



PEER EXPERIENCES IN SUPPORTING PEOPLE WITH HIV (PLWH) ON ANTIRETROVIRAL (ARV) THERAPY: A QUALITATIVE STUDY

Author:

Triani Banna¹⁾, Yati Afiyanti²⁾, Mustikasari³⁾, Sri Yona⁴⁾

^{1*)}Doctoral in Nursing Student, Faculty of Nursing, Universitas Indonesia, Depok, Indonesia,

²⁾Faculty of Nursing, University of Indonesia, Depok, Indonesia

³⁾Nursing Program, Sekolah Tinggi Ilmu Kesehatan Papua, Sorong, Indonesia

Corresponding Email: *3anibanna@gmail.com

About the Author

1. 1st Author : Triani Banna, S.Kep., Ners, M.Kep.
Affiliation : Faculty of Nursing, Universitas Indonesia
Mailing address : Jl. Kanal Viktory, Km. 10 Pantai, Kladufu, Kota Sorong, Papua Barat Daya
Email of author : 3anibanna@gmail.com
Orcid ID : <https://orcid.org/0000-0001-5265-838X>
Google Scholar URL : <https://scholar.google.com/citations?user=Aqu8I7kAAAAJ&hl=id>
Phone number : 081261342277
2. 2nd Author : Prof. Dr. Yati Afiyanti, S.Kp., MN
Affiliation : Faculty of Nursing, University of Indonesia
Mailing address : Faculty of Nursing, University of Indonesia, Jl. Prof. Dr. Bahder Djohan, Kampus UI, Depok, West Java, Indonesia, 16424
Email of author : yatikris@ui.ac.id
Orcid ID : <https://orcid.org/0000-0001-9382-6714>
Google Scholar URL : <https://scholar.google.com/citations?user=s3kbNmEAAAAJ&hl=id&oi=ao>
Phone number : 081315943320
3. 3rd Author : Prof. Dr. Mustikasari, S.Kp., MARS
Affiliation : Faculty of Nursing, University of Indonesia
Mailing address : Faculty of Nursing, University of Indonesia, Jl. Prof. Dr. Bahder Djohan, Kampus UI, Depok, West Java, Indonesia, 16424
Email of author : mustikasari@ui.ac.id
Orcid ID : <https://orcid.org/0000-0002-8096-8868>
Google Scholar URL : <https://scholar.google.com/citations?hl=id&user=Cjp2VSUAAAAJ>
Phone number : 08128014472
4. 4th Author : Sri Yona, S.Kp., MN., Ph.D
Affiliation : Faculty of Nursing, University of Indonesia
Mailing address : Faculty of Nursing, University of Indonesia, Jl. Prof. Dr. Bahder Djohan, Kampus UI, Depok, West Java, Indonesia, 16424
Email of author : sriyona@ui.ac.id

Orcid ID : <https://orcid.org/0000-0001-9766-8880>
Google Scholar URL : <https://scholar.google.com/citations?hl=id&user=6Ku1IfQAAAAJ>
Phone number : 082116504895

ABSTRACT

One of the domains of quality of life for people living with HIV (PLWH) is independence, which is how PLWH undergo antiretroviral therapy (ARV) adherently. PLWHA face various problems, including social problems such as stigma, ostracization, and discrimination. Social stigma can be a form of chronic stress for HIV/AIDS patients. One of the approaches used to improve intervention outcomes for PLWH is peer support. This study was conducted to explore in-depth the experiences of peer supporters in assisting PLHIV undergoing ARV therapy. This study was a qualitative research with a descriptive qualitative approach. Eight peer supporters who are members of peer support groups in Sorong City and Sorong Regency, and have been actively providing support to PLHIV for at least one year were purposively selected for this study. Data were obtained through in-depth interviews using a semi-structured interview guide. Data was collected over a period of one month, and analyzed thematically starting from determining participants' significant statements, coding, determining themes indicating the experiences and perceptions of peer supporters. Three main themes were generated, namely the benefits of peer support for ODHIV, barriers to the implementation of peer support, and efforts to overcome barriers. The conclusion of this study is that the support provided to ODHIV through peer supporters has a good impact on the achievement of care for ODHIV. The peer support program can be integrated with nursing programs and interventions for PLHIV. Although there are obstacles in its implementation, it can be resolved with the cooperation of various parties.

