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Quality of Life of People with HIV/AIDS in Poly Clinics of Abepura General Hospital

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Abstract:- HIV continues to be a major health problem globally, claiming 36.3 million lives. In Indonesia alone HIV cases continue to increase cumulatively and Papua is still ranked 6th most cases of people with HIV / AIDS (ODHA). ODHA has a complicated life problem, complex both disease and stigma. This leads to a decrease in the spirit of life which then brings the impact of declining quality of life. The method used is descriptive with a quantitative approach to measure the quality of life with (Word Health Organization Quality Of Life). Result: the most dominant quality of life is the medium category with 44 people; influenced by sex factors (0.000); occupation (0.011); long-suffering marital status (0.048); duration of therapy (0.039); family support (0.001); depression (0.040). Conclusion: people with HIV / AIDS at Polyclinic HIV/AIDS RsudAbepura has the most moderate quality of life and quality of life is influenced by age, gender, occupation, length of suffering, length of therapy, family support and depression.

Keywords:- *Quality of life, HIV/AIDS.*

I. INTRODUCTION

HIV continues to be a major global public health issue, so far claiming 36.3 million [27.2-47.8 million] lives. There were an estimated 37.7 million [30.2–45.1 million] people living with HIV by the end of 2020, more than two-thirds of whom (25.4 million) were in africa. In 2020, 680,000 [480,000-1.0 million] people died from HIV-related causes and 1.5 million [1.0-2.0 million] people contracted HIV (WHO, 2021). The above is similar as explained by the Global Burden of Disease as followed by Ourworldindata in figure 1.

