The Quality of Life of People Living with HIV/AIDS Attending Physical Activity Program in Rumah Cemara

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Abstract: This study aims at describing the quality of life of people living with HIV/AIDS who routinely attend physical activity program in Rumah Cemara. This study uses descriptive and quantitative approach with cross-sectional method. Study subjects were recruited through purposive sampling. Study instrument was a WHO standardized questionnaire i.e. WHOQOL-BREF, analyzed descriptively. Results showed that the perception of people living with HIV attending physical activity program in Rumah Cemara regarding their quality of life and health generally unremarkable and satisfactory. The highest quality of life of people living with HIV/AIDS routinely attend physical activity program in Rumah Cemarawas at social relations domain, followed by psychological domain at the second place and then environmental relations domain at the third place and the lowest quality of life was at physical domain.

1 INTRODUCTION

Acquired Immuno Deficiency Syndrome (AIDS) is a set of symptoms caused by Human Immunodeficiency Virus (HIV). This virus is harmful for its ability to compromise immune system. As a result, people infected by this virus will be more susceptible to acquire other infectious diseases. This virus can be found in body fluid especially in genital discharge and blood. The transmission is mainly happened through risky sexual intercourse, blood transfusion, use of needle syringe infected by HIV, organ/tissue transplant, and transmission from pregnant mothers to the fetus.

Since it was identified in 1981, 34 million people have died because of this virus. In late 2014, it was estimated that there were 36.9 million people living with HIV/AIDS globally. Up to the end of 2014, in Indonesia there were 206,084 cases where 150,285 were HIV cases and 55,799 were AIDS cases.

There are problems encountered by people living with HIV/AIDS, such as access and consistency to get medical treatment, stigma in the community, and inequality to gain opportunity at work and to gain achievement at their environmental preferences. Rumah Cemara is a home for people living with HIV/AIDS. There are many activities carried out in this place, one of them is physical activity program.

There are various physical activities program that can be done, from those aimed only to improve health to sports competition. Through physical activity program, people living in Rumah Cemara are expected to have good quality of life. Their medical treatment can also be supervised, and therefore they will have equal quality of life with normal people since they are given equal opportunity to do things, including to gain achievements in sports.

Quality of life is defined as the individual perception regarding their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards, concerns (WHO, 1997).

World Health Organization (WHO) had long ago defined "quality of life" and developed a measurement tool that can be used across cultures and were named WHOQOL. The brief version of WHOQOL is WHOQOL-BREF, which measure equality of life according to four domains, i.e. 1) physical health; 2) psychological wellness; 3) social relations; and 4) environmental relations. These four domains were then translated into several facets below:

1.1 Physical Health Domain

Physical health domain includes: 1) daily activities;2) drugs and medical support dependence; 3) energy and

tiredness; 4) mobility; 5) pain and discomfort; 6) sleep and rest; and 7) working capacity.

1.2 Psychological Wellness Domain

Psychological wellness domain includes: 1) body image and appearance; 2) negativity; 3) positivity; 4) meaning; 5) self-esteem; and 6) thought, learning, memories, and concentration.

1.3 Social Relations Domain

Social relations domain includes: 1) personal relations; 2) social support; and 3) sexual activity.

1.4 Environmental Relations

Environmental relations includes: 1)financial source; 2) freedom, physical safety and security; 3) social and health care; 4) neighbourhood: description of individual residence condition; 5) opportunity to gain new information and skills; 6) participation and opportunity to do recreation and fun activities; 7) physical environment; and 8) transportation.

Based on the background above, this study focused on the quality of life of people with HIV/AIDS who live in Rumah Cemara, who routinely attend physical activity program i.e. sports.

2 METHODS

2.1 Approach and Methods

This study uses quantitative approach and descriptive methods.

2.2 Study Subjects

Study subjects are people with HIV/AIDS, who live in Rumah Cemara, and not addicted to narcotic drugs. Study subjects recruited using non-probability sampling method.

2.3 Data Collection Instrument

Instrument used is instrument from WHO called WHOQOL-BREF. Study instrument was a closed questionnaire in the form of check list, i.e. a questionnaire where the respondents can have answered by just giving a tick (√) in the appropriate options column.

2.4 Data Analysis Technique

Data analysis technique used in this study was descriptive statistics.

