

# The Level Of Depression And Quality Sleep Among HIV/AIDS Patients In Care Center Plus Jombang

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## ABSTRACT

**Introduction:** In Indonesia, HIV/AIDS is one of serious disease and complex, also was gived problem in community. HIV/AIDS patients not only had physical problems but also had psychological problem, so they need help to fight and survive for their life. If their coping ineffective, they will be feeling anxiety and depression, then it maked physical problems like sleep quality.

**Objective:** To analyse the correlation between level of depression and sleep quality among HIV/AIDS patients in Jombang Care Center. **Method:** The reseachmethof of this study was cross sectional, 26 samples was used in this study with the inclusion and exlution criteria. The level of depression was measured by questionnaire of *Depression Anxiety Stress Scales* (DASS) and the quality sleep was measured by questionnaire of *The Pittsburgh Sleep QualityIndex*(PSQI). The analyse data was used spearman-Rho correlation.**Results:**The results of this study was found that 61.60% at the midle to high level of depression and 53.8% at the low level of quality sleep. The result of statistic test was  $P < 0,05$ . HIV/AIDS patients who have high level of depression also have low level of quality sleep. **Conclusion:** Therefore, the HIV/AIDS patients should have holistic care to solve physical and psychological problems.

**Keywords:** Depression Level, Quality Sleep, HIV/AIDS patients, Jombang

## INTRODUCTION

In Indonesia, HIV/AIDS is one of serious disease and complex, also was gived problem in community. The number of died caused by HIV/AIDS disease was still high, HIV/AIDS disease was given negative impact in many sectors, such as health status, country, economy, education and humanity. The virus of HIV/AIDS was easy transmitted to the people, especially among teenager, most of

the way of transmission was by sharing contaminate needle and sex without protection. The case of HIV/AIDS in Indonesia like iceberg, it mean that in Indonesia was potensial to increasing the number of HIV/AIDS patients.

In 2014, Jombang was one of the biggest number of endemi for HIV/AIDS cases in East Java, Jombang was eight range after Pasuruan, Kediri, Lamongan, Madiun and Blitar. in 2014, About 640 patients of HIV/AIDS was

living in Jombang and half of them (326 patients) were died caused by the disease. Based on the report from local health primary, only 142 of HIV patients were responsible to take ARV (anti retroviral virus) program or continue to taking of medicine, and only 20 AIDS patients join KDS (Kelompok Dukungan Sebaya) or group support to fight HIV/AIDS in community. This mean that many of the patients were not aware to joining the programs of HIV/AIDS in Indonesia (Ashari, 2014).

HIV/AIDS patients were fight to get better condition for health, the problems were come to them, such as physical problems and also psychological problems such as stigma, poverty, depression. These problems were give impact for their quality life, Aranda (2004) mentined that, the HIV/AIDS patients who have psychological and social problems also influence their activity and spirit of their life. Stigma and discrimination from their community will give the psychological impact like stress, frustration, despitiful and depression (Lichtenstein et al., 2002; Kemen et al., 2015).

The prevalence of depression ranges between 18% and 81%, depending on the population studied and the methodology of the study. The etiology of depression in HIV is likely determined by: (i) biological factors (alterations in the white matter structure, hypothalamic-pituitary-thyroid dysfunction, Tat-

protein-induced depressive behavior); (ii) psychosocial factors (HIV stigma, occupational disability, body image changes, isolation and debilitation); (iii) history or comorbidity of psychiatric illness; and (iv) the perinatal period in HIV women. Depression may also alter the function of lymphocytes in HIV and decrease natural killer cell activity, contributing to the increased mortality in these patients (Arseniou et al., 2014). Depression can lead to sleep disturbances and, conversely, sleep problems can produce depression. HAART is a complicated treatment program that requires great attention to the details of medication schedules and dietary restrictions (Liu et al., 2001; Miller & Hays, 2000).

The right interventions are needed, the appropriate interventions are important. One of the strategy to solve this problem is collaborate between health care provider and health education university. SRAN 2015-2019 was mentined that still poor or litle of the number of health education university who willing to concern on HIV/AIDS disease, therefore the team of Health faculty of Unipdu-Jombang willing to concern to this issue, the team try to help the HIV/AIDS patients to getting better of quality life. Especially to degrease of their depression and their quality sleep.

