

## Policy Analysis and Interventions for HIV AIDS Programs Related to Factors Causing Failed Antiretroviral Treatment in PLWHA at Assolokobal Health Center Jayawijaya Regency

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### ABSTRACT

This study aims to analyze the policies and interventions of the HIV AIDS program related to the factors causing the failure of antiretroviral treatment in people living with HIV at the Assolokobal Public Health Center, Jayawijaya Regency. This research was conducted in the Assolokobal Community Health Center, Jayawijaya Regency. This type of research is a qualitative research using in-depth interview techniques, observation and document review. There were 7 informants involved in this study. The results of the study show that stigma and culture influence the factors causing ARV failure in PLWHA at the Assolokobal Health Center, knowledge is the cause of ARV failure in PLWHA at the Assolokobal Health Center, Attitudes and Perceptions of PLWHA greatly determine the decision to return for ARV therapy in this study the attitudes and perceptions of PLWHA are still low. In terms of decision making for ARV Return, family and environmental support for PLWHA is quite good, there is a good relationship in terms of communication between officers and PLWHA as well as the availability of adequate facilities at the Assolokobal Health Center, and also the Confidentiality of PLWHA on ARV is strongly influenced by the causal factors of PLWHA themselves and from outside that influence their decision to seek treatment again or to drop out, in other words, ARV failure. Suggestions for this research are that it is hoped that there will be a tiered and continuous provision of information in terms of ARV therapy to PLWHA at the beginning of the visit by the counselor, in this case health workers.

**Keywords:** Policy, Intervention, HIV/AIDS, Antiretroviral

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### INTRODUCTION

HIV or human immunodeficiency virus, a type of virus that attacks white blood cells, causes a decrease in the human body's immunity. AIDS or Acquired immunodeficiency syndrome is a collection of symptoms of disease that arise due to decreased immunity caused by infection with HIV, due to decreased immunity, the person is very susceptible to various diseases (opportunistic infections) which are often fatal (Ministry of Health, 2013).

Based on data from UNAIDS, there were 36.9 million people from various countries living with HIV and AIDS in 2017. Of the total sufferers, 1.8 million of them are children under 15 years of age. The rest are adults, a total of 35.1 million sufferers. Still sourced from these data, people with HIV / AIDS suffered more by women, namely as many as 18.2 million sufferers. While men as many as 16.9 million sufferers. Indonesia is one of the countries included in the Asia Pacific Region. This area is ranked third as the area with the most HIV/AIDS sufferers in the world with a total of 5.2 million people (Ayu, 2018).

Papua is a region that has entered the first generalized epidemic (generalized epidemic) of HIV/AIDS in Indonesia. This condition means that the spread of HIV/AIDS in Papua has spread to the general public and the HIV/AIDS rate in the general population has reached above 1%. The case of HIV/AIDS in Papua was first discovered in 1992. Since that year, cases of HIV/AIDS in various districts and cities throughout Papua have increased significantly. The case of HIV/AIDS in Papua is like an "iceberg" this describes that HIV/AIDS on the surface is so invisible, but inside it spreads very rapidly (Syafrizal, 2012).

Papua is the province with the third highest number of HIV/AIDS cases in Indonesia after West Java, East Java, although several years earlier it had the second highest level nationally. Meanwhile, the cumulative number of AIDS cases per 100,000 population nationally is 8.92. Papua Province is the province with the highest national average of 135.44, nationally is 135.44, this number means 15 times the national figure, while Bali Province is in second position with a rate of 48.55. The data is a summary of cumulative HIV/AIDS quarterly data in March 2016, published by the Directorate General of PPM and PL of the Ministry of Health (Depkes, 2016).

Several previous research results on the number and cases of HIV AIDS in Papua show a fairly large number of sufferers, both male and female, one of the studies conducted by Haryono, 2018 showed that about 36% of half the population at the provincial level had undergone a test and was declared positive. HIV AIDS.

