

**HEALTH WORKERS' BEHAVIOR AND ATTITUDES:  
IMPACT ON ARV MEDICATION ADHERENCE****Idawati Manurung<sup>1\*</sup>, Yuliati Amperaningsih<sup>2</sup>, El Rahmayati<sup>3</sup>**<sup>1-3</sup>Politeknik Kesehatan Tanjung Karang

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**ABSTRACT**

Loss to follow-up in antiretroviral therapy (ART) is a frequent issue for people living with HIV (PLHIV), accelerating disease progression to AIDS and increasing HIV transmission rates. To address this, this study evaluated the influence of health workers' behavior and attitudes on ART adherence by examining PLHIV's perceptions of their conduct and perspectives during service delivery. A quantitative descriptive study employing questionnaires was conducted with a convenience sample of 42 people living with HIV (PLHIV) from a population of 200 individuals actively receiving antiretroviral therapy (ART) between April and June 2024. The study found that most participants were adult males diagnosed with HIV within the past two years and had a history of loss to follow-up. While participants generally reported positive perceptions of health workers' behavior and attitudes, and indicated high adherence to ART, statistical analysis showed no significant relationship between perceived health worker behavior and adherence. However, a significant relationship was found between positive perceptions of health worker attitudes and ART adherence. In conclusion, despite positive perceptions of health workers' behavior and attitudes among PLHIV in Bandar Lampung, ART adherence remains a concern, suggesting the need for targeted training in communication and counseling for health workers to enhance adherence potentially.

**Keywords:** HIV Patients, Behavior, Attitudes, Adherence.**BACKGROUND**

Human Immunodeficiency Virus (HIV) is a retrovirus that targets the body's immune system by attacking CD4<sup>+</sup> T cells. Without timely treatment, HIV infection can progress to Acquired Immune Deficiency Syndrome (AIDS), the late stage of the disease, increasing the risk of transmission within families and the broader community (Nopriadi, 2024). The impact of HIV extends beyond physical suffering, encompassing social stigma, isolation, and discrimination, which

can hinder employment opportunities. Furthermore, the development of AIDS places a significant burden on individuals, their families, society, and the healthcare system.

The number of People Living With HIV (PLHIV) continues to rise annually. Transmission, initially often associated with adult social networks, increasingly occurs within families, notably between married couples, leading to a significant number of HIV-positive pregnant



women (Budiastrawan, 2023) and subsequent mother-to-child transmission (Juniasa, 2023). According to data from the Indonesian Ministry of Health's HIV/AIDS Information System (SIHA), in 2023, 57,299 new HIV cases were identified out of 6,142,136 individuals tested. The highest percentage of these new cases (64%) was reported in the 25-49 age group, followed by the 20-24 age group (18.1%). Men accounted for 71% of new HIV diagnoses, while women comprised the remaining 29% (Setiawan, 2024). In 2024, approximately 27,000 new HIV infections were recorded nationwide, with adolescents and young adults accounting for nearly 50% of these new cases (Muharman, 2024). Within Lampung Province, specifically in Bandar Lampung, 10,093 People are Living With HIV/AIDS, with 1,323 currently receiving antiretroviral (ARV) treatment. In 2024 alone, 291 new cases were identified in the city, consisting of 249 men and 42 women (Pratama, 2024).

The increasing number of People Living With HIV (PLHIV) elevates the risk of infection for children and the wider community, necessitating a greater number of healthcare providers. This increased need extends beyond inpatient care to include the provision of medication during outpatient treatment. As HIV persists in the body, lifelong adherence to Antiretroviral (ARV) medication is crucial. Antiretroviral therapy (ART) is the cornerstone of successful HIV treatment. Consistent ART can suppress the viral load to undetectable levels, minimize the development of drug resistance, improve patients' quality of life and survival rates, enhance overall health, and significantly reduce the

risk of HIV transmission (Nopriadi, 2024).

