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Case study of Factors Causing Lost to Follow Up of HIV Patients in Antiretroviral Treatment at Kencong Public Health Center, Jember, East Java

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ABSTRACT

The key to the success of HIV / AIDS treatment is ARV therapy. Continuous therapy can inhibit the spread of HIV infection in the body and improve the quality of life of patients. Lost to follow-up is the absence patient return to the VCT clinic according to the date of the drug agreement and consultation. The Kencong Public Health Center found a problem regarding lost to follow up (LTFU). The purpose of this research was to analyze the factors that can cause loss to follow up antiretroviral (ARV) treatment in HIV patients in Kencong Health Center. The type of this research was qualitative, and this research used six patients. The results of this research that the knowledge of patients is still lacking, especially the way of virus transmission and the side effects caused and the location of the HIV in the body, meanwhile scheduling knowledge of patients is excellent. Respondents have a positive attitude towards ARV treatment. The book uses to record the patient's visit data has been deemed capable of controlling the arrival of the patient. There are still many patients who don't carry a patient card when they want to take medicine. Counselors and doctors have provided the best motivation during the counseling process.

Keywords: Lost to Follow Up, HIV patients, ARV treatment

I. INTRODUCTION

HIV (Human Immunodeficiency Virus) is one of the types of viruses that can cause the immune system to decline due to the presence of white blood cell infections. AIDS (Acquired Immunodeficiency Syndrome) is a form of symptoms of decline in the immune system arising from an attack of HIV Infection [1].

Many surveys are showing that the primary need of people living with HIV/AIDS (PLWH) is treatment [2]. As we have already known, until now, there has been no cure that can cure HIV[2]. But now there are new drugs that can prolong life or improve the quality of life of PLHIV[2].

So far, there is no cure for killing and eliminating HIV infections. However, there is a type of medication that is effective for controlling HIV, which is ARV (antiretroviral) [2]. ARV drug is a drug made specifically for PLWH that can help inhibit the process of spreading HIV in CD4 cells. Consequently, the immune system will improve, and CD4 cells increases[2].



Implementation of ARV therapy is an outpatient service conducted in VCT. Counselling Officers monitoring the treatment by doing questions and answers at the time of the patient visits the VCT because in the implementation of the patient's therapy is not in direct supervision of the officer. The things that affect the accuracy and adherence in implementing ARV therapy include efficiency in time, number, dose, schedule, as well as the way individuals in consuming the drug [3].

The number of HIV cases in Indonesia reported from 2005 to 2018 increases annually. The cumulative number of HIV infections reported up to December 2018 was 327,282 (51.1% of the estimation of PLWH 2016 as much as 640,443) [4]. East Java province the hights as a region with the concentration of HIV, which concentrated as [5]. The discovery of the most popular AIDS case is from Jember Regency, and in 2018 it was found thaPLWH had discovered as much as 4206 [6]. One of the sub-districts in Jember that has a high HIV/AIDS case is the Kencong disctric [6].

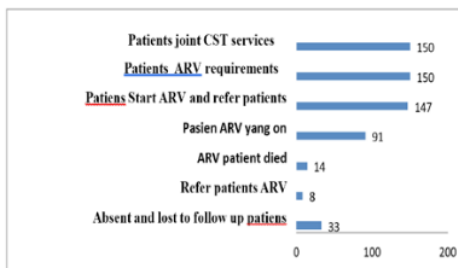


Figure 1. The number of patients who participated in CST of the Kencong Public Health Center 2018.

Source: SIHA's report of the Kencong Public Health Center 2018

Figure 1 explains that in the year 2018 noted 150 patients with HIV had entered the HIV treatment service, 150 patients have been eligible for ARV treatment, 147 of those who

began to follow ARV treatment, but only 91 patients who obediently followed the procedure whereas, 55 others died, refer out, and *lost to follow up* do the surgery. Based on the data it is evident that as many as 33 patients absent or *the loss to follow up* is conducting ARV treatment.

Lost to follow up is a condition of the patient who is not present to re-take the drug according to the date of the doctor's consultation agreement or the imprecision of the drug retrieval schedule. The absence of the patients for taking ARV drugs affects the effectiveness of antiretroviral work in that is, causing the body's resistance to ARV drugs [7]. This research aims to determine the factors that affect the *lost to follow-up* of HIV/AIDS patients..

