

## THE FACTORS RELATED TO THE QUALITY OF LIFE IN PLHIV AT SUKARAJA PRIMARY HEALTH CENTER BANDAR LAMPUNG 2023

Made Rake Armawe<sup>1)</sup>, Miranti Dea Dora<sup>2)</sup>

Fakultas Kesehatan, Universitas Mitra Indonesia<sup>1,2)</sup>

### Keywords

Quality of Life, HIV, PLHIV

### ABSTRACT

#### Introduction

Quality of life is important for identifying the conditions of HIV sufferers in living their lives. The infection of Human Immunodeficiency Virus (HIV) has caused quite a problem in infected individual

#### Method(s)

The study type used quantitative. The design in this study used a cross-sectional design. Population in this study included people with HIV (PLHIV) who were on ARV for  $\pm$  a year at Sukaraja Primary Health Center, Bandar Lampung in 2023, as many as 59 respondents. The sampling technique used purposive sampling.

#### Result(s)

The study results indicated that the education level was 0.980 or  $p$ -value  $> \alpha$  value (0.05) that there weren't a correlation between education level and quality of life. Family support was obtained  $p$ -value 0.003 or  $p$ -value  $< \alpha$  value (0.05) that there were a correlation between family support and quality of life. It was obtained  $p$ -value 0.003 or  $p$ -value  $< \alpha$  value (0.05) that there were a correlation between social support and quality. It's also obtained  $p$ -value 0.066

#### Conclusion(s)

The study results indicated that the education level was 0.980 or  $p$ -value  $> \alpha$  value (0.05) that there weren't a correlation between education level and quality of life. Family support was obtained  $p$ -value 0.003 or  $p$ -value  $< \alpha$  value (0.05) that there were a correlation between family support and quality of life. It was obtained  $p$ -value 0.003 or  $p$ -value  $< \alpha$  value (0.05) that there were a correlation between social support and quality. It's also obtained  $p$ -value 0.066 or  $p$ -value  $> \alpha$  value (0.05) that there were a correlation between support for spirituality and quality of life.

## INTRODUCTION

Living conditions are important to identify the condition of HIV sufferers in living their lives. Human Immunodeficiency Virus HIV infection has caused quite a problem in infected individuals. Some of the problems that arise are stigma and discrimination so that HIV patients show feelings of shame, sadness, fear, anxiety about their disease and patients tend to ignore treatment which has an impact on reducing the quality of life both psychologically and socially (Novianti, 2014). World Organization (WHO) data for 2022 reports that since the beginning of the epidemic, 84.2 million (64.0-113.0 million) people have been infected with the HIV virus and around 40.1 million (33.6-148.6 million) people have died of HIV. Globally, 38.4 million (33.9-43.8 million) people die from HIV. Globally, 38.4 million (33.9-43.8 million) people are living with HIV. It is estimated that 0.7% (0.6-0.8%) of adults aged 15-49 years worldwide are living with HIV, although the burden of the epidemic continues to vary between countries and regions. The WHO Africa region remains the least affected, with almost 1 in every 25 adults (3.4%) living with HIV and accounting for more than two-thirds of people living with HIV worldwide.

Data in Indonesia on the number of people living with HIV (ODHIV). In 2022 there will be 543,100 people. The number of PLHIV living and knowing their status is 393,538 people (72%). The number of PLHIV who are receiving ARV treatment is 160,249 people (41). The number of PLHIV who are compliant with ARV therapy is targeted at 380,170. However, the number of PLHIV who adhere to new ARV therapy includes 169,767 people. This means that the number of PLHIV who adhere to ARV therapy is still below 50% or to be precise 44.66% (Ministry of Health, Republic of Indonesia 2022).

Data from the Lampung Provincial Health Service for 2022, the number of people with HIV is 1,372 sufferers, cases and the number in the last 3 years. Based on BPS data from Lampung Province, details of PLHIV in three years, namely 2020 there were 126 cases, 2021 there were 518, and 2022 there were 728 cases. Of the total cases, the area with the highest number of PLHIV cases was Bandar Lampung. Throughout 2021, Bandar Lampung contributed 297 cases. Data from the Bandar Lampung Health Service for 2022 showed that 2,637 Bandar Lampung residents were HIV-infected (PLHIV). Most people with HIV were

in the 30-39 year age group with a total of 209 sufferers. (Data from Sukaraja Inpatient Health Center, Bandar Lampung City in 2023, on April 12, the number of HIV cases found was 167 people with HIV).

