International Journal of Health Sciences and Research
Vol.10; Issue: 6; June 2020
Website: www.ijhsr.org
Original Research Article *ISSN: 2249-9571*

Quality of Life of HIV Infected People Receiving Anti Retro Viral Therapy in Western Nepal

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ABSTRACT

Human immunodeficiency virus (HIV) has infected and killed millions of people globally over the past few decades. HIV/AIDS patient face various physical problems such as stigma, poverty, depression, substance abuse, social support and cultural beliefs which can affect their quality of life, not only from the view of physical health but also from that of social and mental health which can cause problem that affect important activities and interest of the person. Living with a chronic illness can affect people's quality of life. The objective of the study was to assess the quality of life of HIV infected people receiving ART. A descriptive cross-sectional study was selected to assess QOL of individual living with chronic illness. Non-probability purposive sampling technique was used to select 60 HIV infected people receiving ART in Bheri Zonal Hospital Nepalgunj, Banke. Structural questionnaire WHOQOL-HIV BREF was used as a research tool. The study findings revealed that more than quarter respondents 38(63.7%) answered that their quality of life was neither poor nor good and least of the respondents 1(1.7%) answer that quality of life was very good and very poor. The study findings revealed that the quality of life of HIV infected people were poor and need more focus on maximum awareness about HIV.

Key words: Quality of life, HIV/AIDS, ART, WHOQOL-HIV-BREF

INTRODUCTION

Human immunodeficiency virus (HIV) is a communicable disease transmitted through contact with body fluid (semen, blood and blood products, vaginal secretion and breast milk) of an infected person. [1] HIV infection is often spread during unsafe sex, injection using unsterile syringe and needle, share of unsterile shape objects and blood/blood products transfusion [2] Antiretroviral therapy (ART) is the combination of two or more antiretroviral drugs used to slow the rate at which HIV makes copies of itself (multiplies) in the body. When choosing an HIV regimen, people with HIV and their health care providers consider many factors, including possible side effects of HIV medicines and potential drug interactions. [3] There are more than 30 HIV medicines approved by the US. Food and Drug Administration (FDA) to treat HIV infection. [4] QOL of HIV infected people receiving ART measures different health domain like Physical domain, Psychological domain, Social domain, Environmental domain. [5] People living with HIV/AIDS often suffer from intense social stigma which forces an individual to change jobs or places of living, putting further stress on the already weak economic situation. They might experience discrimination or misunderstanding, tend to become isolated and lose social support from persons significant to them. QOL in individuals with AIDS have shown that sex, age group, CD4 counts, marital status, educational status and the status of employment have a significant impact on their QOL. However, the QOL of people living with HIV/ AIDS is largely

unknown in Nepal; few studies have been done to analyze the QOL in this population. [6] Understanding the quality of life of these people are essential, considering the chronic progression of HIV infection, the possibility of treatment, longer survival, living with a stigmatizing condition, and the fact that it is incurable to date, with uncountable biopsychosocial consequences that impact on quality of life. [7]

ART is known to contribute to improve HIV clinical outcomes which could result in a better Quality of life. Quality of life may also influence adherence as person with better quality of life may have a greater ability to adhere to their ART regimen. Person with advanced HIV disease and low quality of life score have demonstrate significant improvement in QOL with ART. High QOL is reported by older people who have little disease, little pain, high general and physical function and the ability to perform activities of daily living independently. [8]

A cross sectional study was conducted on quality of life of people receiving ART therapy of Jimma town, southwest Ethiopia where study result shows that overall Health Related Quality of Life and each domain of quality of life of women on ART in Jimma town health facilities were poor. The proportion of women reporting good health-related quality of life was found to be 46.5%. The study demonstrated high proportion of HIV positive women on ART had poor health – related quality of life which was affected by wealth index, social support, and duration on antiretroviral therapy. [9]

Statement:

Quality of life of HIV infected people receiving Anti Retro Viral Therapy in Western Nepal.

Objective:

To identify quality of life of HIV infected people receiving ART in Western Nepal.

MATERIALS AND METHODS

A Simple descriptive cross sectional research design was adopted to find out quality of life of HIV infected people receiving ART in Bheri Zonal Hospital, Nepalgunj, Banke. 60 Samples were choosen using Non probability purposive sampling technique. Pregnant females, children, and individuals deemed mentally unstable were excluded from this study.

A standardized interview questionnaire developed by World Health Organization was used as a research tool. The adapted WHO instrument comprised six domains: physical health, psychological health, social function, environment, level of independence and Spiritual. Each of the six domains had facets containing 2 to 7 items. Questionnaire was categorized into two parts. Part I: Socio- demographic characteristics of HIV infected people receiving ART Part II: World health organization quality of life- Bref (WHOQOL) questionnaire. Face to face interview technique. The questionnaire was translated into Nepali language.

