



Adaptation of ARV Treatment to Women Sex Workers at the Public Health Center in Pemalang Regency

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Abstract

Pandemic Covid-19 increasing the loss of follow-up on the treatment of ARVs in women sex workers at Pemalang regency. Although the government has currently promoted New Normal, the Covid-19 case is still in Indonesia, and the level of compliance with ARV treatment is still low. Therefore, efforts are needed to adapt to prevent worship. The purpose of this study was to compile an ARV Treatment Adaptation Model for

Women's Sex Working in Public Health Center Pemalang Regency. Types of qualitative research with in-depth interview methods and focus group discussions (FGD). The research subject consists of NGOs for the Batang Care Communication Forum), Pemalang District Health Office, the Head of the Public Health Center, and the HIV Responsible Program at the Public Health Center. Data analysis uses method analysis method (content analysis). The result shows that the ARV Treatment Adaptation Model for Women Sex Workers could be carried out by the Mulyoharjo Public Health Center and Kebondalem Public Health Center for Pandemic Covid-19 as a home visit.

Keywords: Adaptation; ARV; Woman sex workers

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Introduction

ARV treatment (Antiretrovirals) is therapy taking medication for life for PLWHA (People with HIV / AIDS). ARVs will suppress HIV replication in blood . Therefore, at least 90-95% of all dose ARVs no can oblivion to avoid cases and deaths due to AIDS (Acquired Immunodeficiency Syndrome). AIDS is a collection of symptoms and diseases due to decreased immunity caused by the HIV virus (Human Immunodeficiency Virus) (Irmawati, 2019) During the Covid-19 pandemic in Indonesia, only 39% of those who were found and were still alive received ARV treatment routinely. The follow-up ARV failure rate (drug dropout) in Indonesia is still high (22%) (Ministry of Health, 2020).

The group with the highest number of HIV/AIDS cases found in Indonesia during the Covid-19 pandemic was female sex workers. The discovery of cases of HIV/AIDS in female sex workers was found to be highest in the province of Central Java. Loss to follow-up ARV cases in 2020 in Central Java reached 23% (Ministry of Health, 2020). Pemalang Regency is one of the areas in Central Java province with a high loss to follow-up ARVs in the group of female sex workers, namely 24.95%. Public Health Centers in Pemalang Regency with high HIV case detection among women sex workers were Mulyoharjo Public Health Center (12 cases) and Kebondalem Public Health Center (11 cases). Data for female sex workers PLWHA who took ARV treatment at the Mulyoharjo Public Health Center consisted of 5 people while at the Kebondalem Public Health Center consisted of 6 people. However, there is only 1 female sex worker PLHIV who still routinely seeks treatment at the Mulyoharjo Public Health Center, while only 5 people at the Kebondalem Public Health Center (District of Health Service Pemalang). This indicates a loss to follow-up ARV treatment for HIV-positive women sex workers during the Covid-19 pandemic.

PLWHA who lose to follow - up will give effect, fine That effect clinical and ARV therapy programs. At a rate clinical , continuation ARV therapy for people living with HIV who lost to follow - up did not will can evaluated. For PLWHA who decide For stop follow therapy, will have a greater risk of death. This caused system initial immunity controlled by ARV therapy become the more bad, so PLWHA are vulnerable to infection opportunistic and result in death (Irmawati, 2019).

During the Covid-19 pandemic, the increase in loss to follow-up for PLWHA was due to concerns and fears of Covid-19 transmission, especially when coming to the public health center. The survey results from the Atma Jaya UNIKA HIV/AIDS research center also showed that out of 1000 PLHIV, 51% of PLHA had concerns about coming to the public health center during the Covid-19 pandemic, while the results of the UNAIDS Indonesia survey, around 41.1% of PLHIV experienced very severe anxiety about the possibility of being exposed. COVID-19 (PPH Unika Atma Jaya, 2021). Preliminary study interviews with PLHIV, female sex workers also stated that



the reason for not taking medicine routinely during the Covid-19 pandemic was that they still had fear and anxiety of contracting Covid-19 when they came to the public health center during the Covid-19 pandemic.

