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THE ROLE OF RELIGIOUS LEADERS IN LESSENING STIGMA TOWARD INDIVIDUALS WITH HIV/AIDS IN ISLAMIC COMMUNITIES OF CIREBON CITY

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Abstract

This study aims to examine the contribution of religious leaders in reducing stigma against PLWHA within Muslim communities in Cirebon City. The research employed a qualitative phenomenological method to capture the lived experiences of religious leaders, PLWHA, and other stakeholders. Data were collected through in-depth interviews, participatory observation, and documentation conducted between March and May 2025. In total, 12 religious leaders, 10 PLWHA, three healthcare officers, and representatives from 2 local NGOs participated in the study. Observations were carried out in mosques, religious study groups, and health institutions across Cirebon City to understand the real practices of inclusive preaching and collaboration. The data were analyzed using the Colaizzi phenomenological approach, which involved identifying significant statements, formulating meanings, clustering themes, and validating findings through member checking. The research findings indicate that the presence of religious leaders plays a significant role in shaping a more open public view of PLWHA. Through an inclusive religious approach based on humanitarian values, religious leaders can act as drivers of social change that strengthen solidarity and eliminate the stigma inherent in PLWHA. Therefore, this study recommends the need for skills development and capacity building programs for religious leaders so that they can play an optimal role in efforts to eliminate HIV/AIDS stigma within Muslim communities.

Keywords Religious Figures, Stigma, ODHA, HIV/AIDS, Muslim Community.

INTRODUCTION

First documented in the United States in the 1980s, HIV/AIDS has spread globally. As one of the most deadly and dangerous epidemics, numerous studies, initiatives, and policies have been implemented to understand its transmission dynamics, its relationship to community interventions, and to identify the most effective approaches to treatment, management, and prevention (Bukhori et al., 2022; Junaidah & Bakti, 2022; Mahadewi et al., 2025). These initiatives focus on medical factors but also encompass several social, cultural, economic, and political aspects. Therefore, the epidemic is understood within the framework of the relationships between participants, including the various techniques and channels used. All of these dynamics are closely linked to the sociocultural context of communities affected by HIV/AIDS, both at the grassroots level and within more complex social frameworks (Alum et al., 2023; Obeagu, 2024; Wattie & Sumampouw, 2018).

HIV/AIDS remains a health and social issue that poses significant challenges across all levels of society, including within the Muslim community (Kruger et al., 2025; Murungi et al., 2022; Young et al., 2022). Beyond the medical impacts, one of the most significant challenges faced by people living with HIV/AIDS (PLWHA) is the stigma and discrimination often stemming from a lack of understanding, myths, and distorted moral perspectives (Harry et al., 2025; Jangu et al., 2023; Obeagu & Obeagu, 2024). This stigma not only worsens the psychological well-being of PLWHA but also hinders their access to health services and social assistance (Azia et al., 2023; Hutahaean et al., 2025; Kumar, 2023).

Within the Muslim community, religious leaders hold a strategic and influential position in shaping public opinion and social norms (Hamidi et al., 2024; Pichon et al., 2023; Teizazu et al., 2022). Through sermons, other religious activities, and other religious activities, religious leaders have the capacity to convey moral messages, compassion, and a more informed understanding of people living with HIV/AIDS (Alageel & Alomair, 2024; Muyunga, 2025; Obi-keguna et al., 2024). Therefore, the active role of religious leaders is crucial in reducing stigma against people living with HIV and fostering an inclusive and empathetic environment (Alageel & Alomair, 2024; Koo et al., 2025; Shaluhiyah et al., 2025).

This negative view is exacerbated by a lack of proper knowledge about how HIV is transmitted and a lack of understanding of the human rights of people living with HIV. As a result, people living with HIV are often ostracized, rejected in religious settings, or even considered "sinners" unworthy of social space. Yet, Islamic teachings emphasize compassion, empathy, and fair

treatment of others, including those experiencing the disease (Asrina et al., 2023; Fitrianita & Arawindha, n.d.; Nugroho & Zaki Faddad, 2020).