II. RESEARCH METHODS

This type of research is qualitative research. The study aims to figure out and give an overview of the causes of the *lost to follow up* treatment of ARV in Kencong Public Health Center using the theory of Lawrence Green covering predisposing Factor's, enabling factor's, and reinforcing Factor's. This study was held in March-November in 2019 at Kencong Public Health Center Jember district. The subject of this study was 6 people of PLWH who *lost to follow up* as the primary respondent, 1 counsellor, and 1 doctor (Poli VCT). So, in this research, the research object used is related to the phenomenon of the occurrence of the *lost to follow-up* treatment ARV in the Public Health Center of Kencong

III. RESULTS AND DISCUSSION

Characteristics of respondents

Table 1. Kencong patient's Data on respondents

No	Type Gender	Age	Education Last	Job	Population Key
1	Women	30	Junior High School	housewife	housewife
2	Male	34	Junior High School	Entrepreneur	-



No	Type Gender	Age	Education Last	Job	Population Key
3	Male	39	Elementary School	The Farmer	-
4	Women	29	Junior High School	housewife	housewife
5	Male	30	Elementary School	Entrepreneur	MSM
6	Male	30	Junior High School	Entrepreneur	MSM

Description

MSM (Man who have Sex whith Man)

a. Predisposing Factor's

1. Knowledge

Based on the results of the questionnaire to 6 respondents lost to follow up (LTFU), WHO conduct ARV treatment at the Kencong Public Health Center are obtained the following results:

Table 2. Basic HIV Knowledge and ARV Scheduling

Basic HIV Knowledge and ARV Scheduling	Frequency	Percentage
Good	0	0
Average	2	33.3
Weak	4	66.7
Total	6	100

Based on the results of the questionnaire displayed in the form of tables, knowledge can be divided into three categories, namely, its a good, average, and Weak. Table 2 shows the results that 0 out of 6 respondents had a good experience (0%), 2 of 6 respondents had sufficient knowledge (33.3%), and 4 out of 6 Respondents have less knowledge (66.7%). So, it was an informant that the understanding of respondents is still less (66.7%).

From these questions, the majority of respondents incorrectly answered questions about basic knowledge about HIV / AIDS, such as how HIV / AIDS is transmitted and the source of HIV / AIDS infection in the body.

Meanwhile, the patient's knowledge of the scheduling of ARV treatment can be said to be good because the patient knows the schedule take medication, only the patient is difficult to come to take the drug according to the program.

Knowledge is one of the predisposition factors that can affect the behavior of the patient to continue the routine, take the drug according to the agreed schedule. The basic knowledge of HIV/AIDS is essential for patients to know. The level of the affects the events of *lost to follow up* [7]. That is, low knowledge makes the patient more at risk of doing *lost to follow up*. Also, the basic understanding of HIV/AIDS is also crucial because it can help patients to do prevention, the transmission of HIV/AIDS to others.

2. Attitude

Based on the results of the questionnaire to 6 respondents (*lost to follow up*), WHO conduct ARV treatment at the Kencong Public Health Center obtained the following results:

Table 3. Respondents 'attitude toward ARV scheduling

Attitude	Frequency	Percentage
Good	2	33.3
Average	3	50,0
Weak	1	16.7
Total	6	100



Based on the results of the questionnaire displayed in tabular form, attitudes can be divided into three categories: good, average, and weak. Table 3 shows the results that 0 out of 6 respondents had a good attitude (33.3%), 3 of 6 respondents have enough attitude (50.0%), and 1 of 6 has less attitude (16.7%). So, it can be concluded that the attitude of the respondents is sufficient (50.0%). average means that taking ARV medication according to the schedule can make life better.

A good manner will help respondents to arrive on schedule when ARV therapy is better [8]. Based on the research, there are still many respondents who do not come according to the schedule stated on the patient card. The reason the patient did not arrive on time was that the drugs was still available at home, was working, took the drugs not according to the dose, there were side effects of the drug. The investigated the effect of interrupting ART on the risk of HIV transmission at the population level, and the effect of bringing patients LTFU back into care using different strategies of tracing [9].

b. *Enabling Factor's*

1. Help Book

Based on the results of interviews to (counsellors and doctors) on the function of the Help Book in controlling the arrival of patients returning to VCT according to the schedule obtained the following results.

Assitive Books is used as a preliminary note if it has been repaired, it will be recorded in the register book.

Source by Doctor and conselor

Based on the explanation above, indirectly according to the counselor, the help book is considered to be able to control the patient's arrival schedule. However, according to the doctor, the help book is only a supporting note which will later be copied to the national register at SIHA

Based on the results of observations, it was found that the help book did not have instructions on how to fill it (instruction) and a column for information on the reasons for patients not coming at the proper visiting time. As a result, there are no records that can provide information about the reasons why the patient did not arrive at the due time.

