



Quality of Life of HIV-Infected Women in Medan, North Sumatera, Indonesia

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Abstract

In Indonesia the number of HIV infected women is increasing dramatically. Knowing the quality of life in HIV infected women could be optimized the care for those women. A cross-sectional study was conducted to assess the quality of life of HIV infected women those attending the community HIV clinic in Medan, Indonesia. Data were collected from 111 HIV infected women during July to September 2014 by WHOQOL (Bref) questionnaire. The study found that 55 % of HIV infected women in Medan, Indonesia were reported a good quality of life, especially in the physical domain. The highest mean score of quality of life was in physical domain (14.12) with 75.70 % of participants reported a good quality of life, followed by environmental domain (13.57) with 68.50 % of participants reported a good quality of life. The lowest mean score was in social domain (11.50) with more than half of participants (55%) reported a poor quality of life. Therefore, health care provider should be provide social support to improve quality of life among HIV infected women especially in social domain.

Keyword: Quality of life; HIV Infected women.

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1. Introduction

Once considered a terminal illness, HIV has become a potentially life-threatening condition with the increasing prevalence. In 2011, the number of people living with HIV has increased to 34 million from 29.4 million in 2001. This situation followed by number of HIV infected women, *World Health Organization* (WHO) reported in 2011 half of 34 million people living with HIV were women [1]. Reciprocally, in South-East Asia, in 2011 there are an estimated 4.0 million people living with HIV, of these 37 % are women. Indonesia is one of the fastest growing HIV epidemic in South-East Asia. In Indonesia the Ministry of Health of Indonesia the number of people living with HIV were increasing significantly. People living with HIV increase from 21.511 in 2012 to 29.037 in 2013 and 43.3 % of whom were women. The same situation happened in Medan, North Sumatera, in 2012 the number of HIV infected women had increased to 32 % from 25.9 % in 2009 [2]. Therefore, women are increasingly vulnerable to HIV and they were face several to consequences of HIV infection. Women living with HIV have many problems, especially in their quality of life. However, little is known about quality of life in impoverished developing countries such as Indonesia. Quality of life is a subjective concept that associated to various aspects of one's life [3]. Gender have shown consistency differences quality of life in people with HIV. Study by [4] found there was differences quality of life between gendered of HIV infection people. Studies found that women with HIV have lower quality than men with HIV [5, 6, 7]. However, some studies reported there were no significant differences quality of life in both women and men with HIV [8, 9]. Furthermore, different gender showed that differences domain in quality of life. Study by [10] found that women with HIV have significantly lower quality of life in psychosocial domain. Whereas, [11] found that psychological domain was lower than other domain. Furthermore, study by [3] reported of poor quality of life in social domain. The similar study by [12] found that social relationship domain was the poorest in quality of life. Women are still the most vulnerable gender to this compromising in the quality of life of individuals with HIV/AIDS. Therefore, the purpose of this study is to assess quality of life of HIV infected women, particularly in Medan, North Sumatera, Indonesia.

2. Method

The cross sectional study was conducted in July to September 2014 among one hundred eleven (111) HIV infected women were recruited from the community HIV clinic of Adam Malik Hospital, Medan, North Sumatera, Indonesia.. The purposive sampling was employed within inclusion criteria including; an adult HIV infected women aged 18 to 45 years old, diagnosed with HIV at least three months, attending routine clinical care visit such as the regular appointment with a doctor or to meet a peer group at a community HIV clinic of Adam Malik Hospital, and willing to participate in this study. HIV infected women who hospitalized after meeting with physicians on the date of data collection were excluded from participating in the study. WHOQOL- Bref was used to measure people's perceptions on their own quality of life in the context of their culture and their personal standards and purposes. It contained 26-item into 4 domains; 1) physical (7 items), 2) psychological (6 items), 3) social (3 items), and 4) environment (8 items), and 2 items which measure overall quality of life and individual's health satisfaction. The score of each domain were calculated according to the WHOQOL administration of scoring and the scores were transformed from 4-20 (WHOQOL-Bref Group, 2004). Higher scores indicated better quality of life. WHOQOL-Bref. The internal consistency obtained

Cronbach's alpha was physical domain= .89, psychological domain = .90, social domain= .79, and environment domain= .83.

3. Ethical Clearance

The study was approved by Ethics Review Board (ERB) Committee for Research Involving Human Research Subjects, Boromarajonani College of Nopparat Vajira, Bangkok, Thailand (ERB No. 47/2014).