Keywords: ARV Adherence, HIV, Peer Support, Qualitative

ABSTRAK

Salah satu domain kualitas hidup orang dengan HIV (ODHIV) adalah kemandirian dalam menjalani terapi antiretroviral (ARV) dengan patuh. Masalah yang dihadapi ODHIV diantaranya stigma, pengucilan, dan diskriminasi. Stigma sosial dapat menjadi bentuk stres kronis bagi pasien HIV/AIDS. Pendukung sebaya merupakan pendekatan yang digunakan untuk meningkatkan capaian intervensi ODHIV. Tujuan penelitian ini adalah mengeksplorasi secara mendalam pengalaman pendukung sebaya dalam mendampingi ODHIV yang menjalani terapi ARV. Desain penelitian yang digunakan adalah deskriptif kualitatif. Sampel penelitian berjumlah 8 partisipan dengan kriteria pendukung sebaya yang tergabung dalam kelompok dukungan sebaya di Kota Sorong dan Kabupaten Sorong, dan aktif memberikan dukungan kepada ODHIV selama minimal satu tahun dengan teknik sampling purposive. Wawancara mendalam dengan menggunakan panduan wawancara semi-terstruktur dilakukan untuk mendapatkan data, dilakukan selama satu bulan, dan dianalisis secara tematik mulai dari menentukan pernyataan signifikan partisipan, menentukan kode, hingga menetapkan tema mengindikasikan pengalaman dan persepsi pendukung sebaya. Hasil penelitian didapatkan tiga tema yaitu manfaat dukungan sebaya bagi ODHIV, hambatan pelaksanaan dukungan sebaya, dan upaya mengatasi hambatan. Kesimpulan penelitian bahwa dukungan yang diberikan kepada ODHIV melalui pendukung sebaya memberikan dampak yang baik bagi capaian perawatan kepada ODHIV. Program dukungan sebaya dapat diintegrasikan dengan program dan intervensi keperawatan bagi ODHIV.

Kata kunci: Dukungan sebaya, HIV, Kepatuhan Terapi ARV, Kualitatif

INTRODUCTION

The spread of HIV and AIDS has become a global concern due to the ongoing rise in cases. Moreover, HIV and AIDS contribute to a relatively high mortality rate. Efforts to reduce the number of new infections are outlined in the strategic plan of the Ministry of Health, which aims to lower the HIV incidence to 0.18% by 2024. According to the national action plan for the prevention and control of HIV/AIDS and PIMS in Indonesia for 2020-2024, Indonesia is targeting an end to AIDS by 2030, in line with global goals set by WHO and UNAIDS. Additionally, the country is striving to achieve the 95-95-95 targets by 2025. This means that 95% of all people living with HIV (PLHIV) should know their HIV status, 95% of those diagnosed with HIV should receive ongoing antiretroviral therapy (ART), and 95% of those on ART should achieve viral suppression. However, reports from the

Ministry of Health in the second quarter of 2022 indicate that these targets have not yet been met. Currently, only 77% of PLHIV are aware of their status; just 40% are receiving treatment; and among those receiving treatment who were tested for viral load (VL) in 2022—at least six months after starting ART—only 16% achieved viral suppression (KemenkesRI, 2022).

According to the guidelines for managing HIV/AIDS, an individual diagnosed with HIV should receive ART as soon as possible. The purpose of this therapy is to suppress the viral load, enabling PLHIV to maintain a good quality of life. One of the indicators used to measure this is the CD₄ count in the blood. A CD₄ count dropping below 200 cells/mm³ can lead to complications that make PLHIV vulnerable to infections and death. If ART is taken consistently, it also prevents the transmission of HIV to others.

By the end of 2021, it was estimated that 28.7 million people had accessed ART. Good adherence allows PLHIV to lead long and healthy lives, which is expected to improve the quality of life for those affected by HIV (WHO, 2021). However, adherence remains one of the challenges in HIV care. One domain of quality of life for PLHIV, according to WHO, is autonomy, which refers to how individuals adhere to ARV therapy consistently (Nursalam & Ninuk, 2013). For PLHIV, ART is not only a crucial component of medical care but also a hope for maintaining a normal life. ART helps restore immune function, thereby reducing the likelihood of opportunistic infections (OIs), improving quality of life, and decreasing morbidity and mortality rates associated with HIV infection (Ministry of Health, 2012). This will certainly help improve the effectiveness and efficiency of funding for HIV/AIDS response efforts.