On the other hand, religious leaders hold a strategic position within the Muslim community. Their words and actions significantly influence societal mindsets and attitudes. Therefore, religious leaders have great potential to be agents of social change, particularly in reducing stigma against people living with HIV/AIDS. Through inclusive preaching, educational sermons, and compassionate religious understanding, religious leaders can help build a more accepting and supportive environment for people living with HIV/AIDS (Retnowati & Misrina, 2017).

HIV/AIDS remains a global health issue with multidimensional impacts, encompassing medical, social, and psychological aspects. Although advances in science and medicine have enabled people with HIV/AIDS to access effective treatment and prolong their quality of life, stigma and discrimination against people living with HIV/AIDS (PLWHA) remain a serious problem in society. This stigma often arises from a lack of proper understanding of how HIV/AIDS is transmitted, as well as the strong influence of social, cultural, and religious norms in judging deviant behavior.

In the context of Muslim communities, including in Cirebon City, which has a strong religious base, the role of religious leaders is crucial. Religious leaders serve not only as transmitters of religious teachings but also as moral figures, social role models, and agents of change. Their presence in providing education, clarification, and understanding about HIV/AIDS can be a key factor in reducing the stigma attached to PLWHA. A religious approach that emphasizes the values of compassion, empathy, and respect for human dignity aligns with the principles of Islam as a blessing for all creation. In Cirebon, known as a city with a strong Islamic tradition, the involvement of religious leaders in public health issues, including HIV/AIDS, has great potential to foster a more inclusive understanding. Religious leaders can help break social barriers by providing sermons, fatwas, and counseling that emphasize the importance of avoiding stigma and discrimination. In doing so, they not only strengthen religious values but also contribute to equitable public health development.

In the context of Cirebon City's religious Muslim community, religious leaders play a strategic role as conveyors of moral values and role models for the community. To ensure that messages about HIV/AIDS prevention and stigma elimination are accepted, the preaching and communication strategies employed must emphasize Islamic values that emphasize compassion, empathy, and respect for human dignity. Religious leaders employ a persuasive approach through

lectures, sermons, religious study groups, and interpersonal communication, using language that is easily understood, non-judgmental, and relevant to the congregation's daily lives.

Furthermore, the preaching strategy also integrates health messages within a framework of religious values, such as linking the importance of protecting oneself from disease to the principle of maintaining the hifdz an-nafs (protection of the soul) within the maqasid al-shari'ah (the principles of Islamic law). In this way, the preaching and communication of religious leaders is expected to not only provide knowledge but also build collective awareness in the community to be more caring, inclusive, and free from stigma toward people living with HIV/AIDS (M. Noor Harisudin, 2021).

However, not all religious leaders actively fulfill this role. There remains a gap between inclusive religious values and society's often exclusive attitudes toward people living with HIV/AIDS. Therefore, it is important to examine more deeply how religious leaders can optimize the role of religious leaders in reducing stigma against people living with HIV/AIDS in Muslim communities, as well as the challenges and opportunities that accompany this.

Previous studies have shown the important role of religious leaders in reducing stigma against people living with HIV/AIDS (PLWHA) in various social and religious contexts. Alio et al. (2019) found that religious leaders in Soweto, South Africa, were willing to discuss HIV/AIDS-related issues in their communities, but they still needed adequate support and training to overcome stigma and provide effective assistance to PLWHA. Meanwhile, research by Ratnawati & Jati (2017) In Banyumas Regency, it was shown that the level of knowledge about HIV/AIDS was the most influential factor in reducing stigma compared to social values or community support. This study emphasized that increasing the knowledge of religious leaders plays an important role in shaping a more open and empathetic attitude among the community towards PLWHA. From a different perspective, Sukiani & Ardana (2020) reveals that PLWHA still face discrimination from their surroundings, especially in Hindu communities in Bali. She emphasizes the important role of religious leaders and the use of performing arts as a creative means of spreading religious values that encourage understanding and acceptance of PLWHA.

