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THE 4th INTERNATIONAL CONFERENCE ON HEALTH SCIENCE 2017

“The Optimalization of Adolescent Health in The Era of SDGs”

INNA GARUDA HOTEL YOGYAKARTA,
INDONESIA
November 5th, 2017



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**FACTORS THAT INFLUENCES OF PEOPLE LIVING WITH HIV / AIDS (PLWHA) IN
VCT DIVISION OF GENERAL HOSPITAL WALUYO JATI KRAKSAAN DISTRICT
PROBOLINGGO**

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ABSTRACT

HIV / AIDS have a some symptoms that impair the system immune. HIV / AIDS became an international problem with morbidity and mortality are still high. Based on from the Ditjen PP & PL, Kemenkes RI, 2014 reported 15 534 new HIV cases and 1,700 new AIDS cases. The discovery of ARV (anti-retroviral) encourage a revolution in the care of people living with HIV in the developed world. Although antiretroviral treatment can reduce the risk of death, but the death of people living with HIV still persist. This study aims to analyze and explain the effect of treatment on survival. Quantitative research methods to design a retrospective cohort study, a sample of 209 people living with HIV who received antiretroviral treatment in 2013 and 2015 in hospitals Waluyo Jati, Probolinggo, East Java. Secondary Treatment, Adherence, Stage, Age, Sex, Occupation, Education, Marriage status, Opportunistic Infection, CD4 collection using medical record in poly VCT, univariate analysis using frequency distribution, bivariate with log rank, kamplan meier, multivariate cox regression. The results showed that the variables associated with survival of ODHA treatment, adherence to treatment, clinical stage, opportunistic infection and CD4 cell count, adherence is the dominant factor with HR4,638, 95% CI 1.267 to 3.908, p value 0,000, R² 9.6 %, average days obedient 900 days; disobedient 599 days, treatment combinations and no combination HR2,225, 95% CI 1.267 to 3.908, the p value 0,005, R² 31.2%, the mean survival day combination of 712 days, not 869 days combinations; HR0,463 CD4 count, 95% CI 0.152 to 1.390, the p value 0,170, ² 8.6%, the average CD4 > 350 as many as 932 days, CD4 < 350 794 days. Conclusion ODHA dutifully taking the drug had a fivefold higher risk for long survival with a contribution of 10%.

Keywords : *Survival Of People Living With HIV, CD4, Aderence, Treatment*

INTRODUCTION

HIV/AIDS cases year to year was increased base on WHO Data year 2014 and the number of death amount 34 millions (Directorate General of DC & EH, Ministry of Health R.I.2014)¹. In Indonesia the number district affected of HIV/AIDs amount 386 districts. The cumulative number of HIV / AIDS cases in East Java Province in 2014 was 24,932 cases and 49,52% in category AIDS. In 2015 the cumulative number of HIV / AIDS was 23,924 cases and 4,04% died. Year 2015 East Java Province was second position of higher number of HIV/AIDS¹.

Based on data at GENERAL HOSPITAL Waluyo Jati Kraksaan Probolinggo, in year 2012, then people living with HIV / AIDS amounted to 68 people of whom 17.6% died. In the year 2013 amounted to 84 that 12% of them died. Prevalence of HIV / AIDS cases in Probolinggo in 2014 amounted to 21,5% of death, and in year 2015 has increased people with HIV / AIDS died to become 20%. The survival of HIV / AIDS was influenced by several factors such as adherence treatment, age, occupation, opportunistic infectious diseases, work status and others in this Hospital have not data survival people living with HIV/AIDS.

Data from 8 researchs, the result of survival people living with HIV / AIDS

different various as like Octavianus² result of research fourth stage of HIV/AIDS have not longer live; lower education very fast death three times compare high education³; divorced high risk of death fourth time compare with not divorced.