## METHODS

This research uses quantitative research with a cross sectional approach. The total population is 167 with samples taken using a purposive sampling technique, namely non-random sampling of 59 PLHIV. The analysis used was univariate and bivariate using the chi square test with  $\alpha=5\%$  (0.05).

## RESULTS

Table 1. Respondents Characteristics

Responden Characteristic	F	%
<b>Gender</b>		
Male	57	96,6
Female	2	3,4
<b>Education Level</b>		
None	0	0
Elementary	50	84,7
Junior High	0	0
Senior High	9	15,3
College(D3/S1)	0	0
<b>Marital Status</b>		
Not married yet	58	98,3
Menikah	1	1,7
<b>Age (Years)</b>		
22-29	10	16,9
33-29	13	22
40-49	19	32
51-57	13	22
60-68	4	6,8
<b>Occupation</b>		
Work	23	39
Housewife	1	1,7
Does not work	35	59,3

It is known that at the Sukaraja Inpatient Health Center, Bandar Lampung City in 2023. A total of 57 respondents (96.6%) were male and 2 respondents (3.4%) were female. A total of 50 respondents (84.7%) had a final education level of SD/MI and as many as 9 respondents (15.3%) had a final education level of SMA/Equivalent. A total of 10 respondents (16.9%) were aged (22-29 years), as many as 13 respondents (22.0%)

were aged (33-39 years), as many as 19 respondents (32.2%) were aged (40- 49 years old), 13 respondents (22.0%) were aged (51-57), 4 respondents (6.8%) were aged (60-68 respondents). A total of 58 respondents (98.3%) had an unmarried marital status and 1 respondent (1.7%) had a married marital status. A total of 23 respondents (39.0%) worked, 1 respondent (1.7% worked as a housewife and 35 respondents (59.3%) did not work.

Table 2. Frequency distribution of family support

Family Support	F	%
No	33	55,9
Yes	26	44,1

It is known that in the Sukaraja Inpatient Health Center Working Area, Bandar Lampung City in 2023, the majority of respondents had no family support, 33 respondents (55.9%).

Table 3. Frequency distribution of social support

Social Support	F	%
No	33	55,9
Yes	26	44,1

It is known that in the Sukaraja Inpatient Health Center, Bandar Lampung City in 2023, the majority of respondents had no social support, 33 respondents (55.9%).

Table 4. Frequency distribution of spirituality support

Spiritual Support	F	%
No	4	6,8
Yes	55	93,2

It is known that in the Sukaraja Inpatient Health Center, Bandar Lampung City in 2023, the majority of respondents had spiritual support, 55 respondents (6.8%).

Table 5. Frequency distribution of quality of life

Quality of Life	F	%
Not good	33	55,9
Good	26	44,1

It is known that in the Sukaraja Inpatient Health Center, Bandar Lampung City in 2023, the majority of respondents had poor

quality of life, 33 respondents (55.9%).

Table 6. Bivariate Analysis

Indicator	Quality of Life				Total		P-Value
	Not Good		Good		N	%	
	N	%	N	%			
<b>Education Level</b>							
None	0	0	0	0	0		
Elementary	28	56,9	22	44	50		
Junior High	0	0	0	0	0		
Senior High	5	55,6	4	44,4	9	100	0,980
College(D 3/S1)	0	0	0	0	0		
Total	33	55,9	26	44,1	59		
<b>Family Support</b>							
Yes	9	34,6	17	65,4	26		
No	24	72,7	9	27,3	33	100	0,003
Total	33	55,9	26	44,1	59		
<b>Social Support</b>							
Yes	9	34,6	17	27,3	26		
No	24	72,7	9	27,3	26	100	0,003
Total	33	55,9	26	44,1	59		
<b>Spiritual Support</b>							
Yes	29	52,7	26	47,3	55		
No	4	100	0	0	4	100	0,066
Total	33	55,9	26	44,1	59		