PLHIV face not only physical issues but also psychological challenges such as depression, anxiety, cognitive disorders, personality disorders, and even psychosis. Social problems include discrimination, ostracism, stigma, job loss, divorce, and financial burdens that PLHIV must bear. These issues affect not only PLHIV but also their social environment, including family and close relatives, impacting their overall life satisfaction and quality of life (Dearly & Lestari, 2016; Sari et al., 2022). It is essential for families, close friends, and peer support groups to be involved as integral elements in supporting HIV/AIDS patients (Fitriyani & Waluyo, 2019). Peer supporters are widely credited with facilitating access to HIV testing, referral to care, uptake and adherence to antiretroviral treatment, and sustained engagement in PLHIV care. Support mechanisms that facilitate positive peer experiences include providing HIV knowledge and awareness, emotional support, assistance in navigating complex bureaucracies, developing trust in health services, increasing self-confidence and motivation, and assisting peers in navigating a range of health and social services beyond HIV-related care (Iryawan et al., 2022). However, peer support workers still face implementation challenges. Despite many studies finding several positive impacts of peer support, few have explored it from the perspective of peer supporters. Therefore, this research aims to delve deeply through in-depth interviews into the experiences of peer supporters in accompanying PLHIV who are undergoing ART, as well as the barriers that peer supporters, who are also HIV survivors, still face.

METHOD

Participants and Settings

The research design is qualitative descriptive, where the findings will closely reflect the data. This method aims to explore the experiences of peer supporters in providing support to PLHIV who are undergoing ART. The study involves 8 participants, all peer supporters affiliated with peer support groups under the Sorong Sehati Foundation in Sorong City. Participants were recruited with the assistance of key informants, specifically the chairperson of the Sorong Sehati Foundation. The participants were selected from two support groups, namely Melati Peer Support Group in Sorong City and Cenderawasih Peer Support Group in Sorong Regency, using purposive sampling to obtain

a heterogeneous range of experiences based on gender and age. To achieve maximum variation, participants were chosen from peer support groups operating in both urban and rural areas of Sorong, including clinics and community settings. Additionally, both male and female peer supporters were included, with varying lengths of experience as supporters. Eligible peer supporters for the study were determined by inclusion criteria including ODHIV who are members of peer support groups for at least the last 1 year and provide support to ODHIV undergoing ARV therapy. It was considered that peer supporters who are HIV positive and have interacted with ODHIV for at least 1 year could provide a more comprehensive picture of their experience accompanying ODHIV through the phase of disclosing their status, accepting treatment, and accepting their condition. In addition, the participants interviewed were willing to participate in the study by signing an informed consent. Participants received compensation of Rp. 150,000 for their time spent in interviews.

Procedures

This research was conducted in the Melati Peer Support Group in Sorong City and the Cenderawasih Peer Support Group in Sorong Regency, West Papua. Data collection was carried out through in-depth interviews based on a semi-structured interview guide that covered the roles of peer supporters and their experiences while providing support to PLHIV. The researcher is an experienced nursing educator who has cared for PLHIV and interacted with peer supporters, as well as having experience in interviewing participants for research. However, the researcher does not work at the hospital where data collection took place. This background allows the researcher to build trust and conduct in-depth interviews effectively, enabling peer supporters to feel comfortable sharing their experiences and needs. The average time required for each interview was 45-60 minutes. Each interview was conducted individually in a location chosen by the participants to respect their privacy and confidentiality. Interviews were held at the secretariat of the peer support groups, in accordance with what was agreed upon by the participants, ensuring their comfort and privacy. The interview locations were selected based on participants' preferences, considering factors such as ventilation, lighting, comfortable temperature, and noise levels. Additionally, if participants felt uncomfortable using open spaces, a room far from others was chosen to ensure that the interview process could not be overheard by people nearby. During the interviews, the researcher noted both verbal and non-verbal responses from participants, such as body movements and facial expressions. The interview session concluded when all questions had been answered by the participants. The researcher also asked about the participants' willingness to be contacted again if any information needed clarification or confirmation; however, no participants were re-interviewed for this study. Data collection through interviews was recorded using a recording device and field notes, which were then transcribed verbatim.

