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Original Research Article

Descriptive Study to Assess the Quality of Life and Coping Strategies among HIV/AIDS Patients

Ravinderpreet Kaur[1], C. Naveen Kumar[2]

[1]M. Sc. (N) Student, SGRD College of Nursing, Vallah, Amritsar.
[2]Associate Professor, SGRD College of Nursing, Vallah, Amritsar

Corresponding Author: Ravinderpreet Kaur

ABSTRACT

HIV is one of the worst pandemic in today's world that has a devastating physical and psychological effect. Due to early detection and availability of antiretroviral treatment, HIV has become a chronic disease rather than a fatal illness. Consequently, quality of life is an important component in the evaluation of patient's well-being following HIV infection. A descriptive study design was applied to assess the quality of life and coping strategies among HIV/AIDS patients with a view to develop an informational booklet on coping strategies at ART centre Jalandhar, Punjab. 15O HIV/AIDS patients were selected by using convenient sampling technique. WHOQOL-BREF scale for assessment of quality of life and Moo's coping responses inventory for assessment of coping strategies. The study result shows that 1(0.66%) had poor quality of life, 28(18.67%) had fair quality of life, 82(54.67) had good quality of life and 39(26%) had very good quality of life with an average mean of 260.89 and SD of 65.71. Coping strategies of HIV/AIDS patients results reveal that 6(4%) had inadequate coping, 79(52.67%) had moderate coping and 65(43.33%) had adequate coping with an average mean of 138.97 and SD of 21.04.The study results reveals that 'r' value= 0.275 which indicates weak positive correlation between quality of life and coping strategies of HIV/AIDS patients. HIV/AIDS patients commonly feel depression, fear, anxiety, anger, worry and feelings of isolation which leads isolation and avoidance of proactive behavior that leads to poor coping and quality of life. Information booklet on coping strategies of HIV/AIDS patient which can help them in improving the coping abilities and leading to improvement of quality of life of HIV/AIDS patients.

Key words: HIV/AIDS patients, Quality of life, Coping strategies.

INTRODUCTION

We live in an environment of microorganisms and at every moment an enormous number of them are entering body. It is the immune system that normally fights off these microorganisms and keeps body healthy. But over the last fifteen years a new disease spread by a family of viruses called HIV which has spread globally. HIV stands for Human immunodeficiency Virus. It has been given this name because of its long-term effect to attack the immune system of the body, making it weak and deficient. The virus has weakened the immune system so much that they develop a number of different illnesses such as tuberculosis, pneumonia, persistent diarrhea, and fever and skin infections. This condition is called AIDS Acquired Immune Deficiency Syndrome. When HIV enters into person's blood it attaches itself to a special type of white blood cells called helper T-Lymphocytes. These Helper T-cells are crucial in defending the body against many infections. During all this the person will have no symptoms. [1]

In the middle of 20th century (during) 1970's the infection was confined to green

monkeys of Africa. How it was transmitted to human beings is not known. Then it spread to Haiti, Carribean Islands and reached USA, from where it spread to all parts of the world like a devastating fire. In 1981, the first case of a new syndrome was recognized and reported by the Center for Disease Control (CDC), Atlanta, USA, a rare form of Pneumonia caused by Pneumocystis Carinii and Kaposi's sarcoma in an apparent by healthy person, who was a homosexual man and who died due to loss of immunity. AIDS is not only a health problem, economic problem, cultural problem and a political problem. [2]

The first case of HIV in India was diagnosed among commercial sex workers in Chennai in 1986. HIV/AIDS progressively reduces the effectiveness of immune system and leave individuals susceptible to various opportunistic infections and tumors. HIV is transmitted through the direct contact of mucous membrane with a body fluid containing HIV such as blood, semen, vaginal fluid and breast milk. The mode of transmission is anal, vaginal and oral sex, blood transfusion, contaminated needles and exposure to any of the body fluids. [3]

In the 25 years since the first reported case of acquired immunodeficiency syndrome (AIDS), more than 70 million people have been infected with the Human Immunodeficiency Virus (HIV). Screening of blood supplies, universal safety precautions in medical settings and needle exchange programs for intravenous drug users are effective in avoiding blood borne spread. Reduction in sexual transmission is achievable through sexual abstinence, monogamy, condoms, treatment of concurrent sexually transmitted infections, male circumcision and HIV counseling and testing. [4]