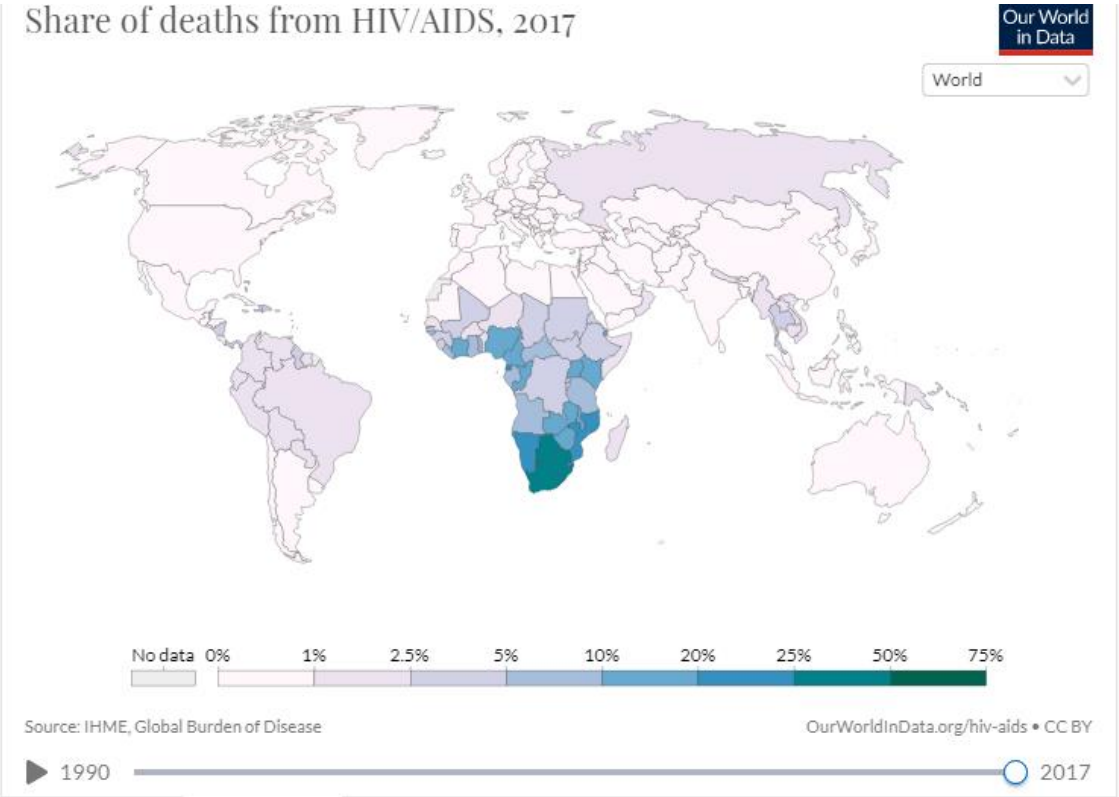

Fig. 1 Data on HIV/ AIDS deaths Worldwide 1990-2017(https://ourworldindata.org/hiv-aids)

At the Indonesian National level of HIV/AIDS 2010-2019, the Ministry of Health (2020) noted that compulsively HIV continues to increase while AIDS is constantly data. In detail see figure 2 visualized below.

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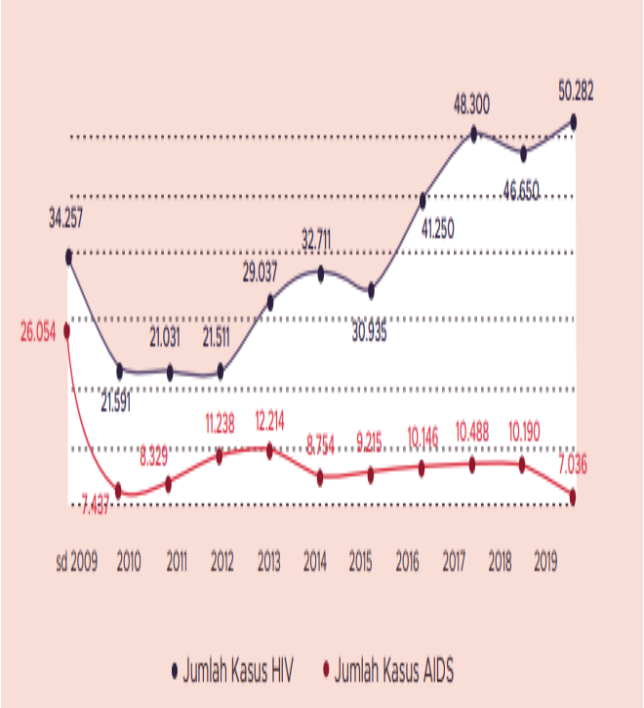

Fig. 2: Incidence of HIV/ AIDS in Indonesia 2009-20019

HIV/AIDS January – December 2019, Papua ranks 5th highest after East Java, DKI Jakarta, West Java and Central Java. While AIDS, Papua is not included in the top 10 most provinces, but the case rate ranks first (Ministry of Health, 2020). The proportion of HIV and AIDS cases in men is twice as large as in women. While the largest age group is 30-39 years with a proportion of 33% followed by the age group of 20-29 years with 31% and the lowest is the infant group with a presentation of 0.1% (PusdatinKemenkes, 2020).

Papua, the HIV/AIDS rate is still high, especially in Jayapura Regency, the report of HIV and AIDS cases on September 30, 2018, there were 6,189 cases of HIV/AIDS, consisting of 4,213 AIDS and 1,976 HIV (Dinkeskab. Jayapura, 2018). One of the hospitals that has VCT services is Abepura Hospital which has a VCT Polyclinic. The 2017-2019 VCT poly data served 6,915 patients (Abepura General Hospital, 2019).

HIV/AIDS in addition to having an impact on health also has an impact on other fields such as social, economic, political, cultural and demographics. This is a challenge that must be faced by both developed and developing countries (Katiandagho, 2015). Being PLHIV is a difficult one in life, where complex problems are always faced every day, not only dealing with disease conditions, but disease conditions accompanied by discriminatory social stigma. This is what causes a decrease in the spirit of life of PLHIV which then brings the dominant effect of decreasing the quality of life of PLHIV (Rachmawati, 2013).