Data Analysis

The verbatim data was then analyzed using thematic analysis. In this study, each interview was approached by selecting or highlighting statements from the verbatim results. The transcripts from each participant were reviewed by the researcher, and the categories were examined multiple times to ensure that concepts related to the same phenomenon were classified accurately. The transcripts were scrutinized to identify and isolate thematic statements that indicated the experiences and perceptions of peer supporters. Significant statements from participants were circled, underlined, or highlighted. Subsequently, an open coding approach was employed to identify statements directly pertinent to experiences of resilience concerning ART adherence. The researcher then created meaning units, with each unit being labeled with a specific code. Following the identification of meaning units, the researcher ensured that all aspects of the content aligned with the study's aim. Unnecessary information unrelated to the study's aim was omitted, and extended meaning units were condensed and organized into themes and categories. All of these processes were conducted manually. To enhance the credibility of the findings, the researcher confirmed the final themes with participants by asking them to verify the accuracy of the results obtained. Interviews and data analysis

were conducted in Bahasa Indonesia. The researcher prepared a reflective research report and provided a detailed description of the findings to improve the transferability and confirmability of the study.

RESULTS AND DISCUSSION

Participants

In this study, the majority of participants were over 40 years old, with 87.5% having completed their highest level of education at the secondary school level. The number of male and female participants was equal, and 62.5% had been peer supporters for five years or less (see Table 1).

Table 1.
Demographic characteristics of participants (n = 8)

No.	Characteristics	Frequency (n)	Percentage (%)
1	Age		
	1. 18-40 yo	3	37.5
	2. > 40 yo	5	62.5
2	Education		
	1. Higher education	1	12.5
	2. Secondary education	7	87.5
3	Gender		
	1. Male	4	50
	2. Female	4	50
4	Experience		
	1. ≤ 5 years	5	62.5
	2. > 5 years	3	37.5

Thematic Analysis

The data analysis resulted in three themes and seven subthemes (see Table 2) that reflect the need for peer support, as PLHIV experience benefits from such support, face barriers in ART, and make efforts to overcome these obstacles, particularly in Papua. The themes developed based on the collected data are the benefits of peer support for PLHIV (subthemes: psychological support, therapeutic support, and facility support), barriers to implementing peer support (subthemes: internal barriers for PLHIV and external barriers), and efforts to overcome these barriers (subthemes: strategies to address internal barriers and strategies to address external barriers).

Table 2.
Themes, Subthemes, and Category

No.	Themes	Subthemes	Category
1	Benefits of peer support for PLHIV	1. Psychological support	1. Increasing positive emotions
		2. Therapeutic support	2. Improving adherence to ARV
		3. Facility support	3. Enhancing quality of life
			4. Providing medication outreach assistance
2	Barriers to implementing peer support	1. Internal barriers for PLHIV	1. Psychological barriers
		2. External barriers	2. Social barriers
			3. Cultural barriers
3	Efforts to overcome barriers	1. Strategies to address internal barriers	1. Utilizing technology
			2. Increasing knowledge
			3. Building the self-confidence of PLHIV

Theme 1: Benefits of peer support for PLHIV

PLHIV face various complex issues, including physical, psychological, social, and spiritual challenges. Participants shared their experiences as peer supporters, with nearly all indicating that the peer support provided to PLHIV has a positive impact. Peer support offers motivation and strengthens PLHIV psychologically, helping them to decide to adhere to therapy consistently and according to guidelines. This can ultimately enhance the expected outcomes from the implementation of ART for patients.

Psychological support

The peer supporters in this study are HIV survivors who have experienced various conditions similar to those faced by PLHIV they assist. They have encountered anxiety, despair, feelings of rejection, a lack of friends to share their conditions with, and a sense of futility in taking medication due to the belief that they would soon die because of their HIV status. Participant P2 expressed how, as a PLHIV, they felt the same way: “... *people who experience HIV will undergo stress, depression, and I experienced that at the time... I really need support, I need a friend to talk to...*”. Therefore, peer supporters provide PLHIV with insights into how they can cope with psychological issues from the moment they are diagnosed positive until they decide to undergo therapy and adhere to it. Almost all peer supporters recounted experiences they had faced, which motivated PLHIV to overcome unpleasant situations. Participant P3 stated, “... *I want to show my friends (PLHIV) that I am also positive... I also take medication. So if I can do it, why can't you?...*”.