The Jayawijaya Regency Health Office in carrying out its duties oversees 26 Puskesmas (13 Puskesmas have been registered with the Ministry of Health and 13 Puskesmas have not been registered with the Ministry of Health). In organizational structure, the division in charge of HIV/AIDS prevention efforts is the Communicable Disease Eradication Division and the TB/HIV Control Sub-sector. All health centers provided HIV AIDS services, totaling 5,293 cases in 2017 with the highest number of cases occurring in the Wamena City Health Center Work Area, which amounted to 1,682 cases and followed by the Hom Hom Health Center and the Elekma Health Center in the second and third positions. Wamena Hospital and Kalvari Clinic as referral centers for patients with HIV/AIDS (Pariaribo, 2015)

People living with HIV who receive ARV therapy are prone to loss to follow-up because this has a close relationship with non-compliance with PLWHA in taking ARVs. PLWHA who lose to follow-up will have an effect, both clinical effects and ARV therapy programs. At the clinical level, the continuation of ARV therapy for PLWHA who lost to follow-up will not be evaluated. PLWHA who stop following therapy will be at greater risk of death (Manowati, 2017). Factors causing failure in antiretroviral treatment in people with HIV are influenced by

various factors, such as patient characteristics, level of knowledge, patient perceptions, attitudes, stigma and local culture, affordability of VCT clinics or puskesmas, and family support in undergoing treatment (Pariaribo, 2015). Failure to seek treatment for PLWHA is a big problem that will be part of the failure to reduce the number of HIV-AIDS patients, including in Papua, several cases that occur in the failure of antiretroviral treatment in Papua make the spike in cases more and more from time to time with a transmission system that is difficult to control and motivation For re-treatment that no longer exists, data shows that as many as 52.6% in 2016 failed to take antiretroviral treatment again, causing a spike in the number of cases in several areas (Papua, 2017).

Stigma and discrimination experienced by PLWHA is not a static situation because it is a social process. Social processes occur in a society that still holds strong cultural and religious norms so that it always blames people infected with HIV/AIDS as people who have deviant behavior (Rahakbauw, 2016) about family support for the survival of PLWHA as another factor is, family support and the living environment of PLWHA, the family is the smallest unit in society here defined as consisting of father, mother, children, aunts, uncles, nephews, grandfathers, grandmothers and even adopted children.

The culture that exists in the community in Papua regarding PLWHA is very complex, one of which is of concern is the existence of a small number of beliefs and rules in certain groups not to have sex with partners after giving birth at the specified time this can certainly result in conditions for sexual behavior free and can lead to an increase in the number of people with HIV.

The family is an environment where a person experiences a process of socialization in his personal growth and development. This is where the function of the family is in control for a child to show his existence and actualize himself in society. The function and pattern of kinship that is always formed in the relationship between family members has a very strong influence on its members, both psychologically and physically. In addition to the family, the living environment is the second community owned by PLWHA in carrying out daily activities, the moral support from the surrounding environment is very helpful for healing through treatment, on the other hand if the environment views negatively and isolates PLWHA it can have an effect and may fail in carrying out the process. treatment and ARV therapy.

Improving the quality and life expectancy of people living with HIV/AIDS requires various efforts from the government and the community, especially families and the environment. In addition, the Government in this case the Ministry of Health and related agencies, as stakeholders, has a very important role in relation to the provision of medicines and the provision of services. PLHA health. Likewise, in policies to allocate funds to prevent the spread of the HIV virus and provide free drugs to sufferers. In addition, the community as a social control unit has a major influence on the social interactions of PLWHA (Rahakbauw, 2016)

And one of the Puskesmas in Jayawijaya Regency, which serves the provision of antiretroviral treatment is the Assolokobal Health Center where there are 66 people living with

HIV, who have taken ARV as many as 33 people who are on ARV as many as 18 people and who have not continued treatment again 15 patients.

By looking at the numbers and numbers and cases that occur in the background by several factors causing the failure of ARV therapy in HIV AIDS patients in Jayawijaya, the author feels the need to describe and explain the phenomenon qualitatively in the form of an analysis of policies and interventions in the HIV AIDS program related to the causal factors. failure of antiretroviral treatment in people living with HIV.

Based on the data and description above, the authors are interested in researching the Analysis of Policies and Interventions in the HIV AIDS program related to the factors causing the failure of antiretroviral treatment in PLWHA at the Assolokobal Public Health Center, Jayawijaya Regency.

## **METHODS**

### ***Research Design***

This research was conducted in the Assolokobal Community Health Center, Jayawijaya Regency. This location became the research site because the number of PLWHA patients was quite large and currently on ARV treatment. This research was conducted in 2020.