According to Astuti and &Suryani (2015) if the patient's quality of life decreases, then the patient will feel uncomfortable physically, psychologically, socially, and spiritually, the patient will also not be able to make optimal use of his life for the happiness of himself and others. Meanwhile, according to research by Farillahsari (2014) from 76 patients, the highest quality of life domain values were the physical health domain (61.64), followed by the social relationship domain (60.93), the psychology domain (56.47) and the environmental domain (53.91). According to research by Handajani, Djoerban, and Irawan (2012), the psychological domain (72.27), physical health (70.10), environment (65.59), and social relations (64.44) was obtained.

Based on the description above, this study focuses on analyzing the quality of life of people with HIV / AIDS in terms of physical health, psychology, social and environmental relations at the VCT Polyclinic of Abepura General Hospital. The study was conducted in 2019.

II. METHOD

A. English translation.

Therefore, this study includes descriptive research with a quantitative approach to measuring the quality of life with (Word Health Organization Quality Of Life) which consists of 26 question items with a likert scale. The sample in this study was 203 people who were measured using the Lemeshow& David (1997) formula with a p-value of 0.05. Sampling was carried out using a consecutive sampling technique (Nursalam, 2013). Data analysis on a quantitative approach is a univariate analysis. Results are presented by scoring and interpreted using the following criteria (Anastasi & Urbina, 1997) in (Nofitri, 2009): 0-20 = Very Poor Quality of Life; 21-40 = Poor Quality of Life; 41-60 = Medium Quality of Life; 61-80 = Good Quality of Life; 81-100 = Excellent Quality of Life.

III. RESULT

A. Characteristics of Respondents

Below will be described the characteristics of the repondent of categorical data of people with HIV / AIDS at the HIV / AIDS Polyclinic of Abepura Hospital 2019

	Age				Gender		Mariatal			Jobs				
	15-19	20-24	25-49	≥50	♂	♀	Unmarried	Married	Separate	Civil servants/ Police/ Army	Private	Farmer	Other	Not Working
N	2	23	76	18	57	62	19	77	23	1	41	8	15	54
%	1.68	19.33	63.87	15.13	47,9	52,1	16	64.7	19.4	0.8	34.5	6.7	12.6	55.4

Table 1: Characteristics People with HIV/AIDS at Polyclinic Abepura General Hospital (Primer Data, 2019)

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Table 1 shows that of the 119 respondents, the highest age range of 24-49 years was 76 people (63.87%); gender was obtained by the most dominant respondents, namely women as many as 62 people (52.1%); 77 married (64.7); high school education, 57 people (52.8%); 37 people were out of work (31.1%).

Characteristic	n	Min	Max	Mean	SD
Long period of HIV/AIDS	119	1	11	4,21	2,34
Length ARV Therapy	119	1	11	4,07	2,301

Table 2: Characteristic long period of HIV/AIDS and length of ARV therapy (Primer Data, 2019)

Table 2 shows that the length of suffering and the duration of ARF therapy is at least 1 year and most is 11 years long. Long period of HIV / AIDS with a mean of 4.32 and standard deviation of 2.34 while the duration of ARV therapy mean 4.07 and standard deviation of 2.301.

B. Univariate Analysis

a) Family Support

No.	Family Support	n	%
1	Not Supportive	97	81.5
2	Supporting	22	18.5
Amount		**119**	**100**

Table 3: Family support for People with HIV/AIDS (Primer data, 2019)

Table 3 showed that out of 119 respondents obtained results, namely that most of the respondents did not get support from families, namely 97 people (81.5%) and those who received support from families were 22 people (18.5%).

b) Depression

No.	The Mental State	n	%
1	Not Depression	61	51.3
2	Depression	58	48.7
Amount		**119**	**100**

Table 4: Picture of the mental state of People with HIV/ AIDS (Primer data, 2019)

