

DURATION OF DIAGNOSED HIV AND QUALITY OF LIFE OF PEOPLE WITH HIV/AIDS

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ABSTRACT

Background: HIV increases susceptibility to various types of infections, cancer, other diseases and can cause death. Sleman is the highest case of HIV in Province DIY. Sleman Health Office records HIV/AIDS cases increased in 2015(1.038 cases) to 2016 (1.220 cases). WHO defines quality of life as an individual's perception of their position in the cultural context and value system

Research Objectives : to find out the correlation between the duration of diagnosed HIV with the quality of life (QOL) of people living with HIV/AIDS (PLWHA) at Yayasan Victory Plus in 2019.

Research Methods: This study used a retrospective cohort design. Consecutive sampling used to found 38 samples of respondents with HIV/AIDS at Yayasan Victory Plus. The research instrument was a questionnaire. Data analyzed by chi square and logistic regression.

Results: The results of the Chi-Square test showed that duration of diagnosed HIV ($p = 0.017$) has significantly correlation with the quality of life PLWHA. Age, education, occupation, duration of ARV therapy, and income did not have a significant correlation. The results of multivariate analysis showed that the duration of diagnosed was the most influential factor of quality of life PLWHA (p -value = 0.002, RR = 96.404).

Conclusion: Diagnosed duration of HIV has a significant correlation with the quality of life PLWHA. Respondents who were diagnosed for longer had the chance to have a poor quality of life. 8.3% PLWHA who are diagnosed longer and ≥ 30 years old have a poor quality of life.

Keywords: Duration of diagnosed HIV, quality of life, HIV/AIDS

BACKGROUND

HIV (Human Immunodeficiency Virus) is a disease caused by the HIV and attacks the human immune system. AIDS (Acquired Immune Deficiency Syndrome) is a syndrome or collection of symptoms that arise due to the decrease of immune in HIV sufferer and is the final stage of HIV.¹

According to WHO, more than 35 million people living with HIV. In 2017, 940,000 people died because of HIV. There are about 36.9 million people were living with HIV at the end of 2017 with 1.8 million new infections in 2017.² Based on Indonesia Health Profile, Indonesia has 33.660 new cases of HIV in

2017. In Indonesia the cumulative amount of AIDS from the 1987-2017 year was 97,942 cases, for a new AIDS cases in 2017, there were 4,555 cases.³

In 2017, District Health Profile of Daerah Istimewa Yogyakarta says HIV cases increased to 2,676 in men and 1,261 in women. The cases total of HIV / AIDS in the province are in Sleman district which in 2015 amounted to 1,038 cases in 2016 and amounted to 1.220 cases. Based on Sleman District Health Profile 2018 HIV / AIDS surveillance in the period 2004 to 2017, found the number of total HIV / AIDS patients as many as 945 cases. This number includes new cases of HIV / AIDS in 2017, a total of 105 cases, 868 cases of the number of surviving 873 people, 63 people died, unknown 9 people.⁴

HIV is a virus that attacks white blood cells in the body (lymphocytes), which resulted in the decline of the human immune and makes it more susceptible to various diseases, poor healing of various diseases and opportunistic infections that can cause death.⁵

The WHO defines the quality of life as an individual's perception of their position in the context of culture and value systems in which they live and concerning the goals, expectations, standards, and worries.⁶ Quality of life can be defined as a subjective multidimensional evaluation of the function and wellbeing in the daily lives.⁷

Various factors affect the quality of life such as drug use antiretroviral compliance. The increasing availability of antiretroviral (ARV) causes the quality of life of HIV patients better.⁸ The results Akinboro et al. show that people living with HIV were aged ≤ 30 years have a better quality of life. Then a better quality of life found in people who are well educated, in subjects with tertiary or higher education, and multivariate analysis showed that quality of life is worse in freelance workers.⁹

Based on Kusuma research showed that respondents with lower household incomes are at risk to have a quality of life less good.¹⁰ Ethel research reveals that there is a significant relationship between long-suffering and quality of life in the psychological domain of HIV / AIDS Hospital Dr. Kariadi.¹¹ This study aims to determine the relationship between the duration of diagnosed HIV with the quality of life of people living with HIV / AIDS in the Victory Plus Foundation.

METHOD

This study used a retrospective cohort design, the design of the study to categorize or classify the exposed group with no exposure, then observed until a certain time to see whether or not the phenomenon. Subjects in this study are people living with HIV / AIDS in the Victory Plus Foundation with the number of respondents 19 people for each group.

This study uses primary data. The research instrument used by researchers is Quality of Life questionnaire (WHOQOL-Breff) is influenced by four aspects: physical health, psychological, social relationships, and environment. Analysis of the data in this study with univariate, bivariate and multivariate analysis.

