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THE INFLUENCE OF STIGMA, DISCRIMINATION, AND ANTIRETROVIRAL THERAPHY ADHERENCE ON THE QUALITY OF LIFE OF PEOPLE LIVING WITH HIV/AIDS IN GORONTALO CITY

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Abstract

HIV/AIDS is a chronic disease with a steadily increasing prevalence, requiring serious attention, particularly in efforts to improve the quality of life of those affected. Persistent stigma and discrimination present significant psychosocial challenges. Meanwhile, antiretroviral therapy, as the primary treatment for individuals with HIV/AIDS, plays a vital role in maintaining health stability. These three aspects are key determinants that can comprehensively influence the quality of life of people living with HIV/AIDS. This study aims to examine the influence of stigma, discrimination, and adherence to antiretroviral therapy on the quality of life of people living with HIV/AIDS in Gorontalo City. This study employed an analytical survey with a cross-sectional design. The sample consisted of 69 individuals living with HIV-AIDS, selected through purposive sampling. Data were analyzed using ordinal logistic regression with a significance level of 0,05. The analysis revealed that stigma (p-value = 0,000, OR 0,028) and discrimination (P-value = 0,006, OR = 7,32) had a significant influence on the quality of life of people living with HIV-AIDS in Gorontalo City However, adherence to antiretroviral therapy showed no significant impact (P-value = 0,708, OR = 0,761) on their quality of life. This study recommends efforts to raise public awareness about HIV/AIDS and to address the detrimental effects of stigma and discrimination on people living with the disease.

Keywords: ARV; Discrimination; HIV/AIDS; Stigma.

INTRODUCTION

The development of human quality of life and productivity is facing significant threats. This is evidenced by the high rate of transmission of diseases caused by the Human Immunodeficiency Virus (HIV). According to the World Health Organization (WHO), Acquired Immunodeficiency Syndrome (AIDS) is one of the diseases with a continuously increasing prevalence and requires serious attention. HIV is a type of virus that infects white blood cells/CD4 (Cluster Differentiation 4), leading to a decline in the human immune system and progressing to AIDS (1).

Many factors increase the risk of HIV-AIDS transmission, including having more than one heterosexual or non-heterosexual partner, engaging in anal sex, and not using condoms. In addition, there are also

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parenteral risk factors, such as blood transfusions and the use of illegal drugs that are injected. Transmission from an HIV-infected pregnant woman to her child can occur during the antenatal, intranatal, and postnatal periods (1). Furthermore, other risky behaviors that can contribute to HIV/AIDS transmission among adolescents include peer influence, environment, and psychological factors (2).

The discovery of antiretroviral drugs in 1996 sparked a revolution in the treatment of people living with HIV (PLHIV) in developed countries. Although these drugs cannot cure HIV and pose challenges in terms of side effects and chronic drug resistance, ARV therapy can help reduce mortality and morbidity rates (3).

According to UNAIDS' 2023 global HIV & AIDS statistics report, since the beginning of the epidemic, 85.6 million people have been infected with HIV, and 40.4 million people have died from AIDS. According to the Ministry of Health calculations in 2020, the number of individuals infected with HIV was 543,100.

Based on data from the Gorontalo Provincial Health Office from 2001 to June 2024, the cumulative number of HIV/AIDS cases recorded is 1,180 cases. The region in Gorontalo Province with the highest recorded number of HIV/AIDS cases in the first half of 2024 is Gorontalo City, with 87 patients. This also makes Gorontalo City the region with the highest number of HIV/AIDS cases in Gorontalo Province, with a cumulative total of 367 patients.

Since the HIV/AIDS epidemic emerged in society, various responses such as fear, rejection, stigma, and discrimination have also begun to emerge toward people living with HIV/AIDS (4). In the context of this research, stigma is a negative attitude, stereotype, or social belief attached to HIV/AIDS patients, either from the community, health workers, or themselves. Stigma is a psychological phenomenon that can manifest in two forms: self-stigma and public stigma. Meanwhile, discrimination refers to the actual action or treatment that harms an individual due to stigma, such as denial of health services, exclusion, or unequal treatment (5).

Stigma and discrimination of HIV/AIDS patients are closely related to feelings of a lack of value and refusal to socialize, thus limiting their productivity, which affects the quality of life of people living with HIV/AIDS (6).

