



WALUYA THE INTERNATIONAL SCIENCE OF HEALTH JOURNAL

Determinants Quality of Life on People Living with HIV at the Regional General Hospital Of Kendari City

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ARTICLE INFO

Article history

Received : March 06th, 2025

Revised : March 11th, 2025

Accepted : March 29th, 2025

Keywords

Quality of Life,
HIV/AIDS.

ABSTRACT

Introduction: HIV/AIDS is known to have become an emergency problem throughout the world, where infection transmission, morbidity and mortality rates are still high. At the Kendari City Regional Hospital in 2021 the HIV/AIDS IR was 75/100,000, in 2022 the HIV/AIDS IR was 183/100,000. Meanwhile in 2023 the HIV/AIDS IR was 206/100,000. This research aims to analyze the determinants of the quality of life of PLHIV in the Kendari City Regional Hospital.

Method: The type of research used is quantitative, using a cross-sectional study research design. The population in this study namely 316 people. The number of samples in the study was 177 people, with sampling using Simple Random Sampling. Data collection was carried out primarily through observation and interviews using questionnaires and secondary through official sources such as the health service and other information from journals related to this research. Data analysis was carried out descriptively and inferentially using the Chi Square test.

Result: There is a relationship between nutritional status with a statistical $X^2_{\text{count}} = 17,635 > X^2_{\text{table}} = 3,841$ and $\Phi = 0,328$ and social support with a statistical $X^2_{\text{count}} = 13,525 > X^2_{\text{table}} = 3,841$ and $\Phi = 0,288$ with the quality of life of people with HIV/AIDS.

Conclusion: There is a relationship between nutritional status and social support and the quality of life of people with HIV/AIDS. It is hoped that hospitals will create special monitoring programs for people with HIV/AIDS. As well as increasing collaboration with KDS or NGOs in implementing positive activities, where HIV patients can share and strengthen each other.

Introduction

HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome) are known to have become emergency problems

throughout the world, where infection transmission, morbidity and mortality rates are still high. The existence of the HIV/AIDS epidemic is a frightening threat to society because of the

unexpected transmission of the HIV virus due to human behavior. Human Immunodeficiency Virus (HIV) is a type of retro virus that infects white blood cells, this weakens the immune system and damages the function of cluster of differentiation 4 positive (CD4+) cells and other immune cells. The impact is on the development of AIDS if you have an increasingly severe immune system, low CD4 count below 200, opportunistic infections and do not receive treatment so you experience chronic conditions throughout your life.^[1] Efforts to prevent and control HIV in Indonesia have been ongoing since the beginning of the epidemic in Indonesia, which has been realized in the form of a series of strategic plans and national action plans both in the health sector and across sectors. The national strategic plan and action plan for the health sector is the National Action Plan for the Prevention and Control of HIV AIDS and PIMS for 2020-2024.^[2]

According to data from the World Health Organization (WHO), HIV/AIDS is a serious health problem in the world. In 2021, as many as 650,000 people will die and as many as 1.5 million new sufferers out of a total of 38.4 million sufferers. A total of 19.7 million women and 16.9 million men. The number of sufferers who are children is 1.7 million. In the African region there were 25.6 million people, Southeast Asia with 3.8 million cases, Europe with 2.8 million cases, the West Pacific region with 1.9 million cases, and the Eastern Mediterranean region with 430 cases thousand.^[3]

According to the United Nations Program on HIV/AIDS (UNAIDS), the number of people living with HIV worldwide in 2021 will be more than 38.4 million people, followed by Southeast Asia (3.8 million). The high population of HIV-infected people in Southeast Asia requires Indonesia to be more vigilant about the spread and transmission of this virus. In Indonesia, there has been a decline in the number of Human Immunodeficiency Virus (HIV) cases with cases decreasing by 16.5% from 50,282 cases in 2019 to 41,987. In contrast, cases of Acquired Immune

Deficiency Syndrome (AIDS) increased by 22.78% from 7,036 in 2019 to 8,639 in 2020. In 2021 the number of people living with HIV will be 543,100 people.^[4]