RESULTS

Table 1. Frequency Distribution of Respondents Based on Quality of Life of People Living with HIV / AIDS

Quality of Life of People Living with HIV / AIDS	Frequency	%
Well	8	21.1
Not good	30	78.9
Total	38	100

Based on Table 1 it can be seen that most respondents have a poor quality of life was 30 (78.9%).

Table 2. Frequency Distribution Based Respondent Characteristics

No.	Variables	Frequency	%
1.	Age		
	<30 years	14	36.8
	≥ 30 years	24	63.2
2.	Education		
	High	34	89.5
	Low	4	10.5
3.	Occupation		
	Work	33	86.8
	Not Work	5	13.2
4.	Duration of therapy ARV		
	≥ 29 months	21	55.3
	<29 months	17	44.7
5.	Income		
	High	24	63.2
	Low	14	36.8

Based on Table 2. all respondents had aged ≥ 30 years (63.2%). Most respondents had a higher education level (89.5%). Furthermore, it is known that most of respondents (86.8%) have a job. In the variable antiretroviral therapy found that respondents tend to use ARV ≥ 29 months which amounted to 21 (55.3%). Then in variable income result that more respondents have a high income \geq Rp 1,700,000 (63.2%).

Table 3. Analysis of the Quality of Life of People Living with HIV / AIDS

Duration of diagnosed	Quality of Life of People Living with HIV / AIDS				P-value RR	
	Not good		Well		P-value	RR
	F	%	f	%		
Early	12	63.16	7	36.84	0,047	7
Long	18	94.74	1	5.26		
total	30		8			

The analysis showed that in the group diagnosed longer the majority of respondents have a poor quality of life (94.74%). Based on the statistical test, there is a significant correlation between the old diagnosed with the quality of life of people living with HIV (p-value = 0.047).

Table 4. Respondent Characteristics Analysis to Quality of Life People with HIV / AIDS

No.	Variables	Quality of Life of People Living with HIV / AIDS				P-value	RR
		Not good		Well			
		f	%	f	%		
1.	Age						
	<30 years	13	92.86	1	7.14	.233	0.245
	≥ 30 years	17	70.83	7	29.17		
2.	Education						
	High	27	79.41	7	20.58	1,000	0.824
	Low	3	75	1	25		
3.	Occupation						

	Work	25	75.76	8	24.24	.515	0.758
	Does not work	5	100	0	0		
4.	Antiretroviral Therapy						
	≥ 29 months	18	85.73	3	14.28	0.461	0.486
	<29 months	12	70.58	5	29.41		
5.	Income						
	High	18	75	6	25	0.712	1,750
	Low	12	85.72	2	14.28		

The results showed that the respondents were aged < 30 years many have a quality of life unfavorable (92.86%). The highly educated respondents (≥ SMA) tend to have a poor quality of life (79.41%). Respondents who do not work have a poor quality of life (100%). Furthermore, respondents who have duration antiretroviral therapy ≥ 29 months have a poor quality of life (85.73%). Respondents with low income are < Rp 1.700.000 have a poor quality of life (85.72%). Based on the chi-square analysis, there is no relationship between external variables (age, education, occupation, and income long ARV) with the quality of life of people living with HIV.

Table 5. Multivariate Analysis Duration of diagnosed HIV with the Quality of Life of People Living with HIV/AIDS

variables	B	P-value	Exp (B)	95% CI	
				Lower	Upper
Duration of diagnosed	4.569	0,002	96.404	5.186	1792.146
Age	-4.194	0,005	0,015	3,500	0.286
constants	-2.775	0.007	0,062		

The results of the multivariate analysis, there are two variables significantly associated with quality of life of people living with HIV / AIDS is a long undiagnosed (p-value = 0.002, RR = 96.404) and age (p-value = 0.005, RR = 0.015). Opportunities for the poor quality of life in people living with HIV are diagnosed long-lived ≥ 30 years of 8.3%.

DISCUSSION

The results showed that most respondents have a poor quality of life that was 30 (78.9%). These results are consistent with studies Kusuma who explained that most of the respondents have a poor quality of life that is some 58 people (63%).

