

The Relation Between Respondent Charactersitic and Depression with Life Quality of People with HIV/AIDS

Welly^a, Zabidah Putit^b, Feri Fernandes^c

^a Nursery Bachelor Program, STIKes Ranah Minang, Padang

^b Lecturer in Medical Faculty, Universitas Serawak, Malaysia

^c Mental Health Nursing Departement, Nursing Faculty, Andalas University, Padang

*correspondent email: wellysajjaa@gmail.com

Abstract

Background: Some of the elderly appeared to live happily, but not a few of them experienced the opposite. Old age lived with a sequential of unhappiness lead to any discomfort due to the decline in physical function. It affected the elderly unable to carry out primary and daily activities. **Purpose:** To perceive the correlation social and spiritual support with the happiness of elderly in nursing home. **Method:** The study used descriptive correlation with cross sectional study design. The study was conducted at nursing home from 15 June to 11 July 2015. The population was 110 people with the sample of 82 respondents according required criteria. **Results:** The results showed the average of social support of elderly in nursing home 21.23, SD=3,548. The spiritual support mean score 47.83, SD= 4,427. The mean score of happiness 63,01 with SD= 4,804. Bivariate analysis used Pearson Product Moment Correlation test, it was found that the correlation between social support and the happiness of the elderly, ($p = 0,001$), the spiritual correlation and the happiness of elderly ($p = 0,000$). **Conclusion:** Therefore, it is expected that the nursing home should be more concerned about the spiritual health of the respondents, by providing media such as television to watch spiritual specific TV program activities after the dawn prayer for the positive outcome expected.

Keywords: Happiness, Social support, Spiritual

INTRODUCTION

Acquired Immuno Deficiency Syndrome (AIDS) is a symptom that cause by virus HIV (*Human Immunodeficiency Virus*) which is contagious and deadly (Bare & Smeltzer, 2005).

Prevalence of HIV/AIDS in many different places has increased significantly. Based on UNAIDS Global Statistic (2014) the prevalence of HIV/AIDS in the world are 35 million patient. Based on the report of WHO and UNAIDS, HIV/ AIDS in Indonesia has the fastest development in Asia, it can be seen on the number of new case which consistantly bigger than 5%, which mens tripple development compare to the first 15 year ago.

According to WHO and UN (2009) it is reported that theres 2 million death related to AIDS. Untill September 2014 the

HIV and AIDS case that been reported comulatively recorded about 150.000 case from total 238.893.400 life in Indonesia. In the whole world on 2014 there is 35 million patient living with HIV, where 16 million are women and 3,2 million are children in a range of < 15 years old. The biggest number of new infection of HIV in 2013 are 2,1 millions which consist of 1,9 millions adult and 240.000 children < 15 years old. The mortality rate because of HIV are 1,5 million which consist of 1,3 million adult and 190.000 are kids <15 years old (health department of Indonesia, 2014).

Based on the cummulative number of HIV/AIDS, West Sumatera province are one of the highest HIV case amongs 33 other province, and this is an eye opener for total number of HIV / AIDS case in west sumatera untill September 2014 that

has been reported are 1178 case (Health dept. 2014)

The highest number of ODHA are in Padang city. In Padang City its been reported there is 687 patient, which increased for 431 case in 2013 (Lanteran Minangkabau, year 2015).

HIV/AIDS will caused very wide health problem on infected individual, which consist of physical problem, social and emotional (Bare & Smeltzer, 2005). On ODHA with phase of HIV positive, the psycal condition is no longer stabil and tend to decreased and will followed by different kinds of physycal symptomp, and social preasure that really strong that came from the neighborhood can be stress resources that can caused depression to ODHA. WHO has identified that healthy condition are not only illness free but also more about how to reach the wellbeing and life with quality (Ventegodt, 2003).

Life quality are mostly individual perception about the ability, the limitation, symptomp and psycosocial condition that make them function and playing many of their role in most satisfaction way. Life quality is social aspect that face by ODHA is one of the most important problem that really related to life quality of the patient.

HIV/AIDS patient also face social problem that cause patient will be alienated and get discriminative treatment from society (Purnama & Haryati, 2006). With the physycal condition that decline every single day, death treat, cause ODHA to have emotional problem or Psychosocial problems. One of the biggest emotional problem that face by ODHA are depression (Douaihy, 2001).

HIV/ AIDS patient are very fragile for having depression. Starting with mild symptoms of depression to heavy depression that can be diagnose from first month after they have been diagnosed with HIV/AIDS. This was affeted by several factors such as age, how chronis the illness, marriage status, gender, education, coping strategy, economic status, illness

complication and social support from family and friends.