## METHOD

In this research was used correlation design with cross sectional method. The population of this research was all HIV/AIDS patients in Jombang Care Center Plus (JCC Plus) in Jombang. The sampling method was used purposive sampling method with 26 samples of HIV/AIDS patients and used inclusion and exclusion criteria. The level of depression was measured by questionnaire of *Depression Anxiety Stress Scales* (DASS) and the quality sleep was measured by questionnaire of *The Pittsburgh Sleep Quality Index* (PSQI). The analyse data was used spearman-Rho correlation.

After the research done, the team will be do community services. The method of the community services will be divide by three methods: First, is preparation such as build Pokjakes (Health corner) in Faculty of health-Unipdu with cooperation between Faculty of health-Unipdu and KPA (Indonesian commission of AIDS), JCC Plus, KDS and VCT. The main task of this stage is identifying problems, leader in-group, sort work plan (1 year) and long work plan (more than 1 year). Second, Implementation such as training of relaxation spiritual, training of Islamic Pray, Islamic lesson/lecture, training of make herbal soap and training of herbal compress also give the right education related HIV/AIDS to fight eliminate of stigma and discrimination toward HIV/AIDS

patients in community. Third, evaluation program.

## RESULTS AND DISCUSSION

The general characteristics of respondents can be seen in Table 1 below.

**Table 1. The Distribution of General Characteristic Data of HIV/AIDS patients**

| NO | Characteristics | N  | %    |
|----|-----------------|----|------|
| 1  | Gender =        |    |      |
|    | • Male - Male   | 16 | 61,5 |
|    | • female        | 10 | 38,5 |
| 2  | Age             |    |      |
|    | • 17-25 years   | 6  | 23,1 |
|    | • 26-35 years   | 11 | 42,3 |
|    | • 36-45 years   | 7  | 26,9 |
|    | • 46-55 years   | 1  | 3,8  |
|    | • ≥55 years     | 1  | 3,8  |
| 3. | Education       |    |      |
|    | • SD            | 5  | 19,2 |
|    | • SMP           | 12 | 46,2 |
|    | • High School   | 8  | 30,8 |
|    | • PT            | 1  | 3,8  |
| 4. | Job status      |    |      |
|    | • farmer        | 4  | 15,3 |
|    | • Private       | 16 | 61,6 |
|    | • Housewife     | 3  | 11,5 |
|    | • Student       | 3  | 11,5 |
| 5. | Smoke           |    |      |
|    | • yes           | 9  | 34,6 |
|    | • no            | 17 | 65,4 |
| 6. | Coffe           |    |      |
|    | • yes           | 16 | 61,5 |
|    | • no            | 10 | 38,5 |
| 7  | Anxiety         |    |      |
|    | • no            | 8  | 30,8 |
|    | • Mild          | 5  | 19,2 |
|    | • Moderate      | 6  | 23,1 |
|    | • Severe        | 7  | 26,9 |

|    |            |    |      |
|----|------------|----|------|
| 8. | Stress     |    |      |
|    | • no       | 19 | 73,1 |
|    | • Mild     | 3  | 11,5 |
|    | • Moderate | 3  | 11,5 |
|    | • Severe   | 1  | 3,8  |
| 9. | Depression |    |      |
|    | • no       |    |      |
|    | • Mild     | 10 | 38,5 |
|    | • Moderate | 12 | 46,2 |
|    | • Severe   | 2  | 7,7  |
|    |            | 2  | 7,7  |

Table 2. Relationships between Depression and Sleep Quality in Patients with HIV / AIDS in Jombang Jombang Regency Care Center in June 2016.

