

A study on quality of Life of the people living with HIV/AIDS in Tiruchirappalli District

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ARTICLE DETAILS

Article History

Published Online: 15 July 2019

Keywords

HIV/AIDS, quality of life, people living with HIV/AIDS and psychological support..

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ABSTRACT

HIV/AIDS has been having a great impact on society both as an illness & as a source of discrimination and stigma. India is estimated to have the third highest number of people living with HIV/AIDS, after South Africa and Nigeria which accounts to 20.89 lakh population (National AIDS Control Organisation, 2014). The study is aimed to assess the quality of life of the people living with HIV/AIDS. The hypothesis framed that the mean score of psychological domain remains high when compared with other domain of quality of life of the people living with HIV/AIDS. The present descriptive study consists of 426 respondents of people living with HIV/AIDS. The researcher had discussions with counsellors, doctors, project directors, administration officers, field officers and social workers. The purpose of the study was well explained to the concern authorities, administrators of the hospitals, as well as the respondents which made clear to the participation. The study results that the domain psychological has fall in high mean of 13.67 when compared with other domains. The study has enlightened the need of professional social work to enhance the QoL of PLWHA through the application of social work methods.

1. Introduction

HIV/AIDS is a major health problem worldwide (Fauci AS, 1999). People living with HIV/AIDS (PLWHA) experience both deterioration of physical health and psychological stress resulting from the fear of AIDS, and the associated stigma, as well as from discrimination (Shamos S and et al., 2009; Steward WT and et al., 2008). Thus, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have proposed that improvement of quality of life should be one of the primary goals in providing care and support to PLWHA (WHO/UNAIDS, 2000).

2. Need of the Study

HIV/AIDS has been having a great impact on society both as an illness & as a source of discrimination and stigma. HIV/AIDS is a serious public health, economic, and social problem with about 34 million people living with HIV/AIDS (PLHA) virus globally and 2.1 million people in India at the end of the year 2011 (UNAIDS Report).

With the advent of highly active antiretroviral drugs, the HIV/AIDS which is a fatal infectious disease has now become a chronic manageable disorder. QOL is an important component in the evaluation of the well-being of HIV infected patients (Kishore, 2003).

3. Review of Literature

Pradnya and *et al.*, (2017) conducted a cross sectional study on Quality of life factors affecting quality of life in people living with HIV/AIDS in an urban area. The aims and objectives were to assess quality of life of people living with HIV/AIDS (PLHA) and to study the factors affecting Quality of life (QOL) in people living with HIV/AIDS. The study was conducted among 319 study subjects. The study results that majority of study population 52% were female & 40.8% belonged to 35-45

years age group. Majority 52.98% study population had CD4 less than 300 and 47.02% had CD4 count more than 300 cells/mm³. Female have better QOI in comparison to male. Subjects >55 age group, illiterate, unemployed and CD4 count <300 cells/mm³ have lower QOL (p<0.05) in comparison to their respective group.

James Osei-Yeboah and *et al.*, (2017) conducted a cross sectional study on Quality of Life of People Living with HIV/AIDS in the Ho Municipality, Ghana. This study was aimed at evaluating the QoL of PLHIV attending the antiretroviral clinics in the Ho municipality involving 158 purposively selected HIV-positive patients. The researcher administered standard questionnaire (WHOQOL-HIV Bref) was used to collect information on sociodemography, medical history, and the quality of life (QoL) of the respondents. The study results that among the 158 HIV-positive respondents, 126 (79.75) and 14 (8.86) presented with excellent and good overall QoL, respectively, whilst 18 (11.39) had their life negatively affected by HIV/AIDS. Religious/personal beliefs (19.62%) were the most affected QoL component, followed by the physical (15.82%) and level of independence (15.19%) domains. Patients' occupation, perception of health, sexual activity, and state of the disease were associated with poor overall QoL.

Ferreira and *et al.*, (2018) done a cross sectional study on Quality of life predictors for people living with HIV/AIDS in an impoverished region of Brazil. This study was conducted with patients older than 18 years with HIV/AIDS from two specialized HIV/AIDS care centers in the city of Montes Claros by adopting WHOQOL-HIV Bref. The study results that a total of 226 patients with mean age 43.7 years were evaluated: 51.8% men, 51.8% unemployed, 51.8% with low schooling level, 89.8% used antiretrovirals, and 43.3% experienced depression. Despite this, data indicated that 65% self-assessed

their QoL as good and very good. Low QoL was associated with sociodemographic variables and some clinical variables.