The results of scenario predictions from Hogan et al (2020), during the Covid-19 pandemic caused social restrictions and refocusing of resources that affected the implementation of HIV programs. If this problem is not mitigated, it could lead to an increase in the HIV pandemic in the next 5 years, which will have the same burden as the Covid-19 pandemic (Hogan, 2020). Effects in the future mean that the direct costs of health care will become increasingly large and the degree of public health will decrease (WHO, 2020). According to WHO (2020) the existence of Covid-19 requires an adaptation to the sustainability of the program to prevent health deterioration (WHO, 2020) The conditions of the Covid-19 pandemic need to design a model so that the implementation of activities can run according to the Covid-19 pandemic situation to prevent a decline in health status (Saraswat, 2020). Compliance with taking medication is important during the Covid-19 pandemic because PLWHA have a low immune system, making them susceptible to Covid-19. Even though the government is currently promoting the new normal, cases of COVID-19 still exist in Indonesia and the level of adherence to ARV treatment is still low. Non-adherence can lead to low virological failure of first-line treatment regimens and the spread of drug-resistant forms of the virus, resulting in a public health disaster. Unlike many other diseases, it is very important that PLHIV take all doses of drugs to prevent resistance and to increase their chances of survival (Wasti *et al*, 2012). Therefore the authors feel the need to design a model for adapting ARV treatment to female sex workers at the Public Health Center in Pemalang Regency.

Methods

The type of research used was qualitative research using in-depth interview methods and Focus Group Discussions to design a model for adapting ARV treatment for women sex workers during the Covid-19 pandemic at the Pemalang District Health Center. The research subjects consisted of the NGO Forum for Communications Concerned Batang, the person in charge of the HIV program at the Pemalang District Health Office, the head of the public health center, the person in charge of the HIV program at the public health center, and women sex workers. Data analysis used content analysis method (content analysis).

Results



The idea of the person in charge of the HIV program at the Public Health Center was related to an adaptive model for implementing ARV treatment for female sex workers to prevent loss to follow-up of PLWHA during the Covid-19 pandemic, namely being able to do home visits. Here's the quote:

"...the solution is to do a home visit to monitor taking the medicine..." (Public Health Center Program Manager 1)

Home visit services are indicated for patients who do not can contacted / not came / didn't Can come when timetable taking medicine. Officer Public health center cooperate with companion drink medicine or midwife village / cadre for track location house woman worker sex with HIV positive. Companion drink medicine from woman worker sex usually is officer field nor from family or friend fellow the community. Following quote :

"... when the schedule for taking the medicine doesn't come or can't come here, cooperate with the companion drink medicine or the village midwife to trace the house..." (Public Health Center Program Manager 1)

Home visit activities carried out that is count remainder medicine, give drug arv, gives support and education for routine treatment arv / drink drug arv in women worker HIV positive sex (ODHA) and giving understanding of the family for do supervision drink medicine. Following quote :

"... during a home visit, it's the same as being serviced to count how much medicine is left, for example, we give an understanding that we have to take medicine, provide support so that the medicine will run out, we ask the family to watch over taking the medicine..." (Public Health Center Program Manager 1)

During the home visit, officers health do with protocol health like use of surgical masks moment do service, face shield and perform wash hand use handsanitizer before enter to PLHIV's house. Officer the public health center also told PLWHA to wear masks when going home visits done and implemented still must keep distance. Following quote :

"...must wear a mask, face shield, we wash our hands before entering the house later we will introduce ourselves from the public health center to give medicine, before that we suggest he wear a mask first, keep his distance so during home visits it remains safe..." (Public Health Center Program Manager 1)



