



A STUDY ON QUALITY OF LIFE OF HIV/AIDS INFECTED PERSONS IN KANYAKUMARI DISTRICT, TAMIL NADU

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ABSTRACT :

Objective: To assess the level of quality of life of HIV/AIDS infected persons in Kanyakumari District. Methods: There are 280 persons registered under the NGO (Salvation Army-Community Health and Development Programme) and of which male and female. The researcher adopted sample determination formula by Krejcie and Morgan's (Guthrie, 2010). The researcher took 207 persons by using lottery method. Thus, the sample size constitutes 207. The study is descriptive in nature. To measure the Quality of Life, the WHOQOL-BREF (2004) was used. Results: The demographic profile of the respondents shows that, majority of the respondents are Hindus (96%), about 47% of the respondents are scheduled caste, more than half of the respondents (59.4%) are between the age group of 29 or less and three fourth of the respondents are females (76%). It is clear from the findings that majority of the respondents (34.8%) are qualified up to middle school. With regards to their marital status, more than three fourth (78.7%) of them are widowed. The occupational status findings show that 79.2% of the respondents are working as agricultural coolies, and two fifth (39.6%) of the respondents' husbands are drivers. The ANOVA results highlight that there are significant difference between age, sex, educational qualifications, occupational status, type of family, ownership of the house of the respondents in the mean scores of quality of life. Conclusion: From the study it is also clear that the respondents, who are attending counselling regularly, have a good quality of life.

KEYWORDS : Counselling, HIV/AIDS, Quality of life.

INTRODUCTION

Acquired Immune Deficiency syndrome (AIDS) weakens the bodily immune system and makes it unable to withstand any external factors influence. It is a disease, which results in viral infection called Human Immunodeficiency virus. Persons, who are affected by this disease, experience severe infection, cancer, and debilitating illnesses, which lead to severe weight loss and affecting the brain and central nervous system. The term Quality of Life refers to overall well-being of human aspects, such as happiness, and satisfaction with life as a whole. WHO defines QOL as "individual 'perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, standards, expectations and concerns" (WHOQOL Group, 1998). Ntshakala (2012) conducted a study with the aim of finding out the quality of life of people living with HIV and AIDS in Swaziland among 24 respondents. The researcher arrives at a conclusion from the data analysis that PLWHA in Swaziland are powerless to deal with the above challenges and improve their QOL. A cross



sectional study was done by Kumar et al. (2013) among outpatient clinic of tertiary care Centre, which includes 200 people living with HIV/AIDS. The study reveals that the QOL was rated as poor by 26% of the subjects studied and 27% of the subjects were unhappy with the overall health status. In the study, PLWHA, which exists in urban area, showed better mean in physical, psychological and environmental domain. Stanley et al (2013) carried out a study among 309 HIV infected persons registered with an NGO working for HIV infected persons in Tiruchirappalli District, Tamil Nadu. The result of the study highlights that the respondents who are male and single, have scored high in life satisfaction and low in hopelessness. Sun et al. (2013) determined to conduct a population survey based on their Quality of Life and assess their living condition among 783 PLWHA, depending upon clarified associated factors of HIV/AIDS. It is very clear from this study that QOL for PLWHA contracted with HIV was worst affected biologically, physically, and socially. Stanley et al (2014) through a study highlight that there is no significant sex-based difference on all dimensions of QOL. However, female respondents scored high level of depression and stress than the male respondents. In regression analysis it is evident that DASS score was the significant factor of quality of life. Seger's (2015) conducted a study with the aim to have a perception in the predictors that affect the QOL of HIV+ and HIV- people in Elandsdoorn, South Africa. The researcher selected 202 adults between the age group of 19 to 65 years samples as respondents. The researcher, based on the descriptive statistics labelled that the overall QOL of the population is very high and the researcher noted that physical health and mental health influence the QOL of HIV people and also the association between both physical and mental health, and quality of life is arbitrated by coping strategies. Many studies have been conducted on quality of life of HIV infected persons but there is no such study in Kanyakumari district of Tamil Nadu. So the researcher intended to assess the level of quality of life of HIV /AIDS infected persons in Kanyakumari District of Tamil Nadu.

