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The effect of peer support intervention on improving self-efficacy in adolescents with HIV: A systematic review

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Abstract

Background: Adolescents with HIV who have low self-efficacy are less likely to adhere to their treatment plans, experience psychological issues, become socially isolated, and make poor treatment management decisions. Peer support therapy is therefore required to raise these teenagers' self-efficacy. Evaluating self-efficacy is crucial for determining how peer support interventions affect adolescents living with HIV.
Purpose: Assessing the impact of peer support interventions on HIV-positive adolescents' self-efficacy is essential.
Method: A systematic review with article selection guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The systematic review process begins with the formulation of clinical questions relevant to the topic. Before this, the authors establish PICOS criteria, which stand for: P (problem, patient, or population), I (intervention, prognostic factor, or exposure), C (comparison or control), O (outcome), and S (study design). For this article, P: Adolescents with HIV, I: Peer support intervention, C: Individual counseling, standard education, or regular therapy, O: Improving self-efficacy, S: Randomized controlled trials. The article search was conducted systematically using the keywords: “Peer Support,” AND “Self-efficacy,” AND “Adolescents” AND “HIV.”
Results: Among adolescents with HIV, the peer support intervention demonstrated an increase in self-efficacy. Participants reported feeling more confident in managing their treatment and navigating daily challenges related to their condition. The supportive peer environment helped reduce feelings of isolation and encouraged adherence to antiretroviral therapy (ART).
Conclusion: Peer support interventions effectively enhance self-efficacy in adolescents living with HIV by improving confidence in treatment management, stigma coping, and ART adherence. Their empathetic, equal, and communicative approach makes them more acceptable to adolescents who may be reluctant to share with professionals.

Keywords: Adolescents; HIV; Peer Support; Self-Efficacy.

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INTRODUCTION

The virus known as HIV (Human Immunodeficiency Virus) specifically targets CD4 or T-helper cells, which are vital for battling infections. HIV can impair immunity to the point where AIDS develops if treatment is not received. The increase in HIV cases among adolescents has become a critical global health concern, with the WHO dividing the adolescent age group into three categories: early adolescents (10–13 years old), middle adolescents (14–16 years old), and late adolescents (17–19 years old) (Thamrin, 2023). Each age group faces different challenges related to knowledge and management of HIV risks in Indonesia. Data indicates that HIV prevalence among adolescents is significant, with about 50% of new infections occurring in this age group (Ningsih et al., 2023). The level of HIV/AIDS knowledge among adolescents remains low; studies show that only 54.9% of adolescents in some areas have good knowledge about HIV/AIDS. This lack of knowledge negatively impacts adolescent sexual behavior and can increase the incidence of HIV infection among teenagers (Suarnianti, Selan, & Sumi, 2021).

Albert Bandura coined the term "self-efficacy" to characterize a person's confidence in their capacity to overcome obstacles and finish tasks in order to reach their objectives. Teenagers' self-efficacy is particularly crucial during the stages of identity exploration and crucial decision-making. High self-efficacy teens are more likely to manage stress, overcome challenges, and make wise decisions, including those pertaining to their health and sexual behavior (Ratnawati, Setiawan, Sahar, Nursasi, & Siregar, 2024). The difficulties that adolescents with HIV encounter, however, are distinct and more intricate. Receiving an HIV diagnosis has major emotional and social repercussions in addition to physical health effects (Hamzah, 2023).

Self-efficacy is a critical component that influences how adolescents manage their health, receive treatment, and improve their quality of life because adolescents living with HIV must deal with stigma that can interfere with both psychological factors (Bernays, Tshuma, Willis, Myududu, Chikeya, Mufuka, & Mavhu, 2020). Adolescent HIV patients' self-efficacy is crucial, necessitating intervention techniques that increase self-assurance. Peer Support Intervention is one of the most effective approaches to provide a positive impact. Research shows that adolescents involved in peer support programs have higher levels of self-efficacy, which has an impact on adherence to treatment, increased self-management and motivation to be actively involved in the care process, so that it can contribute to HIV prevention, improved health management and self-efficacy (Mathew, & Manjula, 2022).

