



Determinant Factors on Quality-of-Life PWH at Timika Jaya Community Health Center, Mimika Regency Central Papua Province

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ABSTRACT

This study aims to determine the most dominant determinant and factors that affect the quality of life of people with HIV/AIDS (PWH) at the Timika Jaya Health Center. Types of quantitative research with cross-sectional design. Samples totaled 109 PWH taken in total sampling. Data were collected through questionnaires and analyzed by chi-square test, Prevalence Ratio test and logistic regression analysis. The results of the study showed that significant variables had an effect on the quality of life of PWH with a p-value of $< \alpha$ (0.05), there were 3 variables in order, namely comorbidities (p value 0.032) $RP=1.411$ CI 95% (1.036-1.922), Drug side effects (p value 0.017) $RP=3.907$ (1.343-11.346) and Stress (p value 0.022) $RP=3.243$ (1.266-8.307). Meanwhile, variables that had a non-significant effect on PWH quality of life with a p-value of $> \alpha$ (0.05) and a non-significant prevalence ratio value in order were compliance with ARV intake, coping mechanisms, stigma, and family support. The most dominant factors affecting the quality of life of PWH are drug side effects with a p value of 0.043; OR = 3.1; 95% CI (1.03–9.3).

INTRODUCTION

Human Immunodeficiency Virus which is often referred to as HIV is a virus that infects the immune system and attacks white blood cells, causing AIDS (Acquired Immune Deficiency Syndrome). (Yusnitasari & Rahmadani, 2022).

Data collected by the Joint United Nations Programme on HIV and AIDS (UNAIDS) in 2021 showed that around 3.8 million people were infected with HIV worldwide, 1.7 million new HIV sufferers, and 690,000 deaths caused by AIDS. Meanwhile, data from the World Health Organization (WHO) in 2021 showed that around 5.8 million people with HIV/AIDS and 300,000 total cases of new HIV infections occurred in the Asia Pacific region, more than a quarter of new HIV infections occurred in the 15-24 age group (WHO, 2023). UNAIDS reported that HIV prevalence in Indonesia is increasing by 16% each year, ranking third among Asia Pacific countries, after China and India. (Listia et al., 2024)

HIV AIDS case reports up to December 2023 have been reported by 34 provinces in Indonesia. The number of PWH found reported was 57,299 people out of 6,142,136 people tested for HIV, and 46,370 people received ARV treatment. The highest percentage of HIV cases was reported in the 25-49 age group (64%), followed by the 20-24 age group (18.1%), and the ≥ 50 age group (10.2%). The number of AIDS cases reported was 17,121 people. The five provinces with the largest number of reported AIDS cases were West Java, East Java, Central Java, Bali, and DKI Jakarta. The percentage of risk factors from the highest order was risky sex in heterosexuals (64.6%), homosexuals (24.3%), unknown (7.3%), perinatal (1.5%), and others (0.8%). (Ministry of Health of the Republic of Indonesia, 2022). Based on gender, the presentation of PWH is 71% male and 29% female. (Afriana et al., 2023).

Based on data from the Central Papua Health Service in 2023, Nabire Regency is the district with the highest number of HIV/AIDS sufferers in Central Papua Province with 9,696 cases. Mimika Regency is in second place with 7,378 cases. (Central Papua Provincial Government, 2024.).

The HIV/AIDS virus has a very broad and serious impact on sufferers, society and the safety of the nation, both psychologically, physically and socially. This condition often affects the healing process that must be carried out by PWH. Psychological pressures experienced by PWH are the main factors causing the condition to become weak again (Elyasari & Novitry, 2023).

Everyone, both men and women, has the right to have the opportunity to have a good quality of life. (Windiramadhan et al., 2024). Family is the smallest social unit that has the closest relationship with PWH. Family support is an important factor that can improve the quality of life of PWH. The family plays a role as the main supporter who must provide encouragement for PWH. (Dwi Prasetyo et al., 2022).

