



## Research Article

### Analysis of Factors Building Self-Efficacy and Adherence to ARV Medication in HIV/AIDS Patients

Zahara Rasyifa<sup>1</sup>, Ahmad Purnama<sup>1\*</sup>, Imam Tri Sutrisno<sup>1</sup>

<sup>1</sup> Nursing Department, Universitas Pendidikan Indonesia Kampus Sumedang, Indonesia

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#### Correspondence\*

E-mail: [ahmad.purnama@upi.edu](mailto:ahmad.purnama@upi.edu)

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#### ABSTRACT

Human Immunodeficiency Virus (HIV) remains a health problem, with low adherence to antiretroviral (ARV) therapy in adolescents and young adults. One important factor influencing adherence is self-efficacy, or an individual's belief in their ability to consistently consume ARVs. This study aims to explore the factors that build self-efficacy that influence ARV adherence in HIV/AIDS patients adolescent and early adult age at Umar Wirahadikusumah Regional General Hospital, Sumedang. The method used was a qualitative approach with a phenomenological approach and purposive sampling technique on three respondents. The research instrument consisted of questions posed through interviews. The results identified six main themes: medication adherence, enactive mastery experience, vicarious experience, verbal persuasion, emotional arousal, and the source of self-efficacy that most influenced medication adherence. Verbal and emotional support from family and partners emerged as the most dominant source of self-efficacy in maintaining ARV medication adherence. The study concluded that strengthening self-efficacy, particularly through family support and psychosocial support, plays a crucial role in improving ARV medication adherence in adolescents and young adults living with HIV/AIDS. These findings have important implications for nursing practice, particularly in the role of nurses as counselors and companions for HIV/AIDS patients.

#### INTRODUCTION

Human Immunodeficiency Virus (HIV) is a major health concern in Indonesia and around the world (Allolinggi & Astrid, 2025). HIV (Human Immunodeficiency Virus) is a disease that targets the human immune

system, primarily targeting cells with CD4 surface antigens(Diah Hadi Ratnasari et al., 2021). To maintain the immune response, the body requires T lymphocytes to control and maintain the immune response in the human body (Rohmatullailah & Fikriyah, 2021). The

incidence of HIV case detection tends to increase every year (Inriyana & Nugraha, 2024). HIV AIDS & PIMS Indonesia reported the incidence of cases of people living with HIV (ODHIV) of 31,564 and 23,375 receiving ARV (Antiretroviral) treatment in the period January-June 2024, where West Java ranked second after East Java with 4,792 cases of people living with HIV (ODHIV) and 3,252 receiving ARV treatment. Ministry of Health data shows that the highest number of HIV cases (ODHIV) are found in the 20-49 age range, including early adulthood and male. A preliminary study conducted in Sumedang Regency, at the Umar Wirahadikusumah Regional Hospital (RSUD Teratai) clinic, revealed a total of 62 adolescent and early adult HIV cases, with the majority being male. This indicates the need for special attention to this age group in terms of early detection, education, and treatment adherence.

One approach to HIV management is antiretroviral (ARV) therapy.(Dwi Fibriansari et al., 2021) A target adherence of >95% is required to achieve viral load suppression and prevent drug resistance(Kemenkes, 2019). Medication adherence is key to successfully suppressing the viral load in HIV patients, leading to undetectable viral load. When ODHA miss a dose, the virus has the opportunity to multiply rapidly, leading to ARV treatment failure, especially in the initial phase (Suryanto et al., 2024). Adolescents and early adults are among the groups with low ARV treatment adherence. A 2025 study in Depok, West Java, by Putri, Tanesib, and Herdayanti found that treatment discontinuation was common among men over 30. This was especially true for patients who had been taking ARVs for a long time and came alone without a referral. These patients lacked support to help them with their treatment, leading to a lack of motivation to continue (Putri et al., 2025). Meanwhile, a study in Jakarta by Nuraidah et al. (2022) showed that only around 51.61% of Diah Hadi Ratnasari et al. (2021)adolescents

were adherent to ARVs, while the rate of "Lost to Follow Up" was lower than in other age groups. This was due to a lack of awareness of HIV status, social stigma, and psychosocial challenges typical of this age group. Furthermore, adolescents, who are just beginning to take responsibility for their health, face difficulties in maintaining long-term adherence due to complex psychological and social changes (Huda et al., 2025).