Furthermore, Handayani et al. (2023) highlight the importance of active involvement from various parties, including religious leaders, traditional leaders, and community leaders, in comprehensively addressing HIV/AIDS stigma, especially in rural areas, where these leaders serve as influential social role models in shaping community behavior. In the context of national policy,

Zain & Firdaus (2020) explain that the Indonesian Ulema Council (MUI) has a strategic role in shaping religious discourse that influences the direction of government policy related to HIV/AIDS, both through fatwas and moral narratives disseminated to the wider community. On the other hand, Latifa & Purwaningsih (2016) highlight the limitations of existing regulations in addressing stigma and discrimination against PLWHA, and emphasize the importance of civil society's role in opening up dialogue, combating misconceptions, and building a more inclusive understanding of PLWHA.

Although various studies have highlighted the involvement of religious and community leaders in reducing stigma against PLWHA, most studies still focus on normative aspects, policies, or non-Islamic religious contexts and areas outside Java. Studies on the concrete implementation of the role of Islamic religious leaders in shaping inclusive attitudes in urban Muslim communities, particularly through da'wah and communication approaches based on maqāṣid al-syarī'ah values, are still limited. Furthermore, there has been little research exploring effective da'wah strategies to change Muslim perceptions of PLWHA at the local level, such as in the city of Cirebon, which has a strong religious character.

This study presents a novelty by empirically examining the role of Islamic religious leaders in reducing HIV/AIDS stigma in the Muslim community of Cirebon City through a humanistic da'wah approach and religious communication that integrates the Islamic values of rahmatan lil 'alamin and maqāṣid al-syarī'ah. This study also provides a new perspective on how inclusive da'wah strategies can be effective instruments in religious-based public health development, which has not been widely discussed in previous studies.

The research to be conducted aims to examine the role of Islamic religious leaders in reducing stigma against PLWHA in the Muslim community, because based on previous studies, although the role of religious leaders is very strategic and has a large influence on community attitudes, there are still limitations in knowledge, involvement, and religious approaches used, which contribute to the continued strong stigma and discrimination against PLWHA.

METHOD

This study uses a qualitative approach with a phenomenological type to understand the experiences and meanings experienced by religious leaders and people living with HIV/AIDS (PLWHA) in relation to stigma reduction efforts in the Muslim community of Cirebon City (Husserl & Moran, 2012). The phenomenological approach was chosen because the purpose of the study was

to explore the essence of the lived experiences of key actors in da'wah and social interactions that shape public attitudes towards PLWHA. The research was conducted in Cirebon City with a field focus on several key locations: (1) large and small mosques that regularly hold lectures and majelis taklim (Islamic study groups) in Cirebon City; (2) community health centers (puskesmas) that provide HIV counseling services; and (3) civil society organizations/NGOs that actively assist PLWHA in the area.

Field data collection was conducted from March 1, 2025, to May 30, 2025. The main data collection techniques were participatory observation, in-depth interviews, and documentation. Observations were conducted during religious activities (Friday sermons, weekly evening religious gatherings) and counseling sessions at health centers/NGOs on scheduled days during the period March 1–May 30, 2025. Each observation session lasted between 45 and 90 minutes, with a total of at least 12 observation sessions scheduled in various locations (mosques/majlis taklim and service centers). The observations will cover the content and style of preaching, the interaction between religious leaders and congregations and PLWHA, audience responses, and forms of collaboration between religious leaders and health institutions or NGOs (e.g., joint activities, patient referrals).