Based on data for 2022, it shows that the province of Southeast Sulawesi ranks 29th out of 34 provinces in Indonesia with a cumulative number of HIV cases from 2005 to 2020 of 1,192 people. Meanwhile, the cumulative number of AIDS cases is 638 people. The number of new HIV/AIDS cases in the last 3 years respectively was 314 cases in 2020, 319 cases in 2021, and 445 cases in 2022. The distribution of HIV/AIDS cases in Southeast Sulawesi was found to be mostly in Kendari City and Bau City. Specifically, for Kendari City, there were 134 cases in 2020, 155 cases in 2021, and 224 cases in 2022, where treatment for HIV/AIDS sufferers in Kendari City was spread across three health facilities, namely Bahteramas RSU, Kendari City Regional Hospital and Lepo-Lepo Community Health Center.^[5]

Based on data from the Kendari City Health Service, the number of HIV/AIDS cases in Kendari City in the last 3 years has increased, where in 2020 there were 134 cases with a prevalence of 3/10,000 population, and in 2021 there were 155 cases with a prevalence of 5/10,000. 10,000 residents. Meanwhile, in 2022, the number of HIV/AIDS cases in Kendari City will be 272 cases with a prevalence of (8/10,000 population). The Kendari City Regional Hospital is a place where patients can undergo HIV testing and undergo ARV treatment. Based on data obtained at the Kendari City Regional Hospital over the last 5 years, there has been an increase in new cases, where the IR in 2019 was 0.034% (34/100,000), in 2020 it was 0.049% (49/100,000), and in 2021 the IR HIV/AIDS is 0.075% (75/100,000), 2022 IR HIV/AIDS is 0.183 (183/100,000), Meanwhile in 2023 IR HIV/AIDS is 0.206 (206/100,000). Kendari City Regional General Hospital is one of the referral hospitals for HIV/AIDS sufferers to receive anti-retroviral (ARV) therapy. The number of HIV/AIDS patients receiving treatment in 2023 will be 316, consisting

of 137 MSM cases and 179 HIV/AIDS cases. with a total percentage of 76.74%. This data was obtained from records of polyclinic visits and treatment rooms at the Kendari City Regional Hospital.^[6]

Quality of life is defined as an individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, hopes, standards and concerns. This definition identifies the multi-dimensional nature of QoL, its subjective nature, as well as its broad scope, because it borders on all aspects of a person's life, not limited to just the physical but also the psychological and social aspects.^[7]

The results of initial observations of 6 HIV patients showed that 4 patients experienced weight loss. This is indicated by the average patient weight measurement < 50 kg. Patients say lack of appetite, the effects of taking medication and continuous stress levels are the main factors causing weight loss. Poor nutritional status in HIV/AIDS patients is caused by inadequate nutritional intake, changes in the body's metabolic rate, changes in the working mechanism of the digestive tract, drug interactions with nutrients. This state of malnutrition can cause a decrease in immunity, increase the risk of contracting opportunistic infections, and affect the absorption of ARV drugs in the body. The final stage of this state of malnutrition is HIV wasting syndrome. Therefore, poor nutritional status in HIV patients can accelerate disease progression to AIDS, increase mortality and decrease life expectancy.

Method

The type of research used in this research is quantitative research. This research is analytical research using a cross-sectional study research

design, namely a type of research that emphasizes measuring/observing independent and dependent variable data only once at a time. This research was carried out at one time, where data was collected on the dependent variable (quality of life) and independent variables (nutritional status, stigma, spirituality, level of depression, opportunistic infections and duration of infection) at the same time. The following is a cross-sectional study research design chart. The population in this study is 316 people with HIV/AIDS who are being controlled and are undergoing treatment at the Kendari City Regional Hospital in 2023, consisting of 137 MSM cases and 179 HIV/AIDS cases. Sampling can be done randomly and non-randomly. The desired sample is part of the target population that will be studied directly with a sample size of 177.

