

Analysis of the Role of Peer Companions With Level of ARV Therapy Compliance in People Living with HIV in the Polyclinic CST Banyuwangi Regency

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ABSTRACT

Adherence of people living with HIV (PLWHA) to antiretroviral (ARV) therapy is a key factor in successful treatment, preventing drug resistance, and improving their quality of life. Adherence remains a challenge for people living with HIV, influenced by psychological and social factors, stigma, medication side effects, and a lack of ongoing support. The role of peer mentors is crucial as a form of social support based on shared experiences, which can increase motivation, confidence, and openness among people living with HIV (PLWHA) in undergoing therapy. The aim of this study was to analyze the role of peer companions in the level of adherence to ARV therapy among PLWHA at the CST polyclinic. This research uses a correlational research design with a cross-sectional approach. The sample in this study was a portion of new PLWHA patients, CST who met the inclusion criteria of 110 respondents. The sampling technique uses purposive sampling. Tools for the data collection process were questionnaires and observation sheets, then analyzed using the Che Square statistical test with $\alpha < 0.05$. The research results show that almost all respondents received peer support, 173 people (93.0%) and almost all respondents in the obedient category, 169 people (90.9%). From the results of statistical tests using chi square, it was obtained that the p value was $0.000 < \alpha = 0.05$, meaning that H_0 was accepted, namely that there was a relationship between the role of peer companions and the level of adherence to ARV therapy. For this reason, it is necessary for nurses to provide continuous nursing services for HIV/AIDS patients, nurses can work together with peer support groups, in providing holistic health services bio, psycho, social, spiritual so that it will improve the quality of life of HIV/AIDS patients AIDS is widespread

Key words: ARV, Compliance, HIV/AIDS, Peers

INTRODUCTION

AIDS (*Acquired Immune Deficiency Syndrome*) is a group of symptoms of a disease caused by *Human Immunodeficiency Virus* (HIV). Counseling is a process that helps someone learn to resolve interpersonal and emotional problems and make certain decisions.

Human Immunodeficiency Virus (HIV) infection remains a public health problem worldwide and in Indonesia, extending to social, economic, and cultural issues. People infected with HIV (PLHIV) continue to experience stigma, both within their families, health workers,

and the general public. Stigma arises from a lack of knowledge and misconceptions about HIV and Acquired Immunodeficiency Syndrome (AIDS).

The involvement of communities or cadres and NGO officers as outreach workers in HIV case detection, the role of a cadre and NGO officer in the HIV program is to provide counseling, identify HIV cases, monitor treatment, provide mentoring and coaching as well as record and report HIV patients. (TB-HIV training module for communities, Ministry of Health of the Republic of Indonesia, 2019)

In Indonesia, since 1999, there has been an increase in the number of people living with HIV (PLWHA) in high-risk groups, namely commercial sex workers and injection drug users, in several provinces such as Jakarta, Riau, Bali, West Java, and East Java, resulting in these provinces being classified as areas with a concentrated level of epidemic. Papua has entered a generalized epidemic. According to estimates from 2009, there were 186,000 people living with HIV in Indonesia.

In East Java, the number of patients undergoing ARV treatment until December 2022 was 23,957 people, in Banyuwangi Regency, the number of patients undergoing ARV treatment until December 2022 was 1,325 people, at Genteng Regional Hospital, the number of patients undergoing ARV treatment was 349, the number of loss of follow-up (LFU) in Banyuwangi was quite high, namely 587 people, while at Genteng Regional Hospital, there were 198 people. (Analysis of data from the East Java Provincial Health Office, Banyuwangi, 2023)

Therefore, PLWHA (People Living with HIV/AIDS) require companionship in their care to alleviate the burden of suffering and excessive stress caused by their illness. Peer companions play an active role in providing motivation, as they assist clients in their care and treatment. The reality of an incurable disease that causes death at a young age, resulting in immense suffering and severe isolation, also contributes to stress. Peer companions play an active role in providing support and motivation for patients' recovery, specifically through support for adherence to treatment. They are also afraid of their future. This is due to a lack of support, knowledge, training, and explanations from companions in carrying out their work (Ministry of Health of the Republic of Indonesia, 2019).