METHODOLOGY

The Salvation Army-Community Health and Development Programme at Putheri extended its work in Kanyakumari district viz Agasteeswaram, Killoor, Melapuram, Thiruvattar, Thuckaly, Kurunthancode, Muchirai, RajakkamagalmandThowalai. There are 280 persons registered under the NGO and of which male and female. The researcher adopted sample determination formula by Krejcie and Morgan's (Guthrie, 2010). The researcher took 207 persons by using lottery method. Thus the sample size constitutes 207. The data was collected between December 2017 to February 2018. The study is descriptive in nature. In order to measure the *Quality of Life*, the researcher adopted WHOQOL-BREF (2004) instrument. The scale is based on 26 items that produce 4 domains, viz., Physical Health (7 items), Psychological Health (6 items), Social Relationship (3 items), and Environment (8 items).

RESULTS

Socio Demographic Profile of the respondents : The demographic profile of the respondents shows that, majority of the respondents are Hindus (96%), about 47% of the respondents are scheduled caste, more than half of the respondents (59.4%) are between the age group of 29 or less and three fourth of the respondents are females (76%). It is clear from the findings that majority of the respondents (34.8%) are qualified up to middle school. With regards to their marital status, more than three fourth (78.7%) of them are widowed. The occupational status findings show that 79.2% of the respondents are working as agricultural coolies, and two fifth (39.6%) of the respondents' husbands are drivers. More than half of the respondents (54.6%) are in the monthly income bracket of 5000-12000. It is also clear from the findings that a simple majority of the respondents (29) between the monthly family income of more than 15001+. More than half of the respondents (52.7%) are from joint families with four (49.8%) members and more than half of the respondents are living in huts. Majority (78%) of the respondents informed that they received this dreadful disease through their husband. Majority (91%) of the respondents are in the CD4 II phase, majority of the respondents have not taken ART and majority of the respondents received counselling.

Age Group and Quality of Life: The results of the study highlight that the respondents between the age group of 30-39 years have scored high level of quality of life than the others. This is proved by the statistical findings, the results of the ANVOA (F-7.569) test have stated that these findings are turning out to be statistically significant at high level ($p < 0.001$)

Sex and Quality of Life: Based on the study it is highlighted that the female respondents scored high level of quality of life when compared to male. The independent sample t test (t-2.497) results also prove to be significant at $p < 0.05$.

Educational Qualification and Quality of Life: The results of the study inferred that the respondents who have studied up to high school and above level have scored high level of quality of life than the other educational categories. This is proved by the statistical findings, the ANVOA (F-4.300) test results highlighted that these findings are turning out to be statistically significant at high level ($p < 0.001$)

Occupation and Quality of Life: The results of the study reveal that the respondents who are working as agricultural coolies are more affected with regards to the quality of life. This is proved by the statistical findings, the results of the ANVOA (F-17.012) test have stated that these findings are turning out to be statistically significant at high level ($p < 0.001$).

Income and Quality of Life: From the study, it is evident that those who have income between Rs. 5000-12000 scored high level of quality of life than the other income categories of the income. However, the ANOVA (F-1.090, $p > 0.05$) results did not turn out to be statistically significant.

Type of Family and Quality of Life: It has been analysed by the data findings that the respondents who belong to joint families have scored high level of quality of life than the respondents from nuclear family. The independent sample t test (t-1.797) results also prove to be significant $p < 0.10$.

Ownership of House and Quality of Life: The findings of the study proved that those respondents who are living in their own house have scored high level of quality of life than the other categories of the respondents. The independent sample t test (t-3.825) results also prove to be significant at $p < 0.001$.

Family Members and Quality of Life: The respondents who have 5 members and above in their family have scored high level of quality of life than the other family members categories. However, the ANOVA results (F-1.689, $p > 0.05$) did not turn out to be significant.

Marital Status and Quality of Life: From the findings, it was clear that the mean score of quality of life is high among widowed than the married and unmarried. However, the ANOVA (F-0.080, $p > 0.05$) test results have not turned out to be statistically significant.

