ANALYSIS OF THE SOCIAL PERCEPTION DIMENSION DIRECTED TO THE PATIENTS WITH HIV IN TERMS OF DIFFERENT FACTORS: A SCALA DEVELOPMENT STUDY (1)

FARKLI FAKTÖRLER AÇISINDAN HIV HASTALARINA YÖNELİK OLUŞAN SOSYAL ALGI BUYUTUNUN ANALİZ EDİLMESİ: BİR ÖLÇEK GELİŞTİRME ÇALIŞMASI

Ümran SEVİL1, Dilek ÖZTAŞ2, Vasfiye BAYRAM DEĞER3, Özlem GÜNER4, Nigar ÇELİK5, Ayaça GÜRKAN6, Murat KORKMAZ7

1Ege University, Faculty of Nursing, Obstetrics and Gynecology, Izmir / Turkey
2Yıldırım Beyazıt University, Faculty of Medicine, Public Health, Ankara / Turkey
3Mardin Artuklu University, Vocational School of Health, Public Health, Mardin / Turkey
4Sinop University, School of Health, Obstetrics and Gynecology, Sinop, Turkey
5Dumlupınar University, Kütahya School of Health, Obstetrics and Gynecology, Kütahya / Turkey
6Ege University, Faculty of Nursing, Psychiatric Nursing, Izmir / Turkey
7Güven Group Inc. Finance Manager, Istanbul / Turkey

Onc.: Günümüzün en ö Wig residencesında önemli bir sağlık sorunesi olan HIV, bu durum, dünya üzerindeki sosyal algılar üzerinde büyük bir etki yapmaktadır. HIV tanısı alması ve tedavisi hala mümkün olmayan hastaların sosyal dışlanma ve stresli yaşam kalitesi sorunları bulunmaktadır. Bu çalışmada, HIV tanısı alan hastaların sosyal dışlanma ve stresli yaşamasına yol açan faktörler analiz edilmektedir.

Abstract: HIV is the leading issue of today’s most important problems. When we look at the developed and developing world countries, HIV-related work seems to have accelerated very much. This situation, which causes serious losses especially in the economic and social aspects, also has an effect on the social perception of individuals and the society. The practices aiming to increase the quality of life of the cases that are diagnosed but still not possible to treat cause problems for the individual in many different ways. The purpose of this study is to determine the problems of a total of 249 cases diagnosed with HIV in terms of social perception. This is an applied study and the duration of the application has lasted for 9 months. It has been very difficult to reach and identify the cases involved in the application. For this reason, the personal information of the cases diagnosed has not been included in the research process. A 42-item questionnaire consisting of 5-point Likert scale has been used in the research. The questionnaire is composed of two parts. In the first part, the demographic characteristics of the diagnosed individuals exist and the second part consists of the scaled items. Data used in the research have been analyzed with SPSS 18 Program with various analysis techniques. It has been concluded following the findings obtained that the cases diagnosed with HIV experience social exclusion and many other problems. It has been also concluded that the measurement tool “questionnaire” used in this research can be improved and used in different perspectives.

Key Words: HIV, Diagnosis, Perception, Factor, Scale, Analysis

Doi: 10.17363/SSTB.2018.29.2

(1) Corresponding Author: Ümran SEVİL, Ege University, Faculty of Nursing, Obstetrics and Gynecology, Izmir / Turkey, umransevil@gmail.com, Date of Arrival 02.08.2018 Date of Approval 21.12.2018 Type of the Article (Research and Application) Conflict of Interest / None “Existing Ethical Board Report” Mardin Artuklu University, Ethical Board No: 34233153-050.06.04 / Date: 24.05.2018”
INTRODUCTION

HIV is an infection disease that was first diagnosed in the world in 1981 and rapidly infected people in many countries of the world. The first HIV case in Turkey was reported to the Ministry of Health on 01.10.1985. Looking at the demographic characteristics of different HIV cases in Turkey during the course of the process, it was determined that there were workers working abroad and foreign nationals who came to Turkey. The number of cases in Turkey was reported to be 983 between 1985 and 1999. According to the Ministry of Health’s research and statistical data, HIV cases are divided into three generations; the first generation is composed of foreign nationals and the workers who live abroad, the second generation is the relatives of these persons and finally the third generation constitutes the domestic cases. According to the findings and the statistical data obtained, it is stated that the number of patients who are diagnosed with HIV and the cases are increasing every year with an increase of 10%. This rate is stated to be 35 million people in the world. According to “WHO” data of the year 2008, this rate was 33.4 million people and it was stated that the number deceased individuals for HIV-dependent different reasons from 1981 to 2008 was 29 million people. In 2008 alone, the number of HIV cases stated by WHO was 2.7 million people. When we evaluate this ratio in general, it shows that 10 cases are diagnosed with HIV every minute in the world. More than 50% of the vast majority of the cases diagnosed with HIV is in developing and undeveloped world countries. In South-Eastern and Asian countries with a high population ratio, the rate is quite high. When we look at the data of World Health Organization belonging to the year 2010, the situation is very frightening. When we analyze the distribution of the cases that are diagnosed, it is observed that 97% of them live in low and middle income countries, 51% of them are women, 41% is young and aged between (15-24). Moreover, we can say that this rate is high in children aged below 15.

