

Analysis of Quality of Life Factors in HIV/AIDS Patients at Example Health Center

Asriwati Amirah^{1*}, Zuriati muhamad¹, Lusianah Samosir²

Asriwati Amirah^{1*}, Zuriati muhamad¹, Lusianah Samosir²

¹Faculty of Public Health, Helvetia Health Institute Medan, INDONESIA.

²UPTD Teladan Community Health Center, Medan, INDONESIA.

Correspondence

Asriwati Amirah

Faculty of Public Health, Helvetia Health Institute Medan, INDONESIA.

E-mail: asriwati033@gmail.com

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ABSTRACT

People with HIV / AIDS are vulnerable in living their lives. The presence of a viral load in him causes physical disorders due to the progressive influence of the body's immunity resulting in opportunistic infections with various symptoms that appear. As a result, a reaction appears to the emotional or psychological aspects of the sufferer due to the influence of the sufferer's physical disorders. The aim of the research is to analyze the effect of quality of life on HIV / AIDS patients at Teladan Community Health Centers in 2020. The research design is an analytical survey with a cross sectional approach. The population was 360 people with a probability sampling technique of 78 people. Data analysis used univariate, bivariate with chi-square test and multivariate with multivariable logistic regression test.

The results of research using bivariate tests using Chi-Square obtained a *p* - value of $0.002 < 0.05$, meaning that there is an influence of the level of independence of HIV/AIDS patients on the quality of life at the Teladan Medan Community Health Center in 2020. There is an influence of intellectual function on the quality of life of HIV/AIDS patients. The *p* - value obtained was $0.011 < 0.05$. There was an influence of depression in sufferers on the quality of life of HIV/AIDS sufferers, the *p* - value obtained was $0.010 < 0.05$. The factor that has the most influence on the quality of life of HIV/AIDS patients is the level of independence factor which has a value of $\text{Exp(B)/OR} = 3.943$, meaning that the level of independence of those experiencing dependency means they have a chance of having a weight quality of life that is 3.9 times higher than those who are independent.

It is recommended to involve HIV/AIDS sufferers in every service related to the sufferer's treatment program and provide understanding to the family and community to help and interact with sufferers so that they do not feel ostracized.

Keywords: Quality of life, independence, HIV/AIDS.

INTRODUCTION

According to WHO *Quality of Life* is an individual's perception of position in society in the context of values and culture related to local customs and related to desires and hopes which is a multidimensional view, which is not limited only to the physical but also to the psychological aspect.¹

HIV-AIDS is a sensitive disease and difficult for society to accept, so it has an impact on the quality of life of sufferers. Quality of life is related to an individual's condition in achieving goals, hopes, standards and concerns throughout his life. The quality of life of PLWHA is influenced by acceptance of their condition or high levels of acceptance and surrender in living their lives for the better. Physical activity, psychological management, environmental acceptance, satisfaction with the environment, family relationships, friendships make PLWHA more confident that their living conditions are acceptable and make their quality of life better. The higher the quality of life, the higher the life lived and the higher the life expectancy rate for PLWHA.¹

The impact of HIV is not only physical but also psychological. The response that arises from the patient's psychology is self-acceptance which results in various reactions and feelings appearing in PLWHA. The reactions that arise in PLWHA will definitely be feeling shock (shock and inner turmoil), feeling guilty, angry, and feeling helpless, isolating themselves (feeling they are disabled,

useless, and tend to close themselves off), opening their status in a limited way (PLWHA want to know the reaction other people around, stress diversion, and wanting to be loved).² Self-acceptance that can be done by PLWHA is to look for other people who are HIV positive. This is done to share feelings, get to know yourself, give confidence, strengthen and social support and culminate in a reaction of acceptance.³

Quality of life is an individual's perception which is related to the individual's dignity and dignity in a culture with goals and hopes for life.⁴ Quality of life of PLWHA is the functioning of the individual's physical, psychological, social and spiritual conditions. So that individuals can live productively like other healthy and normal people in carrying out their lives.⁵

The aspects most related to quality of life are *wellbeing*, *satisfaction with life*, & *happiness*. *Wellbeing* means a prosperous life, not only the superficial meaning of life, including fulfilling needs and self-realization. *Satisfaction with life* means the feeling that life is something that is as it should be.⁶ When a person's hopes, needs and desires are met, that person will be satisfied.⁷ Satisfaction is a mental statement of *happiness* which means happiness, which is something that exists within a person which involves a special balance within him.⁸ Aspects related to quality of life are related to fundamental things in life which are characterized by biological, psychological and social conditions that provide an understanding of what we believe regarding life and reality.⁹

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RESEARCH METHODS

This research is included in *analytical survey research* with a *cross sectional approach*, meaning that the subjects studied only observe the subjects in *the independent variable* and *the dependent variable* which is measured at the same time.¹⁰

POPULATION AND SAMPLE

The population is defined as the group of subjects who wish to generalize the research results. As a population, this subject group must have shared characteristics or characteristics that differentiate it from other subject groups. The characteristics in question are not limited to just location characteristics, but consist of individual characteristics.¹¹ The population in this study is all patients which amounts to about 3 60 person.