The research population consisted of all religious leaders, PLWHA, health workers, and relevant NGO actors in the Cirebon City area. The sampling technique used was purposive sampling, followed by snowball sampling, to reach PLWHA who were willing to be interviewed. The research sample consisted of 12 religious leaders (a mix of kyai, ustadz, and preachers), 10 PLWHA, three health workers from community health centers, and 2 NGO representatives, for a total of 27 informants. This number was adjusted according to the principle of data saturation in phenomenological research. The interviews were semi-structured. Interview guides were prepared for each group (religious leaders, PLWHA, health workers, NGOs) with a focus on their experiences, perceptions, preaching/counseling practices, obstacles, and the meaning they felt regarding stigma and efforts to reduce it. Each interview lasted 45–90 minutes. Meanwhile, documentation utilized records of collaborative activities between religious leaders and health service providers, community health center reports related to local HIV services, and photographs of da'wah activities and community meetings. These documents were used for data triangulation and to enrich the construction of the observed phenomena.

The data were analyzed following Colaizzi's phenomenological steps (Hadi, 2021; Morrow et al., 2015), which were modified for this field context: (1) reading all transcripts and field notes

repeatedly to obtain a comprehensive picture of the experience; (2) identifying significant statements directly related to the experiences of religious leaders and PLWHA regarding stigma and religious intervention; (3) formulating the meaning of each significant statement; (4) grouping the meanings into clusters of interrelated themes; (5) compiling an exhaustive description of the phenomenon based on these themes; (6) formulating the fundamental structure of the phenomenon that captures the essence of the experience; and (7) conducting validation through member checking with several key informants to ensure that the researcher's interpretation reflects their experiences.

To ensure the credibility and validity of the findings, data triangulation (observation–interview–documentation), peer debriefing with fellow researchers, and member checking were conducted. Ethical protection included providing informed consent to all participants, anonymizing data (using codes for respondents), and emphasizing that participation was voluntary and could be discontinued at any time without consequences.

FINDINGS AND DISCUSSION

Findings

Based on observations, in-depth interviews, and field documentation conducted in the city of Cirebon, a comprehensive picture has been obtained of the various roles played by religious leaders in efforts to reduce stigma against people living with HIV/AIDS (PLWHA). The data shows that their involvement is not limited to the religious sphere, but also includes social, educational, and moral functions that influence public attitudes. Through persuasive preaching, spiritual counseling activities, and collaboration with health institutions and community organizations, religious leaders have succeeded in building public awareness of the importance of treating PLWHA humanely and without discrimination. To clarify these findings, Table 1 below summarizes the roles of religious leaders in various forms of preaching activities and their impact on changing community attitudes in the Muslim community in Cirebon City.

Table 1. The Role of Religious Leaders in Reducing HIV/AIDS Stigma in the Muslim Community of Cirebon City

Role of Religious Figures	Da'wah Methods	Changes in Attitudes	Challenges
Conveyer of religious information	Sermons, Friday khutbah, religious study groups (majelis taklim), and integrating health messages into religious	The community gains a better understanding that HIV/AIDS is not always linked to immoral behavior; empathy toward PLHIV	Some congregants still refuse to discuss HIV/AIDS issues, considering them taboo or sensitive

	materials	begins to grow	
Counselor and spiritual guide	Personal counseling, face-to-face dialogue, familial approach	PLHIV feel accepted, become more open, and are motivated to maintain their health	Limited time and capacity of religious leaders to provide continuous individual guidance
Agent of social change	Collaborative campaigns with health institutions and community organizations	The emergence of collective awareness to reduce discrimination within the community	Lack of inter-institutional coordination and limited support facilities
Moral exemplar and role model	Demonstrating empathetic attitudes, using polite and inclusive da'wah language	The community imitates open-minded behavior and shows greater respect for human dignity, regardless of health status	Resistance from certain groups that still perceive HIV/AIDS as a social disgrace
Interpreter of religious values in contemporary contexts	Linking HIV/AIDS prevention to the maqāṣid al-sharī'ah principles (ḥifẓ al-nafs / ḥifẓ al-'irḍ)	Religious messages become easier to accept; the community understands the importance of protecting life and human dignity	Differences in religious interpretation sometimes lead to pros and cons within the community