Self-efficacy is a psychological factor that plays a crucial role in ARV adherence. Self-efficacy is a person's confidence or belief in their ability to master and achieve desired goals and overcome challenges (Astuti & Gunawan, 2016)(Abdullah, 2019). This refers to an individual's belief in their ability to consistently take ARV medication. Medication adherence is influenced by self-efficacy, which is how patients behave, think, and motivate themselves. Each individual has a different sense of self-efficacy depending on their own abilities (Yulianti et al., 2022). Self-efficacy is derived from four sources: enactive mastery experience, vicarious observation, verbal persuasion, and emotional arousal (Bandura, 1997). Depending on the level of self-confidence, these sources of self-efficacy can strengthen self-efficacy, or vice versa. The duration of ARV treatment requires patients to have high self-confidence in their ability to maintain treatment throughout their life.

There is still no research examining self-efficacy in adolescent and early adult HIV/AIDS patients, particularly at Umar Wirahadikusumah Regional General Hospital in Sumedang, West Java. The general objective of this study is to identify factors contributing to self-efficacy among adolescents and young adults with HIV/AIDS at RSUD Umar Wirahadikusumah Sumedang. This research is important to determine the factors that build self-efficacy that can influence the self-efficacy of adolescent and early adult HIV/AIDS patients, thereby

improving adherence to ARV medication. Furthermore, this research is expected to contribute to the scientific basis for interventions that can improve adherence to ARV therapy by improving adherence to ARV therapy.

## **METHOD**

This study employed a qualitative approach with a phenomenological design. The qualitative approach was chosen because it aimed to deeply understand the subjective experiences of HIV/AIDS patients in building self-efficacy related to antiretroviral (ARV) drug consumption analysis, without involving statistical or numerical procedures. Qualitative research is grounded in post-positivism philosophy and conducted in natural settings, with the researcher as the primary analytical instrument, data collection is inductive, and research results emphasize meaning rather than generalization (Abubakar, 2021)(Rita Fiantika et al., 2022). The phenomenological design was used to gain a direct understanding of the participants' lived experiences, with a retrospective or historical focus, specifically on the past experiences of HIV/AIDS patients undergoing ARV therapy and building self-confidence in adherence to treatment. The phenomenological approach used in this study refers to previously published methods without modifying the basic principles of the method.

This research was conducted at the Teratai Polyclinic of Umar Wirahadikusumah Regional Hospital, located at Jl. Prabu Geusan Ulun No. 41, Kotakulon, South Sumedang District, Sumedang Regency, West Java, Indonesia. Data collection was conducted from November 17 to December 8, 2025.

The study participants were HIV/AIDS patients undergoing ARV therapy at Umar Wirahadikusumah Regional General Hospital. The number of participants was not determined at the outset, as in qualitative research, the number of

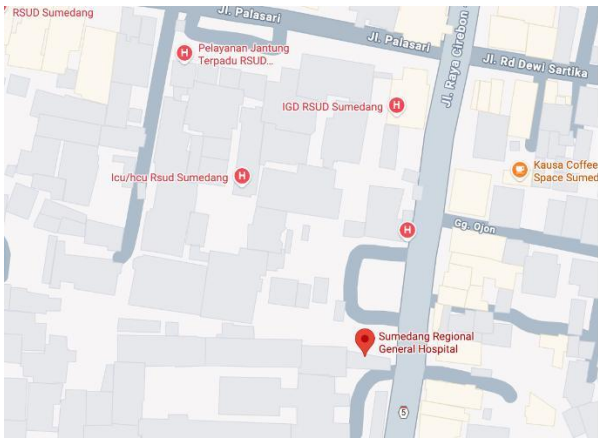
participants is adjusted to the depth and variety of the phenomenon until data saturation is reached. In its implementation, this study involved three participants. Participants were selected based on a nonprobability sampling technique with a purposive sampling method. These considerations included participants who had been diagnosed with HIV/AIDS, had undergone ARV therapy for at least one year, were in the age range of adolescence to early adulthood (10–34 years), and were able to communicate verbally well. Participants who were newly diagnosed with HIV/AIDS, had just started ARV therapy, or had never undergone ARV therapy were excluded from this study.