From this problem, there is a need for peer mentors to increase patient compliance in consuming ARV (Anti-Retroviral) drugs, so that feelings such as empathy with full sympathy for PLWHA, solidarity by alleviating the burden of suffering and responsibility to prevent patient non-compliance in consuming ARV (Anti-Retroviral). (Ministry of Health of the Republic of Indonesia, 2019)

The results of Umi Khofifah's research entitled analysis of client care actions with HIV / AIDS at Genteng Banyuwangi Regional Hospital in 2014, some informants explained that the treatment of patients in hospitals with HIV must be isolated, even if there are patients who are also infected, they are placed in one room, whereas if injections are used *hand sanitizer* Disposable. The study found that HIV-positive patients tended to be more protective and experienced fewer discriminatory practices and social isolation.

After peer support is provided to patients, knowledge and understanding of HIV/AIDS and its treatment are gained, so that patient non-compliance with treatment and follow-up rates can be controlled, as well as improving care and support for client recovery.

The results of a preliminary study at the VCT at Genteng Banyuwangi Regional Hospital in May 2023, according to the head of the VCT polyclinic at Genteng Regional Hospital, have so far been disclosing or releasing information on the test results of patients infected with the HIV virus to their families. In disclosing the test results, a counselor must disclose the patient's status with the permission of the patient concerned with written evidence. After obtaining permission from the patient, the status of releasing patient information to peer companions is then opened and at the same time introducing peer companions to their HIV

status, from the preliminary study we found that the content of peer companions is to motivate new patients so that there is no decline in the patient's condition due to receiving positive patient results, and provide full support to new and old patients for treatment compliance from the results of the preliminary study on May 10, 2023, researchers conducted supervision of companions or peers in 6 patients who were old patients who were not compliant with treatment, before the researchers made observations, the researchers found that respondents 1, 3 and 4 said that they had no complaints, respondent 2 said they often forgot to take their medication, respondents 5 and 6 said that their viral load test was no longer detectable, they assumed that the virus was dead or gone, and they said respondents 1 to 6 said they would comply with the treatment rules that would be carried out later for the sake of the patient's own recovery. With peer support, the number of people who pass follow-up can decrease and patients can accept their condition and their adherence to ARV drug treatment or therapy is good.

Based on the above problems, there is a need for peer support for new patients infected with the HIV virus so that they accept the illness they are suffering from and for old patients who are already on treatment so that they continue to comply with ARV therapy as well as for old patients who have stopped their treatment so that compliance with ARV drug therapy can be controlled. Based on the description above, the researcher is interested in conducting research on the Analysis of the Role of Peer Companions with the Level of ARV Therapy Compliance in PLWHA at the CST clinic, Banyuwangi Regency.

METHODS

This research uses a correlational research method with a descriptive approach. Cross-sectional, namely research that emphasizes the time of measurement/observation of independent and dependent variable data once at one time. The population used in this study was all 195 PLWHA patients receiving treatment at the CST clinic. The population was taken based on the average number of PLWHA patients who had undergone ARV treatment or therapy at the CST clinic, which was 349 people.

This research will look for the relationship between independent variables and dependent variables. dependent, which will investigate peer mentoring with the level of ARV therapy adherence in PLWHA in the CST clinic.

RESULTS AND DISCUSSION

Table 1 : Respondent Characteristics Based on Age
Distribution of respondents by age at the CST Polyclinic

Age	Frequency	%
17-25 Years	4	2.2
26-36 Years	41	22.0
36-45 Years	88	47.3
46-55 Years	42	22.6
56-65 Years	11	5.9
Total	186	100.0

Source: Primary data processed February 2024

Based on table 1 above, it is known that almost half of the respondents are aged 36-45 years, as many as 88 people (47.3%).

Table 2 : Distribution of respondents by gender at the CST Polyclinic

Gender	Frequency	%
Man	95	51.1
Woman	91	48.9
Total	186	100.0

Source: Primary data processed February 2024

Based on table 2 above, it is known that the majority of respondents were male, as many as 95 people (51.1%).

Table 3 : Distribution of respondents based on education at SCT Polyclinic

Education	Frequency	%
SD	31	16.7
JUNIOR HIGH SCHOOL	75	40.3
SENIOR HIGH SCHOOL	72	38.7
UNIVERSITY	8	4.3
Total	186	100.0

Source: Primary data processed February 2024

Based on table 3 above, it is known that almost half of the respondents had a junior high school education, as many as 75 people (40.3%).