| Level depression                    | Sleep Quality |       |                |       | Total       |       |
|-------------------------------------|---------------|-------|----------------|-------|-------------|-------|
|                                     | Bad           |       | Good           |       |             |       |
|                                     | N             | %     | N              | %     | N           | %     |
| No                                  | 2             | 7,7%  | 8              | 30%   | 10          | 38,4% |
| Mild                                | 9             | 34,6% | 3              | 11,5  | 12          | 46,2% |
| Moderate                            | 1             | 3,8%  | 1              | 7,7%  | 2           | 7,7%  |
| Severe                              | 2             | 7,7%  | 0              | 0%    | 2           | 7,7%  |
| <b>Total</b>                        | 14            | 53,8% | 12             | 46,2% | 26          | 100%  |
| <b>Uji Kolerasi <i>Spearman</i></b> |               |       | $\rho = 0,018$ |       | $r = -,461$ |       |

The results found that, the respondent who had high depression also have poor sleep quality, the results of statistic test was  $P=1,0018$  which mean that there is correlation between the level of depression and sleep quality among HIV/AIDS patients.

Sleep irregularity to be the most common clinical and physical sign of depression. There are two

major forms of sleep disturbances in depressed persons: insomnia and rapid eye movement (REM) dysfunction (Adrien, 2002). A depressed person experiences a decrease in REM latency; Sleep patterns is an increase in REM sleep and a decrease in slow wave sleep (SWS) that impairs sleep continuity. Sleep deprivation can cause problems in all aspects of

life and may affect a patient's ability to recover from illness. The more severe depression becomes, the more normal sleep patterns are compromised (Riemann, Berger, & Voderholzer, 2001). Some studies have also found that persistent poor sleep can cause depression. A vicious cycle may unfortunately exist between sleep and depression

Based on these results, the community services program will

Tabel 3. Expression of respondents feeling after a series

| NO | STATEMENT   | PERCENTAGE VALUE OF RESPONDENTS (%) |   |   |   |    |    |     |
|----|---|-------------------------------------|---|---|---|----|----|-----|
|    |   | 1                                   | 2 | 3 | 4 | 5  | 6  | 7   |
| 1  | Happy   |                                     |   |   |   |    | 25 | 75  |
| 2  | Helpful   |                                     |   |   |   |    | 20 | 80  |
| 3  | Assisted in the treatment of disease                |                                     |   |   |   | 5  | 40 | 55  |
| 4  | Complaints of sleep disturbance, anxiety is reduced |                                     |   |   |   | 35 | 30 | 30  |
| 5  | Can interact and confident                          |                                     |   |   |   | 5  | 30 | 65  |
| 6  | Feel calm   |                                     |   |   |   | 5  | 5  | 90  |
| 7  | Increase confidence in worship                      |                                     |   |   |   | 5  | 5  | 90  |
| 8. | Knowledge, experience, skills improved              |                                     |   |   |   |    |    | 100 |
| 9  | Understand how to care for yourself                 |                                     |   |   |   | 10 | 20 | 70  |

of community service activities

One of the intervention, especially nursing intervention in every month in this community was used relaxsation spiritual therapy. The results from the previous study had found that intervention of spiritual relaxation

be heald on March until October 2017. That programs were included: training of relaxation spiritual, training of Islamic Pray, Islamic lesson/ lecture, training of make herbal soap and training of herbal compress also give the right education related HIV/AIDS to fight eliminate of stigma and discrimination toward HIV/AIDS patients in community.

The results of community servises program are:

can improve quality of life and CD4 cells number of HIV/AIDS

patient (Mawarti *el al.*, 2016). Health education, knowledge and attitude from the community was important. We hope this method could be degrease of toward HIV/AIDS in community level, so the patients also will be have low depression and have good quality life in their community.

Spiritual practice also will lead the patients to get more convenience with their God, so they will be believe that they will get healthy and fight to get better their life. Therefore, the support should be give to them every time and everywhere, so they can expression their feeling, their experience, reduce the sadness, reduce anxiety and eliminate depression.

## CONCLUSION

Based on the results of this study, the level of depression among HIV/AIDS patients also was influenced their sleep quality. The level of depression had correlation with sleep quality among HIV/AIDS patients.

After Service to the community with holistic and comprehensive nursing approach, (bio-psycho-social and spiritual). most respondents stated helpful, Assisted Facing illness, complaints can be reduced, be more confident, Felt Quiet, Increase confidence in worship, knowledge, experience, skills become increasing, Understanding How to Take Care of Yourself, Obedient to take medication

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