

Original Articles: Quantitative Research

ANALYSIS OF HEALTH WORKER AND PEER SUPPORT GROUP INFLUENCE ON ANTIRETROVIRAL (ARV) ADHERENCE AT DR. DJASAMEN SARAGIH GENERAL HOSPITAL, PEMATANGSIANTAR

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Abstract

Background: The low success of antiretroviral (ARV) therapy at Dr. Djasamen Saragih Regional Hospital is reflected in the small number of People Living with HIV (PLHIV) who achieve viral load suppression. This problem is strongly suspected to be related to the low level of medication adherence.

Objective: To analyze the effect of support from health workers and Peer Support Groups (PSGs) on ARV adherence at Dr. Djasamen Saragih Regional Hospital.

Methods: This study used a cross-sectional design. The study population was all PLHIV, totaling 229 people, with a sample size of 71 people taken through a purposive sampling method. Data were analyzed bivariate and multivariate to determine the relationship between variables and the odds ratio of patient adherence.

Results: Bivariate analysis showed a significant relationship between support from health workers ($p=0.000$) and peer support ($p=0.001$) on ARV adherence. The results of the multivariate analysis showed that support from healthcare workers was the dominant factor, where PLHIV who received such support had a 7.830 times greater chance of adherence than those who did not receive support. In addition, peer support increased the chance of adherence by 4.729 times for patients.

Conclusion: External support, both from medical personnel and the peer social environment, significantly determined the adherence behavior of PLHIV in undergoing therapy. The management of Dr. Djasamen Saragih Regional General Hospital is advised to improve the communication competency of healthcare workers and strengthen strategic collaboration with peer communities in Pematangsiantar City to optimize patient therapy outcomes.

INTRODUCTION

A primary strategy to end the AIDS epidemic centres on minimizing viral transmission through strict adherence to Antiretroviral Therapy (ART) for viral suppression. However, Indonesia faces

substantial hurdles in achieving this. National data from 2024 indicates that out of an estimated 503,261 People Living with HIV, only 217,482 (62% of those diagnosed) are currently on ART. More critically, therapeutic outcomes remain suboptimal, with merely 91,662 patients (42%) achieving confirmed viral suppression. This challenge is even more pronounced locally; data from the PDP Clinic of RSUD Dr. Djasamen Saragih reveals a critical situation where viral suppression has reached only 27%. This stark disparity between the national average and local reality indicates a fundamental failure in therapeutic maintenance. Therefore, an urgent investigation into the determinants of medication adherence in this specific setting is necessary to address these critical gaps (Kementerian Kesehatan RI, 2024; RSUD Dr. Djasamen Saragih, 2024).

The low level of viral load suppression in PLHIV at Dr. Djasamen Saragih Regional Hospital, which indicates the lack of success of ARV therapy, is thought to be related to problems with medication adherence. Gobel et al. (2023) stated that the social support provided by peer support communities, which are communities that have the same disease, is the support that PLHIV really need in sharing experiences in consuming antiretrovirals. Simanjuntak et al. (2023) stated that the significant influence of peer community support on adherence to ARV consumption is a reflection of the benefits obtained from collaboration between the VCT/PDP HIV clinical service team and the existing Peer Support Group (KDS) foundation.

According to research Oluokun et al. (2024) highlights the urgent need for an intensive care web application to boost attendance at ART therapy sessions. A distinct finding in this study—diverging from earlier feedback—is the critical necessity of embedding reminder functions directly within the telemedicine interface. This integration is vital for supporting sensitive dialogues regarding medication side effects, psychological counselling, and the mental health toll of identity discrimination. Beyond communication, the data uncovered specific logistical requirements: users need a patient-managed viral load calculator, a dedicated node for medication requests, and seamless remote ordering with delivery. To further sustain treatment adherence, participants strongly advocated for engagement tools, such as motivational symbols and rating systems.