Result

Table 1, shows the results of the chi square statistical test, it shows that the value of $X^2_{\text{count}} = 17.635 > X^2_{\text{table}} = 3.841$, the value of Sig. $0.000 < \alpha = 0.05$ and Phi value = 0.328, this shows that there is a significant relationship between nutritional status and the quality of life of people with HIV/AIDS in the Kendari City Regional Hospital.

Table 2, shows the results of the chi square statistical test, it shows that the value of $X^2_{\text{count}} = 13.525 > X^2_{\text{table}} = 3.841$, the value of Sig. $0.000 < \alpha = 0.05$ and Phi value = 0.288, this shows that there is a significant relationship between social support and the quality of life of people with HIV/AIDS in the Kendari City Regional Hospital.

Table 1.
Analysis of the Relationship between Nutritional Status and Quality of Life in People with HIV/AIDS in Kendari City Hospital

Nutritional status	Quality of Life for people with HIV/AIDS				Total		Statistical analysis
	Good		Not Good				
	n	%	n	%	n	%	
Thin	42	51,2	40	48,8	82	100	X ² count = 17,635 X ² table = 3,841 Phi = 0, 328
Normal	19	20,0	76	80,0	95	100	
Total	61	34.5	116	65.5	177	100	

Table 2.
Analysis of the Relationship between Social Support and Quality of Life in People with HIV/AIDS in Kendari City Hospital

Nutritional status	Quality of Life for people with HIV/AIDS				Total		Statistical analysis
	Good		Not Good				
	n	%	n	%	n	%	
Not Enough	40	49,4	41	50,6	81	100	X ² count = 13,525 X ² table = 3,841 Phi = 0, 288
Enough	21	21,9	75	78,1	96	100	
Total	61	34.5	116	65.5	177	100	

Discussion

Nutritional Status and Quality of Life in People with HIV/AIDS

Based on the results of statistical tests, it shows that of the 177 respondents with HIV/AIDS, there were 46.3% of respondents in the underweight nutritional status category. This is because people with HIV/AIDS when the diagnosis results are positive, the respondents will experience psychological problems that affect their physical condition. respondents and 53.7% of respondents in the normal category, this is because respondents with HIV/AIDS have received good education so that by consuming anti-retroviral drugs (ARV) and vitamins regularly, their body condition can be returned to normal.

The results of statistical tests show that of the 82 respondents in the thin category, there are 48.8% of respondents whose quality of life is good, this is because people with HIV/AIDS are starting to make peace with the physical conditions they experience so that they do not fall into thought patterns that cause stress and 51, 2% of respondents with poor quality of life, this is

because there are still respondents who do not consume enough nutritious food, which greatly affects the nutritional status of the respondents. Of the 95 respondents in the normal nutritional status category, there were 80.0% of respondents with good quality of life, this was because respondents consumed food with appropriate nutrition and consumed ARV drugs and vitamins regularly according to the recommendations of doctors and health workers and 20.0% with this poor quality of life is caused by respondents being apathetic or not paying attention to the food they consume.

Relationship between nutritional status and quality of life was found in this study. This is because the nutritional status of HIV/AIDS sufferers is generally good and based on the results of BMI measurements the patient is in the normal category. This research is in line previous research, showing that nutrition is an important component for maintaining a person's immunity. Without adequate nutritional support, metabolic stress due to infection will cause weight loss and cell damage to vital organs. Reducing body weight by 10 – 20% from the original will reduce the

body's immune capacity and increase morbidity and mortality. Apart from that, in HIV/AIDS infection there is an increase in levels of Reactive Oxygen Species (ROS) which can reduce the number of lymphocytes due to apoptosis. Adequate nutrition is an important key in maintaining health and improving optimal immune function.^[6] Nutritional support can promote a good clinical response in HIV-infected people and inhibit HIV disease progression. In this way, there is an increase in quality of life and a reduction in mortality related to opportunistic infectious diseases.^[8]

This research is in line with research conducted by Andersen et al., that the relationship between nutritional status and the quality of life of PLHIV is significant.^[9] These results are in accordance with research by Folasire et. al, where nutritional status is positively correlated with overall quality of life. This is also due to the close relationship between nutritional status and disease progression and ARV therapy. Therefore, by improving nutritional status, it is hoped that disease progression will be slower, so that the patient's quality of life will be better.^[10]

