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The effect of counseling on adherence arv therapy in HIV/AIDS patient in H.A. sulthan daeng radja bulukumba regency[☆]



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KEYWORDS

HIV' counseling;
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Abstract

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Objective: This study aims to determine the effect of counseling on adherence to HIV/AIDS sufferers in RSUD. H. Sulth. Daeng Radja Bulukumba while undergoing therapy.

Methods: This study used a quasi-experimental method with a nonrandomized control group pretest posttest design, Sampling by Purposive sampling is 48 ODHA consisting of 2 groups, namely the intervention group and the control group, each 24 respondents. Data is analyzed descriptively and bivariately using the McNemar test.

Results: Showed the highest respondent characteristics of the two study groups in the productive age group, 25–45 years old 91.6% with male and sex 79.2% married status 45.8%, the highest education level high school 70.8%. There are significant differences in the compliance of respondents after getting counseling at 93.8%.

Conclusion: Compliance of people with HIV has increased percentage both in the intervention group and the control group after counseling interventions in the intervention group 109% while the control group was 30%, after statistical tests, the effect of counseling was observed on the compliance of people with HIV with a p value $< \alpha$. The improvement in the quality of life that can be felt by PLWHA while undergoing ARV therapy which is proven to be getting better.

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Introduction

HIV-AIDS is a global problem that is almost faced throughout the world today and no single country has been declared free of HIV-AIDS.¹ has a relatively long asymptomatic window or phase in the course of its disease.² Data from the Directorate General of P2PL of the Indonesian Ministry of Health, The

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cumulative number of HIV infections reported up to June 2018 was 301,959.¹

South Sulawesi Province as an East Indonesia region was once the second largest province after Papua in terms of the prevalence of HIV/AIDS. Distribution of cases by region in South Sulawesi, most of them are in Makassar City, Parepare, Gowa and Bulukumba.³ P2PL Field Data and District AIDS Commission Bulukumba recorded the number of HIV sufferers in 2017 as many as 15 people and 6 people with AIDS, as many as 5 cases the number of cases until September 2018 a total of 251 cases with HIV positive incidence in January–November 2018 as many as 38.⁴ while the data from VCT RSUDH. Sulthan Daeng Radja incident up to September 2018 to 22 VCT clinics while carrying out ARV therapy in VCT was 48 case.

The prognosis of HIV infection has improved after the discovery of Highly Active Antiretroviral Therapy (HAART) or a combination of antiretroviral (ARV) drugs that have high activity in 1996.⁵ Even though the virus inside the patient's body cannot get out, a person must take ARV drugs for life and on time.⁶ A tight schedule for taking HIV drugs should not be missed in order to suppress the number of viruses in the body for that patient Adherence/discipline is needed in undergoing ARV therapy. If it is not disciplined, the drug will become resistant to the body.⁷

The level of adherence of antiretroviral treatment in Indonesia is still very low at 40–70%, still below the national target with 95% adherence.⁸ Adherence with ARV treatment is known as an important component in achieving the success of an optimal therapy program.⁹ Some important factors that lead to non-adherence with HIV/AIDS treatment include drug regimens, side effects, difficulties in getting medication, forgetting to take medication or being too busy, fear of being revealed, not understanding treatment, depression or despair, and not trusting drugs. For this reason, education is needed to improve adherence.¹⁰

Efforts to improve adherence by means of education and moral support during therapy and mentoring by counselors and peer groups to better ensure patient openness and confidentiality.¹¹ Counseling is very necessary to provide knowledge to PLWHA and patient acceptance of the disease.¹² The influence of knowledge after health education is carried out on adherence to undergoing ARV therapy by Wardani there are differences in adherence to ARV therapy before and after audiovisual-based educational interventions, tutorial methods and combined methods.¹³ Audiovisual-based education methods and tutorials (combined) about ARVs are more effective in increasing adherence to taking ARV drugs in HIV/AIDS patients.¹⁴

The successful management and care of people with HIV/AIDS depends on the collaboration of health workers with their family patients. In running a therapy program.¹⁵ The quality of PLWHA increases with access to antiretrovirals and adherence in undergoing, giving health education interventions ARV therapy increases the compliance of PLWHA to undergo therapy.¹⁶ The aim of this study was to determine the effect of counseling on adherence to ARV therapy in RSUD H. Sulthan Daeng Radja Bulukumba.