Table 4 : Distribution of respondents based on occupation at CST Polyclinic

Work	Frequency	%
House wife	71	38.2
Private	91	48.9
Laborer	15	8.1
civil servant	4	2.2
Farmer	4	2.2
Fisherman	1	.5
Total	186	100.0

Source: Primary data processed February 2024

Based on table 4 above, it is known that almost half of the respondents have private jobs, as many as 91 people (48.9%).

Table 5: Distribution of respondents based on the duration of ARV treatment at the CST Polyclinic

Duration of ARV Treatment	Frequency	%
1-5 Years	61	32.8
6-10 Years	77	41.4
11-15 Years	45	24.2
16-20 Years	3	1.6
Total	186	100.0

Source: Primary data processed December 2023

Based on table 5 above, it is known that almost half of the respondents had a duration of ARV treatment of 6-10 years, namely 77 people (41.4%).

Table 6 : Distribution of peer roles for PLWHA in CST clinics

The Role of Peers	Frequency	%
No Support	13	7.0
Get Support	173	93.0
Total	186	100.0

Source: Primary data processed February 2024

Based on table 6 above, it is known that almost all respondents received peer support, amounting to 173 people (93.0%).

Table 7 : Distribution of ARV Therapy Adherence Levels in PLWHA in CST Clinics

ARV Therapy Adherence	Frequency	%
Not Compliant	17	9.1
Obey	169	90.9
Total	186	100.0

Source: Primary data processed February 2024

Based on table 7 above, it is known that almost all respondents are in the compliant category, namely 169 people (90.9%).

Table 8 : Cross-tabulation of the relationship between the role of peer companions and the level of adherence to ARV therapy in PLWHA at the CST clinic

Education	Compliance				Amount	
	Not Compliant		Obey		f	%
	f	%	f	%		
No Support	10	76.9	3	23.1	13	100
Get Support	7	4.0	166	96.0	173	100
Total	17	9.1	169	90.9	186	100

Test result Che Square p value 0.000

Source: Primary data processed February 2024

Based on table 10 above, it is known that of the 173 respondents who received support from peers, almost all respondents were in the category of adherence to ARV treatment, as many as 166 people (96.0%). From the results of the statistical test with Chi-square, a p-value of $0.000 < \alpha = 0.05$ was obtained, meaning that H_0 was accepted, namely there is a relationship between the role of peer support and the level of adherence to ARV therapy in PLWHA at the CST clinic in Banyuwangi Regency.

DISCUSSION

A. The Role of Peers for People with HIV/AIDS in the CST Polyclinic, Banyuwangi Regency

The results of the study showed that almost all respondents received peer support, as many as 173 people (93.0%).

The role of peer support is one factor that can influence adherence in people living with HIV/AIDS (PLWHA) in taking ARVs. Several factors influence adherence in people living with HIV/AIDS (PLWHA). One of these is the patient's relationship with their peer support group (PSC). Characteristics of this relationship include patient satisfaction with and trust in their fellow PLWHA members, their perception of peer support competition, communication involving the patient in the decision-making process, the affective tone of the relationship, and the appropriateness of the capabilities and capacity of the service provider. People who cooperate with care and treatment programs and actively participate in HIV/AIDS prevention and transmission (Maria et al., 2018).

Of the five questionnaire items completed by respondents, question 2 received the lowest score. People living with HIV/AIDS (PLWHA) felt they lacked close personal relationships with others. This was due to fear of negative stigma from others, especially from partners, negative labels or negative views, and discrimination such as being shunned by family and ostracized by their community. Consequently, they preferred to remain closed and not have close personal relationships with others.

Question number 4 also scored low, as PLWHA felt they had no one willing to offer advice and support when they were stressed. PLWHA felt they lacked support from their families and their communities. This was due to PLWHA not disclosing their HIV status to their families and the lack of information their families had, leading to negative responses that impacted their psychological well-being. Therefore, most PLWHA received support or *support system*. The biggest support from peer groups is because PLHIV feel that in this community there are no negative labels or stigmas regarding their HIV status.

