



Factor Analysis of Family Member Behavior to Wards Giving Therapy Anti Retroviral (ARV) in Children With HIV/ AIDS in RAA Soewondo Hospital Pati

Makzizatun Nisak[✉], Bambang Budi Raharjo, RR Ratna Sri Rahayu

Universitas Negeri Semarang, Indonesia

Article Info

History of Article :
Accepted 28
December 2018
Approved 28 February
2019
Published 20 April
2019

Keywords:
Behavior of Family
Members, Provision of
antiretroviral therapy,
the Son of HIV /
AIDS

Abstract

Background: HIV is one of the major health problems and infectious diseases that can affect maternal and child mortality. HIV / AIDS in Indonesia from year to year is constantly increasing. Not a few people with this deadly virus is that they are still considered children. Children with HIV / AIDS in order to stay healthy immune system can be arrested by taking anti-retroviral / ARV. They are only successful if used in compliance, according to the schedule. The award of ARV therapy in children should be appropriate to the child can sustain life in the long term so that the child requires special attention and depending on the behavior of family members Method: This study used a qualitative approach, descriptive research type. The research object is the provision of antiretroviral therapy in HIV / AIDS. Subjects were parents and families of children with HIV / AIDS. Research with in-depth interviews. Qualitative data processing performed by the content analysis method based on a theme (thematic content analysis). Result: The primary informants in this study had a lifespan of 25 years up to 47 years. The education levels of primary informant school no 3, SD 1, SMA 2 and D2 1. Knowledge of HIV and antiretroviral mostly know about HIV is an infectious disease that attacks the immune system. ARVs are drugs to treat HIV / AIDS. Access to VCT / PMTCT distance from the house to the hospital where taking antiretrovirals majority of informants has a considerable distance to the point of taking ARV (over 20 km). Means of transportation used for the majority of health facilities to the motorcycle itself. Family Support shows that 4 immediate family informant know about the child's illness and provide support and attention. Children with HIV / AIDS have different accuracy in the delivery of antiretroviral therapy, most of the regular informant, at the same time, precise and has never been forgotten in the provision of antiretroviral therapy are 5 key informants. There is one informant who had never done ARV treatment. The remaining one informant said he had about 6 months did not take antiretroviral drugs to the hospital so do not take medication again. Conclusion: Most informants regularly taking antiretrovirals, at the same time, precise and has never been forgotten in the provision of antiretroviral therapy are 5 key informants. 1 informant who have never done ARV treatment. The remaining one informant said he had about 6 months did not take antiretroviral drugs to the hospital so do not take the medicine again. ARV consumption in children with HIV / AIDS is highly dependent on family members who care for children.

© 2019 Universitas Negeri Semarang

[✉]address:

Jl.Kelud 3 Campus Graduate UNNES, Semarang, Indonesia
E-mail: Makzizatun.nisak@Yahoo.com

p-ISSN 2528-5998
e-ISSN 2540-7945

INTRODUCTION

Disease Acquired Immunity Deficiency Syndrome (AIDS) caused by Human Deficiency Immuno Virus (HIV). HIV / AIDS is considered by the world community as a global disease, according to WHO, around 36.9 million people were living with HIV at the end of 2017, the number of HIV / AIDS deaths is 940,000 inhabitants (WHO, 2018). The spread of HIV continues to take place and this is a serious problem in society. MDGs (Millennium Development Goals) on points to 6 mention the fight against HIV-AIDS by the target of controlling the spread of HIV-AIDS and begun to reverse the new cases in 2015 (MOH RI, 2012). Mandated in Presidential Decree 75 of 2006 that the need for increased efforts to combat HIV-AIDS (Acquired Immunodeficiency Syndrome) throughout Indonesia.

According to the National Journal of General Director PP & PL Ministry of Health RI on Statistics HIV / AIDS cases in Indonesia, AIDS cases in Indonesia in January-December 2015 is 6,373 cases, this number decreased compared to 2014 is 7.864. The cumulative cases of AIDS in Indonesia since the date of 1 April 1987 - December 31, 2015 as many as 77 940 to 13 247 deaths by soul. Committee Report AIDS (KPA) in Central Java Number of HIV / AIDS in 2015, there were 963 cases increased compared with 2014, a number of 740 cases. Cumulative HIV in central Java is 12 201, 6 671 cases of HIV cases, 5,530 AIDS cases and 1,143 died in 2015. The cases of HIV could be transmitted through a variety of ways. One of transmission was through the transmission from mother to baby at birth / mother to child transmission (MTCT). Transmission of HIV from an infected mother to her baby also tends to increase with the increasing number of HIV-positive women. The phenomenon of the increase in cases of HIV / AIDS among children fewer than five are also visible from Central Java KPA report the sheer number of

children with HIV in 2017 was 7.2%, that the 0-4 year age group has the most percentage of AIDS cases than any other age group of children at 3.5 %. 5-9 years old 2.3%, 0.4% 10-14 years and 15-19 years of age as much as 1.0%.

