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CORRELATION BETWEEN DEPRESSION LEVEL AND LIFE QUALITY OF HIV PATIENTS AT POLY VCT REGIONAL GENERAL HOSPITAL PROF.DR. SOEKANDAR, MOJOKERTO

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ABSTRACT

Life quality of HIV (Human Immunodeficiency Virus) patients is important to note because this infectious disease is chronic and progressive so that it has a wide impact on all aspects of life both physical, psychological, social, and spiritual. Psychosocial problems especially depression is more severe faced by patients so that it can reduce the life quality. The purpose of this study is to explain the relationship between depression and life quality in HIV patients. The design of this study used correlation analytic with non-probability sampling of consecutive types, conducted on June 23 until June 30, 2020, with 52 respondents. The research instrument used the WHO Life quality-BREF questionnaire to evaluate life quality and Beck Depression Inventory II to evaluate depression levels. The results of the study were tested with Spearman Rho and showed the level of depression in the non-depression category of (17.3%) 9 respondents in the mild category (13.5%) 7 respondents in the moderate category (32.7%) 17 respondents and in the severe category (36.5 %) 19 respondents and good life quality (42.3%) 22 respondents and poor category (57.7%) 30 respondents. From the results of the study obtained p value = (0,000) <α (0.05), which showed that there was correlation between depression level and life quality of HIV patients at Poly VCT Regional General Hospital Prof. Dr. Soekandar, Mojokerto. Depression contributed to a decrease in life quality of HIV patients, psychological burdens on sufferers such as sufferers felt pessimistic about the future, seeing themselves as worthless could have a dominant effect on decreasing life quality of HIV patients.

Keywords: *depression, life quality, HIV*

INTRODUCTION

AIDS or Acquired Immune Deficiency Syndrome is a collection of disease symptoms resulting from a decline in the immune system caused by the entry of the HIV (Human Immunodeficiency Virus) virus into a person's body. HIV and AIDS affect physical, social, and emotional problems (Smeltzer & Bare, 2005 in Mardika, 2016). Physical problems occur due to a progressive decrease in the body's immune system, which makes it very vulnerable, especially to infectious diseases and malignancies. HIV and AIDS patients also experience various social problems such as societal stigma and discrimination, which can cause

psychological burdens on sufferers such as sufferers feeling pessimistic about the future, seeing themselves as worthless, tending to isolate themselves and not wanting to associate with other people, and considering themselves as people cursed by God. This can cause a decrease in the enthusiasm for life of HIV patients which then has a dominant effect on reducing the life quality of HIV/AIDS patients (Betty Saurina Mariany, 2019)

According to the latest report from the Ministry of Health of the Republic of Indonesia in 2019, the development of HIV in the second quarter of 2019 was 11,519 people, with the highest percentage of HIV infections in the 25–49-year age group. The number of HIV and AIDS infections in East Java is (51,990). (Indonesia, Ministry of Health of the Republic of Indonesia, 2017). Research (Mariany, Asfriyati, & Sanusi, 2019) shows that the life quality of HIV-AIDS sufferers is not good at 59.4%. Based on a preliminary study with interviews with 8 HIV-AIDS patients at Poly VCT, Regional General Hospital Prof. Dr. Soekandar, Mojokerto, on December 3 2019, data was obtained that 4 respondents experienced problems in the physical health domain, characterized by frequently feeling sick and tired, which hindered their daily activities and work, 3 respondents experienced problems in the psychological domain, characterized by sometimes still feeling blue or lots of thoughts like regretting their previous behavior, so they got HIV, they also feel that they have a different body shape between before and after suffering from HIV, sometimes they take the time to pray because they think that HIV cannot be cured and is always sentenced to death, while 3 other respondents experienced problems in the social domain which was characterized by them feeling inferior about socializing with other people and sometimes still closing themselves off because they were afraid of being ostracized by people and even their own family who knew their HIV status, 2 respondents experienced problems in the domain The environment is characterized by feeling uncomfortable living in the home environment because other people are afraid to associate with them, making it difficult for them to do things outside the home.

HIV and AIDS affect physical, social, and emotional problems. The physical problem experienced by HIV and AIDS sufferers is a decrease in the immune system which causes sufferers to experience decreased body resistance make easily infected with various other diseases (Mariany et al, 2019). Social and emotional problems that often faced because of the stigma of this disease which is synonymous with immoral behavior such as free sex, drug abuse and same-sex sex (homosexuality) so that patients considered worthy of punishment for their actions. This can contribute to a decline in physical and mental health which causes a person to be lazy about activities, reduced appetite, unwillingness to exercise and difficulty sleeping, which can affect the life quality of HIV and AIDS patients. (Kusuma, 2014) Life quality is a person's perceived condition according to the cultural context and value system they adhere to, including their life goals, hopes and intentions. One of the factors that influences the life quality of HIV patients is psychological problems, namely depression experienced by HIV patients. Because depression that lasts for a prolonged period can worsen health conditions and life quality. (Mardika & Darliana2, 2016).