Currently, there is no specific study in Mimika on the quality of life of PWH in Mimika. Although there are various studies on HIV/AIDS, there are still limited studies that comprehensively analyze the quality of life of PWH by considering psychosocial factors, local culture and access to health services in the Papua region, especially Mimika district.

THEORETICAL REVIEW

Meta Synthesis (Review of Previous Research)

Research on the quality of life of PWH was conducted by (Mukaromah et al., 2023) by using quantitative methods with a cross-sectional approach, it was found that there is a relationship between self-stigma and quality of life of PWH (p-value 0.033) with a weak correlation coefficient ($r = -0.317$) in the Gedongtengen Health Center Work Area, Yogyakarta.

Similar studies by (Kolbi, 2022) on PWH with a systematic review showing that depression is one of the strongest predictors of low quality of life scores, depressed PWH have a 10 times greater risk of affecting PWH's quality of life compared to gender and marital status variables.

The same study by (Pratama, Iputu Arjun, 2021) found that there is a relationship between coping mechanisms and the quality of life of PWH at the Victory Plus Foundation in Yogyakarta, where PWH who have maladaptive coping mechanisms have a low quality of life, namely 37 respondents (50%). The same research was also conducted by (Marselly, 2016) also found that coping mechanisms affect the quality of PWH at the VCT Polyclinic of RSUP. DR.M.Djamil Padang. The difference in this study is the location of the study which was conducted at the Timika Jaya Health Center with a higher population of sufferers and the difference in the research variables which included 8 independent variables and the analysis was different from previous studies.

Frame of Mind

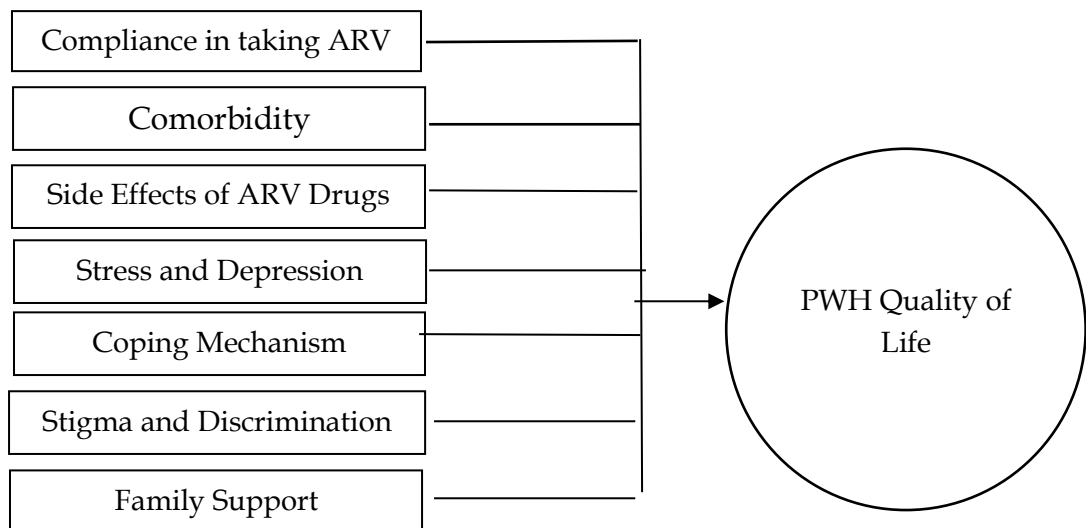


Figure 1. Conceptual Framework

METHODOLOGY

This study uses a quantitative method with a cross-sectional approach. The population in this study were all PWH patients at the Timika Jaya Health Center as of March 2025, there were 109 PWH, which were taken using the Purposive sampling technique.

