

Original Research Article

Perception of health status and quality of life of people living with HIV in Patan city, Gujarat, India: a cross sectional study

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ABSTRACT

Background: Human Immunodeficiency Virus is the biggest threat to the mankind today from their health perspective. To know the perception of health status and quality of life of people living with HIV/AIDS.

Methods: This cross sectional study was undertaken during March 2015 to April 2016 at Patan city. After taking permission from NGO and Gujarat State AIDS Control Society (GSACS) total 100 purposively selected People living with HIV (PLHIV) attached to the NGO of Patan city were interviewed using predesigned semi-structured performa. Written informed consent was taken from all PLHIV. Ethical approval was obtained from institutional ethical committee for human research. Data safety and confidentiality was also given due consideration. Data were statistically analyzed using SPSS software (trial version).

Results: Age of study population ranges from 18 to 68 years. Mean age of study population is 34.21 + 9.1 years. Maximum number of PLHIV, 51 % are in the age group of 31-40 years age group. Out of total, 76 have perception of being healthy .Out of total, 61 % PLHIV have faced stigma. Out of total,92% were enjoying life, 74% perceived good quality of life, 95% perceived safe in life, 96% perceived satisfaction with health services, 84% perceived satisfaction with their day to day work capability and only 8% perceived fear about their future life.

Conclusions: Positive attitude towards life and health was observed in People Living with HIV.

Keywords: PLHIV, Perception, Health status, HIV, AIDS

INTRODUCTION

Human Immunodeficiency Virus is the biggest threat to the mankind today from their health perspective. However, the illness caused by HIV and its possible fatal consequences is a major health challenge. In the absence of cure or vaccine, the enormous number of debilitating illnesses and deaths that will be caused by the rapid spread of HIV in South-east and South Asia, particularly in India.¹

Globally, there are 36.7 million people living with HIV/AIDS in which 2.1 million new infections and 1.1 million deaths due to AIDS in 2015.² India's epidemic is marked by heterogeneity-not a single epidemic but made up of a number of distinct epidemics, in some places within the same state.³ India is estimated to have around 86 (56–129) thousand new HIV infections in 2015. National adult (15–49 years) HIV prevalence in India is estimated at 0.26% (0.22%– 0.32%) in 2015. In Gujarat adult HIV prevalence is estimated 0.42%. The total

number of People Living with HIV (PLHIV) in India is estimated at 21.17 lakhs (17.11 lakhs–26.49 lakhs) in 2015. In Gujarat, 1.66 lakhs people living with HIV.⁴

Health is considered a fundamental human right and a worldwide social goal. A healthy person is an asset to any society. The four domains of QOL are, (a) physical health and level; (b) psychological well-being (c) social relationships (d) environment. Quality of life is conceptualized in terms of "an absence of pain or an ability to function in day to day life".⁵

Studies of health related quality of life (HRQoL) among HIV infected persons in developed countries documented a positive relationship between social support and health outcomes.⁶ However, few studies have examined how care and social support have affected quality of life among HIV positive people in developing countries, especially in sub-Saharan Africa where the impact of the epidemic has been most dramatic.⁷

Due to stigma attached with HIV/AIDS, people living with disease often face discrimination in health care and employment and are prevented from fully participating in society.⁸ PLHA are facing so many problems like rejection by spouse or partner, family or community, disruption in inter-personal relationships due to guilt and shame, social stigmatization, economic, access of health care services, physical and stress related problems. So with this back ground in mind this study has been undertaken to know the perception of health status of people living with HIV/AIDS.

METHODS

This cross sectional study was undertaken during March 2015 to April 2016 at Patan city. After taking permission from NGO and Gujarat state aids control society (GSACS) total 100 People living with HIV (PLHIV) attached to the NGO of Patan city were selected by purposive sampling. Written informed consent was taken from all PLHIV. Before conducting the study approval was obtained from institutional ethical committee for human research. Data safety and confidentiality was also given due consideration. The file containing identity related details was kept password protected and the filled Performa were kept in lock with key accessible only to researcher. A predesigned semi-structured performa was used for data collection. Data were statistically analyzed using SPSS software (trial version).

RESULTS

Age of study population ranges from 18 to 68 years. Mean age of study population is 34.21 ± 9.1 years. Maximum number of PLHIV, 51 % are in the age group of 31-40 years age group which is sexually active and coincides with the economically productive segment of the population. Mean age of women was 32.15 ± 6.9 years and men was 35.25 ± 9.48 years as shown in Table 1.