Taking Counselling and Quality of Life: The findings revealed that the respondents who are attending counselling regularly were having a good quality of life. However, the independent sample t test (t-1.482) results have not turned to be significant $p > 0.05$.

CONCLUSION

From the findings of the study, it is highlighted that the demographic profile of the respondents did influence their quality of life. From the study it is also clear that the respondents, who are attending counselling regularly have a good quality of life.

REFERENCES

- Aranda-Naranjo, B. (2004). Quality of life in the HIV-positive patient: implications and consequences. *Journal of the Association of Nurses in AIDS Care*, 15(5), 20S-27S.
- Beck, E. J., Miners, A. H., & Tolley, K. (2001). The cost of HIV treatment and care. *Pharmacoeconomics*, 19(1), 13-39.
- Clayson, D. J., Wild, D. J., Quarterman, P., Duprat-Lomon, I., Kubin, M., & Coons, S. J. (2006). A comparative review of health-related quality-of-life measures for use in HIV/AIDS clinical trials. *Pharmacoeconomics*, 24(8), 751-765.
- Fauci, A. S. (1999). The AIDS epidemic—considerations for the 21st century. *New England Journal of Medicine*, 341(14), 1046-1050.
- Halloran, J. (2006). Increasing Survival With HIV Impact on Nursing Care. *AACN Advanced Critical Care*, 17(1), 8-17.
- Hays, R. D., Cunningham, W. E., Sherbourne, C. D., Wilson, I. B., Wu, A. W., Cleary, P. D., ... & Eggen, F. (2000). Health-related quality of life in patients with human immunodeficiency virus infection in the United States: results from the HIV Cost and Services Utilization Study. *The American journal of medicine*, 108(9), 714-722.
- Health Central. (2018). Introduction to HIV/AIDS. Retrieved from <https://www.healthcentral.com/encyclopedia/aids-and-hiv-infection>
- Kassutto, S., Maghsoudi, K., Johnston, M. N., Robbins, G. K., Burgett, N. C., Sax, P. E., ... & Basgoz, N. (2006). Longitudinal analysis of clinical markers following antiretroviral therapy initiated during acute or early HIV type 1 infection. *Clinical infectious diseases*, 42(7), 1024-1031.
- Kumar, A., Girish, H. O., Nawaz, A. S., Balu, P. S., & Kumar, B. V. (2014). Determinants of quality of life among people living with HIV/AIDS: a cross sectional study in central Karnataka, India. *Int J Med Sci Public Health*, 3(11), 125-8.
- Ntshakala, T. T. (2013). *Quality of life of people living with HIV and AIDS in Swaziland who are on antiretroviral therapy* (Doctoral dissertation).
- Segers, M. G. (2016). *The Quality of Life of HIV+ and HIV-people living in Elandsdoorn, South Africa. And the role of physical health, mental health and coping strategies* (Master's thesis).
- Stanley, S., Sethuramalingam, V. & Sathia, S. (2013) Life Satisfaction and Pessimism in HIV Positive People: A Comparative Study from India. *International Journal of Psychosocial Rehabilitation*. 18(1), 95-104.
- Stanley, S., Sethuramalingam, V., & Sathia, S. (2014). Quality of life correlates in HIV-positive people in a city in South India. *Journal of HIV/AIDS & social services*, 13(4), 337-352.
- Sun, W., Wu, M., Qu, P., Lu, C., & Wang, L. (2013). Quality of life of people living with HIV/AIDS under the new epidemic characteristics in China and the associated factors. *PloS one*, 8(5), e64562.
- Walker, N., Grassly, N. C., Garnett, G. P., Stanecki, K. A., & Ghys, P. D. (2004). Estimating the global burden of HIV/AIDS: what do we really know about the HIV pandemic?. *The Lancet*, 363(9427), 2180-2185.
- WHO (2004). The Quality of Life (WHOQOL) –BREF, World Health Organisation, Geneva
- WHOQOLGroup. (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. *The WHOQOL Group. Psychol Med*, 28, 551–8.