Therapeutic support

PLHIV who have started treatment must return to healthcare services as scheduled to collect their medication. However, many PLHIV express difficulties in obtaining their medication, citing reasons such as work commitments, long distances from healthcare facilities, lack of transportation funds, and even feelings of shame about visiting health services. Almost all peer supporters echoed similar sentiments as expressed by participants P1 and P3: “... *for example, they cannot leave (depart from the island) due to weather conditions or perhaps they are hindered by boat fare issues. Some are also embarrassed to go to the clinic; others say they are busy farming or have jobs, so they do not come to collect their medication...*”. Peer supporters who collaborate with healthcare providers can request access to contact PLHIV who do not show up or are lost to follow-up (LTFU). They also engage with PLHIV when they visit healthcare services, continuously providing motivation and reminders to ensure adherence to therapy and avoid interruptions in medication. As expressed by participants P6 and P7, “... *for those I support, when they come to the service, I always remind them to take their medication regularly and not forget their follow-up dates so they can return. It's not just a one-time reminder; it has to be repeated...*”.

Facility support

In addition to healthcare facilities, PLHIV need additional supporting facilities such as sources of information, communication, and transportation. Some peer supporters mentioned that they sometimes facilitate PLHIV in finding solutions to the issues they face, particularly related to their treatment. Almost all peer supporters reported having helped patients send or deliver medication, and inviting PLHIV to meetings with other PLHIV or peer support groups. Participant P2, who has been a peer supporter for seven years, shared, “... *we also involve them (PLHIV) in the meetings we conduct. This way, they meet peers and no longer feel afraid, awkward, or ashamed, etc.*”

Theme 2. Barriers to implementing peer supports

Although the activities conducted provide benefits for PLHIV, peer supporters actually face obstacles and challenges in delivering support. These challenges arise not only from the PLHIV themselves but also from external factors, such as stigma and discrimination.

Internal barriers for PLHIV

Almost all peer supporters expressed that they have had similar experiences in assisting PLHIV with their medication adherence. Some PLHIV develop stigma or a negative self-image, feel physically healthy, and thus believe they do not need to consume ART. They may fear the side effects of the drugs, and some have not disclosed their status even to their partners due to fear of facing social penalties. There are even PLHIV who decide not to take their medication because they feel cured and only require herbal remedies or blessed water for healing. As expressed by participant P8, who has been a peer supporter for about three years, “... so according to them, if they take ARV, they lose weight, but if they drink herbal concoctions (root concoction), their weight increases, so they don't want to take ARVs.” These factors lead to resistance against peer supporters. Participant P2 shared their difficulties in providing support to PLHIV, “... they do not want to be approached even by peer friends who have been introduced by service providers. We find it somewhat challenging to provide assistance.”

External barriers for PLHIV

Peer supporters in this study come from various ethnic backgrounds, including both Indigenous Papuans (OAP) and non-Indigenous individuals. However, the main external obstacle frequently encountered by PLHIV is the rejection and resistance from their families. Almost all peer supporters reported experiencing rejection from family members, particularly those who are unwilling to accept that their child needs to take medication due to being infected with HIV. Peer supporters who visit sometimes receive verbal threats as well. Participant P6, who is an OAP, expressed concern after receiving threats from a patient's family member who is also an OAP, “... luckily you are one of us with curly hair (same as Papuans), otherwise I would have already split your head with an axe... sometimes I am also afraid to come again, but I still come anyway...”. In addition to the threats directed at peer supporters, PLHIV also face stigma from their families and communities, as well as a culture of alcohol consumption that ultimately leads to improper adherence to therapy. Participant P1 stated, “... external obstacles include stigma from the community, especially from family and the surrounding environment... they are afraid of being discovered... There are also those who know they need to take medication but still drink alcohol, which results in them not following the regimen properly.” These challenges cause PLHIV difficulties and fears that prevent them from accessing healthcare services to collect their medication and adhere to therapy as prescribed.

Theme 3. Efforts to overcome barriers

The obstacles that arise in providing support for PLHIV by peer supporters lead them to try various approaches. Efforts are made to motivate those who have stopped taking their medication, to reconnect with those who have lost contact, and to link PLHIV with healthcare services. These initiatives are undertaken to ensure that PLHIV receive the appropriate support and can effectively adhere to their ART.