Table 1: Age group and sex wise distribution of PLHIV.

Age group (years)	Male		Female		Total	
	N	%	N	%	N	%
18-20	1	1.6	1	2.6	2	2
21-25	5	8.1	4	10.	9	9
26-30	7	11.3	5	13.	12	12
31-35	16	25.8	8	21.	24	24
36-40	17	27.4	10	26.	27	27
41-45	11	17.7	7	18.	18	18
46-50	4	6.5	2	5.3	6	6
>50	1	1.6	1	2.6	2	2
Total	62	100	38	100	100	100

Table 2: Health status and perception of health of PLHA.

Health status	Perception of health			χ^2 value p value
	Good	Bad	Total	
Ill	6	18	24	$\chi^2= 10.71$ p = 0.001
Healthy	50	26	76	
Total	56	44	100	

Out of total, 66% PLHIV have not any symptoms, 23 % have symptoms and only 11% have developed AIDS. In present study, 23 % PLHIV have illness like weakness, fever, headache, TB while 77% have no illness. Out of total, 76 have perception of being healthy and 24% perceived that they are not well. 26 % PLHIV were admitted in hospital in last 6 months for any reasons as shown in Table 2.

Out of total, 61 % PLHIV have faced stigma. Out of total, 71% PLHIV have sometimes, 20% have frequent and only 9% have never negative feelings about life.

Out of total PLHIV 92% were enjoying life, 74% perceived good quality of life, 95% perceived safe in life, 96% perceived satisfaction with health services, 84% perceived satisfaction with their day to day work capability and only 8% perceived fear about their future life as shown in Table 3.

DISCUSSION

AIDS outreach workers and peer-educators have reported harassment by general public in community.⁹ People in marginalized age group like female sex workers, hijras (transgender) and gay men are often stigmatized not only because of their HIV status but also because they belong to socially excluded groups. Discrimination is also alarmingly common in the health care sector. Negative attitudes from health care staff have generated anxiety and fear among many PLHA. As a result, many keep their status secret. It is not surprising that for many PLHA, AIDS-related fear and anxiety, and at times denial

Table 3: Distribution of PLHIV according to their perception of health status and life.

Variables of Perceptions of Health status	Perception Answered as “Yes1”(%)	Perception Answered as “No” (%)
PLHA taking care for prevention of opportunistic Infections	91	9
PLHA concentration in Work	63	37
Satisfied with their current health status	74	26
Perception of physical pain that prevent routine activities	46	54
Tense about physical pain	14	86
Enjoying life	92	8
PLHA’s Interest in life	90	10
Fear about their future life	8	92
Good Quality of life	74	26
Feeling safe in life	95	5
Feeling of enough energy in day to day life	73	27
Satisfied with day to day work capability	84	16
Accepted their bodily appearance	69	31
Enough money for their needs	78	22
Satisfied with job	58	42
Satisfied with their self	87	13
Satisfied with their personal relation	84	16
Satisfied with friends support	76	24
Satisfied with health services	96	4
Number of PLHA sleep well	80	20
Have accepted by people who know their HIV status and also they mix with others	72	28
Accepted by people who don’t know their HIV status	86	14

of their HIV status, can be traced to traumatic experiences in health care settings. A 2006 study found that 25% of PLHA in India had been refused medical treatment on the basis of their HIV-positive status.¹⁰ A community’s reaction to somebody living with HIV/AIDS can have a huge effect on that person’s life. If the reaction is hostile a person may be ostracized and discriminated against and may be forced to leave their home, or change their daily activities such as shopping, socializing or schooling. Community-level stigma and discrimination can manifest as ostracism, rejection and verbal and physical abuse. There is clear evidence that families play an important role in providing support and care for PLHA. However, not all family responses are positive. HIV-infected members of the family can find themselves stigmatized and discriminated against within the home. There is concern that women and non-heterosexual family members are more likely than children and men to be mistreated. PLHA are often worried about losing family.¹¹

In healthcare settings, PLHA can experience stigma and discrimination such as being refused medicines or access to facilities, receiving HIV testing without consent, lack of confidentiality.¹²