Peer group support is effective in shaping positive behaviors and new values in individuals. Peer group support members have been shown to improve patients' morale and behavioral skills during the treatment process. Peer support approaches have not been

integrated into patient care in hospitals, so research is needed to develop peer group support models to improve ARV adherence, boost immunity, reduce OIs, and improve patient quality of life. Peer support is an intervention that has a positive effect on quality of life among those in clinical stages 3 and 4. The cost of this intervention is relatively low, and it is highly recommended that health systems continue to improve with peer support starting with antiretroviral therapy (ART) (Misutarno et al., 2022).

Peer Support Groups (PSGs) play a role in monitoring medication intake and evaluating, as well as caring for, people living with HIV/AIDS (PLWHA) when they are ill. They also bridge the need for VCT services. Peer Support Groups (PSGs) are needed to provide daily support to prevent people living with HIV/AIDS from experiencing physical or psychological distress, and to help prevent transmission to healthy individuals around them (Maria et al., 2018).

Based on the description above, the researcher's opinion is that several PLWHA after receiving the VCT results (*Voluntary Counseling and testing*) and tested positive, sometimes not receiving a positive VCT result, then they feel sad, cry, disappointed, and angry. They feel close to death, remain silent and limit household activities, do not socialize with their environment, and lose their appetite. Other problems experienced by those infected with HIV/AIDS include rejection from their husbands and discrimination from their mothers. In addition, PLWHA cannot work as hard as before being infected with HIV/AIDS and feel less confident in socializing with friends who are not HIV/AIDS sufferers, and are also afraid to have a life partner again. To avoid such things, PLWHA need to have the ability to open up and receive support from others. Having support from others makes PLWHA feel accepted, able to share experiences and receive the attention and happiness that HIV/AIDS sufferers need.

B. Level of ARV Therapy Compliance in PLWHA at the CST Polyclinic, Banyuwangi Regency

Almost all respondents (169 people) were in the adherent category. According to Mahboobe et al. (2020), adherence to treatment is one of the main challenges for patients with HIV/AIDS. If patients are not adherent, they will face recurring consequences, such as disease progression. IMB-based educational interventions that combine information, motivation, and behavioral skills improvement strategies can be effective in helping HIV-positive patients. The results of this study are in line with Azmii's research in Mahboobe et al. (2020) that information and motivation were identified as strong predictors of self-efficacy and appropriate behavior in adherence to ARV medication, while behavioral skills are less effective if not supported by motivation and information about ARV medication.

Human Immunodeficiency Virus HIV attacks the immune system and weakens the immune response to many infections and some cancers that people with healthy immune systems can fight. As the virus destroys and impairs the function of immune cells, infected individuals gradually lose their immunity. CD4 counts can indicate the body's immune function. Therapy *antiretroviral* is the primary method for preventing immune system

deterioration. Therapy for secondary/opportunistic infections/malignancies is given according to symptoms and associated diagnoses. In addition, prophylaxis for specific opportunistic infections is indicated in certain cases. Patient adherence to ARV medication is a crucial consideration before initiating treatment. Adherence or *adherence* defined as the extent to which a person takes medication as prescribed by a doctor and in accordance with medical recommendations, including time, dose and consistency and takes medication correctly in terms of the right dose, the right time and following recommendations. Information, motivation and behavioral skills or *Information- Motivation-Behavioral Skill* (LW-IMB-AAQ) is used to assess barriers to adherence to ARV therapy (Permata, 2020).

Based on the results of Dessy's research (2016), it was found that there was no influence of behavioral skills on adherence to taking ARV medication in HIV mothers at the UPIPI Polyclinic at Dr. Soetomo Hospital, Surabaya, with the results being insignificant and with a low influence. A small number of mothers with HIV have low behavioral skills regarding minimizing the side effects of ARV medication. The results of this study can indicate that some HIV mothers with moderate motivation levels do not have an influence and do not have a strong enough influence on the non-compliance of mothers in taking ARV medication. This can be caused by insufficient behavioral skills which include low confidence in being able to live like other people, and feelings of being different from those around them have an impact on the low level of adherence to taking ARV medication in mothers with HIV. Looking at the results of research that has been conducted at the UPIPI Polyclinic at Dr. Soetomo Hospital, Surabaya, on mothers with HIV, moderate behavioral skills do not have an influence on the non-compliance of mothers in taking ARV medication, so mothers with HIV need counseling regarding skills to obtain and manage ARV therapy themselves, to minimize side effects, this can help mothers with HIV to increase their level of adherence in taking ARV medication.