## DISCUSSIONS

### Overview of Education Level

The results of the research showed that in the Sukaraja Inpatient Health Center, Bandar Lampung City in 2023, 0 respondents had not graduated from SD/MI, most of the respondents had the last education level of SD/MI, 50 respondents (84.7%), 0 respondents had a junior high school education level, level High School/Equivalent education was 9 respondents (15.3%) and Bachelor/Diploma education level was 0 respondents. Research related to education is a gradual process that is carried out with a funding structure that has binding rules. Education at the (SD), (MI), (MTS) and (SMP) levels is basic education. Education levels (SMA), (MA), (SMK) and (MAK) or other equivalents are secondary education levels. Meanwhile, the higher education level includes diploma, bachelor's, doctoral and master's education programs which are held

using an open system (Sriyono, 2015). The level of education influences changes in attitudes and behavior. A higher level of education will make it easier for a person or community to absorb information and daily behavior and lifestyle (Suharjo, 2016).

### **Overview of Family Support**

The results of the research revealed that in the Sukaraja Inpatient Health Center Work Area, Bandar Lampung City in 2023, 33 respondents (55.9%) had no family support and 26 respondents (44.1%) had family support. Research related to family support is the most important element in helping individuals solve a problem. If there is support, self-confidence will increase and motivation to face problems that will occur will increase. Family support is the attitude, actions and acceptance of a family towards its family members. Family members view that supportive people are always ready to provide help and assistance if needed (Rahmawati, 2020). Family support theory is support from efforts given to someone, both moral and material, to motivate family members to carry out an activity (Notoatmodjo, 2018).

### **Overview of Social Support**

The research results showed that in the Sukaraja Inpatient Health Center, Bandar Lampung City in 2023, as many as 33 respondents (55.9%) had no social support and as many as 26 respondents (44.1%) received social support. Research related to social support comes from important people close to a person such as family, friends, partners and the community. Individuals who receive social support will feel cared for, valued and loved. Social support can have an impact on various things, including maintaining psychological stability in dealing with stress. This social support makes a person able to survive when facing problems, challenges and difficulties in life (Muthmainah, 2022). Social support theory is feedback from another person, someone who is loved and appreciated (Taylor, 2014).

### **Overview of Spiritual Support**

The results of the research revealed that in the Sukaraja Inpatient Health Center, Bandar Lampung City in 2023, as many as 55 respondents (6.8%) had spiritual support and as many as 4 respondents had no spiritual support. Research related to spirituality Spiritual aspects can be increased through spiritual experiences and spiritual activities carried out by

individuals on a daily basis. Carrying out spiritual activities can increase one's spirituality by believing in the existence of God. Mature spiritual development will help the elderly to face the reality of playing an active role in life, as well as formulating the meaning and purpose of their existence in the world or life (Fitriani, 2021). Spirituality theory is defined as awareness or belief in a higher power or energy that inspires a person to seek meaning and purpose outside of life. Spirituality cannot be separated from religion, spirituality is considered sacred and transcendent (Paragement, 2016).

### **Overview of Quality of Life**

The research results showed that at the Sukaraja Inpatient Health Center, Bandar Lampung City in 2023, 33 respondents (55.9%) had a poor quality of life and 26 respondents (44.1%) had a good quality of life. Research related to quality of life as the level of individual life satisfaction in the areas of physical, psychological, social, material activities and structural needs. Quality of life is an individual's feeling of well-being that comes from an individual's sense of satisfaction or dissatisfaction with areas of life that are important to him. Quality of life describes an individual's ability to maximize physical, social, psychological and occupational functions which is an indicator of recovery or ability to adapt to illness (Vergi, 2013). Quality of life theory is defined as a term that refers to a person's emotional, social and physical well-being as well as the ability to carry out activities in daily life, quality of life is categorized as poor and good quality of life (Donald, 2009).