Many publications that prove the influence of peer support interventions on increasing self-efficacy in adolescents with HIV, where the social environment formed in peer groups is able to shape self-acceptance and emotional management, thereby increasing confidence in carrying out treatment regimens. Peer counseling approach based on problem-solving discussions is able to strengthen emotional connectedness between adolescents, encourage openness, and strengthen their self-efficacy for treatment (Tao, Xiao, Ma, & Wang, 2022).

Peer support interventions present hope and opportunities for adolescents living with HIV, but the implementation of these interventions is not free from various challenges and obstacles that often thwart their effectiveness. One of the biggest challenges in peer support interventions is the stigma attached to HIV from the wider community and peers so that adolescents choose to withdraw from support groups (Munn, Barker, Moola, Tufanuru, Stern, McArthur, & Aromataris, 2020).

The success of the program is influenced by several things, including the knowledge and skills of peer supporters in sharing information, experience, advice and effective approache. Other factors are influenced by social and family support, negative support has the effect of reducing self-confidence, treatment compliance and inhibiting involvement in peer support programs (Umar, Levy, Donenberg, & Bailey, 2019).

RESEARCH METHOD

A systematic review with article selection guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The systematic review process begins with the formulation of clinical questions relevant to the topic. Before this, the authors establish PICOS criteria, which stand for: P (problem, patient, or population), I

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(intervention, prognostic factor, or exposure), C (comparison or control), O (outcome), and S (study design). For this article, P: Adolescents with HIV, I: Peer support intervention, C: Individual counseling, standard education, or regular therapy, O: Improving self-efficacy, S: Randomized controlled trials.

The article search was conducted systematically using the keywords: "Peer Support," AND "Self-efficacy," AND "Adolescents" AND "HIV." The inclusion criteria inquired involving adolescents aged 10–19 years, assessing peer support interventions, and focusing on adolescents with HIV. The exclusion criteria included Intervention was not peer support and self-efficacy outcome not reported.

The initial search resulted in ProQuest, ScienceDirect, Scopus, and SAGE Journals. After screening and filtering based on the predefined criteria, 8 articles met the inclusion criteria and were selected for further analysis.