The life quality of HIV/AIDS patients is important to pay attention to because this infectious disease is chronic and progressive, so it has a broad impact on all aspects of life. The psychosocial burden experienced by HIV/AIDS sufferers is heavier than the physical burden (Sarwono, 2008 in Kusuma H, 2014). Therefore, the treatment of these patients does not only focus on physical problems but also psychosocial problems, especially depression

problems experienced by the majority of PLWHA which can have an impact on broader problems, namely decreasing life quality (Abiodun, et al, 2010 in Kusuma H, 2014).

METHOD

The design of this research was correlation analytic with a cross-sectional approach. This research conducted from 23 to 30 June 2020 at Poly VCT, Regional General Hospital Prof. Dr. Soekandar, Mojokerto. The population was 72 patients with a sample of 52 respondents. The sample technique used consecutive sampling. The inclusion criteria were HIV patients aged 20-49 years, HIV patients who were willing to be respondents, HIV patients who were able to read and write. Data collection instruments used life quality questionnaires (WHO-QOL BREF 1996) and depression (Beck Depression Inventory II). After the data collected, the Spearman Rho Correlation data analysis conducted. The variables in this study were the level of depression and the life quality of HIV patients.

RESULT AND DISCUSSION

Finding

Table 1.1 Frequency distribution of respondents based on depression level of HIV patients at Poly VCT Regional General Hospital Prof. Dr. Soekandar, Mojokerto in June 2020

No.	Depression Level	Frequency	Percentage
1	Not Depression	9	17,3
2	Mild Depression	7	13,5
3	Moderate Depression	17	32,7
4	Severe Depression	19	36,5
	Total	52	100

Based on table 1.1 above, it showed that most respondents had a level of severe depression, 19 respondents (36.5%), 9 respondents who did not experience depression (17.3%), 7 respondents with mild depression (13.5%). There were 17 respondents with moderate depression (32.7%).

Table 1.2 Frequency distribution of respondents based on life quality of HIV patients at Poly VCT Regional General Hospital Prof. Dr. Soekandar, Mojokerto in June 2020

No.	Life Quality	Frequency	Percentage
1	Good	22	42,3
2	Poor	30	57,7
	Total	52	100.0

Based on table 1.2 above, it showed that most respondents had a poor life quality, 30 respondents (57.7%).

Table 1.3 Cross tabulation of correlation between depression level and life quality of HIV Patients at Poly VCT Regional General Hospital Prof. Dr. Soekandar, Mojokerto in June 2020

Level Depression	Life Quality				Total	
	Good		Poor			
	F	%	F	%	F	%
Not Depression	9	17,3	0	0,0	9	100
Mild Depression	7	13,5	0	0,0	7	100
Moderate Depression	3	5,8	14	26,9	17	100
Severe Depression	3	5,8	16	30,8	19	100
Total	22	42.3	30	57,7	52	100

Based on table 1.3 above, the 9 respondents who were not depressed had a good life quality, as many as 9 (17.3%) poor life quality respondent (0.0%). It was known that 7 respondents who experienced mild depression also had a good life quality, as many as 7 (13.5%) respondents had a poor life quality (0.0%). Meanwhile, it was known that of the 17 respondents who had a moderate level of depression, 3 respondents (5.8%) had a good life quality, 14 (26.9%) had a poor life quality. And it was known that of the 19 respondents who had severe depression levels, 16 respondents had poor life quality (30.8%), 3 (5.8%) had good life quality.

The results of data analysis and management using the Spearmen rho statistical test showed that the p value (0.000) < α (0.05), so that Ho was rejected, which meant that there was a correlation between depression level and life quality of HIV patients at Poly VCT, Regional General Hospital Prof. Dr. Soekandar, Mojokerto, the strong relationship was indicated by the correlation coefficient value of 0.661.

Discussion

1. Level of depression in HIV patients at Poly VCT Regional General Hospital Prof. Dr. Soekandar, Mojokerto

Based on table 1.1, it was known that there were 9 respondents who were not depressed (17.3%), 7 respondents with mild depression (13.5%), 17 respondents with moderate depression (32.7%), and most of the respondents who had a level of severe depression, 19 respondents (36.5%).

