

Implementation of Islamic Communication Principles in Antiretroviral Adherence Counseling for Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome Patients

Suciati^{1*}, Abdul Malik¹, Mohammad Fakhri¹

¹Komunikasi Penyiaran Islam, Universitas Islam Negeri Mataram, Indonesia

*Corresponding Author Email: 230405012.mhs@uinmataram.ac.id

Abstract

This study explores the role of Islamic communication principles in enhancing antiretroviral therapy (ART) adherence among HIV/AIDS patients at West Nusa Tenggara Provincial Hospital (NTB), Indonesia, focusing on culturally sensitive counselling techniques. Using a qualitative case study approach, the research involved in-depth interviews and observations with three HIV/AIDS counsellors (K1, K2, and K3) and three patients (P1, P2, and P3) with a history of ART discontinuation. Data were collected through interviews, observations of counselling sessions, and secondary documentation, then analyzed using the Miles and Huberman model, which includes data collection, reduction, presentation, and conclusion drawing. The findings revealed that counsellors (K1, K2, and K3) employed ethical and empathetic communication principles, aligning with the six *qaulan* (Islamic communication principles): *qaulan sadida* (truthful speech), *qaulan maysura* (easy-to-understand speech), *qaulan baligha* (impactful speech), *qaulan ma'rufa* (kind speech), *qaulan karima* (respectful speech), and *qaulan layyina* (gentle speech). Although counsellors were not explicitly aware of these principles, their practices inherently reflected these values, fostering trust, reducing stigma, and improving patient adherence to ART. Patients (P1, P2, and P3) reported feeling respected, supported, and motivated during counselling, strengthening their commitment to lifelong treatment. This study highlights the importance of integrating Islamic communication principles into HIV/AIDS counselling to align with patients' cultural and religious values, particularly in Muslim-majority settings. This approach enhances ART adherence, strengthens patient-counselor relationships, reduces stigma, and promotes better health outcomes. The findings contribute to culturally competent healthcare practices by advocating for patient-centred counselling strategies that incorporate religious and cultural values, ultimately improving adherence and quality of life for people living with HIV/AIDS.

Keywords: Antiretroviral Drinking Adherence, Counseling, Islamic Communication

Abstrak

Studi ini mengeksplorasi peran prinsip-prinsip komunikasi Islam dalam meningkatkan kepatuhan terapi antiretroviral (ART) di antara pasien HIV/AIDS di Rumah Sakit Provinsi Nusa Tenggara Barat (NTB), Indonesia, dengan fokus pada teknik konseling yang sensitif secara budaya. Menggunakan pendekatan studi kasus kualitatif, penelitian ini melibatkan wawancara dan pengamatan mendalam dengan tiga konselor HIV/AIDS (K1, K2, dan K3) dan tiga pasien (P1, P2, dan P3) dengan riwayat penghentian ART. Data dikumpulkan melalui wawancara, observasi sesi konseling, dan dokumentasi sekunder, kemudian dianalisis menggunakan model Miles dan Huberman, yang meliputi pengumpulan data, reduksi, presentasi, dan penarikan kesimpulan. Temuan mengungkapkan bahwa konselor (K1, K2, dan K3) menggunakan prinsip komunikasi etis dan empati, selaras dengan enam *qaulan* (prinsip komunikasi Islam): *qaulan sadida* (ucapan jujur), *qaulan maysura* (ucapan yang mudah dipahami), *qaulan baligha* (ucapan yang berdampak), *qaulan ma'rufa* (ucapan yang baik), *qaulan karima* (ucapan hormat), dan *qaulan layyina* (ucapan lembut). Meskipun konselor tidak secara eksplisit menyadari prinsip-prinsip ini, praktik mereka secara inheren mencerminkan nilai-nilai ini, menumbuhkan kepercayaan, mengurangi stigma, dan meningkatkan kepatuhan pasien terhadap ART. Pasien (P1, P2, dan P3) melaporkan merasa dihormati, didukung, dan termotivasi selama konseling, memperkuat komitmen mereka untuk pengobatan seumur hidup. Studi ini menyoroti pentingnya mengintegrasikan prinsip-prinsip komunikasi Islam ke dalam konseling

* Copyright (c) 2025 **Suciati, Abdul Malik, Mohammad Fakhri**

This work is licensed under a [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/).

Received: January 05, 2025; Revised: March 01, 2025; Accepted: March 08, 2025

HIV/AIDS agar selaras dengan nilai-nilai budaya dan agama pasien, terutama di lingkungan mayoritas Muslim. Pendekatan ini meningkatkan kepatuhan ART, memperkuat hubungan pasien-konselor, mengurangi stigma, dan mempromosikan hasil kesehatan yang lebih baik. Temuan ini berkontribusi pada praktik perawatan kesehatan yang kompeten secara budaya dengan mengadvokasi strategi konseling yang berpusat pada pasien yang menggabungkan nilai-nilai agama dan budaya, yang pada akhirnya meningkatkan kepatuhan dan kualitas hidup bagi orang yang hidup dengan HIV/AIDS.

Kata kunci: ARV, Kepatuhan, Komunikasi Islami, Konseling

INTRODUCTION

Antiretroviral (ARV) is an anti-viral drug used in the treatment of HIV (Human Immunodeficiency Virus)/AIDS (acquired immunodeficiency syndrome). The treatment of HIV/AIDS using ARVs is different in principle from the treatment of other diseases. ARVs are long-term, continuous, and even lifelong treatments. Therefore, a high level of compliance is required to be able to get the maximum therapeutic effect. On the other hand, if there is a low adherence to taking low ARVs, the virus will mutate to become malignant and resistant to treatment. Furthermore, the patient will fall faster to an advanced stage, which ends in death. The level of adherence to taking ARVs is so important that it makes it the main determining factor for the success of therapy in HIV/AIDS, increasing the likelihood of secondary infections and fatal outcomes (Kusumaadhi et al., 2021)

A key element of this research is the recognition of the importance of culturally sensitive healthcare practices. Mariat et al., (2024) asserts that understanding the ethical principles embedded in Islamic law is essential for promoting culturally competent care, particularly in medical education and healthcare delivery systems. Similarly, Rashid & Al-shami, (2022) highlight that healthcare services should align with Islamic values, especially in Muslim-friendly hospitals, to build patient trust and satisfaction. The integration of these values into counseling practices can significantly strengthen the relationship between healthcare providers and patients, ultimately leading to better health outcomes.

