

## Highly active antiretroviral therapy adherence and its determinants in selected regions in Indonesia

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### Abstrak

Latar belakang: Mengonsumsi obat antiretrovirus dapat mengurangi morbiditas dan mortalitas orang dengan HIV/ AIDS (ODHA). Tetapi, hal tersebut bergantung pada adherens terhadap pengobatan. Penelitian ini bertujuan untuk menilai adherens obat antiretrovirus dan mengevaluasi karakteristik individu pasien (self-efficacy, tingkat depresi dan dukungan sosial) yang menentukan adherens terhadap obat antiretrovirus di beberapa daerah di Indonesia.

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Metode: Studi potong lintang ini dilakukan di Jakarta, Malang, Bandung, Makasar, dan Banda Aceh. Subjek penelitian kami adalah ODHA yang berumur lebih dari 13 tahun dan telah mengonsumsi obat antiretroviral setidaknya satu bulan. Subjek diambil secara konsekutif kemudian ditanyakan jumlah pil yang mereka tidak minum sejak satu bulan yang lalu. Adherens dikatakan rendah apabila persentase rata-rata adherens di bawah 95%. Kami mengadaptasi HIV treatment adherence self-efficacy scale (HIV-ASES), Beck Depression Inventory (BDI-II) dan Interpersonal Support Evaluation List (ISEL) untuk menilai self-efficacy, tingkat depresi, dan dukungan sosial, secara berurutan.

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Hasil: Pada penelitian ini didapatkan 96% subjek penelitian (n=53) memiliki adherens yang baik terhadap pengobatan antiretrovirus. Selain itu, tidak ditemukan adanya hubungan antara adherens dengan self-efficacy, tingkat depresi dan dukungan sosial. Penyebab utama rendahnya adherens pada penelitian ini karena faktor lupa tanpa adanya alasan yang spesifik.

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Kesimpulan: ODHA di beberapa daerah di Indonesia memiliki adherens yang baik terhadap pengobatan antiretrovirus dan adherens tersebut tidak berhubungan dengan self-efficacy, tingkat depresi dan dukungan sosial

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<b>Abstract</b><br>

Background: Highly active antiretroviral therapy (HAART) can reduce morbidity and mortality of HIV-infected patients. However, it depends upon adherence to medication. The objective of this study was to examine the adherence to HAART and to evaluate individual patient characteristics i.e. self-efficacy, depression level, and social support and to finally determine HAART adherence in selected regions in Indonesia.

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Methods: This cross-sectional study was conducted in Jakarta, Malang, Bandung, Makasar and Banda Aceh. The subject of the study was HIV-infected patients who were older than 13 years old and had taken HAART for at least a month. They were recruited consecutively then asked how many pills they had missed during the previous month. Poor adherence can be stated if the percentage of adherence rate is below 95%. HIV

treatment adherence self-efficacy scale (HIVASES), Beck Depression Inventory (BDI-II) and Interpersonal Support Evaluation List (ISEL) was adapted to assess self-efficacy, depression level and social support, respectively.

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Results: We found that 96 % (n=53) of the subjects adhered to HAART. There were no associations between adherence with self-efficacy, depression level, and social support. The main cause of non-adherence in this study was ?simply forget?.

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Conclusion: Adherence to HAART was found to be high and not associated with self-efficacy, depression level and social support in some central regions in Indonesia.