After completion of the data collection, the data was checked for its completeness and accuracy. The collected data was edited, coded and entered in excel sheet. The data collected was analyzed by using SPSS software version 21. Data was analyzed by using descriptive statistics &inferential statistics. The association of two variables was tested by Anova and fisher exact test ($p<0.05$) was considered significant.

The study was conducted after approval of research committee of Bheri Nursing College Nepalgunj. Written permission was taken from Bheri Nursing College. Formal permission was taken from Bheri Zonal Hospital Nepalgunj, Banke. Informed concerned from responded was taken before starting questionnaire. Confidentiality and privacy was maintained.

RESULTS

Analysis and interpretation is based on the objectives of the study. The analysis was done with the help of descriptive statistics &inferential statistics.

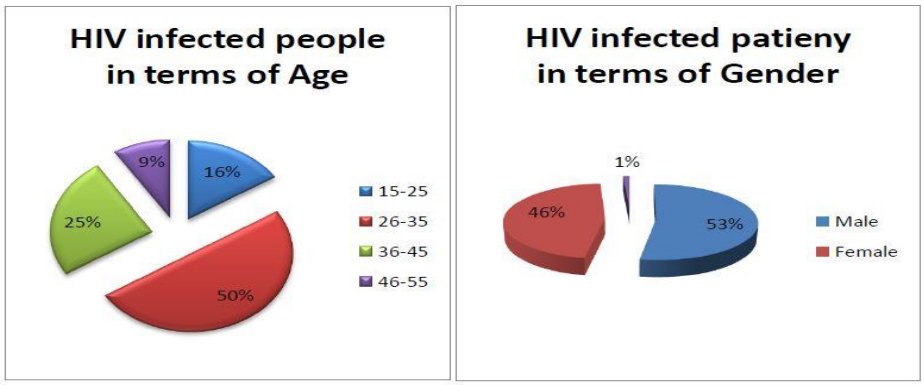

Figure no 1(a): Percentage distribution of HIV infected people in terms of: Age, Sex.

The figure 1(a) shows that more than quarter of respondents 30(50%) were within age group (26-35) years and least of the respondents 5(8.3%) were within age group 46-55.Majority of respondents 32(53.3%) were male and more than quarter of respondents 28(46.7%) were female.

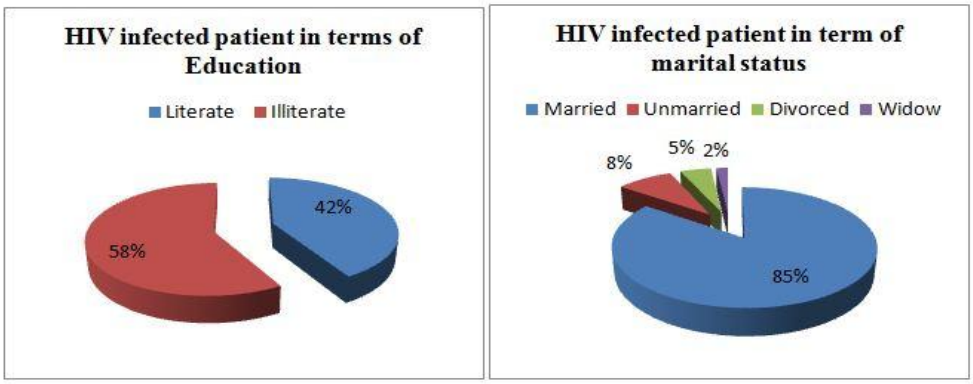

Figure no 1(b): Percentage distribution of HIV infected people in terms of: Education, Marital Status.

The Figure 1(b) shows more than of quarter of respondents 35(58.3%) were illiterate. Whereas half percentage of respondents 50(83.3%) were married and least of respondents 1(1.7%) were widow.

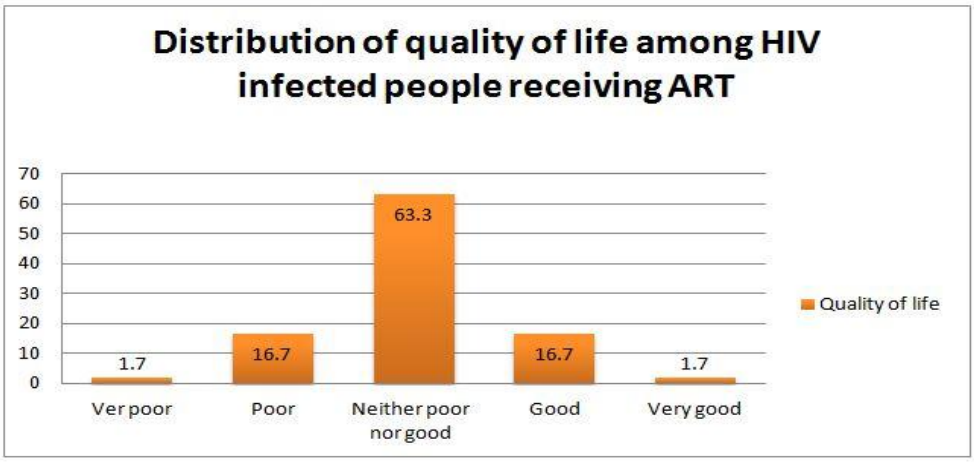

Figure no 2(a): Percentage distribution of HIV infected people in terms of Quality of life.

