

## Research Article

### HIV Patients' Experiences In Undergoing Anti Retroviral Therapy At Clinic 277 Advent Hospital Bandung



Fourlina Gouling Tunjung Putih<sup>1</sup>, Anita Theresia<sup>1</sup>, Indra Nugraha<sup>1</sup>, Wiwin Prasetyaningsih<sup>1</sup>

<sup>1</sup>Nursing Department, Istalasi Rawat Jalan RS Advent Bandung, Indonesia

#### Article Information

Received: 02 January 2025  
Revised: 07 May 2025  
Accepted : 20 May 2025  
Available online: 21 May 2025

#### Keywords

HIV; antiretroviral therapy; patient's experience; medication Adherence; Psychosocial support

#### Correspondence

Phone: (+62) 81394688128  
E-mail: [fourlina.tp@gmail.com](mailto:fourlina.tp@gmail.com)

#### Website

<https://journal.umtas.ac.id/index.php/healthcare/index>

#### Doi

10.35568/healthcare.v7i2.6583

©The Author(s) 2025

This is an **Open Access** article distributed under the terms of the Creative Commons Attribution-Non Commercial 4.0 International License

#### ABSTRACT

Antiretroviral therapy (ARV) is an important step in improving the quality of life of HIV patients, but its implementation often presents various challenges. This study aims to understand the experiences of HIV patients undergoing ARV therapy at Clinic 277 Adventist Hospital Bandung. A qualitative approach with a descriptive phenomenological design was used to explore patient experiences in depth. Data were obtained through in-depth interviews, participant observation, and medical document analysis with the participation of six HIV patients who met the inclusion criteria. The results showed that most patients experienced deep shock and anxiety when receiving an HIV diagnosis, but social support from family, community, and health workers helped them accept the condition. During ARV therapy, the main challenges faced included physical side effects such as dizziness, nausea, and skin rashes, as well as psychological challenges in the form of social stigma. However, ARV therapy has a positive impact on physical health, psychological well-being, and social interactions of patients. Continuous education from health workers has proven important in increasing patient adherence to ARV therapy. This study recommends increasing educational programs, psychosocial support services, and public campaigns to reduce stigma against PLWHA. The implications of this research are expected to support improving the quality of health services for HIV patients in Indonesia, especially in supporting adherence to ARV therapy.

#### INTRODUCTION

HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immunodeficiency Syndrome) are global health problems that continue to be a major concern in the medical world. HIV attacks the immune

system, especially CD4 cells, making the body susceptible to various infections and other diseases. If left untreated, HIV can progress to AIDS, a condition in which the immune system has been severely damaged.

According to the World Health Organization (WHO), by the end of 2022, an estimated 38 million people worldwide will be living with HIV. Of this number, around 36.2 million people know their HIV status, meaning they have been tested for HIV and the results are positive. Of the 36.2 million people who know their status, around 28.7 million have received antiretroviral therapy (ART). ART therapy is very important because it can suppress the amount of virus in the body, prevent HIV from developing into AIDS, and reduce the risk of transmission.

In Indonesia, the HIV and AIDS situation also requires serious attention. Based on data from the Ministry of Health of the Republic of Indonesia, by the end of 2022 there were around 540,000 people living with HIV (PLHIV) in Indonesia. Of this number, around 470,000 people knew their HIV status. Of those who knew their status, around 330,000 PLHIV patients had received antiretroviral therapy. However, there is still a gap between the number of people who know their HIV status and those who receive treatment, indicating the need to increase access and acceptance of ART therapy.

In West Java Province, HIV is also a significant health problem. Data shows that there are around 75,000 people living with HIV and know their status. Of this number, around 50,000 people have received antiretroviral therapy. This figure reflects the challenges that still exist in ensuring that everyone who knows their HIV status can access the necessary treatment.

The city of Bandung, as the capital of West Java Province, also has a number of HIV cases that require special attention. In Bandung, there are around 15,000 PLHIV patients who know their HIV status. Of this number, around 10,000 people have received antiretroviral therapy. This difference shows that there are still a number of people who have not yet gained access or have not received the treatment they need.