RESEARCH RESULTS

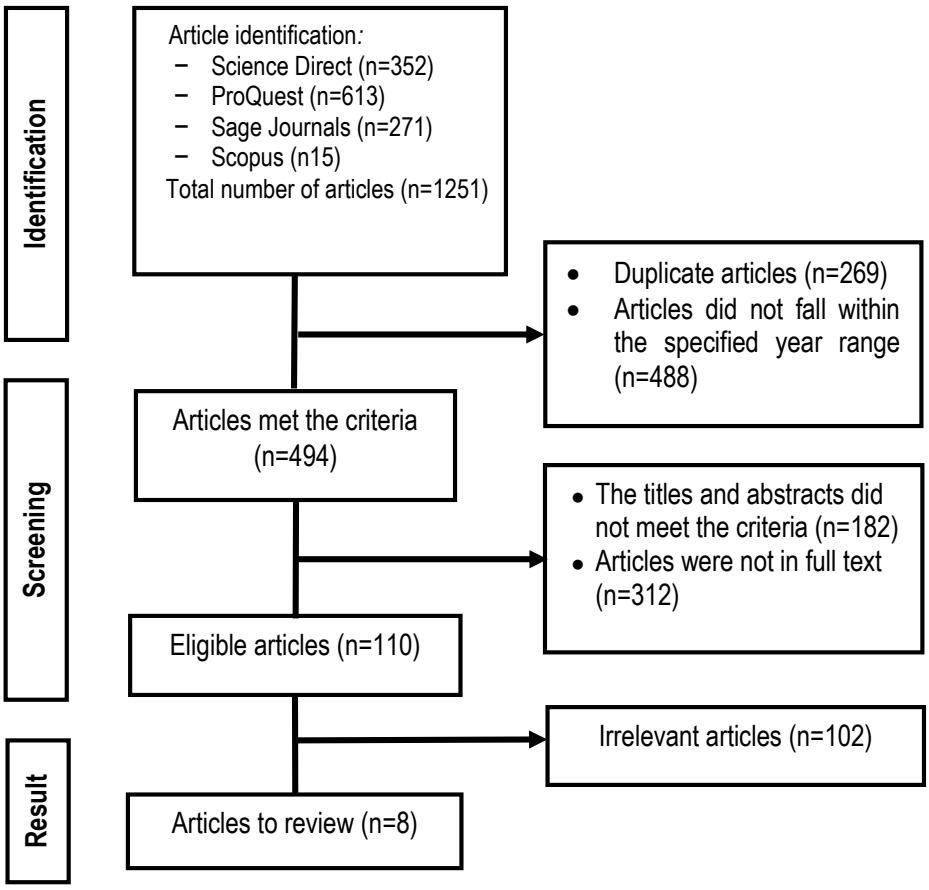


Figure PRISMA Flow Diagram

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Table The Main Characteristics of Included Studies

(Author, Year) (Country)	Purpose	Method	Results
(Sims et al., 2022) (Zimbabwe)	Evaluating the effectiveness of peer counseling combined with Problem-Solving Therapy (PST)	The study randomized 60 clinics equally to either standard Zvandiri peer counselling or peer counsellors trained in Problem-Solving Therapy (PST). Between January and March 2019, 842 adolescents aged 10–19 years living with HIV who screened positive for common mental disorders (CMDs) were enrolled, of whom 44.5% were male and 49.6% had lost at least one parent.	Self-efficacy showed a positive correlation with virological suppression. Adolescents involved in Zvandiri-PST demonstrated significant improvements in self-efficacy and mental health compared to those in the Zvandiri group (p-value < 0.01). Greater self-efficacy was associated with fewer depressive symptoms and a better quality of life.
(Denison et al., 2020) (Zambia)	Assessing how clinic peer support programs influence viral suppression and medication adherence.	A randomized controlled trial was conducted from December 2017 to February 2019. Consecutively recruited 15 to 24-year-olds were randomly assigned to an intervention arm with monthly YPM one-on-one and group sessions and optional caregiver support groups, or a usual care comparison arm. Survey data and blood samples were collected at baseline and at the six-month midline. Generalized estimating equation models evaluated the effect of study arm over time on VS, antiretroviral treatment (ART) adherence gap, and internalized stigma.	Viral suppression improved in both groups: from 63.5% to 73.0% in the intervention group and from 63.7% to 71.3% in the comparison group, with an odds ratio of 1.49 (95% CI: 1.08 to 2.07). Internalized stigma decreased significantly in the intervention group, from 50.4% to 25.4%, compared to a reduction from 45.2% to 39.7% in the comparison group, with an odds ratio of 0.39 (95% CI: 0.21 to 0.73). Additionally, there was a significant difference in the self-efficacy gap for ART adherence between the two groups.
(Willis et al., 2019) (Zimbabwe)	Assess how well peer support contributes to linkage, retention, ART adherence, and psychosocial support.	A randomised trial was conducted in Gokwe South district, Zimbabwe over a period of 12 months. Ninety-four HIV-positive adolescents, 10–15 years old, on antiretroviral therapy were recruited to the study. 47 participants received standard of care from the Ministry	Linkage to services: The intervention group experienced a significant increase (p < 0.001), with scores rising from 2.38 to 3.38. Retention in care also saw a significant boost (p < 0.001). Adherence: Members of the intervention group were more likely to