### ***Research Informants***

Informants in this study were existing PLWHA patients who were doing ARV therapy, PLWHA patients who did not return to do ARVs for certain reasons, but became patients from the Assolokobal Health Center, Health Workers in this case officers at the Assolokobal Health Center (Counselors), Community leaders or a traditional leader (Chairman) in Assolokobal or a tribal head in the patient's neighborhood, the Head of the Jayawijaya Regency Service, the Regent or Deputy Regent of the Jayawijaya Regency.

### ***Method of collecting data***

The method used in this research is an in-depth interview guided by the interview instrument that has been prepared and assisted by tape recorder equipment, and also examines documents sourced from the Assolokobal Health Center and the Jayawijaya Health Office.

### ***Data analysis***

The data analysis of this research used content analysis, which used answers based on the facts and obtained categorization of the results found in the field and compared with existing theories.

## **RESULTS**

This study is a qualitative research using the snowball sampling method to analyze the policies and interventions of the ADIS HIV program related to the factors causing the failure of ARV treatment in PLWHA at the Assolokobal Public Health Center, Jayawijaya Regency in 2020.

In this study, researchers used in-depth interviews, field observations and document review. There were 7 informants involved in this study. The selection of informants is based on their credibility on the things that become variables in this research process. Where the

informants are 2 PLWHA patients who are on ARV at the Puskesmas, 2 PLWHA patients who do not return to ARVs at the Puskesmas, 1 health worker, namely as a counselor at the Puskesmas, 1 traditional figure, 1 from the Jayawijaya Regency Health Office.

### **Stigma and Culture**

The results of interviews with informants in this study, which involved 4 of PLWHA patients with ARVs and failed ARVs regarding the stigma and culture that existed in the working area of the Assolokobal Health Center were as follows:

*"...Well, we usually come again to continue the therapy. Usually the people here, it's normal, there are also those who see us, if there is an event, we usually have an event. from outside assolocobalt..." DL*

*"...I personally sometimes don't want to go to parties or crowds, usually we are also embarrassed, right if we have therapy like this..." MA*

*".... It's normal, ma'am, so if the therapy schedule is I go to the assolokobal health center according to the time I made an appointment with the nurse or my sister there, sometimes I hear friends' stories to just stop..." WY*

*"...there are also friends who often support me, my brother is also often called to join me if there is a party outside, we have a tribal chief who is also very supportive of our recovery and smooth therapy..." AA*

From the results of interviews with several informants, especially those with the status of PLWHA, both those who are still on ARV therapy or who have or are not continuing ARV therapy, stated that in the environment where they live, some people consider stigma or negative labels to those who are PLWHA, especially those who do not continue ARV therapy. a valued part of their residence.

Of the 4 PLWHA informants, 3 of them stated that they considered their community or environment to be a little restrictive in socializing and 1 informant stated that it was normal to socialize in society. The results of other interviews stated that they still received support from traditional leaders or stakeholders in Assolokobal as part of the citizens and communities living under their control.

*"...The traditional leader here, Mr. EL, really supports all of us who are PLWHA, right, we don't want it, brother..." DL*

### **Knowledge**

One of the variables in this study is Knowledge, where to find out the extent of the informant's knowledge about PLWHA and ARV therapy, several questions are then given and asked during the in-depth interview process at the research location, namely at the Assolokobal health center and in the neighborhood where other informants live and the results of the interviews are partially as follows:

*"...yes ma'am, I know that HIV has to be on ARVs, right so we can get treatment quickly,, but sometimes it's also lazy... umm but yeah we also want to get well so therapy again now..."*

"...sometimes ma'am, there are people from the Community Health Center who come here to call again. We have this illness. We need therapy but now I'm lazy... I'm tired, brother..." AA  
"...oh yes, I'm still in therapy, brother, arv so that we have pain, we can die inside with therapy, it can run out, it's a virus in us, we have a body, so our counselor said but I don't know how long..." MA

"... I'm going to stop now bro,,, ummm later...but I know that this has to be therapy. Back but lazy every month there is no immediate change, we'll check again..." WY

From the results of in-depth interviews with informants, it can be seen that two of them returned to ARV therapy and the other two did not return due to lack of knowledge about the importance of ARV therapy in PLWHA patients in order to accelerate healing and continued treatment.