RESEARCH RESULTS***Univariate Analysis***

Table 1. Distribution of Independent and Dependent Variables

No	Variables	Frequency (n)	Percentage (%)
1	Age		
	< 25	22	20.2
	≥25	87	79.8
2	Gender		
	Woman	46	42.2
	Man	63	57.8
3	Ethnic group		
	Papua	48	44
	Non Papua	61	56
4	Marital status		
	Marry	48	44
	Not married yet	46	42.2
	Divorced	15	13.8
5	Year of HIV Diagnosis		
	<2020	51	46.8
	>2020	58	53.2
6	Duration of ARV Consumption		
	<5 Years	65	59.6
	≥5 years	44	40.4
7	Early Stages of HIV/ AIDS Diagnosis		
	Stage 1-2	46	42.2
	Stage 3-4	63	57.8

Source: Primary Data 2025

From the table above, it can be seen that the majority of respondents were aged ≥ 25 years 87 (79.8%), male 63 (57.8%), and from non-Papuan tribes 61 (56%). Most were married 48 (44%), diagnosed with HIV after 2020 58 (53.2%), and had been taking ARVs for less than 5 years 65 (59.6%) and diagnosed at stage 3-4 as many as 63 (57.8%).

Bivariate Analysis

No	Variables	PWH Quality of Life				n	p-value	RP	CI 95%	
		Bad		Good					Lower	Upper
		n	%	n	%					
1	ARV Compliance									
	Not obey	25	24	79	76	104	1,000	1,266	0.135	11.85
	Obedient	1	20	4	80	5				
2	Comorbidity									
	There is	16	25.8	46	74.2	14	0.032	1,411	1,036	1,922
	There isn't any	10	21.3	37	78.7	46				
3	Side effects of ARV drugs									

	There is an effect There isn't any	21 5	32.8 11.1	43 40	7.2 3.9	64 45	0.017	3,907	1,343	11,346
4	Stress and Depression									
	stress,depression No stress	18 8	34.6 14	34 49	65.4 86	52 57	0.022	3,243	1,266	8,307
5	Coping Mechanisms for Depression									
	Not enough There is	5 21	41.7 21.6	7 76	58.3 78.4	12 97	0.153	2,585	0.74	8.98
6	Stigma in Society									
	There is a Stigma There isn't any	22 4	23.7 25	71 12	76.3 75	93 16	1,000	0.9	0.2	3.17
7	Family Support									
	Not enough There is	20 6	23 27.3	67 16	77 72.7	87 22	0.888	0.796	0.275	2.30

Source: Primary Data 2025

Table 2 Results of the chi square statistical test and the prevalence ratio test at a significance value of 95% ($\alpha = 0.05$) it was found that the variables that were significantly related to the quality of life of PWH with a p-value $< \alpha$ (0.05), there were 3 variables in sequence, namely Comorbid (p value 0.032) RP=1.411 CI 95% (1.036-1.922), Drug side effects (p value 0.017) RP=3,907 (1,343-11,346) and Stress (p value 0.022) RP=3,243 (1,266-8,307) Thus, the relationship between comorbidities, drug side effects, and stress is significant with the quality of life of PWH. When viewed from the RP value = > 1 with the lower and upper values not including the number 1, it is interpreted that PWH who are stressed are at 3.42 times greater risk of poor quality of life compared to PWH who are stressed. While the variables that have no significant relationship with the quality of life of PWH with a p-value $> \alpha$ (0.05) and an insignificant prevalence ratio value are ARV adherence, coping mechanism, family support.

Multivariate Analysis

Before conducting multivariate analysis, variables that meet the requirements for multivariate analysis will be selected, namely determining variables with p-values < 0.25 . Comorbid variables, side effects of taking ARV drugs, stress and coping mechanisms are included in the category of p-values < 0.25 , so they are included in the multivariate model and tested together with the binary logistic test of the forward LR method. The following table shows the results of the variable feasibility analysis.