Adherence to ARV medication, which involves consistent and correct medication intake (dosage, timing, and uninterrupted use), is paramount for successful HIV treatment. ARV medications are typically dispensed directly to patients by healthcare workers at health centers, fostering regular interaction during consultations, counseling, and health check-ups. These interactions are crucial; negative experiences, such as feeling neglected, annoyed, angered, or embarrassed, can deter patients from continuing their medication and follow-up care. Given that PLHIV often face societal stigma, discrimination, fear of disclosure, feelings of inferiority, and social isolation, the behavior and attitudes of healthcare workers become a critical factor in promoting medication adherence (Srikartika, 2019). Unfortunately, some PLHIV report experiencing discriminatory and unfriendly behavior, judgmental and disrespectful attitudes, as well as stigma and prejudice, from healthcare providers who may perceive them negatively. (Jacob et al., 2022; Mosende et al., 2023).

### Problems And Research Questions

The increasing prevalence of HIV/AIDS and the necessity of lifelong antiretroviral therapy place a significant burden on PLHIV. This burden is compounded by the social stigma, isolation, and discrimination they often face, potentially hindering their engagement with healthcare services and treatment adherence. Reports from the Kanti Sehati Sejati Foundation in Bandar Lampung (April 2024) indicate that attitudes exhibited by healthcare workers during service delivery may further exacerbate these challenges,



potentially leading to poor medication adherence and loss to follow-up, with serious consequences for individual health and public health.

This raises the central question: Do healthcare workers' behavior and attitudes contribute to medication discontinuation among PLHIVs in Bandar Lampung? The aim of this research, therefore, is to evaluate PLHIVs' perceptions of healthcare workers' behavior and attitudes in service provision and their relation to medication adherence to ARV.

## REFERENCES

Human Immunodeficiency Virus (HIV) is a virus that attacks the human immune system, specifically targeting T cells or CD4+ cells. HIV is primarily transmitted through sexual intercourse (both anal and vaginal), the sharing of contaminated injection needles, and blood transfusions (Prevention, 2022). Without prompt treatment, HIV infection progresses to the final stage, Acquired Immune Deficiency Syndrome (AIDS), a condition characterized by a severely compromised immune system unable to effectively combat opportunistic infections. As the virus cannot be completely eradicated from the body, lifelong antiretroviral (ARV) therapy is required. (HIV.GO, 2023).

Antiretroviral (ARV) medications work to strengthen the immune system and reduce the viral load by preventing HIV from multiplying. A sufficient concentration of ARVs in the bloodstream acts as a defense, inhibiting the virus from entering or penetrating target cells (CD4+ T cells). If ARV medications are not taken correctly or doses are missed, the concentration of the drug in the blood decreases, allowing the virus

to enter the cells and reach the cell nucleus. The activity of ARV drugs increases within a few hours of administration, effectively suppressing viral replication. However, the drug's activity declines after reaching its peak concentration in the blood. Therefore, strict adherence to the ARV dosing schedule is crucial for maintaining effective viral suppression. Common side effects associated with ARV drugs can include dizziness, headaches, nausea, vomiting, difficulty sleeping, fatigue, and potential damage to other organs.

Non-compliance with ARV therapy can lead to the development of drug resistance, necessitating a switch to more complex and expensive treatment regimens. In Indonesia, this often means transitioning from government-provided free first-line ARVs to third-line ARVs, which are either very expensive or not readily available. Several factors can contribute to non-compliance. Patient-related factors include boredom with the treatment regimen, lack of knowledge about the importance of adherence, a poor perception of their vulnerability to disease progression, depression and hopelessness, a feeling of being healthy, and fear of their HIV/AIDS status being disclosed (Rahmadani et al., 2018). Factors external to the patient include medication side effects and experiencing discrimination and stigma from the community, family, and, significantly, healthcare workers. (Jacob et al., 2022).

Healthcare workers, acting as counselors, play a pivotal role in maximizing the benefits of antiretroviral (ARV) therapy expansion. Their responsibilities include striving to reduce and ultimately eliminate new HIV infections and AIDS-related deaths,



eradicating discrimination against individuals affected by HIV/AIDS, enhancing the quality of life for PLHIV, mitigating the social and economic impact of HIV and AIDS on patients, their families, and the wider community, and ensuring the provision and continuous improvement of care, support, and treatment for PLHIV. Counselors are also tasked with providing HIV/AIDS counseling to both the community and patients, conducting adherence counseling for lifelong ARV treatment to prevent loss to follow-up, actively updating their knowledge, and maintaining accurate records (Sunardji, 2022). To effectively engage patients, healthcare providers must cultivate trust through non-judgmental approaches and employ positive motivational strategies in their care and support (Hafsah & Muhartini, 2023). While such supportive counselor behavior can significantly increase a patient's willingness to adhere to medication, negative experiences, particularly discrimination, can severely deter patients from seeking and continuing treatment within the healthcare system. (Riefkah, 2020).