Table 4showed that out of 119 respondents based on the incidence of depression, it was known that most of the respondents were not depressed, namely 61 people (51.3%), while those who experienced depression were 58 people (48.7%).

c) Quality of Life HIV/ AIDS Patients

An overview the quality of life of HIV / AIDS patients at the HIV / AIDS Polyclinic of Abepura General Hospital in 2019 is shown in table 5 below:

Quality of Life	Very Bad		Bad		Moderate		Good		Very Good	
	N	%	n	%	n	%	n	%	n	%
Physical Health Aspects	1	0.8	16	13.4	73	61.3	29	24.4	0	0
Psychological Aspects	0	0	12	10.1	80	67.2	27	22.7	0	0
Environmental Aspects	0	0	11	9.2	86	72.3	22	18.5	0	0
Social Relationship Aspect	0	0	12	10.1	81	68.1	26	21.8	0	0
General quality of life	2	1.7	33	27.7	49	41.2	30	25.2	5	4.2

Table 5: Quality of Life HIV/ AIDS Patients

Table 5 showed that most respondents had a general quality of life in HIV/AIDS patients in the moderate category of 49 respondents (41.2%), and a slight one, namely a very poor quality of life as many as 2 respondents (1.7%). The highest quality of life in HIV / AIDS patients in terms of physical health aspects was in the category of moderate quality of life as many as 73 people (61.3%), good quality of life as many as 29 people (24.4%), poor quality of life as many as 16 people (13.4%), very poor quality of life as many as 1 person (0.8%) and the lowest results were in the very good category (0%). The quality of life in HIV / AIDS patients in terms of psychological aspects is in the category of moderate quality of life as many as 73 people (61.3%), good quality of life as many as 27 people (18.5%) and poor quality of life as many as 12 people (10.1%). The quality of life in HIV / AIDS patients in terms of

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environmental aspects is in the category of moderate quality of life as many as 86 people (72.3%), good quality of life as many as 22 people (18.5%) and poor quality of life as many as 11 people (9.2%). The quality of life in HIV / AIDS patients in terms of social relations is in the category of moderate quality of life as many as 81 people (68.1%), good quality of life as many as 26 people (21.8%) and poor quality of life as many as 12 people (10.1%).

d) Bivariate AnalysisEnglish translation.

Table 6 Analysis of the relationship of age, gender, occupation, marital status, length of suffering from HIV, duration of ARV therapy, family support and depression with the quality of life of HIV AIDS patients at Abepura Hospital in 2019.

Variable	Quality of Life (p-value)				
	General perception of Quality of Life	Physical Dimensions	Psychological Dimensions	Social relationship dimensions	Environmental Dimensions
Ages	0,959	0,035*	0,017*	0,045*	0,594
Gender	0,000*	0,027*	0,004*	0,250	0,375
occupation	0,011*	0,820	0,239	0,016*	0,004*
Marital State	0,184	0,583	0,179	0,611	0,123
Long Suffering HIV AIDS	0,048*	0,020*	0,009*	0,001*	0,05*
LenghtARV therapy	0,039*	0,017*	0,850	0,108	0,653
Family Supporting	0,001*	0,700	0,003*	0,032*	0,004*
Depression	0,040*	0,046*	0,019*	0,056*	0,001*

Table 6: Relationship characteristic with the quality of lifePatient with HIV/ AIDS

*Signification if p-value< 0,05

Table 6 above, showed:

