ANALYSIS OF THE SOCIAL PERCEPTION DIMENSION DIRECTED TO
THE PATIENTS WITH HIV IN TERMS OF DEFFERENT 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, Vaşfiye BAYRAM DEĞER³, Özlem GÜNER⁴, Nigar
ÇELİK⁵, Ayça GÜRKAN⁶, Murat KORKMAZ⁷

¹EgeUniversity, 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, İstanbul / Turkey

ORCID ID: 0000-0002-8973-3002¹, 0000-0002-8687-7238², 0000-0002-7714-90872³,
0000-0002-8302-9073³, 0000-0003-4126-0362⁴, 0000-0001-6962-3095⁵,
0000-0001-7925-5142⁵

Öz: Günümüzün en önemli sorunlarının başında HIV gelmektedir. Gelişmiş ve gelişmekte olan dünya ülkelerine baktığımızda HIV ile ilgili çalışmaların çok büyük hız kazandığını göstermektedir. Özellikle ekonomik ve sosyal yönden ciddi kayıplara neden olan bu durum bireylerin ve toplumun sosyal algısı üzerinde etkili olmaktadır. Tedavisi halen mümkün olmayan, sadece tanı almış vakaların yaşam kalitesini artırmaya yönelik uygulamalar bireyin birçok farklı açından sorun yaşamasına neden olmaktadır. Bu çalışmada HIV tanısı almış 249 vakanın toplumsal algı açısından yaşadığı sorunların belirlenmesi amaçlanmıştır. Araştırma uygulamalı bir çalışma olup, uygulama süresi 9 ay sürmüştür. Uygulamaya katılan vakalara ulaşmak ve tespit etmek oldukça güç olmuştur. Bu nedenle tanı almış vakaların kişisel özel bilgileri araştırma sürecine dahil edilmemiştir. Araştırmada 5'li likert ölçeğinden oluşan 42 maddelik bir anket kullanılmıştır. Anket iki bölüme ayrılmıştır. İlk bölümde araştırmaya katılan tanı almış bireylerin demografik özellikleri ikinci bölümde ise ölçekli maddelerden oluşan kısım bulunmaktadır. Araştırmada kullanılan veriler SPSS 18 Programı ile farklı analiz teknikleri kullanılarak analiz edilmiştir. Elde edilen bulgular sonrasında tanı alan HIV vakalarının sosyal dışlanma yaşadığı ve farklı birçok sorunla karşı karşıya kaldığına ulaşılmıştır. Bu araştırmada kullanılan ölçme aleti "anketin" geliştirilerek farklı açılardan da kullanılacağı gerçeğine ulaşılmıştır.

Anahtar Kelimeler: HIV, Tanı, Algı, Faktör, Ölçek, Analiz

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"

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim – Kasım – Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

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

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim – Kasım – Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

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 Nahci-van 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 Boşanoğlu, 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, Christensen 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 (Demirbağı and Güngörmüş, 2012).

PURPOSE

The purpose of this study is to analyze the social perception dimension of patients diagnosed with HIV “Human Immunodeficiency

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim – Kasım – Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

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

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim - Kasım - Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

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 re-analyzed 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 Test, 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, Kruskal 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.

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim – Kasım – Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

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.

Demographic Statistics

Demographic and descriptive statistics of the participants are as follows;

Table 1. Reliability Analysis

Cronbach's Alpha	Number of Items
,942	43

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%

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim – Kasım – Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

5. 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%
6. 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%
7. 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%
8. 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%
9. DO YOU HAVE A PRIVATE HEALTH INSURANCE?	Yes	54	22%
	No	195	78%
10. IN WHICH FIELD DO YOU WORK IF YOU ARE EMPLOYED?	Private Sector	165	66%
	Public Sector	84	34%

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim – Kasım – Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

11. WHAT IS THE TITLE OF THE PHYSICIAN YOU RECEIVE SERVICE IN INFECTIOUS 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%

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim - Kasım - Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

21. DID YOU RECEIVE SUPPORT FROM A DIETITIAN AFTER BEING DIAGNOSED WITH HIV?	Yes	67	27%
	No	182	73%
22. DID YOU USE ANTIDEPRESSANTS IN DIFFERENT WAYS AND DOSES IF YOU RECEIVED SUPPORT FROM PSYCHOLOGIST AND PSYCHIATRIST, "DO YOU USE NOW"?	Yes	213	86%
	No	36	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	220	88%
	No	29	12%
24. DO YOU THINK THAT THE PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS IN HEALTH INSTITUTIONS OF TURKEY ARE CONSCIOUS AND KNOWLEDGABLE ABOUT HIV?	Yes	28	11%
	No	221	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	242	97%
	No	7	3%
26. HAVE YOU EVER ATTEMPTED TO SUICIDE OR THOUGHT ABOUT IT BY CONSIDERING YOURSELF WEAK AFTER BEING DIAGNOSED WITH HIV?	Yes	16	6%
	No	233	94%
27. DO YOU REGULARLY USE THE MEDICATIONS PRESCRIBED TO YOU FOR HIV?	Yes	238	96%
	No	11	4%
28. DO YOU SUGGEST THE PROTECTED INTERCOURSE TO THE NON-HIV PEOPLE AROUND YOU BECAUSE OF HIV?	Yes	244	98%
	No	5	2%
29. DID YOU COME ACROSS ECONOMIC PROBLEMS AND IMPOSSIBILITY AFTER BEING DIAGNOSED WITH HIV?	Yes	237	95%
	No	12	5%