Methods

Location and design of research

This study was a quasi-experimental qualitative study using the nonrandomized control group pretest posttest design. This research was conducted at RSUD H. Sulthan Daeng Radja Kab. Bulukumba which is one of the hospitals in the district. Bulukumba who already has a VCT Clinic. In this hospital an HIV/AIDS working group team has been formed with clinical activities which include Voluntary Counseling and testing (VCT), methadone maintenance therapy (MMT), Care Support and Treatment (CST) and Prevention of Mother to Child Transmission (PMTCT).

Population and samples

The study population was all PLWHA who were recorded in the case report in the VCT clinic at RSUD. H. Sulthan Daeng Radja District. Bulukumba. The research sample was withdrawn by purposive sampling by selecting samples between populations according to those with inclusion and exclusion criteria and willing to participate in the study by signing an informed consent. The total sample was 48 people with HIV, consisting of 24 counseling intervention groups and 24 as a control group.

Method of collecting data

Data is obtained through secondary data and primary data. Secondary data was obtained to find out the number of outpatient PLHIV patients who were recorded in the Medical Record of the RSUDH VCT Clinic. A Sulthan Daeng Radja Kab. Bulukumba in 2018. Primary data is obtained in order to get an overview of each variable studied through direct interviews on selected samples.

The data collected consisted of the dependent variable namely Counseling. The independent variable is Compliance in undergoing therapy. Counseling is the activity of giving direction to the client in solving problems including moral support in undergoing therapy. Adherence is the action taken by the respondent to use the drug exactly according to the rules, namely the right medicine, at the right time, in the right way.¹⁷

Data analysis

Data were analyzed descriptively to describe the distribution of each variable. To find out the relationship between the variables studied, bivariate analysis was performed using the McNemar test.

Results

The number of respondents in this study were 48 people. 24 people as the intervention group and 24 people as the control group. Based on the characteristics of the respondents, the majority of respondents aged 25–40 years (89.5%) with

Table 1 Distribution adherence of counseling intervention group based on the characteristics of RSUD. H.A. sulthan daeng radja in 2019.

Characteristics	Level adherence in group intervensi			
	Adherence		Non-adherence	
	Pre	Post	Pre	Post
<i>Age</i>				
<25 year	-	2 (8.3)	2 (8.3)	-
25-40 year	11 (45.8)	20 (83.3)	10 (41.7)	1 (4.2)
>41 Year	-	1 (4.2)	-	-
<i>Sex</i>				
Male	8 (33.3)	18 (75)	11 (45.8)	1 (4.2)
Female	3 (12.5)	5 (20.8)	2 (8.3)	-
<i>Marital status</i>				
Non-married	3 (12.5)	7 (29.2)	5 (20.8)	1 (4.2)
Married	5 (20.8)	11 (45.8)	6 (25)	-
Single parents	3 (12.5)	5 (20.8)	2 (8.3)	-
<i>Level of education</i>				
SD	1 (4.2)	-	1 (4.2)	-
SMA	7 (29.2)	10 (41.7)	17 (70.8)	-
DIII	2 (8.3)	3 (12.5)	4 (16.7)	1 (4.2)
S1	1 (4.2)	-	1 (4.2)	-

the highest sex in men (81.25%), the highest marital status married (45.8%), the highest education level of high school (68.75%). The results showed an increase in the percentage of adherence of people with HIV at pretest and posttest in both the counseling intervention group and the control group.

The results of univariate compliance analysis based on the characteristics of the respondents in the counseling intervention group can be seen in (Table 1) that based on the characteristics of the age of 25–40 years there is an increase in obedient percentage from (45.8%) to (83.3%), male sex obedient from (33.3%) to (75%), married marital status from (20.8) to (45.8%) with high school education level from (29.2%) to (41.7%).

While in the control group can be seen in (Table 2). characteristics of respondents in the age group 25–40 years also experienced an increase in obedient percentage from (41.7%) to (50%), male sex from (25%) to (37.5%) unmarried marital status from (20.8%) to (29.2%) and married from (20.8%) to (25%) with high school education from (29.2) to (33.3%). When viewed from those who do not comply at the age of 25–40 years from (41.7%) to (33.3%), male sex from (58.3%) becomes (45.8%), marital status marries from (25%) to (20.8) and high school education status from (37.5%) to (33.3%).

