



## **A study on quality of life among people living with HIV/AIDS (With special reference to dayasparsha hospital Tumkur, Tumkur district Karnataka state)**

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### **Abstract**

This study analyzes the Quality of life among People Living with HIV/AIDS in Tumkur City, Tumkur Taluk, Tumkur District, Karnataka State. This study was carried out in Tumkur city. Specifically the study aimed to examine the Quality life among People living with HIV/AIDS with special Reference to Tumkur City, Tumkur Taluk, Tumkur District. The study was adopted descriptive research design, Data were collected from a sample of 50 by applying Purposive Sampling technique through questionnaire method targeting to People living with HIV/AIDS and interview together with personal interviews with key informants, were used as data gathering instruments. The Quality of life among people living with HIV/AIDSs was analysis by applying percentile statistical technique.

**Keywords:** health, quality of life, people living with HIV/AIDS

### **Introduction**

Health is an extremely individual concept. The Health means that many people consider themselves as they are thinking that free of disease. However, people who have a disease or disability may also see themselves as being in good health if they are able to manage their condition so that it does not impact greatly on their. World Health Organization defined health as “a state of complete physical, mental, and social wellbeing and not the mere absence of disease or infirmity.” So that the health is the important concept to each individuals in the society. But in the present context the health get upset by the Communicable diseases and Non communicable diseases. In that HIV/AIDS is also there in the world wide.

### **HIV/AIDS**

Human Immunodeficiency Virus (HIV) originated in west-central Africa during the early twentieth century. Acquired Immunodeficiency Syndrome (AIDS) was first recognized by the Center for Disease Control and Prevention (CDC) in 1981, and its cause HIV infection was identified in the early part of the decade. HIV is a retrovirus that infects cells of the immune system, destroying or impairing their function. As the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to infections. The most advanced stage of HIV infection is AIDS. It may take 10-15 years for an HIV-infected person to develop AIDS.

### **HIV/AIDS in India**

India is one of the largest and most populated countries in the world, with over one billion inhabitants. Of this number, it's estimated that around 2.5 million people are currently living with HIV. 1 HIV emerged later in India than it did in many other countries, but this has not limited its impact. Infection rates soared throughout the 1990s, and have increased further in recent years. The crisis continues to deepen, as it becomes

clearer that the epidemic is affecting all sectors of Indian society, not just the groups – such as sex workers and truck drivers – that it was originally associated with. In a country where poverty, illiteracy and poor health are rife, the spread of HIV presents a daunting challenge. “How do you talk about HIV/AIDS to someone who does not know the basics about health and hygiene?” RatnaGaekwad, outreach co-coordinator with the Delhi NGO Pratyatn.

### **Quality of life**

Is a term that is popularly used to convey an overall sense of well-being and includes aspects such as happiness and satisfaction with life as a whole. Here some of the Reviews are focusing the Quality of life of the Peple living with Hiv/AIDS. They are as fallows, Rajeey, Yuvaraj, Gowdaand Ravikumar (2012) say that Quality of life is a complex and multidimensional concept that is difficult to define and measure. Assessment of Quality of life in individuals living with HIV/aids is becoming crucial to research and evidence based practice in some areas. Additionally the study of psychosocial factors those are likely to influence health outcomes in HIV - infected individuals can increase the understanding of this disease and allow to design more efficient interventions.

Marashi (2009) explored the Quality of Life of patients with HIV/AIDS in New Delhi. Purposive sampling was used to identify subjects from the antiretroviral therapy clinic (ART) in Lok Nayak hospital, patients were interviewed with the WHO Quality of Life-HIV instrument. This questionnaire included demographic data, multi-item scales and six domains namely physical, phycho logical, level of independence, social relationships environment and spirituality religion. All domains have higher scores for women than men except the psychological domain. Correlation of scores of six domains

with overall Quality of Life score and among individual domains was statistically significant. Younger people showed poorer Quality Of Life and level of education correlated positively with all domains of quality of life Overall results indicate that Quality of life of AIDS attending loknayak hospital is satisfactory.

**Objective of the study**

- To know about the socio demographic profile of the respondents.
- To investigate the respondents knowledge & awareness level regarding HIV/AIDS.
- To know the social support system & quality of life among people living with HIV/AIDS.