### **Attitude and Perception**

The indicator of the failure of ARV treatment in PLWHA patients is seen from the attitudes and perceptions of the informants in responding to the ARV therapy process that is scheduled for them from the Puskesmas to routinely come and follow their therapy schedule. And in this study which involved 4 informants with PLWHA, the results of the interviews were obtained as follows:

"...yes brother,,, we also just accept the schedule and then go to the health center, that's how the therapy is..." DL

"...just like this, brother because I still have life, I still have a family, when I immediately give up. I also have responsibilities to my family, so I have to keep drinking to stay healthy..." MA

From the results of interviews with informants regarding the attitudes and perceptions of PLWHA patients in doing therapy, information was obtained that those who continued to continue therapy from the beginning were very positive in their attitude and perception responses to their ARV therapy needs, including one of them was the existence of a better life goal with their families. , but the other thing is that those who do not make return visits to the Puskesmas for therapy tend not to have a good attitude of acceptance of this ARV therapy.

### **Family and Environmental Support**

One of the factors that quite influence a person in his healing process is the support he gets from his closest people, be it with close family or the environment where he lives, not least for PLWHA patients, it is also very important and useful support in the form of motivation and enthusiasm in carrying out their duties. ARV therapy. And some excerpts from interviews with PLWHA patients who are still on therapy or who are currently discontinuing ARV therapy. Is as follows:

"...My family really supports us to get well soon from therapy, maybe it can be routine...they usually help us to the puskesmas between..." DL

"...Yes, sometimes our brother is brought with him by the father or sometimes the medicine is taken if he doesn't have time to go to the puskesmas..." MA

"...usually it is also helped if there is an examination from the ordinary puskesmas people,

*right, they want us to be cured and we must always take ARV... ” WY*

*“...we have a sister who used to remind us of the therapy schedule. I usually tell stories about whether there is therapy there when I'm still undergoing therapy but right now it's not the first time, if there's a check there, we'll go there... ” AA*

From the results of interviews with 4 informants with PLWHA in Assolokobal, information was obtained that their closest family support in terms of ARV therapy visits at the Puskesmas helped their healing and visits to return to therapy according to schedule.

### **Health workers**

One of the factors that also affect the walking or failure of ARV therapy treatment in PLWHA patients is the health worker at the Puskesmas or in this case who serves as a counselor and some of the interview quotes below are as follows:

*“...Oh yes,, we got a call from the puskesmas here to bring our schedule for further therapy...it was from the mother there, maybe you know...” MA*

*“...Yes, there if you want to take a referral, for example, you have to go to the Jayawijaya hospital, they will quickly send us the letter, we are waiting for it to be made and the signature, usually, if it's not busy, hurry up...”*

*“...well,,,, there is also a bathroom even though it's a bit not clean but it's complete, our waiting room and examination room have a therapy room, there was also their own at that time...” WY*

*“...I usually take them to Mari, ummm, when should I go there but the fish has been 1 month I don't want to go there anymore I feel it's too long waiting for the schedule...” AA*

From the results of interviews with PLWHA informants, information was obtained about the support of health workers at the Assolokobal Health Center regarding the schedule of the consul, the Puskesmas facilities and the referral system that stated that it was good and as expected.

### **Confidentiality of PLWHA on ARV**

The cause of the failure of ARV therapy in PLWHA is due to the Confidentiality of the therapy that is being carried out on them, the assumption that this therapy will not give a quick effect in healing from all of them, this can be seen from the interview excerpt with the informant below:

*“...if I'm honest, we're just lazy to always go there, but to get better, that's how it is...” DL*

*“...It's often difficult to get information and sometimes the service system there is too long, there are also a lot of patients every day...” MA*

*“...I haven't been in therapy for more than 1 month, I'll be there later when I want to check but if it's time later, especially now it's hard bro...” AA 18*

*“...I stopped first because it hurt a bit every time I had therapy....WY*

The results of the interview above state that one form of confidence from PLWHA is the factor of being lazy to return to ARV therapy, and the presence of other factors when completing therapy at the Puskesmas.