Source: Processed Data (2025)

Based on Table 1, it was found that religious leaders play an important role in shaping public understanding through various strategies of preaching and communication. First, religious leaders as conveyors of religious information play a role by inserting health messages related to HIV/AIDS in lectures, Friday sermons, and majelis taklim forums. This method is effective in expanding public knowledge so that people better understand that HIV/AIDS is not always related to immoral behavior. This awareness fosters empathy towards people living with HIV/AIDS (PLWHA). However, there are still some congregations that refuse to discuss HIV/AIDS issues because they are considered taboo or sensitive.

Second, religious leaders as counselors and spiritual guides take a personal approach through counseling, face-to-face dialogue, and familial methods. This has a positive impact on PLWHA, who feel more accepted, motivated to maintain their health, and brave enough to be open about their condition. The obstacle that arises is the limited time and capacity of religious leaders to provide continuous individual assistance.

Third, religious leaders as agents of social change collaborated with health institutions and community organizations to conduct educational campaigns. As a result, collective awareness grew within the community to reduce discrimination against PLWHA. However, the obstacles faced were a lack of coordination between institutions and minimal support facilities to continue the program consistently.

Fourth, religious leaders as moral role models and examples show empathy and use polite and inclusive language in their preaching. This attitude is emulated by the community, which then becomes more open and respects human dignity regardless of health status. However, resistance still arises from some community groups that still view HIV/AIDS as a social stigma that is difficult to accept. Fifth, religious leaders as interpreters of religious values in a contemporary context emphasize the importance of HIV/AIDS prevention by linking it to the principles of maqashid al-syari'ah, particularly hifdz an-nafs (protection of life) and hifdz al-'irdh (protection of honor). This approach makes religious messages more acceptable to the community, creating a new understanding of the importance of protecting human life and dignity. The obstacle encountered is the existence of differences in religious interpretation, which has led to pros and cons among the community.

Overall, the findings of this study indicate that religious leaders have made a significant contribution to reducing the stigma surrounding HIV/AIDS within the Muslim community in Cirebon. Despite obstacles such as community resistance, limited capacity, and differences in religious views, the role of religious leaders remains a strategic factor in encouraging a shift in community attitudes towards greater acceptance and care for people living with HIV/AIDS.

Discussion

Religious Figures as Sources of Information and Education

Based on field observations and in-depth interviews, religious leaders in Cirebon City have been proven to play an active role as sources of information and education for the community in understanding HIV/AIDS issues. Through Friday sermons, religious lectures, and religious gatherings, they insert health messages by emphasizing Islamic values such as the importance of maintaining cleanliness, respecting life, and avoiding discriminatory behavior. This approach shows that religious education can be an effective medium for conveying public health messages when packaged in a communicative and contextual manner. The use of terminology and narratives familiar to the religious values of the congregation makes the messages of da'wah easy to accept without causing resistance. This is in line with the findings of Alio et al. (2019) in South Africa, which show that religious leaders have great potential as channels for disseminating health information, especially when they receive appropriate knowledge and training.

The results of this study also show that the information conveyed by religious leaders is not limited to the basic medical aspects of HIV/AIDS, but also includes moral and social dimensions that

reinforce human values. For example, in several sermons that were observed, the ustadz emphasized that protecting oneself from disease is part of the mandate to protect life (ḥifẓ al-nafs), which is the main objective of Islamic law. By linking health issues to the framework of maqāṣid al-syarī'ah, religious leaders have succeeded in transforming medical messages into moral messages that have strong theological legitimacy in the eyes of the congregation. This approach not only broadens public knowledge but also helps shift the paradigm that HIV/AIDS is a "moral punishment" to an understanding that this disease is a test of humanity that must be faced with empathy and social solidarity.