Table 3. Analysis of feasibility of variables

No	Variables	p-value	OR	95% CI		Information
				Lower	Upper	
1	ARV Compliance	1,000	1.26	0.13	1.85	Not a
2	Comorbid	0.032	1.41	1.36	1.92	Candidate
3	Side effects	0.017	3.90	1.34	11.3	Candidate

4	Stress	0.022	3.24	1.26	8.30	Candidate
5	Coping Mechanism	0.153	2.58	0.74	8.98	Candidate
6	Stigma	1,000	0.9	0.21	3.17	No
7	Family support	0.888	0.79	0.27	2.30	No

Source: Primary Data 2025

From the table above, it can be seen that there are only 4 variables that meet the requirements for multivariate analysis, namely ethnicity, gender,

Table 4. Multiple Logistic Regression Variable Analysis

No	Variables	B	p-value	OR	95% CI for Exp(B)	
					Lower	Upper
1	Side effects	1,137	0.043	3.11	1.03	9.3
	Stress and depression	0.53	0.061	2,543	0.9	6
	Constant	0.37	0.234	1,456		

Source: Primary Data 2025

Table 4 above, obtained a beta correlation coefficient value of 1.137 which states a strong influence with a p value of 0.043; OR = 3.1; CI95% (1.03 -9.3) which is interpreted that PWH who have side effects of ARV drugs are at risk of poor quality of life. And this drug side effect variable is the most dominant factor in the quality of life of PWH patients.

DISCUSSION

Analysis Influence ARV Consumption Compliance with PWH Quality of Life

The results of the Chi-Square test showed a p value of 1,000 or $p > 0.05$ and a RP value = 1.226 CI 95% (0.135-11.85). This shows that there is no significant influence of ARV consumption compliance on the quality of life of PWH.

The results of this study differ from the results of Windiramadhan et al.'s study, which found that compliance with taking ARV medication with the quality of life of PWH was obtained with a p-value (0.011) ($\alpha = \leq 0.05$). Or PWH who are compliant with taking ARV medication have a good quality of life.(Windiramadhan et al., 2024).

This study differs from the results of research by Windiramadhan et al. who also found that as many as 178 (94.2%) PLWHA were compliant in taking ARV medication and as many as 96 (50.8%) PWH had a good quality of life. The results of the correlation test analysis showed that compliance in taking ARV medication with the quality of life of PWH was obtained with a p-value (0.011) ($\alpha = \leq 0.05$). PWH who were compliant in undergoing ARV treatment had a good quality of life. (Windiramadhan et al., 2024). In addition, WHO (2021) emphasizes the importance of sustainability in ARV therapy. WHO's global

guidelines explain that the effects of long-term ARV therapy not only reduce HIV mortality, but also minimize the risk of transmission and complications of opportunistic infections. In other words, the longer the therapy is carried out with a high level of compliance, the better the clinical outcomes and quality of life of patients will be.(WHO, 2021).

AnalysisThe Influence of Comorbidity on PWH Quality of Life

The Chi-Square test produced a significance value of 0.032 ($p < 0.05$) $RP = 1.411$ (1.032-1.922), so there is a significant influence between the presence of comorbidity (concomitant diseases or opportunistic infections) and the quality of life of PWH. Comorbidity can worsen physical and psychological conditions.PWH, which has a negative impact on their quality of life.

These findings are consistent with previous studies showing that the presence of comorbidities increases the physical, mental, and social burden on PWH, thereby reducing overall quality of life.

This study is in line with the findings that comorbidities worsen the physical condition of PWH and significantly reduce their quality of life. The results of the study are the same as the results of R Gultom's research at the Imelda Workers Indonesia General Hospital Medan that of the 34 PWH, the most common comorbid diseases found in HIV/AIDS patients are hyponatremia as many as 20 people (25%), hypokalemia as many as 12 people (15%), and dyspepsia as many as 9 people (11.25%) (Gultom, 2022). HIV patients with two or more comorbidities are less likely to adhere to ART (Antiretroviral Therapy) due to the increased complexity of treatment. This has an impact on the effectiveness of HIV treatment itself and long-term quality of life.

Analysis the Influence of ARV Treatment Side Effects on PWH Quality of Life

Based on the results of the statistical test, a significance value of 0.017 ($p < 0.05$) was obtained. This shows that there is a significant influence between the side effects of antiretroviral (ARV) on the quality of life of PWH. This means that the more severe or frequent the side effects experienced, the lower the quality of life felt by the patient. Side effects of ARVs such as nausea, vomiting, diarrhea, chronic fatigue, lipodystrophy, peripheral neuropathy, and sleep disorders can interfere with PWH's daily activities and cause a significant decline in physical and psychological function. According to(Miners et al., 2014), long-term side effects of ARVs can cause a significant health burden and reduce perceptions of quality of life. Patients who experience chronic side effects report higher levels of stress, sleep disturbances, and decreased productivity.