THEORETICAL FRAMEWORK

HIV is a disease that affects people of today’s world in quite different ways and exhibits epidemic features (Ataç and Buzlu, 2016). Gorman et al. (1996) has pointed out that different treatment modalities are applied to increase the quality of life and standards of diagnosed individuals who require long-term treatment for chronic diseases and are not treated with medical interventions (Özdemir and Taşçı, 2012). World Health Organization (WHO) has stated that the level of development of countries is in parallel with the ratio between education and chronic diseases. In the case of HIV and cancer-type diseases, it is observed that the country’s economy is
adversely affected and job loss is high (Oran and Şenuzun, 2008). It is pointed out that it is an inevitable result for the economically insufficient individuals diagnosed with HIV to be faced with social exclusion (Erkoç and Yardım, 2011, Çakır, 2002). It is seen that the economic dimension of infectious diseases is high in developed or developing countries of the world and therefore it is related to social exclusion (Pınar, 2010; İncirkuş and Nahcivan 2011). Social exclusion due to infectious or chronic diseases is a common problem nowadays (Blumenthal, et. al. 2003). New quests for needs arising from the failure to meet the standard of living cause the individual to act in an uncontrolled way and to reflect the negativity experienced on different individuals (Walker, et. al. 1997). Increasing demands due to mandatory and standard needs lead individual to differentiation (Silver, 1994). Exclusion can be evaluated in terms of many different factors. One of the exclusion types mostly experienced by individuals diagnosed with HIV is economic exclusion (Visser, et. al. 2006). Hiding the facts in order to feel self-assured and not to be exposed to some social exclusion cause inevitable problems for the individual (Altıparmak, 2001). Many studies show that psychological problems are experienced at a high level in the cases diagnosed with HIV, which are now regarded as a chronic disorder (Gallagher, et. al. 2012). Psychological problems cause the individual to make more mistakes and apply violence against the people of the community (Bahar and Sertbaş, 2006). Some treatment techniques and medications used in chronic diseases cause psychosocial problems in individuals (Karataş, 2009). It is emphasized that depressive image and suicidal tendency are a very common problem in newly diagnosed cases (Akdemir and Boštanoğlu, 2011). The most common problems faced by the diagnosed cases are the tendencies of social exclusion and becoming introverted (Ha and Wong, 2011). New problems emerging due to the introversion, such as social exclusion and unacceptance of the individual, adversely affect the process of the treatment (Yıldırım and Gürkan, 2010). Social exclusion causes the individual to experience intense stress, pass through a closed process, and make more mistakes (Zuidersma, et. al. 2012). The social perspective for the HIV-infected cases is the most important indicator of ignorance and lack of education (Montez, Chrislensen et al. 2006). It is important to consider HIV awareness as a public issue and to improve the perception dimension by educating other community members in this direction (Demirbağ and Güngörmüş, 2012).

PURPOSE

The purpose of this study is to analyze the social perception dimension of patients diagnosed with HIV “Human Immunodeficiency
Virus” mainly in Turkey and many other world countries in terms of different factors and to present solution offers. Scope: The scope of our study is composed of people who have been diagnosed with HIV and are still in the process of treatment. The individuals close to these people are also included within the scope of the research. During the course of our research, we have acted on the basis of opinions regarding the social, economic, psychological, medical, educational, legal, environmental and close environmental problems experienced by the cases diagnosed with HIV and their relatives. In addition, studies conducted by the public and private sector institutions on HIV-positive people and the developments related to these studies have also been evaluated within the framework of our research.

**SCOPE and METHOD**

The method of our research is composed of a recently developed scaled questionnaire and some statistical data openly expressed in public. Our questionnaire was prepared by taking the opinions of science experts from different fields. The questionnaire was prepared entirely for the cases diagnosed with HIV and the questions were related to the problems experienced by these cases. While the questions were being prepared, the opinions of the diagnosed cases and NGOs (Non-governmental organizations) giving a social support for these cases were consulted. Name and personal details of any case diagnosed with HIV weren’t asked. All participants participated in our study voluntarily. Questions inquiring about address, name, identity, and personal characteristics were not addressed to any of the participants. The research was carried out only to raise awareness and to improve social briefing concerning the problems and the precautions to be taken. The sense of privacy was protected in all participants and information was completely concealed. 238 people constituting almost all participants were reached via internet and 11 diagnosed people were reached via NGOs. These individuals were sent an e-mail via social media created by these individuals diagnosed with HIV and some private websites on internet. In addition, the information on the province, district and residence of the cases with HIV diagnosis participating in the questionnaire wasn’t requested and reflected in the research. Again, the information on health care institutions and physician they received treatment were not requested within the scope of the research and only the general information was used. The questionnaire used in our research was subjected to a preliminary test due to the fact that it wasn’t used before. The questionnaire is composed of two parts. Socio-demographic characteristics of the participant individuals take place in the first part and there are questions composed of 5-point Likert scale...
divided into various dimensions in the second part. A validity reliability study was conducted for the questionnaire prepared for the cases diagnosed before the actual research. A total of 12 cases participated in this study. Preliminary Analysis: First a validity reliability analysis was performed for the questionnaire used in our research. In this analysis, data belonging to 12 cases being the first preliminary test were analyzed with SPSS statistics program. After this analysis, the value of 0.692 was obtained as the validity and reliability Cronbach’s Alpha coefficient. As this wasn’t an expected value, data were reanalyzed by excluding 13 scaled questions affecting the value. The coefficient changed to 0.783 after the analysis. As this new value has been above the expected coefficient of 0.750, we can state that the questionnaire is over the expected reliability level. The main research lasted 9 months approximately. We reached to 249 cases during this period. These cases are the individuals actively participating in NGOs and sustaining their treatment process. No participants were asked for official identity and were not included in the questionnaire. For this purpose, it is out of the question to reach out to the participant individuals after the research. Also the researchers don’t know this information. For the questionnaire used in the research, the institutional permission was obtained from the Faculty of Literature of Cumhuriyet University. Descriptive statistics, reliability analysis, Factor Analysis, Kolmogorov Smirnov, Man Whitney U, Kruskal Wallis, Chi-square, T tests and Jonckheere-Terpstra Testa, Correlation, Anova and Regression analyses were used within the scope of analysis. The value of 0.942 was obtained as the Cronbach’s Alpha coefficient following data acquired from 249 people and it has been concluded that this value has a considerably high reliability.