Furthermore, the involvement of religious leaders as public educators also had an impact on improving health literacy among Muslim communities. Through educational activities in mosques, people became more open to discussing sensitive issues that were previously considered taboo. Several interviewees admitted that they began to understand how HIV is transmitted correctly after listening to explanations from religious leaders in religious forums. This phenomenon shows that a religious approach is able to break through social and psychological barriers that often hinder the dissemination of health information. These findings reinforce the results of research by Nawawi et al. (2023) and Purba et al. (2025), which confirms that increasing knowledge is the most influential factor in reducing stigma against PLWHA. Thus, the educational role of religious leaders not only functions on a spiritual level but also becomes an important instrument in shaping a more rational and socially just public consciousness.

Delivering Religious Messages that Encourage Empathy

From in-depth interviews with religious leaders and PLWHA, it was found that delivering religious messages based on empathy was key to reducing HIV/AIDS stigma in the Muslim community of Cirebon. Religious leaders used a gentle, non-judgmental approach to preaching, focusing more on compassion and the values of rahmatan lil 'alamin. In the sermons and religious gatherings that were observed, they did not mention HIV/AIDS in a moralistic tone, but rather emphasized the importance of helping and respecting fellow human beings regardless of their health status. This approach has proven to be effective in creating a calming atmosphere for preaching, making it easier for the congregation to accept these inclusive messages. These findings are consistent with the research by Nursalam et al. (2022), which states that religious leaders can be important agents in building social solidarity towards PLWHA through empathetic religious language.

This empathetic approach not only impacts the attitudes of the congregation but also has a positive psychological effect on PLWHA. Based on interviews, several PLWHA revealed that the spiritual support provided by religious leaders helped them regain their self-confidence and reduce feelings of isolation. When they feel spiritually and socially accepted, they become more open to accessing health services and participating in religious activities. This shows that empathetic preaching has a transformational effect, not only in the moral dimension, but also in the dimensions of health and emotional well-being. These findings are in line with the views of (Handayani et al., 2023), who emphasize the importance of the role of community leaders in creating a supportive and inclusive social environment for PLWHA, especially at the grassroots community level.

In addition, preaching that fosters empathy also demonstrates the social function of Islam as a religion that promotes justice and equality. In the context of phenomenology, the experiences of religious leaders in Cirebon illustrate how theological values are revived in concrete social practices. The religious messages conveyed are no longer normative in nature, but rather a reflection of life experiences that teach love, acceptance, and respect for human dignity. This transformation of meaning is proof that Islamic teachings, when practiced contextually and humanistically, can become a liberating social force. In line with the research by Sukiani & Ardana (2020), which highlights the importance of spreading religious values through media that touch on the emotional aspects of society, empathetic da'wah in Cirebon shows that spiritual communication can serve as a bridge between knowledge, faith, and humanity.

The Influence of Da'wah on Changing Community Attitudes

Based on observations and in-depth interviews, the preaching activities carried out by religious leaders in the city of Cirebon have proven to have a real impact on changing people's attitudes towards people living with HIV/AIDS (PLWHA). Through a persuasive communication approach based on Islamic values, the message of compassion, tolerance, and respect for human dignity has succeeded in fostering a new understanding among the congregation. Most of the community, who were initially reluctant to interact with PLWHA, began to show an open attitude after attending sermons and religious gatherings that raised the themes of health and humanity. Observations in several mosques showed that after humanistic sermons, congregations appeared more willing to discuss HIV/AIDS and express empathy towards those affected. These findings reinforce the theory that da'wah not only serves as a means of conveying religious teachings but also as a social medium for changing community behavior and mindsets.

Interviews with PLWHA and health workers confirmed these changes. Several PLWHA said that after religious leaders in their communities began regularly discussing HIV/AIDS openly, they noticed a change in people's attitudes, who became more accepting and no longer ostracized them. This phenomenon shows that religious messages delivered consistently can break through psychological and moral barriers that previously served as social obstacles. Preaching that emphasizes the value of rahmatan lil 'alamin (mercy for all creation) has proven capable of eroding the stereotype that HIV/AIDS is a punishment for personal sins. This aligns with the findings of Hamidi et al. (2024) who discovered that stigma and discrimination against PLHIV in Muslim communities are largely influenced by misguided religious perspectives. Therefore, when the narrative of religious discourse shifts from moral judgment toward empathy and solidarity, social change becomes easier to achieve.

