



# Barriers to Adherence to Antiretroviral Therapy among People Living with HIV Participating in the National Health Insurance (JKN) in Indonesia

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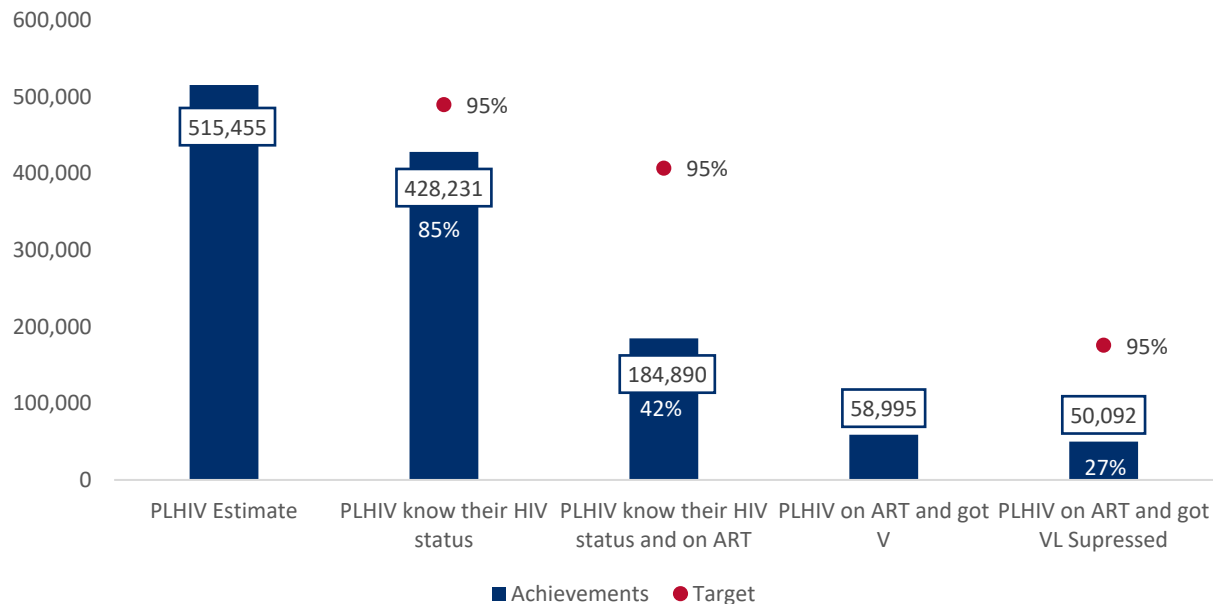
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# Introduction

## Indonesia's HIV Services Cascade According to UNAIDS 95-95-95 Targets



In order to get Indonesia on track to achieve 95-95-95 targets by 2030, more work is needed, particularly in treatment and viral load (VL) suppression targets.

# Introduction



As of March 2023, Indonesia's estimated number of People Living with HIV (PLHIV) was 515,455. Among them, only 42% received treatment

