

# THE CONCERN OF GAY PEOPLE WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN COMPLIANCE WITH ARV THERAPY AT PUZZLE INDONESIAN NON-GOVERNMENTAL ORGANIZATION BABAKAN SARI VILLAGE KIARACONDONG SUB-DISTRICT BANDUNG CITY

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## Abstract

*Concern is attention, empathy to maintain relationships with others in the form of mutual respect, and feeling of ownership and responsibility is given to problem-solving faced by others. This study aims to obtain an empirical description of 1) the characteristics of respondents, 2) the concerns of respondents to fellow gay HIV sufferers from the aspect of understanding, 3) respondents' awareness of fellow gay HIV sufferers from the aspect of awareness, 4) respondents' awareness of fellow gay HIV sufferers from the aspect of ability. The research method used in this study is a quantitative research method using descriptive surveys. Data collection techniques used in this study were questionnaires and documentation studies. The validity test used in this study is face validity and reliability testing using the Cronbach Alpha formula. The results of research on HIV gay care among adherents of ARV therapy in Lembaga Swadaya Masyarakat Puzzle Indonesia Babakan Sari Sub-district, Kiaracondong District, Bandung City showed that the level of care among fellow gay HIV sufferers in adhering to ARV therapy was in the moderate category. The concern of respondents towards fellow gay HIV sufferers in the understanding aspect entered into the high category. Two other aspects are awareness and ability in the medium category. The program proposed to answer the problems that arise in this research is "Increased Awareness and Ability for Fellow Gay People with HIV in Compliance with ARV Therapy through Education Groups".*

## Keywords:

*Concern; Gay; ARV Therapy.*

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## INTRODUCTION

Gender and sex are two terms that are often used interchangeably. Gender and sex are different terms because they both have their own meanings. Gender is a collection of several cultural characteristics so that it can be associated with male or female. Culture and social conditions determine a person's gender because they refer to the roles, functions, and responsibilities that exist in it so that it makes a person look masculine or feminine. The gender of someone who is masculine or feminine can be seen from the way they dress, behave, talk, and interact socially. Sex is the biological or anatomical identity of a person as male or female (Miley & DuBois, 2005).

Gender in Indonesia is seen from the physical, physiological, and biological status characterized by nature as male and female (MA RI Regulation No.3 of 2017). Men have an attraction to women and on the contrary, women are attracted to men. In human life, there is a strong tendency to attract someone to the same sex. The Ministry of Social Affairs of the Republic of Indonesia specifically places the issue of same-sex attraction in the Minister of Social Affairs No. 8 of 2012 on Guidelines for Data Collection and Data Management of Persons with Social Welfare Problems (PMKS) and Potential Sources of Social Welfare (PSKS). In this Ministerial Regulation, same-sex attraction is meant to fall into the minority group, namely gay and lesbian.

Gay and lesbian are two groups of homosexuals. Homosexuality is the term someone's sexual orientation for members of the same sex. Gay is a term chosen by many people with same-sex orientation, especially men in describing themselves and their sexual orientation (Zastrow, 2008: p. 230). The same

thing was also stated by Rahman in Rakhmahappin (2014: 202) that a gay is a man who loves a man either physically, sexually, emotionally, or spiritually, while lesbian is a woman who satisfies her lust with her fellow women.

Gay sexual activity is largely the same as heterosexual behavior. Gay generally kisses, hugs, and rubs against each other. Gay men can engage in masturbation together. Sexual intercourse between male sexes is carried out by means of oral and anal sex. This is a high-risk behavior that can be infected with HIV due to the entry of sperm into the partner's body that occurs during anal sex (Zastrow, 2008).

*Human Immunodeficiency Virus (HIV)* is a virus that attacks the human immune system. HIV can be transmitted through blood fluids, sperm, vagina, and breast milk. When someone is infected with HIV, the virus spreads rapidly in the lymph nodes. The virus begins to replicate and infect Cluster of Differentiation 4 (CD4) cells by damaging the cell walls for two to three days. HIV reaches its peak infection rate for an average of 25 days. It is estimated that 87 percent of people who are at the stage of infection will develop several symptoms including high pain, fatigue, swollen lymph nodes, and a rash on the body. At this stage, some practitioners recommend antiretroviral therapy (ARV) (Poindexter, 2010).

ARVs are medicine given to patients who are positive for HIV infection. These medicines cannot cure people who are infected with HIV. ARVs only slow down the growth of the virus in the patient's body. It is not enough for people with HIV to take antiretroviral medicine because they can easily cause the virus to develop resistance to it.

ARVs must also be taken for life by people with HIV. HIV sufferers must take ARV at the time determined by the doctor. The virus will multiply quickly and become more resistant to drugs if the patient is late on taking ARVs.