Untreated side effects can also interfere with patient adherence to treatment, which in turn has a negative impact on the success of ARV therapy and long-term health.(Meintjes & Maartens, 2024)stated that significant side effects correlate with the risk of discontinuation or irregularity in ARV consumption, which then reduces quality of life both directly (physical) and indirectly (immune health and risk of infection). Therefore, it is important for health care providers to closely monitor ARV side effects and provide medical or psychosocial interventions to reduce them. Counseling support, education, and

side effect management strategies can help patients continue to undergo therapy comfortably and maintain a good quality of life.

Analysis the Influence of Stress and Depression on PWH Quality of Life

The significance value obtained was 0.022 ($p < 0.05$) and RP = 3.24 (1.266-8.307), which means there is a significant relationship between stress and depression with the quality of life of PWH. High levels of stress and depression can reduce the spirit of life and psychological conditions, thus affecting the overall quality of life. Chronic stress and depression are two major psychological problems frequently experienced by PWH. According to (Windiramadhan et al., 2024) this psychological disorder greatly affects the domain of quality of life, especially in the mental, social, and emotional aspects. Individuals who experience depression tend to have negative perceptions of themselves, feel hopeless, and lose interest in daily life, all of which have an impact on overall quality of life.

Depression and stress have also been shown to affect adherence to ARV therapy, thus having an indirect impact on the physical condition and immunity of PWH. (Praise, 2023) in his research concluded that depression in PWH has a significant relationship with decreased medication compliance and increased risk of morbidity. This creates a negative circle, where worsening physical conditions also worsen mental health.

Study by (Kolbi, 2022) on PWH with a systematic review showing that depression is one of the strongest predictors of low quality of life scores, depressed PWH are at 10 times greater risk of affecting PWH's quality of life compared to gender and marital status variables. These findings support that mental health interventions are very important in efforts to improve PWH's quality of life.

Weak social support is also a factor that worsens stress and depression. Therefore, strategies to improve quality of life are not enough with medical treatment alone, but also need to involve psychosocial support, counseling, and psychological therapy. As conveyed by (Aswar et al., 2020) shows the value of $F = 14.019$ with a significance of 0.003 shows the value of $F = 14.019$ with a significance of 0.003 ($p < 0.05$) which indicates that social support has a significant effect on the quality of life of PWH in Makassar City KDS Saribattangku. While the R^2 value of 0.221 indicates that social support affects the quality of life of PWH by 22.1%.

Analysis of the Influence of Coping Mechanisms on the Quality of Life of PWH

Based on the results of the statistical test, a significance value of 0.153 ($p > 0.05$) and Risk Prevalence (RP) is 2,582, with a Confidence Interval (CI) of 0.74–8.98. This shows that although there is a risk tendency that certain coping mechanisms can impact the quality of life of PWH, statistically the effect is not significant.

A p-value greater than 0.05 indicates no statistically significant relationship between the type of coping mechanism used by PWH and their quality of life. However, the RP value of 2.582 (although the CI is wide and

exceeds 1) indicates a tendency for more than two-fold risk of low quality of life for PWH who use non-adaptive coping.

According to (Lazarus and Folkman, 1984), coping mechanisms are the way individuals respond to stress, which can be adaptive (eg active coping, religious, seeking support) or maladaptive (avoidance, denial, blaming). However, the effectiveness of coping is highly dependent on the social context, culture, and personal experience. Therefore, although differences in coping exist, they do not always have a direct significant impact on quality of life, especially if other variables such as social support, clinical conditions, or personality are more dominant.