2. Patient's Card

Based on interviews to (counsellors and doctors) on the patient's card function to the patient's scheduling control are as follows.

They depend on the condition of the patient. If patients want to travel clearly, the patient will come earlier than the specified schedule. Sometimes there are also deviated from the program. Finally, he was late to take the cure.

Soucer by counselor

on the patient's card there is a schedule, when he has to come take medication and check his condition, there may be other complaints

Source by Doctor

Counselors and doctors say that the card is thought to control the arrival of patients on schedule. Based on the results of observations made, it was found that some patients did not bring their patient cards when they arrived.

A system for recording and reporting the care of HIV patients in



carrying out ARV therapy is important for programs and health workers. Meanwhile, for clinicians, recording and reporting data can make it easier to conduct and find follow-up data without having to open very thick Medical Records [10].

One of the keys to the success of a ministry is to perform the best possible service. The ARV or Poly VCT service is said to be good if patient registration is also proper. Without tracing, 50% of the patients who discontinued or changed to irregular ART spontaneously returned to care within 5 years. Immediate tracing increased the probability of return to 68% [9].

In fact, many patients were absent. So the researchers concluded that facilities and infrastructure were needed that could support the quality of service, such as an information system that could help patients remember their treatment schedule. From this information, in order to reduce the incidence of loss to follow-up at Kencong Health Center.

c. Reinforcing Factor's

1. Motivation

Based on the results of interviews made to the officers about the motivation they gave to the patient to always obey and right back to clinic According to the schedule obtained the following results.

“I always remind you to arrive on time to take medicine, but they always late”
“I provide motivation when counselling”
Source by conselor

Based on the explanation above the counsellor said that always remind

the patient to return to the Kencong public health center on time and the motivation process done during the therapeutic counselling process. The doctor also said that he also gave the patient the motivation to keep regularly coming according to the schedule in the patient's card. The motivation process is done at the time of therapy counselling, and the form of motivation conducted by the officer is to remind about the danger, the impact that arises if not take the drug and late take. If a patient absent take drugs, the officer will ask the case manager and the NGO (non-governmental organization).

2. SOP (Standard Operating Procedure)

Based on the results of the interview Counsellor has stated that the Kecong Public Health centre does not have an SOP (Standard Operating Procedure) which regulates the patient *lost to follow up*. Meanwhile, the doctor said that he did not know about whether there is no SOP (Standard Operating Procedure) which regulates the *lost to follow up* in the Public Health centre. So it can be concluded that the Kecong Public Health centre still does not have an SOP (Standard Operating Procedure) about patients who are known to do *lost to follow up*.

Lost to follow up is a condition of absence of the patient to poly VCT According to the date of treatment agreement or inaccuracy of the patient to take the drug. The case of *lost to follow up* considered vital because it will result in an individual's risk to resistance (immune) drug, even the risk of death.

The results of the research researchers advised against Kencong



Puskesmas to immediately make SOP (*Standard Operating Procedure*), Which can be used as a guideline and determine what action should be taken to patients who are known to do *lost to follow up*. It expected to minimize the occurrence of the case of *lost to follow up* in the Kecong Public Health centre

In 2006, to actively trace patients *lost to follow-up* (LTFU), 2 public ART clinics in Malawi introduced the “Backto-Care” (B2C) program. Almost 30% of patients who missed an appointment and were found by tracing had stopped or never started ART.7,8 Two-thirds of the patients found alive outside official treatment programs eventually returned to care [9]. Although the main goal of the B2C program is to improve survival and quality of life of patients on ART, this intervention may also reduce transmission [9]. The effect of tracing programs on transmission is however unclear and has not been explored[9].

IV. CONCLUSIONS AND SUGGESTIONS

A. Conclusions

1. Presdisposing factor's

Respondents' knowledge about HIV still lacks mainly on a fundamental understanding of HIV. Only a small proportion of respondents behaved well about timely ARV scheduling

2. Enabling Factor's

The Help Book have been deemed able to control the arrival of patients. Several patients do not carry the patient's card when they want to take the drug on the forgotten or missing reason.

3. Reinforcing Factor's

Counsellors and doctors have given motivation possible during the counselling process. The Public health centre Kencong still do not have SOP (*Standard Operating Procedure*) Handling cases *lost to follow up*

B. Suggestions

Further research will need it on antiretroviral drugs that are acceptable for pregnant women without causing side effects. Designing an information system that can remind patients to come back to the health center according to the schedule is needed. Improved techniques in therapeutic counselling are necessary to make it easier for patients to understand HIV / AIDS and the importance of ARV treatment. SOP (Standard Operating Procedure) in winning lost to follow-up cases is also very much needed.

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