Clinic 277 Adventist Hospital Bandung is one of the health facilities that provides special

services for HIV patients. To date, this clinic has served 223 adult PLHIV patients undergoing treatment with antiretroviral therapy. In addition, this clinic also serves 19 pediatric PLHIV patients (under 18 years) who receive antiretroviral therapy. This data shows the commitment of Clinic 277 Adventist Hospital Bandung in providing comprehensive health services for HIV patients, both adults and children.

This study aims to understand the experiences of HIV patients undergoing antiretroviral therapy at Clinic 277 Adventist Hospital Bandung. Given the importance of antiretroviral therapy in improving the quality of life of HIV patients, this study will provide in-depth insights into the challenges faced by patients, the impact of therapy on their well-being, and how health services can better support them. By understanding patients' experiences and needs, clinics can improve the quality of care, and policymakers can design more effective programs to support HIV patients in Indonesia.

By looking at global, national, regional, and local data, and focusing on the patient experience at Clinic 277 Adventist Hospital Bandung, this study is expected to make a significant contribution to efforts to address HIV and AIDS. By better understanding patients' experiences of undergoing antiretroviral therapy, we can identify steps needed to improve access and quality of treatment for HIV patients, so that they can achieve the global goal of ending the AIDS epidemic by 2030.

## **METHOD**

This research method uses a qualitative approach with a descriptive phenomenological design. The study was conducted at Clinic 277 Adventist Hospital Bandung, which is one of the main health facilities in Bandung City that provides special services for HIV patients. The research implementation period will last for 3 months, starting from October 2024 to January 2025. This time period includes the

preparation stage, data collection, and data analysis. The subjects in this study were HIV patients undergoing antiretroviral therapy (ART) at Clinic 277 Adventist Hospital Bandung and were selected using purposive sampling. The number of targeted subjects was 6-10 patients which was considered sufficient to achieve data saturation, where no new information emerged from additional interviews.

## RESULTS

This study was conducted at Clinic 277 of Advent Hospital Bandung, one of the health service units that focuses on handling HIV/AIDS, providing Voluntary Counseling and Testing (VCT), antiretroviral therapy (ARV), and psychosocial support. This clinic

has complete facilities to support HIV diagnosis and therapy, including regular viral load and CD4 examinations. Up until the time of data collection, there were 223 adult patients and 19 children who were actively undergoing ARV therapy at this clinic. Participants in this study numbered six people who were selected through purposive sampling techniques. All participants had undergone ARV therapy for at least six months, with a high level of compliance as evidenced by CD4 examination results  $>200$  cells/ $\mu$ L and undetectable viral load. They came from various backgrounds in age, gender, marital status, and profession, which enriched the variety of experiences studied (Klinik RS advent Bandung, 2023).

**Table 1 Characteristic of Participants**

Characteristic	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6
Gender	Male	Female	Female	Male	Male	Female
Age	31	49	45	27	33	40
City	Bandung	Bandung	Bandung	Bandung	Garut	Jakarta
Status	Unmarried	Married	Divorced	Married	Unmarried	Divorced
Stadium of HIV/AIDS	II	IV	III	II	IV	III
Regiment of Therapy	TLE	TLD	TLE	TLE	TLD	Duviral Efavirenz
Duration of ARV therapy	4 years	6 years	7 years	4 years	2 years	3 years
CD4 (sel/ $\mu$ L)	231	203	304	352	210	280
Viral Load (VL)	Not detected	Not detected	Not detected	Not detected	Not detected	Not detected
Occupation	Peer mentor	Private employee	Self-employed	Civil Cervant	Private employee	Private employee

The first participant was a 31-year-old man at the time of data collection. The participant came from Cibiru sub-district, Bandung city, unmarried. The participant was diagnosed with HIV/AIDS stage II since 2020, and has been undergoing ARV treatment with the TLE regimen since 2020 until now. The results of the examination in the last 6 months CD4 231 cells/ $\mu$ L, Viral load virus undetectable. The participant's job is a peer companion at clinic 277.