Study by (Pratama, Iputu Arjun, 2021) found something different, I Putu found that there was a relationship between coping mechanisms and the quality of life of PWH at the Victory Plus Foundation in Yogyakarta where PWH who had maladaptive coping mechanisms had a low quality of life, namely 37 respondents (50%). Study by (Marselly, 2016) also found that coping mechanisms affect the quality of PWH at the VCT Polyclinic of RSUP. Dr. M. Djamil Padang.

Analysis of the Influence of Stigma on the Quality of Life of PWH

A significance value of 1,000 ($p > 0.05$) indicates that there is no significant influence between experiences of stigma and discrimination and quality of life of PWH. Social stigma can theoretically reduce self-confidence and cause PWH to withdraw from the social environment, so that their quality of life decreases. The results of this study differ from the findings of Yusnitasari and Rahmadani that stigma ($p=0.001$) has a significant relationship with the quality of life of serodiscordant and seroconcordant couples in PWH. (Yusnitasari & Rahmadani, 2022).

According to Ismail, the form of stigma in PWH sometimes comes from the self, who stigmatize themselves, and start to receive stigma based on fear from family and society. Health care providers and the community also stigmatize PWH by considering them to have a bad character (Ismail et al., 2022).

The results of this study show that the stigma is not significant with quality of life, likely because the stigma of PWH is more self-stigmatizing and less stigmatized by health workers. According to research by Agung Waluyo et al., the stigma of nursing and medical students from Papua has a predicted lower stigma score than that of nursing and medical students from other provinces. Therefore, Agung Waluyo suggests that strategies to reduce HIV stigma in health workers should include a strong focus on pre-clinical education settings and consider public nursing institutions as providers of possible best practice models (Waluyo et al., 2022).

According to the research of Sianturi et al, the type of stigma received by PWH has the opportunity to reduce medication adherence to HIV patients, and it is medication adherence that is directly related to quality of life. This means that stigma will trigger non-compliance with taking medication, which leads to the quality of life of PWH patients (Sianturi et al., 2019).

Analysis The Influence of Family Support on PWH Quality of Life

Based on the results of statistical tests, a significance value of 0.888 ($p > 0.05$) and Risk Prevalence (RP) of 0.796 with a Confidence Interval (CI) of 0.27–2.3 were obtained. This shows that family support statistically has no significant effect on the quality of life of PWH. The results of this study differ from the findings (Sapeni et al., 2023) who found that family support significantly influences the quality of life of PWH. This could be due to variations in the type or form of support received, or because other external factors have a more dominant influence. This result can be explained by the possibility that the family support received by respondents not always positive or functional.

The results of this study are different from those found by Imon Putra that there is a significant relationship between family support and stigma and the quality of life of people with HIV/AIDS at the Polyclinic of M.Djamil Padang Hospital. Imon Putra stated that positive family support for ODHA will help ODHA in facing the health and psychological problems they experience. It is hoped that health workers should involve families for ODHA treatment. This is done so that families are motivated to always provide support to ODHA so as to improve their quality of life (Putra, 2022).

The results of this study are different from other studies and are not in accordance with the theory, this is likely due to the quality of life of PWH being influenced by other factors. This can be seen from the results of the analysis showing that 77% of PWH has a good quality of life, even though they do not receive support from their families.

Discussion of Multivariate Analysis

The results of the multivariate analysis using logistic regression test analysis obtained a beta correlation coefficient value of 1.137 which states a strong influence with a p value of 0.043; OR = 3.1; CI95% (1.03 -9.3) which is interpreted that PWH who have side effects of ARV drugs are at risk of poor quality of life. And this drug side effect variable is the most dominant factor in the quality of life of PWH patients. Beta regression coefficient = 1.137, which shows the magnitude of the contribution of the side effect variable to changes in quality of life. p -value = 0.043 ($p < 0.05$), indicating statistical significance. Odds Ratio (OR) = 3.1, which means that PWH with ARV side effects have a 3 times greater risk of experiencing poor quality of life. Confidence Interval (CI95%) = 1.03–9.3, which does not cross the number 1, thus indicating a statistically valid estimate.