**DATA ANALYSIS**

Descriptive statistics, reliability analysis, Factor Analysis, T test, Variance analysis (ANOVA), Jonckheere terpstra, Kruskall Wallis and Man Whitney were applied within the scope of analysis. The value of 0.942 was obtained as Cronbach’s Alpha coefficient. Research Hypotheses

H1: The factors for HIV perception don’t differ by age.

H2: The factors for HIV perception don’t differ by sex.

H3: The factors for HIV perception don’t differ by education.

H4: The factors for HIV perception don’t differ by income.

H5: The factors for HIV perception don’t differ by the time of diagnosis.
H₆: The factors for HIV perception don’t differ by healthcare institution.

H₇: The factors for HIV perception don’t differ by social security.

Following the results of the reliability analysis, it has been concluded that 43 items included in the analysis have a considerably high confidence level.

**Table 1. Reliability Analysis**

| Cronbach’s Alpha | Number of Items |
|------------------|-----------------|
| .942             | 43              |

Demographic Statistics

Demographic and descriptive statistics of the participants are as follows;

**Table 2. Demographic and Descriptive Statistics**

|  | Frequency | Column N % |
|---|-----------|------------|
| 1. AGE | 18-21 | 37 | 15% |
| | 22-25 | 98 | 39% |
| | 26-35 | 46 | 18% |
| | 36-45 | 23 | 9% |
| | 46-60 | 37 | 15% |
| | 60+ | 8 | 3% |
| 2. SEX | Male | 171 | 69% |
| | Female | 78 | 31% |
| 3. EDUCATION | Primary Education | 41 | 16% |
| | High School | 87 | 35% |
| | College | 43 | 17% |
| | University+ | 56 | 22% |
| | Literate | 22 | 9% |
| 4. INCOME (PERSONAL) | 800-1000 | 41 | 16% |
| | 1001-1500 | 111 | 45% |
| | 1501-2000 | 52 | 21% |
| | 2001-3500 | 31 | 12% |
| | 3501+ | 14 | 6% |
|   | TIME OF DIAGNOSIS (HOW MANY MONTHS) |   |   |
|---|----------------------------------|---|---|
|   | 1-3 months                        | 31| 12%|
|   | 4-10 months                       | 79| 32%|
|   | 12-15 months                      | 43| 17%|
|   | 16-35 months                      | 19| 8% |
|   | 37-60 months                      | 47| 19%|
|   | 61 months +                       | 30| 12%|

|   | THE EVENT THAT CAUSED BEING DIAGNOSED FOR THE FIRST TIME |   |   |
|---|----------------------------------------------------------|---|---|
|   | The Result of Examination Performed for Different Health Reasons by Chance | 19| 8% |
|   | Because of Suspicious Affair                             | 53| 21%|
|   | Because of the Physical Disturbance of HIV               | 94| 38%|
|   | Following the Analysis Performed Voluntarily             | 62| 25%|
|   | For Different Reasons                                    | 21| 8% |

|   | FROM WHAT KIND OF HEALTHCARE INSTITUTION DO YOU RECEIVE SERVICE AFTER BEING DIAGNOSED WITH HIV? |   |   |
|---|-----------------------------------------------------------------------------------------------|---|---|
|   | Public Health Institution                                                                     | 170| 68%|
|   | Private Health Institution                                                                      | 79 | 32%|

|   | DO YOU HAVE A SOCIAL SECURITY, WHICH ONE IF SO? |   |   |
|---|--------------------------------------------------|---|---|
|   | SSK                                              | 123| 49%|
|   | Bağkur                                           | 68 | 27%|
|   | Emekli sandığı                                   | 28 | 11%|
|   | Yeşil kart                                       | 26 | 10%|
|   | No social insurance                              | 4  | 2% |

|   | DO YOU HAVE A PRIVATE HEALTH INSURANCE?         |   |   |
|---|--------------------------------------------------|---|---|
|   | Yes                                              | 54 | 22%|
|   | No                                               | 195| 78%|

|   | IN WHICH FIELD DO YOU WORK IF YOU ARE EMPLOYED? |   |   |
|---|--------------------------------------------------|---|---|
|   | Private Sector                                   | 165| 66%|
|   | Public Sector                                    | 84 | 34%|