HIV / AIDS in children carrying various major impacts in life. In addition to the health continued to decline, the stigma of society towards them is also a psychological burden that can not be underestimated. Doku study (2009) revealed that the emotional problems of children with HIV are higher than children orphaned by HIV / AIDS non-orphans. Research in Myanmar by Myo-Myo-Mo (2013) showed that the guardian of a child with HIV reported that the disease is affecting the education of their children. HIV affects the psychological condition assessed on emotion, behavior, hyperactivity / inattention, peer relations and prosaically behavior. Research in Zambia by bring SOC (2015) showed that 90% of HIV-positive children have neurological problems. Irene research results (2013) showed a mean age at diagnosis was 14 months. Most patients are malnourished (46.3%) and born spontaneously (79.6%). Most patients in WHO was in clinical Stage IV (51.9%) and severe immunodeficiency (75.0%). More than half showed hepatosplenomegaly (66.1%), fever persists with no obvious causes (61.1%), and oral candidacies outside the neonatal period (77.8%). A total of 44.4% of the patients died during the study.--

Parenting children with HIV / AIDS in Indonesia is most commonly brought up by the family, because the clinic-based care are often away from home or are too expensive (Kipp; et al, 2007). The care of children infected with HIV in Central Java, the majority (57%) by biological parents (father and mother, the father or mother's) and 35% was raised by grandparents and uncle or aunt or people who have a family relationship and emotional connection and 3% of children infected with HIV live in the orphanage (Djati; et al, 2011).

Children with HIV / AIDS in order to stay healthy immune system can be arrested by

taking anti-retroviral / ARV. They are only successful if used in compliance, according to the schedule. If the forgotten dose, the effectiveness of therapy will be quickly disappear. ARVs also can reduce the risk of transmission from mother to infant. Based Saputri study (2011) showed that the 29 mothers (100%) have been known to uphold the status of children infected with HIV before birth, and ARV given as soon as possible for the mother. Mothers with HIV program are also provided ARV prophylaxis PPIA. 96.55% were born by cesarean section, while only 3.45% of vaginal birth, the child is given a 100% exclusive formula until the age of 6 months. After the enforcement of diagnostic HIV in children, it is known that the entire 100% of the child's HIV status is negative.

ARV therapy is expected to reduce morbidity, mortality, improved quality of life, maintaining the immune system and suppress viral replication as much as possible. Research at a hospital in Jakarta demonstrates the success of antiretroviral treatment, of which 77.2% HIV-positive people taking ARVs are showing positive results with increased CD4 up to over 200. In 88.7 percent of people living with HIV in their blood levels of the HIV virus is no longer detectable. Hence the high adherence to ARV consumption becomes very important. The risk of treatment failure occurs when patients often forget to take the medicine. To achieve the therapeutic effect optimal suppress viral replication required level of compliance at least 95% (MOH RI, 2006)

National Guidelines for Care, support and treatment for people living with HIV (2006) explained that the side effects of ARVs which often occurs as anemia, neutropenia, nausea, headache, acute hepatitis, hypersensitivity reactions, and Stevens Johnson syndrome (Nursalam, 2007). Results of research on the side effects of antiretroviral drugs in children by Malee, K., Williams, P., Montepiedra, G., (2011) showed that children show behavioral abnormalities levels higher than forecasts of around 7% in the field of problem behavior, learning problems, somatic

complaints, hyperactivity, impulsivity and hyperactivity

The results of previous research in Africa by Gourlay, A., Birdthistle (2013) show that barriers to adherence ARV consumption is the level of knowledge about HIV / ARV, mother's education level and psychological condition after HIV diagnosis. Stigma and fear of disclosure to family or community members (community-level factors) is the most common obstacle. Another study by Wildra Martoni (2012) states that there are three variables that most significantly influence patients' adherence to HIV / AIDS, patients' knowledge factor becomes the most dominant factor, compared to two other factors, namely the level of education and Depression Beck Inventory (BDI).

Based on data obtained in PMTCT Clinic Hospital Pati RAA Soewondo HIV / AIDS cases in 2015 found that people with HIV / AIDS increased number of 110 people in 2016 to 121 people. The rate of HIV / AIDS in Pati District ranks third in Central Java. The discovery of cases of HIV / AIDS in children aged less than 5 years 1 case and as many as 6 children 5-14 years. Based on medical record in PMTCT Clinic Hospital Pati RAA Soewondo children with HIV / AIDS, in 2016 there were 7 children registered receive ARV treatment. From 7 children only four children who receive ARVs regularly. Some of the obstacles faced by hospital personnel are mostly parents of children with HIV have died, so it was raised by the grandfather / grandmother or cared uncle / aunt.

Based on the Background above giving ARV therapy in children should be appropriate to the child can sustain life in the long term. Based on this background, the researcher is interested to delve deeper into the analysis of behavioral factors of family members on the provision of antiretroviral therapy in HIV / AIDS.

METHODS

This study used a qualitative approach, type a descriptive study. Qualitative research object is the provision of antiretroviral therapy in HIV / AIDS. Subjects were parents and families of children with HIV / AIDS were recorded in the medical record RAA Soewondo Hospital Pati.

The criteria that must be met primary informants in this study were HIV-AIDS Mothers who have given birth to children, father children with HIV-AIDS or their family members with the inclusion criteria as follows: There is no family relationship with the mother or father of a child born. Live at home with children who were born HIV-positive people. Responsible in child care willing to become informants' research

Study exclusion criteria were: Do not fill the full observation sheet. There sick children who require special care or died during the study. The primary informants in this study were 7 children registered receive ARV treatment

The independent variable in this study is the independent variable behavioral factors include characteristics (age, education level, occupation), Knowledge about HIV and ARV treatment, access to VCT / PMTCT, ARV Family Support in the provision of children with HIV / AIDS. The dependent variable in this study, the dependent variable is the provision of antiretroviral therapy.

The instrument used is the in-depth interview guidelines. Qualitative data processing performed by the content analysis method based on a theme (thematic content analysis).