### **Results of Interviews with Health Officers at Assolokobal Health Center Counselors**

Health workers who handle PLWHA patients are key informants in this study, where health workers interact more with PLWHA, both those who are on ARV therapy when this research is running or who are no longer continuing or taking ARV therapy at the Puskesmas for various reasons and from the results of interviews with officers can be seen as follows:

*"...here,,, that's what we can do when they want therapy, at least the schedule is reminded, we go one by one if we know the house, then eeeee about the facilities, everything is available, the ARV therapy place, the medicine is injection and what they drink and so on, then those who fail to continue with ARV, we try to communicate, talk about how difficult it is for them to come here, ma'am..."*

*"...sometimes, ma'am, there's something missing, but we usually report it to the office and usually if it's fast, we'll come directly here for tools or what we need..."*

From the results of interviews with health workers, it can be seen that the facilities available at the Puskesmas are generally complete, even if there is something lacking, it will be reported to the Jayawijaya Health Office, besides that, communication problems and schedules remain intense for PLWHA so that they continue to visit ARV therapy at the Puskesmas.

### **Results of Interviews with Community Leaders (Traditional Leaders) in Assolokobal**

Support does not only come from their own families for PLWHA, support is also needed from community leaders who have a big influence in the environment where PLWHA lives are usually called regional customary leaders, in this study one of the informants of the researcher is the holder/customary leader Asolokobal, the results of the interview can be seen as follows:

*"...yes ma'am, we will definitely give space for our friends who are declared PLWHA, we usually just invite them if there is a traditional event, join them and they will also come to watch if there are crowded here, we are not different, if anyone wants avoid at least not from us but from outsiders who enter because we are friends, so let's just support everyone so that they get well soon and healthy again..." EL*

From the results of interviews with informants, it can be seen that there is direct and good support from the community and traditional leaders who have had a large enough influence on the Assolokobal community.

### **Results of Interviews with Stakeholders of the Jayawijaya Regency Health Office**

Interviews with the Jayawijaya Health Office in this study were carried out with the Head of the HIV AIDS section of Jayawijaya Regency, the informants were quite responsive to matters relating to PLWHA and some excerpts of the researcher's interviews were as follows:

*"...the deck, when it comes to our budget, we already have a Pos, so when and which Pkm do we need, if according to the report we have prepared, so far there are not too many obstacles to the district area, what is difficult is at the center, we always handle it try to be good and according to expectations, and how to make PLWHA in Jayawijaya, especially in the Assolokobal Region, can be handled even though we also still have many shortcomings in its implementation,,, also communication with the leadership, the boss is also good in*



*terms of coordination, especially to the head office - kapus yes, I think so deck... ” GY*

From the results of the interviews above, it can be seen that the budget for the PLWHA control program is clear and exists and communication is running and well built from superiors to subordinates for the PLWHA program in Jayawijaya Regency.

## **DISCUSSION**

This study found that the stigma against PLWHA in Assolokobal still exists. PLWHA's feelings of concern about community stigma are also still high, so PLWHA are still reluctant to reveal their status to the community. The stigma that is feared by PLWHA is not only for themselves but will have an impact on the PLWHA family. Programs to increase public understanding about HIV and AIDS and discrimination against PLWHA in Assolokobal are also still lacking. This shows that the stigma against PLWHA in Assolokobal affects the causes of ARV treatment failure in PLWHA.

In line with research by (Rahakbauw, 2018) stated that the situation and treatment experienced and received by PLWHA from the work environment and community, creates attitudes or conditions that can affect their social, psychological and health situation. The reactive attitude shown by the community towards PLWHA is caused because so far the wrong opinion has been formed. People think that because HIV is a dangerous disease and there is no cure, they are afraid if someone in their area is infected with HIV. This attitude shown by the community illustrates how the lack of information obtained has resulted in excessive discrimination and stigmatization. This has an impact on the survival of PLWHA, both physically, psychologically, as well as socially and spiritually.

The level of a person's understanding of a matter is largely determined by the knowledge he acquires and his cognitive abilities. This knowledge is received through various sources such as education, training, family environment, community and social service institutions. Knowledge is a product of the process of human need for information sources and the intensity of individual perceptions that are appropriate to the context (Sukri, 2019). From the results of this study, it can be seen that the variable that has the most influence is the informant's level of knowledge, where the success of ARV therapy can work if the informant's understanding of the importance of ARV is high, on the other hand ARV therapy fails due to the informant's lack of knowledge about the ongoing and continuous ARV process. Increased knowledge aims to increase awareness in optimizing the success of ARV therapy.