METHODS

This research was quantitative approach, study design was a retrospective cohort . The study was conducted retrospectively by following subjects to examine events that have occurred since people with HIV / AIDS were diagnosed with HIV / AIDS. The samples used in this study were all people living with HIV who perform treatment at General Hospital Waluyo Jati Kraksaan that inclusive the criteria of 209 Respondents. The research instrument uses checklist, data editing, coding, data entry and clearing, analysis by univariate, bivariate and multivariate. (Hastono S, and Sabri L.2010^{4,5,6} .

RESULT

1. Univariate Analysis

Table 1. Distribution of Respondent base on *Failure/event* on People Living With HIV/AIDS (PLWHA) In General Hospital Waluyo Jati ,Probolinggo District, Year 2013-2015.

Survival	Frequency	Presentage	Duration of long Live
Sensor	158	75,6%	980 days
Event	51	24.4%	685 days
Total	209	100	

Table 1, Survived People Living With HIV/AIDS in General Hospital Waluyo Jati, a life (*sensor*) 75,6 %, duration of life 980 days, Death(*event*) 24,4 %. The average of survived 685 days.

2. Bivariate Analysis

Table 2. Variabel That Influence Survived People Living With HIV/AIDS

Variable	Total n	Failure/event			Mean (days)	95 % CI	pvalue
		Event	Sensor				
		n	n	%			
Treatment							
No Combination	154	27	127	82,5	869	0.558 - 907.196	0,000
Combination	55	24	31	56,4	712	1.425 - 792.796	
	209	51	158	75,6			
Adherence							
Adherence	161	20	141	87,6	900	67.868- 933.453	0,000
No adherence	48	31	17	35,4	599	17.552- 680.680	
	209	51	158	75,6			
Stage							
Stage 1	156	29	127	81,4	862	2.668 - 900.779	0,001
Stage 2, 3 dan 4	53	22	31	58,5	727	5.029 - 808.028	
	209	51	158	75,6			
Age							
Young	49	12	37	75,5	824	55.517- 893.382	0,904
Old	160	39	121	75,6	823	79.853-865.577	
	209	51	158	75,6			
Sex							
Female	106	29	77	72,6	807	53.587-861.282	0,315
Male	103	22	81	78,6	847	97.327-896.555	
	209	51	158	75,6			
JOB							
Have Job	100	22	78	78,0	848	98.087- 897.460	0,304
No Job	109	29	80	73,4	808	4.228– 861.386	
	209	51	158	75,6			
Mariage Statue							
No married	52	12	40	76,9	824	55.181-893.461	0,979
married	157	39	118	75,2	823	80.865-866.097	
	209	51	158	75,6			
Education							
High	89	20	69	77,5	837	81.623-892.608	0,599
Lower	120	31	89	74,2	820	70.829-868.703	
	209	51	158	75,6			
IO							
No IO	142	21	121	85,2	886	848.597- 923.307	0,000
HAVE IO	67	30	37	55,2	704	629.783- 777.345	
	209	51	158	75,6			
CD4							
<350sel/mm3	157	47	110	70,1	794	749,1 – 838,6	0,002
≥350 sel/mm3	52	4	48	92,3	932	885,5 – 978,3	
	209	51	158	75,6			

Based on above analysis result of life table and Kaplan meier seen survival of PLWHA in General Hospital Waluyo Jati Kraksaan that survive (sensor) mostly in patient with not use combination treatment 82,5%. The result of statistic with Log Rank test obtained pvalue = 0,000 by using $\alpha = 0,05$, meaning there was a significant

difference of proportion so that there was influence between treatment not combination and combination to survival of PLWHA. Based on the results of life table analysis and Kaplan meier seen survival of people living with HIV in General Hospital Waluyo Jati Kraksaan was still alive (sensor) mostly in PLWHA adherent in the treatment 87,6%. The result of statistic with Log Rank test obtained p value = 0,000 by using $\alpha = 0,05$, meaning there was a significant difference of proportion so there was influence between obedient with disobedient in treatment to survival. Based on the results of life table analysis and Kaplan meier seen survival of people living with HIV in General Hospital Waluyo Jati Kraksaan was still alive (sensor) mostly in PLWHA stage 1 was 81,4%. The result of statistic with Log Rank test got p value = 0,001 by using $\alpha = 0,001$, meaning there was difference of significant proportion so that there is influence between stage 1 with stage 2, 3 and 4 on survival.

