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Analysis of social determinants with quality of life in people with HIV/AIDS at the voluntary counseling test clinic

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ABSTRACT

Introduction: HIV and AIDS are known to have become an emergency problem around the world, where infection transmission, morbidity rates, and mortality rates are still high. The existence of the HIV/AIDS epidemic is one of the scary scourges in the community because of its unexpected transmission by HIV due to human behavior.

Objective: This study aims to analyze social determinants with quality of life in people with HIV/AIDS in the Voluntary Counseling and Testing Clinic.

Methods: This study is an analytical study using a cross-sectional study research design. The population in this study is all HIV/AIDS patients domiciled in Kendari City. The sample consisted of 177 respondents, determined by simple random sampling. Data analysis uses the chi-square test and the multiple logistics test.

Result: The results of the study showed that there was a stigma relationship with Odhiv's quality of life at the VCT Clinic of Kendari City Hospital (p = 0.000) and there was a relationship between social support and Odhiv's quality of life at the VCT Clinic of Kendari City Hospital (p = 0.000). The variable that has the greatest influence on the quality of life of ODHIV is the social support variable with an OR of 0.353.

Conclusion: The variable that has the greatest influence on the quality of life of People with HIV/AIDS (ODHIV) is social support. Social support has proven to be a very significant factor in improving the quality of life of people living with HIV. Individuals with strong social support, whether from family, friends, or the community, tend to have a better quality of life than those who receive less social support. Social support plays a role in helping people with HIV cope with stigma, reduce psychological pressure, and provide a sense of security and comfort that can have a positive impact on their physical and mental well-being.

Keywords: HIV/AIDS, social determinants, quality of life.

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INTRODUCTION

Human Immunodeficiency Virus (HIV) is one of the significant global challenges in the field of public health. By the end of 2023, it is estimated that more than 38 million people will be living with HIV/AIDS worldwide, including in Indonesia (Budiono and Rivai, 2021). People with HIV/AIDS (ODHIV) face a range of complex physical, psychological, and social challenges, including stigma, discrimination, and a significant decline in quality of life. To overcome this challenge, Voluntary Counseling and Testing (VCT) services play an important role in supporting early diagnosis, counseling, and information provision for people living with HIV (Kinasih, Agustina and Mustofa, 2020). However, social determinants often have a major impact on the quality of life of people living with HIV beyond the medical care received. The quality of life of people living with HIV is not only affected by physical health conditions but also by various social factors that surround the individual. Social determinants, such as social support, education level, economic status, access to health services, and social stigma, play an important role in shaping the living experience of living with HIV (Myburgh *et al.*, 2023). Several studies show that good social support, access to adequate health care, and a non-discriminatory social environment can significantly improve the quality of life of people living with HIV. Although there is a lot of research on the quality of life of people living with HIV, there is a gap in the literature on how these social factors interact and influence each other in specific clinical settings, such as Voluntary Counseling Test (VCT) clinics (Lopez *et al.*, 2023). Most studies focus more on the clinical aspects of HIV, while social determinants that may be more relevant to the psychosocial condition of ODHIV often receive less attention. In addition, there are still few studies that specifically explore the role of social support in VCT clinics in Indonesia, even though this support can vary greatly depending on cultural norms and education levels in a particular region (Hedima *et al.*, 2024).

Currently, through proper treatment, people with HIV/AIDS can have a life expectancy close to normal. However, in reality, people with HIV continue to have a much lower quality of health-related life than the general population (Idrus *et al.*, 2024). Even the majority of those living with HIV do not have immunologically stable virological control. Improving quality of life is at the heart of care and support for people living with HIV/AIDS. Of the various problems that can affect the quality of life of HIV/AIDS patients, social problems are a matter of concern (Koebe *et al.*, 2024). For example, there is stigma and discrimination against patients, because the cause of HIV/AIDS transmission is identical to the consequences of immoral behaviors such as free sex, drug abuse, and same-sex sex (homosexual) so patients are considered worthy of punishment for their actions. With unstable physical conditions and a tendency to decline, as well as the existence of intense social pressure, people with HIV/AIDS are very vulnerable to experiencing emotional or psychosocial disorders, that will affect their health and quality of life (De Risio *et al.*, 2024).