Many people in society thinks anyone with HIV/AIDS should be avoid and also their presence in the neighborhood are unwanted. But, there still some people that show sympathy and support people with HIV/AIDS. One of them is Yayasan Lantera Minangkabau Padang. From interview with ODHA that we met in Yayasan Lantera Minangkabau, it is known that since the patient get diagnosed with HIV/AIDS, they tend to feel scare about their illness, pesimistic about their future, and feels that everything they do are useless. It is shows that the patient already shows the depression symptomp. Most ODHA that we met are male, and they got infected from HIV by NAPZA and injection needle. Beside that some ODHA also says that after they got diagnosed with HIV/AIDS, the family, friends and society tend to show rejection, and didnt care about their condition. It is shows no positive support to the patient. They also said that they have sleep disorder, physycal weakness and emotionally the've judged bad about themselves, unable to concentrate, and always blamming themsleves. At the end the patient getting negative about themselves and the healing procedure will not get optimal, and this will affected to decreasing of patient life quality.

Based on that condition, the researcher did research to find an answer for finding a realtion between depression and life quality of ODHA in Yayasan Lantera Minangkabau Padang, year 2015.

METHOD

This research are quantitative research with cross sectional study approach. According to Sastroasmoro and Ismael (2011). Data collection are using depression quissioner (CESD) and life quality (WHO-QOL HIVBREF). From 87 respondent that stay in Yayasan Lantera Minangkabau Padang.

RESULTS

Table 1
Relation Analysis of Age, and Time of Having Illness

Variable independent	Variable dependent	R	r²	p value
Age	Life quality	-0.157	0.024	0.147
Time of having illness	Life quality	0.255	0.065	0.017

Table 1 show that point r for age characteristic to life quality are -.157, this means that both variable have negative relation where aging will be following by life quality decreasing. Coefficient determination point 0.024 means age variable can explain life quality variable for 24%, and the rest was affected by other variable. Statistically there is no relation meaningful relation between age characteristic with life quality (p value 0.147). the level of bond between age characteristic and life quality are very weak ($r = 0.00-0.25$). This means that getting old the patient, getting worse life quality they have. Getting young the patient, getting better the life quality they have.

Point r for time of having illness characteristic with life quality are 0.255, this means both variable have positive relation where getting long the patient have the illness getting better the life quality they have. The coefficient determination point are 0.065, means the variable of time having the illness can explain variable of life quality in 6.5%, and the rest were determined by other variable. Statistically there is a meaningful relation between time of having an illness variable with life quality (p value 0.017). the level of relation between two variables are very weak ($r=0.00 - 0.25$)

Table 2
Relation Analysis of Gender Characteristic, Education and Work Over Life Quality of People with HIV/AIDS (n=87)

Variable independent	Variable dependent	Mean	SD	SE	p value
Sex	Life quality				
Male		70.95	8.992	1.151	0.877
Female		70.62	9.851	1.932	
Education	Life quality				
High		68.53	8.490	1.115	0.001
Low		75.48	8.939	1.660	
Work	Life quality				
Employee		69.04	8.226	0.950	0.000
Unemployee		82.17	6.672	1.926	

Table 5.6 shows that average life quality of the male patient are 70, 95 (SD=8.992), while for female patient, the average life quality are 70.62 (SD=9.851). the statistical test found p point = 0.877, which means there's no significant difference of average life quality of male patient or female patient.

The average life quality that been by patient with higher education is 68.53 (SD = 8.490), while for client with lower education the average point of life quality they has are 75.48 (SD=8.939). the result of statistical test found that $p = 0.001$,

which means there's significant difference between life quality of the patient with higher education compare to the patient with lower education level.

The average life quality patient has with work status active is 69.04 (SD=8.226), while for client whose not working life quality that they has are 82.17 (SD=6.672). the statistical test found that $p = 0.000$ which mean there's significant difference between life quality of the patient whose working and not working.

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Table 5.7
Relation Analysis of Marriage Status Characteristic with Life Quality of People with HIV/AIDS (n=87)

Variable Independent	Variable Dependent	Mean	SD	95% CI	<i>p value</i>
Marriage Status	Life quality				
Married		70.37	9.481	67.11-73.63	0.895
Not married		70.94	9.296	67.75-74.14	
Divorcee		71.65	8.895	67.07-76.22	

Table 5.7 shows that average life quality of marriage patient are 70.37 (SD = 9.481) and for patient with not married status the average point of their life quality are 70.94 (SD = 9.296), and for patient with divorcee

status the average point of their life quality are 71.65 (SD = 8.895). the result of statistical test found that p value = 0.028 which means there's no significant difference between life quality of the married patient, unmarried and divorcee patient.