According to Wedajo et al. (2022), among patients undergoing second-line antiretroviral therapy, the rate of optimal adherence reached 69.5%. At the individual level, success hinged upon three key pillars: the utilization of reminder tools, the presence of strong social support, and the absence of depressive symptoms. However, institutional factors proved equally critical. The analysis revealed that facility-level dynamics specifically the workload burden, the density of adherence counsellors, and the quality of teamwork played a significant role in driving ARV treatment compliance. Abdul-Samed et al. (2024), achieved a comprehensive response rate from all 418 PLWHA participants, revealing a robust ART adherence level of 93% (95% CI: 90.6%–95.4%). Statistical analysis highlighted specific drivers of success: patients who possessed higher educational backgrounds, maintained consistent retention in care, rejected alternative therapies, and actively participated in peer support networks demonstrated superior adherence compared to their counterparts. According to Demas et al. (2022) the

level of adherence to antiretroviral treatment was 69.4%. food security, substance abuse, not taking other drugs, good relationship with health care provider, and irregular visit schedule were significantly associated with adherence to treatment.

There is a theoretical gap regarding how professional support (Health Workers) and community support (Peers) interact to influence adherence in a high-burden local hospital. While previous studies have examined these variables separately, research analysing them simultaneously to determine which form of support is more dominant or how they synergize in local settings remains limited. Therefore, this study aims to analyse the influence of Health Worker Support and Peer Support Groups on adherence to Antiretroviral (ARV) consumption at RSUD Dr. Djasamen Saragih.

METHODS

Study Design

This study utilized a quantitative observational analytic design with a cross-sectional approach to investigate the determinants of medication adherence.

Settings and Participants

The research was conducted at the HIV-AIDS Care, Support, and Treatment (PDP) Clinic of RSUD Dr. Djasamen Saragih, Pematangsiantar, North Sumatra. The data collection period was carried out over three months, from July 2025 to September 2025. The study population comprised 229 patients registered in the hospital's registry system. A total of 71 respondents were selected as the sample using a purposive sampling technique. To ensure the sample accurately represented the target group, specific criteria were applied. The inclusion criteria required participants to be [e.g., adults aged 18 years or older, actively undergoing ARV therapy for at least six months, and willing to participate by signing an informed consent form]. Conversely, the exclusion criteria encompassed [e.g., patients with severe cognitive impairments, those transferring to another healthcare facility, and patients who were critically ill during the study period]. During the data collection process, primary data regarding health worker support and Peer Support Group engagement were gathered directly from the respondents using structured, validated questionnaires. Meanwhile, secondary data concerning ARV therapy adherence were systematically extracted by reviewing the patients' medical records and pharmacy refill histories. Prior to any data gathering, the researchers explained the study's purpose and ensured all ethical standards were met by obtaining written informed consent from every participant.

Instruments and Data Collection

Data were gathered using a structured questionnaire. The instrument for assessing social support was adopted from Triana (2024), which demonstrated high reliability with a Cronbach's alpha of 0.735 for health worker support and 0.942 for peer support group (KDS) variables. Meanwhile, the dependent variable, adherence to Antiretroviral (ARV) therapy, was measured using the 8-item Morisky Medication Adherence Scale (MMAS-8). This study adopted a dual-source approach. Primary insights were gathered directly from consenting participants using structured questionnaires. To validate these

self-reported findings, the research team performed a cross-reference analysis using secondary data extracted from hospital archives and patient medical records.

Data Analysis

Statistical analysis was performed in three stages. First, univariate analysis was conducted to present the frequency distribution and proportion of respondent characteristics and key variables. Second, bivariate analysis employed the Chi-Square test to examine the relationship between independent and dependent variables. Finally, multivariate analysis using Multiple Logistic Regression was applied to identify the most dominant factors influencing ARV adherence among the significant variables found in the bivariate stage.

Ethical Consideration

Formal authorization for this protocol was secured from the Health Research Ethics Committee at Universitas Prima Indonesia under reference number 097/KEPK/UNPRI/VII/2025. The investigation strictly aligned with established ethical standards for human research. Prior to enrolment, every subject provided written informed consent, and the research team implemented rigorous measures to safeguard participant anonymity and data confidentiality.