The second participant was a 49-year-old woman at the time of data collection. The participant came from Bandung city, the participant's status was married to an HIV-positive husband, had 3 children with negative HIV test results. The participant was diagnosed with HIV/AIDS stage IV and had been undergoing ARV treatment with the TLE regimen since 2018 and since 2022 was substituted to the TLD regimen on the grounds that there was a new drug. The

results of the examination in the last 6 months CD4 203 cells/ $\mu$ L, Viral load virus undetectable. The participant's job is a private employee.

The third participant was a 45-year-old woman at the time of data collection. The participant came from the city of Bandung, the participant's status was married and divorced, had 2 children with negative HIV test results. The participant was diagnosed with HIV/AIDS stage III and underwent ARV treatment with the TLE regimen since 2017. The results of the examination in the last 6 months CD4 304 cells/ $\mu$ L, Viral load virus undetectable. The participant's occupation is self-employed.

The fourth participant was a 27-year-old man at the time of data collection. The participant came from Bandung, married status. The participant was diagnosed with HIV/AIDS stage II since 2020, and underwent ARV treatment with the TLE regimen since 2020 until now. The results of the examination in the last 6 months CD4 352 cells/ $\mu$ L, Viral load virus undetectable. The participant's occupation is a civil servant.

The fifth participant was a 33-year-old man at the time of data collection. The participant came from Garut, unmarried status. The participant was diagnosed with HIV/AIDS stage IV since 2022, and has been undergoing ARV treatment with the TLD regimen since 2022 until now. The results of the examination in the last 6 months CD4 210 cells/ $\mu$ L, Viral load virus undetectable. The participant's occupation is a private employee. The sixth participant is a 40-year-old woman at the time of data collection. The participant is from Jakarta, divorced. The participant was diagnosed with HIV/AIDS stage III since 2021, and has been undergoing ARV treatment with the Duviral Efavirenz regimen since 2021 until now. The results of the examination in the last 6 months CD4 280 cells/ $\mu$ L, Viral load virus undetectable. The participant's occupation is a trader.

Patient Experience Since First Being Diagnosed with HIV

Participant 1: Expressed feelings of confusion and devastation after the diagnosis. "I definitely felt confused... collapsed, had no future, basically everything was cut off that day," he said. However, support from the PLHIV community helped his acceptance process. "After two years of keeping it to myself, I just told one of my friends," he explained.

Participant 2: Didn't believe the initial diagnosis, but accepted his condition with an open heart. "I didn't believe the results, but oh well, I accepted it with an open heart," she said.

Participant 3: Felt severe shock and had to go back and forth to the hospital due to declining health. "At first, I was shocked... really down, to the point of having to go back and forth to the hospital," she said. However, support from his peers made him more optimistic.

Participant 4: Initially, he felt shocked but chose to take the positive side of the diagnosis. "I just take the positive, life still has to be lived," he said.

Participant 5: Experienced fear of the future, but after receiving education and support, the client began to accept her status. "At first I was really scared, but my family and peers supported me," he explained.

Participant 6: Felt deep anxiety, but information from the doctor was very helpful in understanding her condition. "I felt really anxious, but the explanation from the doctor made me feel calmer," she said.

Most participants reported that receiving an HIV diagnosis was a very emotional and traumatic moment. Feelings of shock, confusion, and fear of the future were common initial reactions. For example, Participant 1 described feeling "collapsed" and losing hope at the beginning of the diagnosis, while Participant 5 felt "scared of the future." This is in line with the literature showing that an HIV diagnosis often brings severe psychological impacts, including anxiety and depression, especially in the early stages of accepting the condition. (Arriza, B. K., Dewi, E. K., & Kaloeti, D. V. S.,

2011; Kemenkes RI, 2021; Dewantoro, D., & Kurniawan, A., 2019). Namun, dukungan dari keluarga, teman sebaya, dan komunitas ODHA memainkan peran penting dalam membantu pasien mengatasi fase ini. Partisipan 2, misalnya, merasa lebih menerima kondisi setelah mendapat edukasi dan dukungan dari orang-orang terdekat. Hal ini mendukung temuan penelitian sebelumnya bahwa dukungan sosial dapat meningkatkan kemampuan adaptasi dan penerimaan terhadap diagnosis HIV (UNAIDS, 2020; Widayati, D., Hayati, F., & Chotijah, N., 2018; Anwar, A. A., Murdiana, S., & Nur, H., 2023).