Compliance with taking ARVs is still a global issue. Data shows that the average compliance rate in developed countries is only around 50%. Meanwhile, in developing countries, including Indonesia, the figure is even lower. Until the end of 2023, the compliance rate for taking ARVs in Indonesia nationally is still 42%.² Forgetting and being bored, feeling healthy, and resigned to the disease are the reasons often expressed by People With HIV/AIDS (ODHA) when deciding to stop taking ARVs. In addition, there are other factors that hinder compliance with taking ARVs that come from external ODHA, including the availability of ARVs, health insurance, and the pattern of the HIV/AIDS disease itself, which sometimes leaves sequelae that result in intolerance to ARVs.

Counseling holds significant importance in supporting adherence to antiretroviral therapy (ART) among HIV/AIDS patients, though its effectiveness varies. Research indicates that counseling enhances ART uptake and adherence (Wahyuni et al., 2020), yet some studies report its insufficiency in ensuring long-term compliance (Sawitri et al., 2021). It emphasizes that interventions such as the Good Behavior Game (GBG) might lead to adverse effects on disruptive conduct if not correctly executed over time, indicating that an inadequate intervention period could negatively impact compliance results (Troncoso et al., 2024). Nurses serving as counselors demonstrate a positive impact on patient adherence (Triwulandari et al., 2024), emphasizing the need for high-quality counseling services. However, demographic factors like age and education do not show a notable link to adherence (Debby et al., 2019).

NTB Provincial Hospital is a referral center hospital for ARV services in West Nusa Tenggara province. As of June 2024, the compliance rate for taking ARVs is quite high, exceeding the national and developed country figures, which reach 78%.⁵ Preliminary studies show that in the counseling

of ARV drinking compliance, the NTB Provincial Hospital applies the client-oriented principle by positioning ODHA as the center of the counseling process. The client-oriented principle provides the widest opportunity for ODHA to share their feelings, experiences, and concerns related to treatment with ARVs to subsequently find solutions based on mutual agreement.

In order for counseling to run effectively, counselors at the ARV service of the NTB Provincial Hospital apply 2 (two) approaches, namely an approach through counseling techniques and an approach through the principle of communication. The approach to counseling techniques based on empathy and motivation is carried out by counselors with the hope that ODHA will feel comfortable, valued, and motivated so that they are more open and actively involved in the counseling process. Meanwhile, the approach to the principle of ethical and empathetic communication through the use of good, polite, gentle, and non-verbal judgment, and not condescending will make ODHA feel more relaxed, accepted, and far from stigma. This is important to increase the trust of ODHA to the counselor, then a good relationship is fostered between the two that leads the counseling process to the goal.

The Qur'an offers detailed guidance on ethical and effective communication in Islam. It outlines six core principles of Islamic communication: *qaulan sadida* (truthful speech), *qaulan layyina* (kind speech), *qaulan ma'rufa* (appropriate speech), *qaulan baligha* (explicit speech), *qaulan karima* (respectful speech), and *qaulan maysura* (simple speech) (Afifi & Nuryana Kurniawan, 2021). These principles highlight the importance of sincerity, courtesy, and integrity in interactions, regardless of the listener's background. Grounded in the Qur'an and Hadith, Islamic communication seeks to deliver messages that are succinct, understandable, and devoid of harmful intentions (Ismatulloh, 2017). Ismatulloh said it should educate, inspire, and leave a constructive influence on the audience.

Unfortunately, the principles of Islamic communication of the six *qaulan* are not widely known among counselors at the NTB Provincial Hospital. They apply the principles of ethical, empathetic, and motivating communication during counseling based on knowledge and experience that is universal and normative as they have learned for a long time, not as a form of practicing Islamic communication principles. For example, Luthfi and Hidayat demonstrate that clear communication is crucial in transmitting information, enhancing personal understanding, and promoting behavioural transformation (Luthfi & Hidayat, 2023). In fact, the understanding that has developed among the majority of counselors is that in counseling HIV/AIDS patients avoid any religious diction as much as possible, because it is feared that it can lead to stigma against ODHA, considering that until now there are still many people who think that HIV/AIDS is a disease due to violating religious teachings.

Many studies on counseling for HIV/AIDS patients have been carried out, including by (Sari et al., 2022). Individual Counseling Services for HIV AIDS Patients (Case Study at RSJD Sungai Bangkong, Kal-Bar Province)." The findings of the study show that after individual counseling, ODHA becomes more open, accepts their status, and is more economically productive. Islamic values emphasize compassion, community, and health, which are crucial in counselling. The stigma around HIV/AIDS often stems from cultural and religious beliefs, hindering open discussions (Alomair et al., 2023). Counselling that aligns with Islamic teachings can reduce this stigma by fostering understanding and community support. By integrating these principles, individuals can better comprehend HIV/AIDS within their beliefs. This approach creates an accepting environment that encourages adherence to antiretroviral (ARV) therapy for effective treatment. (Al-Rahamneh et al., 2024), highlights that the conservative cultural environment in places like Jordan shows how incorporating religious principles into health messaging can improve HIV prevention and treatment efforts. The study reveals that cultural and religious beliefs strongly impact health behaviours, such as accepting HIV testing and following treatments. Utilizing Islamic communication methods in counselling can align medical guidance with cultural values, fostering acceptance and enhancing overall health outcomes. According to Ali et al., (2023), cultural beliefs

significantly shape patients' attitudes toward HIV/AIDS counselling and their willingness to access healthcare. Adapting counselling methods to align with cultural values can enhance antiretroviral (ARV) therapy acceptance. This approach fosters positive attitudes, improving patient engagement and adherence to treatment for better health outcomes. This is reinforced by Perngmark et al., (2023), who emphasize that discrimination from family and community members acts as an obstacle to antiretroviral therapy adherence, leading to reduced support for individuals living with HIV. These societal perceptions can intensify loneliness and discourage patients from seeking essential medical treatment.

This study explores how Islamic communication principles enhance adherence to antiretroviral treatment at West Nusa Tenggara Provincial Hospital. Through interviews and focus groups with healthcare providers and patients, the research highlights the importance of trust, spiritual support, and community involvement in encouraging treatment adherence. Patients found that counselling integrated with Islamic values provided reassurance and a sense of responsibility for their health. The findings suggest that culturally sensitive counselling reduces stigma and strengthens patients' commitment to following their treatment plans. Islamic principles such as mutual respect and compassion help align counselling with patients' beliefs, making them more willing to adhere to therapy. Healthcare providers are encouraged to understand and incorporate patients' religious and cultural backgrounds to ensure more effective care. By integrating faith-based approaches, this study promotes culturally competent healthcare, leading to better adherence and improved health outcomes for people living with Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome, emphasizing the vital role of culture in healthcare communication.