The sampling technique in this research uses *probability sampling* technique approach *Random Sampling*.¹² *Probability sampling* with a sampling technique that provides equal opportunities for each element (member) of the population to be selected as a member of the sample of 78 respondents

RESEARCH RESULT

Respondent Characteristics

Based on the research results, the characteristics of the respondents can be seen in the following table.

Table 1 shows that of the 78 respondents studied based on age, the majority were adults, 53 (67.9%), the gender was mostly male, 40 (51.3), the majority had a high school education, 35 (44.9). %), Entrepreneurs and retirees work as many as 25 (32.1%) people. Based on marital status, there were more widowers, 38 (48.7%), with income < IDR 2000,000, 29 (37.2%)

Univariate Test

Level of Independence

Based on the research results, the level of independence of respondents can be seen in the following table.

Based on the table above, it shows that the respondents in the independent category were 51 people (65.4%), while the level of dependency of the respondents was 27 people (34.6%).

Intellectual Function

The research results based on the respondents' intellectual function can be seen in the following table: Based on the table above, the results show that the majority of respondents with moderate intellectual damage were 46 people (59.0%), a small number of respondents with mild intellectual damage were 32 people (41.0%).

Depression/Stress

A person's level of depression varies depending on the individual's coping in dealing with the condition and a person's psychological resilience. Based on the univariate test, the level of depression in respondents can be seen in the following table.¹³

Table 4 shows that the majority of respondents experienced severe depression, 48 people (61.5%), a small number of respondents experienced mild depression, 30 people (38.5%).

Bivariate Analysis

Influence of the level of independence in PLWHA patients

Based on the results of research on the influence of the level of independence in HIV/AIDS patients, it can be seen in the table below:

Table 1. Frequency Distribution of Characteristics of Respondents.

No	Respondent Characteristics	Amount n=78	Percentage (100%)
1.	Age:		
	a. teenager	15	19.2
	b. mature	53	67.9
	c. Elderly	10	12.8
2.	Gender:		
	a. Man	40	51.3
	b. Woman	38	48.7
3.	Worked:		
	a. No	35	44.9
	b. Yes	43	55.1
4.	Education:		
	a. elementary school	2	2.6
	b. JUNIOR HIGH SCHOOL	31	39.7
	c. SENIOR HIGH SCHOOL	35	44.9
	d. PT (D3-S1)	10	12.8
5.	Work:		
	a. Trader	6	7.7
	b. Self-employed	25	32.1
	c. IRT	18	23.1
	d. Retired	25	32.1
	e. Doesn't work	1	1.3
6.	Marital status:		
	a. Marry	28	35.9
	b. Not married yet	12	15.4
	c. Widow widower	38	48.7
7.	Income:		
	a. ≤ Rp. 2,000,000	29	37.2
	b. > Rp. 2,000,000	21	26.9
	c. No income	28	35.9
8.	Medical examination:		
	a. No	44	56.4
	b. Yes	34	43.6
9.	Examination Time		
	a. > 4 years	54	69.2
	b. < 4 years	34	43.5
10.	Place of treatment:		
	a. Public health center	78	100.0

Table 2. Frequency Distribution of Respondents based on Level of Independence.

No	Level of Independence	Amount	Percentage (%)
1	Independent	51	65.4 %
2	Dependency	27	34.6 %
	Amount	78	100.0

Table 3. Frequency Distribution of Respondents based on Intellectual Function.

No	Intellectual Function	Amount	Percentage (%)
1	Mild intellectual impairment	32	41
2	Moderate Intellectual Impairment	46	59.0
	amount	78	100.0

Table 4. Frequency Distribution of Respondents by Level of Depression.

NO	Depression Levels	Amount	Percentage (%)
1	Light	30	38.5
2	Heavy	48	61.5
	Amount	78	100.0

Table 5. Influence of the level of independence in HIV/AIDS patients based on the patient's quality of life.

No	Level of Independence	Quality of life				Amount		p-value
		Light		Heavy		f	%	
		f	%	f	%			
1	Independent	36	70.6	15	29.4	51	100.0	0.002
2	Dependency	9	33.3	18	66.7	27	100.0	
Total		45	57.7	33	41.9	78	100.0	

Table 6. Influence of Intellectual Function on quality of life in HIV/AIDS patients in 2020.

No	Intellectual function	Quality of Life				Amount		p-value
		Tall		Low		f	%	
		f	%	f	%			
1	Mild intellectual impairment	24	75.0	8	25.0	32	100.0	0.011
2	Moderate intellectual impairment	21	45.7	25	54.3	46	100.0	
Total		45	57.7	33	41.9	78	100.0	

Table 7. The influence of depression on the quality of life of HIV/AIDS sufferers.

No	Depression	Quality of life				Amount		p-value
		Tall		Low		f	%	
		f	%	f	%			
1	Light	23	76.7	7	23.3	30	100.0	0.010
2	Currently	22	45.8	26	54.2	48	100.0	
Total		45	57.7	33	41.9	78	100.0	

Table 8. Multiple Logistic Regression Test Results.

