

Faktor-Faktor Yang Berhubungan dengan Ketidakpatuhan Minum Obat Antiretroviral (ARV) pada Orang dengan HIV (ODHIV) di Rumah Sakit Umum Daerah Kabupaten Tangerang Tahun 2023 = The Factors Associated with Non-Compliance with Taking Antiretroviral Medication (ARV) in People with HIV (PLHIV) at The Tangerang District General Hospital in 2023

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Abstrak

Kurangnya kepatuhan terhadap pengobatan menjadi faktor risiko munculnya jenis HIV yang resisten terhadap obat, yang dapat ditularkan kepada orang lain. Kepatuhan terhadap pengobatan yang buruk tidak hanya membahayakan kesehatan individu tetapi juga meningkatkan penularan. Penelitian ini bertujuan untuk mengamati faktor-faktor yang berhubungan dengan terjadinya ketidakpatuhan minum obat ARV pada ODHIV yang mendapatkan terapi ARV di Rumah Sakit Umum Daerah Kabupaten Tangerang. Jenis penelitian ini menggunakan penelitian observasional dengan rancangan cross sectional. Penelitian dilakukan di poli HIV Rumah Sakit Umum Daerah Kabupaten Tangerang dan waktu penelitian dilakukan pada bulan November 2023 menggunakan data sekunder. Populasi penelitian berjumlah 1.337 ODHIV yang aktif menjalani pengobatan antiretroviral di Rumah Sakit Umum Daerah Kabupaten Tangerang dengan menggunakan total sampling sesuai dengan kriteria inklusi dan eksklusi sehingga sampel penelitian berjumlah 1.286 ODHIV. Hasil analisis univariat menunjukkan bahwa usia > 35 tahun (56,45%), laki-laki (61,20%), pendidikan rendah (87,10%), belum kawin atau cerai (51,92%), domisili dalam kabupaten Tangerang (55,88%), mendapatkan konseling kepatuhan (63,73%), memiliki jaminan kesehatan (51,92%), 5km akses layanan kesehatan (54,07%), IO non TB (40,90%), stadium lanjut (63,69%), viral load > 40 mL (46,73%), tidak ada efek samping obat (53,34%), lamanya pengobatan > 5 tahun (72,01%), masuk kedalam populasi kunci (88,01%) dan tidak mendapat dukungan (61,12%). Hasil analisis uji kuadrat secara statistik ada hubungan antara umur, jenis kelamin, status pendidikan, status perkawinan, domisili, pelayanan konseling kepatuhan, stadium klinis WHO, viral load, lamanya pengobatan ARV, kelompok populasi kunci dan dukungan teman sebaya ($P\text{-Value} < 0,05$) dengan ketidakpatuhan minum obat ARV. Hasil analisis cox regression dengan faktor yang secara statistik berhubungan terhadap ketidakpatuhan minum obat antiretroviral pada ODHIV adalah umur ($P\text{-Value} = 0,01$) nilai PR 1,20 dengan 95% CI (1,05-1,38), status perkawinan ($P\text{-Value} = 0,02$) nilai PR 1,18 dengan 95% CI (1,03-1,36), domisili ($P\text{-Value} = 0,01$) nilai PR 1,19 dengan 95% CI (1,04-1,36), viral load ($P\text{-Value} = 0,001$) nilai PR 1,27 dengan 95% CI (1,10-1,43), lamanya pengobatan ARV ($P\text{-Value} = 0,005$) nilai PR 1,25 dengan 95% CI (1,07-1,47), kelompok populasi kunci ($P\text{-Value} = 0,02$) nilai PR 1,27 dengan 95% CI (1,04-1,56), dukungan teman sebaya ($P\text{-Value} = 0,04$) nilai PR 1,15 dengan 95% CI (1,00-1,32). Faktor umur, status perkawinan, domisili, viral load, lamanya pengobatan, kelompok populasi kunci dan dukungan teman sebaya memiliki pengaruh terhadap ketidakpatuhan minum obat antiretroviral (ARV) pada ODHIV di Rumah Sakit Umum Daerah Kabupaten Tangerang.

.....Lack of treatment adherence becomes a risk factor for the emergence of drug-resistant strains of HIV, which can be transmitted to others. Poor adherence to treatment harms the individual's health and increases

the risk of transmission. This study aims to observe the factors associated with the occurrence of non-adherence to taking ARV drugs in PLHIV who receive ARV therapy at the Regional General Hospital of Tangerang Regency. This type of study uses observational research with a cross-sectional design. The study was conducted at the HIV Specialist of the Regional Govern Hospital of Tangerang Regency and the time of the study was carried out in November 2023 using secondary data. The study population amounted to 1,337 PLHIV who were actively undergoing antiretroviral treatment at the Regional General Hospital of Tangerang Regency using total sampling by inclusion and exclusion criteria so that the study sample amounted to 1,286 PLHIV. The results of the univariate analysis showed that the age of 35 years (56.45%), male (61.20%), low education (87.10%), unmarried or divorced (51.92%), domiciled in Tangerang district (55.88%), received compliance counselling (63.73%), had health insurance (51.92%), 5km of health service access area (54.07%), non-TB IO (40.90%), advanced stage (63.69%), viral load 40 mL (46.73%), no drug side effects (53.34%), duration of treatment 5 years (72.01%), entered into key populations (88.01%) and received no support (61.12%). The results of the kai squared analysis statistically showed there was an association between age, sex, educational status, marital status, domicile, adherence to counselling services, WHO clinical stage, viral load, duration of ARV treatment, key population groups and peer support (P-Value<0.05) with non-adherence to taking ARV drugs. The results of Cox Regression analysis with factors statistically related to non-adherence to taking antiretroviral drugs in ODHIV were age (P-Value = 0.01), PR value 1.20 with 95% CI (1.05-1.38), marital status (P-Value = 0.02), PR value 1.18 with 95% CI (1.03-1.36), domicile (P-Value = 0.01), PR value 1.19 with 95% CI (1.04-1.36), viral load (P-Value = 0.001), PR value 1.27 with 95% CI (1.10-1.43), duration of ARV treatment (P-Value = 0.005), PR value 1.25 with 95% CI (1.07-1.47), key population group (P-Value = 0.02), PR value 1.27 with 95% CI (1.04-1.56), peer support (P-Value = 0.04), PR value 1.15 with 95% CI (1.00-1.32). Factors such as age, marital status, domicile, viral load, duration of treatment, key population groups and peer support have an influence on non-adherence to taking antiretroviral drugs (ARV) in PLHIV at the Regional General Hospital of Tangerang Regency.