>.
19. Hayat, Aay Siti Raohatul. "Formula Pemeliharaan Jiwa (Hifz al-Nafs) pada Undang-Undang Nomor 16 Tahun 2019." *Islamic Review: Jurnal Riset dan Kajian Keislaman* 9, no. 1 (2020). <https://doi.org/10.35878/islamicreview.v9i1.195>.
20. Siswanto, Eko, dan Athoillah Islamy. "Fikih Moderasi Beragama dalam Kehidupan Bernegara di Indonesia." *Jurnal Al-Adalah: Jurnal Hukum dan Politik Islam* 7, no. 2 (Juli 2022): 198–217. <http://jurnal.iainbone.ac.id/index.php/aladalah>.
21. Fitrianita, Titi, and Ucca Arawindha. "The Role of Religious Leaders in HIV/AIDS Prevention and Management: Study in Malang City." In *Proceedings of the First Australian International Conference on Industrial Engineering and Operations Management, Sydney, Australia, December 20–22, 2022*, 915–21. <https://ieomsociety.org/proceedings/2022australia/204>.
22. Fitria, Ida, Muslim Zainuddin, Julianto, Cut Rizka Aliana, dan Nur Intan Barlian. "Family Resilience in a Psychological Perspective in Indonesia." *El-Usrah: Jurnal Hukum Keluarga* 7, no. 1 (Juni 2024): 204–205. <https://doi.org/10.22373/ujhk.v7i1.23107>.