RESULTS AND DISCUSSION

Results of research on behavioral factors of family members antiretroviral therapy in HIV / AIDS is as follows:

Characteristics of Respondents

Table 1. Characteristics of Respondents

I	Name	Age	Gender	Education
1	Ny. W	35 years old	woman	D2
2	Ny. S	65 years	woman	No school
3	Ny. W	53 years	woman	SD
4	Ny. N	67 years	woman	No school
5	Ny. M	75 years	woman	No school
6	Tn. H	43 years	Man	High School
7	Ny. S	25 years	woman	High School

The primary informants in this study have a lifespan of 25-47 years, based on age is at a mature age, have enough experience so that it can provide good information. The person's age determines one's own experience. The older the person the experience will be more and more, and the experience is one of the factors that affect a person's knowledge. A person's age can affect the improvement of the knowledge gained, but at a certain age or early old age, the ability to accept and remember a knowledge will be reduced. This knowledge greatly affect the attitudes and behavior of someone about something (Notoatmodjo, 2010)

The more mature a young person's age will be more responsive to health issues in this case HIV / AIDS care giver means a person whose age is ripe to be more mature in all situations and has a more stable emotions. It is very necessary for children with HIV / AIDS may experience any problems either health or environmental problems in the face of stigma.

Primary informant had no school education 3, SD 1, SMA 2 and D2 1. The theory reveals that low education makes a person would be hard to absorb information so

that it has less knowledge anyway. This is consistent with the theory that education can also affect a person including the person's behavior will be the pattern of life, especially in motivating attitude to participate in development. In general, the higher a person's education more easily receive information (Notoadmodjo 2010) Level of education also contribute to determining whether or not a person is easy to absorb and understand the knowledge they gained, the higher one's education is generally getting the better the pengetahuanya (Notoadmodjo, 2007)

Relationships with family

Research shows that the majority of informants has a relationship with the family is not old grandmother because the parents have died, there are one informant, a brother and two parents of respondents and informants. The majority of caregivers not parent this has led to a lack of attention given by the caretakers. Theory suggests that the role of mothers as caregivers have to give love, attention, security, warmth to family members so as to allow anak tumbuh and develop according to the age and needs. Until now, the mother masih memainkan a strong role to establish the safety and overall emotional health. Mothers spend more time in the routine care activities with their child (Parke, 2006) and most often the major source of comfort and physical security of the child (Baumrind, 2008)

Parents with HIV / AIDS often have difficulty survive to care for her and other family members. HIV infection has a financial impact on infected individuals and their families, because it leads to loss of productivity and income, the unemployment rate is higher in those infected with HIV. Although HIV-infected individuals consider returning to work, several obstacles prevented them from doing so. Among them is the fear of adverse health effects, medication management and disclosure, fear of discrimination and fear of long-term unemployment-related problems (Empelen, 2005)

Previous research by Ernawati (2012) results showed some positive caregivers to disclose the child's HIV status to family and society and to support child therapy program. Most are still covered for fear of stigma and discrimination people

Knowledge of HIV and antiretroviral treatment

Table 2. Description of knowledge about HIV and ARV treatment in hospitals RAA Soewondo Starch (n = 7)

I	knowle	Wh	Advan	ARV	Due to
dge of	at's	tages	side	late	ARV
HIV	AR	ARV	effects	ARV	
	V				
1	"...HIV the disease which clearly that infectio us diseases".	"..., The AR V dru gs She and me doe s not kno w the dru gs...	" if you drink it make you health, so your childre n not sickly "	"I don't know miss, if not drink that drugs my childr en will getting sick .. "	" yes it is, if we does not drink we will get sick.. "
2	"HIV was sick said that child"	"I do not kno w wha t is that "	"I don't know"	(Shake not know)	(Shake not know)
3	"She getting sick	"...T he nam	"...The ARV is the	"no ya for this	"if late it will hurt

	because her parents "	e of the dru g for this HIV .. "	only drugs for HIV "	health y even when taking ARVs .. "	„itchy yes, the body getting fever .. "	was a disease that attacks the immune and transmit ted through sexual contact and blood... "	a V was the only oe HIV dru g miss ..."	ntages of drug let endura nce mainta in health y... "	effect is depen dence "	late the danger ,, his endura nce will be down .. "
4	"HIV was sick of my grandch ildren, but I don't know what kind of disease it is.. "	"W hat is AR V? I don 't know w "	"I don't know miss.. "	"I don't know miss.. "	"I don't unders tand.. "					
5	"The HIV is my grandch ildren and children disease. "	"...T he nam e of dru g for HIV ya .. "	"...The ARV drugs only, so if taking ARVs to stay health okey "	" As long as here, there is no that drugs.. "	" if I sickly .. "					
6	"...HIV it's a disease, such as my family and I is contagi ous ". "	"..., The AR V HIV dru gs only to sust ain life ... "	"if you drink it will be healthi er .. "	"if I think there are no side effects if taken regula rly .. "	" if I danger to health if forget to drink,, I've immed iately collaps ed hurt .. "					
7	"HIV "	"AR "	"Adva .. "	".. the "	"if too "					

The informant as a whole has to have good knowledge about HIV / AIDS. Based on the results of research through in-depth interviews with 5 primary informant, in getting that across the primary informant had knowledge that HIV / AIDS is a disease. Primary informants also had no good understanding that HIV / AIDS is a virus that attacks the human immune system transmitted through blood and sexual contact. This is consistent with the theory that the Human Immunodeficiency Virus (HIV) is the virus that attacks the human immune system, while the Acquired Immunodeficiency Syndrome (AIDS) is a syndrome of immunity by infection HIV. The journey slow disease and symptom-average AIDS emerging 10 years after infection could be even longer. Symptoms often appear are fever,

Informants in this study have also learned about HIV / AIDS transmission is through sexual intercourse, blood transfusion, syringes, and from mother and child. The entire primary informant said that the sign of HIV / AIDS is a drastic weight loss, diarrhea for more than 1 month, the heat more than 1 month and the appearance of mold on the skin. According to the theory that HIV transmission into the human body through three ways, namely vertically from an infected mother to child, is a transsexual (homosexual or heterosexual).