Based on life table analysis and Kaplan meier seen survival of PLWHA in General Hospital Waluyo Jati Kraksaan was still alive (sensor) mostly in old PLWHA (<25 years) 76,6%. The result of statistic with Log Rank test obtained p value = 0,904 by using $\alpha = 0,05$, meaning there is no difference of significant proportion so there was no influence between young age and old age to survival. Based on the results of life table analysis and Kaplan meier seen survival of people living with HIV in General Hospital Waluyo Jati Kraksaan was still alive (censorship) in the most PLWHA Male 78.6%. The result of statistic with Log Rank test got p value = 0,315 by using $\alpha = 0,05$, meaning there is no difference of significant proportion so that there is no influence between female gender with male gender to survival.

Based on the results of life table analysis and Kaplan meier seen survival of people living with HIV in General Hospital Waluyo Jati Kraksaan is still alive (sensor) mostly in PLWHA working 78.8%. The result of statistic with Log Rank test got p value = 0,304 by using $\alpha = 0,05$, meaning there is no difference of significant proportion so there was no influence between working with not work to survival. Based on the results of life table analysis and Kaplan meier seen survival of people living with HIV in General Hospital Waluyo Jati Kraksaan was still alive (censorship) most in unmarried people with 76.9%. The result of statistic with Log Rank test obtained p value = 0,979 by using $\alpha = 0,05$, meaning there is no difference of significant proportion so that there was no influence between unpaired PLWHA with married PLWHA to survival.

Based on the results of life table analysis and Kaplan meier seen survival of people living with HIV in General Hospital Waluyo Jati Kraksaan was still alive (sensor) mostly on high-educated PLHA that was 76.7%. The result of statistic with Log Rank test obtained p value = 0,599 by using $\alpha = 0,05$, meaning there is no difference of significant proportion so that there was no influence between high level of education with low level of education to survival.

Based on the results of life table analysis and Kaplan meier seen survival of PLWHA in General Hospital Waluyo Jati Kraksaan is still alive (sensor) mostly in PLWHA that there was no IO (opportunity infection) 85,2%. The result of statistic with Log Rank test obtained p value = 0,000 by using $\alpha = 0,05$, meaning there was a significant difference of proportion so that there was influence between PLWHA that no IO with PLWHA existing IO to survival. Based on above analysis result of life table and Kaplan meier seen survival of PLWHA in General Hospital Waluyo Jati Kraksaan still live (sensor) mostly in PLWHA CD4 \geq 350 cell / mm³ that was 92,3%. Number of statistic result with Rank Log test got p value = 0,002 by using $\alpha = 0,05$, meaning there was difference of significant proportion so that there is influence between CD4 cell count \geq 350 cell / mm³ with CD4 \leq 350 cell / mm³ to survival.

3. Multivariate

Table 3 Final Model Regresi Cox Factor That Influence Survived PLWHA in General Hospital Waluyo Jati Kraksaan District Probolinggo

						R2 (%)
						Total
No	Variable	p	HR	95% CI HR	Survival R2 (%)	value
1	Treatment	0,005	2,225	1,267-3,908	9,6	
	NoCombination				869	
	Combination				712	
2	Adherence	0,000	4,638	2,495-8,623	31,2	38,1
	Adherence				900	
	No Adherence				599	
3	CD 4	0,170	0,463	0,154-1,390	8,6	
	<350 sel/mm ³				794	
	≥ 350 sel/ mm ³				932	

The result of the analysis with the last model shows that the dominant factor with the survival of PLWHA was adherence. PLWHA who were adherent to treatment have a fivefold risk for longer survival (900 days), the probability was 31.2%. Treatment affects the survival of people living with HIV. Non-combined treatments had more than twice the risk of surviving longer compared to combination treatment with a contribution of 9.6%. CD4 cell counts ≥ 350 cells / mm³ will decrease of death 45%, CD4 cell count contribution to PLWHA survival of 8.6%^{7,8,9}.