Based on the above description, the researcher's opinion is that adherence to ARV therapy is a crucial prerequisite for effective prevention or behavioral change. Information and motivation influence behavioral skills, which directly impact treatment adherence. Medication adherence in HIV/AIDS patients includes accuracy in the timing, amount, dosage, and method of taking their medications. Non-adherence to therapy will reduce the effectiveness of ARV medication and even increase viral resistance in the body.

By taking ARVs regularly, officers monitor patient progress with a test called Viral Load (VL), which is carried out 6 (six) months after treatment, 1 (one) year after treatment, and then annually. There are 2 viral load test results: detected (copied) and undetected. Detected means the virus is still visible, meaning the patient needs assessment and guidance on how to take the medication correctly, namely regarding the correct time and dosage that needs to be re-established. Then 12 months after treatment, check again if it is still detected and the number is still high, we conduct an assessment of the method and accuracy of taking ARVs. If it is correct, it means there is a suspicion of ARV treatment failure based on clinical and immunological criteria. The use of a limited strategy is considered cheaper than routine viral load testing, but has the potential for delays in changing the ARV regimen, which can lead to increased disease progression, HIV transmission, and ARV resistance. If the viral load is undetectable, it means the treatment has been successful. Compliance needs to be

maintained, as this could mean the virus is weakened or immobile. The risk of transmission to a sexual partner is 0.01%, or even non-infectious. However, blood-borne transmission is still possible. Therefore, healthcare workers are expected to motivate patients to comply with treatment to ensure their well-being.

C. The Relationship Between the Role of Peer Companions and the Level of Adherence to ARV Therapy in PLWHA at the CST Clinic, Banyuwangi Regency

Based on the research results, it was found that of the 173 respondents who received support from peers, almost all respondents were in the category of adherence to ARV treatment, as many as 166 people (96.0%). From the results of the statistical test with Chi-square, a p-value of $0.000 < \alpha = 0.05$ was obtained, meaning that H_0 was accepted, namely there was a relationship between the role of peer support and the level of adherence to ARV therapy in PLWHA at the CST clinic, Banyuwangi Regency.

According to Nursalam et al. (2021), behavioral factors have a significant impact on the treatment of people living with HIV. A good level of behavioral skills can be influenced by good knowledge about HIV, proper use of ARV drugs, and knowledge of side effects and drug reactions, contributing to increased adherence to ARV therapy in terms of behaviors to prevent side effects or minimize reactions, behaviors when taking medication according to the rules, and behaviors when receiving information and administering ARV therapy (Neupane et al. in Nursalam et al., 2021). Facilitating effective and continuous training will help improve behavioral skills for people living with HIV who are not yet optimal (Santillán Torres Torija et al. in Nursalam et al., 2021).

Peer support groups (PSGs) are peer support provided by PLWHA and People Living with HIV/AIDS (PLWHA) to PLWHA, especially for PLWHA who have just learned their HIV status. Peer support efforts include helping PLWHA overcome their problems, providing group and individual interventions. In social life, peer support for PLWHA can foster low or nonexistent self-confidence and improve relationships within their surroundings through interventions with both approaches. The success of an intervention is determined by the role of peer support that is carried out well at each stage of the intervention, which includes the intake, assessment, implementation, evaluation, and termination stages (Belgis, et al., 2018).

Based on the description above, the researcher's opinion is that peer group support provides motivation for PLWHA. PLWHA are accompanied from the process of obtaining ARV therapy, monitoring adherence to ARV therapy, to explaining the side effects of ART. Motivation is closely related to PLWHA's attitudes in behavioral skills related to ARV therapy adherence. The ability to objectively have behavioral skills is closely related to obtaining and managing ARV therapy, minimizing the perceived side effects of ARV therapy, as well as self-empowerment to remain adherent to ARV therapy, and receiving social support for ARV therapy adherence.

CONCLUSION

1. The role of peers in PLWHA at the CST clinic, Banyuwangi Regency, almost all respondents received peer support, as many as 173 people (93.0%).
2. The level of adherence to ARV therapy in PLWHA at the CST clinic, Banyuwangi Regency, almost all respondents were in the compliant category, amounting to 169 people (90.9%).
3. There is a relationship between the role of peer companions and the level of adherence to ARV therapy in PLWHA at the CST clinic, Banyuwangi Regency with a p value of 0.000.

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