Sexual contact is one of the main ways of HIV transmission in many parts of the world. The virus is found in semen, vaginal fluid, and cervical fluid.

Knowledge of antiretrovirals that includes understanding antiretrovirals, ARVs benefit, side effects and as a result when the late ARV. Interviews showed there are 2 primary informants who did not know about the informant that his ARVs are not undergoing antiretroviral treatment and one informant that her son was no longer taking their HIV medication or medication. The results of the interview on the definition of ARV showed that 5 primary informant know that ARVs are drugs for children with HIV or rather the HIV drugs. Advantages ARV based on interviews with known primary informant informant know that ARVs are HIV drugs make children stay healthy to maintain the immune system that HIV patients stay healthy. ARV side effects that there is dependence on ARVs but they remain giving the medicine informant on the suffering of HIV because he realized that ARVs are the only HIV drug. Interview will also explain that due to late ARV is a child becomes sick, fever and rashes on the body. 1 informant can explain in more detail about the result when the late taking ARVs are decreased immune system so that the child becomes sick.

The results of this study are also supported by the results of previous studies Sekar Ayu Fitr (2010) which states that the long-term antiretroviral therapy may cause changes in body shape due to abnormalities of children fat deposits, cholesterol and glucose levels, lipodystrophy, metabolic changes and increased cardiovascular disease risk.

ARV side effects also depends on the immune system respectively, the side effects are also different, namely fatigue, ringing in the ears, nausea, headache, skin peeling. Side effects of ARVs also depends CD4 if her CD4 higher then the side effects will be smaller. In children will be minimal side effects for still higher CD4 (Indonesia KKR, 2011)

It is very important for the families or caregivers of children with HIV / AIDS every

day contact with HIV / AIDS so care for children with a maximum or prevent further transmission of HIV / AIDS.

Knowledge someone big influence on the behavior it is also consistent with the theory of Lawrence Green that person or public health is affected by two principal factors, namely behavioral factors (behavior causes) and behavioral factors outside (non-behavior causes). Furthermore, the behavior itself is determined or formed from three factors one predisposing factors (predisposing factors) are factors that predispose a person's behavior where one of them is the knowledge of a person (Notoadmodjo, 2010)

Access to VCT / PMTCT

Table 3. Description of access to VCT / PMTCT in RAA Soewondo Starch (n = 7)

I	Distance home to RAA Soewondo Pati	Means of transportation to the RAA Soewondo Pati
1	".... quite far for about 20 km "	"..., I ride my bike.. if I take drugs ... "
2	"if from here are pretty much far away for about 25 km "	"once only, first checking my son by riding a motorcycle"
3	" quite far from here 45 minutes that bus ride (30 km)"	"...My fitting if there is any money I will ride motorcycles, but when there is no money I will ride bus .. "
4	"if from here pretty much about 25 km "	"I used to my uncle who take the drugs by riding motorcycle"
5	" hospital in the city is far away .. (over 25 km) "	"I usually come earlier because the line is so much .. "
6	" if I'm near, at least 10 minutes away (10 km) ... "	" I ordinary ride public transportation Just right near ... "

7	"from here is near about 15 km..."	"I ride a motorcycle by myself to go there..."
---	------------------------------------	--

Access to VCT / PMTCT in this study through distance home visits to the hospital where taking antiretrovirals and means of transportation used when taking ARV Hospital. Distance from the house to the hospital where taking antiretrovirals obtained the majority of informants have a considerable distance to the point of taking ARV where the distance is more than 20 km. the remaining 2 respondents have a close distance to the point of taking ARV is between 10-15 km. Means of transportation used when taking ARV Hospital, where four informants take ARVs to hospitals dengannaik own motorcycle, while the remaining three informants take ARVs to hospitals on public transport in the form of buses or public transportation or ride motorcycles.

Access to health facilities to the circumstances of a very diverse geographic a considerable challenge in the delivery of services evenly throughout Indonesia. Without access easy and cheap to reach will certainly complicate the public, especially people on low incomes to obtain immunization services. Complete non-performance of services is influenced by how the community can achieve access to health facilities. For those who live in urban areas which have a complete health facilities both hospitals and clinics can be easy to carry out immunization, but for those who live in rural areas with limited facilities led to the underserved

Wibowo (2008) states that found a positive relationship between the distance to the utilization of health care, where the further a health facility, the more reluctant people to come. The study also shows that there informant with a long distance but routine health facility for this is because the location was done in the city, where health facilities are much better. Thereby allowing the majority of the population does not have difficulty in

accessing health facilities around their house .Transportation be needed when accessing health services. The transportation cost depends on whether there is any mileage or travel.