Furthermore, the influence of preaching in changing people's attitudes is also evident in the emergence of collective awareness to participate in social activities involving PLWHA. Several majelis taklim (Islamic study groups) and mosque youth groups that were observed began to hold health education programs, fundraisers, and social activities with the PLWHA community. These initiatives show that the messages conveyed by religious leaders did not stop at the verbal level, but were transformed into real social actions that strengthened community solidarity. This phenomenon supports the view of Retnowati & Misrina (2017) that the role of religious leaders is very important in building religious understanding that fosters empathy and social responsibility. Thus, inclusive da'wah not only improves public perception of PLWHA but also affirms the function of religion as a moral force that drives positive social change at the grassroots level.

Obstacles in Implementing the Role of Religious Figures

Although the role of religious leaders in reducing HIV/AIDS stigma has shown positive results, this study also found a number of obstacles that hinder the optimization of this role. Based on the results of interviews and observations, the main obstacle lies in the low level of knowledge among some religious leaders about HIV/AIDS and how it is transmitted. There are still conservative views that associate HIV/AIDS with immoral behavior, so that some religious leaders are reluctant to discuss it in religious sermons because it is considered taboo or sensitive. Several informants admitted that their lack of knowledge about the medical and social aspects of this disease made them hesitate to deliver sermons related to HIV/AIDS for fear of causing controversy. This situation highlights the gap between the potential role of religious leaders as agents of social change and their

ability to understand health issues scientifically. These findings are consistent with the results of a study by Latifa & Purwaningsih (2016) This states that the lack of regulatory support and public education is a structural barrier to comprehensively addressing the stigma surrounding HIV/AIDS.

In addition to limited knowledge, this study also found social and psychological obstacles faced by religious leaders. Based on interviews, several ustadz and kyai admitted to facing resistance from some congregants who rejected the discussion of HIV/AIDS issues in religious forums. They believed that the topic was inappropriate to be discussed in mosques because it was related to sexual behavior. This resistance caused religious leaders to adjust their communication strategies by using more subtle and symbolic language so that the message could still be conveyed without causing rejection. Observations show that obstacles such as these most often arise in communities that still hold strong traditional moral values and have relatively low levels of education. However, religious leaders who are able to adapt their preaching style to the social context of their congregations have proven to be more successful in conveying inclusive messages and changing people's perceptions of PLWHA.

Another significant obstacle is the limited time, capacity, and institutional support available to religious leaders in implementing education and assistance programs for PLWHA. Not all religious leaders have access to training or cooperation with health institutions, so their role remains individual and uncoordinated. The lack of logistical and institutional support makes it difficult for inclusive da'wah initiatives to continue on an ongoing basis. In fact, collaboration between religious institutions, health agencies, and civil society organizations is essential to strengthen the impact of da'wah on social change. This is in line with the views of Handayani et al. (2023), who emphasize the importance of cross-sectoral roles in comprehensively addressing HIV/AIDS stigma. Therefore, this study confirms that competency-based training, local government policy support, and sustainable partnerships are strategic steps that need to be taken to strengthen the capacity of religious leaders as agents of social change in the field of public health.