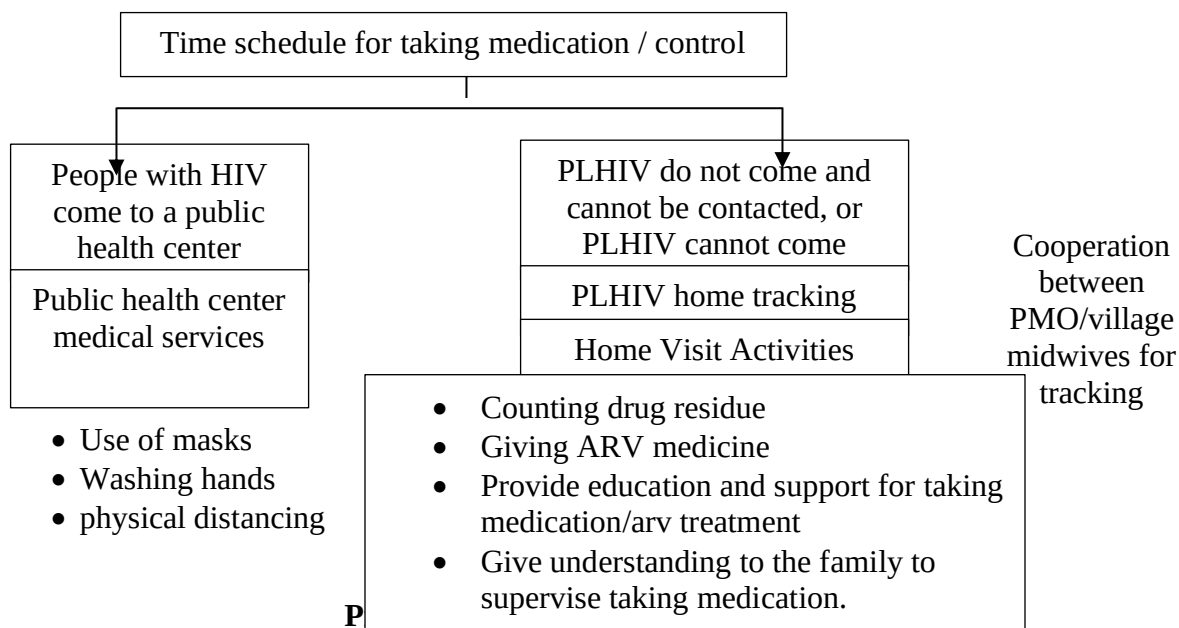
Indicator success For home visit activities namely exists enhancement drink medicine for women worker HIV positive sex who can identified from results end measured drug from the drinking range medicine, end remainder drug ARV > 95% good, 80 - 95% can tolerable, <80% bad . Following quote :

"... there is a range of taking medication, at the end of the remaining medication to see an increase in adherence to taking medication. ARV > 95% is good, 80-95 is tolerable or <80 is bad if less than 80 you have to be reminded regularly to take medicine, we have to increase the regularity of taking medicine, the midwife communicates the control schedule if it's late the village midwife will trace the house..." (Public Health Center Program Manager 1)

Description of the form of the home visit model at the public health center as an adaptive model implementation ARV treatment in women worker sex for prevent happening loss to follow-up during the Covid-19 pandemic seen in the picture 1. as following :



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The public health center can also do cooperation with midwife village nor cadre that is direct midwife village / cadre as supervisor drink the medicine so that midwife villages and cadres can home visits to PLWHA. Conducted home visits midwife village nor cadres can too facilitate PLWHA in context study This woman worker sex for get drug without must to public health center but through midwife village nor cadres . Following quote :

"...if he knows the cadre, we will direct the village midwife there so he can get medicine from the village midwife or the cadre..." (Public Health Center Program Manager 1)

This own opportunity for done because there are regulations Regent Pemalang Number 22 of 2016 concerning HIV/ AIDS prevention state that midwives and cadres role in tackling HIV/AIDS.

Researchers also added group support peer can participate follow as well as in home visit activities carried out home visiting officer. This has own opportunity Because if woman worker sex results test positive so counselor will do reference woman sex worker to service treatment. Then after get treatment, woman sex worker HIV positive will directed at representatives companion from the NGO FKBP so will connected with group support peer. Group support same age usually do recruitment in service treatment public health center for recruiting PLWHA as member group support peer. Following quote :



"...if we get it, we will connect with the assistant, if there is a representative of the assistant here, we will direct it to him, if there is not, we will inform him, we will give him the contact..." (Public Health Center Program Manager 2)

"...if they are here, we direct them to them so they can get peer support, usually there are KDS who are also here to recruit them or can contact the assistant's contact..." (Public Health Center Program Manager 1)

Based on this, summary plan implementation of Home Visits for PLHIV woman sex workers for pandemic COVID-19 situation based on the results of the FGD can seen in the table 1. as following :

Table 1. Summary plan implementation of Home Visits for PLHIV women sex workers for pandemic COVID-19 situation

Home Visit Activities	Target	Human Resources	output
- Counting drug residue - Giving ARV medicine - Provide education and support for taking medication/arv treatment - Give understanding to the family to supervise taking medication.	PLHIV Women Sex Workers	- Public Health Center staff/Midwives to conduct Home Visits - Peer Support Group Representative to provide support and motivation to comply and take medication regularly	Medication Range: - Finally, the remaining ARV drugs are > 95% good 80 – 95% is tolerable < 80% poor (need to increase education and support for adherence to taking medication)