#### Patient Experience During ARV Therapy

Participant 1: Experienced side effects such as dizziness and fatigue at the beginning of therapy. "The first side effect when I took the medicine was dizziness, then fatigue, like someone who was drunk," he explained. However, the doctor's support made him continue the treatment.

Participant 2: Experienced disturbing dreams during the first month of therapy. "When I slept, even though I was soundly asleep, it felt like I wasn't sleeping because I was always dreaming," she said.

Participant 3: Experienced side effects such as dizziness, nausea, and skin rashes. "I didn't have control at first, so I dropped so much that I had to be hospitalized," she said.

Participant 4: At first it was difficult to adjust to the treatment schedule, but now ARV therapy has become part of his daily routine. "I use an alarm to remember to take my medicine every day," he said.

Participant 5: Faced the challenge of side effects such as nausea and fatigue, but the education given by the doctor really helped him. "At first I felt really nauseous, but now I'm used to it," he explained.

Participant 6: Felt dizzy and nauseous at the beginning of therapy, but these effects subsided after a few months. "The side effects were really noticeable, but after a few months my body started to adjust," he said.

In the early stages of ARV therapy, the majority of participants experienced physical side effects such as dizziness, nausea, and nightmares. Participant 1 described feeling "dizzy and light-headed" similar to being drunk, while Participant 2 reported intense nightmares during the first month of therapy. These side effects often pose a major challenge to maintaining adherence to therapy, consistent with findings in Smith et al. (2019). However, education provided by healthcare providers plays a significant role in helping patients understand and manage these side effects. For example, Participant 6 felt calmer after receiving an explanation from her doctor about her symptoms. Ongoing education has been shown to be important in improving adherence to therapy. (WHO, 2021; Kusdiyah et al., 2024; Wulandari, C., Ismyama, D. F., & Honifa, H., 2025; Purba, I. E., Sinaga, T. R., & Purba, P., 2020; Nugrahani, R. H., & Handayani, H., 2021; Minggarwati, R., Juniarti, N., & Haroen, H., 2023).

#### Challenges Faced During ARV Therapy

**Physical Challenges:** All participants reported physical side effects such as dizziness, nausea, skin rashes, and disturbing dreams at the beginning of therapy. "I once felt so dizzy that I couldn't stand," said Participant 3. However, support from health workers helped them overcome this.

**Psychological Challenges:** Social stigma was a major challenge for most participants. For example, Participant 1 often hid his medication-taking activities at the beginning of therapy. "I usually sneak into the toilet or go to the bathroom alone first," he explained. Meanwhile, Participant 2 chose to educate those around her. "I was determined to educate my friends that HIV is not transmitted through casual contact," she said.

Physical challenges of ARV therapy were Side effects of ARV therapy, such as dizziness, nausea, and skin rashes, were reported by all participants as major

obstacles at the beginning of therapy. These challenges often caused discomfort, but were successfully overcome with the help of health workers and adaptations made by the patients themselves. For example, Participant 4 used an alarm to remind her of her daily medication schedule, which shows the importance of self-management strategies in overcoming obstacles to therapy.

While psychological challenges are Social stigma is a significant psychological challenge for many participants. Participant 1, for example, often hides his medication taking activities to avoid stigma, while Participant 2 tries to educate his friends about HIV to reduce misconceptions. These findings underscore the need for public education campaigns to reduce stigma against ODHA (UNAIDS, 2020; Suwarso, W. A., 2020; Rakhman, M. R. R., 2017; Sudarsono, S., 2015).