- Factors related to the general quality of life of HIV AIDS patients are gender (p = 0.000), occupation (0.011), length of suffering from HIV AIDS (p = 0.048), length of ARV therapy (p= 0.039), family support (p = 0.001) and depression (0.040). Meanwhile, age (p = 0.959) and marital status (p = 0.184) are not related to the perception of the general quality of life HIV AIDS patients at AbepuraGeneral Hospital.
- Factors related to quality of life based on the physical dimensions of HIV AIDS patients are age (p = 0.035), gender (p = 0.027), length of suffering from HIV AIDS (p = 0.020), length of ARV therapy (p = 0.017) and depression (p = 0.046). Meanwhile, work (p = 0.820), marital status (p = 0.583), and family support (p = 0.700) are not related to quality of life based on physical dimensions in HIV AIDS patients at Abepura General Hospital
- Factors related to quality of life based on psychological dimensions in HIV AIDS patients are age (p = 0.017), gender (p = 0.004), length of time suffering from HIV AIDS (p = 0.009), family support (p = 0.003) and depression (p = 0.019). Meanwhile, work (p = 0.239), marital status (p = 0.179) and the duration of ARV therapy (p = 0.850) are not related to quality of life based on psychological dimensions in HIV AIDS patients at Abepura General Hospital.
- Factors related to quality of life based on the dimension of social relationships in HIV AIDS patients are age (p = 0.045), occupation (p = 0.016), length of suffering from HIV AIDS (p = 0.001), family support (p = 0.032) and depression (p = 0.056). Meanwhile, gender (p = 0.250), marital status (p = 0.611) and length of ARV therapy (p = 0.108) are not related to quality of life based on the dimensions of social relations in HIV AIDS patients at Abepura General Hospital.
- Factors related to quality of life based on environmental dimensions in HIV AIDS patients are work (p = 0.004), length of time suffering from HIV AIDS (p = 0.005), family support (p = 0.004) and depression (p = 0.001). Meanwhile, age (p = 0.594), gender (p = 0.375), marital status (p = 0.123), length of ARV therapy (p = 0.001) are not related to quality of life based on environmental dimensions in HIV AIDS patients at Abepura General Hospital.

IV. DISCUSSION

A. General Quality of Life

The highest quality of life is the moderate category with 44 people while the least is very poor category, which is 2 people. Moderate quality of life means that the respondent has a good coping mechanism and can already accept the state of the disease he suffers from while the respondent who has a poor quality of life still does not accept the state of his illness and thinks he has no life expectancy, cannot recover and has no future.

The results of this study are in line with those produced by the research of Hardiansyah and Arsyad (2015), but these findings are different from them, namely our study found that the quality of life was the most dominant while the research of Hardiansyah and Arsyad was most dominant in having a poor quality of life.

In addition, the characteristics of respondents based on age are most dominant in the adult age group category (25-49 years) having a smaller probability of having a better quality of life than patients ≥ 50 years. In general, the increase in a person's age affects the quality of life of people as a result of physical, social.

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A married patient is more likely to have a better quality of life, because he has a partner who can be used as a place where he complains about his illness, this marital status is a pleasant relationship and is a better social support than those who are unmarried or have the status of a widower.

The quality of life of people with HIV/AIDS is very important to improve. To improve the quality of life, five pillars are needed, namely having self-confidence, having knowledge about HIV / AIDS, having access to the availability of family and peer support services, treatment and treatment, not transmitting the virus to others and carrying out positive activities.

B. Quality of life based on physical aspects

The results of the study in table 5 showed that the quality of life in HIV / AIDS patients in terms of physical health was in the category of moderate quality of life as many as 67 people (62.0%), good quality of life as many as 28 people (25.9%) and poor quality of life as many as 13 people (12.0%). This is slightly different from the previous study according to Setiyorini (2015) where data was obtained that most respondents had a good quality of life, namely 16 people (61.0%), a moderate quality of life of 13 people (31%) and a poor quality of life of 13 people (31%)

This physical health is related to the changes experienced by PLHIV, such as weight loss that occurs drastically and the emergence of comorbidities. The presence of comorbidities in PLHIV can cause a decrease in the ability of PLHIV to carry out daily activities and their intensity in resting and accessing health services will be more. This situation can affect the quality of life of PLHIV, because the cure of this comorbidity takes a longer time.

