

## ANALYSIS OF FACTORS RELATED TO QUALITY OF LIFE IN PEOPLE WITH HIV/AIDS (ODHIV) IN GORONTALO CITY

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### Abstract

HIV/AIDS is an infectious disease that has not been cured until now. This disease not only has an impact on physical problems, but also causes psychological, social, and economic pressures that can affect the quality of life of sufferers. This study aims to analyze factors related to the quality of life in people with HIV/AIDS (PLHIV) in Gorontalo City. This type of research is an analytical survey with a cross-sectional approach. The population of this study was all HIV/AIDS sufferers recorded in 2024. The sample consisted of 35 people living with HIV/AIDS, taken using purposive sampling techniques. Data analysis employed univariate and bivariate methods, including chi-square test statistics. The results of this study for ARV therapy adherence (P-value = 0.001), self-acceptance (P-value = 0.003), behavioral beliefs (P-value = 0.038), normative beliefs (P-value = 0.021), family support (P-value = 0.009), health worker support (P-value = 0.003), and economic status (P-value = 0.625) are presented. Conclusion: There is a relationship between ARV therapy compliance, self-acceptance, behavioral beliefs, normative beliefs, family support, health worker support, and the quality of life in people with HIV/AIDS (ODHIV) in Gorontalo City. Suggestions are expected to encourage researchers to conduct additional research, increase the number of respondents, and extend the research to a broader area.

**Keywords:** Factors; HIV/AIDS; Quality of life.

### INTRODUCTION

HIV/AIDS can endanger the condition of sufferers and potentially threaten their lives. HIV, or Human Immunodeficiency Virus, is genetically a type of RNA virus that depends on the reverse transcriptase enzyme. At the same time, AIDS is a collection of symptoms of the disease caused by HIV. HIV can reduce the immune system, and it takes a long time to be declared an AIDS sufferer (1).

Transmission of HIV from one person to another can be through sexual intercourse with an HIV sufferer, through breast milk, blood, and the use of non-sterile medical devices. HIV/AIDS cannot be cured to date, but efforts have been made to prevent HIV infection and replication, namely through antiretroviral (ARV) therapy. Antiretrovirals (ARVs) can prevent HIV transmission, inhibit opportunistic infections, thereby reducing the amount of virus in the blood

and improving the quality of life of sufferers (2).

According to data from UNAIDS, in 2022, there were 39 million people worldwide living with HIV, and 630,000 people died from AIDS. In Asia Pacific, in 2022, there were 6.5 million people living with HIV, while 150,000 people died from AIDS. The high number of HIV cases requires adherence to ARV therapy to maintain and increase CD4 counts. The CD4 status of sufferers is used as a method to assess the immune system of people with HIV/AIDS (PLHIV) (1).

Based on observations made by researchers, compliance with taking antiretrovirals significantly affects the treatment process. Factors that can often hinder compliance with people living with HIV are side effects when taking medication, forgetting to take medication, poor lifestyle, poor health conditions, medical costs, and lack of self-awareness (3).

According to Hurlock (Islamic, 2022), Self-acceptance is the ability of an individual to recognize their condition and be able to accept and understand whatever

happens in that condition, so that the individual can more easily appreciate all the advantages and disadvantages that exist within them. As for the observations made by researchers regarding self-acceptance in people living with HIV, there are PLHIV who have not been able to accept themselves because they are still afraid of the response from society. This causes PLHIV to close themselves off and stay away from the social environment (4)

Based on the Theory of Planned Behavior, behavioral beliefs refer to the things that individuals believe about a behavior, encompassing both its positive and negative aspects, as well as their attitudes towards the behavior, or tendencies to react affectively to it, in the form of liking or disliking the behavior (5). Normative beliefs are the result of the interaction of perceptions of social pressure from reference groups and motivation to follow them. Normative beliefs are directly related to environmental influences, which are explicitly stated by Lewin in Field Theory. Ajzen also supports Lewin's opinion through the concept of perceived behavioral control. According to Ajzen,

social environmental factors, especially people who influence an individual's life (significant others), can influence individual decisions (5).

Family support is a bond that exists in every human being, providing trust and support to others with whom they have close relationships, making them feel comfortable and safe with the support given (6). Lack of family support for people living with HIV can lead to a low quality of life for PLHIV. There are PLHIV who are avoided and isolated, and their existence is rejected and considered a disgrace in the family. PLHIV need support from their families to be able to regain their enthusiasm and not give up on their health problems. Support from health workers is needed for PLHIV. There is a phenomenon that has occurred; there are some PLHIV who are not appropriately treated during health services, for example, by leaking the status of the sufferer to other patients, which causes people living with HIV to feel disadvantaged and isolated by the surrounding community (7).