The Figure 2(a) shows that more than quarter respondents 38(63.7%) answered that their quality of life was neither poor nor good and least of the respondents 1(1.7%) answer that quality of life was very good and very poor.

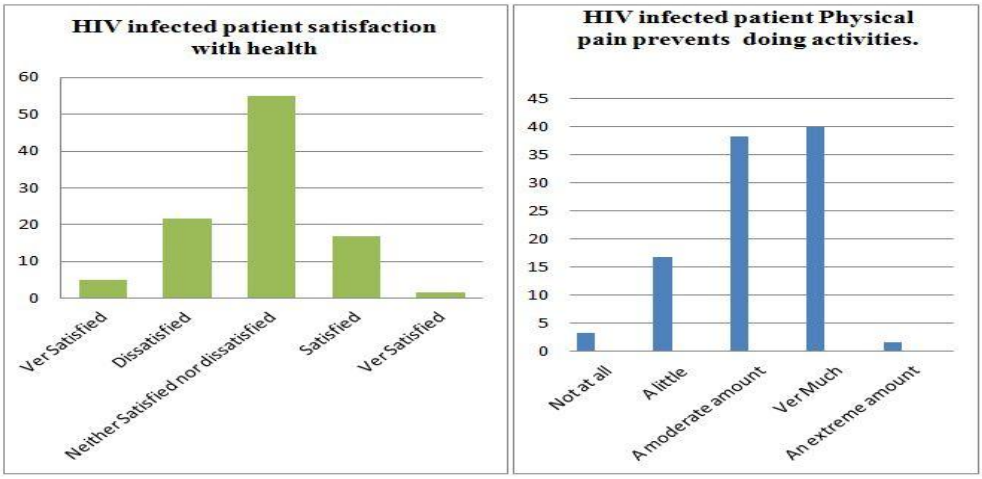

Figure no 2(b): Percentage distribution of HIV infected people in terms of satisfaction with health and physical pain prevents doing activities.

Table 2(b) shows that more than quarter respondents 33(55.0%) answered that their quality of life neither satisfied nor dissatisfied. Least of the respondents 1(1.7%) answered very satisfied. Least of the respondents 24(40.0%) answered physical pain prevents doing needed activities.

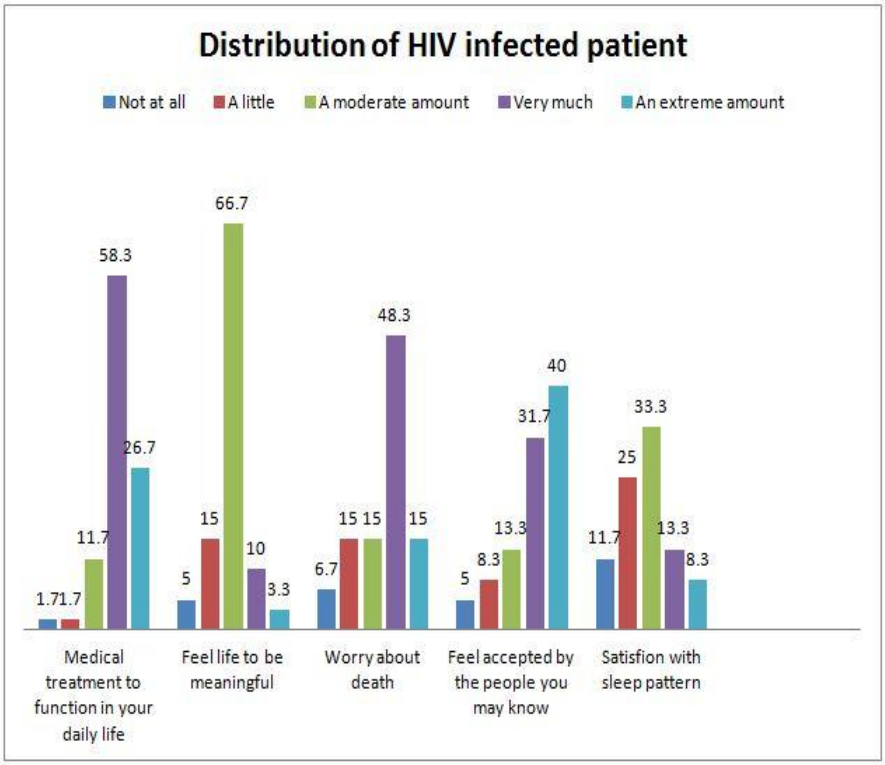

Figure no 2(C): Percentage distribution of HIV infected people.

