

A cross-sectional Study to Assess the Quality of Life of HIV Infected Individuals Attending ART Centre, KIMS Hubli

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Abstract

Background: Healthful living is the right of every individual. Healthful living is reflected by the quality of life of the people in the community and it is true even in case of people living with HIV. According to the current data the predictors for quality of life in HIV infected individuals are present health condition, antiretroviral therapy, psychological well-being, social support systems, coping strategies and spiritual well-being.

Objectives : To assess the QOL of people with HIV/AIDS and the impact of various domains of quality of life in people with HIV/AIDS.

Methods: A cross sectional was study conducted on 100 HIV infected people attending “KIMS Hubli”. A face to face interview was conducted using a pre-tested, semi-structured questionnaire adopted from WHO QOL Questionnaire. It covers the respondent’s perception of overall quality of life within the six broad domains. The reply was according to the five point Likert scale.

Results: 70.83 % of the illiterates and 68.4% of the literates scored badly in spirituality domain; and, 66.67% of the illiterates have scored well while 63.15% of the literates have scored well in the environment domain. 56.25% of the married participants scored well in social relationship domain.60.42% of the married participants scored well in Environment domain.

Conclusion: Spiritual domain is affected the most in the patients living with HIV. Married people scored well in the social relationship and environment domain. Gender has affected the physical domain and level of independence. In these domains females have scored well when compared to males.

Key Words: *People living with HIV, Anti-retroviral therapy, Quality of Life,*

Introduction

India ranks three with respect to the largest number of people living with human deficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS).¹ There

are around 2.1 million people currently living with HIV/AIDS in India with an adult prevalence of 0.31% according to 2016 HIV estimates.¹

Quality of life(QOL) depicts the satisfaction with which an individual leads his or her life as a whole.²

The concept of QOL has many dimensions that represents the individual’s perception regarding his or her physical, psychological, social, and cognitive health.² There exists an inverse relationship between QOL and stage of HIV infection, unemployment, perceived health status, stress and medication adverse effects due to ART,

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and depression, and these are linked positively with social support and self-esteem.³

In other words, QOL has been associated with better health and longer survival times in HIV/

AIDS populations⁴. QOL measures the functioning and acclimatization of physical, social, emotional and cognitive domains.⁵

The factors having negative impact on QOL are; fear of social stigma, isolation and discrimination.⁶ The specific problems influencing QOL in People living with HIV/AIDS are physiological, psychological, sociological, as well as economic problems. The major domains related to health related QOL affected mainly by individual's expectations, ideas, thoughts, experiences, beliefs, as well as their perceptions are Physical, psychological, social as well as environmental domains.⁶

The most important consideration in all the situations that results in deviation from normal health is QOL assessment in HIV infected individuals.⁷

This study was conducted to assess the QOL of people with HIV/AIDS and the impact of various domains on quality of life in people with HIV/AIDS.

Methodology

Study design and study participants:

A cross sectional study conducted on HIV infected people attending "Karnataka Institute of Medical Sciences, Hubli" (tertiary care Government Hospital) for a period of six months.

Sample size: 100 HIV infected individuals.

The participants were selected on the basis of few inclusion and exclusion criteria. The inclusion criteria were being 18 years of age or older, being an HIV positive patient and not having cognitive or communicating disabilities or psychotic disorders such as schizophrenia and who were willing to participate in this study. The exclusion criteria included the presence of any obvious co-morbid conditions not associated with HIV/AIDS and who were not willing to participate in this study.

Research instrument:

The questionnaire was developed by adapting "31 items WHO QOL HIV brief instrument".⁸ It is a multidimensional, conceptualized, generic, 31 item QOL instrument. It covers the respondent's perception of overall quality of life within the 6 broad domains: physical, psychological, level of independence, social, environmental and spiritual.

- The physical domain describes 4 facets: pain and discomfort, energy and fatigue, sleep and rest and symptoms related to HIV.

- The psychological domain describes 5 facets: positive feelings, concentration, self-esteem, bodily image and appearance and negative feelings.