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(Author, Year) (Country)	Purpose	Method	Results
		of Health and Child Care and 47 received the same standard of care plus CATS services. Data collection involved a questionnaire which was administered at baseline then repeated at three, six, nine and twelve months for all participants. Survey questions on confidence, self-esteem and self-worth had a three-point Likert scale. Stigma, quality of life and the linkages to services and retention questions had a five-point Likert scale.	stick to ART treatment (OR = 3.934, p = 0.0087). Psychosocial well-being: There was a notable improvement in self-confidence, self-esteem, and quality of life among the intervention group, with p < 0.001 for self-esteem and p = 0.028 for quality of life.
(Mavhu et al., 2020) (Zimbabwe)	Assess the differentiated service delivery model (Zvandiri) to prevent virological failure and improve self-efficacy.	This cluster-randomized trial in rural Zimbabwe assigned 16 clinics to either the Zvandiri enhanced HIV care intervention or standard care. Eligible adolescents aged 13–19 years living with HIV and on or starting ART received standard adherence counselling at all clinics, while those in intervention clinics also had a community adolescent treatment supporter, monthly support groups, and individualized support via messages, calls, home visits, and clinic counselling, with intensity adjusted every 3 months based on vulnerability.	Main results: 52 (25%) of 209 participants in the Zvandiri intervention group and 97 (36%) of 270 in the control group experienced virological failure or death after 96 weeks (P = 0.03). Secondary results: There were no significant differences in depression reduction (PHQ-9 score) or quality of life improvement (EQ-5D) between the groups. P-value for virological failure or death at study end: P = 0.03. P-value for secondary outcomes (depression, quality of life, self-efficacy): P = 0.05, indicating significance.
(Dullli et al., 2020) (Nigeria)	Assessing the effectiveness of the SMART Connections peer support model, which leverages social media, for YLHIV.	We conducted a parallel, unblinded randomized controlled trial. YLHIV enrolled in HIV treatment for less than 12 months were randomized in a 1:1 ratio to receive SMART Connections (intervention) or standard of care alone (control). We collected data at baseline and endline through structured interviews and medical	Treatment retention showed no significant difference between the intervention and control groups (p-value = 0.22). HIV knowledge increased significantly in the intervention group (p-value = 0.003). There was no significant difference in ART self-efficacy compliance (p-value = 0.53) or social support (p-value = 0.34).

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(Author, Year) (Country)	Purpose	Method	Results
		record extraction. We also conducted in-depth interviews with subsets of intervention group participants. The primary outcome was retention in HIV treatment. We conducted a time-to-event analysis examining time retained in treatment from study enrollment to the date the participant was no longer classified as active-on-treatment.	Most participants found the intervention useful, enjoyable, and easily accessible through Facebook.
(Chinoda et al., 2020) (Zimbabwe)	Assessing how peer-led mental health interventions influence viral load, self-efficacy, and overall mental health.	We will conduct a cluster-randomised controlled trial in 60 clinics randomised 1:1 in five provinces. ALHIV attending the control arm clinics will receive standard CATS support and clinic support following the Ministry of Health guidelines. Those attending the intervention arm clinics will receive Friendship Bench problem-solving therapy, delivered by trained CATS. Participants with the signs of psychological distress will be referred to the clinic for further assessment and management.	Primary outcome analysis focuses on the proportion of participants who experience virological failure (VL ≥ 1000) or death by week 48. The secondary analysis assesses the prevalence and severity of depression and anxiety symptoms using the SSQ-14 and PHQ-9, as well as quality of life with the EQ-5D. The primary outcome measures the intervention's effectiveness in lowering virological failure and mortality rates. Secondary outcomes evaluate reductions in depression and anxiety symptoms and significant improvements in quality of life, including self-efficacy, within the intervention group.
(Naburya et al., 2020) (Uganda)	Evaluating how peer and family support impact self-efficacy for ART adherence among HIV-positive adolescents.	Data from an NIH-funded study called Suubi + Adherence, an economic empowerment intervention for HIV positive adolescents (average age = 12.4 years) in southern Uganda was analyzed. We conducted multilevel regression analyses to explore the protective family factors, measured by family	The percentage of participants who die by week 48 or suffer virological failure (VL ≥ 1000) is assessed using primary outcome analysis. Secondary analysis uses the EQ-5D to measure quality of life and the SSQ-14 and PHQ-9 to measure the prevalence and intensity of anxiety and depression symptoms. The effectiveness

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(Author, Year) (Country)	Purpose	Method	Results
		cohesion, child-caregiver communication and perceived child-caregiver support, associated with ART adherence self-efficacy.	of the intervention in reducing virological failure and mortality is the main outcome. Reductions in symptoms of anxiety and depression as well as significant enhancements in the intervention group's quality of life, including self-efficacy, are secondary outcomes.
(Tan et al., 2025) (China)	Analyzing the effectiveness of peer support, self-acceptance, emotional regulation, and self-efficacy in ART adherence.	A cross-sectional study was conducted in a county of Liangshan Prefecture from November 2023 to March 2024. A convenience sampling method was used to select 205 participants. Multiple linear regression models were employed to examine the relationships between demographic variables, self-acceptance, emotion regulation and treatment adherence self-efficacy. A p-value < 0.05 was considered statistically significant.	The average self-efficacy adherence score was 73.09 ± 16.37. Key factors affecting self-efficacy adherence included place of residence, occupation, age, self-acceptance, and emotional regulation. Higher self-acceptance (β = 0.157, p = 0.019) and better emotional regulation (β = 0.314, p < 0.0005) were linked to greater confidence in medication adherence. Additionally, demographic factors such as place of residence (β = -0.174, p = 0.007) and occupation (β = 3.234, p = 0.001) also showed significant influence.