5. TIME OF DIAGNOSIS (HOW MANY MONTHS)

6. THE EVENT THAT CAUSED BEING DIAGNOSED FOR THE FIRST TIME

7. FROM WHAT KIND OF HEALTHCARE INSTITUTION DO YOU RECEIVE SERVICE AFTER BEING DIAGNOSED WITH HIV?

8. DO YOU HAVE A SOCIAL SECURITY, WHICH ONE IF SO?

9. DO YOU HAVE A PRIVATE HEALTH INSURANCE?

10. IN WHICH FIELD DO YOU WORK IF YOU ARE EMPLOYED?
| Question                                                                 | Response          | Percentage |
|--------------------------------------------------------------------------|-------------------|------------|
| 11. WHAT IS THE TITLE OF THE PHYSICIAN YOU RECEIVE SERVICE IN INFECTION DISEASES? | Specialist Physician 141 | 57%        |
|                                                                          | Assistant Professor 20  | 8%         |
|                                                                          | Associate Professor 24 | 10%        |
|                                                                          | Professor 64         | 26%        |
| 12. DO YOU HAVE A DIFFICULTY IN PROVIDING THE MEDICINE YOU USE FOR HIV TREATMENT? | Yes 86  | 35%        |
|                                                                          | No 163              | 65%        |
| 13. WAS A PROCEDURE REVEALING YOUR IDENTITY MADE BY RELEVANT INSTITUTIONS DUE TO HIV? | Yes 10  | 4%         |
|                                                                          | No 239              | 96%        |
| 14. DO YOU HAVE YOUR REGULAR EXAMINATIONS MADE QUARTERLY AND HAVE A CHECK-UP? | Yes 192  | 77%        |
|                                                                          | No 57               | 23%        |
| 15. MARITAL STATUS                                                      | Married 53         | 21%        |
|                                                                          | Single 151         | 61%        |
|                                                                          | Other 45           | 18%        |
| 16. DID YOU HAVE A PROBLEM WITH YOUR SPOUSE AND THE OTHER FAMILY AFTER BEING DIAGNOSED WITH HIV IF YOU ARE MARRIED? | Yes 237  | 95%        |
|                                                                          | No 12              | 5%         |
| 17. HOW WERE YOU INFECTED WITH HIV?                                    | Suspicious Affair 197 | 79%        |
|                                                                          | Through blood 26   | 10%        |
|                                                                          | Use of mutual injector 2 | 1%      |
|                                                                          | For different reasons 24 | 10%      |
| 18. DID YOU GET ANY PSYCHOLOGICAL SUPPORT AFTER BEING DIAGNOSED WITH HIV? | Yes 228  | 92%        |
|                                                                          | No 21              | 8%         |
| 19. DID YOU FEEL LONELY AFTER BEING DIAGNOSED WITH HIV?                  | Yes 222  | 89%        |
|                                                                          | No 27              | 11%        |
| 20. FROM WHICH ONE OF THESE SPECIALISTS BELOW DID YOU RECEIVE SERVICE AFTER BEING DIAGNOSED WITH HIV? | Psychologist 98  | 39%        |
|                                                                          | Psychiatrist 102  | 41%        |
|                                                                          | Psychologist+Psychiatrist 30 | 12%      |
|                                                                          | None of them 19    | 8%         |
21. DID YOU RECEIVE SUPPORT FROM A DIETITIAN AFTER BEING DIAGNOSED WITH HIV?

|   | Yes | No |
|---|-----|----|
|   | 67  | 182|
| % | 27% | 73%|

22. DID YOU USE ANTIDEPRESSANTS IN DIFFERENT WAYS AND DOSES IF YOU RECEIVED SUPPORT FROM PSYCHOLOGIST AND PSYCHIATRIST, “DO YOU USE NOW”?

|   | Yes | No |
|---|-----|----|
|   | 213 | 36 |
| % | 86% | 14%|

23. DID YOU RECEIVE HEALTH SERVICE FOR A DIFFERENT HEALTH PROBLEM AFTER BEING DIAGNOSED WITH HIV AND WERE YOU EXCLUDED BY THE PHYSICIAN OFFERING HEALTH SERVICE?

|   | Yes | No |
|---|-----|----|
|   | 220 | 29 |
| % | 88% | 12%|

24. DO YOU THINK THAT THE PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS IN HEALTH INSTITUTIONS OF TURKEY ARE CONSCIOUS AND KNOWLEDGABLE ABOUT HIV?

|   | Yes | No |
|---|-----|----|
|   | 28  | 221|
| % | 11% | 89%|

25. WERE YOU EXCLUDED AND MARGINALIZED BY THE HEALTHCARE PROFESSIONALS IN THE HEALTH INSTITUTION WHILE SEEKING A SOLUTION FOR YOUR DIFFERENT HEALTH PROBLEMS BECAUSE OF HIV?