The results of bivariate analysis can be seen in (Table 3). Respondents who had a level of adherence after the counseling intervention (93.8%) while in the control group (54.2%). The results of the analysis showed that there was an influence of the counseling intervention on adherence to ARV therapy (p-value 0.000).

Discussion

This study shows that there is an influence of counseling on the compliance of respondents in undergoing therapy. Counseling makes it easy to identify problems and resolve drug-related problems so that patients can adhere to their therapeutic treatments safely and correctly. Knowledge will be formed if someone has heard of something that will attract the person to know more about something. This is in line with Yogani which states that counseling plays a role in increasing knowledge about HIV/AIDS.^{14,18} The effectiveness in providing audiovisual and tutorial-based education to PLWHA in Hasan Sadikin Hospital can improve adherence to running ARV therapy.

Based on descriptive characteristics of respondents in terms of the age group of productive age 25–40 years the highest percentage is related to the course of HIV disease for 3–10 years.² Male sex is higher than female. This is consistent with data from the United Nations Program on HIV and where the highest number of sufferers is men. Ministry of Health Republic of Indonesia survey data shows that HIV patients in Indonesia are dominated by men. This is in line with research¹⁹ that the frequency of men to be infected is higher due to risk behaviors that are more frequent than women, such as unprotected sexual intercourse using prostitution services and sharing needles and syringes for injecting drug addicts.²⁰

Married marital status is higher seeing the age group in productive age and male sex having a married status, while the highest level of education in high school education level is a person's standard of knowledge about HIV/AIDS has entered the world of high school education so that

Table 2 Distribution adherence control group based on the characteristics of RSUD. H.A. sulthan daeng radja in 2019.

Characteristic	Level adherence in group control			
	Adherence		Non-adherence	
	Pre	Post	Pre	Post
Age				
<25 Years		1 (4.2)	4 (16.7)	3 (12.5)
25-40 years >41 years	10 (41.7)	12 (50)	10 (41.7)	8 (33.3)
Sex				
Male	6 (25)	9 (37.5)	14 (58.3)	11 (45.8)
Famale	4 (16.7)	4 (16.7)		
Marital Status				
Non-Married	5 (20.8)	7 (29.2)	6 (25)	4 (16.6)
Married	5 (20.8)	6 (25)	6 (25)	5 (20.8)
Single parents			2 (8.3)	2 (8.3)
Level of education				
SD	1 (4.2)	1 (4.2)	-	-
SMA	7 (29.2)	8 (33.3)	9 (37.5)	8 (33.3)
DIII	2 (8.3)	3 (12.5)	4 (16.7)	3 (12.5)
S1	-	1 (4.2)	1 (4.2)	

Table 3 The effect of counseling on adherence ARV therapy in RSUD H.A. Sulthan Daeng Radja in 2019.

Variable	Intervention		Control		p-Value
	Pre test	Post test	Pretest	Post test	
	n (%)	n (%)	n (%)	n (%)	
Level Adherence					
Adherence	11 (45.8)	23 (95.8)	10 (41.6)	13 (54.2)	0.000
Non-adherence	13 (54.2)	1 (4.2)	14 (58.3)	11 (45.8)	

high school education has knowledge about HIV/AIDS, this is in line with research²¹ That there is a significant relations⁶ between knowledge and compliance. Research²² where there is a significant relationship between knowledge variables and compliance variables with the results of statistical tests is $p=0.026$, p value below the value of $\alpha=0.05$ which means having a relationship before the start of ARV therapy.²³

Conclusions and suggestion

⁴Based on the results of the research and discussion, it can be concluded that the compliance of people with HIV has increased percentage both in the intervention group and the control group after counseling interventions in the intervention group 109% while the control group was 30%, after statistical tests, the effect of counseling was observed on the compliance of people with HIV with a p value $<\alpha$. The improvement in the quality of life that can be felt by PLWHA while undergoing ARV therapy which is proven to be getting better. Based on these results, is recommended to all VCT, in addition to ARV services so that counseling activities in the

form of support, motivation and assistance to PLWHA can be improved.⁹

Conflict of interest

The authors declare no conflict of interest.

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