Family support

Table 4. The frequency distribution in the RAA Soewondo Family Support Starch (n = 7)

I	What families know about Children exposed to HIV	How is the response of the family	How is the support of family
1	"...I know but the other grandparents are not.."	"..., if the grandparents really care to the children"	"..yes miss giving more attention, sometimes she will give money or buy some food.."
2	"no one knows if she is getting sick , until now she look like healthy"	"... nothing happen, no ones know "	"this kids is lost of their parents so many people are pay attention.."
3	"many people know, uncle aunty.."	"...some people are afraid if contaminated but other are so care and give some snack or food .."	".. yes who give an attention traded snacks and give us food .."
4	"yes I and his uncle who moved .."	",, I noticed a child getting thin after not taking the drugs again "	"..yes, someone ask me, What makes him sick? But I cannot

			answer the question, the only one person known this is his uncle.. "
5	"some people know that but only close person .. "	"yes they support us ,, .. "	"Support, give me advised and said don't think about the other, just only think that he will get health, prayed and asked to god. And give your child many food.
6	"who knows just me and his uncle ... "	"his uncle really support ... "	"sometimes he come here brought something to eat, remember to take medication yet .. "
7	"who know this is only my wife and my sister... "	"yes sometimes my wife was feeling unwell .. But the core is for sister treated overcast to continue... "	"principally, she is the only sister I have, so anything that she want I will try to give it ... "

Family Support in this study views of whether the family knew about HIV that affects children, the response of family and forms of family support provided. Results of exit

interviews about whether knowing about HIV children experience shows that 4 immediate family informant know about the child's illness and provide support and attention. The support provided is advised to maintain a healthy child, give more attention, give food, give money, meet all the needs of children and remind children to take medicine. Results of interviews also indicate that there are two primary informant who stated that no family to know that families and communities to be mediocre. They tend to pity the children because the children have been orphaned.

Family is a very important part in the lives of children living with HIV / AIDS, when an individual is declared infected with HIV, mostly showing changes psychosocial character. Expressions of HIV infection in these individuals encourage the rejection reaction to the shock that lasts longer and potentially drive the progression of HIV infection to AIDS. (MOH RI, 2008)

Family support is very influential on the behavior of the more positive the care giver which will further support positive family care giver also behavior in the treatment of children with HIV / AIDS. According to the theory Lawrence Green levers (Renforcing factors) that reinforces the behavior of one of them is the support of family (Notoatmodjo, 2010)

Family that was do not support largely because of stigma from society. Stigma is a negative perception of a particular social group, especially in people living with HIV. On society in general still have a high fear against people with HIV / AIDS, so many people have a negative view even isolate patients. The social stigma raises complex psychosocial problems in patients with HIV / AIDS in the form of behavioral disorders in others, including avoiding physical contact and social. With the stigma that makes patients and their families become shy and afraid to be reluctant to check themselves and seek treatment for fear of being ostracized by society (Spritia 2008)

Care giver positive attitude towards children with HIV / AIDS can also be shown by always looking at the basic human rights are

essential. As with HIV / AIDS, they are still a human who have basic rights that must be met. Is entitled to in his condition secret and otherwise he is entitled to know actual conditions on disease progression in in misery. (Toufiq, 2011)

Based on research Razak (2009), nutritional counseling to PLHIV produce positive behavioral change that is an increase / improvement of the knowledge, attitudes and practices of people living with HIV in the selection of food in order to meet nutrient intake. As well as satisfying the Ernawati research (2012) Act Caregiver Childhood Yang infected with HIV / AIDS in Temanggung district and Kudus where the results showed some positive caregivers to disclose the child's HIV status to family and society and to support child therapy program. Results of previous studies is in accordance with this research that a positive attitude will encourage positive behavior.

In accordance with research Evarina (2011) on the Influence of Family Support Against Treatment Program Patients with HIV-AIDS in Posyansus General Hospital Haji Adam Malik which were obtained by the research results indicate support informational, appraisal support, instrumental support, family support, and emotional support to treatment programs. Family support is important in motivating effect and complements the needs of HIV-AIDS patients during their treatment program. Research Poetri (2017) also states that there are significant levels of adherence and family support to the success of antiretroviral therapy in patients with HIV / AIDS.

Provision of ARVs in children

Table 5. Key informant interviews begin with when to start getting antiretroviral drugs, the number of ARV and for how long ARVs are given, with the results of the interviews in each of the respondents are:

I	Age first child given ARV	How many kinds of drugs given	For how long the drug is given	How many times a day
1	"....At the age of 15 months was a child I check, continues to turn out positively and directly in the given ARVs ..."	"..., 2 tablet ..."	"4 months She told to take the drug together with your child ,, control"	"2 times in the morning and afternoon n.."
2	"Never before has treatment, grandma said if you drink the drugs it must be continues then I think who will go to pick the drugs in hospital..."	"Not to treatment t..."	"I never take drugs scared.. but the child was healthy"	-
3	"... taking medication was 8 years Ms."	"...4 tablets of, the 2 large"	"...1 month,, must be invited"	"2 times miss.."

	Because if she not drink make bother me and getting sick.. "	and 2 small .. "	to all child check "		5 years staple old if im not mistaken it was since april 2013, when the parents illness alhamduli lah examined were positive for me and my sister negative ... "
4	"A year and half ,, 2017.. "	"3 pills Ms... have different colour"	"Each month .. but it's been six months I do not take drugs .. "	"2 times miss in a day"	
5	"Drink this drug has the 4th annual ya ,, .. "	"2 tablets mbak but I do not know his name, the father of medicin e e Podo e ya .. "	"Every month, each check eh ya control Routine doctor "	"3 times a day"	
6	"It has been long time drink the drugs when children aged 6 years means taking medicatio n already the 4th annual ... "	"3 from long ago... "	"Every month miss, 30 days Ms. drug e definitel y gone .. "	"3 times a day miss"	
7	"Taking medicine is already	"3 kinds of tablets Ms.	"Ya same 30 days in	"3 times a day "	

Key informant interviews indicate that every child has an accuracy of different in the provision of antiretroviral therapy in children with HIV / AIDS, but most informants routine, at the same time, precise and has never been forgotten in the provision of antiretroviral therapy are 5 key informants. There is one informant who had never done ARV treatment. The remaining one informant said he had about 6 months did not take antiretroviral drugs to the hospital so do not take the medicine again, this is because there is no longer that bring drugs into the hospital.