The goal of individual and human society is to stay healthy, lead a life full of happiness, and ultimately maintain well-being throughout the life. Wellbeing is a concept that has subjective and objective components. The subjective component of wellbeing (as expressed by each individual) is referred to as 'Quality of life (QOL). [5]

WHO defined Quality of life as "The condition of life resulting from the combination of effects of the complete range of factors such as those determining health, happiness (including comfort in the physical environment and a satisfying occupation), education, social and intellectual attainments, freedom of action, justice and freedom of expression". [6]

HIV has infected millions of individuals in the worldwide pandemic. By the end of the 20th century over 21 million people had died from AIDS worldwide; another 34 million were living with HIV infection while 95% of HIV infected people were residents of developing nations. [7]

ARV drugs have revolutionized the treatment for HIV by increasing the average lifespan of HIV-positive individual. QOL of PLHIV has become a salient issue after the increase in availability of ARV and increase in average life span. WHO defines QOL as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. [8]

There are various studies conducted across the globe which report that as the HIV infection progresses, it affects the QOL of the individual. Various factors apart from physical and mental health like employment status, age, gender, income, education, HIV stage, severity of HIV infection, etc. are found to impinge on the QOL of PLHIVs. Also, QOL is identified as a useful medium to measure or determine the efficacy of treatment or interventions like dietary interventions. Therefore, the present study investigates the QOL of Indian PLHIV receiving ART and examines the factors that may affect it. [9]

The HIV/AIDS pandemic has presented the world with a state that has more often met with stigma and discrimination. People with HIV/AIDS may not have any visible signs of the disease, yet they are more likely to be unfairly regarded

because others may view them as contributors to their own problems and undeserving of the care directed to more lawful victims of illness. [10]

Problem Statement

A descriptive study to assess the quality of life and coping strategies among HIV/AIDS patients with a view to develop an informational booklet on coping strategies at ART centre Jalandhar, Punjab.

Objectives of the Study

1. To assess the quality of life and coping strategies among HIV/AIDS patients.
2. To determine the relationship between quality of life and coping strategies among HIV/AID patients.
3. To find out the association between quality of life and coping strategies among HIV/AIDS patients with selected demographic variables.

Assumptions

- Patients having HIV/AIDS may have poor quality of life.
- Patients with HIV/AIDS may adopt various coping responses to reduce the psychosocial problems.

MATERIALS AND METHODS

RESEARCH DESIGN

The term research design refers to the plan and the procedure for research that span the decisions from broad assumptions to detailed methods of data collection and analysis.

A descriptive study design was adopted for this study to achieve objectives of the study.

Research variables

Quality of life and coping strategies among HIV/AIDS patients.

Demographic variables

The demographic variables under the study are age, gender, area of residence, educational status, occupation, type of family, marital status, total family income and duration of illness.

Research setting

The present study was conducted at ART centre Jalandhar, Punjab

Population

Population is the entire aggregation of cases in which a researcher is interested. The population was HIV/AIDS patients from 21-60 years age.

Sampling Technique

The convenience sampling technique was used to draw the sample after considering inclusion and exclusion criteria.

Inclusion criteria:

- HIV/AIDS patients who are willing to participate in the study.
- HIV/AIDS patients who are having age between 21-60 years.
- HIV/AIDS patients who are cooperative.

Exclusion criteria:

- HIV/AIDS patients who are not present at the time of data collection.
- HIV/AIDS patients who do not understand English or Punjabi language.

Description of tool:

The tool consists of 3 parts:-

Part A:-Socio-demographic variables- It consist of 9 variable items for obtaining information from HIV/AIDS patients i.e. age, gender, area of residence, educational status, occupation, type of family, marital status, total family income/month and duration of illness.

Part B:-Standardized WHOQOL-BREF scale used to assess the quality of life. It consist of 26 questions about four domains of quality life i.e. physical health, psychological, social relationships and environment.

Score Interpretation

Quality Of Life:

Poor	-	0-100
Fair	-	101-200
Good	-	201-300
Very Good	-	301-400

Domains of Quality of Life:

Physical Health	-	(0-25)
Psychological Health	-	(26-50)
Social Relationships	-	(51-75)
Environment	-	(76-100)

Part C: Modified Moo's coping responses inventory for adults used for assessment of coping strategies. It consists of 48 items regarding coping strategies of HIV/AIDS patients i.e. logical analysis, positive reappraisal, selecting guidance and support, problem solving, cognitive reappraisal, acceptance or rejection, seeking alternative reward and emotional. These were categorized as 'Never', 'Often', 'Sometimes', 'Fairly Often' and were awarded scores of one, two, three and four respectively for each item. Keys provided for responses were as follows;

"**N**" for NO, Not at all.
"**O**" for YES, Once or Twice.
"**S**" for YES, Sometimes.
"**F**" for YES, Fairy often.

