HIKMAH
Vol. 22 No. 2 (2025)
https://e-jurnal.staisumatera-medan.ac.id/index.php/hikmah/
P-ISSN: 1829-8419
E-ISSN: 2720-9040

THE ROLE OF ISLAMIC RELIGIOUS EDUCATION AND PSYCHOSOCIAL INTERVENTIONS IN REDUCING LOSS TO FOLLOW-UP IN HIV TREATMENT THROUGH SUPPORT GROUP COMMUNICATION

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Abstrak: Lost to follow up (LTFU) masih menjadi tantangan serius dalam keberhasilan pengobatan HIV karena dipengaruhi tidak hanya oleh faktor medis, tetapi juga faktor psikologis, sosial, dan spiritual. Tingginya LTFU berdampak pada kegagalan terapi antiretroviral (ARV), meningkatnya risiko morbiditas, serta terhambatnya pencapaian target pengendalian HIV. Penelitian ini bertujuan untuk menganalisis peran Pendidikan Agama Islam dan intervensi psikososial dalam menekan LTFU pada pengobatan HIV melalui komunikasi kelompok dukungan. Metode yang digunakan adalah studi literatur dengan menelaah artikel ilmiah, buku, dan dokumen kebijakan nasional maupun internasional yang relevan dalam sepuluh tahun terakhir. Hasil kajian menunjukkan bahwa Pendidikan Agama Islam berperan sebagai mekanisme koping spiritual yang membantu ODHIV memaknai penyakit secara konstruktif, memperkuat ketahanan mental, serta meningkatkan kepatuhan pengobatan. Efektivitas tersebut semakin optimal ketika dipadukan dengan intervensi psikososial melalui kelompok dukungan yang mampu mengurangi stigma, isolasi sosial, dan gangguan psikologis. Implikasi penelitian ini menegaskan pentingnya integrasi pendekatan religius dan psikososial sebagai strategi holistik dan berkelanjutan dalam meningkatkan retensi pengobatan HIV..

Kata Kunci: Pendidikan Islam, Intervensi Psikososial, Lost to Follow Up

Abstract: Loss to follow up (LTFU) remains a serious challenge in the success of HIV treatment, as it is influenced not only by medical factors but also by psychological, social, and spiritual dimensions. High LTFU rates contribute to antiretroviral therapy (ART) failure, increased morbidity risk, and hindered achievement of HIV control targets. This study aims to analyze the role of Islamic Religious Education and psychosocial interventions in reducing LTFU in HIV treatment through support group communication. The method employed is a literature review of scientific articles, books, and relevant national and international policy documents published over the last ten years. The findings indicate that Islamic Religious Education functions as a spiritual coping mechanism that helps people living with HIV (PLHIV) interpret their illness constructively, strengthen mental resilience, and improve treatment adherence. Its effectiveness is further enhanced when integrated with psychosocial interventions through support groups that reduce stigma, social isolation, and psychological distress. The implications of this study emphasize the importance of integrating religious and psychosocial approaches as a holistic and sustainable strategy to improve retention in HIV treatment.

Keywords: Islamic Education, Psychosocial Intervention, Loss To Follow Up

INTRODUCTION

Human Immunodeficiency Virus (HIV) remains a significant public health issue, both globally and nationally, including in Indonesia (Ka'opua & Linsk, 2007; Reddy et al., 2009). The development of antiretroviral therapy (ART) has transformed HIV from a fatal disease into a chronic condition that can be managed, provided that people living with HIV (PLHIV) adhere to continuous treatment. Indonesia, in line with global commitments, has adopted the 90–90–90 fast track approach, which targets early detection, access to treatment, and successful suppression of viral load to undetectable levels. This approach is expected to significantly reduce new HIV infections and support the achievement of sustainable development goals. However, the success of this strategy still faces various structural and non-structural challenges, one of which is the high rate of lost to follow up (LTFU) in HIV treatment (Mugavero & Amico, 2013; Rooks-Peck et al., 2018; Silalahi & Yona, 2023).