- The level of independence domain describes 4 facets: mobility, activities of daily living, dependence of medication and treatment and work capacity.

- The social relationship domain describes 4 facets: personal relationships, social support, sexual activity, social inclusion.

- The environment domain describes 8 facets: physical safety and security, home environment, financial resources, health and social care, accessibility and quality, opportunities for acquiring new information and skills, participation in and opportunities for recreation/leisure activities, physical environment, and transport.

- The spirituality, religion and personal beliefs domain describes 4 facets: personal beliefs, forgiveness and blame, concerns about the future, death and dying.

Items are related on a 5 point Likert interval scale where 1 indicates low, negative perceptions and 5 indicates high, positive perceptions. Domain scores are obtained by adding the facet means in the respective domain, dividing by the number of facets in that domain, and multiplying by 4.

Ethical implication: Informed verbal consent was taken. The respondents were informed about the objectives, purpose of the study and other relevant information of the study. Anonymity and confidentiality were strictly maintained.

Statistical Analysis

Data was entered in MS-Excel and analysed using SPSS 21.

Results

Table 1: Effect of education on different domains of Quality of life

Domain of QOL	Scores	Illiterate	Primary and middle School certificate	High school certificate	Intermediate/Post high school diploma/ Graduate
Physical	4-12	9(21.95)	18(43.90)	12(29.26)	2(4.87)
	13-20	15(25.42)	24(40.67)	13(22.03)	7(11.86)
Psychological	5-15	11(21.56)	21(41.17)	15(29.41)	4(7.84%)
	16-25	13(26.53)	21(42.85)	10(20.46)	5(10.2)
Level of Independence	4-12	7(20)	15(42.85)	10(28.57)	3(8.57)
	13-20	17(26.15)	27(41.53)	15(23.07)	6(9.3)
Social Relationship	4-12	13(27.65)	20(42.54)	10(21.27)	4(8.51)
	13-20	11(20.75)	22(41.5)	15(28.3)	5(9.43)
Environment	8-24	8(22.22)	18(50)	9(25)	1(2.8)
	25-50	16(25)	24(37.5)	16(25)	8(12.5)
Spirituality	4-12	17(24.63)	32(46.37))	15(21.73)	5(7.24)
	13-20	7(22.58)	10(32.25)	10(32.25)	4(12.90)

In the above table, we can see that 69 participants had poor scores in spirituality domain, 70.83 % of the illiterates and 68.4% of the literates scored badly in spirituality domain; and, 66.67% of the illiterates have scored well while 63.15% of the literates have scored well in the environment domain. (Table 1)

Table 2: Impact of Marital status on QOL

Domain of QOL	Scores	Married	Separated	Single	Widowed
Physical	4-12	20(48.78)	9(21.95))	2(4.87)	10(24.4)
	13-20	28(47.46)	5(8.47)	5(8.47)	21(35.6)
Psychological	5-15	28(54.9)	10(19.6)	1(1.96)	12(23.53)
	16-25	20(40.8)	4(8.16)	6(12.24)	19(38.78)
Level of Independence	4-12	17(48.57)	5(14.29)	2(0.57)	11(31.43)
	13-20	31(47.69)	9(13.85)	5(7.69)	20(30.77)

Cont... Table 2: Impact of Marital status on QOL

Social Relationship	4-12	21(44.68)	9(19.15)	1(2.13)	16(34.04)
	13-20	27(50.94)	5(9.43)	6(11.32)	15(28.31)
Environment	8-24	19(52.78)	6(16.67)	1(2.78)	10(27.77)
	25-50	29(45.3)	8(12.5)	6(9.38)	21(32.81)
Spirituality	4-12	34(49.28)	12(17.39)	4(5.79)	19(27.54)
	13-20	14(45.16)	2(6.45)	3(9.68)	12(38.71)

In the above table, 58.3% married people scored poor in psychological domain. 56.25% of the married participants scored well in social relationship domain.60.42% of the married participants scored well in Environment domain. Over all the score of spirituality is poor in majority of the study participants. (Table 2)