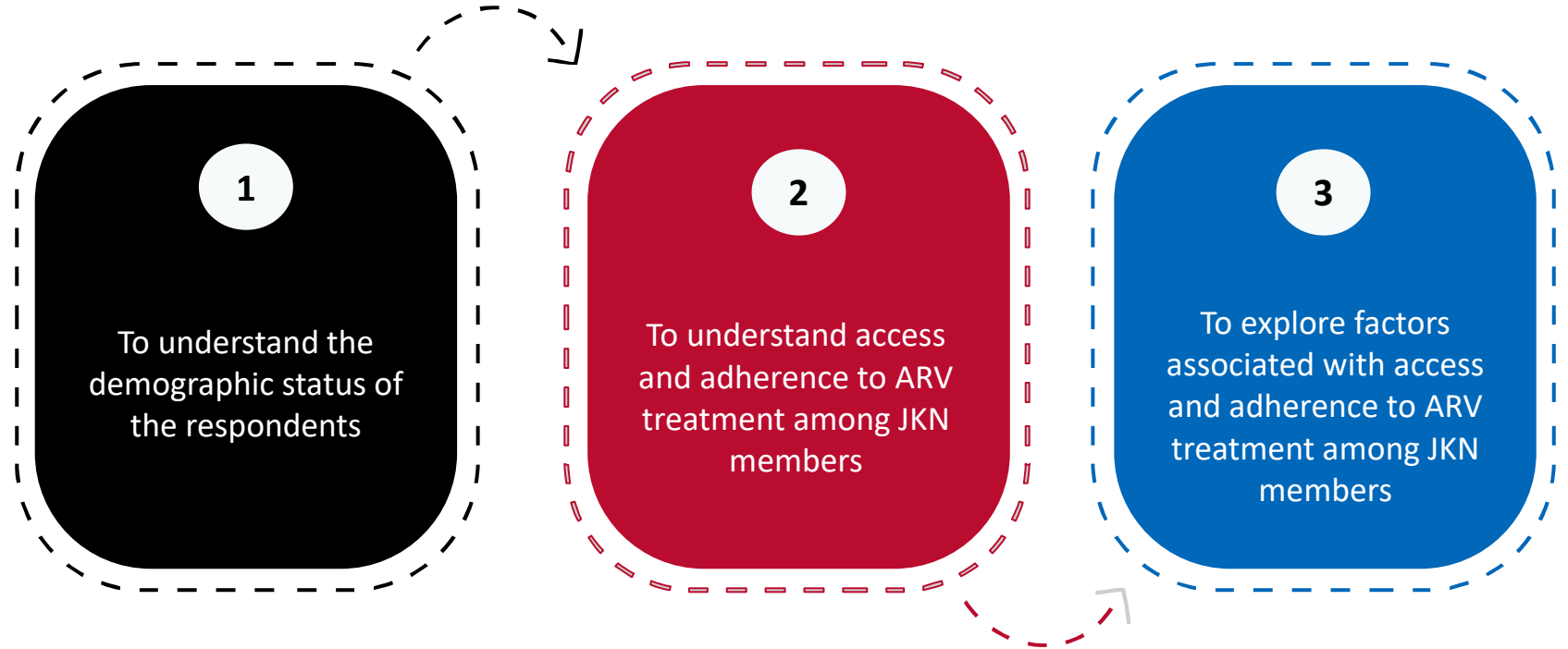


Jaminan Kesehatan Nasional (JKN) provides coverage for HIV services. Under the current scheme, primary care for PLHIV is covered by the government financial scheme that supplies antiretrovirals (ARVs) to both Primary Health Care (PHC) facilities and hospitals



Despite the universal provision of HIV services, access and adherence to HIV care and treatment remain challenging as non-medical factors impact care-seeking behavior. HIV care and ARVs should be accessible to all PLHIV.

# Objectives



# Methods

## Design

Cross-sectional method

## Purposive Sampling

1. Priority area supported by USAID-PEPFAR
2. Areas with high cases
3. Representatives of middle, western, and eastern Indonesia
4. Representative of low, middle, high, and very high fiscal capacity areas

## Sample

1. 561 PLHIV in 16 municipalities
2. The sampling process employed nonrandom sampling
3. Participants filled out a Google Form

## Data Analysis

1. Multivariate logistic regression
2. Dependent variables: ARV treatment adherence
3. Independent variables: experiencing internalized stigma, Out-of-Pocket (OOP) expenses, and access to health facilities

# Results: Characteristic Descriptive

Figure 1. Percent of PLHIV adherence to their ARV treatment (n=561)

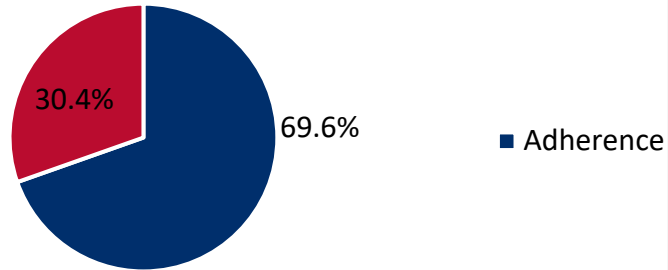


Figure 2. Percent of PLHIV paying OOP when accessing ARV treatment via health care providers (n=561)



# Results: Characteristic Descriptive

Figure 3. Percent of PLHIV facing Internalized stigma (n=561)

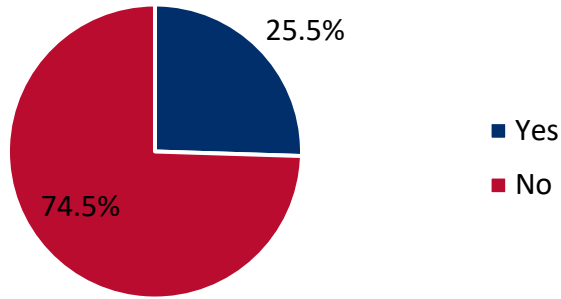
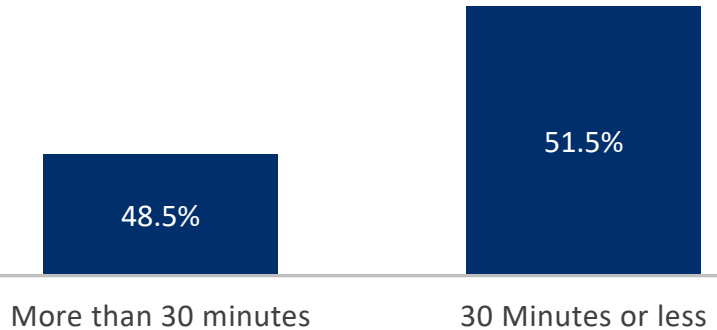


Figure 4. Travel time to health care providers (n=561)



## Results: Multivariate Logistic Regression

Not Adherence	Odds-Ratio.	St.Err.	p-value	[95% Conf Interval]		Sig
<b>OOP</b> (ref: yes)	1.67	0.19	0.007	1.15	2.42	***
<b>Travel time</b> (ref: more than 30 minutes)	1.64	0.19	0.009	1.13	2.39	***
<b>Internalized stigma</b> (ref: yes)	1.62	0.21	0.020	1.08	2.44	**
<i>Constant</i>	0.98	0.21	0.906			

\*\*\*  $p < .01$ , \*\*  $p < .05$ , \*  $p < .1$



# Conclusion and Recommendations

## Conclusion



Over one-third (30.4%) of PLHIV did not adhere to their ARV treatment.



45% of PLHIV reported paying OOP when accessing ARV at health care providers. Over a quarter of the respondents experienced internalized stigma (25.5%). Almost half of the respondents reported traveling over 30 minutes to reach their healthcare providers (48.5%).



Factors associated with barriers to ARV adherence included experiencing internalized stigma, OOP expenses (such as health service and administrative fees), and longer travel time to health facilities (p-value < 0.05).

## Recommendations



Healthcare providers should consider implementing multi-month dispensing of ARVs to ensure that PLHIV have an adequate supply while minimizing transportation costs.



Additionally, healthcare providers should offer counseling services aimed at reducing internal stigma and promoting treatment adherence among PLHIV.

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# — Thank you

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