HIV/AIDS disease is certainly inseparable from the stigma that occurs in the family, friends, and society, which will indirectly have an impact on the psychological burden for HIV/AIDS patients. This makes patients view life as something useless, even meaningless, so it will affect the quality of life of ODHA (Musindo *et al.*, 2023). Based on preliminary studies that have been conducted, it is known that social problems are a very important problem in the treatment process of HIV/AIDS patients. This is known through interviews with HIV counsellors who are the closest people to HIV/AIDS patients. The social problem in question is the negative stigma circulating in society that makes patients afraid to open up to both health workers and their relatives. This affects the late treatment process and causes the sufferer's quality of life to decrease (Martínez-Sanz *et al.*, 2024a). Support from family and health workers. Meanwhile, for other social environments such as neighbours or friends, patients said they did not dare to tell their status because they were afraid of ridicule about their condition. With this social support, a person will feel appreciated, loved, and feel part of society, so that ODHA does not feel discriminated against which can later have a positive impact on their health. Support for HIV patients is closely related to the stigma received by HIV patients. This is because the existing stigma prevents patients from carrying out normal activities or socialising with the surrounding community (Demeke *et al.*, 2024).

Regarding therapy compliance, patient access to health services can affect it. The easier the access that patients go through to get services or treatment, the more obedient they will be in treatment. The access to services referred to in this case is not only the distance to the health service place but also the mode of transportation used. Initial interviews with HIV counsellors found that sometimes they get patients who do not take medication at health services because they do not have a vehicle to come to health services and are reluctant to use public transportation. This can reduce treatment compliance and indirectly reduce the patient's quality of life. The purpose of this study is to analyze the relationship between social determinants and the quality of life of people with HIV/AIDS who receive services at the Voluntary Counseling and Testing Clinic.

RESEARCH METHODOLOGY

The type of research used in this study is quantitative research. This study is an analytical study using a cross-sectional study research design. This research was carried out at the VCT Clinic of the Kendari City Regional General Hospital from September to October 2024. The population in this study is all HIV/AIDS patients who live in Kendari City and are undergoing treatment at the VCT Clinic of Kendari City Hospital from January to June 2024, which is 327 people. Based on the calculation of the sample formula above, the number of samples in the study is 177 people. In this study, the research sampling uses simple random sampling, which is sampling a population randomly without paying attention to the strata that exist in the population. The data collection of research results uses questionnaires that have been tested for validity and reliability. The data analysis used was univariate, bivariate, and multivariate analysis.

RESULTS

Table 1. Analysis of the relationship between stigma and odhiv's quality of life in the clinic VCT

Stigma	**Quality of Life**				**Total**		**Statistical Analysis**
	Good		**Less**				
	n	%	n	%	n	%	
Positive	75	81,5	17	18,5	92	100	ρ_{value}= 0,000; CC=0,330
Negative	41	48,2	44	51,8	85	100	
Social Support							
Enough	75	78,1	21	21,9	96	100	X2= 0,000
Less	41	50,6	40	49,4	81	100	

The results of the chi-square statistical test show that the value of Sig. $0.000 < \alpha = 0.05$ and the value of the Contingency Coefficient (CC) = 0.330 shows that there is a significant relationship between stigma and the quality of life of people with HIV/AIDS at Kendari City Hospital. The results of the chi-square statistical test showed that the value of Sig. $0.000 < \alpha = 0.05$ and the value of the Contingency Coefficient (CC) = 0.277 showed that there was a significant relationship between social support and the quality of life of people with HIV/AIDS at Kendari City Hospital. It can be concluded that the variable that has the greatest influence on the quality of life of ODHIV is the social support variable with an OR of 0,353.

DISCUSSION

It can be concluded that the variable that has the greatest influence on the quality of life of ODHIV is social support. These findings reinforce previous theories and research that assert that social support plays a crucial role in the mental, emotional, and physical health of individuals, especially those with chronic health conditions such as HIV/AIDS. Social support refers to the form of emotional, physical, or material help that an individual receives from his or her environment, including from family, friends, communities, or institutions (Hadavandsiri *et al.*, 2024). For people living with HIV, social support can include interactions that reinforce feelings of acceptance, love, value, and support in accessing appropriate health resources and treatment. Strong social support from family and friends can help people living with HIV cope with the stigma that often accompanies HIV diagnosis (Rafiei *et al.*, 2023). Stigma often leads to social isolation, depression, and anxiety. Social support can mitigate these negative effects, provide a sense of belonging, and help individuals cope with psychological distress (Golshekan *et al.*, 2024).