RESULTS

Univariate Analysis

Table 1. Frequency Distribution of ARV Compliance Variables at Dr. Djasamen Saragih Regional Hospital.

ARV Consumption Compliance	Frequency (f)	Percentage (%)
Obedient	52	73.2
Non-adherent	19	26.8
Total	71	100.0

The table above shows that there are more compliant respondents than non-compliant respondents. There are 52 compliant respondents (73.2%), while there are 19 non-compliant respondents (26.8%).

Table 2. Frequency Distribution of Health Worker Support Variables at Dr. Djasamen Saragih Regional Hospital.

Healthcare Worker Support	Frequency (f)	Percentage (%)
Get Support	52	73.2
No Support	19	26.8
Total	71	100.0

The table above shows that more respondents in the category of receiving support from health workers than those in the category of not receiving support. There were 52 respondents in the category of receiving support (73.2%), while there were 19 respondents in the category of not receiving support (26.8%).

Bivariate Analysis

Table 3. The Relationship Between Support from Healthcare Workers and ARV Adherence at Dr. Djasamen Saragih Regional Hospital.

Healthcare Worker Support	ARV Compliance						p. value	OR 95% CI
	Obedient		Non-adherent		Total			
	f	%	f	%	N	%		
Get Support	45	86.5	7	13.5	52	100	0,000	2.349
No Support	7	36.8	12	63.2	19	100		
Total	52	70.1	19	29.9	71	100		

Statistical analysis performed at Dr. Djasamen Saragih Pematangsiantar Regional General Hospital revealed a robust correlation between healthcare provider support and medication compliance. With a significant p-value of 0.000 ($p < 0.05$), the data confirms this association. The risk analysis yielded an Odds Ratio (OR) of 2.349 (95% CI: 1.291–4.273). This suggests that PLHIV who receive active professional support are over 2.3 times more likely to adhere to their ARV regimen compared to patients lacking such assistance.

Table 4. The Relationship Between Peer Community Support and ARV Adherence.

Peer Community Support	ARV Compliance						p. value	OR 95% CI
	Obedient		Non-adherent		Total			
	f	%	f	%	N	%		
Get Support	42	85.7	7	14.3	49	100	0.001	1.886
No Support	10	45.5	12	54.5	22	100		
Total	52	73.2	19	26.8	71	100		

From the results of cross tabulation between peer community support and adherence to ARV consumption obtained a p value = 0.001 ($p < 0.05$), so statistically it can be concluded that there is a relationship between peer community support and adherence to ARV consumption. The results of this study also found OR (95% CI) = 1.886 (1.176-3.023) which means that the chance of adherence to ARV consumption in PLHIV who received peer community support was 1.886 times the prevalence of adherence to ARV consumption in PLHIV who did not receive peer community support.

Multivariate Analysis**Table 5.** Results of Multivariate Logistic Regression Analysis.

Variables	B	P-value	PR	PR 95% CI	
				Lower	Upper
Healthcare Worker Support	2,058	0.002	7,830	2,134	28,728
Peer Community Support	1,554	0.018	4,729	1,310	17,074

The statistical analysis revealed a significant association between health worker support and adherence to ARV therapy ($p = 0.002$). The obtained Odds Ratio (OR) was 7.830 (95% CI: 2.134–28.728), indicating that PLWHA who received adequate support from healthcare professionals were 7.83 times more likely to adhere to their medication regimen compared to those who did not receive such support.

DISCUSSION***Antiretroviral (ARV) Adherence***

Descriptive analysis revealed that the vast majority of the cohort maintains optimal adherence to their ARV regimen. This trend underscores a high level of patient awareness and a strong commitment to the demands of lifelong therapy. Such therapeutic fidelity is likely driven by a combination of factors, including health literacy regarding treatment benefits, consistent access to medical facilities, and robust social support networks. Clinically, this is paramount; strict adherence is the primary mechanism for suppressing viral load, preventing the emergence of drug-resistant strains, and ultimately enhancing the quality of life for PLHIV. Consequently, adherence rates serve as a definitive benchmark for the efficacy of HIV/AIDS management programs.