Consistent adherence to antiretroviral therapy (ART) is fundamental for the successful management of HIV infection. Continuous ART can effectively suppress the viral load to undetectable levels, significantly reducing the risk of drug resistance, improving the patient's quality of life and survival, enhancing overall health, and minimizing the potential for HIV transmission within the community. Adherence to ART encompasses a comprehensive approach to treatment, including initiating HIV treatment promptly, attending all scheduled medical appointments, and taking prescribed HIV medications correctly (in terms

of medication type, dosage, timing, and without interruption). Several factors can influence a patient's adherence to ART, including their social circumstances, clinical status, the specific medications prescribed, and, critically, their relationship with the healthcare provider or health worker. Behavior is an individual's response to a stimulus or action, characterized by observable frequency, duration, and purpose, occurring either consciously or unconsciously. According to Lawrence Green's PRECEDE-PROCEED model, factors influencing health-related behaviors, such as drug-taking, can be categorized into three main groups: predisposing factors, reinforcing factors, and enabling factors. (Hafsah & Muhartini, 2023; Sampurno, 2022).

Predisposing factors are those that influence an individual's or group's motivation to engage in specific behaviors (Martina Pakpahan, 2021). Therefore, the behavior of adhering to medication is influenced by the patient's motivation, which is shaped by their perceptions of healthcare workers' attitudes during service delivery. This motivation is also based on the healthcare workers' knowledge regarding HIV/AIDS, the management of its treatment, and relevant regulations and guidelines. Attitude refers to an individual's internal response or reaction to an object or stimulus. Stigma and discrimination directed towards PLHIV can manifest in healthcare workers through cynical attitudes, excessive fear, and negative perceptions, ultimately impacting and diminishing the quality of life for PLHIV. Healthcare worker attitudes can be categorized along a spectrum, starting from acceptance (demonstrated by a friendly approach, non-discriminatory behavior, and attentiveness to the



patient's condition), progressing to responsiveness (providing non-judgmental answers and addressing patient needs), appreciation (collaborating on or discussing issues by involving the patient), and culminating in responsibility (completing tasks and providing services according to established standards). In conclusion, positive behavior and attitudes from healthcare workers foster greater trust among PLHIV, encourage self-acceptance, enhance motivation for recovery, and promote better medication adherence. Consequently, this can slow the progression towards AIDS and improve the overall quality of life for PLHIV.

The second factor, reinforcing factors, are consequences of actions that determine whether the perpetrator receives positive feedback and social support. These factors often involve positive reinforcement and social support. It is a factor that strengthens the occurrence of a certain behavior. These factors often involve positive reinforcement and social support. Examples of reinforcing factors include supportive opinions, social support networks, positive peer influence, constructive feedback from peers or the environment, and encouraging suggestions and feedback from healthcare workers. Ideally, patients are motivated to continue their medication regimen when they experience positive treatment from healthcare providers and receive ongoing support for their adherence. The behaviors and attitudes that PLWHA value in their interactions with healthcare workers include trust in the provider, motivational skills aligned with ethical principles and respect for their human rights, empathy, friendliness, respect, and a genuine willingness to help. Conversely,

negative behaviors and attitudes from healthcare workers, such as discrimination, expressions of fear, stigma, and prejudice, can undermine adherence. (Jacob et al., 2022; Mosende et al., 2023).

Enabling factors are those that facilitate a particular behavior or enable the realization of motivation. In the context of medication adherence, these factors include the availability of adequate clinical facilities and infrastructure, the provision of privacy, a pleasant and healthy physical environment, and a consistent supply of medication. Improvements in these three areas are likely to positively influence patients' medication-taking behavior.