Collaboration with Health and Social Institutions

Based on field observations and documentation of activities, collaboration between religious leaders and health institutions and community organizations in the city of Cirebon has made an important contribution to efforts to reduce stigma against people living with HIV/AIDS (PLWHA). In several activities observed from March to May 2025, it was seen that a number of religious leaders collaborated with community health centers, NGOs, and local communities to organize health

education, voluntary HIV testing, and religious discussions that emphasized the importance of compassion and solidarity. These collaborative activities demonstrate the tangible integration of religious and medical approaches that reinforce each other. Religious leaders serve as a bridge connecting Islamic moral messages with scientific information conveyed by health workers. The combination of the two makes the message of prevention and stigma elimination more acceptable to the community because it has dual legitimacy: moral and scientific. These findings are in line with the research by Wattie & Sumampouw (2018), which confirms that the involvement of religious organizations in the HIV/AIDS response movement has strategic value in expanding the reach of public education and shaping a more positive social narrative.

In-depth interviews with religious leaders and health workers also revealed that this cross-sector collaboration did not always run smoothly, but still resulted in significant changes in community attitudes. Several ustadz who were respondents admitted that they initially lacked understanding of the medical aspects of HIV/AIDS, but after participating in training and activities with health center staff, they became more confident in delivering health-based messages. Conversely, health workers stated that the presence of religious leaders helped open up communication with community groups that were previously difficult to reach through purely medical approaches. In a phenomenological context, this collaborative experience demonstrates a mutual learning process between two knowledge systems: health science and religious values. Religious leaders learned to use simple medical terms so that their congregations could understand them, while health workers learned to link disease prevention messages to religious principles such as ḥifẓ al-nafs (protection of the soul). This synergy enriched the educational approach to building public awareness of HIV/AIDS and strengthened the bridge between science and faith.

Furthermore, successful collaboration also involves the role of civil society organizations (CSOs) that focus on health issues and the empowerment of PLWHA. Based on activity documentation and interview results, several CSOs in Cirebon collaborated with mosques to organize the "Healthy and Inclusive Mosque" program, which involved religious leaders as resource persons in providing education and spiritual counseling for PLWHA. Activities such as these reflect what Zain & Firdaus (2020) refer to as religious civic engagement, namely the involvement of religious institutions in efforts to develop equitable social and health policies. This collaboration not only resulted in improved public health literacy but also built a sense of collective ownership of HIV/AIDS issues, so that the community no longer viewed it as solely an individual

problem. Thus, the findings of this study show that partnerships between religious, health, and social institutions are not merely complementary but are key to strengthening stigma elimination strategies at the community level.

Conceptually, the results of this study reinforce the theory that religion can function as a healing social mechanism. Preaching based on human values and compassion not only improves theological understanding but also has a direct impact on changing the attitudes and behaviors of society towards vulnerable groups. In a phenomenological context, the experiences of religious leaders and PLWHA revealed through this study show a process of transforming the meaning of religion from an exclusive understanding to an inclusive and humanizing experience of faith.

Thus, the role of religious leaders in reducing HIV/AIDS stigma in Cirebon City is not only to convey moral teachings, but also to act as agents of social change, spiritual counselors, and mediators between religious values and social reality. These findings have important implications for the development of faith-based health programs in Indonesia. The phenomenological approach used in this study proves that the life experiences and perceptions of religious leaders have the transformational power to change people's mindsets. Therefore, the active involvement of religious leaders in public policy and faith-based health education programs needs to be maintained and expanded to other regions in Indonesia.

CONCLUSION

Religious leaders play a strategic and significant role in reducing stigma against people living with HIV/AIDS in the Muslim communities of Cirebon City, Indonesia. Through an inclusive religious approach, religious leaders can shift public perceptions from judgmental to more empathetic and supportive. Conveying Islamic values such as compassion, respect for others, and the importance of avoiding prejudice is key to fostering a more just and humane perspective on people living with HIV/AIDS. Furthermore, the involvement of religious leaders in educational and collaborative activities with health institutions and civil society organizations has been shown to strengthen stigma reduction efforts. While challenges such as limited knowledge and social resistance remain, appropriate training and mentoring can empower religious leaders as effective agents of social change. Thus, empowering religious leaders needs to be part of national and local strategies in addressing HIV/AIDS, particularly in efforts to eliminate stigma and discrimination against PLHIV in faith-based communities.

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