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim – Kasım – Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

30. DID YOU EXPERIENCE A PROBLEM ABOUT YOUR JOB AFTER BEING DIAGNOSED WITH HIV IF YOU WORK?	Yes	48	19%
	No	201	81%
31. DO YOU FEEL YOURSELF INCAPABLE AND DESPERATE?	Yes	227	91%
	No	22	9%
32. DOES THE SPECIALIST OF INFECTIOUS DISEASES YOU RECEIVE SERVICE LISTEN TO YOU CAREFULLY, PERFORM YOUR ROUTINE HEALTH CONTROLS AND SUPPORT YOU?	Yes	234	94%
	No	15	6%
33. DO YOU HAVE A PROTECTED INTERCOURSE WITH THE INDIVIDUALS IN ORDER TO PREVENT INFECTING THEM WITH HIV AFTER YOUR HIV DIAGNOSIS?	Yes	220	88%
	No	29	12%
34. DO YOU FIND THE NEWS AND INFORMATION ON THE INTERNET AND SOCIAL MEDIA USEFUL FOR YOU AND THOSE DIAGNOSED WITH HIV?	Yes	29	12%
	No	220	88%
35. DID YOUR FIRST DEGREE RELATIVES AND THE CLOSEST FRIENDS GIVE YOU ECONOMIC, PSYCHOLOGICAL AND OTHER KINDS OF SUPPORT AFTER YOUR HIV-DIAGNOSIS?	Yes	22	9%
	No	227	91%
36. WHAT IS THE AMOUNT OF FINANCIAL OBLIGATION YOU ENTER INTO IN THREE-MONTH PERIODS REGARDING SOME EXAMINATION AND TREATMENT METHODS AFTER BEING DIAGNOSED WITH HIV?	200 USD	96	39%
	201-750 USD	108	43%
	1000 USD	19	8%
	1500-2500 USD	19	8%
	2501+ USD	7	3%
37. SOME NON-GOVERNMENTAL ORGANIZATIONS AND ASSOCIATIONS PROVIDE SUPPORT ABOUT HIV. WHAT IS YOUR OPINION ABOUT THESE ORGANIZATIONS?	Very useful and necessary	238	96%
	Totally unnecessary and no use	11	4%
38. DID YOU HAVE A LEGAL ISSUE ABOUT HIV AFTER BEING DIAGNOSED WITH HIV?	Yes	26	10%
	No	223	90%

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim - Kasım - Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

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 CONTINUALLY 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%

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim – Kasım – Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

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

Table 3. Factor Analysis

	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		
H 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

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim – Kasım – Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

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

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim – Kasım – Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

Table 4. Analyses

			HIV disease causes social exclusion			People with HIV have psychological problems			People with HIV have social problems		
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	N	%	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	N	%	Jonckheere terpstra	SD	p	Jonckheere terpstra	SD	p	Jonckheere terpstra	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	N	%	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	N	%	Anova	SD	p	Anova	SD	p	Anova	SD	p

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim – Kasım – Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

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%									
12-15 months	43	17%									
16-35 months	19	8%									
37-60 months	47	19%									
61 months +	30	12%									
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.

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim - Kasım - Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

- The factor ‘People with HIV have social problems’ differs by age. The highest average belongs to 22-25 age group.

H²: 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.

H³: 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 high school 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.

H⁴: 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.

H⁵: 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

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim - Kasım - Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

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.
- 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.

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

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim - Kasım - Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

-
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 high school 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
-

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim – Kasım – Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

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

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim – Kasım – Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

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 Bağımlı 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 Bulaşıcı 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

SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

October - November - December Issue: 29 Fall Winter Semester Year: 2018

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ekim – Kasım – Aralık Sayı: 29 Güz Kış Dönemi Yıl: 2018

ID:421 K:265

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

Ölçeği-Hasta Formu'nun Türkçe Versiyonunun Geçerlilik ve Güvenirliliği, Dokuz Eylül University School of Nursing Journal, 4(1): 102-109

KARATAŞ, Ş., (2009). Tıp II Diyabetes Mellitus 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 Kırılması Gereken Bir Zincir: HIV/AIDS Stigması ve Baş Etme Stratejileri, International Journal of Human Sciences, 5(1): 1-16

ÖZMEDİR, Ü., TAŞCI, S., (2012). Kronik Hastalıklarda 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/](http://www.engelsizengelliler.org/wp-content/uploads/2012/01/T%C3%BCrkiyede-Evde-Bak%C4%B1mda-Mevcut-Durum.pdf)

[uploads/2012/01/T%C3%BCrkiyede-Evde-Bak%C4%B1mda-Mevcut-Durum.pdf](http://www.engelsizengelliler.org/wp-content/uploads/2012/01/T%C3%BCrkiyede-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

WISSER, 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., GÜRKAN, A., (2010). Psikososyal Açıdan 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