**Results and Discussion**

**Table 1:** Showing the Socio Demographic profile of the respondents

	Responses	Frequency	Percentage
Age	Below18 Years	1	2%
	19 To 25	1	2%
	26 To35Years.	14	28%
	36 To 45 Years.	15	30%
	Above 45Years.	19	38%
	Total	50	100%
Sex	Male	29	58%
	Female	21	42%
	Transgender	0	0%
	Total	50	100%
Education Qualification	Illiterate	16	32%
	Primary/secondary.	14	28%
	High school	13	26%
	Others	7	14%
	Total	50	100%
Marital status	Married	38	76%
	Unmarried	7	14%
	Widow	2	4%
	Separated	3	6%
	Total	50	100%
Nature of family	Nuclear	18	36%
	Joint	32	64%
	Extended	00	2%
	Total	50	100%
Housing Status of the Respondents	Kaccha house	6	12%
	Paccha house	43	86%
	Semipakka house	1	2%
	Other	0	0%
	Total	50	100%
Sanitation Facility	Yes	30	60%
	No	20	40%
	Total	50	100%

**Age**

The 19(38%) of the respondents are belongs to the age group of the above 45.15(30%) of the respondents are belongs to the age group 36 To 45Years,14 (28%) of the respondents are belongs to age group 26 to 35,1 (2%) of the respondents are belongs to the age group of the 19 to 25,1(2%) of the respondents are belongs to the group of the below 18Years. The majority of the Respondents are belongs to the group of the above45Years.

**Research Methodology**

Hence Descriptive Research Design has been adopted. All the people living with HIV/AIDS who are living in Tumkur taluk, Tumkur district Constituted as the universe of the study.

For the purpose of the study purposive sampling method was adopted and that researcher had chosen 50 respondents from the Dayasparha Hospital situated in Tumkur City. The Dayasparsha Hospital was working form the fast several years in the field of People living with HIV/AIDS. Both primary and secondary data was used to collect the data. Self-Prepared questionnaire was used to elitist the information regarding the quality life of People living the HIV/AIDS among Tumkur City. The data was analyzed by using Simple Statistical method.

**Sex**

The 29(58%) of the respondents are belongs to the sex group of the male, 21 (42%) of the respondents are belongs to the sex group of the Female. The majority of the Respondents are belongs to the sex group of male.

**Education**

The 16(32%) of the respondents are belongs to the Illiterate, 14 (28%) of the respondents are belongs to the Primary /

secondary education, 13 (26%) of the respondents are belongs to the High school, 07(14%) of the respondents are belongs to the others education level. The majority of the Respondents are belongs to the group of Education level is Illiterate.

**Marital Status**

The 38(76%) of the respondents married, 7(14%) of the respondents unmarried, 6(12%) of the respondents Separated, 04(08%) of the Respondents Widow, Hence the majority of the Respondents are married because those respondents come under the age group of 45 above. So that respondents are married.

**Nature of the Family**

The 32 (64%) of the respondents are belongs to the Joint family, 18(36%) of the respondents are belongs to the nuclear family. The majority of the Respondents are belongs to the

Joint family nature.

**Housing Status**

The 27(54%) of the respondents are living in Paccha house, 11(22%) of the Respondents are living in Semi paccha house, 7(14%) of the respondents are living in Kaccha house, 5(10%) of the respondents are living in other house. Hence the majority of the Respondents are living in the paccha houses. Because to improve the peoples got the government housing facilities.

**Sanitation Facility**

The 31(62%) of the respondents are having the sanitation facility of their house, 19(38%) of the Respondents do not having the sanitation facility of their house. Hence the majority of the Respondents are having sanitation facility, because they are aware about sanitation.

**Table 2:** To investigate the respondents knowledge & awareness level regarding HIV/AIDS

	Responses	Frequency	Percentage
Aware	Yes	50	100%
	No	0	00%
	Total	50	100%
Suffering time form HIV/AIDS	1To3 Years.	23	46%
	4 To 6 Years	23	46%
	7 To 9 Years	4	8%
	Above 10 Years	0	0%
	Total	50	100%
Know Treatment	Yes	38	76%
	No	12	24%
	Total	50	100
Types of counseling taking for HIV/AIDS of the Respondents	Pre counseling	7	14%
	Post counseling	19	38%
	Follow up	12	24%
	Others	12	24%
	Total	50	100%
The treatment Place of the Respondents.	Primary Health Centre	9	18%
	Community Health Centre	10	20%
	District Hospital	17	34%
	NGO's	14	28%
	Total	50	100%
Know the ICTC Facilities of the Respondents.	Yes	26	52%
	No	24	48%
	Total	50	100%
Know the ART facilities by the Respondents.	Yes	37	74%
	No	13	26%
	Total	50	100%
ART treatment taking of the Respondents.	Yes	35	70%
	No	15	30%
	Total	50	100%

**Aware**

The above table depicts that the Awareness about the HIV/AIDS of the respondents.50 (100%) of the respondents are aware about the HIV/AIDS. Hence out of the majority of the Respondents are aware about the HIV /AIDS. Because all the living with the HIV/AIDS.