Table 5.8
Relation Analysis of Depression and Life Quality of People with HIV/AIDS (n=87)

Variable independent	Variable Dependent	<i>r</i>	<i>r</i> ²	<i>p value</i>
Depression	Life quality	-0.611	0.373	0.050

Table 5.8 shows that r point for depression over life quality are -0.611, this means that both variable have negative relation, where the addition of depression score will be followed by reduction of life quality. The point of coefficient determination is 0.373 which means depression variable can explaining the life quality variable for

37.3%. and the rest will be determined by other variable. Statistically there's a meaningful relation between life quality (p value 0.001). the level of relation are very strong ($r = 0.51 - 0.75$). this means, getting depressed the patient, their life quality also getting worse

Table 5.16
Analysis of The Most related Factor with Life Quality of People with HIV/AIDS (n=87)

Variable	B	SE	pV
Time of having illness	0.072	0.030	0.001
Depression	-12.947	2.365	0.000

On table 5.16 we can see the score for coefficients B for depression are the highest (12.947), so depression is the most dominant factor that affected life quality of people with HIV/AIDS. It can be

concluded that every reduction score of depression can increase life quality of people with HIV / AIDS. The increasing of depression will affect life quality as much as 12.947.

DISCUSSION

Based on King's adaptation concept of identifying a conceptual framework as a framework with an open system and these theories as goal achievement. King has a basic assumption to a conceptual framework, that human beings are an open system which consistently interact with the environment.

Also, there is a characteristic theory from Imogene King, personal system, interpersonal and social system, which explain that individual or patient that we saw as an open system, able to interact, changing energy, and information with environment. Person is the member of society, has feeling, rational, and able to react, accepting, controlling and has a special purpose according to right and respond that owned by patient and also time and act orientation. Personal system can be understood by seeing the concept that interact together which are : perception, self perspective, growth and development, and time. Individual factors including, age, gender, education status, and marriage status.

On HIV/AIDS case age, gender, education status and marriage status are some of the factors that affected depression and life quality. Depression happens more on women than men, like Siegel & Scrimshaw 200, Paminto, 2007 said that women tend to feel depressed. Its along with the result they found that life quality

of people with HIV/Aids are related to depression.

Based on concept, chronic illness like HIV/AIDS will reduce the life quality of the patient (Nazir, 2006). Besides that, the problem on patient with HIV/AIDS are not only physical problem but also, economy and social problem (Douaihy, 2001: Purnama & Haryanti 2006, Oluwgbemiga, 2007).

Conceptually, the patient with HIV/AIDS facing multi stressor, which along with physical condition decline, the illness transformation, the social pressure such as stigma, fear of death because of the illness related to the stigma, the fear of death related to the illness itself, and family problem and economy. With such complex stressor most of the time the patient can not develop the coping strategy which lead them to depression.

On Bivariate analysis we found that there is a meaningful relation between depression and life quality of respondent. This result same with result research of Douaihy (2001), where depression is one of the most significant factor that worsening the life quality of patient with HIV/AIDS ($p=0,004$ $\alpha=0.05$). Besides that, it also has same result with research of Abiodun, et al (2010) who found there is a significant relation between depression and life quality of patient with HIV/AIDS even after controlled with education level, socio economic level, and social support.

Conceptually, the stress situation on depression person will stimulate hypothalamus to release neuropeptides, which will activate autonomic nerve system and hypophyseal to release corticosteroid, and catecholamine, the hormone that reacts to stress condition. The increasing of glucocorticosteroid will disturb the immune system which caused the decreasing of CD 4 of the patient and the patient will be vulnerable to infection, and worsening the health condition (Gunawan & Sumadiono, 2007 : Robinson, 2003). Besides that depression also contributed to physical health decline and mental decline, which caused somebody becoming lazy to do activity, and self care. On HIV/AIDS this thing will be affected to the obedience of following the ARV regimen therapy.

Including with less appetite, reluctant to exercise, and sleep disorder. This will affect the physical condition, it will get weak and it will worsen the illness (Holmes et.al, 2007). Li et al (2009) also found that depression feeling can cause the HIV/ AIDS patient reluctant to seek for help, treatment and information about how to treat their illness which at the end will worsen the illness itself.

In this research most of HIV/AIDS patient make bad perspective about their life quality, its shown on the answer of respondent that says they not enjoying their life (59%) feeling worthless (61%) and no good hope for the future (30%). Its also shown that the patient made depression statement that they think they failed in life, and almost every respondent feel unhappy (100%). Cichoki (2009) also add that depression make the patient become pessimistic about their future, seeing themselves worthless, tend to lock themselves and not willing to socialize with others and also think that they've been curse by God. And all this things will affected all aspect of patient life quality. Lubis (2008) says that there is a treatment that can be done for depression patient, such as medication (antidepressant), cognitive therapy behaviour, interpersonal

therapy, group counseling, and many more. While for prevention action we can do group screening especially to a group with a risk like patient with chronic illness such as HIV/AIDS, until they can get treatment on from the beginning.

CONCLUSIONS

1. The respondent characteristic on this research are mostly male, average age 30-64 years old, and more than half of it have high education and more than half in marriage status, half working, and already have an illness for 34-75 month.
2. The average depression in HIV patient are 20,64 and the average life quality of the patient are 70,85.
3. There is no relation between age, gender, and marital status with life quality of respondent.
4. There is a relation between education, work and time of having an illness with life quality of respondent.
5. There is a meaningful relation between depression with life quality, where depression ($p=0,050$) and depression is the most dominant factor that affected life quality of HIV patient.

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