ARV therapy can be done when a person knows that their viral load is above 55,000, their CD4 count is below 350 cells/mm<sup>3</sup>, symptoms of HIV disease such as candidiasis appear, and the readiness of the person concerned. The viral load test is a test that measures the amount of HIV in the human bloodstream. Before doing the viral load test, HIV patients are advised to do Voluntary Counseling and Testing (VCT) first. VCT is a method used to find out someone is infected with HIV through two stages, namely pre-test and post-test counseling. Pre-test counseling is done to convince someone to be willing to do an antibody test. Counseling after antibody testing is carried out in order to prepare a person to accept whatever the results of the test have been done.

Gays and lesbians can do VCT with assistance from non-governmental organizations (NGOs). An NGO is a legal organization established by individuals or groups with clear objectives. There are three non-governmental organizations in Bandung City that aim to conduct peer support groups and mentoring for gays and lesbians living with HIV. The Non-Governmental Organization (NGO) Puzzle Indonesia is one of the NGOs that help in mentoring and peer support groups specifically for gay people living with HIV. NGO Puzzle Indonesia is located in Babakan Sari Village, Kiaracandong Sub-district, Bandung City.

The latest data from Puzzle Indonesia Non-Governmental Organization (NGO) in March 2018, the number of gays netted for

VCT were 411 people. In this number, there are 120 gay-positive PLWHA. There are 291 gay people who are HIV positive and joined in peer support groups. This number does not include gays who have shown signs of opportunistic infection but are reluctant to do VCT. According to data from the NGO Puzzle Indonesia in Bandung, 1,325 gays were referred for VCT and 647 of them were HIV-positive gays.

There are gays who are reluctant to do ARV therapy even though they have done VCT and it is known that the results are HIV positive. Of course, for various reasons such as not prepared to take the drug for the rest of their life. There is also a sense of fear of being discovered by family members because of taking medication continuously even though they are showing symptoms of opportunistic infections. The side effects of ARV drugs also become an obstacle in carrying out regular ARV therapy. The side effects include nausea, dizziness, diarrhea, and weakness in the body. Side effects can be felt by people living with HIV as long as their bodies are unable to adapt and receive ARV drugs into their bodies. These problems refer to gay's lack of adherence to ARV therapy.

Lack of adherence to these ARVs can have negative effects on people with HIV and even death. Affan, the chairman of the NGO Puzzle Indonesia, said that in 2017 there were 3 cases of gay deaths due to lack of ARV compliance. The first case occurred in January 2017. A 43-year-old gay with an undergraduate education background at a private university in Bandung was found dead with a moldy mouth and his body had started taking care of it in a boarding room.

The second case was in June 2017. A 24-year-old gay man was found dead with a thin body and there were other opportunistic infections. The gay is a college student in Bandung. The victim died at the boarding house. The third case occurred in November 2017. In this case, the victim could not be saved while being treated at the hospital. The victim is an employee who is 26 years old. Initially, the victim had time to do VCT. When it is found out that it is HIV positive, the victim is reluctant to take ARV therapy. The victim returned to the NGO Puzzle Indonesia when his condition was very bad with the accompanying opportunistic infection.

This case is reinforced by the research of Sifa Fauziah, et al., Published in the Journal of Public Health (vol. 7, number 1, 2019) that men are more at risk of not adhering to ARV therapy because women pay more attention to health problems. A study on ARV treatment adherence in the United States published in the 2008 AIDS journal stated that HIV patients over the age of 30 were more adherent to ARV treatment than HIV patients aged 18-29 years. The side effects of ARV drugs that cause nausea, dizziness, diarrhea, and weakness in the body cause people with HIV to drop out of ARVs. The results of another study by Haerati, et al., Published in the journal Proceedings of the 2018 National Seminar (vol. 1, 2018) stated that the important thing that makes a person with HIV reluctant to do ARV therapy is the lack of support from his family and partner.

Based on the three cases, apart from a lack of ARV adherence, it was also due to a lack of concern among gay people living with HIV in increasing adherence to ARV therapy. It is known that the three victims did not have a regular partner who could provide a sense of

concern for ARV compliance. The three victims were also reluctant to join an NGO that could encourage and care for them in using ARV, such as the NGO Puzzle Indonesia. Caring itself is an act of empathy and concern. The attention referred to in this case is to remind the adherence of fellow gays to the use of ARVs.

Boyatzis in 2010 stated that caring is defined as something that has three components. The caring component consists of understanding and empathy for other people's experiences, awareness of others, and the ability to act on feelings with care and empathy. When experiencing caring, one does not expect equal reciprocity.

Gay men assume that caring is formed from life experiences that have been lived until now. The more gays who care about others, the more the anticipation of unwanted events such as death. It does not rule out that the care given will be reciprocated with indifference. Such conditions really depend on how the gay responds who are given care.

The obstacle felt by a gay fellow in providing care is when gay people ignore the sense of care given to them by their colleagues because their bodies still look healthy so they don't need it. Gays who find it difficult to get into NGOs are also an obstacle so that there are no overall HIV positive gay men who need attention. There are also those who have been caught by NGOs but are still reluctant to join them.