|   | Yes | No |
|---|-----|----|
|   | 242 | 7  |
| % | 97% | 3%|

26. HAVE YOU EVER ATTEMPTED TO SUICIDE OR THOUGHT ABOUT IT BY CONSIDERING YOURSELF WEAK AFTER BEING DIAGNOSED WITH HIV?

|   | Yes | No |
|---|-----|----|
|   | 16  | 233|
| % | 6%  | 94%|

27. DO YOU REGULARLY USE THE MEDICATIONS PRESCRIBED TO YOU FOR HIV?

|   | Yes | No |
|---|-----|----|
|   | 238 | 11 |
| % | 96% | 4%|

28. DO YOU SUGGEST THE PROTECTED INTERCOURSE TO THE NON-HIV PEOPLE AROUND YOU BECAUSE OF HIV?

|   | Yes | No |
|---|-----|----|
|   | 244 | 5  |
| % | 98% | 2%|

29. DID YOU COME ACROSS ECONOMIC PROBLEMS AND IMPOSSIBILITY AFTER BEING DIAGNOSED WITH HIV?

|   | Yes | No |
|---|-----|----|
|   | 237 | 12 |
| % | 95% | 5%|
| Question                                                                 | Yes   | No    |
|------------------------------------------------------------------------|-------|-------|
| 30. DID YOU EXPERIENCE A PROBLEM ABOUT YOUR JOB AFTER BEING            | 48    | 201   |
| DIAGNOSED WITH HIV IF YOU WORK?                                       | 19%   | 81%   |
| 31. DO YOU FEEL YOURSELF INCAPABLE AND DESPERATE?                     | 227   | 22    |
|                                                                       | 91%   | 9%    |
| 32. DOES THE SPECIALIST OF INFECTIOUS DISEASES YOU RECEIVE SERVICE    | 234   | 15    |
| LISTEN TO YOU CAREFULLY, PERFORM YOUR ROUTINE HEALTH CONTROLS AND    | 94%   | 6%    |
| SUPPORT YOU?                                                           |       |       |
| 33. DO YOU HAVE A PROTECTED INTERCOURSE WITH THE INDIVIDUALS IN ORDER | 220   | 29    |
| TO PREVENT INFECTING THEM WITH HIV AFTER YOUR HIV DIAGNOSIS?          | 88%   | 12%   |
| 34. DO YOU FIND THE NEWS AND INFORMATION ON THE INTERNET AND SOCIAL   | 29    | 220   |
| MEDIA USEFUL FOR YOU AND THOSE DIAGNOSED WITH HIV?                    | 12%   | 88%   |
| 35. DID YOUR FIRST DEGREE RELATIVES AND THE CLOSEST FRIENDS GIVE YOU   | 22    | 227   |
| ECONOMIC, PSYCHOLOGICAL AND OTHER KINDS OF SUPPORT AFTER YOUR HIV-    | 9%    | 91%   |
| DIAGNOSIS?                                                             |       |       |
| 36. WHAT IS THE AMOUNT OF FINANCIAL OBLIGATION YOU ENTER INTO IN       | 100   | 15    |
| THREE-MONTH PERIODS REGARDING SOME EXAMINATION AND TREATMENT METHODS   | 8%    | 8%    |
| AFTER BEING DIAGNOSED WITH HIV?                                        | 19    | 19    |
|                                                                       | 39%   | 43%   |
|                                                                       | 43%   | 39%   |
|                                                                       | 39%   | 43%   |
| 37. SOME NON-GOVERNMENTAL ORGANIZATIONS AND ASSOCIATIONS PROVIDE       | Very useful and necessary | 238 | 96% |
| SUPPORT ABOUT HIV. WHAT IS YOUR OPINION ABOUT THESE ORGANIZATIONS?    |       |       |
|                                                                       | Totally unnecessary and no use | 11 | 4% |
| 38. DID YOU HAVE A LEGAL ISSUE ABOUT HIV AFTER BEING DIAGNOSED WITH    | 26    | 223   |
| HIV?                                                                   | 10%   | 90%   |
| Question                                                                 | Option                                  | Yes | No  |
|--------------------------------------------------------------------------|-----------------------------------------|-----|-----|
| 39. What was the problematic field if you had a legal issue because of HIV? | Health institution                      | 36  | 14% |
|                                                                          | Health professionals                    | 170 | 68% |
|                                                                          | Health institution and health professionals | 32  | 13% |
|                                                                          | Other                                   | 11  | 4%  |
| 40. Did you have a different problem depending on HIV infection after being diagnosed with HIV? | Yes                                     | 117 | 47% |
|                                                                          | No                                      | 132 | 53% |
| 41. What do you think about reducing HIV medications continuously used in recent years as tablets and providing ease of use? | Very good                               | 169 | 68% |
|                                                                          | Bad                                     | 22  | 9%  |
|                                                                          | Not important                           | 48  | 19% |
|                                                                          | Other                                   | 10  | 4%  |
| 42. Did you have drug resistance test done?                              | Yes                                     | 117 | 47% |
|                                                                          | No                                      | 132 | 53% |
| 43. What are your religious opinions?                                    | Religious                               | 123 | 49% |
|                                                                          | Very religious                          | 95  | 38% |
|                                                                          | Nonbeliever                            | 20  | 8%  |
|                                                                          | Barely religious                        | 11  | 4%  |
| 44. Did you experience any side effects of HIV medications used?         | Yes                                     | 62  | 25% |
|                                                                          | No                                      | 187 | 75% |
| 45. Did you observe negative changes in your social life because of HIV medications used? | Yes                                     | 117 | 47% |
|                                                                          | No                                      | 132 | 53% |
| 46. In which health institution do you feel comfortable?                 | Public                                  | 47  | 19% |
|                                                                          | Private                                 | 202 | 81% |
| 47. Which of the following harmful products do you use?                  | Smoking                                 | 113 | 45% |
|                                                                          | Alcohol                                 | 26  | 10% |
|                                                                          | Smoking + Alcohol                       | 26  | 10% |
|                                                                          | Drugs                                   | 3   | 1%  |
|                                                                          | None of them                            | 81  | 33% |
FACTOR ANALYSIS

The responses of the participants have been evaluated and factor analysis has been applied. Below factors have been obtained following the analysis. A total of 43 items composed of the answers of the participants regarding HIV disease have been loaded to the 3 factorial sub-dimensions after the factor analysis.

1. HIV disease causes social exclusion
2. People with HIV have psychological problems
3. People with HIV have social problems

| Components | 1   | 2   | 3   |
|------------|-----|-----|-----|
| HIV disease causes social exclusion | .771 |     |     |
| HIV disease causes social exclusion | .712 |     |     |
| HIV disease causes social exclusion | .673 |     |     |
| HIV disease causes social exclusion | .668 |     |     |
| HIV disease causes social exclusion | .662 |     |     |
| HIV disease causes social exclusion | .639 |     |     |
| HIV disease causes social exclusion | .630 |     |     |
| HIV disease causes social exclusion | .625 |     |     |
| HIV disease causes social exclusion | .618 |     |     |
| HIV disease causes social exclusion | .615 |     |     |
| HIV disease causes social exclusion | .613 |     |     |
| HIV disease causes social exclusion | .610 |     |     |
| HIV disease causes social exclusion | .605 |     |     |
| HIV disease causes social exclusion | .604 |     |     |
| HIV disease causes social exclusion | .599 |     |     |
| HIV disease causes social exclusion | .597 |     |     |
| HIV disease causes social exclusion | .584 |     |     |
| People with HIV have psychological problems | .436 |     |     |
| People with HIV have psychological problems | .223 |     |     |
| People with HIV have psychological problems | ,150 |
| People with HIV have psychological problems | ,133 |
| People with HIV have psychological problems | ,402 |
| People with HIV have psychological problems | ,258 |
| People with HIV have psychological problems | ,411 |
| People with HIV have psychological problems | ,368 |
| People with HIV have psychological problems | ,015 |
| People with HIV have psychological problems | ,426 |
| People with HIV have psychological problems | ,324 |
| People with HIV have psychological problems | ,022 |
| People with HIV have social problems | ,432 |
| People with HIV have social problems | ,258 |
| People with HIV have social problems | ,387 |
| People with HIV have social problems | ,097 |
| People with HIV have social problems | ,095 |
| People with HIV have social problems | ,075 |
| People with HIV have social problems | ,319 |
| People with HIV have social problems | ,000 |
| People with HIV have social problems | ,193 |
| People with HIV have social problems | ,159 |
| People with HIV have social problems | ,741 |
| People with HIV have social problems | ,655 |
| People with HIV have social problems | ,615 |
| People with HIV have social problems | ,317 |
### Table 4. Analyses