Lost to follow-up is a condition where PLHIV no longer attend health services or discontinue ARV treatment within a certain period without an official referral. This phenomenon has a serious impact on the success of therapy, as discontinuing treatment increases the risk of virological failure, drug resistance, increased morbidity and mortality, and has the potential to increase HIV transmission in the community. In the context of national programs, high LTFU rates also hinder the achievement of fast-track targets and weaken the effectiveness of the healthcare system. Therefore, LTFU cannot be viewed solely as an issue of individual adherence, but rather as a reflection of the complexity of factors that influence the continuity of HIV treatment (Aresta & Jumaiyah, 2023; Sianturi & Dorothea, 2020).

Various studies show that LTFU is not only caused by clinical factors, such as drug side effects or certain health conditions, but is also strongly influenced by psychological, social, and cultural factors. Stigma and discrimination against PLHIV are still a reality in society, which often causes fear, shame, and reluctance to access health services on an ongoing basis. Additionally, psychological pressures such as depression, anxiety, emotional exhaustion, and existential crises contribute to a decline in the motivation of PLHIV to undergo long-term treatment. This condition shows that a medical approach that focuses solely on biological aspects is not sufficient to address the challenge of HIV treatment retention (Djumadi et al., 2023; Prasetyo, 2024).

In religious societies, the spiritual dimension plays an important role in shaping how individuals interpret illness, suffering, and life expectancy. Islamic religious education, as a process of internalizing values of faith, morals, and ethics, has the potential to make a significant contribution in supporting the sustainability of HIV treatment. Values such as patience, sincerity, responsibility for life, and trust in God can be a source of inner strength for PLHIV in dealing with chronic illness. Islamic religious education can also help PLHIV build self-acceptance, reduce feelings of guilt or internal stigma, and foster awareness that maintaining health and undergoing treatment are part of the mandate of life. However, the role of religious

education in the context of HIV treatment is often still understood normatively and has not been systematically integrated into health service approaches (Khairani et al., 2023).

On the other hand, psychosocial interventions have been recognized as an important component of comprehensive HIV care. These interventions include various efforts to help PLHIV manage stress, cope with negative emotions, strengthen coping skills, and build supportive social relationships. Through psychosocial interventions, PLHIV are encouraged to develop psychological resilience that allows them to remain engaged in treatment despite facing social and emotional pressures. Various studies show that psychosocial interventions can improve quality of life, mental health, and adherence to ARV therapy. However, the effectiveness of these interventions is highly dependent on the social context and communication mechanisms used.

Peer support groups are a form of psychosocial intervention that plays a strategic role in HIV treatment. Support groups provide a safe and empathetic space for PLHIV to share their experiences, fears, and hopes without fear of stigma. Through supportive group communication, PLHIV can obtain emotional support, practical information, and motivation to continue their treatment. Interactions within support groups also help reduce feelings of isolation and increase a sense of belonging, which are important factors in maintaining long-term engagement in health services.

Although Islamic religious education and psychosocial intervention each have the potential to support the sustainability of HIV treatment, studies that integrate these two approaches through support group communication are still relatively limited. Most studies tend to discuss religious or psychosocial aspects separately, thus failing to capture the dynamics of interaction between religious meaning, psychological resilience, and social support in the context of HIV treatment. However, integrating Islamic religious education with psychosocial interventions in group support communication has the potential to create a more holistic and contextual approach, particularly in communities with a strong religious background (Pasaribu, 2022).

Based on this background, this study aims to examine the role of Islamic religious education and psychosocial interventions in reducing the rate of lost to follow up in HIV treatment through support group communication. This study is expected to provide conceptual contributions to the development of a holistic approach model that combines spiritual, psychological, and social dimensions in an effort to improve HIV treatment retention. In addition, the findings of this study are expected to serve as a reference for health workers, educators, and policy makers in designing interventions that are more sensitive to cultural and religious contexts, thereby supporting the sustainable success of HIV treatment .

METHOD

This study uses a qualitative approach with a literature review method (library research) that aims to systematically analyze the role of Islamic Religious Education and psychosocial interventions in reducing the *lost to follow up* (LTFU) rate in

HIV treatment through the mechanism of support group communication. Literature study was chosen because it allows researchers to comprehensively review empirical findings, theoretical frameworks, and relevant policies in the context of education, public health, and religious approaches to HIV issues.