## **RESULTS**

This study identified five themes reflecting the self-efficacy of HIV/AIDS patients regarding adherence to ARV medication among three participants (P1-P3). The results are divided into three main sections. The first section provides an overview of the study site. The second section describes the characteristics and content of in-depth interviews. The third section presents a thematic analysis based on the interview results and field notes.

### **Overview of Research Location**

This research was conducted at the Teratai Polyclinic of Umar Wirahadikusumah Regional Hospital. The Teratai Polyclinic of Umar Wirahadikusumah Regional Hospital is located at Jl. Prabu Geusan Ulun No. 41, Kotakulon, Sumedang Sel. District, Sumedang Regency, West Java 45311. Participants in this study were HIV/AIDS sufferers who were in early adulthood between the ages of 20-33 years. The number of research participants was 3 people and data collection began on November 17, 2025 and ended on December 8, 2025.



**Figure 1.** Location Map of Umar Wirahadikusumah Regional Hospital

### Participant Characteristics

This study involved three participants whose characteristics were interviewed in-depth. All participants were patients who had been on ARV treatment for more than a year, were in early adulthood, aged 26-34, were HIV/AIDS positive, and were registered as active patients at Umar Wirahadikusumah Regional General Hospital. More detailed data regarding participant characteristics can be seen in Table 1 below.

**Table 1.** Participant Characteristics

Participant Characteristics			
Code	P1	P2	P3
Age	33	33	28
Gender	Man	Man	Woman

### Theme 1: Medication Compliance

Participants in this study revealed that they had experienced treatment discontinuation due to feelings of hopelessness, laziness, or boredom.

“Iya pernah lupa hingga putus obat (mengganggu malu). Awal-awalnya nggak pernah minum obat sama sekali nggak mencoba. Merasa “*ah kenapa sih mesti minum obat gitu nanti juga kan istilahnya mati*”(bermonolog).” (P2)

“Pernah mengalami putus pengobatan, kemarin sekitar 6 bulan yang lalu itu drop banget kondisi kesehatan. Karena gak teratur minum obat, jadi kadang merasa putus asa malas dan bosan (partisipasi tampak murung) untuk minum obat dari situ

muncul gejala penyakit yang lain sampai masuk kerumah sakit dari bulan febuari tahun kemarin 2024.” (P3)

However, there were also participants who never experienced treatment discontinuation but experienced worsening health conditions “Pernah lupa ada, kayak bersalah gitu, bersalah karena aku kondisinya udah beda sama yang lain ya (partisipasi tampak murung) kalau yang lain tuh rata-rata mereka PCT, kondisi lagi sehat, jadi belum ngerasain gimana berjuangya saat dulu. Aku pada saat itu udah gak bisa apa-apa gitu, udah maaf ya udah BAB disana, kencing disana gitu kan, jadi saat obat aku ada yang lupa jadi ada penyesalan ke tubuh sendiri, terus sekarang aku jaga tubuh aku.” (P1)

After experiencing the trauma of withdrawal, P1, P2, and P3 consistently took their medication, even when they were well or sick. Efforts to maintain adherence included using alarms as reminders, and carrying their medication with them when traveling for fear of a recurrence of their withdrawal symptoms. One participant even forgot to bring their medication while away from home, and went to great lengths to contact fellow people living with HIV/AIDS (PLWHA) to borrow medication.

The obstacles felt by the participants included feeling bored or lazy about taking medication every day, as well as feeling that there was too much medication or that the medication was too big, 'as big as a thumb'. This led participants to shift their perspective on ARVs as vitamins. They also changed their suggestion that taking medication is daily, not lifelong, to avoid feeling stressed.

### Theme 2 : Enactive Mastery Experience (Patient's experience undergoing treatment)

In this study, confidence arose because of significant improvements in physical condition, such as being healthy again,

weight gain and an increase in CD4, which indicated that the treatment was successful.