Recognizing the importance of effective communication in healthcare, the researcher conducted this study to explore counselling techniques and the application of Islamic communication principles in supporting antiretroviral adherence. This research examines how these principles help foster trust and cooperation between counsellors and patients, ensuring a smoother counselling process and better treatment outcomes. By understanding the techniques used and the role of Islamic values, the study highlights how mutual respect, compassion, and spiritual support enhance patient commitment to treatment. Establishing a positive relationship between counsellors and patients is key to ensuring adherence, reducing stigma, and improving overall healthcare communication. The findings aim to contribute to more culturally competent counselling strategies, ultimately strengthening patient adherence and promoting better health outcomes in antiretroviral treatment programs.

RESEARCH METHOD

This research is field research with a qualitative method using a case study approach. The data produced are descriptive data on counseling techniques and the implementation of the Islamic communication principles of the six *qaulan* in counseling for ARV drinking compliance in HIV/AIDS patients. This research was conducted on HIV/AIDS counselors at the NTB Provincial Hospital with the criteria of being Muslim, actively participating in counselor upgrading activities, and actively serving HIV/AIDS counseling. The main informant consists of 3 counselors who routinely serve ARV counseling at VCT polyclinics. Meanwhile, the triangulation informant consisted of 3 patients who received ARV services, with the criterion of having a history of drug withdrawal. In addition to in-depth interviews, data were obtained through observation of the counseling process to find out the counseling techniques and the application of the Islamic communication principles of the six *qaulans* in the counseling of ARV drinking compliance. The researcher also maximizes secondary data in the form of documentation from counselor records and service reports. Furthermore, the data analysis technique uses the model Miles, M. B., Huberman, A. M., (2014). which includes data collection, data reduction, data presentation, and drawing conclusions.

RESULTS AND DISCUSSION

Principles of Islamic Communication

Islamic communication is rooted in Islamic values, emphasizing peace, kindness, and ethical behavior (Effendy et al., 2023). It is based on the Quran and As-Sunnah, which promote morality and integrity in interactions (Saggaf et al., 2021). Key principles include honesty, constructive messaging, verification (*tabayyun*), and harmony (*silm*), aiming to create a peaceful environment and curb misinformation on social media (Teshale et al., 2021). Explain how Islam, originating from Allah's guidance, seeks to foster harmony and ethical conduct among its followers (Mulyana et al., 2023). The Quran and Hadith provide communication guidelines, incorporating diverse speech styles like *qaulan sadidan* (truthful words), *qaulan balighan* (eloquent words), and *qaulan ma'rufan* (kind words). These elements ensure that Islamic communication fosters understanding, peace, and ethical conduct in all forms of human interaction.

Islamic communication is anchored in principles drawn from the Quran and Hadith, to foster societal peace and unity (Sopiyan et al., 2023). These guidelines emphasize various modes of expression, including *qaulan sadidan* (truthful speech), *qaulan balighan* (persuasive speech), and *qaulan ma'rufan* (gentle speech) Sopiyan et al., said. The Quran highlights 19 distinct communication patterns, which are broadly classified into *bi al-Lisan* (spoken communication) and *bi al-Hal* (non-verbal communication).

Although the Qur'an does not explain communication specifically, many verses provide a general description of the concept of communicating. Some words in the form of *qaulan* found in the Qur'an are assumed to be an explanation of a message that leads to concepts, methods, and principles of communication.¹⁴ The six principles in the form of *qaulan* are *Qaulan Sadida*, conveying the message correctly, based on facts and data, not unknown information. The source is clear, especially those that are hoaxes. This is in accordance with the Word of Allah in the Qur'an, surah an-Nisa verse 9. *Qaulan Maysura*, is any form of communication using words or sentences that provide a relieving, pleasant, and encouraging effect so that it is able to give birth to an optimistic attitude for the individual to whom it is spoken. This is explained in the Qur'an surah al-Isra verse 28. *Qaulan Baligha*, words with a clear meaning, arrive at the meaning and are expressed in the right way so that they leave an imprint in the heart of the interlocutor. This expression is listed in the Qur'an surah an-Nisa verse.

Next is *Qaulan Ma'rufan*, a good, friendly, non-rude, non-offensive expression, not dirty, and does not stimulate communicators to do evil. Conversation contains things that are useful and cause goodness in accordance with the values that apply to the communicator. In the Qur'an, this expression is mentioned four times, namely in surah al-Baqarah verse 253, surah an-Nisa verse 5, surah an-Nisa verse 8, and surah al-Ahzab verse 32. *Qaulan Kariman* means a noble and precious word. This expression is mentioned in the Qur'an surah al-Isra verse 23. How to convey well and respectfully, as a reflection of the height and nobility of the morals of the communicator. In this case, the communicator chooses noble and polite words so that the receiver feels respected and honored. *Qaulan Layyinan*, communication with gentleness, persuasion, understanding the interlocutor, and being able to control emotions. This expression is in the Qur'an surah Thaha verse 44. Words that contain encouragement, invitation, and example from the communicator in a soft way so it is able to make the heart of a hard communicator soft again, which will then change his views, attitudes, and behaviors.

ARV Drinking Compliance Counseling

HIV/AIDS counseling is essential in managing the epidemic, offering emotional support, and improving the well-being of people living with HIV/AIDS. Effective counselling for adherence to antiretroviral (ARV) therapy plays a crucial role in maintaining the well-being of individuals with HIV/AIDS. Research by (Mutmainah et al. (2023) suggests that behavioural skills significantly

influence adherence to ARV treatment among people living with HIV/AIDS (PLWHA), demonstrating that the capacity to adopt compliant behaviours is closely linked to medication adherence. Likewise, Johariyah and Apriani, (2023) identify key factors affecting adherence, including financial security, societal stigma, and family encouragement, all of which shape the commitment of PLWHA to consistently taking ARV medication.

Similarly, Uyen and Jackson (2024) emphasize that awareness of HIV and ARV treatment is a critical factor in adherence, as individuals with insufficient knowledge about their condition face a heightened risk of non-compliance. In addition, Yuziani et al. (2023) highlights that information, motivation, and behavioural abilities are essential elements driving adherence, underscoring the need for thorough education and emotional reinforcement in counselling efforts. Supporting these insights, a systematic review by Misutarno et al. (2024) reveals that peer support positively impacts ARV adherence and enhances the quality of life for HIV patients. Collectively, these studies affirm the importance of well-structured counselling strategies that integrate education, psychological support, and community-based resources to strengthen adherence to ARV therapy and improve health outcomes for individuals with HIV/AIDS.