Clinically, achieving optimal viral suppression requires a medication adherence rate of at least 95% to prevent virologic failure. Failure to maintain this adherence threshold risks triggering genetic mutations in the virus that lead to drug resistance, thus limiting future treatment regimen options. Furthermore, the integration of routine clinical monitoring and behavioral interventions led by healthcare providers is crucial; this includes proactive management of side effects and strengthening patients' intrinsic motivation. By ensuring consistent ARV intake, the risk of HIV transmission to others can be minimized (undetectable = untransmittable), ultimately supporting the achievement of the global target of ending the AIDS epidemic (Khademi et al., 2015).

Healthcare Worker Support

Univariate data highlights that a significant proportion of the cohort perceived strong engagement from medical personnel. In this context, assistance was multidimensional; it extended beyond routine clinical care to encompass educational guidance, counselling sessions, and continuous

motivational reinforcement. Healthcare workers play a strategic role in helping people living with HIV understand the importance of ARV adherence, managing medication side effects, and providing psychological support throughout the treatment process. A strong therapeutic relationship between healthcare workers and patients can increase patient trust, thus encouraging adherence to therapy.

The effectiveness of nursing care and educational interventions by healthcare workers has been clinically proven to improve health literacy and self-management in people living with HIV. Through a patient-centred approach, healthcare workers can mitigate psychological and social barriers that often hinder access to treatment. Research results Sonia et al. (2025) showed that structured interventions involving ongoing counselling not only significantly increased the percentage of medication adherence, but also directly correlated with improvements in the overall quality of life of patients and the achievement of viral load suppression.

According to Lahai et al. (2022) mapped out a complex landscape of determinants spanning personal, communal, and systemic levels. Facilitators of adherence were largely rooted in social capital and accessibility—specifically, the provision of free medication, strong family backing, the presence of informal caregivers, and active participation in peer support networks. Conversely, the path to adherence was riddled with multifaceted obstacles. Patients faced significant socio-economic hurdles, such as food insecurity, transportation costs, and employment conflicts. These were compounded by structural failures, including medication stock-outs, staff shortages, and geographic inaccessibility, alongside cultural challenges like stigma and reliance on traditional healing.

The Relationship Between Health Worker Support and ARV Adherence

Bivariate assessment established a statistically significant link between professional medical assistance and treatment compliance. Specifically, patients who engaged regularly with healthcare providers demonstrated superior adherence rates, suggesting that clinical support is a strong predictor of therapeutic success compared to unassisted care.

Research Fitriah and Putri (2021) which states that there is a relationship between support from health workers and adherence to taking medication in HIV sufferers. Herawati et al. (2023) found a relationship between support from health workers and patient compliance in undergoing ARV therapy. Misutarno et al. (2025) stated that besides being a place to share knowledge and experiences, peer communities are also a source of emotional strength in dealing with the stigma and long-term treatment that must be undergone.

The Relationship Between Peer Community Support and ARV Adherence

Bivariate analysis results showed a significant association between peer support and ARV adherence. Respondents who received peer support had higher adherence rates than those who did not. It indicates that PLHIV who received peer support were almost twice as likely to be adherent to ARVs. Peer support plays a crucial role in providing a sense of acceptance, reducing stigma, and providing a

platform for sharing experiences and coping strategies during long-term therapy. Peer Support Groups (PSGs) enable people living with HIV to provide emotional support, particularly in the face of social pressures and the lifelong challenges of treatment.

The research Monasel et al. (2022) which shows a significant relationship between peer support and adherence to ARV therapy. Sari et al. (2023), in a study conducted, one of the determining factors for non-adherence to ARV consumption was a lack of peer support. Iswanto et al. (2023), which states that peer support is crucial for people living with HIV/AIDS in providing encouragement and support during their lifelong treatment. Peer Support Groups (PSGs) are groups that share similarities not only in terms of their illness but also in risky behaviors, sexual orientation, and other similarities.

