

I. SUMMARY

The problem of stigmatization and quality of life of people with chronic diseases is quite a common phenomenon. Although current literature shows that over time, stigmatization of people affected by HIV/AIDS decreases, it is still present, particularly in Third World countries.

People who have to live with HIV infection experience the issue of an imprint for their whole lives. The problem of stigmatization, discrimination and negation is still poorly understood and is often marginalized among national and international programs and reactions. This imprint makes effective social and medical care impossible, increases the amount of new HIV infections and decreases the influence of ART (antiretroviral therapy) on public health, because patients are not able to interact with their families and other communities.

The identification of sick people is difficult, due to them trying to cover up their disease, especially because the society thinks that HIV infected people are sicker (more dangerous) than normal. The connection between HIV/AIDS and morality is common as a result of the religious and cultural practice. The programs, which allow people to discuss sexuality based on their cultural standards and beliefs could deal with this problem by debunking myths related to HIV/AIDS. The key strategy to mobilize people in such complex issue as the imprint, is to connect them with individual and collective force. Sub-Saharan Africa needs more qualitative studies about HIV/AIDS, to understand the imprint better, because stigmatization of people influences many life factors, such as life satisfaction and its quality.

The aim of the study was to analyze social and demographic characteristics of HIV-seropositive people, to collect information on the quality of their life, their social situation, life satisfaction and also the discrimination rate among Zambian community.

The achievement of the main goal was accomplished by finding the answer on the following research question:

- ❖ Is there any connection between self-assessment of life quality and patients' age, education, marital status or sex?

- ❖ Is there any connection between the sense of discrimination of HIV-positive people and their age, marital status, education or sex?
- ❖ Is there any connection between life satisfaction of HIV-positive people and their age, marital status, education or sex?
- ❖ Is there any connection between the sense of the acceptance of the disease and their age, marital status, education or sex?

The study was taken from September to December 2016 among 207 people.

The method of diagnostic survey was followed to conduct the study. The test was performed among patients at the Mother of Mercy Hospice and Health Centre in Chilanga, Zambia. The study group consisted of patients visiting the clinic in order to get a routine inspection and patients who live in the Hospice permanently.

Statistic methods, which allowed to verify research hypothesis and to find answers on questions, were used in the study.

Collected materials and obtained results allowed to come to the following conclusions:

1. The sex differentiate life quality of AIDS patients only on the social field - in that area women demonstrate significantly higher life quality.
2. The quality of life is better in the case of people with secondary and higher education rather than basic education.
3. The marital status differentiate life quality especially on the environmental field - married people present themselves the worst.
4. People who consider themselves a sick ones at the time the survey was taken, have worse life quality than the other respondents
5. People with clinically apparent AIDS have worse life quality than asymptomatic patients.
6. Patients who are infected with HIV by sexual intercourse have lower life quality on the social field.
7. Stigmatization rate does not depend on the sex of respondents. The only exception is the personal stigmatization area, where its rate is slightly higher among men.
8. Age, education, marital status and stage of disease are not the factors that influence the problem of stigmatization among AIDS patients.
9. The worse medical condition of patients the higher stigmatization rate they experience. People who consider themselves sick also perceive stigmatization stronger in personal area.

10. The higher individual stigmatization rate the lower life quality - especially on social and psychological field.
11. More than 90% of sick patients do not accept their illness. Only people with high self-assessment of their medical condition accept it.
12. Age, sex and education do not influence an illness acceptance. The acceptance rate highly varies in terms of marital status. It is slightly higher among widowed patients.
13. Considering yourself sick, stage of disease as well as the route of infection do not influence illness acceptance or life satisfaction of those people.
14. The higher disease acceptance rate the lower stigmatization level.

POSTULATE:

1. The following research shows that Zambian community needs to deepen their knowledge about HIV/AIDS problem. Programs and educational activities relating to the safe sex, late intercourse or limitation the amount of sexual partners need to be introduced. The deepening of the knowledge about HIV/AIDS problem will influence a change in perception of HIV-seropositive people. These actions intend to decrease the discrimination and stigmatization rate and also to improve the life satisfaction and its quality of people who have to live with HIV infection.