Testing and counseling centers play a crucial role in these efforts, though much of the research has focused on patient-specific characteristics (Lima et al., 2020). Comprehensive counseling services should address treatment, diagnosis, case detection, and disease management. (Wilson et al., 2013) emphasize the importance of integrating counseling, case management, and health promotion for PLWHA. Combining counselling, case management, and health promotion is essential for enhancing the well-being of individuals living with HIV/AIDS (PLWHA). This comprehensive strategy ensures that individuals receive holistic care, addressing their medical requirements and emotional and psychological health. Previous studies indicate that well-structured counselling methods play a crucial role in improving adherence to antiretroviral therapy (ART) and enhancing the overall quality of life (Volpe et al., 2022). Additionally, ongoing counselling sessions offer vital education on HIV transmission and prevention, which is instrumental in helping PLWHA manage their condition effectively while minimizing the risk of spreading the virus to others (Kimera et al., 2021).

Moreover, Hampanda et al. (2023) specialized counselling on breastfeeding choices for women with HIV is critical in reducing potential risks associated with fluctuating viral loads, demonstrating how case management provides steady guidance during pivotal life decisions. While these interventions show promise, further research is required to determine the most effective educational strategies in counselling to curb HIV transmission and improve the overall well-being of affected individuals (Fauk et al., 2023). This underscores the importance of continuously assessing and refining counselling approaches to address the varied challenges PLWHA faces, ultimately creating a supportive framework that promotes long-term health improvements.

HIV/AIDS counseling is a special counseling that is different from counseling in general. HIV/AIDS counseling can only be carried out by a professional who has special competencies and skills called HIV/AIDS Counselors. HIV counseling focuses on helping clients to be able to make decisions to get tested for HIV, conducting pre-test and post-test counseling services, counseling behaviors at risk of HIV infection (transmission or transmission), exploring the history of sexual behavior and the client's health, facilitating behavior change, increasing confidentiality (stigma and discrimination issues), and targeting special groups (drug addicts, sex peddlers, homosexuals, lesbian, transvestite). The objectives of HIV counseling itself are: first, to provide support related to psychological, emotional, social, and spiritual well-being to people with HIV. Second, preventing HIV transmission through information about risky behaviors and assisting people with HIV in building personal skills that are important in behavior change and negotiating safe practices. Third, ensure that ARV therapy runs effectively by addressing compliance issues. 18 reviews

Compliance is taking medication according to the dosage, never forgetting, taking it on time, and never quitting. HIV AIDS patients' compliance with ARV therapy is one of the important factors in the success of HIV AIDS treatment. Patients who are compliant and routinely on ARV therapy will

reduce the impact of ongoing viral complications, control CD4, improve quality of life, and prevent drug resistance. On the other hand, violations in taking medication can be fatal and can lead to failure in the treatment process. Only one dose is missed in 28 days, associated with the failure of the treatment process.¹⁹ Patient non-compliance can be the cause of failure of ARV therapy, which is characterized by worsening disease conditions that can end in death.

Absolute compliance counseling is carried out before starting ARV treatment for various reasons, including the characteristics of the HIV virus, which is always mutating; it will be easy to become resistant if the patient does not take ARV correctly. Getting the right ARVs, the right regimen, adequate dosage as well as the correct way to take medication is the main condition for successful treatment. In addition, the limited choice of ARV types in Indonesia and limited funding are worth considering.

ARV adherence counseling techniques in HIV/AIDS patients

According to the counselor, in the counseling process, the term ODHA or client is not used in the mention of patients who have been diagnosed with HIV at the NTB Provincial Hospital. They use the term patient with the aim of comfort from clients, equality, and avoiding stigma from fellow health care providers who have not all cared about HIV services. In the discussion of this study, the researcher will also use the term patient to refer to clients from the ODHA community.

Based on the results of interviews and observations of the counseling process, it shows that the ARV drinking compliance counseling technique carried out by the NTB Provincial Hospital uses an ethical and motivating approach. These two approaches are the basis for building a trusting relationship between counselors and patients, as an important step for patients to be willing to open up to the problems they face and the help they need. This is important because openness is the main key in building a good relationship between counselors and patients.

The ethical approach referred to in this case is that the counselor adheres to professional ethics in building relationships with patients, which includes confidentiality, equality, and willingness. Maintaining confidentiality is the most important part of counseling, considering that a person's HIV status can have a serious impact on their personal and social life. For individuals who are positive for HIV infection, living their lives will be difficult because they have to exert all their abilities to be able to survive with a weak condition. On the other hand, the environment has not been able to fully accept the existence of ODHA in the midst of the community. Most people are worried, afraid, even in the attitude of exclusion and exclusion as well as discrimination against people with ODHA, making them even more depressed. In the end, some ODHA tend to withdraw from society, keeping their problems secret, lacking interaction with the community, declining work productivity, and anxiety about death.²³ reviews

On the other hand, under certain conditions, for the continuation of treatment, sometimes there is no other option for the counselor except to disclose the HIV status of the patient. Before this is done, the counselor first discusses with the patient and asks for approval to open his status only to the parties who are in contact and directly responsible for the patient. If the patient does not agree or is not ready to open his status, the counselor does not impose it, and re-counseling is carried out on another day. This is done in order to protect patient privacy, prevent stigma and discrimination, and build patient trust in counselors.

HIV patients, in the eyes of counselors, have an equal position with other non-HIV patients. Treat them with respect and provide them with service rights regardless of their HIV status, as well as their personal and social background. Equality also means that the relationship between counselors and patients is equal. Counselors do not feel superior to patients but rather as equal partners who work together to solve the problems faced by patients related to their HIV status and the continuity of undergoing ARV treatment for the rest of their lives.

Counseling plays an essential role in supporting antiretroviral therapy (ART) for individuals with HIV, though its effectiveness is often hindered by several challenges. While counseling can

enhance both acceptance and adherence to ART (Wahyuni et al., 2020), its efficacy may be compromised by limited time, infrequent sessions, and insufficient counselor expertise (Sawitri et al., 2021). The willingness to participate in HIV counseling and testing is shaped by socio-demographic factors, knowledge levels, and behavioral patterns (Alemayehu & Ali, 2011). Patients' experiences with ART can be difficult, with challenges such as initial struggles to accept their diagnosis, medication side effects, and disruptions caused by the COVID-19 pandemic leading to treatment discontinuation or follow-up loss (Luksita et al., 2022). To improve ART adherence, suggested interventions include multi-month drug distribution, involving family members as treatment supporters, and utilizing telemedicine during pandemics. Effectively addressing these issues can optimize counseling outcomes and strengthen ART success for HIV patients.