Deepika Anand and *et al.*, (2019) have done an observational study on assessment of quality of life of HIV-Positive People Receiving ART. The study data on socio demographic profile, BMI, and CD4 were gathered from 153 HIV-positive subjects. QOL was assessed using WHOQOL-HIV BREF scale. The study results that the overall QOL score of the subjects was moderate; PLHIV with lower BMI also had poorer QOL ($P < 0.05$). Employment affected only the social health domain of the subjects. Men reported poorer level of independence and physical health while women reported poorer social relationships and environment. All the six domains correlated significantly with the overall QOL indicated by the G-facet.

4. Statement of the Problem

India is estimated to have the third highest number of people living with HIV/AIDS, after South Africa and Nigeria which accounts to 20.89 lakh populations (National AIDS Control Organisation, 2014). The prevalence of human immunodeficiency virus (HIV) infection in India is 0.34%. Even though the survival of people living with HIV (PLWH) has improved with the advent of antiretroviral therapy (ART), their life is affected by social factors like stigma/discrimination. Hence, quality of life (QOL) which gives a holistic picture of their health status has gained importance.

5. Objectives of the Study

1. To find out the socio demographic profile of the people living with HIV/AIDS.
2. To assess the quality of life of the people living with HIV/AIDS.
3. To suggest suitable measures based on the finding of the study.

6. Hypotheses of the Study

The mean score of psychological domain remains high when compared with other domain of quality of life of the people living with HIV/AIDS.

7. Methodology

As part of the pilot study the researcher made number of visit to the ART centers, hospital and few NGO's to get a comprehensive idea about the possibility of undertaking the study. The researcher had discussions with counsellors, doctors, project directors, administration officers, filed officers and social workers. The purpose of the study was well

explained to the concern authorities, administrators of the hospitals, as well as the respondents which made clear to the participation. The assurance has been made to them that the data will kept confidential. The individuals were approached in their hospital environment and anonymity was guaranteed. Subsequently questionnaires were distributed and data was collected. The universe of the study is indefinite and the size of the sample is 426. In the present study the pre-tests serves to test whether the instrument would elicit responses required in achieving the research objectives or not. The researcher conducted pre-test on 25 respondents in the ART center and few modifications were made in the final schedule based on response of the respondents. The information required for the study was directly collected from the respondents using questionnaire method as the primary source of data collection. Further, the secondary sources like books, journals, periodicals, magazines, newspapers, working papers, research papers and websites etc. also assist the study. Hence, the study is descriptive in nature.

8. Findings of the Study

It is inferred from the socio demographic profile of the respondents that 39.3 percent of the respondents were fall in the age group of 41-50 years, 63.4 percent of the respondents are male, 46.5 percent of the respondents education is below higher secondary, 60.1 percent of the respondents are living in rural areas, 45.1 percent of the respondents occupation is categorized as unskilled.

With regard to their HIV related characterizes that 67.1 percent of the respondents are diagnosed less than 24 months, 64.3 percent of the respondents are using ART, 51.9 percent of the respondents WHO Stage is II, 60.3 percent of the respondents CD4 count is less than 350 cells.

Table 1: Scores of WHOQOL HIV BREF in different domains

Domain (n=426)	Mean	Median	SD	Min	Max
Physical	12.36	13.00	2.199	8	16
Psychological	13.67	13.60	1.083	11	17
Independence	9.94	9.00	2.422	7	15
Social Relations	10.47	9.00	4.299	4	20
Environment	9.80	8.00	3.763	5	18
Spiritual	9.63	8.00	4.424	4	20

By analyzing the above table that the domain psychological has fall in high mean of 13.67 when compared with other domains, which means that the psychological aspects has influence more to the people living with HIV.