Adherence to antiretroviral therapy (ART) is a complex issue because it is a dynamic process influenced by various factors, including biological, social, and psychological aspects (7). ART is a lifelong treatment program that HIV/AIDS patients must undergo throughout their lives. Since ARV therapy is a lifelong treatment, assessing adherence behavior and efforts to improve adherence are essential to enhance the quality of life of HIV/AIDS patients (3).

The quality of life of people living with HIV/AIDS in Gorontalo City shows a variety of dynamics. Some patients can carry out activities like healthy people in general, without showing significant physical complaints. However, behind their seemingly good physical condition, some patients still have strong concerns about various aspects of life, such as health, daily life, social relationships, housing, and employment. This behavior is evident in their tendency to keep their HIV/AIDS status private from the public. Some patients even experience negative feelings such as loneliness, despair, anxiety, and even depression, which in some cases require support from counselors or specialists.

METHOD

The study was conducted in Gorontalo City from March to April 2025. It used an analytical survey research design with a cross-sectional study design. The population and sample in this study consisted of 87 people living with HIV/AIDS who were registered in June 2024 and residing in Gorontalo City. The sampling technique employed in this study was purposive sampling, yielding a sample of 69 patients. The research instruments include the Berger HIV Stigma Scale questionnaire, a modified researcher questionnaire adapted from Newman's theory, the MMAS-8 questionnaire, and the WHOQOL-HIV BREF. Data analysis was performed using a computer with the assistance of SPSS, including univariate analysis and bivariate analysis, specifically an ordinal logistic regression test with a significance level of 0.05.

RESULTS AND DISCUSSION

Results

Table 1. Frecuency Distribution of Respondents Based on Characteristics

Respondent Characteristics	n	%
Age Group (Years)		
20-25	20	29,1
26-35	25	36,2
36-45	18	26,1
46-55	5	7,2
56	1	1,4
Total	**69**	**100,0**
Gender		
Male	46	66,7
Female	23	33,3
Total	**69**	**100,0**
Occupation		
Military/Police	1	1,4
Laborer	1	1,4
Honorer	2	2,9
Housewife	6	8,8
Fisherman	1	1,4
BUMN/BUMD Employee	2	2,9
Private sector employee	12	17,4
Student	9	13,0
Civil servants	4	5,9
prostitutes	1	1,4
Not working	13	18,8
Self-employed	17	24,7
Total	**69**	**100,0**
Last education		
Elementary School	5	7,2
Junior High School	5	7,2
High School	45	65,2
College	14	20,4
Total	**69**	**100,0**

Source: Primary Data, 2025

Based on Table 1, the age distribution in this study reveals that most respondents fell within the 20-30 age range, comprising 37 people (53.6%). The >53 age group was the smallest, with four people (5.8%). The majority of respondents were male, totaling

46 people (66.7%). Based on the data, the majority of respondents (17 people, 24.6%) worked as self-employed individuals. Meanwhile, military/police personnel, laborers, fishermen, and sex workers each accounted for 1.4% of the total 69 respondents. The distribution of respondents based on their highest level of education showed that the majority had completed high school or equivalent, totaling 45 people (65.2%) out of the 69 respondents.

Table 2. Frecuency Distribution of Respondents Based on Stigma, Discrimination, Adherence to ARV Therapy, and Quality of Life

Variables	n	%
Stigma		
Low	12	17,4
High	57	82,6
Total	**69**	**100,0**
Discrimination		
Low	51	73,9
High	18	26,1
Total	**69**	**100,0**
ARV Therapy Adherence		
High	25	36,2
Medium	24	34,8
Low	20	29,0
Total	**69**	**100,0**
Quality of Life		
High	28	40,6
Medium	37	53,6
Low	4	5,8
Total	**69**	**100,0**

Source: Primary Data, 2025

Table 2. The stigma variable revealed that most respondents experienced high levels of stigma, with 57 people (82.6%) reporting high levels and 12 respondents (17.4%) reporting low levels. Meanwhile, the discrimination variable showed that the majority of respondents (51, 73.9%) experienced discrimination in the low category, while 18 respondents (26.1%) experienced discrimination in the high category. Based on the data, it was found that the majority of respondents had a high level of adherence to ARV therapy, with 25 respondents (36.2%) falling into this category. The distribution of respondents based on quality of life showed that the majority were in the moderate category, with

37 respondents (53.6%), while four respondents (5.8%) had a low quality of life.