Research data sources include reputable national and international journal articles, academic books, health agency reports, and policy documents relevant to the topics of HIV, LTFU, Islamic religious education, psychosocial intervention, and support groups. The literature analyzed is limited to publications from the last ten years to ensure the relevance and currency of the data. The sources were searched through scientific databases such as Google Scholar, DOAJ, PubMed, and accredited national journal portals, using keywords including Islamic religious education, psychosocial intervention, HIV treatment adherence, loss to follow up, and support group communication.

Data collection techniques were carried out through a gradual literature selection process, including identification, screening, and assessment of source suitability based on topic relevance, methodological quality, and contribution to the research focus. The selected literature was then analyzed using content analysis techniques, emphasizing thematic patterns related to the role of Islamic religious values, psychosocial support, and communication dynamics in support groups on HIV treatment adherence and sustainability.

Data analysis was conducted descriptively, analytically, and interpretively by linking literature findings with the conceptual framework developed in the research introduction. This approach enabled researchers to identify conceptual relationships between Islamic religious education as a source of spiritual and moral reinforcement, psychosocial intervention as a form of emotional and social support, and support group communication as a medium for empowering HIV patients in maintaining their commitment to treatment.

To ensure data validity, this study applied source triangulation techniques by comparing various research results and theoretical perspectives from different disciplines, such as Islamic education, psychology, and public health. With this methodological approach, the study is expected to provide a comprehensive and argumentative understanding of the integrative contribution of Islamic religious education and psychosocial interventions in reducing LTFU rates in HIV treatment.

RESULTS AND DISCUSSION

The Role of Islamic Religious Education as a Spiritual Coping Mechanism in Reducing Lost to Follow Up in HIV Treatment

The results of the study show that Islamic Religious Education plays a strategic role in helping people living with HIV (PLHIV) to interpret their illness in a more constructive and life-sustaining manner. In many cases, HIV is not only perceived as a medical problem, but also as an existential crisis that shakes one's identity, social

relationships, and meaning of life. When the interpretation of the disease is dominated by guilt, stigma, and fear of the future, PLHIV tend to experience psychological pressure that leads to low adherence to antiretroviral therapy . It is in this context that Islamic religious education plays an important role as a means of forming a more adaptive, humanistic, and hopeful perspective.

Through a religious education approach, HIV is no longer understood solely as a punishment or the end of social life, but rather as a test of life that must be faced with patience, responsibility, and continuous effort. This religious interpretation contributes significantly to building a positive mental attitude towards treatment, particularly in maintaining adherence to antiretroviral (ARV) therapy. The awareness that life and health are gifts from God encourages people living with HIV to persevere with treatment despite facing various physical, psychological, and social limitations.

From a religious psychology perspective, religious understanding functions as *religious coping*, which is an adaptive mechanism that helps individuals manage stress and psychological pressure caused by chronic illness. Islamic values such as patience, trust in God, effort, and hope for God's mercy become sources of internal strength that strengthen the mental resilience of people living with HIV. Patience is not interpreted as a passive attitude, but as the ability to manage emotions and persevere in difficult situations. Trust in God is understood as an attitude of surrender after making maximum effort, while effort emphasizes the obligation to continue striving to maintain health. Hope in God's mercy serves as psychological energy that prevents despair and resignation.

This mental resilience is very important considering that HIV treatment is long-term, requires high discipline, and is often accompanied by significant medical side effects. In addition, people living with HIV also face social pressures in the form of stigma and discrimination, which can weaken their motivation to continue accessing health services. Islamic religious education that is delivered appropriately and contextually can strengthen the psychological resilience of people living with HIV, enabling them to better endure these stressful situations.

Empirically, one of the dominant factors causing *loss to follow-up* (LTFU) is psychological fatigue, despair, and loss of motivation to continue treatment. This fatigue often stems not only from physical conditions, but also from the emotional burden caused by stigma, fear of disclosure of health status, and lack of social support. Islamic education delivered in a humanistic and reflective manner can reduce these conditions by instilling awareness that maintaining health is part of religious duty and a form of responsibility towards oneself and others (Firman et al., 2025; Widyowati & Takariningsih, 2024) .