A person with a high economic status is more able to have everything than someone with a low economic status.

Generally, individuals with jobs earn income that can be used to meet their daily living needs. The financial ability of the family can be seen from how much the family's income is (6).

Based on the initial observation conducted by the researcher, it was found that there are still PLHIV who may have a low quality of life due to low treatment compliance, low income, low self-acceptance, low family support, and low health worker support. Based on this reason, a study was conducted to determine factors associated with quality of life in ODHIV in Gorontalo City.

### **METHOD**

This study was conducted at the AIDS Control Commission (KPA) of Gorontalo Province. It was conducted from April to May 2025 in Gorontalo City. This research method is quantitative, which is an analytical survey with a cross-sectional design. The population taken is the entire population of HIV/AIDS sufferers in 2024 in Gorontalo City, as many as 87 people. The sampling technique in this study was purposive sampling. The sample criteria used by researchers are the inclusion and

exclusion criteria. The inclusion criteria in this study are HIV/AIDS patients who live in the Gorontalo City area, male and female, who are undergoing HIV therapy, and who are willing to become respondents. While the exclusion criteria in this study were HIV/AIDS patients who experienced physical disability accompanied by opportunistic infections, and who were not willing to become respondents. Based on the

inclusion and exclusion criteria, the sample size was 35 respondents. Data collection in this study used a questionnaire. Data analysis used the chi-square test. This study has received ethical approval from the Health Research Ethics Commission (KEPK) of Gorontalo State University with letter number 011A/ UN47.B7 / KE / 2025 on February 3, 2025.

**RESULTS AND DISCUSSION**

**Results**

Table 1. Respondent Characteristics

Respondent Characteristics	n	%
<b>Age Group (Years)</b>		
20-24	12	34,3
25-29	8	22,9
30-34	5	14,3
35-39	5	14,3
40-44	3	8,6
45-49	2	5,7
<b>Total</b>	<b>35</b>	<b>100,0</b>
<b>Gender</b>		
Male	31	88,6
Female	4	11,4
<b>Total</b>	<b>35</b>	<b>100,0</b>
<b>Last education</b>		
Elementary School	9	25,7
Junior High School	5	14,3
High School	18	51,4
College	3	8,6
<b>Total</b>	<b>35</b>	<b>100,0</b>

Source: Primary Data, 2025

Based on Table 1. The age group of ODHIV is mainly 20-24 years old, with as many as 12 respondents, a percentage of

34.3%. Based on gender, the majority of PLHIV are male, as many as 31 respondents, with a percentage of 88.6%.

While the characteristics of the last education show that the majority of PLHIV are at the high school/equivalent level, as

many as 18 respondents, with a percentage of 51.4%.

Tabel 2. Bivariate Analysis

Variable	Quality of Life				Total		P value
	Low		High		n	%	
	n	%	n	%			
<b>Compliance ARV Therapy</b>							
Low	20	90,9	2	9,1	22	100,0	0,001
High	5	38,5	8	61,5	13	100,0	
<b>Self Acceptance</b>							
Accept	3	33,3	6	66,7	9	100,0	0,003
Do not accept	22	84,6	4	15,4	26	100,0	
<b>Behavior Beliefs</b>							
Not Sure	21	80,8	5	19,2	26	100,0	0,038
Sure	4	44,4	5	55,6	9	100,0	
<b>Normative Beliefs</b>							
Not Sure	20	83,3	4	16,7	24	100,0	0,021
Sure	5	45,5	6	54,5	11	100,0	
<b>Family Support</b>							
Support	4	40,0	6	60,0	10	100,0	0,009
No Support	21	84,0	4	16,0	25	100,0	
<b>Economic status</b>							
Low	18	69,2	8	30,8	26	100,0	0,625
High	7	77,8	2	22,2	9	100,0	
<b>Total</b>	<b>25</b>	<b>71,5</b>	<b>10</b>	<b>28,5</b>	<b>35</b>	<b>100</b>	