The same thing was also stated by (Rahakbauw, 2018) In this study, it was found that in general, knowledge of PLWHA about HIV/AIDS, especially about the mode of transmission, symptoms and risks, and treatment is still very limited. Likewise regarding the problems faced when interacting with their social environment. Ignorance about the disease and related issues is caused by deficiencies and errors in receiving information that has been obtained so far, resulting in the way PLWHA accepts the disease. However, there are those who have heard of but do not know in depth about the disease. There are also those who already know and understand about

the disease, then try to find as much information as possible related to the condition they are experiencing.

In this study, one of the factors that are considered to be a factor causing the failure of ARV therapy in PLWHA is the attitude and perception of the informant to what is received and felt during the therapy process so that it gives the impression to continue therapy or otherwise discontinue or fail ARV therapy, from the results of the study. In this case, the attitudes and perceptions of the informants tended to be low towards the therapy program prepared by the puskesmas where two of the informants were considered to have failed in continuing ARV due to lack of acceptance of the therapy routine.

Same research (Andriani, Rika, & Sandhita, 2014) Compliance with PLWHA in ARV treatment can be seen in the attitudes and perceptions displayed during the treatment process and has a tendency to look low and do not pay attention to the schedule of regular visits to the clinic in their treatment.

The most appropriate thing when someone is in a sick condition is the support from the people closest to us such as our family and environment, in this study one of the variables studied was the support from the family and environment of PLWHA in undergoing the ARV therapy process at the Puskesmas Assolokobal, and the results of this study show that the support from people closest to PLWHA and the environment in which they live greatly affects the process of ARV therapy going well, on the other hand if family and environmental support is lacking it will also affect the visits of PLWHA to join therapy, including in In this study, one of the research informants is a community leader, or so-called customary stakeholders in the Assolokobal environment who also have an influence on the environment of PLWHA living and doing their daily activities.

Based on research results (Mahardining, 2019) that family support for respondents in the form of affection, information, motivation and comfort and families always remind PLWHA about the schedule of taking medication so that family support has an important role for ARV treatment in PLWHA, where family support can affect patient compliance in undergoing treatment.

Health workers are the front line in improving the quality and quality of community-based health services, this of course demands more qualified health workers and has sufficient quantity in providing both medical and non-medical services, one of which is the prevention of HIV AIDS in the process of treatment and ARV therapy. In this study, health workers are the ones who play more roles and have direct contact with PLWHA, in this study the variable Health workers became part of the research, and at the Assolokobal Health Center, health workers or counselors with PLWHA were very active in handling ARV therapy to PLWHA, establishing active communication by way of reminding the schedule for the next therapy visit, the availability of adequate and adequate facilities at the ARV therapy place, this is certainly expected to be able to increase the success rate of therapy and PLWHA can also follow each therapy well.

In addition to being a counselor in this study, it also involved in-depth interviews with the

Jayawijaya Health Office, in this case the informant was the section head of the HIV AIDS section in Jayawijaya Regency and from the results of the study it could be seen that there was a good response in terms of providing budget for HIV AIDS at the local level. Community Health Centers, good relations are also established between leaders and subordinates both at the puskesmas level and within the Jayawijaya Regency Health Office.

## CONCLUSION

Stigma and Culture affect the factors causing ARV failure in PLWHA at the Assolokobal Health Center, knowledge is the cause of the failure of ARV PLWHA at the Assolokobal Health Center where the level of knowledge about ARV PLWHA is still low so they do not understand the importance of sustainable ARV treatment according to schedule, Attitudes and Perceptions of PLWHA greatly determine decisions Return visits for ARV Therapy in this study the attitudes and perceptions of PLWHA are still low in terms of decision making for ARV Return, Family and environmental support for PLWHA is quite good where many informants feel cared for and still have time with their families to do ARV therapy at the Assolokobal Health Center , Health workers are the front line in providing health services, from the results of this study there is a good relationship in terms of communication between officers and PLWHA and the availability of sufficient facilities at the Assolokobal Health Center, and also the Confidentiality of PLWHA on ARV is strongly influenced by h factors that cause PLWHA themselves and from outside that affect their decision to seek treatment again or drop out, in other words, ARV failure.

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