The concern achieved by gays in ARV adherence will be seen in the increased standard of living in HIV-positive gays and the increasing number of HIV-positive gays who are joining NGOs. This is exemplified, such as an increase in the standard of living that can be seen from a gay body that is

muscular, not weak and lethargic, enthusiasm for activities, and no more opportunistic infections. Coupled with the increasing number of members in the NGO Puzzle Indonesia.

Seeing this, social workers can act as educators. Social workers educate or provide knowledge and understanding about the importance of caring for fellow gay people living with HIV on adherence to ARV therapy and how to care for it. Through this, HIV positive gays are able to educate themselves and their surroundings among gay people about their concern for ARV therapy adherence.

The care of each individual is different from one another. This makes each individual unique. Therefore it is necessary for research related to concern for both majority and minority groups such as gay. Seeing gays as a minority so that not many previous researchers were interested in conducting research on gays, especially regarding the concern. Based on this phenomenon, the authors are motivated to conduct research on "Concern among Gays with Human Immunodeficiency Virus (HIV) in Compliance with ARV Therapy in the Puzzle Indonesia Non-Governmental Organization, Babakan Sari Village, Kiaracandong Sub-district, Bandung City".

Through the research "Concern among Gays with Human Immunodeficiency Virus (HIV) in Compliance with ARV Therapy at the Puzzle Indonesia Non-Governmental Organization, Babakan Sari Village, Kiaracandong District, Bandung City," the researchers hope that social functioning and the health level of gay people can be improved. Researchers also hope that with gay knowledge about concern for adherence to ARV therapy, they can live healthily and carry

out daily activities like normal people in general.

## METHOD

The research method used to examine the concern among gay people with Human Immunodeficiency Virus (HIV) in compliance with ARV therapy at the Puzzle Indonesia Non-Governmental Organization, Babakan Sari Village, Kiaracandong District, Bandung City is a quantitative research method using a descriptive survey. According to (Sugiyono, 2018) quantitative research methods are used to examine specific populations or samples, data collection uses research instruments, data analysis is quantitative/statistical, with the aim of testing predetermined hypotheses. According to (Nazir, 2013, p. 44) a descriptive survey is "an investigation that is conducted to obtain facts from existing symptoms and seek factual information, whether about the social, economic, or political institutions of a group or a region. ". The descriptive survey can provide an overview of the topics raised, namely the concern among gay people with Human Immunodeficiency Virus (HIV) in ARV compliance at the Puzzle Indonesia Non-Governmental Organization, Babakan Sari Village, Kiaracandong Sub-district, Bandung City.

Sources of data used in this research are primary and secondary data sources. Primary data sources were obtained directly from respondents through a questionnaire. Respondents referred to in this research are gay people with HIV who are members of a peer support group in the NGO Puzzle Indonesia, Babakan Sari Village, Kiaracandong Sub-district, Bandung City. Secondary data sources were obtained from books and other previous research related to

the problem in this study, namely the concern among gay people living with HIV in compliance with ARV therapy at the NGO Puzzle Indonesia, Babakan Sari Village, Kiaracondong Sub-district, Bandung City.

The population as respondents in this research were gay people with HIV who were members of the peer support group at the NGO Puzzle Indonesia, Babakan Sari Village, Kiaracondong Sub-district, Bandung City. The sample taken in this study amounted to 74 people from a total of 291 gay populations living with HIV in the NGO Puzzle Indonesia. The number of samples to be taken in this study uses the formula according to Taro Yamane (Thoifah, 2010) as follows:

$$n = \frac{N}{N(d)^2 + 1}$$

$$n = \frac{291}{291(0,1)^2 + 1}$$

$$n = 74,4$$

$$n = 74$$

Information:

n: The number of samples sought

N: The number of population

d : Precision value (10% or  $\alpha = 0,1$ )

The measuring instrument used in this research is the Likert scale. On the Likert scale, the variables will be translated into variable indicators to be used as a starting point in compiling instrument items in the form of statements. The answer to each statement item is in the form of words strongly agree, agree, disagree, and strongly disagree. Each statement item has a positive statement and a negative statement.

The validity test used in this research is face validity. The reliability of the measuring instrument used in this study is the Alpha Cronbach method. This alpha coefficient uses the following formula:

$$\alpha = \frac{n}{n-1} \left( 1 - \frac{\sum V_i}{V_t} \right)$$

Information:

$\alpha$  = reliability value

n = item number

$V_i$  = item variants, the sigma sign means the number

$V_t$  = the total value variant

Then the guidelines for reliability efficiency are as follows:

+0,90 - +1,00 : extraordinarily good

+0,85 - +0,89 : Very good

+0,80 - +0,84 : good

+0,70 - +0,79 : fair

Less than 0,70 : less

Researchers used the Statistical Package for The Social Sciences (SPSS) computer program because they could calculate the alpha coefficient easily. Instrument reliability test results according to Cronbach's Alpha with SPSS Ver. 20.0 with a coefficient value of 0.87. The coefficient value of 0.87 is included in the very good reliability coefficient.