3 RESULTS AND DISCUSSION

3.1 Results

3.1.1 Perception of Quality of life

The first question in the WHOQOL-BREF questionnaire is about general perception of the respondent on their quality of life in the past four weeks. Respondents' answers for the first question is described in the figure below.
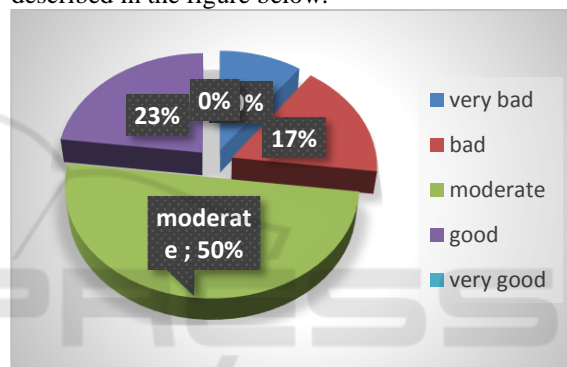

Figure 1: Perception of Quality of Life.

According to Figure1, half of the respondents (50%) had "unremarkable" perception of their life. The rest of the respondents, 23% had "good" perception on their quality of life, 17% had "poor" perception, and 10% had "very good" perception and none (0%) of the respondents had "very poor" perception on their quality of life.

3.1.2 Perception of Health

The second question of WHOQOL-BREF questionnaire is about respondents' perception of their health. Data can be seen in the following figure.
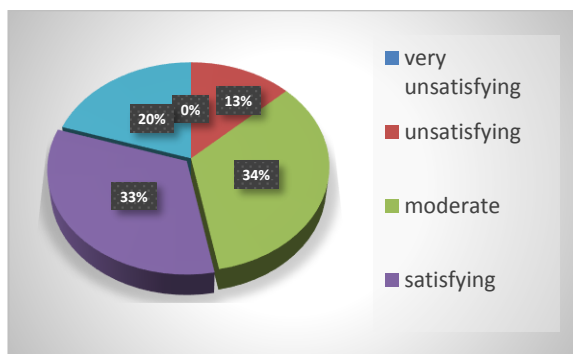
Figure 2: Perception of Health.

Figure 2 shows respondents who perceived their health as "satisfactory" and "unremarkable" have similar proportion which was 33%. There were 20% respondents perceived their quality of health as "very satisfactory", 14% perceived "unsatisfactory" and none (0%) of the respondents perceived their quality of health "very unsatisfactory."

3.1.3 Description of Quality of Life According to Domains

WHOQOL-BREF measures individual quality of life according to four domains i.e. physical, psychological, social relations, environmental relations. A complete description of these domains were shown in the figure below.
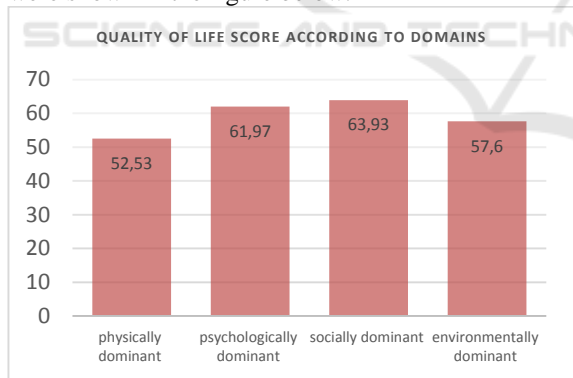

Figure 3: The Comparison of Quality of life based on Domain.

Based on the data on Figure 3, it is seen that social relationship domain is the highest domain in respondents' quality of life, which had a mean score of 63.93, and then followed by psychological domain had a mean score of 61.97. Next, the environmental relation had a mean score of 57.60, and physical domain had a mean score of 52.53, as the lowest score.

3.2 Discussion

The findings indicate that the respondents felt their life unremarkable, and HIV was not a burden towards their life. It is supported by the fact that there were relatively many respondents who felt that their quality of life is good although they live with HIV/AIDS. This finding is contradictory with Nojomi et al. (2008) findings that show most people living with HIV and AIDS perceived their quality of life unsatisfactory.

The respondents' condition that tends to be good in perceiving their quality of life is in line with Hardiansyah (2014) who state that quality of life means the sufferer keeps feeling good although she/he is suffering a disease. Furthermore, Khorudin (in Hardiansyah, 2014) affirms that quality of life is an important component in evaluating the prosperity and life of people living with HIV/AIDS. The quality of life cannot be interrupted by the concept of life standard, especially by income. On the contrary, the indicators of life standard concept do not only include wealth and occupation, but also creating environment, physical and mental health, education, recreation, free time, and social ownership.