Based on the survey results revealed that respondents aged ≥ 30 years amounted to 24 (63.2%). There conformity with the results of Li, et al. in 2009, who earn an average age of people living with HIV / AIDS is 37.7 years.¹² The results showed that most respondents had a higher education level (\geq SMA) is numbered 34 persons (89.5%). These results show similarities with Kusuma research showing that most respondents had a higher education level (high school and college) 86 people (93.5%).¹⁰

Then the results of this study indicate that almost all respondents have a job that as many as 33 people (86.8%). These results are in line with the results of the study showed the majority of respondents Kusuma who worked as many as 73 people (79.3%).¹⁰ The results of this study explain that most respondents have a high income ie \geq Rp 1,700,000 as many as 24 people (63.2%), These results almost the same as Kusuma research that says that income most high-income family that is numbered 63 (79.3%).¹⁰

The results of this study indicate that the old diagnosed related quality of life of people with HIV / AIDS (p-value = 0.047) following the study by Novianti et al in 2015 which revealed that there is a relationship between long-suffering and quality of life of patients with HIV / AIDS. Patients with HIV infection longer have the quality of life low.¹³ There is another study by Ethel revealed that there is a significant relationship between long-suffering and quality of life in the psychological domain of HIV / AIDS Hospital Dr. Kariadi. People with HIV / AIDS who have a sufficient quality of life has long suffered from an average of 42.2 months.¹¹ Further research in France revealed that the number of CD4 lymphocytes and the length of time since HIV diagnosis was a predictor of quality life.¹⁴

Individuals who have been exposed to and infected with HIV during the 1-10 years it would appear flu-like symptoms. Furthermore, there are the early symptoms of the disease include excessive sweating at night time, continuous diarrhea, swollen lymph glands, flu that do not heal, decreased appetite, the body becomes weak, and the weight continued to decrease.

In the phase of AIDS will arise opportunistic infections such as tuberculosis, a lung infection that causes pneumonia and difficulty in breathing, cancer, ulcers, skin cancer or sarcoma, an intestinal infection that causes severe diarrhea for weeks, and infection of the brain that confuses mental and headache.¹⁵ So, the longer suffer from HIV, immunodeficiencies body has resulted in increased susceptibility to various infections, cancer, and other diseases.

Based on the results of the statistical analysis of this study, there was no correlation between age and quality of life of people living with HIV / AIDS (p-value = 0.233). These results are consistent with previous research that is research by Novianti et al showed no relationship between age and quality of life.¹³ There is also research Nojomi, Anbary, and Ranjbar that age does not affect the quality of life. Generally, age affects the psychological maturity of somebody.¹⁶

Based on the research results show that education does not effect on the quality of life of people with HIV / AIDS (p-value = 1.000). This study is in line with research conducted by Magfirah in 2014, the results indicate the level of education does not effect on the quality of life ODHA.¹⁷ Zainudin research results in 2016 showed that there is no influence of education on quality of life ODHA.¹⁸

The statistical analysis in this study showed no relationship between employment and quality of life of people with HIV / AIDS (p-value = 0.515). The results are consistent with research conducted by Magfirah et al who showed that there was no effect on the quality of life job status ODHA.¹⁷ According to Zainudin no effect on the quality of work-life ODHA.¹⁸

The bivariate analysis in this study shows that long antiretroviral therapy did not significantly associate with the quality of life of people living with HIV / AIDS (p-value = 0.461). These results are not in line with previous studies, based Research Ma Liping et al. shows that ARVs were found to be the strongest factor affecting the quality of life first ODHA.¹⁴ There is research Igumbor et al. showed a significant relationship between the use of antiretroviral drugs with improved quality indicators of life.¹⁹ Research Pitt J et al. showed improved quality of life after ARV initiation of follow-up for 7 months.²⁰

The results showed income has no relationship to the quality of life of people with HIV / AIDS (p-value = 0.712). These results are consistent with studies showing that income Zainudin did not effect on the quality of life (p = 0.70).¹⁶

After analyzing the old variable diagnosed with age, then there is a significant association with the quality of life of people living with HIV / AIDS. Old variable diagnosed p-value = 0.002, RR = 96.404 and age had a p-value = 0.005, RR = 0.015. Thus, the longer the respondents diagnosed 96.4 times likely cause poor quality of life compared to respondents who are diagnosed early.

CONCLUSION

Most respondents have a poor quality of life. Duration of diagnosed HIV has a significant relationship with quality of life of people living with HIV/AIDS, Age, education, occupation, income, antiretroviral therapy have no significant relationship with the quality of life of people living with HIV. Respondents were diagnosed longer likely to cause the quality of life of 96.4

times less well than the respondents who are diagnosed early. Opportunities for the poor quality of life in people living with HIV are diagnosed long-lived ≥ 30 years of 8.3%.

SUGGESTION

Assistance to people living with HIV that are not susceptible to various diseases and conducted psychological counseling for people living with HIV who have been diagnosed with the old and the elderly so that quality of life can remain good. The next Researchers can analyze another factor that is based on a literature review affects the quality of life of people with HIV / AIDS such as gender, social support, depression, and stigma.

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