**Suffering time form HIV/AIDS**

The above table shows that the Suffering time from

HIV/AIDS of the respondents.23(46%) of the respondents are Suffering from1 to 3 years,23(46%) of the Respondents are Suffering from 4 to 6 years, 4(8%) of the respondents are Suffering from 7 to 9 years. Hence the majority of the Respondents are Suffering for HIV /AIDS from 0 to 7 years.

**Know Treatment**

The above table shows that the know any kind of treatment for HIV/AIDS of the respondents. 38(76%) of the respondents are

know the treatment, 12(24%) of the Respondents are not know the treatment, Hence the majority of the Respondents are Suffering for HIV /AIDS from 0 to 7 years.

**Types of counseling taking for HIV/AIDS of the respondents**

The above table depicts that the type of taken the counseling of the respondents.19 (38%) of the Respondents are taken with post counseling, 12(24%) of the respondents are there Follow up, 12(24%) of the respondent are taken the other counseling, 7(14%) of the respondents are taken with Pre counseling. Hence the Majority of the Respondents are taken the counseling is post counseling.

**The treatment place of the respondents**

The above table reveals that the type of taken the treatment place of the respondents. 17(34%) of the respondents are taken the treatment for District hospital, 10(20%) of the Respondents are taken the treatment with CHC, 9(18%) of the respondents are taken the treatment from PHC. Hence the majority of the Respondents are taken the treatment from District Hospital. Because more respondents are living in city.

**Know the ICTC facilities of the respondents**

The above table depicts that the know ICTC Facility of the respondents. 26(52%) of the respondents are know the ICTC, 24(48%) of the Respondents are not know the ICTC Facility's. Hence the majority of the Respondents are known of the ICTC Facility's. Because from govt. free facilities available in hospitals.

**Know the ART facilities by the Respondents**

The above table reveals that the know ART facilities of the respondents. 37(74%) of the Respondents are not know the ART Facility's, 13(26%) of the respondents are know the ART. Hence the majority of the Respondents Said not knows of the ART Facility's. Because, because they are not aware about the ART Facility's.

**The ART treatment taking of the Respondents**

The above table shows that the taking the treatment of the respondents. 35(70%) of the respondents are taken the treatment, 15(30%) of the Respondents are not taken the treatment. Hence the majority of the Respondents are taking the treatment.

**Table 3:** To know the social support system & quality of life among people living with HIV/AIDS

	Responses	Frequency	Percentage
Experience positive feelings in life's	A little	22	44%
	A Moderate	12	24%
	Very much	2	4%
	An extreme amount	3	6%
	None at all	11	22%
	Total	50	100%
Positive feel about the future.	Slightly	14	28%
	Moderately	11	22%
	Very much	7	14%
	Not at all	13	26%
	Total	50	100%
Feelings of sadness or depression interfere everyday functioning.	A little	17	34%
	A Moderate	6	12%
	Very much	12	24%
	An extreme amount	1	2%
	None at all	14	28%
	Total	50	100
Limitations	A little	16	32%
	A Moderate	13	26%
	Very much	6	12%
	None at all	13	26%
	Total	50	100%
Medication needs	A little	15	30%
	A Moderate	8	16%
	Very much	13	26%
	An extreme amount	1	2%
	None at all	13	26%
	Total	50	100%
Quality of life depend on the use of medical aids	A little	21	42%
	A Moderate	6	12%
	Very much	4	8%
	An extreme amount	0	0%
	None at all	19	38%
	Total	50	100%
Financial difficulties	A little	14	28%
	A Moderate	10	20%

Accepted by community	Very much	7	14%
	An extreme amount	4	8%
	None <i>at all</i>	14	28%
	Total	50	100%
	A little	22	44%
	A Moderate	4	8%
	Mostly	4	8%
	Completely	2	4%
	None <i>at all</i>	13	26%
	Total	50	100%

**Experience positive feelings in life’s**

The above table Shows that the Experience positive feelings in life of the Respondents. 22(44%) of the Respondents are A little, 12(24%) of the respondents are A Moderate, 11(22%) of the respondents are None *at all*, 2(4%) of the respondent are very much, 3(6%) of the respondents are An extreme amount. Hence the majority of the Respondents 22(44%) are A little the Experience positive feelings in life.