The data shows that the respondents perceive their health in a satisfactory and unremarkable condition. In meaning that, along with their perception towards quality of life, the respondent generally felt that their health is not burdened by HIV. This finding is not in line with a research conducted by Campsmith (2003) about quality of life of HIV-infected people. In their report, Campsmith (2003) state that

"Disability and health-related quality of life are becoming increasingly important issues associated with HIV disease....... Like other researchers, we found that lower HRQOL scores and poorer perception of health were associated with more advanced disease."

The respondents in Rumah Cemara see the issue of their quality of life and health do not influence their condition. On the contrary, since the escalation of the HIV is not really noticed, they did not feel that their life and health are burdened. It is possible that they felt satisfied with their health because they did some regular physical activities program in RumahCemara. regular physical activity can improve body's function and capacity, repair structure, and delay aging. Moreover, they also state that "there is a strong and influencing relationship between physical, wellness and health activities program. Those who are physically active will feel fit and healthy; those who

are healthy and fit have an opened opportunity to improve physical activity."

The social relationship domain had the highest mean score amongst other domains describing quality of life. In meaning that the respondents saw their lives were much influenced by social relationship factors. Social relationship is defined as a relationship between two or more individuals who are influencing, changing and making better each other's behavior (Myers, 1999). In social relationship, there is an emotion or feeling that appears during communication, which can be found in a form of love, helping each other, attention and feeling empathy of others' feeling.

The respondents who live in Rumah Cemara gained an intensive social relationship, which enabled them to share and feel the same condition. It makes them relatively strong in handling pain, and it unintentionally influences their perspective on quality of life. Bacon (Myers, 1999) affirms that having relationship with others that make them sharing thoughts and feeling can generate two effects, namely doubling pleasure and lessening half of the sorrow. This statement implicitly states that there is a strong relationship between social relationship and prosperity and quality of life.

Next, psychological domain is in the second position in quality of life, which is perceived by the respondents with score by 61.97%. This domain is related someone's mental. Riyadi (in Aliyono, et. al., 2012) states that mental condition is about individual's ability in adapting themselves with the desired development, both self and other's demands. It is also related with physical aspect, since an individual can do activities well when he or she is mentally healthy.

The respondents in Rumah Cemara had a tendency to perceive themselves positively. It is gained from the social support they got during their stay there. The positive perception about themselves and the ability of adapt with any demands become the main predictor of high physiological domain of their quality of life.

The environmental relation is quality of life domain is in third place. It is in the second bottom position, presumably because the respondents felt their relationship with the environment is relatively limited.

This condition is in line with Bolton and Talman (2010) statement, as follows:

"Recent studies have brought to light a series of interacting and complex relationships, many with negative feedback loops, between HIV/AIDS and the environment... The connections between HIV/AIDS

and the environment are complex, multifactoral, bi-directional, and involve indirect as well as direct pathways."

Lastly, physical domain becomes the lowest domain of quality of life. According to Selano (2015), physical health is the ability of body organ to function optimally in order to be able to do daily activities to fulfill their life needs. The HIV virus infection that attacks immune system, which is fatal to their life health.

Those who are infected by HIV should try to avoid others germ or virus that might worse their condition (Selano, 2015). Therefore, it is common if the respondents perceive their quality of life low if seen from physical domain. This finding is contrary with a similar research conducted by Hardiansyah (2014) who discovers that physical domain got the highest score in quality of life of HIV AIDS sufferer in Makassar City.

4 CONCLUSIONS AND RECOMMENDATION

4.1 Conclusions

Based on the findings and discussion, it is concluding that:

- Generally, the respondents see their life unremarkable and do not perceive their life very unsatisfactory;
- The respondents' perception towards their life is generally satisfactory and unremarkable, and no respondents perceive their life not very satisfactory;
- Based on the domain of quality of life, accordingly the highest domain of the respondents is social relationship, psychological domain, environmental relation domain, and physical domain as the lowest.

4.2 Recommendation

The recommendation is intended to the following parties:

4.2.1 Rumah Cemara Management

The Management of Rumah Cemara is recommended to be consistent with its mission to sustainably facilitate the needs by providing care, psychosocial support, and treatment for people living with HIV/AIDS.

4.2.2 Sport Education Department

It is recommended to follow up the findings of this research to create innovation like physical training activities program that can be done by people living with HIV/AIDS at Rumah Cemara.

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