While social support is the most influential variable, it is important to understand that social support also often interacts with other social determinants such as economic status, education, and stigma (Martínez-Sanz *et al.*, 2024b). For example, people with lower economic or educational backgrounds may face greater challenges in accessing social support. In some cases, strong social stigma can hinder family or friends from providing adequate support, worsening the quality of life of people living with HIV. In addition, positive social support can also mitigate the negative effects of adverse social determinants (Lin *et al.*, 2024). For example, people living with HIV who may face severe stigma in society, if they have strong social support from family and friends, can still have a relatively good quality of life compared to those who do not have support (Owuor *et al.*, 2024). Social support has a significant impact on lowering levels of stress, depression, and anxiety in people with HIV (Lua *et al.*, 2023). Stable emotional support helps individuals to accept their condition, be more confident in managing illness, and maintain optimism, all of which contribute to improved quality of life. Social support also plays a role in improving access to health services. In some cases, individuals who receive social support are more likely to comply with antiretroviral (ARV) treatment, which is essential for maintaining the physical health of ODHIV (Oluyomi *et al.*, 2023). People who have a support system tend to have a better understanding of treatment and are more motivated to engage in effective disease management. Social support can also be found in the form of support from peer groups, such as the ODHIV community. Joining an ODHIV support group or community provides a space for individuals to share experiences, gain emotional support, and feel welcome, thereby reducing loneliness and improving mental well-being (Guilamo-Ramos *et al.*, 2023).

Social support has proven to be the most significant variable in improving the quality of life of people living with HIV, not only because of its role in overcoming stigma and psychological distress but also because it facilitates better access to health care and builds solidarity in the community (O’Rourke, Kelliher and Kevane, 2024). Therefore, community-based interventions and social support should be the main focus of HIV/AIDS management programs to improve the well-being of people living with HIV holistically (Dasgupta *et al.*, 2023). Strong social support can be an important bridge for people living more meaningful and productive lives, despite the challenges they face with chronic diseases. People living with HIV/AIDS often experience high psychological stress, such as depression, anxiety, and fear of social stigma (Lu *et al.*, 2024). Social support can help ease this burden by giving them the feeling that they are not alone and have others who care. Positive interpersonal relationships, such as emotional support from family and friends, provide a sense of security, reduce social isolation, and facilitate self-acceptance for people living with HIV, so they are better able to face the challenges that arise in their daily lives (De Villiers *et al.*, 2024).

People living with HIV who have strong social support tend to be more compliant with treatment and more active in seeking health care (Handlovsky *et al.*, 2023). Social support not only provides a moral boost but also helps people living with HIV to stay on top of an antiretroviral (ARV) treatment schedule, which is important for maintaining their physical health and prolonging their lifespan (Iheme, 2023). Support from family or community can help remind people living with HIV about the importance of care and attending health checks regularly. One of the biggest challenges facing people living with HIV is social stigma and discrimination, which can significantly affect their quality of life. Social support plays an important role in mitigating the negative impact of this stigma (Jenks *et al.*, 2023). When people living with HIV get support from their social environment, especially from people they trust, they are better able to overcome the stigma. Family and friends who understand the situation and provide support without judgment help people living with HIV feel more accepted and valued, which has a positive impact on their mental well-being.

CONCLUSION

It can be concluded that the variable that has the greatest influence on the quality of life of People with HIV/AIDS (ODHIV) is social support. Social support has proven to be a very significant factor in improving the quality of life of people living with HIV. Individuals with strong social support, whether from family, friends, or the community, tend to have a better quality of life than those who receive less social support. Social support plays a role in helping people with HIV cope with stigma, reduce psychological pressure, and provide a sense of security and comfort that can have a positive impact on their physical and mental well-being. Efforts to improve the quality of life of people living with HIV should be focused on increasing social support by involving various parties, including counseling, counseling guidance, and community interventions that promote a supportive and inclusive environment for people living with HIV.

Conflicts of Interest:

The authors declare no conflict of interest.

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