Meanwhile, the motivational approach is intended to provide support to patients in undergoing ARV treatment compliantly, considering that ARV treatment will be undergone for life. The motivational approach is carried out by counselors in 3 (three) ways, namely education, collaboration, and positive reinforcement. The educational approach is carried out by providing the right information about everything related to HIV disease and the urgency of treatment with ARVs. Because ARV treatment is carried out for life, patients are given an understanding of how ARVs work in reducing the number of viruses, preventing drug resistance, and overcoming drug side effects, and what to do if they are late or forget to take their medicine. In addition, it is no less important to instill in patients the understanding that adherence to taking ARVs is the key to successful treatment. Conversely, non-compliance will result in therapy failure characterized by the patient falling more rapidly into advanced stages and ending in death.

After the patient understands everything related to ARVs, then the counselor collaborates by involving the patient directly in the treatment plan, for example, choosing the time to take the medication that best suits their routine, so that the potential for forgetfulness is minimized. In addition, several things that have the potential to hinder compliance, such as busyness, moving domicile, and no support from the closest people, are discussed so that a joint solution can be found. If the patient agrees, they are offered to be connected with the community or family for additional support. If the patient refuses, the treatment plan goes ahead, and the role of providing support is taken over by the counselor and the ARV service team without involving the community or the patient's family. This is important for counselors to do, considering that after being diagnosed positive for HIV, sometimes patients lose support from their family and friends, so they lose the ability to overcome problems, especially the problem of adjusting themselves to their HIV status.

Positive reinforcement is carried out to patients as a form of appreciation for the efforts of patients who have successfully overcome various obstacles so that they can undergo routine ARV treatment with a very high level of compliance. To them, positive progress from physical health status, laboratory, and the progress of their psychological condition to be healthier and more productive in life. In contrast, for patients who have not been able to overcome barriers to ARV adherence, identification is carried out using a non-judgmental approach, but instead focuses on strengthening the patient's motivation to keep trying and stay motivated for their health, family, and future.

The educational, collaborative, and positive reinforcement approach is carried out with the hope that patients feel supported, have adequate knowledge, and are subsequently motivated to undergo ARV treatment for life as the only option for self-awareness to be able to live a healthy life even though they still hold HIV status for life.

Principles of Islamic communication in ARV drinking adherence counseling

Counseling on ARV drinking compliance is carried out by counselors at the VCT polyclinic of the NTB Provincial Hospital using ethical and empathetic communication principles. These two principals have meanings that are in line with the principles of Islamic communication of the six *qaulan*, even though they are not realized by the counselors. So far, what they understand is that

counseling is conducted using universal and normative rules as the knowledge and experience they have gained so far, not as a form of practicing Islamic religious teachings. In fact, the understanding that has developed among the majority of counselors in counseling HIV/AIDS patients is as much as possible to avoid any religious diction, because it is feared that it can lead to stigma against ODHA, considering that there are still many people who think that HIV/AIDS is a disease due to violating religious teachings.

Analysis of the results of interviews and observations on the counseling process carried out by counselors at the VCT polyclinic of the NTB Provincial Hospital is known that the principles of Islamic communication of the six *qaulan* have been substantially implemented, with the following description;

***Qaulan Sadida* (true word)**

Information on the importance of lifelong ARV adherence is provided by counselors to patients based on data, facts, and scientific basis from credible literature. Information about ARVs is provided accurately and completely, including the mechanism of action of ARVs in reducing the number of viruses, the correct way to take them, the possibility of side effects, the importance of compliance, and the risks that occur if they do not comply. Patients are also given the opportunity to ask in detail about everything related to ARV, with the hope that the patient's confidence will be stronger to undergo lifelong treatment without worry and hesitation.

However, HIV has not been completely cured. However, the sustainability of the HIV infection and replication process can be prevented by treatment using ARVs. Regular administration of ARVs throughout life aims to reduce the amount of HIV in the patient's body. The purpose of suppressing the number of viruses for a long time and keeping them stable is to keep the body's immune system high so that patients can live healthy lives without experiencing serious diseases, like people who are not infected with HIV.²⁷ Therefore, taking ARVs regularly throughout life is believed to be the only option so that patients can be as healthy as anyone else who is not infected with HIV.

***Qaulan Maysura* (easy-to-understand words)**

Patients receiving ARV services at the NTB Provincial Hospital have diverse backgrounds of social status and education levels. Explanations of ARV are carried out by counselors using simple and easy-to-understand language, adjusted to the level of understanding of patients, the majority of whom are people with low social status and education. The use of less common and complicated medical terms is highly avoided, considering that it will be difficult for patients to understand, which can further affect the level of compliance. Moreover, HIV patients often experience a series of neurocognitive disorders, namely reduced thinking ability.

On the other hand, for some patients from social and higher education backgrounds, where they are always updated with the latest ARV, counselors are trying to adjust it. In this case, counselors are required to always update the latest knowledge about ARVs, including understanding current terms that are commonly used by their circles so that communication in counseling runs smoothly. At the NTB Provincial Hospital itself, there are several HIV patients with high educational backgrounds and social status; even among them are foreign citizens using English.

***Qaulan Baligha* (words that hit)**

The counselor conveyed the purpose of adhering to taking ARVs by involving the spiritual aspect so that it is more relevant to the patient's heart, especially for patients who have not been able to accept their HIV status. The expressions conveyed by the counselor include, everything has happened, there is no need to regret it for a long time. Thankfully, now that there is an ARV, this is one of the solutions that God has given to friends who are infected with HIV. As a form of gratitude,

the task of friends is to take ARVs obediently so that God sends down healthy blessings and other blessings so that there are wide opportunities to improve themselves for the future.

The expression by involving the spiritual aspect of counseling for patients who have not been able to accept their HIV status is expected to motivate them to be more enthusiastic about maintaining compliance for health and survival in the future. This is important because effective counseling has a significant influence on self-acceptance in HIV patients, which in turn has a positive impact on their quality of life.

Qaulan Ma'rufa (good words)

Patients who come to ARV services at the NTB Provincial Hospital are often in a psychological condition that has not fully accepted their HIV status. Guilt, anger, shame, regret, low self-esteem, and other negative feelings often appear in them. In fact, it is not uncommon for them to think about ending their lives. Holding HIV status is not an easy thing. In addition to being susceptible to psychological, social, and economic problems, it is not uncommon for patients to receive less attention from those closest to them, which ultimately affects the patient's own life.³⁰ reviews

Words with good and positive sentences from counselors as a form of respect for ODHA are expected to be able to give them a sense of comfort, feel appreciated, and not be judged for their HIV status. Furthermore, they can slowly accept themselves as a provision to move forward and live a better life, even though their HIV status will still be worn by them for life.