Source: Primary Data, 2025

Based on bivariate analysis, the results of the statistical test using the compliance ARV therapy chi-square test obtained a P-value = 0.001 <math>\alpha = 0.05</math>, which means that there is a significant relationship between ARV therapy compliance factors and quality of life in people with HIV/AIDS in Gorontalo City. The results of the self-acceptance statistical test using the chi-

square test obtained a P-value of 0.000 <math>< 0.05</math>. The results of the statistical test using the chi-square test obtained a P-value = 0.003 <math>< \alpha = 0.05</math>, which means that there is a significant relationship between the self-acceptance factor and the quality of life in people with HIV/AIDS in Gorontalo City. The results of the Behavior Beliefs statistical test, using the chi-square test,

obtained a P-value of  $0.038 < \alpha = 0.05$ , which indicates a significant relationship between behavioral beliefs factors and quality of life in people with HIV/AIDS in Gorontalo City. The results of the normative beliefs statistical test using the chi-square test obtained a P-value =  $0.021 < \alpha = 0.05$ , which means that there is a significant relationship between normative beliefs factors and the quality of life of people with HIV/AIDS in Gorontalo City. The results of the Normative beliefs statistical test using the chi-square test obtained a P-value =  $0.009 < \alpha = 0.05$ , which means that there is a significant relationship between family support factors and quality of life in people with HIV/AIDS in Gorontalo City. The results of the family support statistical test using the chi-square test obtained a P-value =  $0.003 < \alpha = 0.05$ , which means that there is a significant relationship between the health worker support factor and the quality of life of people with HIV/AIDS in Gorontalo City. The results of the economic status statistical tests, using the chi-square test, obtained a P-value of 0.625, which is greater than  $\alpha = 0.05$ . This means that there is no significant relationship between economic status factors

and quality of life in people with HIV/AIDS in Gorontalo City.

### **Discussion**

The Relationship between ARV Therapy Compliance and Quality of Life in People with HIV/AIDS (ODHIV) in Gorontalo City

The results of this study indicate a relationship between ARV therapy compliance and quality of life, as ARV treatment is a therapy administered to patients to suppress viral load and increase CD4 counts. So that sufferers do not experience physical pain and are not bothered by physical problems related to HIV.

The results reveal a phenomenon: there are respondents with low ARV therapy compliance who nonetheless have a high quality of life, as evidenced by the experiences of two respondents. This is because the respondents' answers often include recreation, have excellent social and work skills, and feel very satisfied because health services provide counseling and regular distribution of ARV drugs. Meanwhile, respondents with high ARV therapy compliance but with a low quality of life, as many as five respondents. This is

because the respondents' answers do not indicate that they enjoy life, feel disturbed by people who blame their HIV status, and often feel worried about death. Respondents experience rejection from their immediate environment.

The results of this study are supported by research conducted by Windiramadhan et al., which states that there is a relationship between adherence to taking ARV drugs and quality of life. This is because ARV treatment is a therapy that patients undergo to improve their quality of life and increase their chances of survival. Although it cannot cure the disease, ARV therapy can suppress viral load and increase CD4 count. The more HIV/AIDS patients who receive ARV treatment, the longer their life expectancy (8).

### The Relationship Between Self Acceptance and Quality of Life in People with HIV/AIDS (ODHIV) in Gorontalo City

The results of this study suggest a relationship between self-acceptance and quality of life. This can occur because sufferers who can accept their health conditions tend to have a better quality of life. Sufferers who can accept themselves,

including their health status, find it easier to access health services and establish healthy social relationships.

The results show that there are respondents in the self-acceptance category with an accepting but low quality of life, as many as three respondents. This is because respondents feel that their lives are meaningless, and often have negative feelings such as loneliness, despair, anxiety, and depression. At the same time, self-acceptance, despite being in the less accepting category, is associated with a high quality of life, as reported by four respondents. This is because respondents have strong social support, have a stable economy and job, and reasonable access to health services.

The results of this study are in line with research, Juleha stating that there is a positive relationship between self-acceptance and quality of life, where  $r_{xy} = 0.805$  with a significance of  $p = 0.000 < 0.050$ . The proposed hypothesis is accepted, meaning that the better the self-acceptance, the higher the quality of life is stated to be.

The research results are also supported

by research by Wildan Nafiah et al., which shows that the results obtained for self-acceptance with the quality of life of PLHIV were 0.027, which also confirms the relationship between self-acceptance and quality of life in individuals living with HIV/AIDS.

### The Relationship between Behavior Beliefs and Quality of Life in People with HIV/AIDS (ODHIV) in Gorontalo City

The results of this study indicate that there is a relationship between behavioral beliefs and the quality of life of PLHIV. This can occur because individuals with ARV believe that behaviors such as adhering to ARV compliance, maintaining a healthy lifestyle, and avoiding risky behaviors can have a positive impact on their health..

The results show that there are respondents in the behavioral beliefs category with a less confident rating but who have a high quality of life, as evidenced by the presence of as many as five respondents. This is because respondents have stable physical health and are not susceptible to opportunistic infections. Meanwhile, there are behavioral beliefs

within the category of confidence, but with a low quality of life, affecting as many as four respondents. This is because the residential environment is not supportive, such as being unhygienic, crowded, or far from public facilities.