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DISCUSSION

Peer support interventions provide adolescents with relatable role models who have successfully managed their HIV treatment, creating a supportive environment that encourages adherence and problem-solving. These interventions often include counseling, mentorship, and group activities that foster knowledge sharing, emotional support, and practical skills for coping with treatment challenges (Helmyati, Lusmilasari, Sandhi, Hardiyanti, Rosilia, Rachmawati, & Aristyarini, 2024). By interacting with peers who face similar experiences, adolescents can normalize their struggles, reduce feelings of isolation, and develop strategies to overcome barriers to ART adherence. Consequently, such programs not only enhance self-efficacy but also contribute to improved clinical outcomes, including viral suppression and overall psychosocial well-being (Kim, Mazenga, Yu, Ahmed, Paul, Kazembe, & Abrams, 2017).

Peer support interventions for adolescents living with HIV (ALHIV) leverage the shared experiences of peers to foster self-efficacy, adherence, and emotional resilience. By engaging with peers who have faced similar challenges, adolescents gain practical coping strategies and reassurance, which can reduce feelings of isolation and stigma. This relational approach not only improves psychosocial outcomes but also reinforces positive health behaviors, such as consistent antiretroviral therapy (ART) adherence and engagement in care. Studies have shown that structured peer support through counseling, support groups, and mentorship can enhance both mental health and clinical outcomes, making it a critical component of holistic HIV care for adolescents (Ahmed, Doyle, Gallagher, Imoohi, Ofoegbu, Wright, & Buttenheim, 2023).

Peer-based interventions have been shown to consistently improve self-efficacy, psychosocial well-being, and treatment adherence. These findings highlight that peer-based interventions are most effective when integrated into a comprehensive support system that addresses both medical and psychosocial needs. By combining peer support with structured psychological approaches, adolescents not only gain practical skills to manage their condition but also develop confidence and resilience, which enhances self-efficacy. Additionally, involving family members reinforces positive behaviors, provides emotional support, and creates a consistent environment that encourages adherence to treatment. This holistic approach ensures that adolescents receive continuous guidance, motivation, and monitoring, ultimately improving both mental health outcomes and clinical indicators such as viral suppression (Antelman, Jahanpour, Machalo, Audi, Ven, Rutaihwa, & Baird, 2022).

Several studies emphasize the role of non-clinical factors in improving adolescents' self-efficacy in HIV care. Effective communication with caregivers and strong family cohesion significantly enhance adolescents' confidence in participating in therapy. Self-acceptance and emotion regulation are key contributors to self-efficacy in treatment adherence. However, not all interventions yield significant clinical outcomes, highlighting that psychosocial support alone may be insufficient without integrated, context-specific strategies. The core implication is that effective HIV care for adolescents requires combining peer or family support with individualized psychological and behavioral interventions to maximize both adherence and health outcomes (Huang, Tu, Zhang, Zhang, Zhang, Liu, & Chen, 2024).

Evaluated a social media–based peer support program for adolescents living with HIV and found that while HIV knowledge improved, there were no significant effects on retention or adherence. This suggests that the effectiveness of peer support interventions largely depends on their implementation strategy, including the platform, context, and intensity of engagement. For adolescents, delivering peer support through safe online environment such as social media platforms or dedicated apps can provide accessible opportunities to share experiences, receive guidance, and enhance self-efficacy, highlighting the importance of designing interventions that align with adolescents' digital habits and social needs (Yu, Wang, & Chen, 2022).

CONCLUSION

Peer support interventions effectively enhance self-efficacy in adolescents living with HIV by improving confidence in treatment management, stigma coping, and ART adherence. Their empathetic, equal, and communicative approach

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makes them more acceptable to adolescents who may be reluctant to share with professionals.

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