Besides that's the idea from the person in charge of the public health center HIV program that has not do ARV optimization can do ARV optimization during the Covid-19 pandemic that is give multi month medication i.e 2 months moment the Covid-19 pandemic, before the usual Covid-19 pandemic ARV drugs are administered every 1 month once. This used for minimize PLHIV contact with officer health nor public health center because can risky infected with Covid-19. Amount drug for 2 months must customized with date visit next For gift medicine. Following quote :

"...we give it directly for 2 months which we usually give only for a month..."
(Public Health Center Program Manager 1)



The public health center can also provide telemedicine services. Telemedicine services are used For PLHIV consultation about complaint his health. This to help PLWHA reduce contact come to public health center. Applications that can used is whatsapp. Following quote :

“...for example, usually there are complaints, you can consult online, if you need treatment, you can come here, or if not, we will come to your house, we will bring what medicine is needed according to the complaint...” (Public Health Center Program Manager 1)

Discussion

Implementation of Home Visits to increase ARV adherence to HIV-positive sex workers has been proven by several studies such as the results of a study by Wood et al (2018) which showed that home visit activities for ARV delivery and support for PLWHA increased adherence to antiretroviral therapy (Wood *et al*, 2019). Based on this research, Home Visits can be an adaptation in the conditions of the Covid-19 pandemic to prevent loss to follow-up in women living with HIV and sex workers. The adaptation of the Home Visit service for PLWHA to women sex workers has also been carried out by the Public Health Center. This can also be seen from the data loss to follow-up at the Public Health Center. Therefore, Home Visits as an adaptation effort can be carried out in the conditions of the Covid-19 pandemic.

The results of Rahmasari's research (2018) also stated that there was a relationship between support from midwives and adherence to taking medication at the Bulu Health Center, Sukoharjo Regency (Rahmasari, 2018). According to Ariyani (2014) health cadres can also play a role in making visits to increase the compliance of women sex workers (Ariyani, 2014). For this reason, collaboration with village midwives and cadres can also be carried out by the public health center in carrying out home visit activities. Cadres are also able to track the whereabouts of PLHIV so that home visits conducted by cadres make it possible to do it according to the time of PLWHA. The results of Berg et al (2021) study also show that social support from peer support groups improves ARV care and adherence, improves the mentality of people living with HIV, and reduces stigma (Berg *et al*, 2021). Research by Kako et al (2021) in Kenya with a qualitative study on women living with HIV also shows that peer support groups can make them reduce self-isolation from the environment, increase self-acceptance, increase self-confidence, encourage new friendships and networks, and help in self-disclosure of HIV status. Peer support groups can also help them facilitate access or offer them needed resources such as medicines, food, information and knowledge about changing behavior and how to deal with their situation (Kako *et al*, 2021). A study in Nigeria also by Obionu et al (2021) has also proven that the level of ARV adherence in



people living with HIV who receive social support from peer support groups is higher than those who do not receive social support from peer support groups (Obinu *et al*, 2021). Therefore it is also necessary to involve representatives from peer support groups in home visits to public health center to increase ARV adherence in PLHIV women sex workers.

Optimizing ARVs during the Covid-19 pandemic also needs to be done. According to an analysis conducted in South Africa, people with HIV are 2.75 times more likely to die if they contract the Corona virus than patients without co-morbidities (comorbidities). This opportunity is owned regardless of whether they are taking anti-AIDS drugs. The findings were obtained by the Department of Health in the Western Cape, South Africa, which oversees medical services in the province. The Western Cape accounts for about two-thirds of the nearly 53,000 confirmed cases of coronavirus in South Africa (Adriani and Renat, 2021). Therefore, adaptation of ARV treatment can also optimize ARVs.

Public health center can also provide telemedicine services during the Covid-19 pandemic for PLWHA. Through the use of telemedicine, patients with mild symptoms can receive the necessary supportive care without the need to interact with other patients who have the potential to exacerbate their condition (Portnoy, 2020). The use of telemedicine can reduce transmission to at-risk patients (Adnan and Pramaningtyas, 2020). So that the adaptation of ARV treatment for PLWHA during the Covid-19 pandemic can be supported by the use of telemedicine.

Conclusion and Recommendation

Based on the research, it can be concluded that the design model for adapting ARV treatment for women sex workers to conditions during the Covid-19 pandemic, namely home visits to PLHIV women sex workers, optimizing ARVs and providing telemedicine services. For public health center that have not conducted Home Visits, optimizing ARV and providing telemedicine services is expected to be able to carry out Home Visits, optimizing ARV and providing telemedicine services as an adaptation to ARV treatment during the Covid-19 pandemic.

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