Table 3. Determination Coefficient Test

Pseudo R-Square	
Nagelkerke	0,456

Source: Primary Data, 2025

The magnitude of the coefficient of determination indicates the extent to which the independent variables (stigma, discrimination, and ARV therapy adherence) can explain the dependent variable (quality of life). The calculation of the coefficient of determination above shows the R-Square value using the Nagelkerke method, which is 0.456. This means that the variables of stigma, discrimination, and adherence to ARV therapy can explain 45.6% of the variation in the dependent variable of quality of life.

Table 4. Bivariate Analysis

Variabel	Quality of Life						Total		*P value*	OR
	High		Medium		Low					
	n	%	n	%	n	%	n	%		
Stigma										
Low	4	14,3	6	16,2	2	50	12	17,4	0,000	0,028
High	24	85,7	31	83,8	2	50	57	82,6		
Discrimination										
Low	28	100	21	56,8	2	50	51	73,9	0,006	7,32
High	0	0	16	43,2	2	50	18	26,1		
ARV Therapy Adherence										
High	16	57,1	9	24,3	0	0	25	36,2	0,708	0,761
Medium	5	17,9	15	40,5	4	100	24	34,8		
Low	7	25	13	35,1	0	0	20	29		
Total	**28**	**40,6**	**37**	**53,6**	**4**	**5,8**	**69**	**100%**		

Source: Primary Data, 2025

Based on a bivariate analysis using ordinal logistic regression on the stigma variable, a p-value of 0.000 (which is less than 0.05) was obtained. This indicates that stigma affects HIV/AIDS patients in Gorontalo City. HIV/AIDS patients experiencing high levels of stigma are 0.028 times more likely to report a high quality of life compared to those with low stigma.

When examining the discrimination variable, the p-value was 0.006 (also less than 0.05), suggesting that discrimination significantly impacts HIV/AIDS patients in Gorontalo City. Patients facing high levels

of discrimination are 7.32 times more likely to enjoy a high quality of life compared to those who experience low discrimination. In contrast, for the variable related to adherence to antiretroviral therapy, the p-value was 0.708 (greater than 0.05), indicating that therapy adherence does not significantly affect the quality of life of HIV/AIDS patients in Gorontalo City.

This study utilized a validated questionnaire that included specific subscales or indicators designed to differentiate between external and internal stigma. Discrimination was assessed through another questionnaire that directly referenced actual experiences encountered by HIV/AIDS patients in their living environments and within public services.was also evaluated using a questionnaire that directly referred to actual events experienced by HIV/AIDS patients themselves, both in their living environment and in public services.

Discussion

The Effect of Stigma on the Quality of Life of HIV-AIDS Patients

Based on the research results, it was found that stigma significantly affects the quality of life of people living with HIV/AIDS, with a significance value (p) of 0.000 ($p < 0.05$) and an Odds Ratio (OR) of 0.028, meaning that high stigma is 0.028 times more likely to result in a high quality of life compared to people living with HIV/AIDS with low stigma. Out of the total 69 respondents who participated, the majority experienced high levels of stigma, with 57 individuals (82.6%) falling into this category. Meanwhile, 12 respondents (17.4%) experienced low levels of stigma.

Generally, stigma toward HIV/AIDS patients is often associated with negative impacts on various aspects that influence the decline in patients' quality of life. However, the findings of this study show that in the low-stigma group, there were four individuals (14.3%) with a high quality of life, six individuals (16.2%) with a moderate quality of life, and two individuals (5.3%) with a low quality of life. Conversely, in the high-stigma group, 24 people (85.7%) had a high quality of life, 31 people (83.8%) had a moderate quality of life, and only two people (5.3%) had a low quality of life. Generally, the higher the perceived stigma, the lower the patient's quality of life.

However, the results of this study indicate that high stigma does not necessarily lower quality of life, nor does low stigma necessarily improve the quality of life of HIV/AIDS patients.

Based on respondents' answers to the quality of life questionnaire, patients with low stigma and low quality of life face psychological issues, poor social relationships, and an unsupportive environment. Although society no longer openly displays stigma, this does not necessarily mean that it provides real support. Patients are no longer viewed negatively, but they are also not given the attention they need, emotional support, or other real help that they need.

Patients experiencing high levels of stigma often develop strategies to cope, demonstrating strong resilience that helps them maintain a good quality of life. Adequate social support from family and caring communities plays a crucial role in helping them manage the social pressure associated with stigma and promotes healthy self-acceptance. This is evident in the responses collected from the research questionnaire, where participants reported satisfaction with their social relationships, a supportive environment, and positive self-acceptance. These factors have a beneficial impact on the quality of life for individuals living with HIV/AIDS.