“Awalnya si ya pas drop kesehatannya merasa ko sudah minum obat tapi ko masih sakit jadi gak mau minum obat lagi ditambah karena imunnya sudah jelek jadi ya drop kesehatannya, tapi alhamdulillah bisa sehat lagi dan sekarang sudah minum obat lagi” (P3)

“... berat badan aku udah naik setiap bulannya pokoknya saat IO nya udah bener berat badan aku tuh 1 bulan tuh naiknya 3 kilo terus sampai normal lagi di 66an waktu itu dari 40.” (P1) “Itu juga menjadi salah satu pencapaian hidup, insya Allah tetap patuh karena kan selama gak minum obat aku tuh berat badan tuh gak naik-naik stuck di 50 kilo 50, 48, 45 gitu malah turun pas kemarin minum obat januari pas di timbang 60 kata aku teh, Alhamdulillah.” (P2)

“Dari mulai pertama saat aku CD4 41 awal dengan waktu PCT dengan CD4 41 lalu 6 bulan, berapa bulan dicek lagi sekitar, udah pengobatan ARV udah naik jadi 250an lebih itu udah mau normal katanya dulu, kalau CD4 udah 350 katanya udah normal buat penderita HIV, katanya aku udah 250, berarti selama pengobatan 6 bulan ini katanya udah bagus jadi aku percaya ...” (P1)

A negative experience when their condition dropped, requiring hospitalization, was a key motivator for them to recover and comply, as they didn't want to relive the trauma. They also felt capable of overcoming the side effects of the medication.

### **Theme 3: Vicarious Experience (Patient observation of the knowledge of treatment experienced by other patients)**

Seeing the experiences of other people or friends who suffer from HIV who have managed to maintain their health and look healthy because they are obedient in taking their medication makes participants feel enthusiastic and confident that they can take their medication regularly.

“Melihat mereka yang berhasil jadi semangat, karena ada teman yang sehat-

sehat terus karena patuh minum obatnya, waktu itu kan enggak patuh sakit-sakitan terus ya, kan sekarang aku melihat dia karena teratur jadi ingin juga seperti itu, jadi semangat buat yakin bisa teratur minum obatnya” (P3)

When participants see the experiences of others who failed (dropped in health, had to use a bed and receive IVs) or died because they decided not to take medication or switched to herbal medicine, it increases their confidence to remain compliant with ARV treatment.

“Kalau lihat ada teman-teman beberapa yang memang memutuskan untuk tidak minum obat lalu misalnya ganti ke herbal mereka drop. Ada yang sampai meninggal dan itu melihat itu menambah keyakinan aku untuk tetap patuh pengobatan karena yang dibicarakan dokter sama medis ataupun aku baca kalau yang tidak mengenal obat ARV, selama 1-2 bulan oke tapi 1-2 tahun akan drop, nah itu aku lihat sendiri bahwa ada yang kontrol dengan tiba-tiba dipakai blankar, kursi roda ternyata ini memang nggak pengobatan udah 2 tahun. Hal tersebut menambah keyakinan aku untuk tetap pengobatan secara rutin.” (P1)

The presence of AIDS-Caring Residents (WPA) in the hospital's neighborhoods boosted the enthusiasm and confidence of respondents in undergoing treatment. The PLWHA community (KDS and KPKF events) provided a platform for sharing stories, encouraging each other, and providing solutions when members felt discouraged or hopeless.

### **Theme 4: Verbal Persuasion (Verbal persuasion obtained from the environment)**

The support most frequently received and most needed by participants came from their immediate family, particularly their mothers (parents) and their partners. Families played a significant role in maintaining participants' health, even in certain situations, assertively forcing participants to seek treatment or be

hospitalized when their health deteriorated drastically, demonstrating their deep concern and care.

“Keluarga sering memberikan dukungan. Karena alhamdulillah keluarga udah tahu. Dulu juga aku gak mau sebenarnya, kayak udah pasrah udah pasrah, udah gak mau minum obat, tapi aku liat juga yang menyemangati kayak orang tua, teteh, uwa, abah semuanya menyemangati harus minum obat. Sebenarnya misalnya masuk RS gak mau tapi yang sehat yang ngurusin mau gak mau harus ke rumah sakit kalau menurut mereka “yaudah gak mau ke rumah sakit, gak mau dirawat” mungkin aku udah gak ada disini” (P1). Furthermore, partners played a crucial role in supporting medication adherence, including consistently reminding respondents to take their medication daily.