### **Research Methodology**

The research was conducted between April and June 2024. The initial phase involved a socialization meeting and obtaining research permits from the Kanti Sehati Sejati Foundation, an organization in Bandar Lampung dedicated to supporting PLHIV to facilitate access to this protected population. Following permission, a private meeting was organized for PLHIV members, incorporating motivational talks and group therapy alongside the distribution of questionnaires. Before data collection, the questionnaire was pilot-tested on 30 PLHIV patients receiving treatment at a local Health Center.

This study employed a quantitative, descriptive, and cross-sectional design (Hastono, 2019). The target population comprised all 200 PLHIV patients actively taking ARV therapy and registered as members of the Kanti Sehati Sejati Foundation in Bandar Lampung. A convenience sampling method (accidental sampling) was utilized to recruit 42 participants (Pujiati,



2024). The independent variables were the PLHIV's perceptions of healthcare workers' behavior and attitudes during service encounters at health facilities, such as routine check-ups, health assessments, or medication pick-up. These perceptions encompassed predisposing, enabling, and reinforcing factors. The dependent variable was medication adherence, specifically the adherence of PLHIV to their ART regimen. Univariate analysis was performed to describe the characteristics of the PLHIV sample (age, gender, duration of illness, and history of loss to follow-up medication), their perceptions of healthcare workers' attitudes and behavior, and the level of medication adherence. Bivariate analysis, using the Chi-Square test, was conducted to examine the relationship between the perception variables (behavior and attitudes) and medication adherence.

## RESEARCH RESULT

The respondent characteristics data, presented in Table 1, revealed that the majority of participants were male (26, 61.9%), adults (36, 85.7%), had been living with HIV/AIDS for less than 2 years (25, 59.5%), and had experienced loss to follow-up in antiretroviral therapy (35, 83.3%). Table 2 provides an overview of the respondents' perceptions of healthcare worker behavior and attitudes, as well as their adherence to ARV therapy. The data indicate that most of the respondents perceived healthcare worker behavior as good (20, 47.6%) and healthcare worker attitudes as good (21, 50.0%). Slightly more than half of the respondents demonstrated high adherence compliance with their ARV medication regimen (22, 52.4%).

**Tabel 1. Respondent Characteristics**

Characteristics	Frekuensi	
	n	%
Gender		
Female	16	38.1
Male	26	61.9
Age		
Adolecence (10-18 years)	6	14.3
Adult (19-60 years)	36	85.7
Duration of sickness		
Less than 2 years	25	59.5
More than 2 years	17	40.5
History of loss to follow-up		
Never	7	16.7
Ever	35	83.3



**Tabel 2. Distribution Of Respondents Based On Behavior, Attitude, and Adherence Variables**

Variabel	n	%
Health Workers Behavior		
Positive Behavior		
Negative Behavior	20	47.6
	22	52.4
Health Workers Attitudes		
Positive Attitudes		
Negative Attitudes	21	50.0
	21	50.0
ARV Medication Adherence		
High Adherence		
Low Adherence	20	47.6
	22	52.4

**Table 3. Relation Health Workers' Behavior With ARV Medication Adherence**

Health Workers Behavior	Medication Adherence				Total		p value
	Low		High				
	Adherence		Adherence				
	n	%	n	%	n	%	0.88
Positive Behavior	8	40.0	12	60	20	40.0	
Negative Behavior	12	54.5	10	45.5	22	60.0	
Total	20	47.6	22	52.4	42	100	

**Table 4. Relation Health Workers' Attitudes With ARV Medication Adherence**

Health Workers Attitudes	Medication Adherence				Total		OR (95% CI)	p value
	Low		High					
	Adherence		Adherence					
	n	%	n	%	n	%		0,01
Positive Attitudes	6	28,6	15	71,4	21	50	0,20 (0,05-0,74)	
Negative Attitudes	14	66,7	7	33,3	21	50		
Total	20	47,6	22	52,4	42	100		

Table 3 shows the results of the analysis of the relationship between the behavior of health workers and patient adherence in taking ARVs. The results showed that out of 20 health workers with positive behavior, there were 8 (40.0%) who experienced low adherence. Out of 22 health workers whose behavior was negative, 12

people (54.4%) experienced low adherence. More patients had low adherence in patients who considered the behavior of health workers to be negative, when compared to respondents who considered the behavior of health workers to be positive. The results of the statistical test obtained a value of  $p = 0.88$ , so it can be concluded



that there is no significant relationship between positive health workers' behavior and adherence to taking medication.