Based on the results of the study, respondents who were young had a moderate quality of life in physical aspects. This can be due to the fact that at a young age have positive feelings, good cognitive function high self-esteem, are more satisfied with physical conditions and body image (Belak, 2006). Based on marital status, respondents with unmarried status/widowed/widowers had a lower quality of life in physical aspects compared to those with married status. This can be caused by the presence of a life partner, PLHIV can meet the needs of living together, strengthening each other if experiencing pressure from the surrounding environment.

The impact of the pain caused by HIV also often causes patient discomfort in activities, as well as decreases work capacity. As a result, patients directly experience a decrease in productivity and also have an impact on the economic well-being of patients and families. This is related to demographic data, namely jobs where 28 respondents have self-employed jobs, 12 respondents as private employees, and 10 respondents as civil servants, so that when they get sick, they will find it difficult to concentrate on working and it will affect their income.

As according to WHOQOL (2004) in the dimension of physical health includes daily activities, dependence on medical care, mobility, pain and discomfort, sleep and rest and working capacity Most PLHIV basically from the aspect of physical health has been able to carry out daily activities related to treatment and physical care such as exercising, working, getting enough sleep and regularity in taking medications, this is evidenced by most PLHIV which answers the category of mediocre, very frequent and satisfactory for questions about physical health. Physical changes due to the symptoms of the disease caused by a decrease in the immune system in PLHIV affect personal life, social, learning, career and even family life.

C. Quality of life based on psychological aspects

The results of the study in table 5 showed that the quality of life in HIV / AIDS patients in terms of psychological terms was in the category of moderate quality of life as many as 75 people (69.4%), good quality of life as many as 24 people (22.2%) and poor quality of life as many as 9 people (8.3%). This means that respondents in the study have accepted the condition of their illness, so negative feelings, sadness, and disappointment have been reduced. The results of this study are in line with research conducted by Setiyorini (2015) which showed that most respondents had a moderate and good quality of life, namely 20 people each (47.6%) while the quality of life was bad as many as 2 people (4.8%).

Psychological health is a condition in which the individual can accept the strengths and weaknesses of the self as they are, have the ability to adjust to themselves, others and the society in which a person lives. A person whose psychological health is good can master all the factors in his life so that he can overcome mental problems due to emotional pressures and things that cause frustration (Semium, 2006).

A person who suffers from illness or experiences a stressful event can give a reaction when he knows he is suffering from an illness and has an impact on him. If a person faces a disease then a person will react with various possible stages such as rejection / denial, anger, bargaining, depression and accepting / not accepting reality, positive attitude, resignation or despair. Research conducted by (Kusuma, 2011) found results that HIV / AIDS patients often experience depression and sufferers will feel afraid of their incurable disease, feel excluded from society and feel insecure.

In the opinion of the author, psychological health affects the quality of life of a person. The psychological condition of HIV / AIDS patients undergoing ARV therapy at the VCT polyclinic, AbepuraGeneral Hospital is in the category of moderate quality of life and there are some respondents who have a poor quality of life because they are worried about the disease and a feeling of fear that they will not be accepted by the community because transmitting the disease is material that interferes with the psychological health of HIV / AIDS patients.

Age also affects the psychological condition of patients, from demographic data it is found that the average of patients is still at a productive age, meaning that at that age, a person is still active in work, so that when they suffer from a disease, there will be concerns about not being able

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to work or limitations in work and other activities, so that such feelings will affect their psychological health.

HIV and AIDS patients who have been diagnosed longer will be more receptive to their condition than those who have recently been diagnosed. The psychological adaptive response (self-acceptance) to his illness will give rise to various feelings and reactions of stress, frustration, anxiety, anger, denial, shame, grieving, and uncertainty towards adaptation to the disease, of course, it can have an effect on his quality of life. The factor of taking the drug continuously for a long time also causes the psychological health of HIV / AIDS patients to decline. Where there will appear a feeling of boredom or boredom because every day you have to take medicine and should not be interrupted.