Thus, adherence to treatment is not only interpreted as a medical obligation, but also as a form of worship and devotion to God. This perspective shifts the motivation of PLHIV from external adherence—such as fear of sanctions or pressure from health

workers—to a stronger and more sustainable internal motivation. It is this internal motivation that has proven to be more effective in maintaining treatment consistency and reducing the risk of LTFU.

In addition to playing a role in building motivation, Islamic religious education also has an important contribution in overcoming internal stigma (*self-stigma*) that is often experienced by PLHIV. Self-stigma often arises when individuals internalize society's negative views of HIV, giving rise to feelings of low self-esteem, excessive guilt, and the assumption that they no longer have value. This condition encourages PLHIV to withdraw from their social environment and health services, which ultimately increases the risk of discontinuing treatment.

Through a religious education approach that emphasizes the values of compassion, forgiveness, and human dignity, ODHIV are helped to rebuild a positive self-image. Islamic teachings, which affirm that every human being has dignity and the opportunity to improve themselves, provide a moral and spiritual foundation for ODHIV to accept themselves fully. This process of self-acceptance is an important foundation in maintaining continuity of treatment, as individuals with a positive self-image tend to be more concerned about their health and future.

However, the results of the study also show that Islamic religious education alone cannot optimally reduce LTFU. Religious education that is only cognitive and normative risks remaining at the level of discourse if it is not supported by a supportive social environment. The religious values instilled require a social space in order to be internalized in real terms in everyday health behaviors. Without emotional and social support, PLHIV remain at risk of psychological exhaustion even if they have a good understanding of religion.

Therefore, the integration of Islamic religious education with a psychosocial approach is an inseparable necessity. Religious education provides a framework of meaning and values, while psychosocial intervention provides a space for the actualization of these values through supportive social relationships. This integration allows religious values to be not only understood personally, but also reinforced through collective experiences and interpersonal support.

Thus, the role of Islamic religious education in the context of HIV treatment is not limited to spiritual guidance, but also serves as an instrument of health behavior change. Constructive religious education can build religious awareness that is oriented towards sustainability of life, mental strengthening, and long-term commitment to treatment. These findings confirm that a religious approach has a significant contribution to HIV treatment retention strategies, especially when placed as part of a broader, holistic intervention integrated with psychosocial and Health Communication approaches (Okonji et al., 2020; Pujaannicha & Widiana, 2024; Reddy et al., 2009).

Integration of Psychosocial Interventions and Support Group Communication as an HIV Treatment Retention Strategy

The results of the discussion show that the effectiveness of Islamic religious education in reducing *loss to follow-up* (LTFU) in HIV treatment increases when combined with psychosocial interventions through support group communication. This integration forms an approach that not only touches on the spiritual dimension of PLHIV, but also addresses emotional, social, and psychological needs, which are often key factors in treatment continuity. In the context of long-term HIV treatment, a single approach that emphasizes only the medical aspect has proven to be insufficient for maintaining optimal patient retention.

Support groups serve as social spaces that enable supportive interactions among PLHIV, whether in the form of experience sharing, emotional reinforcement, or social learning related to disease management and treatment adherence. Through structured meetings and informal communication, PLHIV can share their experiences about the challenges of undergoing ARV therapy, managing side effects, and facing stigma from their communities. This sharing process creates a sense of community and solidarity that strengthens individuals' psychosocial resilience in coping with chronic illness.

In a psychosocial context, support groups play a significant role in reducing the social isolation often experienced by PLHIV. This isolation is often a major trigger for discontinuing treatment, as individuals feel alone in facing the pressures of illness and social stigma. When PLHIV withdraw from their social environment and health services, the risk of LTFU increases significantly. Through open, equal, and empathetic communication in support groups, PLHIV gain positive social experiences in the form of acceptance, appreciation, and recognition of their existence as individuals with dignity.