The data collection techniques used in this research were questionnaires and documentation studies. The data was collected by submitting or sending a list of questions to be filled in by the respondents themselves. The questionnaire used in this research is a closed questionnaire where the answers to the questions have been provided by the researcher. Documentation study is data collection that is not directly addressed to research subjects. Documentation studies through documentation sources in the form of diaries, personal letters, reports, meeting minutes, case notes, and so on (Arikunto, 2013: 274).

## RESULT

Research on concern among gay people living with HIV in the Puzzle Indonesia Non-Governmental Organization, Babakan Sari Village, Kiaracondong Sub-district, Bandung City is measured from the aspects of understanding, awareness, and abilities as follows:

### 1. Respondents' understanding of their gay fellow living with HIV regarding adherence to ARV therapy at the NGO Puzzle Indonesia

The understanding aspect is divided into 3 categories of interval classes, namely low with a score interval of 592-1.183, medium with an interval of 1.184-1.775 scores, and high with an interval of 1.776-2.368 scores. The aspect of understanding the concern among gay people living with HIV in adherence to ARV therapy at the NGO Puzzle Indonesia is in the high category with a total score of 1,777. This means that respondents or gay people living with HIV at the NGO Puzzle Indonesia really understand their gay friends with HIV in complying with ARV therapy.

Respondents understood their gay peers living with HIV adhering to ARV therapy through their knowledge of the ARV therapy they received when they decided to take ARV therapy. Respondents also received information about adherence to ARV therapy from medical personnel through adherence counseling and counseling they attended about HIV, although it was very rare that they raised specific themes about ARV therapy adherence. Respondents have knowledge about the consequences of ARV therapy, namely that it must be carried out for life and the benefits of being able to live

healthily and fit like other people in general. Respondents have knowledge about the side effects of ARV therapy such as nausea, dizziness, and diarrhea at the start of taking the drug. Respondents know the condition of their friends who are doing ARV therapy because they also experience the same thing. Respondents know the problems of their friends in adhering to ARV therapy because they also feel like they are not ready to take medication for life, they feel bored, and they feel bored. Respondents did not understand the limitations felt by their friends in adhering to ARV therapy because of one's limitations on something different from other people and the lack of openness from their gay friends with HIV about their perceived limitations. The general limitations felt by gay people living with HIV are their accessibility to get ARV drugs in a place far from their homes and the general public's lack of understanding about ARV therapy.

### 2. Respondents' Awareness of Gay Peers Living with HIV in Complying with ARV Therapy at the NGO Puzzle Indonesia

The awareness aspect is divided into three categories of interval classes, namely low with a score interval of 592-1.183, medium with an interval of 1.184-1.775 scores, and high with an interval of 1.776-2.368 scores. The awareness aspect of the concern among gay people living with HIV in adherence to ARV therapy at the NGO Puzzle Indonesia is in the medium category with a total score of 1,465. This means that respondents or gay people living with HIV at the NGO Puzzle Indonesia lack awareness of their gay

friends with HIV in complying with ARV therapy.

Respondents were less aware of their fellow gay friends living with HIV in adhering to ARV therapy by not helping their friends to get support from their families to comply with ARV therapy by making their families aware. Respondents could not do this due to the lack of openness from their fellow gay friends with HIV to their families about their HIV positive status. Respondents did not pay more attention to gay fellow living with HIV to improve adherence to ARV therapy. Respondents only asked their friends to comply with ARV therapy, because their attention in their environment is sensitive. Attention is given not to close friends will lead to jealousy of other gays. This is strictly avoided so as not to cause division between them. HIV is a serious problem, therefore respondents do not dare to provide a means that can be used as a means to comply with ARV therapy if the correctness is not confirmed.

### **3. The Ability of Respondents to Their Gay Peers with HIV in Complying with ARV Therapy at the NGO Puzzle Indonesia**

The aspect of ability is divided into three categories of interval classes, namely low with a score interval of 592-1.183, medium with an interval of 1,184-1,775, and high with an interval of 1,776-2,368. The aspect of the ability to care among gay people living with HIV in adherence to ARV therapy at the NGO Puzzle Indonesia is in the medium category with a total score of 1,329. This means that the respondents or gay people living with HIV at the NGO Puzzle Indonesia have moderate abilities to

their gay friends living with HIV in adhering to ARV therapy.

Respondents have the moderate ability with their fellow gay friends living with HIV in adhering to ARV therapy, such as respondents only asking their friends to join peer support groups and not including them because they have to have their own desires and wishes. Respondents felt inferior and did not provide education about the dangers of non-adherence to ARV therapy because they had never experienced the dangers of non-adherence to ARV therapy firsthand. Respondents did not provide education about adherence to ARV therapy to their friends' families because most of their friends had not informed their families about their HIV status. Respondents did not contact their friends right at the time they took their medication because there was no practical and effective way to contact all their friends at one time. Respondents did not make alarms together with their friends because there was no ongoing commitment among their friends to remind each other when taking medication.