4. Results

All of the participants (111 HIV infected women) completed the questionnaire. The majority age of participants was range 26-35 years old (64%) with average age 31.41 years old. The minimum of age of participants is 20 years old and 44 years old as a maximum age. Most of participants were married (65.8 %). The majority of the participants had a moderate level of education (61.3 %), were graduated from senior high school, 64.9 % did not work (unemployed), and 65.8 % had monthly family income in moderate level (Rp. 1,000,000 – Rp. 2,999,000), as shown in table 1.

Table 1: Frequencies and percentage of individual characteristic among HIV infected women (N=111)

Individual characteristics	Frequency (N)	Percent (%)
Age		
18 – 25 years	14	12.6
26 – 35 years	71	64.0
36 – 45 years	26	23.4
M = 31.41,SD = 5.38,Range = 20 -44		
Education level		
Low	20	18.0
High	91	82.0
Marital status		
Married	73	65.8
Unmarried (Single, Divorced, Widowed)	38	34.2
Occupation		
Employed	39	35.1
Unemployed	72	64.9
Family income		
Low (< Rp. 1,000,000)	12	10.8
Moderate (Rp. 1,000,000 – Rp. 2,999,000)	73	65.8
High (≥ Rp. 3,000,000)	26	23.4

The quality of life of HIV infected women consisted of overall quality of life and its four domains. Those HIV infected women who reported mean score more than 12 were categorized to a good quality of life, while those

who had score less than and thru 12 were categorized to poor quality of life. In regards to the four domain of quality of life, mostly participants reported a good quality of life except in social domain. The highest mean score of quality of life was in physical domain (14.12) with 75.70 % of participants reported a good quality of life, followed by environmental domain (13.57) with 68.50 % of participants reported a good quality of life. The lowest mean score was in social domain (11.50) with more than half of participants (55%) reported a poor quality of life (see table 2).

Table 2: Frequencies and percentages of quality of life (QoL) among HIV infected women (N=111)

Quality of Life (QoL)	Poor		Good	
	N	%	N	%
Overall QoL	50	45	61	55
M = 12.25 (3.45), Range = 8-20				
Physical domain	27	24.3	84	75.7
M =14.12 (2.40), Range = 9-19				
Psychological domain	38	34.2	73	65.8
M = 13.57 (2.55), Range = 2-18				
Social domain	61	55	50	45
M = 11.50 (2.51), Range = 8-17				
Environmental domain	35	31.5	76	68.5
M = 13.16 (1.87), Range = 8-17				

5. Discussion

This study was to identify the quality of life in HIV infected women in Medan, Indonesia. The findings showed that 55 % of HIV infected women in Medan, Indonesia were reported a good quality of life, especially in the physical domain. This finding was consistent with previous studies that HIV infected women reported a high level of quality of life [13,14]. This can be explained that the majority of HIV infected women in this study were diagnosed with HIV less than 2 year and 46.8 % of those HIV infected women were not perceived fatigue. Considering to duration of infection, the women in this study were in asymptomatic stage of HIV symptom [15]. Their life not much effect by the invasive infection of HIV. They were able to perform their activities as normal. Therefore, they reported physical domain of quality of life is at a good level. Similarly, study by [9] found that HIV infected who had HIV for less than 2 years had a better physical quality of life. Therefore, the period of diagnose with HIV can be the variable to determine quality of life in long term. Social domain was the poorest quality of life in HIV infected women in this study. This result was congruent with previous studies which found that people living with HIV, particularly in women had lower quality of life in social domain than other domains [6,12]. This situation can be explained by stigmatization and discrimination which common against people living with HIV. Study by [3] found that HIV infected women were perceived with a higher stigma than men when living with HIV. In Indonesia, HIV infected women were commonly stigmatized by their community. They were rejected from social interaction, for instance, friends or family tended to avoid contact with them [16]. Another possible reason is people were misunderstanding related to routes of HIV transmission. Some

people understand that HIV could be transmitted by social contact. Therefore, people avoid to involve in social activity with people living with HIV and devalue people living with HIV are being left behind. Nurses could promote and provide clear information that HIV is transmitted through body fluids including blood, genital fluids or breast milk that leads to virus-mediated [17], not through social interaction. This study was conducted in Medan, North Sumatera, Indonesia. Therefore, limitation of this study is the findings might be limited to generalize in other populations that are different geographical areas and cultures

6. Conclusion

The phenomena of increasing number of HIV infected women in Indonesia, particularly in Medan, is become an interested for society. This study presented a current research that focused on HIV infected women and quality of life in Medan, North Sumatera, Indonesia. From 111 HIV infected women in Medan, Indonesia, 55% were reported a good quality of life, especially in the physical domain. However, social domain was the poorest quality of life in HIV infected women in this study.