Table 4 presents the results of the analysis examining the relationship between healthcare worker attitudes and medication adherence among PLHIV. The analysis revealed that among the 21 patients who perceived health workers' attitudes as positive, 15 (71.4%) demonstrated high medication adherence. In contrast, of the 21 patients who perceived health workers' attitudes as negative, only 7 (33.3%) exhibited high medication adherence. This indicates that patients who perceived healthcare worker attitudes as positive were more likely to adhere to their medication compared to those who perceived attitudes as negative.

The Chi-square test demonstrated a statistically significant relationship between health workers' attitudes and medication adherence ( $p = 0.01$ ). This finding suggests that the observed association between these two variables is unlikely to have occurred by chance and reflects a genuine relationship within the study population.

## DISCUSSION

Once someone is diagnosed with HIV, it is important to see a doctor right away to discuss treatment options to help them live a long and healthy life. HIV medications also reduce the risk of transmission. Because HIV requires lifelong treatment, people with HIV need to see their healthcare provider regularly. Health care providers monitor people with HIV regularly to make sure their treatment program is working effectively.

Furthermore, the odds ratio (OR) of 0.20 indicates the strength and direction of this relationship. An OR of less than 1 suggests a protective effect. In this case, it means that patients who perceive health workers' attitudes as positive are *less likely* to have low adherence. Conversely, we can say that patients who perceive health workers' attitudes as negative are more likely to have low adherence. The OR of 0.20 means that those with good health worker attitudes are 0.2 times less likely to have low adherence, or those with negative workers' attitudes are  $1/0.2 = 5$  times more likely to have low adherence, compared to those with positive workers' attitudes.

The results presented in Table 4 strongly suggest that positive healthcare worker attitudes are significantly associated with improved medication adherence among PLHIV. This highlights the critical importance of fostering positive and supportive interactions between healthcare workers and patients to optimize treatment outcomes and minimize the risk of treatment interruptions.

The study reveals that most male respondents, with histories of drug use or homosexuality, independently engaged in illicit activities and became PLHIV. Women in the study acquired HIV through prior sex work or their partners. Child respondents participate in educational activities and group therapy, which are distinct from adult activities. These participating children are also living with HIV, having been infected by their parents. Children who were present



with their parents also benefited from group therapy activities designed to bolster self-esteem and improve medication adherence.

Adolescent participants contracted HIV from their mothers and had been on consistent medication since childhood, becoming PLHIV. Most adult respondents were long-term PLHIV, fully aware of and compliant with their medication and check-ups, and had no history of loss to follow-up in antiretroviral therapy. Despite this, data showed that many respondents admitted to stopping medication for an extended period.

Consistent with community data (Setiawan, 2024), this study reveals that the highest proportion of AIDS cases occurs in the 30-39 year age range (31.3%), with the 20-29 year group closely following (31.0%) and the 40-49 year group accounting for 15.2%. The data also indicate a higher prevalence of AIDS among men (62%) compared to women (32%), with 6% of cases lacking gender information. In terms of occupation, non-professional workers, specifically employees (26,298) and housewives (21,454), constitute the largest number of individuals with AIDS.

Regarding the attitude of health workers, the majority of respondents perceived it as positive. This indicates that health workers generally did not differentiate in their treatment of patients with non-PLHIV and refrained from displays of disgust or judgment. Similarly, respondents rated health workers' behavior favorably, noting their willingness to help, friendliness, lack of excessive self-protection, respect for patient rights, confidentiality, ethical counseling skills, and regard for the human rights of HIV patients. For adherence, the results revealed a higher prevalence of high adherence compared to low

adherence, suggesting strong adherence among respondents to medication regimens, check-ups, and consultations. Overall, respondents viewed the attitudes and behaviors of health workers positively, believing that health workers provided genuine care and support, fostering positive motivation (Hafsah & Muhartini, 2023). This supportive counselor behavior is linked to increased medication adherence (Riefkah, 2020).