Variable	B	Sig.	Exp(B)	95%CI for Exp(B)
Level of independence	1,372	0.012	3,943	1,360-11,433
Intellectual function	1,112	0.043	3,041	1,035-8,932
Depression	1,170	0.038	3,222	1,067-9,727
Constant	-8,196	0,000		

From the table above, the results show that 36 of the 51 independent respondents experienced a mild quality of life (70.6%). Of the 27 respondents whose independence was dependent, the majority experienced poor quality of life, 18 people (66.7%).

The results of the bivariate test using *Chi-Square* obtained a *p* - value of $0.002 < 0.05$, meaning that there is an influence on the level of independence of HIV/AIDS patients on the quality of life at the Medan Teladan Community Health Center in 2020.

The Influence of Intellectual Function on the Quality of Life of HIV/AIDS Patients

Based on the research results, the influence of intellectual function on respondents' quality of life can be seen in the following table:

Based on the table above, it shows that of the 32 respondents who experienced mild intellectual damage with a high quality of life, 24 people (75.0%). Of the 46 respondents who experienced moderate intellectual impairment, the majority experienced low quality of life, 25 people (54.3%).

The results of the bivariate test using *Chi-Square* obtained a *p* - value of $0.011 < 0.05$, meaning that there is an influence of intellectual function on the quality of life of HIV/AIDS patients

The Effect of Depression/Stress on the Quality of Life in HIV/AIDS sufferers

Based on the research results, the effect of depression on sufferers' quality of life can be seen in the following table.

Based on the research results, it shows that of the 32 respondents who experienced mild depression, the majority had a high quality of life, 23 people (76.7%). Of the 48 respondents who experienced moderate depression, the majority experienced low quality of life, 26 people (54.2%).

The results of the bivariate test using *Chi-Square* obtained a *p* - value of $0.010 < 0.05$, meaning that there is an influence of depression in the elderly on the quality of life of HIV/AIDS sufferers.

Multivariate Analysis

Multivariate analysis was carried out to determine the factors that influence the incidence of hypertension using multiple logistic regression tests.

Based on the Multivariate test, it was found that the factor that has the most influence on the quality of life of HIV/AIDS patients is the level of independence factor which has a value of $\text{Exp(B)}/\text{OR} = 3.943$, meaning that the level of independence of those experiencing dependency is likely to have a quality of life. Weight is 3.9 times higher than those who are independent.

DISCUSSION

Quality of life is included in the healthy aspects seen from the WHO point of view including aspects of physical health, psychological health, level of independence, social relationships, the environment and spirituality.¹⁴ Based on the research results, it shows that respondents' level of independence in carrying out daily activities is in the good category. They are still able to carry out daily activities, but within the limits of light to moderate activities such as eating, drinking, dressing, grooming, bathing, walking, going to the toilet, sweeping the yard, gardening.¹⁵ Daily activities are still good for them to do. respondents to reduce the stress they feel because they often feel depressed when they think about their illness and the public stigma about people living with HIV/AIDS.¹⁵

Intellectual function or cognitive function is the ability to think and provide rationality, including the process of learning, remembering, assessing, orientation, perception and paying attention.¹⁶ Decreased cognitive function among HIV/AIDS sufferers is the biggest cause of the inability to carry out normal daily activities, and is also the most frequent reason that causes dependence on other people to care for themselves (*care dependence*) in sufferers.⁹

The results of this study prove that quality of life with indicators of heavy intellectual function can increase stress and mental burden, resulting in ignorance of the disease. If the individual knows all the information about the disease, then he will show it by supporting every health program related to improving his quality of life.³

Based on the research results, of the 32 respondents who experienced mild intellectual damage, the majority had a high quality of life, 24 people (75.0%). Of the 45 respondents who experienced moderate intellectual damage, the majority experienced a mild quality of life, 25 people (54.3%) .. These data show that the more positive a person is in accepting his condition and accepting every HIV/AIDS health service program, the more it will affect his quality of life. The dominant variable is the level of independence with dependency having a value of $\text{Exp(B)}/\text{OR} = 3.943$, this shows that patients with HIV/AIDS who only expect help from other people are 3.9 times more likely to experience a low quality of life than those who are independent.

Based on research results, HIV/AIDS sufferers often feel sad, gloomy, isolated and pessimistic because they think about life problems, especially economic problems and relationships with society, as well as depression because they think about their illness not being cured because they are bored of taking medication every day.^{2,16-18}

CONCLUSION

There is a significant influence between the level of independence, intellectualism and depression and the quality of life in HIV/AIDS patients. This shows that HIV/AIDS sufferers still reject the disease, which influences their belief in carrying out healthy behavior. In social view, infected by HIV Also means that somebody has given stigma which can lead suffering to not only physic but also to psychis.

SUGGESTION

It is recommended for HIV/AIDS sufferers to continue participating in every HIV/AIDS service program so that they can improve their quality of life and remain active in finding out about HIV/AIDS and practicing clean and healthy living habits.

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