Depression is a period of disruption of human functioning related to sad feelings and accompanying symptoms, including changes in sleep patterns and appetite, psychomotor skills, concentration, fatigue, feelings of hopelessness and helplessness, and suicidal ideation (Kaplan and Sadock, 1998 in Azizah 2016). HIV and AIDS disease affects physical, social, and emotional problems. Physical problems occur due to a progressive decrease in the body's immune system which is very vulnerable, especially to infectious diseases and malignancies.

HIV and AIDS patients also experience various social problems such as societal stigma and discrimination, which can cause psychological burdens on sufferers, such as sufferers feeling pessimistic about the future, seeing themselves as worthless, tending to isolate themselves and not wanting to associate with other people. These signs and symptoms can lead to depression (Mardika & Darliana2, 2016).

According to research based on analysis from table 1.1, respondents who do not experience depression, because they do not feel disappointed in themselves, do not feel worried about the changes that occur in their physical body, do not feel discouraged about the future because they believe that there is always a cure for every disease. 25.0% of male respondents did not experience depression. Men are more likely to experience depression than women, this is because men felt to be more sensitive to problems, so men's coping mechanisms are less good than women's because women in general are more at risk of developing depression (Pieter, 2011).

Respondents who had a mild level of depression were (13.5%) because they could no longer get satisfaction from the things they usually do, were worried about changes in their bodies and felt guilty most of time because they felt they might be being punished. have no marital status, 50.0% experience mild depression. A person who is married and unmarried, a widower, a widow has adequate coping resources, both from family, partner, social and family support, support from hospital counselors who have a role in increasing a person's self-confidence so that they can further develop adaptive coping against stressors.

Respondents who had a moderate level of depression were (32.7%) because they felt sad and depressed, felt they were worthless, had no hope for the future and loss of their interest in interacting with other people. The respondents with tertiary education, 41.7%, experienced moderate depression. The higher a person's education, the easier it is to receive information. This means that the higher the education, the higher the level of knowledge a person will be, so they will be more able to use effective coping than a low level of knowledge.

The results of the research showed that most respondents with severe depression levels were 19 respondents (36.5%) this happened because of the emergence of a feeling of hopelessness because their condition was getting worse day by day plus the feeling of being neglected by their family. Meanwhile, other factors that could be related were age, gender, marital status, and education. Respondents who are married, as evidenced by analysis results, are more likely to experience depression (38.1%) because they have the responsibility to take care of children and family and are afraid to reveal their status to their family because they are worried about losing their social environment and economic support.

2. Life quality in HIV patients at Poly VCT Regional General Hospital Prof. Dr. Soekandar, Mojokerto

Based on table 1.2, it was known that most respondents had poor life quality, 30 respondents (57.7%) and 22 respondents who had good life quality (42.3%). According to Nursalam (2014) life quality 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, standard expectations, and concerns.

According to WHO (1996), there are four domains that used as parameters to determine life quality. Each domain described in several aspects, namely the physical health domain, psychological domain, social relations domain, and environmental domain. In HIV

patients, a decrease in life quality caused by factors that influence QOL: education, age, marital status, socioeconomics, culture, social and psychological support.

According to researchers, based on data analysis from table 4.8, HIV patients have a poor life quality, because HIV sufferers often receive poor treatment after they are declared positive for HIV, so HIV sufferers really need help, and the main source of support comes from the family and people around them. And 61.5% of respondents with high school education had a poor life quality. Because education influences a person's perception of the description of the disease and the treatment chosen so that a person can make the right decision regarding the type of treatment used. The level of education shows that someone with high education has a better life quality compared to individuals with low education (Bello & Bello, 2013 in (Disa Novianti S, 2015)

For HIV patients who have a good life quality (42.3%) are because sufferers are satisfied with their health and do not have negative feelings such as loneliness, hopelessness and anxiety, respondents who are satisfied with their health feel able to conduct daily activities. well without any complaints caused by the disease they are experiencing. Other factors that can be related are age, gender, and education. Most of the respondents aged 30-39 years, namely 13 respondents (46.4%) had a good life quality. Age affects the life quality because in individuals there is a maturation process resulting from learning from the environment, social and physical and psychological functional maturity. (Nazir, 2006 in Disa Novianti S, 2015). This is related to a person's mindset and maturity to assess the type of stressor that comes, the ability to adapt and the adaptive coping mechanisms used to influence a person's behavior in making decisions.