Table 3: Effect of age on the different domains of QOL

Domain of QOL	Scores	15-35 Years	36-55 Years	56-75 Years
Physical	4-12	20(48.78)	17(41.46)	4(9.76)
	13-20	19(32.2)	38(64.4)	2(3.4)
Psychological	5-15	21(41.18)	27(52.94)	3(5.88)
	16-25	18(36.73)	28(57.14)	3(6.12)
Level of Independence	4-12	13(37.14)	19(54.29)	3(8.57)
	13-20	26(40)	36(55.38)	3(4.62)
Social Relationship	4-12	20(42.55)	25(53.19)	2(4.26)
	13-20	19(35.85)	30(56.60)	4(7.55)
Spirituality	4-12	27(39.13)	38(55.07)	4(5.8)
	13-20	12(38.71)	17(54.84)	2(6.45)

In the above table, 65% of the total study participants of all the age-groups have scored well in the level of independence domain. Other than participants of 56-75 years age group in other groups' majority of them had poor scores in spirituality domain. (Table 3)

Table 4: Influence of gender on different domains of QOL

Domain of QOL	Scores	Female	Male
Physical	4-12	16(39.02)	25(60.98)
	13-20	31(52.54)	28(47.46)
Psychological	5-15	22(43.14)	29(56.86)
	16-25	25(51.02)	24(48.98)

Cont... Table 4: Influence of gender on different domains of QOL

Level of Independence	4-12	11(31.43)	24(68.57)
	13-20	36(55.38)	29(44.62)
Social Relationship	4-12	23(48.94)	24(51.06)
	13-20	24(45.28)	29(54.72)
Spirituality	4-12	34(49.28)	35(50.72)
	13-20	13(41.94)	18(58.06)

In the above table, 65.95% of the female participants scored well in the physical domain, 54.72% of the male participants had scored well in the psychological domain. 63.16% of the female participants scored well in the level of independence domain. (Table 4)

Discussion

According to this study, majority of the respondents were affected with this disease between 18 to 40 years of age and this finding is congruent with the study conducted by Srivastava K et al.⁷

The mean scores in the six domains of quality of life was maximum for physical domain (13.29) level of independence(13.15) environment (13.065) psychological domain (12.38) social relationships (12.25) and the least being the spirituality domain (11.20).

The highest portion of individuals has low quality of life in spiritual and social relationships domain suggesting the severity of impact of HIV. This is expected as people with HIV infection often experience social isolation, derogation, stigmatization and discrimination.

Women with HIV or AIDS had better overall general health perception than men in most aspects of life.

By reducing poverty, quality of life of HIV patients can be improved. Poverty can be defined as the lack of basic needs such as food, water, shelter, freedom, access to education, healthcare and employment. So in other words, poverty is defined as low quality of life. Therefore, providing employment, financial self-sufficiency and financial assistance for patients and making appropriate job safety for patients are the interventions causing promotions in quality of patient's life.

Asymptomatic respondents of this study enjoyed better quality of life in the domain of physical health and had better perceptions regarding the quality of life and general health than the respondents of the symptomatic and AIDS converted, reflecting the grievous nature of this disease which affects various aspects of patient's quality of life.

Conclusion

Spiritual domain is affected the most in the patients living with HIV. Singles have scored well in almost all domains of quality of life whereas married people scored well in the social relationship and environment domain. Individuals who are separated from their partners have scored badly in all domains of quality of life. Gender has affected the physical domain and level of independence. In these domains females have scored well when compared to males.

Limitations

Individuals like pregnant women, lactating women, children and patients who were not on treatment were excluded who constitute the bulk among the people living with HIV.

The effect of occupation and per capita income was not studied, this could have given us the information about the effect of socio-economic status on the QOL.

Recommendations

- Spiritual domain is affected the most so, personal believes of patients have to be addressed.
- Counseling to build self-confidence and self-esteem.

- Reducing discrimination among people by educating community.
- Providing alternative occupations and a healthy environment.

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Declaration

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Conflict of Interest: None declared

Ethical Approval: Not required

Informed consent: “Informed consent was obtained from all individual participants included in the study.” Anonymity and confidentiality of the participants details was maintained.

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