| Age       | N  | %  | Anova | SD | p     | Anova | SD | p     | Anova | SD | p     |
|-----------|----|----|-------|----|-------|-------|----|-------|-------|----|-------|
| 18-21     | 37 | 15%| 4.639 | 5  | 0.007 | 8.231 | 5  | 0.005 | 5.634 | 5  | 0.004 |
| 22-25     | 98 | 39%|       |    |       |       |    |       |       |    |       |
| 26-35     | 46 | 18%|       |    |       |       |    |       |       |    |       |
| 36-45     | 23 | 9% |       |    |       |       |    |       |       |    |       |
| 46-60     | 37 | 15%|       |    |       |       |    |       |       |    |       |
| 60+       | 8  | 3% |       |    |       |       |    |       |       |    |       |
| Sex       |     |    | t-test | SD | P     | t-test | SD | P     | t-test | SD | P     |
| Male      | 171| 69%| 7.757 | 1  | 0.018 | 4.904 | 1  | 0.006 | 7.413 | 1  | 0.003 |
| Female    | 78 | 31%|       |    |       |       |    |       |       |    |       |
| Education |     |    | Jonckheere | SD | p   | Jonckheere | SD | p   | Jonckheere | SD | p   |
| Primary School | 41 | 16%| 0.063 | 5  | 0.026 | 2.751 | 5  | 0.006 | 0.921 | 5  | 0.007 |
| High School | 87 | 35%|       |    |       |       |    |       |       |    |       |
| College   | 43 | 17%|       |    |       |       |    |       |       |    |       |
| University+ | 56 | 22%|       |    |       |       |    |       |       |    |       |
| Literate  | 22 | 9% |       |    |       |       |    |       |       |    |       |
| Income    |     |    | Kruskal Wallis | SD | p   | Kruskal Wallis | SD | p   | Kruskal Wallis | SD | p   |
| 800-1000  | 41 | 16%| 1.681 | 4  | 0.004 | 1.451 | 4  | 0.035 | 16.285 | 4  | 0.003 |
| 1001-1500 | 111| 45%|       |    |       |       |    |       |       |    |       |
| 1501-2000 | 52 | 21%|       |    |       |       |    |       |       |    |       |
| 2001-3500 | 31 | 12%|       |    |       |       |    |       |       |    |       |
| 3501+     | 14 | 6% |       |    |       |       |    |       |       |    |       |
| Time of diagnosis |     |    | Anova | SD | p   | Anova | SD | p   | Anova | SD | p   |
### Table

| Duration           | N  | %   | Mean  | SD  | P   | Mean  | SD  | P   |
|--------------------|----|-----|-------|-----|-----|-------|-----|-----|
| 1-3 months         | 31 | 12% | 4.588 | 5   | 0.09| 5.266 | 5   | 0.028| 7.337| 5   | 0.008|
| 4-10 months        | 79 | 32% | 5      |     |     | 5      |     |     |      |     |     |
| 12-15 months       | 43 | 17% | 0.09   |     |     | 5.266 | 5   | 0.028| 7.337| 5   | 0.008|
| 16-35 months       | 19 | 8%  | 0.028  |     |     | 7.337 | 5   | 0.008| 7.337| 5   | 0.008|
| 37-60 months       | 47 | 19% | 0.028  |     |     | 7.337 | 5   | 0.008| 7.337| 5   | 0.008|
| 61 months +        | 30 | 12% | 0.028  |     |     | 7.337 | 5   | 0.008| 7.337| 5   | 0.008|

| Healthcare Institution | N  | %   | Man Whitney | SD  | P   | Man Whitney | SD  | P   | Man Whitney | SD  | P   |
|------------------------|----|-----|-------------|-----|-----|-------------|-----|-----|-------------|-----|-----|
| Public Health Institution | 170 | 68% | 4.972       | 1   | 0.031| 6.272       | 1   | 0.027| 7.790       | 1   | 0.030|
| Private Health Institution | 79 | 32% |             |     |     |             |     |     |             |     |     |

| Social Security | N  | %   | Kruskal Wallis | SD  | p   | Kruskal Wallis | SD  | p   | Kruskal Wallis | SD  | p   |
|-----------------|----|-----|----------------|-----|-----|----------------|-----|-----|----------------|-----|-----|
| SSK             | 123| 49% | 4.297          | 4   | 0.045| 4.525          | 4   | 0.034| 6.126          | 4   | 0.019|
| Bağkur          | 68 | 27% |                |     |     |                |     |     |                |     |     |
| Emekli sandığı  | 28 | 11% |                |     |     |                |     |     |                |     |     |
| Yeşil kart      | 26 | 10% |                |     |     |                |     |     |                |     |     |
| No social security | 4 | 2%  |                |     |     |                |     |     |                |     |     |

**H1:** The factors directed to HIV perception don’t differ by age.

Concerning the factors directed to HIV perception by age, Sig values of all factors have been found to be below 0.05 value; thus, the hypotheses belonging to these factors will be rejected. Accordingly,

- The factor ‘HIV disease causes social exclusion’ differs by age. The highest average belongs to 22-25 age group.
- The factor ‘People with HIV have psychological problems’ differs by age. The highest average belongs to 26-35 age group.
• The factor ‘People with HIV have social problems’ differs by age. The highest average belongs to 22-25 age group.

**H^2:** The factors directed to HIV perception don’t differ by sex.

Concerning the factors directed to HIV perception by sex, Sig values of all factors have been found to be below 0.05 value; thus, the hypotheses belonging to these factors will be rejected. Accordingly,

• The factor ‘HIV disease causes social exclusion’ differs by sex. The highest average belongs to male group.

• The factor ‘People with HIV have psychological problems’ differs by sex. The highest average belongs to male group.