“Dari pasangan karena kan tinggal serumah ya terus tadi teteh, teteh waria tapi itu gak terinfeksi dia. Justru dia yang awalnya tau aku tau terinfeksi. Iya, malah dia mesupport. Kalau yang pasangan, memberi dukungan setiap hari. “Jangan lupa minum obat”. Terus kalau mau tidur, “udah minum obat belum?” “Eh, belum” kata aku. Terus diminum langsung.”(P2)

Participants tended to be indifferent to negative views, belittling comments, and judgments from others that could lower their morale or self-confidence. Rather than worrying about others' opinions, they preferred to focus on themselves, their health, and their belief in the benefits of their treatment.

#### **Theme 5: Emotional Arousal (Emotional and physical condition of patients undergoing treatment)**

Upon initial diagnosis, participants experienced severe psychological distress, characterized by feelings of stress, hopelessness, and profound emotional turmoil. These conditions led some participants to experience extreme negative thoughts, including suicidal thoughts, as a

result of their inability to accept their new health condition.

“Perasaan stress sih. Terus apalagi dulu kan pasiennya tuh banyak banget disini. Jadi pas pertama kesini tuh dipikiran “ah aku bakal mati, aku mau mati” ” (P3)

The participants' greatest motivation for remaining compliant with their treatment and maintaining their health was the fear of experiencing a relapse, similar to what they had experienced previously. This experience served as a powerful reminder of the physical and emotional impact of deteriorating health. Furthermore, participants felt a strong sense of responsibility toward their families and children, which served as a primary driving force for them to maintain their health.

“Balik lagi ke yang dulu, gak mau lagi kaya dulu”(P2) “Agar tetap sabar dan tabah didalam pikiran di tanamkan aku harus sehat, semangat pokoknya, gak mau sampai drop lagi kesehatannya kasian ke orang-orang sekitar kaya keluarga (dengan nada pelan). Terlebih aku ini bekerja gitu ya takut nanti kan kalau misalkan drop lagi kondisinya malah jadi pertanyaan kenapa ini drop terus kan gitu kan, setidaknya kan kalau minum obat ARV bisa mengatasi sakitnya.” “Harapannya bisa sehat, karena kasihan juga ke anak jadi aku harus sehat. Jadi harus lebih semangat dan patuh minum obatnya.” (P3) “aku gak mau lihat lagi orang tua yang hanya liat aku nangis, dirawat inap, aku ga mau jadi aku yakinin dalam tubuh aku, aku harus sehat salah satunya yaudah, sehat dengan minum ini, obat salah satunya.”(P1)

Furthermore, participants coped with the emotional stress they experienced by changing their perceptions of treatment, viewing medication as a daily activity, not a lifelong burden. Furthermore, participants cultivated a positive mindset by convincing themselves to remain patient, resilient, and committed to maintaining their health.

## **Theme 6: Sources of Self-Efficacy that have a significant influence on medication adherence**

The role of family is a crucial source of emotional support for respondents undergoing treatment. This support, whether in the form of attention, motivation, or presence during the illness, fosters a sense of security and psychological support for respondents. Furthermore, respondents' sense of responsibility to stay healthy for their families and children strengthens their self-confidence in consistently undergoing treatment.