Additionally, the researcher observed that HIV/AIDS patients form supportive relationships with one another. They actively participate in the AIDS Control Commission, which regularly organizes meetings for patients through various programs, including focus group discussions (FGDs).

This study is in line with research conducted by Zhuang et al. (2023), which shows that the stigma of HIV negatively impacts the quality of life of HIV/AIDS patients. However, the adverse effects of stigma diminish as social support increases. This means that in conditions of high social support, stigma remains high, but the quality of life does not decline (8).

The Effect of Stigma on the Quality of Life of HIV-AIDS Patients

The research results show that the significance level of discrimination is 0.006 < 0.05, meaning that discrimination has a significant impact on the quality of life of

HIV/AIDS patients in Gorontalo City. HIV/AIDS patients who experience high levels of discrimination are 7.32 times more likely to have a high quality of life compared to those who experience low levels of discrimination. Out of the total 69 respondents who participated, the majority experienced low levels of discrimination, with 51 respondents (73.9%) falling into this category. Meanwhile, 18 respondents (26.1%) experienced high levels of discrimination.

As shown in Table 4, all respondents who experienced low levels of discrimination reported a high quality of life (100%). In contrast, none of the respondents who experienced high levels of discrimination reported a high quality of life. This indicates that the lower the level of discrimination, the higher the quality of life for HIV/AIDS patients.

Based on the researcher's analysis of the respondents' answers, HIV/AIDS patients who experienced low levels of discrimination tended to have higher self-confidence, feel accepted by their social environment, and receive sufficient support from their families and community peers. This enables them to maintain their physical and mental well-being, actively engaging in social life and thereby positively impacting their overall quality of life. Conversely, HIV/AIDS patients with high levels of discrimination tend to have high levels of anxiety and poor social relationships due to their experiences of discrimination, which triggers psychological stress that hinders their ability to live their lives, resulting in a decline in their quality of life.

However, despite the majority of respondents with low levels of discrimination having a high quality of life, there are also respondents with low quality of life. According to the researchers' analysis, this is due to personal issues and economic problems experienced by the patients.

This study aligns with research conducted by Violin et al. (2023), which found that the absence of discrimination, whether within the family, community, or healthcare services, provides a safe space for HIV/AIDS patients to live healthier and more productive lives. In an inclusive environment, HIV/AIDS patients find it easier to access services, build social

relationships, and live meaningful lives. All of which contribute to improving their quality of life (9).

The Effect of Antiretroviral Therapy Adherence on the Quality of Life of HIV-AIDS Patients

Based on the research results, the level of significance of antiretroviral therapy adherence is 0.708 > 0.05, meaning that ARV therapy adherence does not have a significant effect on the quality of life of HIV/AIDS patients in Gorontalo City. This is because the majority of HIV/AIDS patients, both adherent and non-adherent, do not feel that their physical condition is impaired. This indicates that the physical domain in the WHOQOL-HIV BREF is not a dominant factor in shaping respondents' perceptions of quality of life. Therefore, even with low adherence, if they do not experience severe physical impacts or feel their condition is stable, their perception of quality of life is still considered good. Interventions to improve quality of life should not only focus on treatment adherence but also consider psychosocial and environmental aspects.

This study aligns with research conducted by Monasel et al. (2022), which states that adherence to antiretroviral therapy is not a direct or primary factor associated with the quality of life of HIV/AIDS patients (10). This study is also consistent with research conducted by Rahmawati, Fardaersada, & Oktavianir (2020), which found no significant relationship between adherence to antiretroviral therapy and the quality of life of HIV/AIDS patients. This may be due to the impact of HIV infection, which has profoundly affected all aspects of quality of life. Although antiretroviral therapy can improve physical condition and reduce hospital care costs, it cannot enhance the psychological and social relationships of people living with HIV/AIDS (3).

CONCLUSION AND RECOMENDATION

The quality of life of HIV/AIDS patients in Gorontalo City is influenced by stigma and discrimination, while adherence to antiretroviral therapy does not have a significant impact. Recommendations after conducting a study of the effects of stigma, discrimination, and adherence to antiretroviral therapy on the quality of life

of HIV-AIDS patients in Gorontalo City: it is hoped that the academic community, especially the Faculty of Public Health at Gorontalo State University, will actively participate in raising public awareness about HIV-AIDS and the impact of stigma and discrimination on patients.

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