Assessment of care is divided into three aspects, namely aspects of understanding, awareness, and abilities. The highest actual score is in the aspect of understanding with the number 1,777. The lowest actual score is in the ability aspect with a total of 1,329. The total score of respondents' answers from the three aspects of concern among gay people with HIV in adherence to ARV therapy was divided into three interval classes, namely low with an interval score of 1,776-3,551, medium with an interval score of 3,552-5,327, high with an interval of 5,328-7.104 scores. Concern



among gay people living with HIV in adherence to ARV therapy at the NGO Puzzle Indonesia is in the medium category with a total score of 4,571. This means that respondents have less concern for fellow gay people living with HIV in adhering to ARV therapy.

## DISCUSSION

### 1. Analysis of Research Results

The results of the research on concern among gay people living with HIV in compliance with ARV therapy at the Puzzle Indonesia NGO, Babakan Sari Village, Kiaracandong Sub-district, Bandung City are in the medium category with an actual score of 4.571 and an ideal score of 7.104. Concern can be measured through three components, namely understanding, awareness, and ability. Concern among gay people living with HIV in adherence to ARV therapy at the NGO Puzzle Indonesia is categorized as moderate on the awareness and ability aspects. Meanwhile, the understanding aspect is in the high category.

Understanding is the first component of care. According to Boyatzis & McKee (2010) understanding and empathy for the feelings and experiences of others, namely feeling a concern, must understand not to make assumptions or expect equal reciprocity. Caring means giving attention to others which must begin with self-curiosity about other people and their experiences. Understanding the feelings and problems of others must begin with an inner curiosity about that person's problems.

The aspect of understanding relates to respondents who know about ARV

therapy, get information about ARV therapy adherence, follow counseling about ARV therapy adherence, know the consequences, benefits, and side effects of ARV therapy, understand the condition of gay friends with HIV who are on ARV therapy, knowing the problems of fellow gay friends living with HIV in adhering to ARV therapy, and understanding the limitations of friends in adhering to ARV therapy.

The aspect of understanding the concern among gay people living with HIV in adherence to ARV therapy at the NGO Puzzle Indonesia is in the high category with an actual total score of 1,777 and an ideal score of 2,368. This means that respondents or gay people living with HIV at the NGO Puzzle Indonesia really understand their gay friends with HIV in complying with ARV therapy. This understanding is known from the statements with a high total score such as respondents knowing about ARV therapy, getting information about ARV therapy adherence, attending counseling about ARV therapy adherence, knowing the consequences, benefits, and side effects of ARV therapy, understanding the condition of gay friends with HIV treatment. HIV who is currently undergoing ARV therapy knows the problems of a gay friend living with HIV in adhering to ARV therapy.

According to Boyatzis & McKee (2010) awareness is the ability that exists within oneself to give full attention to humans, nature, the environment, and various events that occur around them. The full attention of a person can be given after the emergence of awareness from within and thoughts of what is happening in the

surroundings or the environment. Gay people living with HIV should be aware of the adherence to ARV therapy to study other people or their gay friends living with HIV, how they feel, and see their adherence to ARV therapy.

The awareness aspect relates to respondents helping their gay friends with HIV to get ARV therapy services. Respondents asked their friends to comply with ARV therapy. Respondents tried to help their friends' families to support adherence to ARV therapy. Respondents did not differentiate between their friends to get ARV therapy services. Respondents realized the importance of adherence to ARV therapy for their friends. Respondents paid attention to their friends to improve adherence to ARV therapy. Respondents provide a way for their friends to comply with ARV therapy. Respondents invited their friends to adopt a healthy lifestyle.

The awareness aspect of the concern among gay people living with HIV in adherence to ARV therapy at the NGO Puzzle Indonesia is in the medium category with an actual total score of 1,465 and an ideal score of 2,368. This means that respondents or gay people living with HIV in the NGO Puzzle Indonesia have moderate awareness of their gay friends with HIV in complying with ARV therapy. The current awareness is known from the following statements, such as the respondent trying to help awaken his friend's family to Support ARV therapy adherence. Respondents paid attention to their friends to improve adherence to ARV therapy. Respondents provide a way for their friends to comply with ARV therapy.

The ability according to Boyatzis & McKee (2010) is based on the full desire to bond with others and to meet their needs. The ability of gay people living with HIV at the NGO Puzzle Indonesia to act to improve adherence to ARV therapy among gay people living with HIV is based on feelings of concern and empathy. Gay people living with HIV, members of peer support groups at the NGO Puzzle Indonesia, must have a great feeling to bond with other people and meet their needs to comply with ARV therapy.

The aspect of ability relates to the actions that the respondent will take, such as including his friends to join the peer support group. Accompany friends to get ARV therapy. Provide education to friends about the dangers of non-adherence to ARV therapy. Provide education to friends about adherence to ARV therapy. Provide education to family friends about adherence to ARV therapy. Call his friend at the right time to take the medicine. Make an alarm with friends as a reminder to take medicine. Motivate friends to comply with ARV therapy.