The results of this study align with research by Cheabu et al. (2023), which shows that proactive health-seeking behaviors, such as community involvement and seeking health information, are positively related to a better quality of life. This study emphasizes the importance of supporting PLHIV in developing effective health-seeking behaviors (9).

### The Relationship Between Normative Beliefs and Quality of Life in People with HIV/AIDS (ODHIV) in Gorontalo City

These results indicate a relationship between normative beliefs and the quality of life of PLHIV. Because sufferers feel that the surrounding environment supports them in carrying out positive behavior, this can encourage PLHIV to be more consistent in managing their health and avoiding negative behaviors.

The results show that respondents in the less confident category, who hold

normative beliefs, also have a high quality of life, as evidenced by the presence of 4 respondents. This is because respondents have a strong motivation, so they do not rely too heavily on social support or approval to engage in healthy behavior. Meanwhile, there were respondents with normative beliefs who were sure but had a low quality of life, with as many as five respondents. This is due to the lack of support from those around them, which has led to them experiencing stigma from friends and colleagues on several occasions.

Social support has a significant relationship with the quality of life of PLHIV which is in line with the concept of normative beliefs in the Theory of Planned Behavior (TPB). in line with research by Lailiah et al, showing that the majority of PLHIV have social support and quality of life in the high category, and there is a relationship between social support and the quality of life of PLHIV ( $p = 0.000$ ) with sufficient relationship strength ( $r = 0.460$ ) (6).

### Relationship between Family Support and Quality of Life in People with HIV/AIDS (ODHIV) in Gorontalo City

This shows that there is a relationship between family support and the quality of life of PLHIV. This is due to support such as encouraging PLHIV to comply with treatment, providing access to information about HIV, and creating a comfortable home atmosphere without stigma.

This result aligns with that explained by Andriani Safitri (2022), who notes that family support received by PLHIV is also a form of support from the family that can reduce stress due to various physical, psychological, and social problems often faced by PLHIV. Family support can serve as a preventive strategy to reduce stress by providing encouragement and motivation, as well as offering comfort to PLHIV (10).

The results of this study align with research by Andriani Safitri (2022), which indicates a significant relationship between family support and the quality of life of PLHIV at the Jumpandang Baru Health Center in Makassar City. This occurs because support from the family can increase motivation and self-strengthening

of their identity, making them less unknown, so that PLHIV can undergo HIV/AIDS care and treatment optimally (10).

### The Relationship Between Health Worker Support and Quality of Life in People with HIV/AIDS (ODHIV) in Gorontalo City

This indicates a relationship between health worker support and the quality of life of PLHIV, as health workers play a crucial role in shaping the attitude of PLHIV towards treatment and disease management. Therefore, when PLHIV are treated well by health workers, PLHIV tend to feel motivated to undergo therapy regularly.

The results of this study indicate that there are respondents in the health worker support category who have support but have a low quality of life, as many as three respondents. This is because respondents are not compliant with undergoing HIV treatment. At the same time, there are respondents in the 'no support' category who have a high quality of life, as many as four respondents. This is because respondents have support from peers and family.

These results, about Jean Watson's Caring Theory, demonstrate that this

approach enhances the relationship between nurses and patients, thereby improving patients' perceptions of the quality of care they receive. This confirms that support from health workers, based on the theory of caring, can significantly contribute to improving the quality of life of PLHIV (7).

### The Relationship between Economic Status and Quality of Life in People with HIV/AIDS (ODHIV) in Gorontalo City

This shows that there is no relationship between economic status and the quality of life of PLHIV, because the quality of life of PLHIV is not always determined by economic status alone. Thus, subsidies for treatment such as ARV therapy have been provided free of charge by the government.

The study's results showed that respondents with low economic status had a high quality of life, with as many as eight respondents achieving this. This is because respondents have the motivation to survive. At the same time, there are respondents with high economic status who have a low quality of life, as many as two respondents. This is because respondents have difficulty in accepting their condition as PLHIV.

The results of this study align with research by Lilia et al., which indicates that the relationship between economic status, as measured by income, and the quality of life of PLHIV reveals no significant association between income and quality of life (P-value = 0.678;  $\alpha = 0.05$ ) (6).

### **CONCLUSION AND RECOMENDATION**

The quality of life of people with HIV/AIDS is influenced by several factors, namely adherence to ARV therapy, acceptance of one's condition, behavioral beliefs, normative beliefs, support from family, and support from healthcare providers. On the other hand, economic status does not have a significant relationship with quality of life. Therefore, it is recommended that future research be conducted with a broader geographical range and involve a larger number of respondents to obtain more comprehensive results.

### **ACKNOWLEDGE**

We would like to thank all parties involved in this research so that this research could be completed successfully.

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