Bivariate analysis demonstrated that the attitudes and behavior of HIV service health workers impacted respondents' adherence. The prevalence of high adherence was higher among respondents who rated health workers' attitudes and behavior positively, while low adherence was more common when these perceptions were negative. Interestingly, only health workers' attitudes showed a significant relation with medication adherence. Despite the seemingly small numerical differences between high and low levels of both attitude and behavior, a considerable number of patients reported experiencing discriminatory attitudes from health workers (differential treatment of PLHIV, expressions of disgust, and judgment). Similarly, many respondents expressed a lack of trust in the helpfulness and friendliness of officers, perceived excessive self-protective behavior, felt that their rights (such as discussing partner problems) were not respected, worried about confidentiality breaches, and perceived a lack of adequate counseling skills and respect for their human rights. Furthermore, officer behavior did not show a significant correlation with medication adherence.

The critical importance of antiretroviral therapy (ARV)



adherence cannot be overstated, as it is fundamental to successful HIV treatment and transmission prevention. Consistent ARV use leads to viral suppression to undetectable levels, reduces the development of drug resistance, improves quality of life and survival rates, enhances overall health, and diminishes the risk of HIV transmission. The partial adherence noted among these respondents likely stems from either external factors, such as health workers' behavior, or internal factors, including boredom, insufficient knowledge, low perceived vulnerability, depression and hopelessness, feeling well, or fear of revealing their HIV/AIDS status (Rahmadani et al., 2018). Furthermore, interviews indicated that a significant number of respondents experienced initial non-compliance following their diagnosis, navigating a grieving process characterized by shock, denial, anger, bargaining, sadness, and finally, acceptance. The critical importance of antiretroviral therapy (ARV) adherence cannot be overstated, as it is fundamental to successful HIV treatment and transmission prevention. Consistent ARV use leads to viral suppression to undetectable levels, reduces the development of drug resistance, improves quality of life and survival rates, enhances overall health, and diminishes the risk of HIV transmission. The partial adherence noted among these respondents likely stems from either external factors, such as health workers' behavior, or internal factors, including boredom, insufficient knowledge, low perceived vulnerability, depression and hopelessness, feeling well, or fear of revealing their HIV/AIDS status (Rahmadani et al., 2018).

According to respondent interviews, the initial reaction to an

HIV diagnosis often involved non-compliance as individuals went through stages of grief: shock, denial, anger, bargaining, sadness, and finally, acceptance. A significant number of respondents entered a denial phase, their inability to accept their PLHIV status leading to medication refusal (Ristriyani et al., 2018).

In children with a history of medication since childhood, non-compliance during their teenage years could stem from anger over maternal transmission or boredom with the ongoing treatment. The implementation of group therapy, aimed at fostering motivation through collective engagement, proved popular among most participants who appreciated the chance to share experiences and emotions, learn from each other, and receive input. This approach provided a beneficial variation from traditional seminars and discussions. Children who were present with their parents also benefited from group therapy activities designed to bolster self-esteem and improve medication adherence.

Support during the initial diagnosis is particularly important due to the high intensity of the grieving process, which can result in denial and rejection of medication. Likewise, guidance is essential during adolescence for those who have been on medication since childhood, as they grapple with their identity and may feel sadness about being a person living with HIV (PLHIV) (Mahathir & Kom, 2023).

Consistent adherence to antiretroviral (ARV) therapy is paramount for the successful management of HIV infection. Continuous ARV treatment can suppress the viral load to undetectable levels, significantly reducing the risk of drug resistance, improving the quality of life and



survival rates of PLHIV, enhancing their overall health, and eliminating the risk of HIV transmission to HIV-negative partners through sexual contact (HIV.GO, 2023). Adherence to ARV therapy involves the correct and timely use of prescribed medications and dosages without any interruptions. A patient's ability to adhere to their ARV regimen is influenced by a range of factors, including their social circumstances, clinical condition, the specific drugs they are taking, and, importantly, their relationship with healthcare providers or health workers in Bandar Lampung. Achieving and maintaining an undetectable viral load through consistent medication intake allows PLHIV to live longer, healthier, and fulfilling lives while also preventing onward transmission of the virus. Behavior, in this context, refers to an individual's activity or response to a stimulus, influenced by numerous factors and characterized by observable frequency, duration, and purpose, whether conscious or unconscious.

