

7. STRESZCZENIE W JĘZYKU ANGIELSKIM

The quality of life of people living with HIV is determined by many health and social factors.

The aim of the study was to assess the quality of life of people living with HIV treated in the Observational-Infectious Diseases Department with a Subunit for HIV-Infected and AIDS Patients at the University Clinical Hospital in Białystok.

147 people participated in the study. The study used a modified questionnaire entitled "*Psychosocial Situation of People Living with HIV/AIDS in Poland*" by Magdalena Ankersztejn-Bartczak, PhD, as well as standardized psychometric scales: The World Health Organization Quality of Life *WHOQOL-BREF*, Short Form Health Survey *SF-36*, Acceptance of Illness Scale (*AIS*), Beck Depression Inventory (*BDI*), General Health Questionnaire (*GHQ-28*), and Satisfaction with Life Scale (*SWLS*).

32,7% of the respondents experienced discrimination. Individuals, who experienced discrimination (33%), showed lower quality of life, greater depression, and more frequent self-destructive tendencies. The better the assessment of sexual life, the higher the assessment of the quality of life was, and the lower the severity of depressive symptoms, and the higher the acceptance of infection and life satisfaction. 72% of the respondents maintained positive relationships with their families.

The majority of the respondents rated their quality of life as average. Factors that increased the quality of life were: overall health status, lack of stigmatization/discrimination, social/family support, higher level of education, being in a marital relationship, and satisfactory sexual life. The duration of infection was not correlated with the quality of life. The most frequently discriminating individuals were healthcare workers, which requires the implementation of an anti-discrimination campaign against HIV-positive individuals in this professional group. A low level of acceptance of infection was associated with a low assessment of sexual life and self-destructive tendencies. The level of life satisfaction was rated as low. Discrimination and deterioration of family relationships were the main predictors of suicide attempts. The most significant changes that occurred in the respondents lives in connection with HIV infection included: changing jobs, going on disability, relationship breakdown, lack of own family, and loss of friends. The participants did not have a positive opinion about the role of organizations working for people with HIV/AIDS, so these organizations should engage more in social campaigns to increase public awareness of HIV/AIDS and reduce negative stereotypes and prejudices towards infected individuals.