The aspect of the ability to care among gay people living with HIV in adherence to ARV therapy at NGO Puzzle Indonesia is in the medium category with an actual total score of 1.329 and an ideal score of 2.368. This means that the respondents or gay people living with HIV at the NGO Puzzle Indonesia have moderate abilities to their gay friends living with HIV in adhering to ARV therapy. This moderate ability is known from the following statements, such as the respondent includes his friend to join the peer support group. Provide education to

friends about the dangers of non-adherence to ARV therapy. Provide education to family friends about adherence to ARV therapy. Call his friend at the right time to take the medicine. Make an alarm with friends as a reminder to take medicine.

## 2. Problems Analysis

Based on the results of this research, several analyzes of the problems that occurred can be drawn. The problem of concern among gay people living with HIV in adherence to ARV therapy at the NGO Puzzle Indonesia occurs in the awareness and ability aspects. The problems that exist are based on the analysis of the scores generated from each statement on the aspects of awareness and ability.

Respondents' problems in the awareness aspect include respondents not helping their friends to get support from their families to comply with ARV therapy by making their families aware. Respondents could not do this due to the lack of openness from their fellow gay friends with HIV to their families about their HIV positive status. A gay person living with HIV must inform his family first because no matter what happens, he remains a family member who needs his parents' love. This is in line with what Mulyawati, et al. (2010) stated that children's affection for their parents and other family members gives rise to a caring attitude towards one another.

Respondents did not pay more attention to gay fellow living with HIV to improve adherence to ARV therapy. This is not in line with what Boyatzis & McKee (2010) argued, consciousness is the ability to be truly aware of what is happening in oneself, body, mind, heart, and soul to give

full attention to what is happening around them. Respondents only asked their friends to comply with ARV therapy, because their attention in their environment is sensitive. Attention if given not to close friends will lead to jealousy of other gays. This is strictly avoided so as not to cause division between them. HIV is a serious problem, therefore respondents did not dare to provide a means that could be used as a means to comply with ARV therapy if the truth was not confirmed. This contradicts what was stated by Swanson (in Mufidah, 2016) that the dimension of caring is one of which is enabling which means facilitating others by providing information, explanation, support, and providing alternatives.

The problem of respondents in the aspect of ability is that respondents only invite their friends to join the peer support group and do not include them because they must be their own desires and wishes. Respondents felt unable to provide education about the dangers of non-adherence to ARV therapy because they had never experienced the dangers of non-adherence to ARV therapy firsthand. This contrasts with what was stated by Swanson (in Mufidah, 2016) that the dimension of caring is one of which is enabling, which means facilitating others by providing information, explanation, support, and providing alternatives.

Respondents did not provide education about adherence to ARV therapy to their friends' families, because most of their friends had not informed their families about their HIV status. Respondents did not contact their friends right at the time they took their medication because there was no

practical and effective way to contact all their friends at one time. Respondents did not make alarms together with their friends because there was no ongoing commitment among their friends to remind each other when taking medication.

### 3. Needs Analysis

Needs analysis is used to solve problems that have been analyzed previously. Based on the problems previously mentioned, there are several needs related to concern among gay people living with HIV in compliance with ARV therapy at the NGO Puzzle Indonesia as follows:

The respondent's need in the awareness aspect is that respondents need a way to help their friends inform their families about their current HIV status so that there is no rejection and get support to comply with ARV therapy. Respondents also needed a way to pay special attention to gay friends living with HIV as an encouragement to always adhere to ARV therapy. Gay people living with HIV will get great attention and encouragement from the family to comply with ARV therapy when the family already knows the status of the family member and there is no rejection.

Respondents' needs in the aspect of the ability, namely respondents need a container or group that does not have many members so that they can always maintain closeness to each other. The group can make communication between its members smooth so that it can be used as an alarm or a means to remind and contact each other in turn right at the time the members are taking their medication. Within the group, the token economy can also be applied

which can increase awareness among members in adhering to ARV therapy. Respondents also need an outreach activity about adherence and the dangers of non-adherence to ARV therapy. This counseling can improve the respondent's ability and information to be conveyed to his small group members.

### 4. Source Analysis

Sources that can be used in dealing with problems related to concern among gay people living with HIV in compliance with ARV therapy at the NGO Puzzle Indonesia, Babakan Sari Village, Kiaracandong Sub-district, Bandung City are as follows:

#### a. Formal Source Systems

The formal source system is a source system that can provide services directly to members who have met the requirements set by the source. This source system takes the form of formal institutions such as organizations, labor unions, cooperatives, banks, and professional associations. Formal source systems that can be utilized are the NGO Puzzle Indonesia and the Teratai Clinic at Hasan Sadikin Hospital in Bandung.

#### b. Informal Source System

Informal or natural source systems are resource systems that provide assistance in the form of emotional support, advice, information, and other services without using procedures and without strings attached. Informal resource systems can be obtained from family, friends, and people in the environment in which we are active. Informal source systems that can help respondents are friends or peer-to-peer peer groups at the Puzzle Indonesia NGO, gay friends outside the Puzzle Indonesia

NGO, and the families of gay friends living with HIV.