Based on the research results, it shows that the majority of respondents with HIV/AIDS have normal nutritional status, this is because they often consume foods with good nutrition and take anti-retro virus (ARV) drugs and vitamins well, but there are still some respondents' statements that the quality-of-life decreases. due to declining physical health and stigma from themselves and society. The education delivered to patients with HIV/AIDS who are undergoing treatment is that they are expected to always adhere to taking antiretroviral drugs (ARV) which of course plays an important role in curing HIV/AIDS and the increase in patient weight and nutritional status of HIV patients must be taken into account, namely often consume foods with balanced nutrition and take vitamins.

Social Support and Quality of Life in People with HIV/AIDS

The results of statistical tests show that of the 177 respondents with HIV/AIDS, there are 54.2% of respondents with sufficient social support, this is because they always get moral support from friends and health workers so that patients regularly seek treatment and 45.8% of respondents with This category of social support is lacking because respondents stated that their families rarely listened to their stories or complaints, and there were even respondents who received rejection from their families.

The results of bivariate analysis show that of the 96 respondents with sufficient social support, there were 78.1% of respondents with good quality of life. This is because social support can reduce negative feelings related to HIV stigma among PLHIV, and also increase feelings of belonging. Similar to previous findings, social support has a significant role in the psychological adjustment of people suffering from HIV/AIDS and 21.9% of respondents with poor quality of life, this is due to a lack of social support from friends and family so that many patients are anxious and stress. Of the 81 respondents with poor social support, there were 50.6% of respondents with good quality of life, this was because respondents always received social support from family, but also friends, health workers and neighbors and 49.4% with good quality of life. This is less good because PLHIV who receive poor social support may experience more difficulty adjusting to their own psychological problems.

Relationship between social support and quality of life was found in this study. This is because HIV/AIDS patients who routinely receive treatment always receive attention. psychology from health workers and friends so that the patient feels that he has a high enthusiasm for life. This research is in line with research conducted by Safitri, explaining that improving the quality of life of HIV/AIDS patients requires family involvement in medication management and patient care so that families are motivated to

continue providing support for patient care. In this case, the family members closest to the patient can be involved as individuals who help the patient to maintain his health, such as taking regular medication, choosing a food menu that is appropriate for the patient's condition, assisting the patient in carrying out complementary therapy to prevent stress, and so on. In this way, it is hoped that the patient's quality of life will improve.^[11]

Based on the research results, it shows that the majority of respondents receive good social support which makes it easier for patients to overcome the psychological stress that follows a diagnosis of HIV infection, because the sense of support they provide from the people around them effectively causes patients to become enthusiastic about living their lives and enjoying health. better mental health and improve the patient's quality of life. In addition, a better match to the disease makes the patient face the treatment process with more optimism and encourages regular visits to the doctor. It also makes them more amenable to medical experiments and leads to consistent use of anti-AIDS drugs, and, in general, promotes better physical health. All these factors indicate that HIV patients with social support have a decent quality of life.

This research is in line with research conducted by Ghoni and Andayani, showing that lacking social support has a poorer quality of life, where the less social support you receive, the worse your quality of life is. Having social support can reduce negative feelings related to HIV stigma among PLHIV, and also increase feelings of belonging.^[12] Similar to previous findings, social support has a significant role in the psychological adjustment of people living with HIV/AIDS.^[13] PLHIV who receive poor social support may experience more difficulty adjusting to their own psychological problems. This research is in line with other research on the quality of life of PLHIV who seek treatment at the Tikala Baru Community Health Center, Manado City. This research found that as many as 87.7% of respondents had good social support and from the results of statistical

tests it was found that there was a significant relationship between social support and the quality of life of people living with HIV/AIDS (PLHIV).^[14]

Conclusion

There is a relationship between nutritional status and social support and quality of life in people with HIV/AIDS at the Kendari City Regional Hospital.

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