

**FAKTOR SOSIODEMOGRAFI TERHADAP STATUS NUTRISI PASIEN
ANAK HIV SETELAH DIBERIKAN PENGobatan ANTIRETROVIRAL
(ARV) PADA INISIASI 6 BULAN DAN 12 BULAN DI RSUP DR.
SARDJITO**

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ABSTRAK

Latar Belakang: Human Immunodeficiency Virus (HIV) menyerang sistem imun, terutama sel limfosit T CD4+, dan menyebabkan kerusakan yang progresif terhadap sel tersebut, dan melemahkan imun sehingga rentan terhadap infeksi oportunistik (IO). Di negara berpendapatan rendah dan menengah, sekitar setengah dari seluruh penyebab kematian pada anak usia <5 tahun disebabkan oleh kekurangan gizi. Kekurangan gizi dapat menyebabkan pemulihan HIV menjadi tertunda sehingga terjadi penurunan imun dan dapat meningkatkan IO (Fabusoro dan Mejia, 2021). Penelitian ini membahas mengenai status nutrisi pada anak HIV setelah mendapatkan pengobatan antiretroviral pada inisiasi 6 bulan dan 12 bulan di RSUP Dr. Sardjito dalam rentang tahun 2017 – 2021.

Tujuan: Untuk melihat adanya pengaruh jenis kelamin, usia saat terdiagnosis, pendidikan pengasuh, status pengasuh, pendapatan pengasuh, jarak berobat, riwayat pemberian nutrisi, dan status nutrisi saat awal memulai ARV terhadap status nutrisi anak HIV setelah diberikan terapi antiretroviral (ARV) pada bulan ke-6 dan bulan ke-12.

Metode: Penelitian ini menggunakan metode cross-sectional dengan data sekunder yang diperoleh dari data rekam medis anak yang terdiagnosis HIV pada tahun 2017 - 2021, dan telah mendapatkan pengobatan ARV minimal 6 bulan di RSUP Dr. Sardjito.

Hasil: Terdapat 55 pasien yang dianalisis, 29 subyek berjenis kelamin laki-laki, 26 subyek berjenis kelamin perempuan, 7 subyek terdiagnosis HIV pada usia 0-6 bulan, 48 subyek terdiagnosis HIV pada usia >6 bulan, 18 pengasuh subyek berpendidikan rendah, 37 pengasuh subyek berpendapatan tinggi, 40 subyek diasuh oleh orang tua kandung, 15 subyek diasuh oleh *caregiver*, 45 pengasuh subyek berpendapatan di bawah UMR Jogja, 10 pengasuh subyek berpendapatan di atas

UMR Jogja, 16 subyek memiliki jarak berobat yang jauh, 39 subyek memiliki jarak berobat yang dekat, 30 subyek diberikan ASI eksklusif, 20 subyek diberikan *mixed feeding*, 5 subyek diberikan susu formula secara penuh, 13 subyek saat awal memulai inisiasi ARV memiliki gizi baik, 42 subyek saat awal memulai inisiasi ARV memiliki gizi baik. Berdasarkan analisis bivariat, riwayat pemberian nutrisi dan status nutrisi saat awal memulai arv memiliki pengaruh signifikan terhadap status nutrisi setelah diberikan ARV bulan ke-6 ($p\text{-value} < 0,05$); usia saat terdiagnosis dan status nutrisi saat awal memulai arv memiliki pengaruh signifikan terhadap status nutrisi setelah diberikan ARV bulan ke-12 ($p\text{-value} < 0,05$).

Kesimpulan: Status nutrisi ketika awal memulai terapi ARV memiliki pengaruh terhadap status gizi kurang atau buruk setelah diberikan terapi ARV pada bulan ke-6 dan bulan ke-12

Kata kunci: HIV, anak, sosiodemografi, pengasuh, status nutrisi anak HIV.

ABSTRACT

Background: Human Immunodeficiency Virus (HIV) attacks the immune system, especially CD4+ T lymphocyte cells, and causes progressive damage to these cells, and weakens immunity making them vulnerable to opportunistic infections (IO). In low-and middle-income countries, about half of all deaths in children <5 years of age are caused by malnutrition. Malnutrition can cause HIV recovery to be delayed so that there is a decrease in immunity and can increase IO (Fabusoro and Mejia, 2021). This study discusses the nutritional status of HIV children after receiving antiretroviral treatment at 6 months and 12 months initiation at Dr. Sardjito in the range of 2017-2021.

Objective: to see the effect of sex, age at diagnosis, caregiver education, caregiver status, caregiver income, treatment distance, nutritional history, and nutritional status at the beginning of starting antiretroviral therapy (ARV) on the nutritional status of HIV children after antiretroviral therapy (ARV) in the 6th month and 12th month.

Methods: The study uses a cross-sectional method with secondary data obtained from the medical record data of children with HIV in 2017 - 2021, and have received antiretroviral treatment for at least 6 months at Dr. Sardjito.

Results: There were 55 patients analyzed, 29 subjects were male, 26 subjects were female, 7 subjects were diagnosed with HIV at the age of 0-6 months, 48 subjects were diagnosed with HIV at the age of >6 months, 18 caregivers of low education subjects, 37 caregivers of high-income subjects, 40 subjects were cared for by biological parents, 15 subjects were nurtured by caregiver, 45 caregivers of subjects earning below UMR Jogja, 10 caregivers of subjects earning above UMR Jogja, 16 subjects had long treatment distance, 39 subjects had close treatment distance, 30 subjects were given exclusive breastfeeding, 20 subjects were given mixed feeding, 5 subjects were given full formula milk, 13 subjects at the beginning initiating antiretroviral therapy initiation had good nutrition, 42 subjects at the beginning of initiating antiretroviral therapy initiation had good nutrition. Based on bivariate analysis, the history of nutritional administration and nutritional status at the beginning of starting antiretrovirals had a significant effect on nutritional status after being given antiretrovirals month 6 ($p\text{-value} < 0.05$); age at diagnosis and nutritional status at the beginning of starting antiretrovirals had a significant effect on nutritional status after being given antiretrovirals month 12 ($p\text{-value} < 0.05$).

Conclusion: Nutritional status at the start of antiretroviral therapy has an influence on the nutritional status of poor after antiretroviral treatment at the 6th month and 12th month

Keywords: HIV, children, sociodemography, caregivers, nutritional status of children with HIV