Table 2 (c) shows that more then quarter respondent 35(58.3%) need medical treatment to function in daily life. Similarly, more then quarter respondents 40(66.7%) answered that they feel their life was meaningful in a moderate amount. More then quarter respondent 29(48.3%)

answered that they worried about death. Only 19(31.7%) of respondents answered that they were mostly accepted by the people they know. 20(33.3%) of respondents were neither satisfied nor dissatisfied with their sleep.

Table-3a: Quality of life association with their Selected Demographic Variables such as: Age n=60

Domain	Characteristics	QOL Scores (Mean + SD)	Df	*p* value
	15-25 years	11.50 +2.17		
Physical domain	26-35 years	12.90 +2.20	59	.173^{NS}
	36-45 years	13.06±1.66		
	46-55years	14.00±3.67		
	15-25 years	10.24 ± 2.02		
Psychological domain	26-35 years	12.29 +2.11	59	.049^{S}
	36-45 years	12.26±1.40		
	46-55years	11.68±3.02		
	15-25 years	14.70 +2.16		
Social domain	26-35 years	14.53+2.66	59	.179^{NS}
	36-45 years	14.73±3.05		
	46-55years	13.40±1.51		
	15-25 years	12.50+1.06		
Environmental domain	26-35 years	13.55+1.43	58	.047^{S}
	36-45 years	13.63±1.09		
	46-55years			
	15-25 years	12.20±1.89	59	.194^{NS}
Level of independence	26-35years	11.0±2.16		
	36-45years	12.7±2.22		
	46-55years	12.20±1.52		
		12.20±3.27		
	15-25 years		59	
Spiritual	26-35years	13.50±4.93		.578^{NS}
	36-45years	12.92±2.32		
	46-55years			

*Anova

Significant at p value ≤ 0.05, NS= Non Significant, S= Significant.

Table 3 shows significant association between psychological (.049) and environmental domain (.047) with age and rest of the domain i.e. physical domain, social domain, level of independence and spiritual were not significantly associated.

DISCUSSION

In present study, more than quarter of respondents 30(50%) were within age group (26-35) years, majority of respondents 32(53.3%) were male where more than of quarter of respondents 35(58.3%) were illiterate. 50(83.3%) of respondents were married and least of respondents 1(1.7%) were widow. The result shows that more than quarter respondents 38(63.7%) answered that their quality of life was neither poor nor good. More than quarter respondents 33(55.0%) answered that their quality of life neither satisfied nor dissatisfied. 24(40.0%) of the respondents answered physical pain prevents doing needed activities. More than quarter respondent 35(58.3%) need medical treatment to function in daily life. Similarly, more then quarter respondents 40(66.7%) answered that they feel their life was meaningful in a moderate amount. More then quarter respondent 29(48.3%) answered that they worried about death. Only 19(31.7%) of respondents answered that they were mostly accepted by the people they know. 20(33.3%) of respondents were neither satisfied nor dissatisfied with their sleep. The study also shows significant association between psychological (.049) and environmental domain (.047) with age.

A cross sectional study was conducted to assess quality of life of HIV infected person receiving ART in Northwest Ethiopia on125 participants. Data were collected by trained nurses using convenience sampling technique. The result of the study shows that QOL score 10.42% in physical, 10.68%, in psychological, 9.71% in social relationship, 9.66% in environmental. The study concluded that QOL score of Northern Ethiopia had a

lower mean score in all domains indicating poor quality of life. [10]

Similarly, a study conducted to assess Quality of life of people receiving ART at the ART Center of Malda Medical College West Bengal result shows that Median scores of QOL of patients were maximum in physical 25%, 48 in environmental 19%, in psychological 19% and in social 31%. Lesser age and lower socioeconomic status had significantly lower QOL. The study concludes the Quality of life is found to be poor. [11]

CONCLUSION

ART has been demonstrated to provide positive outcomes in individuals infected with HIV. In this study, we report the positive impact of ART on the Quality of Life of people living with HIV and AIDS as measured in the psychological, physical, and social domains. It is recommended that the replication of the study can be done with large samples in different setting to validate and generalize the finding. An explorative and experimental study may be conducted to identify the level of quality of life of HIV infected people. Further, studies can be conducted to see the effect of health programmes in ART clinics.

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How to cite this article: Koirala E, Thapa A. Quality of life of HIV infected people receiving anti retro viral therapy in western Nepal. Int J Health Sci Res. 2020; 10(6):91-96.

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