In our study, 61 % PLHIV have faced stigma. Out of total, 71% PLHIV have sometimes, 20% have frequent and only 9% have never negative feelings about life. These findings are similar to those of other studies in both the developed world and other developing countries.^{13,14}

In our study, 92% were enjoying life, 74% perceived good quality of life, 95% perceived safe in life, 96% perceived satisfaction with health services, 84% perceived satisfaction with their day to day work capability and only 8% perceived fear about their future life. Similar positive attitude towards life was also observed in PLHIV in study done by Robins et al.¹⁵ In studies done by Seeley et al observed that study participants in rural Uganda struggled to “get back to normal” and rebuild their social lives after a diagnosis of HIV and treatment.¹⁶

However, study done in single city limits us to generalize the results. There is definitely a need for well-planned, large-scale studies using standardized methodologies to study perception of health status of People Living with HIV and quality of life. When planning these studies it is necessary to ensure that importance is given to accurate

evaluation of socio economic status and representation of the different regions of India.

CONCLUSION

Positive attitude towards life and health was observed in people living with HIV. There is an urgent need to encourage infected people and their families to come forward and voice their problems without any imprints of stigma and discrimination. PLHIV should have the same rights as uninfected people to education, social security, health and employment. More awareness should be created in public to remove the stigma associated with disease. Counseling should emphasize positive thinking and employment should be generated. Policymakers need to recognize that cost effective IEC must be well designed and target-group oriented. In addition to preventive efforts, government and non-governmental agencies should also emphasize the importance of proper diet, exercise, medication and healthy lifestyle to the infected persons.

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REFERENCES

1. Thakor N, Gadhavi RN, Damor P, Baranda U, Bhagora S, Patel N. Sociodemographic profile and health status of children living with HIV–AIDS attached to an NGO (ADHAR) of Ahmedabad city. *Int J Med Sci Public Health*. 2015;4:773-6.
2. USAID. Global AIDS update 2016. Geneva, Switzerland: USAID, 2016.
3. Park K. Park's Textbook of Preventive and Social Medicine, 23rd edn. Jabalpur: Banarasi Das Bhanot Publishers; 2011: 349.
4. Govt. of India. NACO Report 2015-16. New Delhi: NACO, Ministry of Health and Family Welfare, Government of India, 2015-16. Available at <http://naco.gov.in/documents/annual-reports>. Accessed on 7 January 2017.
5. Wig N, Lekshmi R, Pal H, Ahuja H, Mittal CM, Sunil, et al. The impact of HIV/AIDS on the quality of life: A cross sectional study in north India. *Indian J Med Sci*. 2006;60:3-12.
6. Sowell RL, Seals BF, Moneyham L, Demi A, Cohen L, Brake S. Quality of Life in HIV-infected women in the south-eastern United States. *AIDS Care*. 1997;9(5):501-12.
7. Bastardo YM, Kimberlain CL. Relationship between quality of life, social support & disease-related factors in HIV-infected persons in Venezuela. *AIDS Care*. 2000;12(5):673-84.
8. Kishore J. National AIDS control programme. National Health Programme of India, 9th edn. New Delhi: Century Publications; 2011: 253.
9. WHOQoL measuring quality of life. Available at http://www.who.int/mental_health/media/68.pdf. Accessed on 7 January 2017.
10. Carr AJ, Higginson IJ: Are quality of life measures patient centred? *BMJ*. 2001;322(7298):1357–60.
11. Ferrans CE: Development of a conceptual model of quality of life. *Inquiry of for nursing practice* 1996;6(4):248–54.
12. Veenhoven R: The four qualities of life ordering concepts and measures of the good life. *J Happiness Stud*. 2000;1:1–39.
13. Wilson HS, Hutchinson SA, Holzemer WL: Salvaging quality of life in ethnically diverse patients with advanced HIV/AIDS. *Qual Health Res* 1997;7(1):75–97.
14. Geurtsen B: Quality of Life and Living with HIV/AIDS in Cambodia. *Journal of Trans-cultural Nursing*. 2005;16(1):41–9.
15. Robins S: Rights passages from “Near Death” to “New Life”: AIDS activism and treatment testimonies in South Africa, IDS Working Paper 251. Brighton: Institute of Development Studies; 2005.
16. Seeley J, Russell S: Social rebirth and social transformation? Rebuilding social lives after ART in rural Uganda. *AIDS Care*. 2010;22(1):44–50.

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