### c. Community Source System

Community resource systems are government-owned or private institutions that can provide assistance and are accessible to the general public. These community resource systems include schools, hospitals, libraries, and welfare service institutions. Community resource systems that can be utilized by respondents are hospitals in Bandung City, Puskesmas in Bandung City, Bandung City AIDS Commission, Bandung City Communication and Information Office, and NGOs dealing with HIV / AIDS in Bandung City.

## CONCLUSION

According to the results of research that has been carried out on Concern among Gay People with HIV in Compliance with ARV Therapy at the Puzzle Indonesia Non-Governmental Organization, which was conducted on 74 respondents, in general, they are in the medium category with an actual score of 4.571 and an ideal score of 7.104. This means that the concern given to gay people living with HIV in the Indonesian NGO Puzzle Indonesia is still lacking and must be increased because there are two aspects that have a total score in the moderate category. The awareness and ability aspects have a total score in the medium category, while the understanding aspect has a high total score.

The aspect of understanding the concern among gay people living with HIV in adherence to ARV therapy at the NGO Puzzle

Indonesia is in the high category with an actual total score of 1,777 and an ideal score of 2,368. This means that respondents or gay people living with HIV at the NGO Puzzle Indonesia really understand their gay friends with HIV in complying with ARV therapy. This understanding is known from the statements with a high total score such as respondents knowing about ARV therapy, getting information about ARV therapy adherence, attending counseling about ARV therapy adherence, knowing the consequences, benefits, and side effects of ARV therapy, understanding the condition of gay friends with HIV treatment. HIV who is currently undergoing ARV therapy knows the problems of a gay friend living with HIV in adhering to ARV therapy.

The awareness aspect of the concern among gay people living with HIV in adherence to ARV therapy at the NGO Puzzle Indonesia is in the medium category with an actual score of 1.465 and an ideal score of 2.368. This means that respondents or gay people living with HIV in the NGO Puzzle Indonesia have moderate awareness of their gay friends with HIV in complying with ARV therapy. The current awareness is known from the following statements, such as the respondent trying to help awaken his friend's family to Support ARV therapy adherence. Respondents paid attention to their friends to improve adherence to ARV therapy. Respondents provide a way for their friends to comply with ARV therapy.

The aspect of the ability to care among gay people living with HIV in adherence to ARV therapy at NGO Puzzle Indonesia is in the medium category with an actual total score of 1.329 and an ideal score of 2.368. This means that the respondents or gay people

living with HIV at the NGO Puzzle Indonesia have moderate abilities to their gay friends living with HIV in adhering to ARV therapy. This moderate ability is known from the following statements, such as the respondent includes his friend to join the peer support group. Provide education to friends about the dangers of non-adherence to ARV therapy. Provide education to family friends about adherence to ARV therapy. Call his friend at the right time to take the medicine. Make an alarm with friends as a reminder to take medicine.

Respondents' problems in the awareness aspect include respondents not helping their friends to get support from their families to comply with ARV therapy by making their families aware. Respondents did not pay more attention to gay fellow living with HIV to improve adherence to ARV therapy. Respondents did not dare to provide a means that could be used as a means to comply with ARV therapy if the truth was not confirmed.

The problem of respondents in the aspect of ability is that respondents do not include their gay friends with HIV to join the peer support group. Respondents did not provide education to gay friends living with HIV and their families about adherence and the dangers of non-adherence to ARV therapy. Respondents also did not make alarms with their gay friends living with HIV and did not contact them on time to take their medication.

The respondent's need in the awareness aspect is that respondents need a way to help their friends inform their families about their current HIV status so that there is no rejection and get support to comply with ARV therapy. Respondents also needed a way to pay special attention to gay friends living with HIV as an encouragement to always adhere to ARV

therapy. Gay people living with HIV will get great attention and encouragement from the family to comply with ARV therapy when the family already knows the status of the family member and there is no rejection.

Respondents' needs in the aspect of the ability, namely respondents need a container or group that does not have many members so that they can always maintain closeness to each other. The group can make communication between its members smooth so that it can be used as an alarm or a means to remind and contact each other in turn right at the time the members are taking their medication. Within the group, the token economy can also be applied which can increase awareness among members in adhering to ARV therapy. Respondents also need an outreach activity about adherence and the dangers of non-adherence to ARV therapy. This counseling can improve the respondent's ability and information to then be conveyed to his small group members.

Based on the analysis of problems and needs about the care among gay people living with HIV in the Puzzle Indonesia NGO, Babakan Sari Village, Kiaracondong District, Bandung City, it can be seen that gay people living with HIV in the NGO Puzzle Indonesia have not found a way to increase awareness of other gay people living with HIV in complying with ARV therapy. . Gay people living with HIV in the NGO Puzzle Indonesia need a forum or group that does not have many members so that they can always maintain closeness to one another.