### **Relationship between Education Level and Quality of Life**

It is known that in the Sukaraja Inpatient Health Center, Bandar Lampung City, in 2023, of the 50 respondents who had at least elementary/MI education, 28 respondents (56.9%) had poor quality of life and 22 respondents (44.0%) had poor quality of life. live well. A total of 9 respondents had a high school/equivalent level of education. A total of 5 respondents (55.6%) had a poor quality of life and 4 respondents (44.4%) had a good quality of life. Obtained p value = 0.980. This shows that there is no relationship between education level and quality of life, because the p value is > 0.005. This research is in line with the results of Haryati's (2016) research on factors

that influence the quality of life of HIV/AIDS in the Kupang struggle NGO. The results of this study showed no relationship between education level and quality of life ( $p=0.31$ ). This means that there is no influence on the level of education and the quality of life at the Kupang Perjuangan NGO.

This research is in line with Magrfira's (2014) research results regarding factors that influence the quality of life of PLWHA in YPKDS. The results show that the level of education has no influence on the quality of life of PLWHA in YPKDS. Because every month the foundation holds regular meetings with PLWHA friends to provide new information and knowledge related to HIV and AIDS. In contrast to the research results of Novianti Disa, (2019) regarding the relationship between education level and the quality of life of PLHIV. The results of this study showed a relationship between education level ( $p=0.02$ ). The results of the study showed that the highest number of respondents affected the quality of life of HIV sufferers in the domains of social relations and the environment. Someone with higher education can better understand the disease and the instructions given in using the medication given. Educational status also influences the level of information a person obtains, resulting in individuals with a low level of education (Notoatmodjo, 2007).

### **Relationship between Family Support and Quality of Life**

It is known that in the Sukaraja Inpatient Health Center, Bandar Lampung City in 2023, of the 26 respondents there was family support, 17 respondents (65.4%) had a good quality of life and 9 respondents (34.6%) had a poor quality of life. Of the 33 respondents who did not receive family support, 24 respondents (72.7%) had poor quality of life and 9 respondents (27.3%) had good quality of life. Based on the results of statistical tests, a  $p$ -value of 0.003 or  $p$ -value  $< \alpha$  value (0.005) was obtained, which means that there is a relationship between family support and Quality of Life. This research is in line with the results of Dewi's research, (2022). Between family support and the quality of life of PLHIV, family support has a significant relationship with the quality of life of PLHIV. PLHIV who receive good family support tend to have quality, support from the family will make PLHIV feel accepted, meaningful and not discriminated against, which can support the enthusiasm of PLHIV to continue seeking

treatment so they can remain productive. Family support in the form of motivation, Willing to provide assistance to PLHIV, accompany PLHIV to seek treatment and help PLHIV solve problems. Family support is very influential on patient care, especially in consuming ARVs for life, providing encouragement, increasing self-confidence and moral support to HIV/AIDS patients.

In contrast to the results of research conducted by Erika Dewi, (2016). The research results were  $p=0.082$  which stated that  $H_0$  was accepted and there was no relationship between family support and quality of life. The family is expected to be able to function to realize a reciprocal process of love and affection between family members, between relatives and between generations which constitutes a basic harmonious family. Meanwhile, according to Donner et al (1996), quality of life in general is an individual's condition in terms of abilities, limitations, symptoms and psychosocial characteristics to function and carry out various roles satisfactorily. Based on the explanation above, family support is very important for a person's quality of life, but respondents said that they got family support and there were also those who did not get family support. Respondents who did not receive family support because they were commercial sex workers therefore did not tell their partners or families.

### **Relationship between Social Support and Quality of Life**

It is known that in the Sukaraja Inpatient Health Center, Bandar Lampung City in 2023, of the 26 respondents there was social support, 17 respondents (65.4%) had a good quality of life and 9 respondents (34.6%) had a poor quality of life. Of the 33 respondents who did not receive social support, 24 respondents (72.7%) had poor quality of life and 9 respondents (27.3%) had good quality of life. Based on the results of statistical tests, a  $p$ -value of 0.003 or  $p$ -value  $< \alpha$  value (0.05) was obtained, which means that there is a relationship between social support and quality of life. The research results are in line with research by Hadi K, (2016) regarding the relationship between social support and quality of life. The statistical test results obtained a  $p$  value of 0.001 and an  $r$  value of 0.546, which means there is a close relationship between social support and spiritual quality of life. This research recommends that family or friends pay attention to their psychological health and

provide more motivation and positive social support for patients experiencing HIV/AIDS.