“Dukungan keluarga yang membuat aku yakin. Karena selalu tiap ketemu siapapun yang udah tau kondisi aku, mereka selalu bilang, “awas obatnya, awas kontrolnya. Kalau gak bisa kontrol bilang nanti diambilin” karena keluarga aku semuanya perhatian, maksudnya, udah aja kesehatan aku. Kalau ada apa-apa cerita, gak bisa kontrol, nanti diambilin obatnya. Yang penting obatnya bisa diminum aja setiap hari. Jadi yang mendorong dan keyakinan pesannya tetap keluarga untuk tetap menjalani pengobatan selama sampai 10 tahun ini. Kalau gak ada dukungan keluarga gak mau mungkin, tapi kadang juga bosan juga kayak diingetin “Tenang, udah aman, masalah obat” kayak gitu tapi mereka tuh kayak takut was-was juga mungkin ya gimana-gimana takut ponakannya gitu kan sakit lagi atau gimana lagi. Jadi mereka selalu was-was dan itu mungkin kontrol mereka juga ke aku aku juga harus tetap semangat dalam pengobatan ini jangan sampai jatuh lagi kayak yang dulu.(tersenyum lega)” (P1) “Dukungan secara verbal dan kehadiran, yang pertama pasangan, yang kedua sahabat karena si teteh ini cuma si teteh yang tau aku HIV yang lainnya gak ada udah sih itu aja” (P2) “Pertama dari keluarga, karena dirumah aku deketnya sama mamah jadi aku melihat mamah mendukung aku terus, terus juga ibu WPA mendukung aku bliauu juga kan tetangga jadi terus di motivasi jadi lebih

semangat. Aku butuh si dukungan seperti itu” (P3)

## **DISCUSSION**

This study identified six main themes, which were analyzed based on the specific objectives of the study. In general, this study aimed to understand and explore the sources of self-efficacy that most influence ARV medication adherence in adolescence and early adulthood. Specifically, this study focused on exploring self-efficacy in relation to medication adherence in HIV/AIDS patients taking ARVs.

Interviews with the three participants revealed that ARV medication adherence in people living with HIV/AIDS (PLWHA) is a complex and dynamic process, heavily influenced by the individual's belief in their own ability to undergo long-term treatment. In the initial phase of treatment, patients exhibit low self-efficacy, reflected in negative emotional states such as fear, despair, and extreme thoughts of suicide. Bandura (1997) explains that intense negative emotional states can lower self-efficacy because individuals perceive themselves as incapable of coping with the situation. This aligns with research by Lestari (2018), which found that individuals diagnosed with HIV for the first time expressed feelings of shock, disbelief, and a sense of their lives being over. This initial phase was characterized by a psychological crisis that left them confused, fearful of the future, and lacking the confidence to start or continue therapy regularly (Fitriana Lestari, 2018).

Low self-efficacy in this initial phase resulted in withdrawal behavior among some participants. One participant explicitly expressed feelings of boredom and psychological exhaustion from the long-term treatment routine (treatment fatigue). In the context of Bandura's (1997) theory, individuals with low self-efficacy tend to discontinue behavior when faced with perceived obstacles.

The withdrawal experience was then followed by a significant decline in physical condition, which became a reflective experience and a significant turning point for the participants. This extreme bodily experience reinforced the respondents' awareness of the consequences of non-adherence. This contradicts Bandura's (1997) self-efficacy theory, which states that failure weakens self-efficacy, especially if failure occurs before self-efficacy is firmly established. The participants' experiences of failure served as a turning point for them to recover. This aligns with the results of research by Awom, Agusman, & Gero (2025), which found that some participants who had stopped taking ARVs due to stress and trauma later resumed treatment after experiencing a physical breakdown and severe illness. This experience of illness made them realize the importance of therapy, leading to a renewed commitment to consistently taking ARVs (Awom et al., 2025).

After returning to regular ARV therapy, participants began to experience positive changes in their physical condition. This experience demonstrates a positive enactive mastery experience, where success in treatment strengthens an individual's belief in their own abilities. Social cognitive theory by Bandura emphasized that direct experiences of success are the most powerful source of self-efficacy.

In addition to personal experiences, participants' self-efficacy was also formed through vicarious experiences, or learning from the experiences of others. Participants revealed that observing fellow PLWHA adhere to their medication and live healthy lives provided a strong psychological boost. In social cognitive theory, observing relevant role models can increase an individual's belief that they are capable of performing similar behaviors.

Conversely, witnessing the failures of other PLWHA also strengthened participants' commitment to adherence. Participants 1

and 2 saw the failures of others as motivation to remain consistent in their treatment adherence. The experience of failure from other patients helped convince participants to remain confident in continuing their treatment and striving to remain compliant. This is supported by research conducted by Rini (2019) in the Sebaya Setia Kawan in Mengwi, Bandung, which found that the experiences of other PLWHA regarding therapy successes and failures can be used as additional therapy to increase self-efficacy and ARV adherence (Rini, 2019).