The sense of belonging and acceptance within the support group community contributes to the formation of strong social bonds between PLHIV and the healthcare system. These bonds act as a protective factor against LTFU, as individuals feel bound not only by medical obligations, but also by meaningful social relationships. Thus, continuing treatment is no longer seen as a personal burden, but as part of a collective commitment within a supportive community.

Support groups also serve as a strategic medium for internalizing religious values acquired through Islamic education. These values are not only conveyed normatively and cognitively, but are also manifested in everyday social practices. Activities such as praying for one another, providing moral support, reminding each other of the importance of maintaining good health, and instilling patience and trust in God are part of the group's communication dynamics. This process makes religious values more contextual, applicable, and relevant to the reality of PLHIV's lives.

The internalization of religious values through social interaction has a more profound impact than the individual transmission of values. When these values are brought to life in relationships between people living with HIV, individuals tend to more readily accept them as part of their identity and daily

behavior. In this context, support groups serve as social spaces that bridge religious awareness and health practices, thereby strengthening consistency in treatment behavior.

From a health communication perspective, support groups are an effective channel for conveying persuasive and sustained treatment messages. Information about the importance of ARV therapy adherence, how to manage side effects, and strategies for coping with psychological stress is more easily accepted when conveyed by fellow PLHIV who have had similar experiences. This equality-based communication increases the level of trust and credibility of the message, compared to a one-way, top-down communication approach (Putri et al., 2024; Reddy et al., 2009; Taosu et al., 2025) .

In addition, support groups enable social learning processes, where PLHIV can observe and imitate the positive behaviors of other members who have successfully maintained treatment adherence. This process strengthens self-efficacy and the belief that long-term treatment is realistic. With increased self-efficacy, PLHIV tend to be better able to overcome psychological and social barriers that could potentially trigger LTFU.

Psychosocial interventions through support groups have also been shown to reduce symptoms of depression and anxiety that often accompany HIV. Unstable psychological conditions, such as depression and anxiety, have long been identified as major risk factors for discontinuing treatment. Through ongoing emotional support, people living with HIV gain a safe space to express negative emotions, gain validation of their feelings, and develop more adaptive coping strategies. This reduction in psychological distress directly contributes to improved quality of life and the ability of individuals to carry out routine activities, including regular treatment visits.

The integration of Islamic religious education and psychosocial intervention through support group communication creates a holistic and sustainable approach. Religious education strengthens the spiritual dimension and meaning of life, while psychosocial intervention strengthens the emotional and social dimensions. This combination not only addresses the factors causing LTFU, but also builds a support system that enables PLHIV to remain in long-term treatment in a more stable and meaningful manner.

Thus, these findings confirm that efforts to reduce LTFU in HIV treatment require a multidimensional approach that goes beyond the medical paradigm alone. An approach that integrates Islamic religious education, psychosocial interventions, and support group communication offers a contextual, humanistic, and relevant intervention model, especially in communities with strong religious orientations. This model not only contributes to improved treatment retention but also provides conceptual contributions to the development of more sustainable, inclusive, and quality-of-life-oriented HIV service strategies for people living with HIV.

CONCLUSION

Based on all the descriptions and results of the study, it can be concluded that *lost to follow up* (LTFU) in HIV treatment is a multidimensional problem that cannot be

solved through a medical approach alone. Psychological, social, and spiritual factors play a significant role in determining the continuity of ODHIV adherence to antiretroviral therapy (ARV). Islamic religious education has been proven to contribute significantly as a spiritual coping mechanism that helps PLHIV interpret their illness constructively, foster hope, strengthen mental resilience, and build awareness that maintaining health is part of their religious and moral responsibility. However, the effectiveness of Islamic religious education in reducing LTFU is optimized when integrated with psychosocial interventions through support group communication. Support groups provide a safe and supportive social space for PLHIV to share experiences, obtain emotional support ( ), and internalize religious values in their daily lives. Empathetic and equal interactions within these groups can reduce stigma, social isolation, and psychological distress, which are often triggers for discontinuing treatment. Thus, the integration of Islamic religious education and psychosocial interventions based on support groups is an effective holistic approach to improving HIV treatment retention. This approach is relevant to be developed as part of a more humanistic, sustainable, and contextual HIV service strategy, especially in religious communities.

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