#### Impact of Therapy on Social Interaction and Quality of Life

Participant 1: Felt an increase in quality of life and was able to return to normal daily activities. "Now I feel fresher and more comfortable," he said.

Participant 2: Became more confident in interacting with others and carrying out daily activities. "I feel healthier and can work as usual," she explained.

Participant 3: Improved physical health so that he could return to active work. "I used to be really down, but now I can do normal activities again," she said.

Participant 4: Understands the importance of maintaining a healthy lifestyle and feels more productive. "I feel healthier and my activities are smoother," he said.

Participant 5: Reported that ARVs helped improve his physical and emotional health. "I can now be more confident in meeting people," he explained.

Participant 6: Feels fresher and is able to interact normally with his social environment. "I feel healthier and there are no obstacles to working," she said.

Overall, ARV therapy has a significant positive impact on the quality of life of participants. Most reported improved physical health, ability to return to daily activities, and increased self-confidence. For example, Participant 3 felt healthier and was able to return to work after previously being "down." In addition, several participants also showed a better understanding of the importance of maintaining a healthy lifestyle. Participant 4 stated that he felt more productive and had a more regular lifestyle. These findings are consistent with the literature that suggests that successful ARV therapy improves not only physical health but also emotional and social well-being of patients (WHO, 2021; Fadilah, O. N., Sholih, M. G., & Sudarjat, H., 2025; Saputra et al, 2023).

#### CONCLUSION

This study aims to understand the experiences of HIV patients undergoing antiretroviral (ARV) therapy at Clinic 277 Adventist Hospital Bandung. The results of the study showed that the experiences of HIV patients undergoing antiretroviral (ARV) therapy at Clinic 277 Adventist Hospital Bandung were greatly influenced by the initial emotional response at the time of diagnosis, the physical side effects of the drugs, and the psychological challenges due to social stigma. At the beginning of therapy, patients often face difficulties at the beginning. Side effects such as dizziness, nausea, and nightmares are often challenges in the early stages of therapy. However, education from health workers and support from families and the PLWHA community help patients adapt and remain compliant with treatment. Most patients reported increased energy, ability to return to work, and better social interactions after undergoing therapy. So overall, ARV therapy is not only to suppress the development of HIV but also to improve the overall quality of life.