Strategies to address internal barriers

Despite being an internal barrier for PLHIV, peer supporters make various efforts to overcome the challenges faced by PLHIV. Almost all participants shared the efforts they undertake, including providing motivation and continuously reminding PLHIV that they can manage their feelings of anxiety and worry by sharing their stories with peer supporters. They are even willing to receive phone calls at night if PLHIV feel the need. Peer supporters also serve as examples for PLHIV, demonstrating how they have successfully navigated feelings of anxiety and maintained their medication regimen, often appearing physically healthy like others. Through these actions, it is hoped

that self-confidence will be built in PLHIV, enabling them to have a better mental state to cope with their status and adhere to ART effectively. As expressed by participant P3, a 46-year-old peer supporter, “... *I have to motivate them not to lose heart; that we can do it... so if we take our medication on time and in the right dosage, we will be healthy like everyone else.*”

Strategies to address external barriers

Almost all peer supporters mentioned the efforts they undertake to address external obstacles. They involve healthcare professionals to communicate with families about the conditions of PLHIV, explaining to families the consequences if PLHIV do not receive and adhere to ART properly. They encourage PLHIV to disclose their status to at least one close person. As participant P2 recounted, “... *we request assistance from healthcare services to help us find those who are lost to follow-up, to encourage them to access healthcare services again.*” Participant P3 also stated, “... *if they don't respond to messages on WhatsApp, we call them. If the phone is off or inactive, we go to their house.*”

In addressing cultural barriers, peer supporters attempt to involve community leaders or religious figures to help provide a better understanding so that cultural factors do not hinder PLHIV from accessing ART. One peer supporter also mentioned trying to gain acceptance from the families of PLHIV by engaging in customary practices often performed by the families. Participant P4 described how they approached the family of a PLHIV through the tradition of betel nut chewing: “... *yes, so when I go there, I prepare betel leaves, areca nuts, and lime... I sit down and chat while chewing betel nut. Gradually, as we get closer, I then start to mention that I want to meet 'A' (the PLHIV)... If the family does not know how 'X' is doing, I just say I am a friend from when she was hospitalized...*”. Although this approach carries some risks, peer supporters undertake it to provide support to PLHIV.

DISCUSSION

This research specifically explores the experiences of peer supporters who accompany PLHIV in undergoing ART. The findings illustrate that support from individuals with the same status positively impacts PLHIV. The benefits include direct support experienced by PLHIV, such as psychological support, therapeutic support, and facility support. These findings align with research conducted by McKinney-Prupis et al. (2023), which indicates that peer support offers emotional assistance and reduces feelings of isolation and loneliness, leading to lower levels of depression and anxiety. A sense of belonging and mutual understanding can help alleviate the mental health challenges commonly faced by PLHIV.

Peer support not only impacts the psychological condition of PLHIV but also positively affects the ART they undergo. This was also found in the study by Berg et al. (2021), which indicated that peer support provided alongside ongoing medical care is more effective than routine clinical follow-ups without peer support. The provision of peer support enhances the achievement of care targets for PLHIV. Peer support is a viable and effective approach to connect and retain PLHIV in HIV care, which can assist existing services. (Berg et al., 2021; Evans et al., 2021).

In a retrospective study conducted to examine psychosocial interventions and health-related behaviors among PLHIV participating in peer training programs, it was found that those who attended the training showed a significant reduction in depression and internal stigma related to HIV, as well as a significant increase in self-esteem, medication adherence, and self-advocacy (McKinney-Prupis et al., 2023). In line with the research conducted by Banna and Pademme Banna and Pademme (2019), a significant relationship was found between self-efficacy and adherence to ART. PLHIV who are more actively involved in group activities demonstrate better adherence. High self-efficacy enables PLHIV to feel empowered and take control over their decisions regarding therapy, fostering resilience and effective coping mechanisms to anticipate the challenges they may face (Cooper et al., 2024;

Mark et al., 2019). This, in turn, leads to improved quality of life and mental well-being for the patients (Cooper et al., 2024). All of this will lead to better adherence and positive clinical outcomes. Support groups for HIV or AIDS patients can also utilize cognitive and behavioral strategies to empower patients in negotiating issues related to adherence to ART and building supportive relationships that can enhance patients' ability to comply and express their opinions regarding their situations. PLHIV who actively participate in activities conducted with peers also demonstrate good adherence (Banna & Pademme, 2019; MacLachlan et al., 2016). A systematic review of the benefits of peer support aligns with WHO guidelines, which state that peer support can help facilitate PLHIV in preparing for and starting therapy. However, these benefits may not be sustainable in the long term, particularly if there is resistance to treatment and care.