It is not yet found a vaccine or drug that can kill HIV. So the treatment of HIV / AIDS is within a focus on support to people living with HIV / AIDS, treatment of opportunistic infections, and the medicine antiretroviral (ARV) (Widyanto and Triwibowo, 2013). Sudoyo, et.al (2009) explains that the provision of ARVs to PLWHA (People Living with HIV / AIDS) can improve the health condition of the patient. Infects disease severe opportunistic also can cure. A disease that usually occurs over and over will not recur and do not need to

take medicine when PLWHA taking prophylactic antiretroviral drugs regularly.

Adherence to clients with HIV / AIDS include the accuracy of the timing, amount, dosage, and how individuals in their personal drug consumption. Non-compliance in the implementation of the therapy will decrease the effectiveness of antiretroviral drugs work even increasing viral resistance in the body (Djoerban, 2010). Compliance is absolutely needed and carried out by the recipient of ARVs as a form of behavior prevent resistance and efforts to maximize the therapeutic benefit and reduce treatment failure.

Treatment failure can occur due to the irregularity of the client to take medication or poor adherence of people living with HIV AIDS (PLWHA). The cause of non-compliance take antiretroviral drugs are already healthy mothers feel that it no longer taking medication, forgets to take antiretroviral drugs, the side effects are felt by the mother after taking ARVs and the distance from the house to the hospital far enough. So that failure does not occur, the motivation is indispensable in running antiretroviral therapy adherence, without any motivation can not be resumed antiretroviral therapy (Nursalam and Kurniawati, 2007). In addition, knowledge of people living with HIV on antiretroviral therapy may also affect compliance in following the rules that have been agreed in antiretroviral therapy (Dima, et al. 2013).

Adherence to antiretroviral therapy (ART) is the key to suppress the development of HIV disease, reducing the risk of drug resistance, improve overall health, quality of life, and survival, as well as decrease the risk of transmission of HIV disease. A mother must be obedient in ARV therapy to prevent transmission from mother to child. Non-compliance of ARV drugs on maternal drinking can increase the risk of HIV transmission from mother to child (MoH RI, 2011)

Antiretroviral (ARV) demanded PLHIV to obey and execute pengobatannya regularly. Violations in taking medicine can be fatal, it can even cause a failure in the treatment

process. A study on the use of antiretroviral drugs, found even a single missed dose within 28 days, is associated with the failure of the treatment process (Montaner, et al., 2004). Non-compliance in the implementation of the therapy will decrease the effectiveness of antiretroviral drugs work even increasing viral resistance in the body (Djoerban, 2010). Impact caused by HIV affected mother is quite large, for the individual or the mother's own is not able to do household chores and productive lifespan shorter period. The impact that occurs in the family, namely the occurrence of cracks in the household, children feel pressured to see the condition of his people in the face of illness, they lose their source of affection and in society, mothers with HIV experience discrimination or rejection. Nationally, the impact caused by mothers infected with HIV is increasing maternal and child mortality and declining health status of mothers and children in Indonesia (Ministry of Health, 2009)

Results of previous studies by Sugiharti (2013) states that the total of 9 out of 11 people living with HIV have a compliance rate of people living with HIV take antiretroviral drugs > 95%. Factors that support people living with HIV in taking ARV drugs are a factor family, friends, Forum WPA (AIDS Care Residents) and internal factors in people living with HIV themselves. Meanwhile, the limiting factor is feeling bored and tired to take medication, side effects of drugs, social stigma and treatment costs. Supporting factor is social support, self-confidence that through the treatment of increasing the quality of life, good relationships with health care providers and the role of escort to take medication. Patient compliance will affect the planning of the logistics management of antiretroviral drugs so that health seeking behavior is an important factor for the patients themselves and the success of treatment of HIV-AIDS program. Some of the factors supporting antiretroviral medication adherence in this study was the Motivating oneself, support from family, support from friends and support the environment. Social support from family,

friends and health professionals has significant influence on the compliance of PLWHA in taking ARVs.

Support from family (parents, husband and brother) in this research is to motivate people living with HIV and remind adherence to taking medication. Irma Payuk research results showed that people living with HIV who have enough family support have a good quality of life, is inversely proportional to people living with HIV who get less support. Support from parents and families can improve medication adherence ARV for PLWHA. For people living with HIV who are already known status by family and their families can receive their condition, the family factor is usually a major supporter. Usually parents, husband / wife, children become the people nearby that remind you to take medication. The family in this case could serve as Supervisory Drink Drugs (PMO) for PLWHA.

These results are also consistent with studies Payuk (2012), people living with HIV who get enough support from your friends, have a good proportion of quality of life compared with those not getting support from friends. Yuniar study (2013) revealed that factors ARV adherence support that comes from within us that is the motivation for life, desire healed / healthy, consider the drug as vitamins and belief in religion. In addition to the availability of antiretroviral drugs and social support also supports compliance PLWHA. Social support factors, namely the support of family, a sense of responsibility and affection for the child, the desire to get married, the support of friends in the KDS (peer support groups), NGOs and religious leaders as well as good relations with health professionals. Internal factors need to be increased by motivating people living with HIV.