Qaulan Karima (noble words)

It is undeniable that some HIV patients still experience stigma and even discrimination in their families, environments, workplaces, etc. Even in health care settings. The counselor speaks by maintaining the patient's manners and dignity without bringing up things that make the patient feel more cornered. Although the counseling process is required to explore the risk factors that cause patients to develop HIV, counselors do so very carefully, considering that it is a sensitive for some patients. ODHA often receives treatment such as getting negative stigma from society in the form of rejection, exile, discrimination, and avoidance. This happens because ODHA is often associated with homosexuality, bisexuality, drug use through syringes, and prostitution. This perception then becomes a scary thing for the community, and in the end, ODHA is shunned.

As a form of glorification, the counselor does not force the patient to disclose risk factors in detail, but is limited to the patient's readiness and honesty in opening up, even though this is actually important for more comprehensive treatment of the disease. This is done by counselors in order to maintain good relationships, respect, and glorification to patients regardless of background so that the main focus is to maintain compliance with taking ARVs without being disturbed.

Qaulan Layyina (gentle words)

HIV patients at the NTB Provincial Hospital gave a variety of responses in responding to treatment with ARVs. The majority of them are undergoing treatment adherence, with a figure of 78% by the end of June 2024. Remaining 22% of drug withdrawals for various reasons such as forgetfulness, boredom, feeling healthy, and not believing in ARVs. They were given education to increase compliance by using a soft, friendly, non-blameworthy, scolding, or cornering tone. On the contrary, they are approached by communication that shows empathy and affection through soft words that are pleasant to hear. More than that, speaking with gentle sentences is a religious command that must be carried out for every Muslim.

In addition to the reasons for drug withdrawal that have been disclosed, they are also helped to explore other factors that have the potential to hinder compliance, which are usually complex, such as no support from the closest people, moving domicile, and not having guaranteed financing. Through empathetic counseling, these reasons can be revealed frankly from the patient, and then

the counselor tries to help find solutions by deploying all resources both inside and outside the hospital.

Interview results Together with respondents, researchers randomly took 6 people, 3 counselors and 3 Patients, with the first question.

The first theme and Counselors answer the questions from one question each in sequence

1. What are the processes/stages of ARV adherence counseling?
"It starts with fostering a good relationship with patients because this is a very important part for the continuation of the next process. After fostering a good relationship characterized by a relaxed communication atmosphere and the patient opening up, the next step is to enter the core stage of counseling, namely the patient's readiness to undergo ARV treatment. It then ends with the patient making a decision and committing to starting ARV treatment."
2. What kind of communication principles are used in ARV drinking adherence counseling?
The principle of ethical and empathetic communication through the use of kind, polite, gentle words, and other positive words. Avoid using words that connote judgment, debasement, and fear so that patients with HIV/AIDS status feel more relaxed, accepted, appreciated, glorified, and far from stigma."
3. Do you know the principles of Islamic communication of the six *qaulans* (*qaulan sadida*, *qaulan baligha*, *qaulan ma'rufa*, *qaulan karima*, *qaulan layyina*, and *qaulan maysura*?
"I've heard of it, but I've never studied it more deeply. Conceptually, we do not fully understand, but in substance, we have implemented. What we understand is that these principles are generally in line with the communication principles that we apply in counseling, namely ethical, empathetic, and motivating."

The second theme and the patients answer the questions from one question each in sequence.

1. How did you feel during the counseling process?
"For the counselors and HIV service officers at the NTB Provincial Hospital, as far as I feel, they are very confidential in maintaining the status of HIV patients. The HIV service polyclinic is also conveniently located because it is far from the center of crowds and the traffic of hospital visitors. When counseling is also carried out individually, one-on-one, in a closed room so that others cannot be seen or heard. And we are also asked if we need to tell our family/or who are the closest people about my HIV status, if I don't want to, the counselor will not do it."
2. Do you feel that you are treated differently than other non-HIV patients by counselors/health workers?
"No, why do I feel easier? If you want counseling, you don't have to register at the counter, you can come directly to the polyclinic. For example, if you need a blood test, you don't need to come to the laboratory, but you just need to have the blood taken at the polyclinic. If the schedule is to control/take medication but we have not come on the specified date, we will also be contacted by phone."
3. Have you received an adequate explanation of ARVs from the counselor so that you have firmly decided to undergo ARV treatment?
"Yes, even the counselor gives me the opportunity to consult not only about ARVs, but about all things related to my HIV status. Consultation can be via mobile phone or directly come to the VCT polyclinic. In addition, I also actively participate in community activities and follow social media so that I don't miss the latest information about ARV."

CONCLUSION

This study highlights the crucial role of Islamic communication principles in enhancing antiretroviral therapy (ART) adherence among HIV/AIDS patients at West Nusa Tenggara Provincial Hospital (NTB). By incorporating the six *qaulan*—*qaulan sadida* (truthful speech), *qaulan masyuro* (easy-to-understand speech), *qaulan baligha* (impactful speech), *qaulan ma'rufa* (kind speech), *qaulan karima* (respectful speech), and *qaulan layyina* (gentle speech)—counsellors fostered trust, minimized stigma, and encouraged patients to commit to lifelong ART. Although counsellors were not aware of these Islamic principles, their communication practices inherently embodied these values, demonstrating the importance of culturally sensitive counselling in healthcare. This approach improved patient adherence and strengthened the therapeutic bond between counselors and patients, creating a supportive environment that facilitated openness and commitment to treatment. These findings emphasize the significance of integrating religious and cultural values into healthcare communication to enhance patient engagement and overall treatment outcomes.

Furthermore, this study contributes to the growing discourse on culturally competent healthcare, particularly in Muslim-majority settings, by advocating for the integration of Islamic communication principles into HIV/AIDS counseling. By aligning healthcare services with patients' cultural and religious values, providers can improve the effectiveness of ART programs and foster a more inclusive healthcare environment. The research underscores the need for patient-centred counselling strategies that respect and incorporate patients' spiritual and cultural beliefs, ultimately leading to better health outcomes. Additionally, this study offers a foundation for developing training programs for healthcare professionals, emphasizing the importance of ethical, empathetic, and culturally sensitive communication in promoting adherence and reducing stigma. Beyond HIV/AIDS treatment, these findings have broader implications for healthcare communication, suggesting that culturally and religiously aligned counselling techniques can be effective in various medical contexts, particularly in regions where religion plays a central role in patient's lives. This research advocates for a paradigm shift in healthcare delivery, prioritizing culturally competent practices that support patients holistically. By fostering an inclusive and respectful healthcare system, this approach enhances treatment adherence, strengthens patient-provider relationships, and ultimately improves the quality of life for individuals living with chronic conditions like HIV/AIDS.