Although peer support has a positive impact on many aspects of the lives of PLHIV, it is not without its challenges. Almost all peer supporters in this study, whether in urban areas or remote locations, reported facing obstacles in their activities. The findings indicate that peer supporters often encounter rejection, primarily because some patients have not disclosed their status and due to the high levels of stigma still present. Several studies align with these findings, revealing a significant relationship between internal factors and adherence to therapy. These factors include knowledge, age, medication side effects, disease stage, alcohol consumption habits, internal stigma, trust in healthcare providers, depression, and self-efficacy (Andini et al., 2019; Dearly & Lestari, 2016; Hutahaeon et al., 2023; Mufara, 2017; Navarro et al., 2021; Putra et al., 2021; Sakthivel et al., 2020; Yu et al., 2022). Most of these barriers stem from factors that can only be controlled by PLHIV themselves but can also be influenced by external factors. Therefore, the role of healthcare professionals is needed to help eliminate these barriers (Atwijukiire et al., 2022). PLHIV facing these obstacles are likely to experience a loss of good social connections, inadequate social support, and an inability to effectively utilize healthcare services (Birore et al., 2021). Additionally, one of the most prominent barriers is sociocultural challenges. Peer supporters often face rejection, expulsion, and even physical threats. Furthermore, the culture, habits, and characteristics inherent to the tribes in Papua also hinder effective communication between peer supporters and PLHIV.

Peer support for PLHIV is perceived as effective; however, the effectiveness of formal and informal support systems surrounding PLHIV should be evaluated regularly to ensure ongoing psychological support, especially for chronic illnesses, which must be continuously assessed and improved. Other factors associated with PLHIV's adherence to therapy include the duration of therapy, type of medication, stage of HIV, employment status, family or partner support, marital status, culture, access to healthcare services, openness about their status, and stigma and discrimination (Kioko & Pertet, 2017; Navarro et al., 2021; Pariaribo et al., 2017; Senu et al., 2022; Suryana et al., 2019; Wardhani & Yona, 2021). One prominent factor contributing to non-adherence among PLHIV in Papua is the habit of alcohol consumption. This habit leads to lower adherence to therapy and even diminishes the quality of life for patients taking medication (Madhombiro et al., 2017; Mufara, 2017). A qualitative study conducted to examine patient absenteeism at treatment appointments also revealed from the nurses' perspective that one of the main themes derived from data analysis is that the healthcare system organization and management of healthcare facilities pose significant challenges for PLHIV undergoing ART (Lowane & Lebese, 2022).

Efforts to address the barriers faced by peer supporters are not limited to treatment but extend to almost all aspects of life. According to participants, they assist PLHIV in gaining good knowledge, enhancing their confidence and self-efficacy to live empowered with their status by involving them in activities with other PLHIV, and helping connect them with healthcare services. Some participants noted that there are PLHIV who discontinue treatment due to physical challenges; however, many decide to resume treatment after receiving support, motivation, and appropriate information from peer supporters. Peer supporters who voluntarily provide assistance to PLHIV strengthen the relationship between PLHIV and medical institutions, ensuring continuity of care and compensating for the

limited availability of medical resources. (Chang et al., 2024). This support can also help ensure continuity of care after patients are discharged following inpatient treatment in healthcare services. Peer supporters often serve as gateways for joining larger communities that can support PLHIV in various aspects of their lives. Research by O’Keefe et al. (2021) highlights that PLHIV involved in strong social networks through peer support programs are more likely to access assistance such as housing programs, food aid, mental health support, and other issues faced by PLHIV.