Participants unanimously identified peer support as beneficial. Peer support workers were widely praised for providing access to HIV testing, referrals to care, receiving and adhering to antiretroviral treatment, and remaining involved in the care of patients who inject drugs. Facilitators of positive peer experiences encompass a multi-faceted approach, including HIV education, emotional reinforcement, and guidance through administrative complexities. Additionally, these mechanisms foster trust in medical institutions, enhance self-efficacy, and link individuals to holistic health and social resources beyond standard HIV care (Iryawan et al., 2022).

Implications of Research Findings

This research highlights the pivotal function of a supportive care ecosystem. Both professional medical engagement and community-based peer solidarity emerge as indispensable determinants for sustaining high adherence rates within the HIV-positive population. Healthcare worker support is the most dominant of factor, peer support also makes a significant contribution. Therefore, strengthening the role of healthcare workers and optimizing peer support groups needs to be continuously developed as a comprehensive strategy to improve the success of ARV therapy.

The link between provider support and medication adherence underscores the vital role health workers play. Their contribution ranging from clinical care to educational guidance is essential for individuals managing HIV. In terms of consultation and medical services, both outpatient and inpatient, for HIV cases can be obtained comprehensively at hospital due to the comprehensive staff of general practitioners and internal medicine specialists who are very familiar with the course of HIV disease.

This study identified health worker support as a strong predictor of medication compliance. The findings suggest that the probability of adhering to ARV treatment increases nearly eightfold when patients are actively supported by medical personnel. This confirms that positive reinforcement from health workers significantly outweighs the adherence outcomes of patients lacking this professional support system.

IMPLICATION AND LIMITATION

Interpretation of these findings requires a degree of caution due to inherent methodological constraints. Primarily, the reliance on a cross-sectional framework means the analysis captures a single temporal snapshot. Consequently, while strong associations are evident, it is not possible to infer strict causality between the provision of social support and the degree of medication adherence. Second, the reliance on self-reported data using the MMAS-8 questionnaire may introduce recall and social desirability biases, potentially leading to an overestimation of adherence levels compared to objective viral load markers. Finally, as the research was conducted in a single referral hospital using purposive sampling, the findings reflect a specific local context and may not be fully generalizable to other healthcare settings with different sociocultural demographics or service capabilities.

CONCLUSION

Based on the research findings at RSUD Dr. Djasamen Saragih, Pematangsiantar, this study concludes that external support systems are pivotal in maintaining therapeutic goals for HIV patients. Specifically, both health worker support and Peer Support Group engagement were proven to have a significant positive relationship with adherence to Antiretroviral (ARV) therapy. Furthermore, the analysis highlights that health worker support is the most dominant predictor of compliance; patients receiving active reinforcement from medical personnel demonstrated a nearly eightfold higher probability of adhering to their medication regimen compared to those lacking this professional support system. Therefore, it is highly recommended that healthcare facilities implement structured communication protocols and active follow-up programs to maximize health worker engagement, alongside integrating Peer Support Groups more deeply into standard care pathways. For future research, it is suggested to explore the qualitative dynamics of patient-provider interactions and investigate other potential barriers to long-term ARV adherence across broader clinical settings.

AUTHOR CONTRIBUTION

Jakasmir Girsang : Developed the study concept and methodology, performed formal analysis, validated data and results, and prepared the original draft.

Tiarnida Nababan : Conducted the investigation and data curation, managed resources, reviewed and edited the manuscript.

Refi Ikhtiari : Supervised the research progress, validated data and results, designed visualizations, and provided final approval of the manuscript.

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CONFLICT OF INTEREST

There is no conflict of interest in this research.

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Table Captions

- Table 1. Frequency Distribution of ARV Compliance Variables at Dr. Djasamen Saragih Regional Hospital.
- Table 2. Frequency Distribution of Health Worker Support Variables at Dr. Djasamen Saragih Regional Hospital.
- Table 3. The Relationship Between Support from Healthcare Workers and ARV Adherence at Dr. Djasamen Saragih Regional Hospital.
- Table 4. The Relationship Between Peer Community Support and ARV Adherence.
- Table 5. Results of Multivariate Logistic Regression Analysis.