D. Quality of life based on Environmental aspects

The results of the study in table 5 showed that the quality of life in HIV / AIDS patients in terms of the environment was in the category of moderate quality of life as many as 78 people (72.2%), good quality of life as many as 22 people (20.4%) and poor quality of life as many as 8 people (7.4%). The results of this study are in line with the research conducted by (Setiyorini, 2015) with the title of a picture of the quality of life of odha who underwent antiretroviral therapy (ARV) at Polyclinic Cendana Ngudi Waluyo Wlingi Hospital, it was found that most of the respondents had a moderate quality of life, namely 16 people (38.1%), good life as many as 15 people (35.7%) and poor quality of life as many as 11 people (26.2%). Feelings of exclusion can cause HIV/ AIDS Patient to tend to close off and withdraw from the environment. For PLHIV whose status is known by the community, there will be stigma and discrimination that is felt so that patients choose to limit themselves to social activities.

The environment is everything both physical, biological, and social that is around humans and external influences that affect human life and development. The environment referred to here is the freedom of the home environment, sources of income, opportunities to obtain information, participation and opportunities for recreation and activities in leisure, physical environment and transportation (WHO, 2014).

Based on the results of the study, the percentage of male respondents is more than that of women so that the crosstabulation data that shows the percentage of quality of life of environmental aspects in the moderate and good category is male. This is in line with research conducted by Oktavia et al (2012), that in the environmental domain, men have a higher quality of life compared to women. This is because men rarely socialize with the surrounding environment and work outside their place of residence.

The environment greatly affects the quality of life of a person, individuals with certain diseases need an environment that accelerates his healing process, not an environment that aggravates his condition. A safe environment is also an environment where basic needs are achieved, physical hazards are reduced, pollution and sanitation can be maintained. If everything is in good condition, it will certainly affect the quality in HIV / AIDS patients (Potter & Perry, 2006).

E. Quality of life based on Social relationship aspect

The results of the study showed that the quality of life in HIV / AIDS patients in terms of the environment was in the category of moderate quality of life as many as 72 people (66.7%), good quality of life as many as 25 people (23.1%) and poor quality of life as many as 11 people (10.2%). This is similar to the results of previous studies according to Setiyorini (2015), data was obtained that most respondents had a moderate quality of life of 25 people (59.5%), a good quality of life of 15 people (35.7%) and a poor quality of life of 11 people (26.2%).

The problem of HIV / AIDS is still considered a serious problem, because when a person is convicted of PLHIV, what is imagined is death. In the PLHIV community, they often receive unfair treatment or even get discrimination from the family environment and society. The discrimination that occurs in PLHIV often makes them withdraw from the surrounding environment, and the stigmatization that develops in society regarding HIV / AIDS makes them limit their wiggle room in carrying out their previous activities which may worsen their condition and affect the quality of life (Aritohang, 2014).

Most people with HIV/ AIDS are afraid to share their experiences, even to state that they are sick and need help from others. He was always worried about the reaction and acceptance of others for him. On the contrary, other people also kept their distance. More than that, they made a fence. HIV+ people cause unrest. Both in small groups, and on a very large scale (Djoerban, 2014). Most people with HIV/ AIDS are afraid to share their experiences, even to state that they are sick and need help from others. He was always worried about the reaction and acceptance of others for him. On the contrary, other people also kept their distance. More than that, they made a fence. HIV+ people cause unrest. Both in small groups, and on a very large scale (Djoerban, 2014).

Therefore, social support can affect the individual depending on the presence or absence of pressure in the individual's life. Such pressure can come from the individual himself or from outside himself to avoid interference both physically and psychologically. In addition, individuals need others around them to provide support in order to obtain their comfort. Social support can affect a person's health and condition. This can affect a person's quality of life.

V. CONCLUSION

People with HIV / AIDS at the HIV / AIDS Polyclinic of Abepura General Hospital have the most moderate quality of life and the quality of life is known by age, gender, occupation marital status, length of suffering, length of therapy family support and the presence of depression.

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