Score Interpretation

Coping Strategy

Inadequate Coping	-	18-96
Moderate Coping	-	97-144
Adequate Coping	-	145-192

RELIABILITY OF TOOL

Reliability for WHOQOL-BREF scale for each of four domains was Cronbach alpha 0.66 to 0.84 (overall 0.70) and for Modified Moo's Coping Rating scale was Cronbachapha 0.83. The tool was found to be reliable.

RESULTS

Table 1: Frequency and percentage distribution of demographic variables among HIV/AIDS patients N=150

S. No	Demographic Variable	Frequency (f)	Percentage (%)
1.	**Age (Years)**		
	21 – 30	52	34.7
	31 – 40	45	30
	41 – 50	39	26
	51 And Above	14	9.3
2	**Sex**		
	Male	84	56
	Female	66	44
3	**Area**		
	Urban	69	46
	Rural	81	54
4	**Education**		
	Illiterate	23	15.3
	Primary	57	38
	Higher Secondary	30	20
	Senior Secondary	29	19.4
	Graduation and above	11	7.3
5	**Occupation**		
	Unemployed	55	36.7
	Self Employed	53	35.3
	Private Service	33	22
	Government Service	9	6
6	**Type Of Family**		
	Nuclear	79	52.7
	Joint	71	47.3
7	**Marital status**		
	Married	86	57.3
	Single	38	25.3
	Widow/Widower	22	14.7
	Divorced/Separated	4	2.7
8	**Total Family Income/ Month (In Rupees)**		
	Below Rs. 10000	103	68.7
	10001-20000	25	16.7
	20001-30000	5	3.3
	Above 30001	17	11.3
9	**Duration Of Illness**		
	Below 1 year	18	12
	1-3Years	46	30.7
	3-5 Years	20	13.3
	Above 5 Years	66	44

Table 2: Quality of life among HIV/AIDS patients N=150

Quality of Life	F	%	Mean	SD
Poor (0-100)	1	0.66	260.89	65.71
Fair (101-200)	28	18.67		
Good (201-300)	82	54.67		
Very Good (301-400)	39	26		

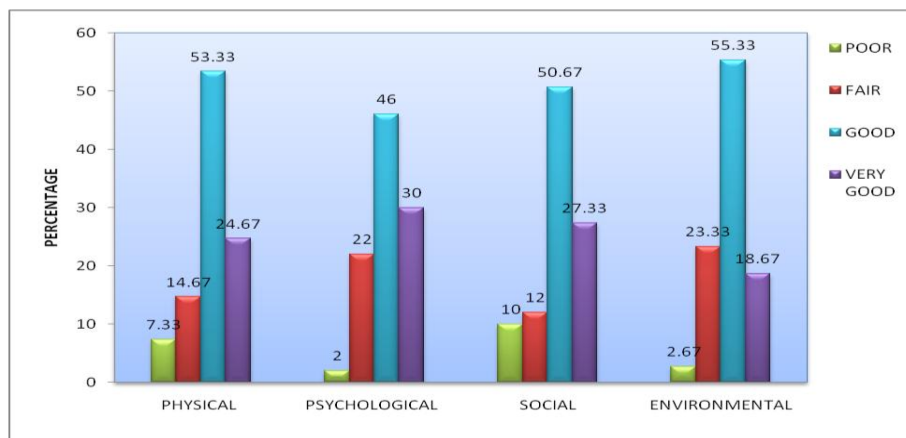

Fig 1: Quality of life of HIV/AIDS patient according to domains

Table 3: Coping strategies of HIV/AIDS patients N=150

Coping Strategies	F	%	Mean	SD
Inadequate Coping (18 – 96)	6	4	138.97	21.04
Moderate Coping (97-144)	79	52.67		
Adequate Coping (145-192)	65	43.33		