Another study by Fitriah (2011) showed that the factors affecting the level of compliance of ARV treatment is patient factors are age ($p = 0.018$), complaints (hallucinations, diarrhea, decreased appetite ($p = 0.049$)), depression ($p = 0.049$), saturated with duration of treatment ($p = 0.007$), as well as the fear of a bad view of the

surrounding ($p = 0.002$), feeling his worsening health condition ($p = 0.005$); factor is the number of opportunistic infections drugs taken more and felt his condition worsened ($p = 0,049$); resistance factor is the distance from home to the hospital ($p = 0.001$), means of transport is difficult ($p = 0.019$), transportation costs are not affordable ($p = 0.006$); and health service factors that support health workers ($p = 0.002$).

Handayani (2013) revealed that the meaning of antiretroviral drugs for people living with HIV who have a positive impact not only serves medically as medicine generally, but it has a meaning related to the function of spiritual / psychological (miracles, mainstay, as the giver of strength), changes in lifestyle (enjoy / be carried enjoy, habit, resigned to be followed, such as running water), life expectancy (prolongs life, a helper to survive, vitamin subsistence life chances both). Meaning of ARV for PLHIV have a negative impact on compliance-related stigma / discrimination (embarrassed to take medication, fear of unknown HIV status so that taking medication to sneak), changes in lifestyle (burden of having to take medicine for life).

Factors that cause poor adherence in HIV-AIDS treatment, among others; fear of their status in society, lack of knowledge about the importance of regular treatment, depression, do not believe drugs, forget using drugs, and fear of side effects. Several inhibitors of ARV medication adherence in this study is the factor of the cost of treatment, side effects of drugs and stigma. The cost factor expressed by people living with HIV treatment is for transportation costs, administrative and blood tests (CD4), which according to them was quite expensive.

Riyarto study (2010) showed that the costs incurred as a result of HIV disease is greater when it must undergo antiretroviral therapy. 45% of the total respondents experienced a catastrophic loss after treatment, causing poverty. This shows that although antiretroviral drugs had been provided free by the government but the financial burden for

care remains large. This burden will be lighter if the government provides full funding to care and treatment or handled through a social insurance scheme. The financial problems could indirectly lead to poor compliance in taking ARV PLHIV. Adverse Drug PLWHA disclosed in this study is the boredom take medication and can not tolerate the side effects of drugs. Side effects are often a medical reason to change or stop the ARV therapy. Many people living with HIV who can not stand the side effects of the drug, thus stopping its own therapy. Side effects may occur at the beginning of treatment such as anemia due to zidovudine or in the long term as lipodistropi (shrinkage or accumulation of body fat in certain parts). But not all of ODHA will experience the side effects of drugs and general side effects that arise can be addressed properly. Given the benefits of therapy outweigh the risk of morbidity and mortality that threaten people living with HIV, the antiretroviral therapy remains to be done. Saturation / bored in taking ARV drugs experienced by people living with HIV in this study. This happens because people living with HIV must take medication for his life every day and should not be missed. Boredom and tedium of PLWHA in taking ARVs due to people living with HIV must take the same drugs for life. Therefore, it needs the support of family and the surrounding community so that people living with HIV do not despair.

CONCLUSIONS AND SUGGESTIONS

Based on research conducted by the researchers, it can be summed up as follows: primary informants in this study had a lifespan of 25 years up to 47 years with 1 male sex - men and 6 women. The education levels of primary informant school no 3, SD 1, SMA 2 and D2 1. Knowledge of HIV and antiretroviral mostly know about HIV is an infectious disease that attacks the immune system. ARVs are drugs to treat HIV / AIDS. Access to VCT / PMTCT in this study is through distance home

visits to the hospital where taking antiretrovirals and means of transportation used when taking ARV Hospital. Distance from the house to the hospital where taking antiretrovirals obtained the majority of informants have a considerable distance to the point of taking ARV where the distance is more than 20 km. Means of transportation used for the majority of health facilities to the motorcycle itself

Family Support in this study views of whether the family knew about HIV that affects children, the response of family and forms of family support provided. Results of exit interviews about whether knowing about HIV children experience shows that 4 immediate family informant know about the child's illness and provide support and attention. The support provided is advised to maintain a healthy child, give more attention, give food, give money, meet all the needs of children and remind children to take medicine.

Children with HIV / AIDS have different accuracy in the delivery of antiretroviral therapy in children with HIV / AIDS, but most informants routine, at the same time, precise and has never been forgotten in the provision of antiretroviral therapy are 5 key informants. There is one informant who had never done ARV treatment. The remaining one informant said he had about 6 months did not take antiretroviral drugs to the hospital so do not take the medicine again, this is because there is no longer that bring drugs into the hospital.

There are some suggestions in this study, including the Department of Health needs to be a program that is more focused on children with HIV both in terms of daily care or education. In addition, the need for a program for the prevention of transmission of HIV in children as a test VCT at each expectant mother. Hospitals or health centers means less complementary, as well as the need for a special program for the care of children with HIV so that children can grow and develop properly.

For the community / primary informants additional research needs to be given information about the care of children with HIV. So that will reduce the stigma in society that affect the growth and development of Children With HIV / AIDS (ADHA).