This group is expected to help gay people living with HIV to tell their families so that gay people with HIV will get support from their families too. The group can also be a means of reminding and contacting members

to one another in turn right at the time of taking medications which can be combined with a token economy. Economic tokens can be given by group members to other group members to assess the compliance of each member. Respondents also need education about adherence and the dangers of non-adherence to ARV therapy which can increase the ability and information of respondents to be conveyed to other group members.

Based on this rationale, the researcher proposes a program design in accordance with the problems and needs of gay people living with HIV at the NGO Puzzle Indonesia. The name of the program proposed in this research is **"Increasing the Awareness and Ability of Gay Peers with HIV to Adherence to ARV Therapy through the Education Group"**. The reason the researchers proposed the program was because, through the gay education group living with HIV at the NGO Puzzle Indonesia, they could obtain information about ways to care for each other to improve adherence to ARV therapy.

The general objective to be achieved from the implementation of the program is to increase awareness among gay people living with HIV in the NGO Puzzle Indonesia in compliance with ARV therapy. The specific objectives of implementing the program are to increase awareness among gay people living with HIV in adhering to therapy and to increase the ability of gay people living with HIV to comply with ARV therapy.

The target of the program to increase awareness and ability of fellow gay people living with HIV to adherence to ARV therapy through the education group was 74 gay people living with HIV in the Puzzle Indonesia NGO, Babakan Sari Village, Kiaracandong District, Bandung City.

Program implementers include a system for implementing changes in programs such as the Bandung City Health Office, the Bandung City AIDS Commission, the Bandung City Communication and Information Agency, and social workers. The client system in the program is gay people living with HIV in the Puzzle Indonesia Non-Governmental Organization, Babakan Sari Village, Kiaracandong Sub-district, Bandung City. The target system in the program is gay friends living with HIV outside the NGO Puzzle Indonesia and their families. The activity system in the program is the Puzzle Indonesia Non-Governmental Organization.

## REFERENCES

- Arikunto, S. (2013). *Prosedur Penelitian Suatu Pendekatan Praktik*. Jakarta: PT. Rineka Cipta.
- Boyatzis, R., & McKee, A. (2010). *Resonant Leadership Memperbarui Diri Anda dan Berhubungan dengan Orang Lain memalui Kesadaran, Harapan, dan Kepedulian*. Diterjemahkan oleh Himat Gumelar. Bandung: Erlangga.
- Dubois, B. Miley, K.K. (2005). *Social Work An Empowering Profession (5<sup>th</sup> ed.)*. Boston: Allyn & Bacon.
- Fauziah, S., dkk. (Januari 2019). Identifikasi Faktor-faktor Penyebab *Drop-Out* ARV pada Penderita TB-HIV di Kelompok Dukungan Sebaya Arjuna Semarang. *Jurnal Kesehatan Masyarakat (e-Jurnal)*, 7(1), ISSN: 2356-3346.
- Favourita, L. dkk. (2014). *Modul Praktik Pekerjaan Sosial dengan HIV/AIDS*. Bandung: STKS Press.
- Haerati, dkk. (2018). *Loss to Follow up* pada Orang dengan HIV dan AIDS yang Menerima Terapi Antiretroviral di Kabupaten Bulukumba. *Sinergitas Multidisiplin Ilmu Pengetahuan dan*

- Teknologi*, 1, ISSN: 2622-0520.
- Mulyawati, H. dkk. (2010). *Pembelajaran Studi Sosial*. Bandung: Alfabeta.
- Mufida, N. (2016). Program Jam Wajib Belajar dalam Membentuk *Civic Disposition* Warga Negara. *HUMANIKA*, 23(1), ISSN 1412-9418.
- Nazir, M. (2013). *Metode Penelitian*. Bogor : Ghalia Indonesia.
- Peraturan Mahkamah Agung RI Nomor 3 Tahun 2017 tentang *Pedoman Mengadili Perkara Perempuan Berhadapan dengan Hukum*.
- Permensos RI Nomor 8 Tahun 2012 tentang *Pedoman Pendataan dan Pengelolaan Data Penyandang Masalah Kesejahteraan Sosial dan Potensi dan Sumber Kesejahteraan Sosial*.
- Poindexter, C. C. (2010). *Handbook of HIV and Social Work: Principles, Practice, and Populations*. Canada: Wiley.
- Rakhmahappin, Y., & Prabowo, A. (Januari 2014). Kecemasan Sosial Kaum Homoseksual Gay dan Lesbian. *Jurnal Ilmiah Psikologi Terapan*, 2(2), 199-202.
- Sugiyono. (2018). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Bandung: Alfabeta.
- Thoifah, I. (2016). *Statistika Pendidikan dan Metode Penelitian Kuantitatif*. Malang: Madani.
- Zastrow, C. (2008). *Introduction to Social Work and Social Welfare, (9<sup>th</sup> Ed.)*. Belmont: Brooks/Cole.