REFERENCES

- Afifi, S., & Nuryana Kurniawan, I. (2021). Ragam Komunikasi Verbal dalam Al-Qur'an. *Jurnal Komunikasi*, 15(2), 153–170. <https://doi.org/10.20885/komunikasi.vol15.iss2.art6>
- Alomair, N., Alageel, S., Davies, N., & Bailey, J. V. (2023). Muslim women's knowledge, views, and attitudes towards sexually transmitted infections in Saudi Arabia: A qualitative study. *PLOS ONE*, 18(6), e0286822. <https://doi.org/10.1371/journal.pone.0286822>
- Al-Rahamneh, M. J., Khader, Y., Aqel, A. J., Abaza, H., Satyanarayana, S., Al-Shaikh, A. F., Mukattash, H. H., Shoubaki, A. H., & Aldamen, T. H. (2024). Evaluation of the national AIDS program and HIV/AIDS surveillance system in Jordan. *SAGE Open Medicine*, 12, 20503121241263694. <https://doi.org/10.1177/20503121241263694>
- Debby, C., Sianturi, S. R., & Susilo, W. H. (2019). Factors Related to Compliance of ARV Medication in HIV Patients at RSCM Jakarta. *Jurnal Keperawatan*, 10(1), 15–22. <https://doi.org/10.22219/jk.v10i1.5886>
- Effendy, E., Pangestu, Dd. B., & Panggabean, J. Y. (2023). Metode, Tujuan, dan Prinsip-Prinsip Komunikasi Islam. *Da'watuna: Journal of Communication and Islamic Broadcasting*, 3(4), 1320–1326. <https://doi.org/10.47467/dawatuna.v3i4.3111>
- Fauk, N. K., Asa, G. A., McLean, C., & Ward, P. R. (2023). "I Was Very Shocked, I Wanted It to Be Over": A Qualitative Exploration of Suicidal Ideation and Attempts among Women Living with HIV

- in Indonesia. *International Journal of Environmental Research and Public Health*, 21(1), 9. <https://doi.org/10.3390/ijerph21010009>
- Hamed Mohamed Ali, M., Babiker Osman, O., Dawria, A., Hamid Imam Babeker, A., Yahya, H. A. A., Shanawaz, M., Elfaki, N., Mohammed Gomaa Doalbet, S., & Ahmed, W. (2023). Attitudes of Patients Attending Omdurman Teaching Hospital VCT Center, Sudan toward HIV/AIDS Voluntary Counseling and Testing Services. *Sudan Journal of Medical Sciences*. <https://doi.org/10.18502/sjms.v18i2.13600>
- Hampanda, K. M., Pelowich, K., Freeborn, K., Graybill, L. A., Mutale, W., Jones, K. R., Saidi, F., Kumwenda, A., Kasaro, M., Rosenberg, N. E., & Chi, B. H. (2023). Strategies to increase couples HIV testing and counselling in sub-Saharan Africa: A systematic review. *Journal of the International AIDS Society*, 26(3), e26075. <https://doi.org/10.1002/jia2.26075>
- Ismatulloh, A. M. (2017). ETIKA BERKOMUNIKASI DALAM AL-QUR'AN ANALISIS PENAFSIRAN HASBI ASH-SHIDDIEQI DALAM TAFSIR AN-NUR. *LENTERA: Jurnal Ilmu Dakwah Dan Komunikasi*, 1(2). <https://doi.org/10.21093/lentera.v1i2.918>
- Johariyah, J., & Apriani, E. (2023). Qualitative Study of Factors Influencing Adherence of People With HIV/AIDS in ARV Consumption in Cilacap Regency. *Medical Technology and Public Health Journal*, 7(2), 113–121. <https://doi.org/10.33086/mtphj.v7i2.4149>
- Kemas Abdul Mutholib Luthfi, & Hidayat, R. (2023). Counseling on the Potency of Platelet Growth Factor in the Management of Ankle Sprain Trauma in Orthopedic Polyclinic Patients at YK Madira Hospital, Palembang, Indonesia. *Indonesian Community Empowerment Journal*, 3(1), 107–110. <https://doi.org/10.37275/icejournal.v3i1.44>
- Kimera, E., Vindevogel, S., Reynaert, D., Engelen, A.-M., Justice, K. M., Rubaihayo, J., De Maeyer, J., & Bilsen, J. (2021). Care and support for youth living with HIV/AIDS in secondary schools: Perspectives of school stakeholders in western Uganda. *BMC Public Health*, 21(1), 63. <https://doi.org/10.1186/s12889-020-10143-3>
- Kusumaadhi, Z. M., Farhanah, N., & Udji Sofro, M. A. (2021). Risk Factors for Mortality among HIV/AIDS Patients. *Diponegoro International Medical Journal*, 2(1), 20–19. <https://doi.org/10.14710/dimj.v2i1.9667>
- Lima, M. K. N. D., Carvalho, L. G. D., & Silva, L. A. D. (2020). ENSINO EM SAÚDE: O ACONSELHAMENTO EM HIV/AIDS COMO ESTRATÉGIA PROFISSIONAL. *Brazilian Journal of Development*, 6(7), 52004–52014. <https://doi.org/10.34117/bjdv6n7-737>
- Luksita, A., Yodi Mahendradhata, & Yanri Wijayanti Subronto. (2022). STUDI KASUS TERAPI ARV PADA PASIEN LOST TO FOLLOW-UP DI JAKARTA PUSAT TAHUN 2021. *Jurnal Manajemen Pelayanan Kesehatan (The Indonesian Journal of Health Service Management)*, 25(02). <https://doi.org/10.22146/jmpk.v25i02.5515>
- Mariat, S., Hasan, A. M., Auda, M. B., & Shaffril, S. (2024). An examination of ethical standpoints: Organ transplants within the framework of islamic law. *SYARIAT: Akhwal Syaksyah, Jinayah, Siyasah and Muamalah*, 1(1), 71–88. <https://doi.org/10.35335/a97nby94>
- Miles, M. B., Huberman, A. M., H., A. M. (2014). *Qualitative data analysis: A methods sourcebook*. 3rd. (3rd ed.). USA: Sage Publications.
- Misutarno, M., Nursalam, N., Sukartini, T., Zamroni, A. H., Hasina, S. N., & Khamida, K. (2024). The Effectiveness of Peer Group Support Model Based on Chronic Care Model on Antiretroviral Compliance, Increasing Immunity (CD4, Viral Load, Opportunistic Infections), and Quality of Life of People with HIV (PLHIV). *Revista de Gestão Social e Ambiental*, 18(1), e06327. <https://doi.org/10.24857/rgsa.v18n1-109>
- Mokhtar, S., Hajimin, M. N. H. H., Abang Muis, A. M. R., Othman, I. W., Esa, M. S., Ationg, R., & Lukin @ Lokin, S. A. (2021). AN ANALYSIS OF ISLAMIC COMMUNICATION PRINCIPLES IN THE AL-QURAN. *International Journal of Law, Government and Communication*, 6(23), 140–156. <https://doi.org/10.35631/IJLGC.6230010>
-