## CONCLUSION

In conclusion, while PLHIV in this study generally perceived the attitudes and behavior of healthcare workers in Bandar Lampung as positive, the fact that this perception did not exceed 75% suggests underlying issues contributing to the observed low rate of medication adherence. This indicates that patients, despite taking their medication, may still be hesitant to fully engage with healthcare providers, potentially due to feeling treated differently, judged, or having their rights as patients, such as confidentiality and informed consent regarding data sharing, not consistently respected. If these negative experiences persist, the likelihood of medication

discontinuation will increase, accelerating disease progression to AIDS and elevating the risk of HIV transmission within the Bandar Lampung community.

Based on these findings, it is crucial to implement targeted programs aimed at enhancing the communication and counseling skills of healthcare workers. These programs should include both individual and group counseling training to provide comprehensive mental and emotional support to PLHIV. Facilitating regular group meetings can foster the development of peer support networks among PLHIV, encouraging them to view health centers not just as places to obtain medication but as centers for holistic care and mutual support (Vancampfort et al., 2021). Health centers could integrate group counseling sessions into routine patient care, recognizing the effectiveness and efficiency of group therapy in promoting positive changes in behavior, emotions, and social interactions (Manurung et al., 2020). The data from this study can serve as a valuable resource for developing further research initiatives and informing coaching programs for Health Centers.

## BIBLIOGRAPHY

- Budiastrawan, I. P. (2023). *15 Kasus Hiv/Aids Di Jembrana Dalam 3 Bulan, 1 Ibu Hamil Baca Artikel Detikbali*, "15 Kasus Hiv/Aids Di Jembrana Dalam 3 Bulan, 1 Ibu Hamil" *Selengkapnya* <https://www.detik.com/bali/berita/d-6650374/15-kasus-hiv-aids-di-jembrana-dalam-3-bulan-1-ibu-hamil>.  
<https://apps.detik.com/detik/>.  
<https://www.detik.com/bali/berita/d-6650374/15-kasus->



- Hiv-aids-Di-Jembrana-Dalam-3-Bulan-1-Ibu-Hamil  
Hafsah, H., & Muhartini, A. (2023). Pengaruh Faktor Predisposing, Enabling, Reinforcing Orang Dengan Hiv Aids Terhadap Pemanfaatan Vct Di Kabupaten Bulukumba Tahun 2021. *Jurnal Kesehatan Dan Kedokteran*, 2(1), 60-64.
- Hastono, S. P. (2019). *Analisis Data Pada Bidang Kesehatan*.
- Hiv.Go. (2023). *What Is Hiv?* Hiv.Go. [Www.Hiv.Gov/Hiv-Basics/Overview/About-Hiv-And-Aids/What-Are-Hiv-And-Aids/](http://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids/)
- Jacob, E. A., Osime, E. O., Kolawole, F., & Titilayo, O. E. (2022). Attitudes And Behaviors Of Healthcare Professionals Toward Hiv Positive Patients In A Tertiary Hospital. *Biomedical Research And Clinical Reviews*, 6(3).
- Juniasa, I. W. S. (2023). *38 Anak Balita Di Karangasem Terjangkit Hiv-Aids*. <https://apps.detik.com/detik/>.  
<https://www.menitinfo.com/2020/04/cara-download-film-dari-indoxxi.html>
- Mahathir, N., & Kom, M. K. S. K. (2023). *Dukungan Perawat Dan Pemberdayaan Kader Pendamping Pasien Hiv*. Cv. Mitra Edukasi Negeri.
- Manurung, I., Amperaningsih, Y., & Kohir, D. S. (2020). Terapi Kelompok Peningkatan Kemampuan Interaksi Sosial Pada Warga Binaan Lembaga Perasyarakatan Di Bandar Lampung. *Sakai Sambayan Jurnal Pengabdian Kepada Masyarakat*, 4(3), 168-172.
- Martina Pakpahan, D. (2021). *Promosi Kesehatan & Perilaku kesehatan*. <https://repository.uin-alauddin.ac.id/19791/1/2021>
- \_Book Chapter\_Promosi Kesehatan Dan Perilaku Kesehatan.Pdf
- Mosende, A. G., Lacambra, C. B., & De Los Santos, J. A. (2023). Knowledge, Attitudes, And Behaviors Toward Hiv/Aids Among Health Care Workers In Urban Cities In Leyte, Philippines. *The Malaysian Journal Of Nursing (Mjn)*, 14(3), 185-193.
- Muharman, A. (2024). *Lewat Gerakan "It's Our Time", Kemenkes Ajak Generasi Muda Peduli Hiv/Aids*. Sehatnegeriku. <https://sehatnegeriku.kemkes.go.id/baca/umum/20241215/2847067/lewat-gerakan-its-our-time-kemenkes-ajak-generasi-muda-peduli-hiv-aids/>
- Nopriadi. (2024). *Pencegahan Hiv Dan Aids*. <http://scholar.unand.ac.id/466085/3/e-book-pencegahan-hiv-dan-aids.pdf>
- Pratama, L. (2024). *Hiv Di Lampung Hanya Terdeteksi 65 Persen*. Netizenku.Com. <https://netizenku.com/hiv-di-lampung-hanya-terdeteksi-65-persen/>
- Prevention, C. For D. C. And.. (2022). *About Hiv?* Centers For Disease Control And Prevention. <https://www.cdc.gov/hiv/basics/whatishiv.html>
- Pujiati. (2024). *Teknik Accidental Sampling Dan Penerapannya Dalam Penelitian*. Eepublish. <https://penerbitdeepublish.com/accidental-sampling/>
- Rahmadani, W. F., Purwoatmodjo, G., & Kusumaningrum, T. A. I. (2018). *Faktor-Faktor Yang Mempengaruhi Kepatuhan Berobat Pasien Hiv/Aids Dalam Menjalani Terapi Antiretroviral Di Puskesmas*