7. Recommendation

The results are beneficial reference and provide new information about quality of life in HIV infected women in this area. Nurses should provide health education program and supported to enhance quality of life. Then, future research is needed on large samples among HIV infected to achieve representative sample of HIV infected.

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References

- [1] World Health Organization. 2012. Global Status Report of the HIV/AIDS Epidemic. Available Source: <http://apps.who.int/gho/data/node.main.618?lang=en>, July 24, 2013.
- [2] Ministry of Health of Indonesia. 2013. Laporan Kasus HIV/AIDS di Indonesia. Dinas Kesehatan Indonesia, Indonesia. Available Source: <http://pppl.depkes.go.id>, January 17, 2014.
- [3] Subramanian, T., D.M. Gupte, S.V. Dorairaj, V. Periannan and A.K. Mathai. 2009. Psycho-social support impact and quality of life of people living with HIV/AIDS in South India. *AIDS Care* 21(4): 473-481.
- [4] Pereira, M and M.C. Canavarro. 2011. Gender and age differences in quality of life and the impact of psychopathological symptoms among HIV-infected patients. *AIDS Behav.* 15: 1857-1869.
- [5] Ichikawa, M. and C. Natpratan. 2006. Perceived social environment and quality of life among people

- living with HIV/AIDS in northern Thailand. *AIDS Care* 18(2): 128-132.
- [6] Chandra, P.S., V.A. Satyanarayana, P. Satishchandra, K.S. Satish and M. Kumar. 2009. Do men and women with HIV differ in their quality of life? A study from South India. *AIDS Behav.* 13: 110-117.
- [7] Zimpel, R.R and M.P. Fleck. 2007. Quality of life in HIV-positive Brazilians: application and validation of the WHOQOL-HIV, Brazilian version. *AIDS Care* 19: 923–930.
- [8] Wig, N., R. Lekshmi, H. Pal, V. Ahuja, C.M. Mittal and S.K. Agarwarl. 2006. The impact of HIV/AIDS in the quality of life: a cross sectional study in north India. *Indian J Med Sci.* 60: 3–12.
- [9] Hasanah, I.C., R.A. Zaliha and M. Mahiran. 2011. Factors influencing the quality of life in patients with HIV in Malaysia. *Quality of Life Research* 20: 91-100.
- [10] Brown, C.D., R. Belue and O.C. Airhihenbuwa. 2010. HIV and AIDS-related stigma in the context of family support and race in South Africa. *Ethnicity & Health* 15(5): 441-458.
- [11] Mahalaksmi, T., K.C. Premarajan and A. Hamide. 2011. Quality of life and its determinants in people living with human immunodeficiency virus infection in Puducherry, India. *Indian J Community Med* 36(3): 203-207.
- [12] Xiaoyan, X and M.K. Sato. 2011. Quality of life and related factors among people living with HIV in China. *Journal of Nursing and Healthcare of Chronic Illness* 3: 513-520
- [13] Perez, I.R., A.O. Lima, L. Sordo del Castillo, J.R. Bano, M.A. Lopes Ruz and A.A. Jimenez. 2009. No difference in quality of life between men and women undergoing HIV antiretroviral treatment. Impact of demographic, clinical, and psychosocial factors. *AIDS Care* 21(8): 943-952.
- [14] Imam, M.H., M.R. Karim, C. Ferdous and S. Akhter. 2011. Health related quality of life. *Bangladesh Med Res Counc Bull.* 37: 1-6.
- [15] World Health Organization. 2012. WHO Clinical Staging of HIV. Available Source: <http://www.who.int/hiv/pub/guidelines/clinicalstaging.pdf>, December 26, 2013.
- [16] Haroen, H., N. Juniarti and C. Windani. 2008. Quality of life in women with HIV/AIDS and Women with partner has HIV/AIDS in West Java, Indonesia, 10 (18): 1-13. Available Source: www.digilib.ui.ac.id, August 21, 2013
- [17] Centers for Disease Control and Prevention. 2013. About the Terms, Definitions, and Calculations Used in CDC HIV Surveillance Publications. Available Source:http://www.cdc.gov/hiv/pdf/prevention_ongoing_surveillance_terms.pdf, August 21, 2013.