Efforts to address issues surrounding HIV status disclosure, relaxation skills, and anxiety management are skills that can be taught in support groups and can enhance medication adherence (Skovdal et al., 2011). The steps taken include education to increase knowledge about HIV, self-efficacy perceptions for self-care, and the capacity to disclose HIV status to intimate partners while using protection against transmission. Preventive interventions carried out through education can help individuals take control of their lives and initiate a self-change process guided by resilience and self-efficacy (Stuart, 2013). Education can also involve peer leaders, teachers, and support groups when needed (Bijani et al., 2022; Butcher et al., 2018). Therefore, the goal of providing education in health is to motivate individuals to adopt healthier behaviors, thereby improving their health status. (Bastable, 2019; Stonbraker et al., 2019; Swiatoniowska-Lonc et al., 2020).

The sensitivity surrounding HIV status among PLHIV complicates the provision of services to them. Many PLHIV feel compelled to conceal their status from others, which prevents them from receiving optimal support. Exploring ways to improve this system is essential, with the goal of achieving high-quality and timely HIV care for everyone diagnosed with HIV (Mayston et al., 2016). Policies in many countries limit the capacity of public providers to deliver HIV services, which poses a significant barrier to enhancing peer support models. Additionally, there are inherent operational complexities in integrating HIV cadres into the healthcare system, especially in contexts with limited resources and excessive burdens. Therefore, it is crucial for peer supporters to continue providing community-based assistance, not only to patients undergoing therapy but also to key populations (Lessard et al., 2024; Linthwaite et al., 2022).

The peer support program provides a space for PLHIV to share positive experiences, which in the long term will enhance the achievement of care targets for PLHIV. Nurses play a role as caregivers and educators to improve the ability of PLHIV to manage their physical, psychological, and spiritual health conditions by involving peer supporters. Evaluation of the implementation of peer support is also necessary. This evaluation can encompass balancing program outcomes and treatment across priority domains, including psychosocial aspects, adherence to HIV treatment and care, clinical outcomes, and the use of psychosocial and sexual and reproductive health services. Nurses, as healthcare providers, can collaborate with peer supporters to jointly evaluate the implementation of peer support. The knowledge and self-efficacy of PLHIV, as well as those around them, can be continuously improved, which can enhance other indicators. Additionally, peer supporters help PLHIV connect with healthcare services and other support systems available for PLHIV.

LIMITATION OF THE STUDY

The research is a qualitative study aimed at understanding the experiences of peer supporters and the needs of PLHIV in Indonesia, particularly in Sorong, which has a high level of heterogeneity in character and culture. Although the researchers have described the findings in detail to allow for the transferability of results, cultural context and behaviors must be considered. Participants in the study were not maximized, which may have resulted in not all experiences of supporting ODHIV being well described. For example, participants were not differentiated by sexual orientation or ethnicity of the ODHIV they supported. This may have limited the diversity of perspectives captured in this study, which did not provide much insight into how cultural influences and characteristics of ODHIV in

Papua may affect the peer support program. In addition, recruiting participants from different social networks and regions may have provided a broader picture of the topic under study.

CONCLUSIONS AND SUGGESTIONS

Peer support programs offer significant benefits for PLHIV as recipients of support, as well as for peer supporters themselves. However, these programs also face challenges in their implementation. Addressing these barriers requires collaboration among various stakeholders. Nurses, as healthcare providers, can enhance the outcomes of care and treatment for PLHIV through nursing education that also involves peer supporters, both in clinical settings and communities. Peer supporters can leverage their close relationships with PLHIV due to shared experiences, contributing valuable insights that strengthen the motivation of PLHIV to adhere to therapy and improve their quality of life. Given the importance of the role of peer supporters in achieving health outcomes and care targets for PLHIV in Indonesia, especially in Papua, future research should consider the cultural characteristics and behaviors of PLHIV to identify effective patterns for addressing adherence issues and behaviors among PLHIV, as well as for preventive measures against HIV transmission.

ETHICAL CONSIDERATIONS

Data collection was conducted in August 2023 after obtaining ethical approval from the Ethics Committee of the Faculty of Nursing, Universitas Indonesia, under the number KET-198/UN2.F12.D1.2.1/PPM.00.02/2023. All participants received detailed information about the study and signed informed consent prior to data collection. This research guarantees the confidentiality and anonymity of participants. Data is stored with strict confidentiality and used solely for research purposes. Statements made by participants in the research findings do not include names and are replaced with initials using the letter "P."

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Conflict of Interest Statement

There are no conflicts of interest in this article.

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