**Sociocultural Factors Related with Adherence to Antiretroviral Therapy for People Living with HIV AIDS in West Java and Bali provinces, Indonesia**

**Background**

Adherence to ARV (antiretroviral) is a significant factor that prolong the life expectancy of people living with HIV AIDS (PLHIV). ARVs fight against the infection by slowing down the reproduction of HIV in human body. Adherence to ARV becomes a problem as ARV has to be taken for a lifetime once it is started. There are many complex factors related with adherence to ARV, from medical to social factors.

**Objective**

Objective of this research is to explore sociocultural factors that facilitate or inhibit adherence to ARV therapy in people living with HIV AIDS in West Java and Bali provinces, Indonesia.

**Methods**

This research is a qualitative research conducted in West Java province (Bandung and Cimahi districts) and Bali province (Denpasar and Badung district) from September to November 2011. Data collected by doing in depth interview with related stakeholders, they are district health office staffs, Local AIDS Commission staffs, staffs of Bungsu hospital in Bandung, Cibabat hospital in Cimahi, Wangaya hospital in Denpasar, Badung hospital in Badung, NGO staffs. Other key informants were community figures and religious leaders. The main subjects were 17 PLHIVs who ever or still consuming ARV for at least 3 months. Data were analyzed descriptively by triangulation and content analysis methods.

**Result**

In term of religious condition, the population in West Java are mostly Muslim while in Bali are mostly Hindu. The situation in West Java is a local tourism and industrial area with “shy” and introvert culture, while Bali is an international tourism area and tend to be more open and free culture. In West Java on 2010 there were 3,710 PLHIVs from total population 43,021,826 persons, while in Bali there were 1,747 PLHIVs from total population 3,891,428 persons. It is almost five times higher in Bali province comparing to West Java province. In West Java the information and socialization of HIV AIDS conducted through AIDS care community program while in Bali it was conducted through AIDS cara villagers program and drugs and AIDS care students program. All these programs are community base.

The Facilitating factors from the PLHIVS themselves were:

- Self motivation
- The eagerness to live longer
- The willingness to live healthily
- Feeling the benefits of taking ARV
- Experiences of seeing others dying or being ill because too late to get ARV therapy

PLHIVs tried to adhere the therapy by having strategies of managing ARVs taking, for examples:

- Saying to others that ARVs as hepatitis or headache medicines, vitamin, or medicines to gain body weight
- Taking ARV as a habit and take it easily
- Using alarms to remind ARVs schedule
- Taking ARV everywhere they go

Family reasons emerged as an important facilitating factors for those who have children. They have the feeling to responsible for their children and willingness to grow them up. Some also have the willingness to get married/remarried. Other important factors are the social support from family, friends, peer groups, NGO staffs and health provider. From access and affordability side the facilitating factors are the availability of ARV and can get free ARV.

There was only a little roles of religious leader or the faith themselves in adherence. Being HIV positive is considered as “a test” or “punishment” from GOD and getting ARV therapy is an effort to get cured with the prayer to get the real curing medicines someday

The inhibiting factors resulted from this research were:

- The costs of transportation, periodic laboratory assays and opportunistic infection medicines resulted in high costs especially for those who are unemployed
- In Bali some of these costs are funded but in West Java they have to pay the registration fee to hospital
- For PLHIVs who have more than one positive family member, the different schedule of taking ARV resulted in high costs especially for positive children
- Boring
- Forgetfulness, fall asleep
- Taking ARV is a burden
- Disturbing regular activity
- Afraid of status disclosure (have to take ARV secretly)
- Feeling healthy
- ARVs’ side effects
- Unchanged lifestyle (IDUs keep using drugs, CSW keep unsafe sex)
- Trying promising alternative medicines
- Feeling desperate
- The size of ARV too big to take
- Far from the hospital
- The schedule of taking ARV is disturbed during fasting month for muslims and during NYEPI days for Hindus

**Recommendations**

These are some recommendations for improving adherence which must be fitted with the local context:

- Motivating PLHIV: sharing, motivator in term of psychology and religious field
- Improving access to ARV: provide ARV in community health centers
- Reducing the cost related with getting ARV: transportation and laboratory cost
- Disclosing status and involving family, friends, peer group, religious leaders, NGO staff, and the local community to be the ARV taking watchers
- Policy supports and multisectoral coordination eg: the teachers whose students are HIV positive must be included in ARV taking schedule at school