- Manahan Surakarta.
- Riefkah, F. A. (2020). *Collaborative Governance Dalam Penanggulangan Hiv/Aids Di Kota Banda Aceh*. Uin Ar-Raniry Banda Aceh.
- Ristriyani, R., Rachmawati, I. N., & Afiyanti, Y. (2018). Berduka Pada Perempuan Hiv Positif. *Jurnal Keperawatan Indonesia*, 21(1), 1-8.
- Sampurno, S. I. (2022). *Hubungan Pengetahuan Dan Sikap Tenaga Medis Terhadap Penggunaan Alat Pelindung Diri Pada Penanganan Covid-19 Di RSUD H. Abdul Aziz Marabahan*. Universitas Islam Kalimantan Mab.
- Setiawan, A. (2024). *Hari Aids Sedunia 2024: Hak Setara Untuk Semua*. Indonesia.Go.Id. <https://Indonesia.Go.Id/Kategori/Editorial/8833/Hari-Aids-Sedunia-2024-Hak-Setara-Untuk-Semua?Lang=1>
- Srikartika, V. M. (2019). Faktor-Faktor Yang Mempengaruhi Kepatuhan Pasien Hiv/Aids Rawat Jalan Dalam Pengobatan Terapi Antiretroviral (Art) Di Rumah Sakit Dr. H. Moch. Ansari Saleh Banjarmasin. *Faktor-Faktor Yang Mempengaruhi Kepatuhan Pasien Hiv/Aids Rawat Jalan Dalam Pengobatan Terapi Antiretroviral (Art) Di Rumah Sakit Dr. H. Moch. Ansari Saleh Banjarmasin*, 6(01), 97-105.
- Sunardji, E. R. (2022). *Peranan Konselor Dalam Penanggulangan Hiv Aids Pada Anak*. Kem.Kes.Go.Id. [https://Yankes.Kemkes.Go.Id/View\\_Artikel/298/Peranan-Konselor-Dalam-Penanggulangan-Hiv-Aids-Anak](https://Yankes.Kemkes.Go.Id/View_Artikel/298/Peranan-Konselor-Dalam-Penanggulangan-Hiv-Aids-Anak)
- Vancampfort, D., Byansi, P. K., Namutebi, H., Kinyanda, E., Bbosa, R. S., Ward, P. B., Lukwata, H., & Mugisha, J. (2021). The Efficacy Of A Lay Health Worker-Led Physical Activity Counselling Program In Patients With Hiv And Mental Health Problems: A Real-World Intervention From Uganda. *Aids Care*, 33(9), 1189-1195.