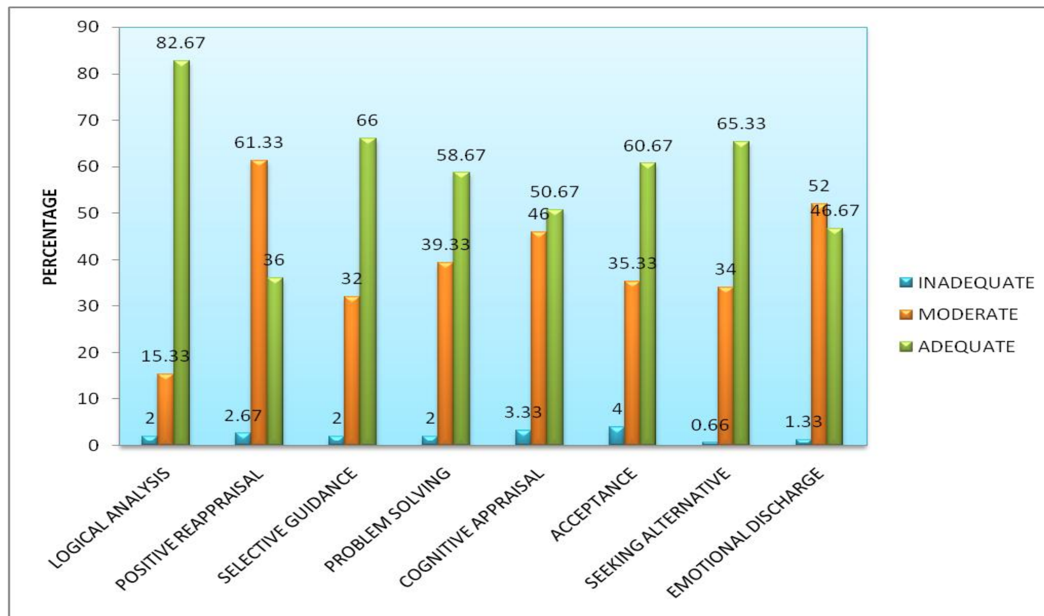

FIG 2: Coping strategies of HIV/AIDS patients according to domains

Table 4: Relationship between quality of life and coping strategies among HIV/AIDS patients. N=150

Relationship	Mean	SD	'r' value	'p' value
Quality of Life	260.89	65.71	0.275	0.0001
Coping Strategies	138.97	21.04		

Table 4 shows the relationship between quality of life and coping strategies among HIV/AIDS patients which was analyzed by using Karl Pearson co-efficient correlation. The results reveals that 'r' value= 0.275 which indicates weak positive correlation between quality of life and coping strategies of HIV/AIDS patients.

DISCUSSION

Antiretroviral drugs have transformed the daily life of HIV-infected individuals. Although HIV-positive individuals are no longer confronted with a rapid and fatal prognosis, they still have to cope with living with a chronic disease. Understanding how people cope with distress is particularly important among HIV-infected persons, as coping deficits have been related to psychological distress, and poorer physical health outcomes. [11]

The results of the present study had shown that HIV patients had fair quality of life, and facing physical health problems and psychological health problems. The results of coping strategies reveals that majority of HIV patients had moderate coping in all the domains. The relationship indicates that there is a weak positive correlation between quality of life and coping strategies of HIV/AIDS patients.

Rewa Kohli, Suvarna Sane, Manisha Ghate and Ramesh Paranjape (2014) conducted a study to assess the coping strategies of HIV positive individuals and its correlation with quality of life in Pune. 97 HIV patients were selected for the study, 64 were men and 33 were women. The results of the study had shown that coping strategies can be used to improve the quality of life of HIV patients. Most of the infected individuals adopted emotion-focused strategies through cognitive reframing and acceptance of their HIV status. One-third adopted problem-focused coping and sought health care, scientific information and social support. Significant associations of coping strategies were observed with marital status and work and earning domains of the QOL questionnaire. Findings can help decide

appropriate care and support strategies and psycho-social interventions for HIV-infected individuals. [12]

CONCLUSION

Whether perceived or enacted, HIV/AIDS related stigma is widespread in India, and has crippling effect on HIV/AIDS patients. Diagnosis of HIV/AIDS carries significant physical, psychological, social and economic implications. HIV/AIDS patients commonly feel depression, fear, anxiety, anger, worry and feelings of isolation which leads isolation and avoidance of proactive behavior that leads to poor coping and quality of life. The findings of study reveal that HIV/AIDS patient had good quality and life and moderate coping abilities. Information booklet on coping strategies of HIV/AIDS patient can help them in improving the coping abilities and leading to improvement of quality of life of HIV/AIDS patients.

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