Family support emerged as a very dominant source of self-efficacy in this study. This support is not only emotional but also functions as social control, helping participants maintain adherence. In social cognitive theory, verbal persuasion from a trusted source can increase self-efficacy, especially when individuals experience low self-confidence. This is in line with the results of research conducted by Carsita (2025) in Indramayu, West Java, which stated that family support plays an important role in increasing patient motivation, self-confidence and encouraging consistent adherence to taking medication (Carsita et al., 2025).

Participants also demonstrated self-regulation skills in dealing with daily treatment barriers. Barriers such as boredom and large medication sizes were candidly expressed. However, they developed adaptive coping strategies, such as the use of alarms and cognitive reframing. From Bandura's theory perspective, the ability to manage affective states and behavioural barriers contributes to increased self-efficacy because individuals no longer interpret difficulties as incompetence.

Overall, the results of this study indicate that the source of self-efficacy most influential in medication adherence in HIV/AIDS patients is verbal support from family or partners. Family support, whether in the form of

attention, motivation, or presence during the illness, fosters a sense of security and psychological support for respondents. This aligns with research conducted by Kusananti & Pradita (2017) in Yogyakarta, which states that efforts to increase self-efficacy in HIV/AIDS patients can be achieved by strengthening family and social support (Kustanti et al., n.d.)

## **CONCLUSIONS AND RECOMMENDATION**

This study identified six main themes describing the dynamics of self-efficacy related to adherence to antiretroviral (ARV) medication in adolescents and young adults with HIV/AIDS: enactive mastery experience, vicarious experience, verbal persuasion, emotional arousal, and the sources of self-efficacy most influential on adherence. The results showed that in the early stages of diagnosis and treatment, participants experienced low self-efficacy characterized by stress, hopelessness, and fear of death, resulting in low motivation and withdrawal behavior. The experience of withdrawal and declining health conditions became important turning points that strengthened participants' awareness of the importance of ARV treatment. Participants' self-efficacy increased through successful experiences of treatment (enactive mastery experience), learning from the experiences of other ODHA (vicarious experience), and verbal and emotional support from family, partners, and caregivers. The ability to manage emotions and barriers to treatment (emotional arousal) also played a role in maintaining long-term adherence. Overall, this study concluded that verbal and emotional support from family and partners was the most influential source of self-efficacy on adherence to ARV medication in adolescent and early adult HIV/AIDS sufferers.

Based on the research results and conclusions outlined, the researchers offer the following recommendations:

1. For HIV/AIDS Patients

People with HIV/AIDS are expected to maintain and strengthen their confidence in their ability to consistently undergo ARV treatment. Personal experiences, both successes and failures, should be interpreted as learning experiences to strengthen their commitment to treatment. Furthermore, patients are expected to actively utilize the support of their families, partners, and the PLWHA community as a source of motivation and psychological support.

2. For Families and Partners

Families and partners are expected to continue providing consistent emotional, verbal, and instrumental support to people with HIV/AIDS. Active family involvement in reminding them to take medication, accompanying them to health check-ups, and providing psychological support has been shown to play a crucial role in increasing self-efficacy and treatment adherence. Therefore, families need to be positioned as an integral part of the care process for people with HIV/AIDS.

3. For Health Workers and Women with HIV/AIDS

Health workers and Women with HIV/AIDS are expected to provide more intensive psychosocial support, especially during the initial phases of diagnosis and treatment. Education should not only focus on medical aspects, but also on strengthening self-efficacy, managing emotions, and coping strategies for treatment barriers. An empathetic and sustainable approach is expected to prevent drug discontinuation and increase the success of ARV therapy.

4. For Healthcare Institutions

Healthcare institutions are expected to develop family- and community-based mentoring programs and provide psychological counseling services for people living with HIV/AIDS, especially adolescents and young adults. This program is expected to support the development of self-efficacy from the early stages of diagnosis so that treatment adherence can be maintained long-term.

## 5. For Future Researchers

Further research is recommended to examine self-efficacy and ARV medication adherence with a more diverse number of participants and use a longitudinal approach to observe changes in self-efficacy over time.

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