Side effects of antiretroviral therapy (ARV) such as nausea, diarrhea, dizziness, lipodystrophy, and peripheral neuropathy can interfere with physical comfort, daily activities, and emotional stability of patients. This discomfort can cause patients to feel physically and mentally tired, thus reducing the overall quality of life. According to (Cooper et al., 2019), HIV patients who experience severe side effects from ARVs are more susceptible to decreased quality of life, especially in the physical and psychological domains. Side effects are also a major factor in non-adherence to treatment, which can worsen the patient's clinical condition.

The regression results showed that ARV side effects were the most dominant variable in influencing PWH's quality of life compared to other

variables in the model. This means that even though there are other factors such as social support, duration of therapy, or coping mechanisms, side effects are the strongest determinant of quality of life. This finding is supported by the research of Luo et al. (2018) which stated that the presence of side effects significantly reduced the quality of life score in PWH, especially in terms of mobility, pain, and psychological function. Managing side effects appropriately and individually is the key to improving PWH's quality of life. Adjustment of ARV regimens, routine counseling, and open communication between patients and health workers can reduce the negative impact of side effects and help maintain treatment adherence. (WHO, 2019) also recommend monitoring and early intervention for side effects as part of a patient-centered HIV care approach. Side effects of ARV treatment actually showed a positive effect on quality of life. This can be interpreted as patients who persisted on treatment despite experiencing side effects were those who had high motivation, strong social support, or were accustomed to the therapy regimen. These findings suggest that the continuation of therapy – although not without obstacles – is actually an indicator of positive patient adaptation.

This study provides an important contribution in strengthening scientific evidence on factors that influence the quality of life of PWH in Papua, especially in Mimika Regency. By integrating clinical, psychosocial, and local cultural aspects, this study expands the scope of public health studies based on the context of eastern Indonesia which has so far been limited. However, this study also has limitations, namely the design used is a cross sectional design, so that a momentary time certainly cannot describe how the variable can affect the quality of life well, cannot study more deeply and only shoots from the surface.

CONCLUSIONS

1. The majority of respondents were aged ≥ 25 years 87 (79.8%), male 63 (57.8%), and from non-Papuan ethnic groups 61 (56%). Most were married 48 (44%), diagnosed with HIV after 2020 58 (53.2%), and had been taking ARVs for less than 5 years 65 (59.6%) and diagnosed at stage 3-4 as many as 63 (57.8%).
2. Compliance with taking ARVs statistically did not have a significant effect on the quality of life of PWH ($p = 1.00$). RP 1.266 CI 95% (0.135-11.85)
3. Comorbidity has a significant effect on the quality of life of PWH ($p = 0.032$) RP 1.266 CI 95% (0.135-11.85)
4. The side effects of ARV treatment significantly affect the quality of life of PWH ($p = 0.017$). RP 3.907 CI 95% (1.343-11.34)
5. Stress and depression have a significant effect on the quality of life of PWH ($p = 0.022$). RP 3.24 (1.26-8.30)
6. Coping mechanism statistically has no significant effect on the quality of life of PWH ($p = 0.153$). RP 2,582 (0.74-8.98)
7. Stigma and discrimination statistically did not have a significant effect on the quality of life of PWH ($p = 1,000$) RP 0.9 (0.2-3.17)
8. Family support was not statistically significant on the quality of life of PWH ($p = 0.888$) RP 0.796 (0.27-2.3).

9. Drug side effects are the most dominant factor influencing the quality of life of PWH. p value 0.043; OR = 3.1; 95% CI (1.03 –9.3).

RECOMMENDATIONS

1. For Community Health Centers: Need to strengthen psychosocial services, such as routine counseling, psychological intervention, and coping mechanism training. It is also necessary to strengthen the referral and monitoring system for cases with severe comorbidities.
2. For local governments: Promote behavior change communication programs based on local Papuan culture to reduce stigma and discrimination against PWH. Collaboration with traditional and religious leaders is essential.

FURTHER STUDY

It is recommended to conduct longitudinal research to see changes in the quality of life of PWH over a certain period of time, as well as adding qualitative aspects to explore the life experiences of PWH in depth.

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