

Hubungan Depresi dan Stigma terhadap Kualitas Hidup Lansia dengan HIV/AIDS di Rumah Sakit di Bali = A Relationship between Depression and Stigma with Quality of Life of Elderly Patient with HIV/AIDS at Hospital in Bali

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Abstrak

Salah satu aspek penting penanganan pasien HIV/AIDS, khususnya lansia adalah kualitas hidup. Hal ini karena penuaan mengganggu fungsi fisik, psikologis, dan sosial terutama masalah depresi dan stigma yang mempengaruhi kualitas hidup. Tujuan penelitian ini adalah menganalisa hubungan depresi dan stigma terhadap kualitas hidup lansia dengan HIV/AIDS. Penelitian ini menggunakan studi potong lintang, jumlah responden 67, dengan teknik purposive sampling. Hasil penelitian menunjukkan sebagian besar responden mengalami depresi 64.2 dan stigma 76.1 namun masih memiliki kualitas hidup baik 64.2 . Pada analisis korelasi didapatkan hubungan bermakna depresi dan stigma dengan kualitas hidup $p=0.021$, $p=0.031$, $p=0.05$. Hasil uji regresi logistik adalah stigma dan depresi mempengaruhi kualitas hidup buruk $OR=7.380$, $OR=4.466$ setelah dikontrol jenis kelamin, status pekerjaan, pendapatan, pendidikan, stadium, komorbid, lama menderita penyakit, dan living and marital status. Rekomendasi dari penelitian ini adalah perlu dilakukan screening depresi dan stigma serta upaya promotif dan preventif untuk meminimalisir stigma pada pasien lansia HIV/AIDS.

One of crucial aspect for managing patient with HIV AIDS, especially for elderly people is quality of life. Due to impairment of physical, psychosocial, and social function, notably depression and stigma which lead to decrease quality of life. The purpose of this study was to identify the relationship between depression and stigma with quality of life of elderly patient with HIV AIDS. This study used cross sectional study, total sample was 67 by purposive sampling method. The result of this study showed that the majority of respondents had depression 64.2 and stigma 76.1 , but most of the respondent have good quality of life 64.2 . Analysis of correlation showed significant relationship between depression and stigma with quality of life $p=0.021$, $p=0.031$, $p=0.05$. Logistic regression showed that stigma and depression had influence bad quality of life $OR=7.380$, $OR=4.466$ after adjusted by gender, occupational status, income, education, marital and living status, stage, comorbid, and duration of disease. Recommendation of this study are performing depression and stigma screening, implementing health promotion and prevention to minimize stigma and for elderly patient with HIV AIDS.