**Table 2
Mean Value of respondents perception on all statements of WHOQOL HIV BREF**

S. No	Statement	Mean
I	Physical	
1	Q:3 To what extent do you feel that physical pain prevents you from doing what you need to do?	2.16
2	Q: 4 How much are you bothered by any physical problems related to your HIV infection?	3.43
3	Q: 14 Do you have enough energy for everyday life?	2.95
4	Q: 21 How satisfied are you with your sleep?	3.82

II	Psychological	
5	Q: 6 How much do you enjoy life?	3.59
6	Q: 11 How well are you able to concentrate?	2.70
7	Q: 15 Are you able to accept your bodily appearance?	3.17
8	Q: 24 How satisfied are you with yourself?	3.75
9	Q: 31 How often do you have negative feelings such as blue mood, despair, anxiety, depression?	3.88
III	Level of Independence	
10	Q: 5 How much do you need any medical treatment to function in your daily life?	2.88
11	Q: 20 How well are you able to get around?	2.43
12	Q: 22 How satisfied are you with your ability to perform your daily living activities?	2.62
13	Q: 23 How satisfied are you with your capacity for work?	2.00
IV	Social Relationship	
14	Q: 17 To what extent do you feel accepted by the people you know?	3.12
15	Q: 25 How satisfied are you with your personal relationships?	3.09
16	Q: 26 How satisfied are you with your sex life?	1.93
17	Q: 27 How satisfied are you with the support you get from your friends?	2.34
V	Environment	
18	Q: 12 How safe do you feel in your daily life?	3.12
19	Q: 13 How healthy is your physical environment	2.40
20	Q: 16 Have you enough money to meet your needs?	2.24
21	Q: 18 How available to you is the information that you need in your day-to-day life?	1.95
22	Q: 19 To what extent do you have the opportunity for leisure activities?	2.55
23	Q: 28 How satisfied are you with the conditions of your living place?	2.50
24	Q: 29 How satisfied are you with your access to health services?	2.83
25	Q: 30 How satisfied are you with your transport?	2.01
VI	Spirituality	
26	Q: 7 To what extent do you feel your life to be meaningful?	2.28
27	Q: 8 To what extent are you bothered by people blaming you for your HIV status	3.16
28	Q: 9 How much do you fear the future?	1.88
29	Q: 10 How much do you worry about death?	2.30
OVERALL		
30	Q: 1 How would you rate your quality of life?	3.01
31	Q: 2 How satisfied are you with your health?	4.17

The above table shows the opinion of the respondents towards Physical domain. In accordance with the statement Q: 21 "How satisfied are you with your sleep?" has been reported that 46.2% of the respondents feel an extreme amount they satisfied with their sleep. While, 22.8% of the respondents replied a moderate amount, 15.7% of the respondents opinion is 'a little' and the remaining 11.0% of the respondents replied not at all. It ranks top which mean score of 3.82. In accordance with the statement in Psychological dimension that Q: 31 "How often do you have negative feelings such as blue mood, despair, anxiety, depression?" has been reported that 47.9% of the respondents feel an extremely amount of negative feelings which is an alert signal that there are in need of more psychological intervention. With regard to their medical treatment in the domain on Level of independence, the statement Q: 5 "How much do you need any medical treatment to function in your daily life?" has been reported that 30.0% of the respondents replied a moderate amount and the 22.8% of

the respondents replied not at all which means they are not in proper medical treatment.

In proofing the Social Relationship dimension, the statement Q: 17 "To what extent do you feel accepted by the people you know?" has been reported that 47.7% of the respondents replied a satisfied or dissatisfied which means still there is a stigma in the society. With regard to the statement Q: 12 "How safe do you feel in your daily life?" in the Environment dimension has been reported that 30.0% of the respondents replied as neither dissatisfied or satisfied. In order to reveals the statement on Spirituality dimensions that Q: 8 regarding "To what extent are you bothered by people blaming you for your HIV status" have been resulted that the mean score of 3.16. With regard to the response 52.6% of the respondents satisfied little about it.

9. Suggestions

The study has enlightened the need of professional social work to enhance the QoL of PLWHA through the application of social work methods. The conduct of regular meetings and promoting positive environment among the support group members, encouraging healthy discussions to overcome unhealthy practices may help them to better quality of life.

10. Conclusion

The policy maker's attention is invited more on social problems of people living with HIV/AIDS. This study results that the mean score of psychological domain remains high with the quality of life of PLWHA and their HIV related characteristics also influences more. These results can be utilized to plan further more care for HIV infected people in future.

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