REFERENCES

- Depkes RI. 2007. AIDS dan Penanggulangannya. Jakarta.
- DepKesRI. Pedoman tatalaksana Inveksi HIV dan Terapi Antiretroviral pada Anak Di Indonesia. Jakarta. 2008.
- Djati WR, Elisabet SA, Widyastuti, Hironimus RS dan Satyawanti. 2011. Wajah-Wajah yang Terlupakan. Cetakan kedua. PKBI Daerah Jawa Tengah. Semarang
- Doku. 2009. Parental HIV/AIDS status and death, and children's psychological wellbeing. *International Journal of Mental Health Systems* 2009, 3 :26 doi:10.1186/1752-4458-3-2
- Ernawati. 2012. Sikap Pengasuh Anak Balita Yang Terinfeksi HIV/AIDS Di Kabupaten Temanggung Dan Kudus. *Jurnal Keperawatan Komunitas* . Volume 1, No. 1, Mei 2013; 62-73
- Evarina (2011). Pengaruh Dukungan Keluarga Terhadap Program Pengobatan Pasien HIV-AIDS Di Posyansus Rumah Sakit Umum Pusat Haji Adam Malik Medan. *Jurnal Universitas Sumatera Utara*. Vol. 2, No. 1, Desember 2011
- Fithria, R.F. Ahmad Purnomo, Zullies Ikawati. 2011. Faktor-faktor yang Mempengaruhi Tingkat Kepatuhan Pengobatan ARV (Anti Retro Viral) pada ODHA (Orang dengan HIV AIDS) di Rumah Sakit Umum Daerah Tugurejo dan Rumah Sakit Umum Panti Wilasa Citarum Semarang . *Jurnal Manajemen dan Pelayanan Farmasi*: Vol.1 No.2/Juni 2011. Hal 130.
- Fitri Hidayani, Ratu Ayu Dewi Sartika. 2016. [Knowledge and Behavior Change of People Living with HIV Through Nutrition Education and Counseling. Kesmas: Jurnal Kesehatan Masyarakat Nasional](#). Vol.10 No. 3 Februari 2016.
- Gourlay, A., Birdthistle, I., Mburu, G., Iorpenda, K., & Wringe, A. 2013. Barriers and facilitating factors to the uptake of antiretroviral drugs for prevention of mother-to-child transmission of HIV in sub-Saharan Africa: a systematic review. *Journal of the International AIDS Society*, 16(1), 18588. <http://doi.org/10.7448/IAS.16.1.18588>
- Indonesia KKR. Pedoman pelayanan konseling dan testing HIV/AIDS secarasukarela (Voluntary Counselling and Testing). Jakarta: Direktorat Jendral pengendalian penyakit dan penyehat lingkungan; 2011
- Indonesia KKR. Statistik Kasus HIV/AIDS di Indonesia 2012. Jakarta; 2012.
- Irene. 2013. Karakteristik Penderita Infeksi HIV Anak di RSUP Sanglah Denpasar. *Jurnal Ilmu Kesehatan Anak*. Vol. 2, No. 1, Desember 2013
- Malee, K., Williams, P., Montepiedra, G., McCabe, M., Nichols, S., Sirois, P. A., ... the PACTG 219C Team. 2011. Medication Adherence in Children and Adolescents with HIV Infection: Associations with Behavioral Impairment. *AIDS Patient Care and STDs*, 25(3), 191-200. <http://doi.org/10.1089/apc.2010.0181>
- Myo-Myo-Mo. 2013. Threat of HIV/AIDS in children: social, education and health consequences among HIV orphans and vulnerable children in Myanmar. *WHO South-East Asia Journal of Public Health* | January-March 2013 | 2(1)
- Notoatmodjo, Soekidjo. Pendidikan dan Kesehatan Perilaku. Jakarta: PT. Rineka Cipta. 1997
- Payuk I dkk. 2012. Hubungan dukungan sosial dengan kualitas hidup orang dengan HIV/AIDS di Puskesmas Jumpandang Baru Makasar 2012. *Jurnal Kesehatan*

- Masyarakat Nasional. Vol 7. No 2. November 2012.
- Poetri.2017. Analisis Tingkat Kepatuhan Dan Dukungan Keluarga Terhadap Keberhasilan Terapi Antiretroviral Pasien Penderita HIV/AIDS Di Poli VCT RSUD Dr. H. Moch Ansari Saleh Banjarmasin. Jurnal Ilmiah Ekonomi Bisnis, Vol 3, No 1, Maret 2017, hal 112-123
- Riyarto S, Hidayat B, Johns B, Proband ari A, Mahendradhata Y et al. 2010. The financial burden of HIV care, including antiretroviral therapy, on patients in three sites in Indonesia. Oxford University Press, Health Policy and Planning 2010;25: 272-282
- Spiritia. Hidup Dengan HIV/AIDS. Jakarta: yayasan Spiritia. 2008.
- Sugiharti, Yuyun Yuniar, Heny Lestary. 2014. Gambaran Kepatuhan Orang Dengan Hiv-Aids (Odha) Dalam Minum Obat Arv Di Kota Bandung, Provinsi Jawa Barat, Tahun 2011-2012. [Jurnal Kesehatan Reproduksi Vol. 5 No. 2 Tahun 2014.](#)
- Sugiharti. 2013. Gambaran Kepatuhan Orang Dengan HIV-AIDS (Odha) Dalam Minum Obat ARV Dikota Bandung, Provinsi Jawa Barat, Tahun 2011-2012. Jurnal Keperawatan Komunitas . Volume 1, No. 1, Mei 2013
- Yuniar Y dkk. 2013. Faktor-faktor Pendukung Kepatuhan Orang Dengan HIV AIDS (ODHA) dalam Minum Obat Antiretroviral di Kota Bandung dan Cimahi. Buletin Penelitian Kesehatan. Juni 2013, Vol. 41: 72 –83.