• The factor ‘People with HIV have social problems’ differs by sex. The highest average belongs to female group.

**H^3:** The factors directed to HIV perception don’t differ by education.

Concerning the factors directed to HIV perception by education, Sig values of all factors have been found to be below 0.05 value; thus, the hypotheses belonging to these factors will be rejected. Accordingly,

• The factor ‘HIV disease causes social exclusion’ differs by education. The highest average belongs to university group.

• The factor ‘People with HIV have psychological problems’ differs by education. The highest average belongs to university group.

• The factor ‘People with HIV have social problems’ differs by education. The highest average belongs to high school group.

**H^4:** The factors directed to HIV perception don’t differ by income.

Concerning the factors directed to HIV perception by income, Sig values of all factors have been found to be below 0.05 value; thus, the hypotheses belonging to these factors will be rejected. Accordingly,

• The factor ‘HIV disease causes social exclusion’ differs by income. The highest average belongs to 1001-1500 group.

• The factor ‘People with HIV have psychological problems’ differs by income. The highest average belongs to 1001-1500 group.

• The factor ‘People with HIV have social problems’ differs by income. The highest average belongs to 1001-1500 group.

**H^5:** The factors directed to HIV perception don’t differ by time of diagnosis.

Concerning the factors directed to HIV perception by time of diagnosis, Sig values of all factors have been found to be below 0.05
value; thus, the hypotheses belonging to these factors will be rejected. Accordingly,

- The factor ‘HIV disease causes social exclusion’ differs by time of diagnosis. The highest average belongs to 4-10 months group.

- The factor ‘People with HIV have psychological problems’ differs by time of diagnosis. The highest average belongs to 4-10 months group.

- The factor ‘People with HIV have social problems’ differs by time of diagnosis. The highest average belongs to 37-60 months group.

H6: The factors directed to HIV perception don’t differ by health institution.

Concerning the factors directed to HIV perception by health institution, Sig values of all factors have been found to be below 0.05 value; thus, the hypotheses belonging to these factors will be rejected. Accordingly,

- The factor ‘HIV disease causes social exclusion’ differs by health institution. The highest average belongs to public group.

H7: The factors directed to HIV perception don’t differ by social security.

Concerning the factors directed to HIV perception by social security, Sig values of all factors have been found to be below 0.05 value; thus, the hypotheses belonging to these factors will be rejected. Accordingly,

- The factor ‘HIV disease causes social exclusion’ differs by social security. The highest average belongs to SSK group.

- The factor ‘People with HIV have psychological problems’ differs by social security. The highest average belongs to SSK group.

- The factor ‘People with HIV have social problems’ differs by social security. The highest average belongs to SSK group.

CONCLUSION and EVALUATION

- A total of 43 items composed of the answers of the participants regarding HIV disease have been loaded to the 3 factorial sub-dimensions after the factor analysis.

1. HIV disease causes social exclusion
2. People with HIV have psychological problems

3. People with HIV have social problems

- The factor ‘HIV disease causes social exclusion’ differs by age. The highest average belongs to 22-25 age group. The factor ‘People with HIV have psychological problems’ differs by age. The highest average belongs to 26-35 age group. The factor ‘People with HIV have social problems’ differs by age. The highest average belongs to 22-25 age group.

- The factor ‘HIV disease causes social exclusion’ differs by sex. The highest average belongs to male group. The factor ‘People with HIV have psychological problems’ differs by sex. The highest average belongs to male group. The factor ‘People with HIV have social problems’ differs by sex. The highest average belongs to female group.

- The factor ‘HIV disease causes social exclusion’ differs by education. The highest average belongs to male group. The factor ‘People with HIV have psychological problems’ differs by education. The highest average belongs to university group. The factor ‘People with HIV have social problems’ differs by education. The highest average belongs to high school group.

- The factor ‘HIV disease causes social exclusion’ differs by income. The highest average belongs to 1001-1500 group. The factor ‘People with HIV have psychological problems’ differs by income. The highest average belongs to 1001-1500 group. The factor ‘People with HIV have social problems’ differs by income. The highest average belongs to 1001-1500 group.

- The factor ‘HIV disease causes social exclusion’ differs by time of diagnosis. The highest average belongs to 4-10 months group. The factor ‘People with HIV have psychological problems’ differs by time of diagnosis. The highest average belongs to 4-10 months group. The factor ‘People with HIV have social problems’ differs by time of diagnosis. The highest average belongs to 37-60 months group.

- The factor ‘HIV disease causes social exclusion’ differs by health institution. The highest average belongs to public group. The factor ‘People with HIV have psychological problems’ differs by health institution. The highest average belongs to private group. The factor ‘People with HIV have social problems’ differs by
health institution. The highest average belongs to public group.

- The factor ‘HIV disease causes social exclusion’ differs by social security. The highest average belongs to SSK group. The factor ‘People with HIV have psychological problems’ differs by social security. The highest average belongs to SSK group. The factor ‘People with HIV have social problems’ differs by social security. The highest average belongs to SSK group.