## REFERENCES

- Anwar, A. A., Murdiana, S., & Nur, H. (2023). Dynamics of Self-Acceptance in Wives of HIV-Infected PLHIV at the Makassar Peer Support Group Care Foundation. *Sulawesi Tenggara Educational Journal*, 3(2), 54-66.
- Arriza, B. K., Dewi, E. K., & Kaloeti, D. V. S. (2011). Understanding the reconstruction of happiness in people with HIV/AIDS (ODHA). *Jurnal Psikologi Undip*, 10(2).
- Central Bureau of Statistics. (2022). HIV and AIDS Statistics in Indonesia 2022. Jakarta: Central Bureau of Statistics.
- Dewantoro, D., & Kurniawan, A. (2019). Acceptance and Commitment Therapy to improve Acceptance of Illness in HIV-positive patients. Personal: *Jurnal Psikologi Indonesia*, 8(1), 97-112.
- Fadilah, O. N., Sholih, M. G., & Sudarjat, H. (2025). Analysis of Psychosocial Factors Influencing Adherence to Antiretroviral Therapy in People with HIV/AIDS: Review Article: Analysis of Psychosocial Factors Influencing Adherence to Antiretroviral Therapy in People with HIV/AIDS. *Jurnal Surya Medika (JSM)*, 11(2), 270-277.
- Kusdiyah, E., Darmawan, A., Aurora, W. I. D., Harahap, H., Syauqy, A., & Nuriyah, N. (2024). Group Education to Improve Therapy Compliance in PLHIV in the Rawasari Health Center Work Area, Jambi City. *Medical Dedication (medic): Jurnal Pengabdian kepada Masyarakat FKIK UNJA*, 7(2), 104-109.
- Ministry of Health of the Republic of Indonesia. (2021). National Strategy for Controlling HIV and AIDS 2021-2025. Jakarta: Ministry of Health of the Republic of Indonesia.
- Ministry of Health of the Republic of Indonesia. (2022). National Guidelines for Handling HIV/AIDS Third Edition. Jakarta: Directorate General of Disease Prevention and Control, Ministry of Health of the Republic of Indonesia.
- Clinic 277 Adventist Hospital Bandung. (2023). Annual Report of HIV Patient Services at Clinic 277 Adventist Hospital Bandung. Bandung: Clinic 277 Adventist Hospital Bandung.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative Data Analysis: A Methods Sourcebook* (3rd ed.). Thousand Oaks, CA: SAGE Publications.
- Moleong, L. J. (2017). *Qualitative Research Methodology (Revised Edition)*. Bandung: PT Remaja Rosdakarya.
- Minggarwati, R., Juniarti, N., & Haroen, H. (2023). Interventions in tuberculosis patients to improve compliance and self-management. *Jurnal Keperawatan Silampari*, 6(2), 1630-1643.
- Nugrahani, R. H., & Handayani, H. (2021). The Influence of Educational Methods on the Knowledge of HIV Patients with ART (Antiretroviral Therapy). *Jurnal Mahasiswa BK An-Nur: Berbeda, Bermakna, Mulia*, 7(3), 85-92.
- Purba, I. E., Sinaga, T. R., & Purba, P. (2020). Important Steps in Sustainable HIV Epidemic Control. *Jurnal Mutiara Ners*, 3(2), 120-124.
- Rakhman, M. R. R. (2017). The role of local government in preventing and handling HIV-AIDS in Merauke Regency. *GOVERNMENT: Jurnal Ilmu Pemerintahan*, 20-29.
- Suwarso, W. A. (2020). Social Marketing Communication Strategy by Non-Profit Organizations. Expression and Perception: *Jurnal Ilmu Komunikasi*, 3(1), 1-11.
- Sudarsono, S. (2015). Relationship between Characteristics of Nurses and Midwives with STIGMA in People with HIV/AIDS (ODHA) at Talun Health Center, Blitar Regency. *Jurnal Ners dan Kebidanan (Journal of Ners and Midwifery)*, 2(1), 030-037.
- Saputra, M. H., Mochartini, T., Pertiwi, I., Rusli, A., & Murtiani, F. (2023). The Influence of Opportunistic Infections, ARV Adherence and Family Support on the Quality of Life of PLWHA. *The*

- Indonesian Journal Of Infectious Diseases*, 9(1), 13-22.
- Smith, R., Brown, T., & Jones, M. (2019). *The Impact of Stigma on ART Adherence: A Global Perspective. International Journal of HIV Studies*, 7(3), 45-57.
- UNAIDS. (2022). *Ending Inequalities to End AIDS: Global AIDS Strategy 2021-2026*. Geneva: UNAIDS.
- UNAIDS. (2023). *Global HIV & AIDS Statistics – Fact Sheet 2023*. Geneva: UNAIDS.
- Wardhani, N. P. (2018). HIV Patient Experience in Undergoing Antiretroviral Therapy: Case Study at Dr. Soetomo Hospital, Surabaya. *Jurnal Kesehatan Masyarakat*, 14(2), 120-130.
- Widayati, D., Hayati, F., & Chotijah, N. (2018). Family Acceptance and Stress Levels of HIV Patients. *Jurnal Keperawatan Respati Yogyakarta*, 5(2), 364-369.
- Wulandari, C., Ismyama, D. F., & Honifa, H. (2025). HIV/AIDS Education and Technology in Increasing Health Awareness Among Vocational High School Students. *Abdimas Galuh*, 7(1), 918-925.
- WHO. (2021). *Consolidated Guidelines on HIV Prevention, Testing, Treatment, and Care*. Geneva: World Health Organization
- WHO. (2022). *Global HIV/AIDS Report 2022*. Geneva: World Health Organization.