- Mulyana, R., Hilmi, F., Busro, B., & Jaenudin, M. (2023). Nurturing Faith and Character: A Values-Based Approach to Islamic Religious Education in Vocational High Schools. *AL-ISHLAH: Jurnal Pendidikan*, 15(2), 1154–1165. <https://doi.org/10.35445/alishlah.v15i2.3739>
- Mutmainah, M., Supriyadi, S., Herawati, F., & Mufida, U. (2023). Determinant Factors of Compliance Antiretroviral Consumption in People Living with HIV AIDS (PLWHA). *Interest : Jurnal Ilmu Kesehatan*, 61–67. <https://doi.org/10.37341/interest.v12i1.613>
- Perngmark, P., Sahawiriyasin, O., & Holroyd, E. (2023). Experiences of Thai-Muslim patients regarding inconsistent antiretroviral therapy adherence: An exploratory descriptive qualitative study. *Belitung Nursing Journal*, 9(3), 253–261. <https://doi.org/10.33546/bnj.2426>
- Pham Uyen & Mariette Jackson. (2024). Analysis of Risk Factors that Influence Patient Compliance in Taking Antiretroviral Drugs for HIV/AIDS Treatment in Hanoi Hospital, Vietnam. *Scientific Journal of Dermatology and Venereology*, 2(1), 124–131. <https://doi.org/10.59345/sjdv.v2i1.132>
- Rashid, N., & Al-shami, S. A. (2022). Factors of Services Quality that Influence Patient Loyalty at Muslim Friendly Hospital: A Malaysian Perspective. *Asia Social Issues*, 15(6), 254429. <https://doi.org/10.48048/asi.2022.254429>
- Saggaf, M. I., Arif, M. W., Habibie, M., & Atqiya, K. (2021). Prinsip Komunikasi Islam Sebagai Etika Bermedia Sosial. *Journal of Communication Studies*, 1(01), 15–29. <https://doi.org/10.37680/jcs.v1i01.698>
- Sari, P. A., Adiansyah, A., & Larasati, L. (2022). Layanan Konseling Individual Pada Pasien HIV AIDS (Studi Kasus di RSJD Sungai Bangkong Provinsi Kal-Bar). *Al-Ittizaan: Jurnal Bimbingan Konseling Islam*, 5(1), 38. <https://doi.org/10.24014/ittizaan.v5i1.16507>
- Sawitri, A. A. S., Sutarsa, I. N., Merati, K. T. P., Bakta, I. M., & Wirawan, D. N. (2021). Why Counseling Intervention Fails to Improve Compliance towards Antiretroviral Therapy: Findings from a Mixed-Methods Study among People Living with HIV in Bali Province, Indonesia. *Infectious Disease Reports*, 13(1), 136–147. <https://doi.org/10.3390/idr13010015>
- Sopiyan, W., Berlian, Z., & Mislawaty, S. E. (2023). Prinsip-Prinsip Penyampaian Pesan Dalam Al Qur'an Perspektif Tafsir Al-Azhar. *'El-Ghiroh*, 21(2), 111–125. <https://doi.org/10.37092/el-ghiroh.v21i2.620>
- Teshale, A. B., Tessema, Z. T., Alem, A. Z., Yeshaw, Y., Liyew, A. M., Alamneh, T. S., Tesema, G. A., & Worku, M. G. (2021). Knowledge about mother to child transmission of HIV/AIDS, its prevention and associated factors among reproductive-age women in sub-Saharan Africa: Evidence from 33 countries recent Demographic and Health Surveys. *PLOS ONE*, 16(6), e0253164. <https://doi.org/10.1371/journal.pone.0253164>
- Triwulandari, I., Ardiana, A., & Kurniawan, D. E. (2024). Nurse's role as a counselor and adherence to antiretroviral therapy among HIV/AIDS patients: A cross-sectional study in a public health center setting in Indonesia. *HIV & AIDS Review*. <https://doi.org/10.5114/hivar/149366>
- Troncoso, P., Panayiotou, M., & Humphrey, N. (2024). Estimating the effect of intervention compliance on long-term outcome trajectories: Application of the latent adherence growth curve model in a cluster-randomized trial of the good behavior game. *Journal of Educational Psychology*, 116(8), 1368–1382. <https://doi.org/10.1037/edu0000875>
- Volpe, L. J., Powis, K. M., Legbedze, J., Sun, S., Abrams, E. J., Mmasa, N. K., Kgole, S., Masasa, G., Makhema, J., Mmalane, M., & Jao, J. (2022). A Counseling and Monitoring Approach for Supporting Breastfeeding Women Living With HIV in Botswana. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 89(2), e16–e16. <https://doi.org/10.1097/QAI.0000000000002846>
- Wahyuni, S., Zulkifli, A., Thamrin, Y., & Arsin, A. A. (2020). The effect of counseling on adherence arv therapy in HIV/AIDS patient in H.A. sulthan daeng radja bulukumba regency. *Enfermería Clínica*, 30, 362–366. <https://doi.org/10.1016/j.enfcli.2019.10.101>
-

- Wilson, M. G., Husbands, W., Makoroka, L., Rueda, S., Greenspan, N. R., Eady, A., Dolan, L.-A., Kennedy, R., Cattaneo, J., & Rourke, S. (2013). Counselling, Case Management and Health Promotion for People Living with HIV/AIDS: An Overview of Systematic Reviews. *AIDS and Behavior*, 17(5), 1612–1625. <https://doi.org/10.1007/s10461-012-0283-1>
- Yuziani, Mulyati Sri Rahayu, Harvina Sawitri, Wizar Putri Mellaratna, Anna Millizia, Yofinda Aurelia Rizkita, & Rani Mulya Safitri. (2023). Analysis Of Factors Influencing Adherence To Antiretroviral Medication (Arv) In Hiv/Aids Patients Based On Information, Motivation, Behavioral Skills At Cut Meutia General Hospital. *Medalion Journal: Medical Research, Nursing, Health and Midwife Participation*, 4(2), 74–81. <https://doi.org/10.59733/medalion.v4i2.77>