3. Correlation between depression level and life quality of HIV patients at Poly VCT Regional General Hospital Prof. Dr. Soekandar, Mojokerto

The results of data analysis and management using the Spearmen rho statistical test showed that the p value (0.000) < α (0.05), so that Ho rejected, which meant that there was correlation between depression level and life quality of HIV patients at Poly VCT Regional General Hospital Prof. Dr. Soekandar, Mojokerto. The strong relationship indicated by the correlation coefficient value was 0.661. The positive direction of the correlation meant that the more severe depression level, the poor life quality of HIV patients.

Suffering from HIV makes patients stressed and depressed, thereby stimulating the hypothalamus to release neuropeptides which will activate the ANS (Autonomic Nerve System) and the pituitary to release corticosteroids and catecholamines which are hormones that react to stressful conditions. A state of depression can contribute to a decline in physical and mental health which causes a person to be lazy about conducting daily self-care activities on a regular basis. In HIV patients, this can affect non-adherence to ARV therapy regimens. In addition, this reduced appetite, difficulty sleeping, and lack of motivation to exercise. This can cause the physical condition to decline further, making the disease worse. Depressive conditions make patients pessimistic about the future, view themselves as worthless, tend to isolate themselves and not want to socialize with other people, and consider themselves to be people who are cursed by God. This will of course have an overall impact on aspects of the patient's life quality. (Mardika & Darliana2, 2016)

Researchers see that HIV patients experience a poor life quality due to feeling guilty and helpless, feeling like they have a different body shape, closing themselves off because they are afraid isolated by other people. According to researchers, based on cross-tabulation

results, the reality is that the more severe the level of depression in HIV patients, the worse their life quality. The results of data analysis conducted by researchers show that there is a relationship between the level of depression and the life quality of HIV patients. This proven by the p value (0.000) < α (0.05). (53.8%). HIV patients aged 30-39 years, male (46.2%) female (53.8%), education (75.0%) high school, respondents who worked and did not work together, namely (50, 0%), (80.8%) respondents were married, (80.2%) respondents suffered from HIV for a period of 1-5 years. Respondents with severe depression were (36.5%). Respondents had good (42.3%) and poor (57.7%) life quality.

The cross tabulation results of the relationship between depression and the life quality of HIV patients found that respondents who were not depressed had a good life quality (17.3%) and respondents who were mildly depressed had a good life quality (13.5%) because they felt they were valuable and The family does not discriminate in providing treatment, this makes the respondent feel that he or his life quality is good. This is because most respondents were aged 30-39 years (53.8%). This is related to their mindset and maturity to assess the type of stressor that comes, their ability to adapt and the adaptive coping mechanisms used to influence their behavior in making decisions.

HIV patients who experienced moderate depression had a good life quality (5.8%) and respondents who experienced severe depression had a good life quality (5.8%). From the data above, even though they feel very anxious about the physical changes they are experiencing, they still feel satisfied with the activities and work they conduct daily, and always receive support from the people around them. This is because respondents have as many employment statuses as (50.0%) of the respondents. Due to the global consumer culture economy and individual responses to culture, income and capabilities seen as key factors influencing life quality. In absolute protection, stimulation and warmth taken for granted. Relative poverty is a crucial factor in a person's life quality. (Urbanend, 1996; John B & Lynne C, 2004).

HIV patients who experienced moderate depression had a poor life quality (26.9%) and respondents who experienced severe depression had a poor life quality (30.8%). Because they feel they are worthless, so worried about physical problems that they cannot think about anything else. This is because respondents have a high school level education (75.0%), because education influences a person's perception of the description of the disease and the treatment chosen so that they can make the right decision regarding the type of treatment used. This is supported by research (Mardika & Darliana2, 2016) which shows that of 18 people (60.0%) of HIV patients who experienced severe depression, 16 people (84.2%) perceived their life quality as poor. This shows that respondents were depressed. are at risk of having a poorer life quality compared to respondents who are not depressed.

So, it concluded that the more severe the level of depression, the worse the life quality of HIV patients. Depression experienced by HIV sufferers is characterized by feeling weak, lethargic and without energy, feeling that life is worthless, feeling that life is not as good as other people, feeling depressed, feeling that everything that is done is in vain, feeling very afraid, sleeping not sleeping soundly (restless), feeling unhappy, feeling like the people around you are unfriendly, not enjoying life and feeling sad. Existing depression can have a negative impact on the life quality of HIV sufferers.

CONCLUSION

There was correlation between depression level and life quality of HIV patients at Poly VCT Regional General Hospital Prof. Dr. Soekandar, Mojokerto. It proven that p value (0.000) < α (0.05) with a strong relationship as indicated by the correlation coefficient value of 0.661. The positive direction of the correlation meant that the more severe depression level, the poor life quality of HIV patients.

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