DISCUSSION

Dominant Factors Associated With the survival of People Living with HIV / AIDS (PLWHA) At Waluyo Jati Kraksaan Probolinggo Hospital Year 2013-2015 analysis with the last model shows the dominant factor of survival PLWHA was Adherence of Treatment. PLWHA who adhered to their treatment have a fivefold risk for longer survival (900 days), the probability was 31.2%. Treatment affects the survival of people living with HIV. No Combination treatment was more than twice as likely to survive longer compared to combination treatment with a 9.6% contribution to this study, similar with research by Sri, U. 2015, Octavian 2014 study of treatment had an effect on survival of PLHIV. CD4 cell counts ≥ 350 cells / mm³ will decrease of death 45%, CD4 cell count contribution to PLHIV survival of 8.6%^{10,11,12}. One of the main factors that can reduce the mortality rate of HIV / AIDS patients was adherence to ARVs^{10,13,14}.

Adherence to therapy was a condition in which patients adhered to treatment on a self-conscious, not just they obey the doctor's orders. This was important because it was expected to further improve the level of treatment adherence. Adherence should always be monitored and evaluated regularly at each visit. The failure of antiretroviral therapy was often caused by non-adherence of patients taking antiretrovirals. Adherence was recognized as an important factor in the success of therapy in HIV / AIDS patients, where there was a significant relationship between treatment adherence to HIV suppression, decreased resistance, increased CD4 cell count, increased survival and improved quality of life. To achieve optimal viral suppression levels, at least 95% of all ARV doses should be taken⁹.

Conclusions in this study, Treatment adherence greatly affects the survival of people living with HIV and was supported by the regularity of taking medication, so that opportunistic infections can be suppressed and will increase the CD4 count so that it can prevent to an advanced stage.

CONCLUSION

1. Description of survival of people living with HIV / AIDS (PLWHA), life (sensor) 75.6%, event (death) 24.4%. The mean survival of 827 days of PLWHA, the longest living sensor (980 days).
2. Factors that affect the survival of people with HIV / AIDS (PLWHA) are medication, adherence, Stadium, Opticunistic Infection and CD4 count.
3. The dominant factor in this study is compliance. The value of HR = 4,638, meaning that PLHIV who obedient treatment has a fivefold chance compared to non-adherence for longer survival (900 days), the probability was 31.2%.

SUGGESTION

General Hospital Waluyo Jati Kraksaan : It was expected to pay attention to the documentation system in order to add data on factors that may affect survival, among other types of treatment, medication adherence, stage, age, marital status, occupation, education level, baseline CD4 cell count, transmission risk factors, occupational status, and opportunistic infections. Health workers in the VCT Clinic more attention to the type of treatment given to the patient and it was relationship with survival. It needs to be directed, planned, and continuous extension to PLWHA to raise awareness to always obtain the latest knowledge and information about survival related treatment. Need to improve the effectiveness of drug drinking companion (PMO) because patients who routinely take the drug the chance of death occurrence in people with HIV / AIDS is lower. It was also necessary to monitor CD4 cell counts to be always high. In cooperation with the installation of nutrition in health promotion efforts to people living with HIV, good nutrition will make the human immune system increases¹². Need to increase the role of VCT counselors, counselors can be done maximally before the patient was diagnosed with HIV. Once a patient has been diagnosed with HIV it is necessary to have a deeper counseling in order to accept his situation and be able to sustain his life. In addition, to achieve the level of cohesion of PLWHA in taking medication of ARVs needed support from family, friends and VCT officers and internal factors of PLWHA such as self-motivation stay alive and do good living activities^{15,16}.

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