It has been determined following the research that the majority of the HIV cases that were primarily diagnosed have serious psychological and social problems. It has been observed that many of them receive psychosocial support depending on the existing problems and this situation is considerably serious in some cases. It has also been stated that nearly all of the cases receiving psychosocial support use antidepressants and some cases have been observed to be in physical behaviors that harm themselves. It has been observed that the psychosocial problems experienced between the 1st and 12th month after the initial diagnosis are intense, the rate of acceptance of the disease increases gradually in time and the problems of facing with oneself slightly decreases. It has also been established that some cases try to solve this situation on their own and do not want to share it with anyone but the physician. The number of cases experiencing economic problems is above the average. It has also been seen that some cases have difficulties in business life due to their current, “they have had to leave their work” and so they have difficulty in meeting some of their medical needs. The number of people experiencing social problems regarding social exclusion is nearly the rate of almost all participants. Especially the ones excluded by their family are above the average. With regard to social activity and life with the society, it has been observed that the living with the illnesses, acceptance and self-esteem have risen in the process 10 months and over after the diagnosis and accordingly they have participated in different social activities. It is noteworthy that these activities are sports activities, cultural activities and educational ones. For the dimension of social sensitivity, it is also among the values determined that the diagnosed cases experience such concepts as support, relation, communication and integration towards the newly-diagnosed cases. It has been stated that some cases in the public sense have problems in taking medicines and health services and some cases are faced with such problems as exclusion, marginalization, reaction and violence in health institutions. One of the most interesting findings is that the level of education of the diagnosed cases and their relatives is low. For this reason, it has been observed that the level of knowledge
about social consciousness and diseases is inadequate. There are also some facts indicating that there are some problems in reaching therapeutic medicines. The most important problem of social perception is to act with insufficient information far from reality about the disease.

REFERENCES

ATAÇ, M., BUZLU, S., (2016). Hemşirelerde HIV/AIDS Tanılı Hastalara Yönelik Damgalama, F.N. Hemşirelik Dergisi, 24(3): 155-164

ALTIPARMAK, A., (2001). Sendikacılıkta Güven Bunalımı, İsmat Yayıncılık, Ankara, 1-18

AKDEMİR, N., BOSTANOĞLU, H., et al., (2011). Yatağa Bağlı Hastaların Evde Bakım Hizmeti, Dicle Medical Journal, 38(1): 57-65

BAHAR, A., SERTBAŞ, G., SÖNMEZ, A., (2006). Diabetes Mellituslu Hastaların Depresyon ve Anksiyete Düzeylerinin Belirlenmesi, Anatolian Journal of Psychiatry, 7: 18-26

BLUMENTHAL, J.A., LETT, H.S., BABYAK, M.A., et al., (2003). Depression as a Risk Factor For Mortality After Coronary Artery Bypass Surgery, Lancet, 362: 604-09

ÇAKIR, Ö., (2002). Sosyal Dışlanma, Dokuz Eylül University Institute of Social Sciences Journal, 4(3): 83-104

DEMİRBAĞI, B.C., GÜNGÖRMÜŞ, Z., (2012). Vitiligo, Ankara Journal of Health Services, 11(1): 41-50

ERKOÇ, Y., YARDIM, N., (2011). T.R. Ministry of Health General Directorate of Basic Health Services Türkiye’de Buluşıcı Olmayan Hastalıklar ve Risk Faktörleri ile Mücadele Politikaları, Ankara, Anıl Matbaası, 15-17

GALLAGHER, D., O'REGAN, C., SAVVA, G.M., et al., (2012). Depression, Anxiety and Cardiovascular Disease: Which Symptoms are Associated With Increased Risk in Community Dwelling Older Adults? Journal of Affective Disorders, 142(1-3): 132-138

GORMEN, L.M., SULTAN, D.F., RAINES, M.L., (1996). Davis’s manual of psychosocial nursing in general patient care. Philadelphia: F A Davis Company; pp.436-47

HA, J.H., WONG, C.K., (2011). Pharmacologic Treatment of Depression in Patients With Myocardial Infarction, Journal of Geriatric Cardiology, (8)6: 121

İNCİRKUŞ, K., NAHCİVAN, N.Ö., (2011). Kronik Hastalık Bakımını Değerlendirme
Ölçeği-Hasta Formu’nun Türkçe Versiyonunun Geçerlilik ve Güvenirliği, Doğru Eylül University School of Nursing Journal, 4(1): 102-109

KARATAŞ, Ş., (2009). Tip II Diyabetes Melittis ve Demans İlişkisi, Published Dissertation, T.R. Ministry of Health, Taksim Training and Research Hospital Internal Medicine Clinic, İstanbul

ORAN, N.T., ŞENUZUN, F., (2008). Toplumda Kırlaması Gereken Bir Zincir: HIV/AIDS Stigması ve Baş Etme Stratejileri, International Journal of Human Sciences, 5(1): 1-16

ÖZMEDİR, Ü., TAŞÇI, S., (2012). Kronik Haşalıklarda Psikososyal Sorunlar ve Bakım, Erciyes University Faculty of Health Sciences Journal 1(1): 57-72

McDADE-MONTEZ, E.A., CHRISTENSES, A.J., CVENGROS, J.A., et al., (2006). The Role of Depression Symptoms in Dialysis Withdrawal, Health Psychol, 25: 198-204

PINAR, R., (2010). Türkiye’de Evde Bakımda Mevcut Durum, Akademik Geriatri, 26-30 http://www.engelsizengelliler.org/wp-content/uploads/2012/01/T%C3%BCrkiye-de-Evde-Bak%C4%B1mda-Mevcut-Durum.pdf/ Access Date: 11.09.2016

SILVER, H., (1994). Social Exclusion and Social Solidarity: Three Paradigms, International Labour Review, 133(5-6): 53-578

WISER, M., MAKIN, J., LEHOBYE, K., (2006). Stigmatizing Attitudes of the Community Towards People Living With HIV/AIDS, Journal of Community & Applied Social Psychology, 16: 42-58

WALKER, A., WALKER, C., (1997). Britain Divided: The Growth of Social Exclusion in The 1980s and 1990s, London, Child Poverty Action Group

YILDIRIM, S., GÜRKA, A., (2010). Psikososyal Açından Kanser ve Psikiyatri Hemşiresinin Rolü, Ege University School of Nursing Journal, 26(1): 87-97

ZUIDERSMAN, M., CONRADI, H.J., MELLE, J.P.Y., et al., (2012). Self-Reported Depressive Symptoms, Diagnosed Clinical Depression and Cardiac Morbidity and Mortality After Myocardial Infarction, Int J Cardiol doi:10.1016/j.ijcard.2012.07.002