The research results are in line with research by Rosnaini et al, (2016) regarding the relationship between social support and quality of life. Shows that the relationship between partner support and the quality of life of PLHIV, has a good quality of life with good partner support and is 69.2%. However, a number of PLHIV who received good partner support still had a poor quality of life at 30.8%. With a value of  $p = 0.028 < 0.05$ ,  $H_0$  is rejected and  $H_a$  is accepted, meaning that there is a relationship between peer group support and the quality of life of PLHIV at the Makassar Peer Support Group Care Foundation.

On the other hand, the research results are not in line with Rosnaini's (2020) research on the relationship between social support and the quality of life of PLHIV in Makassar group care foundations. The results showed that partner support did not have a significant relationship with the quality of life of PLHIV ( $p$ -value = 0.255). PLHIV who receive good partner support tend to have a good quality of life by 69.2%. However, a number of PLHIV who receive good partner support still have a poor quality of life, namely (30.8%). Based on the results of the research that has been conducted, respondents' answers predominantly point to good support. According to the researchers, this is because the PLHIV who are respondents in this study on average have partners who have also joined YPKDS who have certainly received good education from their companions.

### **Relationship between Spiritual Support and Quality of Life**

It is known that in the Sukaraja Inpatient Health Center, Bandar Lampung City in 2023, out of 55 respondents there was support for spirituality. A total of 26 respondents (47.3%) had a good quality of life and 29 respondents (52.7%) had a poor quality of life. Of the 4 respondents who did not receive spiritual support, 4 respondents (100.0%) had a poor quality of life and 0 respondents (00.0%) had a good quality of life. Based on the results of statistical tests, a  $p$ -value of 0.066 or  $p$ -value  $> \alpha$  value (0.05) was obtained, which means there is no relationship between spiritual support and quality of life. On the other hand, the research results are not in line with research by Eka et al, (2016) regarding spirituality and quality of life.

The results of this study show that there is a very strong unidirectional relationship between the level of spirituality and the level of quality of life in HIV/AIDS patients ( $p < 0.05$ ). The spiritual level of HIV/AIDS patients at the Spirit Paramacitta Denpasar Foundation mostly had low spirituality, namely 24 people (53%), 17 people (38%) had moderate spirituality and 4 people (9%) had high spirituality. The quality of life level of HIV/AIDS patients at the Spirit Paramacitta Denpasar Foundation mostly has an average quality of life, namely 23 people (51%), a poor quality of life of 19 people (42%) and a good quality of life of 3 people (7%). On the other hand, it is not in line with the research results of Sukerti, (2020). As for the relationship between spirituality and the quality of life of PLHIV, filling their lives with useful things, getting closer to God by doing good with other people, being patient with the illness they are currently suffering from, praying more and worshipping will improve the quality of life of PLHIV. Worship will always bring positive atmosphere. Surrendering yourself to God, praying a lot will make you calmer.

### **CONCLUSIONS**

The frequency distribution of the description of education level was 50 respondents (84.7%) with the latest education level being SD/MI. The frequency distribution of family support was 33 respondents (55.9%) without family support. The frequency distribution of social support was 33 respondents (55.9%) without social support. The frequency distribution of spiritual support was 55 respondents (6.8%) who had family support. Frequency distribution of quality of life: 33 respondents (55.9%) had poor quality of life.

There is no relationship between education level and the quality of life of PLHIV at the Sukaraja Inpatient Health Center, Bandar Lampung city in 2023 ( $p$  value = 0.980 where  $p$  value  $> 0.005$ ). There is a relationship between family support and the quality of life of PLHIV at the Sukaraja Inpatient Health Center, Bandar Lampung city in 2023 ( $p$  value= 0.003 where  $p$  value  $< 0.005$ ). There is a relationship between social support and the quality of life of PLHIV at the Sukaraja Inpatient Health Center, Bandar Lampung city in 2023 ( $p$  value= 0.003 where  $p$  value  $< 0.005$ ). There is no relationship between spiritual support and the quality of life of PLHIV at the Sukaraja Inpatient Health Center, Bandar Lampung city in 2023 ( $p$  value= 0.066 where  $p$  value is  $> 0.005$ ).

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