

Faktor-faktor yang berhubungan dengan retention in care satu tahun pasca persalinan pada pasien yang menjalani pencegahan penularan HIV dari ibu ke anak (PPIA) di UPT HIV RSCM = Factors associated with one year retention in care after delivery in patients undergoing prevention of mother to child transmission PMTCT in integrated HIV clinic RSCM

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Abstrak

Latar Belakang: Program Pencegahan Penularan HIV dari Ibu ke Anak (PPIA) atau Prevention of Mother Child Transmission (PMTCT) telah terbukti sebagai intervensi yang sangat efektif untuk mencegah penularan HIV dari ibu ke anak, meningkatkan kualitas kesehatan ibu dan menurunkan angka kematian ibu. Untuk mencapai kesehatan ibu yang baik diperlukan kontinuitas dalam menjalankan PPIA. Retention in care telah terbukti penting untuk mencapai keberhasilan pengobatan HIV.

Tujuan: Penelitian ini dimaksudkan untuk mengetahui faktor-faktor yang berhubungan dengan retention in care satu tahun pasca persalinan pada pasien yang menjalani PPIA di UPT HIV RSCM.

Metode: Studi kohort retrospektif dilakukan pada 253 pasien HIV pasca persalinan yang mendapat PPIA dan berobat jalan di UPT HIV RSCM dalam kurun waktu Januari 2004 sampai Mei 2014. Penilaian retention in care satu tahun pasca PPIA dilakukan dengan melihat rekam medik. Data yang dikumpulkan berupa usia, kadar CD4 awal, toksisitas obat, pasien pengguna napza suntik [penasun/injecting drug user/(IDU)], lama mendapat ARV sebelum melahirkan, memiliki anak dengan status HIV positif, memiliki pasangan dengan status HIV positif, jarak rumah pasien ke RSCM, dan indikasi ARV. Dilakukan analisis bivariat dengan uji Chi Square dan Mann Whitney serta analisa multivariat dengan regresi logistik.

Hasil: Sebanyak 253 subjek diikutsertakan pada penelitian ini. Angka retention in care satu tahun pasca persalinan sebesar 55,3%. Analisis multivariat didapatkan faktor-faktor yang berhubungan dengan retention in care satu tahun pasca persalinan dengan kekuatan hubungan dari yang paling besar adalah indikasi ARV untuk terapi (OR= 3,812 [IK 95%:1,825-7,966]), bukan penasun (OR=3,055 [IK 95%:1,382-6,752]), lama mendapat ARV sebelum melahirkan >6 bulan (OR= 2,657 [IK 95%:1,328-5,316]), dan kadar CD4 awal <200 (OR= 2,033 [IK 95%:1,061-3,894]).

Simpulan: Faktor yang berhubungan retention in care satu tahun pasca persalinan adalah indikasi ARV untuk terapi, lama mendapat ARV sebelum melahirkan > 6 bulan, bukan penasun, dan kadar CD4 < 200 /mm³.

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Background: Prevention of Mother to Child Transmission (PMTCT) has been proven to prevent maternal to child HIV transmission effectively, increase maternal health quality and decrease maternal mortality.

Continuity in implementing PMTCT, in this case antiretroviral treatment, is important to improve maternal health. Retention in care is proven to be important for the successfulness of HIV treatment.

Aim : This research was intended to analyze factors that associated with one year after delivery retention in care in patient underwent PMTCT in integrated HIV Clinic RSCM.

Methods: This study was a retrospective cohort study among 253 post partum HIV patients who were given

ARV for PMTCT in integrated HIV Clinic RSCM during January 2004 until May 2014. Evaluation on one year retention in care after PMTCT was performed by observing medical records of the patient. The collected data were factors thought to influence year after delivery retention in care which were age of the patient, level of initial CD4, ARV toxicity, injecting drug user, duration of ARV before delivery, having child with positive HIV status, having spouse with positive HIV status, distance from the residence to the hospital, and indication of ARV initiation. Bivariate analysis was performed by Chi Square and Mann Whitney test. Factors associated with retention in care were assessed using logistic regression.

Results: 253 subjects met the inclusion criteria. One year after delivery retention in care rate was 55,3%.

Multivariate analysis found that factors significantly associated with one year retention in care were indication of ARV initiation for therapy (OR =3,812 [95% CI: 1,825-7,966]), non-IDU patients (OR=3,055 [95% CI: 1,382-6,752]), duration of ARV before delivery for more than 6 months (OR = 2,657 [95% CI: 1,328-5,316]), and level of initial CD4 more than 200/mm³ (OR = 2,033 [95% CI: 1,061-3,894]).

Conclusion: Factors significantly associated with one year after delivery retention in care were indication of ARV initiation for therapy, non-IDU patients, duration of ARV before delivery for more than 6 months, and level of initial CD4 more than 200/mm³.