**Positive feel about the future**

The above table Shows that the Positive feel about future of the Respondents.14 (28%) of the Respondents are slightly, 13(26%) of the respondents are Not *at all*, 11(22%) of the respondents are A Moderately,7(14%) of the respondent are very much, 5(10%) of the respondents are Extremely. Hence the majority of the Respondents are Positive feel about future is slightly.

**Limitations**

The above table Shows that the Limitations in performing everyday living activities of the Respondents. 16(32%) of the Respondents are A little, 13(26%) of the respondents are None *at all*, 13(26%) of the respondents are A Moderate, 6(12%) of the respondent are very much, 2(4%) of the respondents are An extreme amount. Hence the majority of the Respondents are Limitations in performing everyday living activities is A little.

**Medication needs**

The above table Shows that the Medication needs to Functioning daily life of the Respondents. 15(30%) of the Respondents are A little, 13(26%) of the respondents are None *at all*, 13(26%) of the respondent are very much, 8(16%) of the respondents are A Moderate, 1(2%) of the respondents are An extreme amount. Hence the majority of the Respondents are Medication needs to Functioning daily life is A little.

**Quality of life depends on the use of medical AIDS**

The above table shows that the qualities of life depend on the use of medical aids of the Respondents. 21(42%) of the Respondents are A little, 19(38%) of the respondents are None *at all*, 6(12%) of the respondents are A Moderate, 4(8%) of the respondent are very much. Hence the majority of the Respondents are Quality of life depend on the use of medical aids is A little.

The above table and graph Shows that the Financial difficulties of the respondents. 14(28%) of the respondents are None *at all*, 14(28%) of the Respondents are A little, 10(20%) of the respondents are A Moderate, 7(14%) of the respondent

are very much, 4(8%) of the respondents are An extreme amount. Hence the majority of the Respondents are Financial difficulties is Both Response Not *at all* & A little.

**Accepted by community**

The above table Shows that the Feel Accepted by community of the Respondents.22 (44%) of the Respondents are A little, 13(26%) of the respondents are None *at all*, 4(8%) of the respondents are A Moderate, 4(8%) of the respondent are Mostly, 2(4%) of the respondents are Completely. Hence the majority of the Respondents are Feel Accepted by community is a little.

**Suggestions**

- Government should provide Special schemes for helping positive people to increase the positive feelings and Quality of Life.
- Government Should incorporate and adopt value education in Educational setting to improve the Quality of Life among the positive peoples.
- Non-Government Organization and Society members create a awareness for treat and provide equality among the positive people.
- Government and NGO’s Should focus on the reduce the feeling of sadness/Depression of every day positive people.
- Effective interventions aimed at improving Quality of Life of people living with HIV/AIDS should target their mental and physical needs.
- Ensure to Attain by offering comprehensive and integrated services to the PLHIV including primary medical care, substance abuse treatment, financial assistance, housing, food, child care and social sensitization.
- Still the same of the respondents are not take the ART treatment. So Government have to take incentives to give awareness about ART treatment and hospital facilities among positive peoples.

**Conclusion**

Quality of Life is a multidimensional concept whose definition and assessment remains controversial. HIV/AIDS represents a high economic impact from society point of view. Overall self-perception of Quality of Life has been shown to be a useful screening item for assessing global Quality of Life. Quality of Life relates both to adequacy of the material circumstances and to personal feelings about these circumstances. As health is generally cited as one of the most important determinants of overall Quality Of Life, it has been suggested that Quality Of Life may be uniquely affected by

specific disease process such as AIDS. There is lack of clarity in defining Quality Of Life and concomitant operational difficulties in it but still there is urgency in evaluating the Quality Of Life in HIV-infected individuals. Future studies should encompass the evaluation of more determinants of Quality Of Life in HIV/AIDS. The constellations of HIV-related symptoms negatively affect the Quality Of Life for people living with HIV infection. Effective management of symptoms is important for improving Quality Of Life and potentially for maintaining a complicated daily regimen of ART. As HIV disease is among the most devastating of illnesses, having multiple and profound effects upon all aspects of life, hence the evaluation of Quality Of Life is very important. Although research has suggested relationships among various psychosocial and spiritual factors, symptomatology, and physical health, much more research is still needed to document their potential influences on immune function, as well as health status, disease progression, and Quality Of Life among persons with HIV disease. It is also important to underline the role of consultation-liaison psychiatry in the diagnosis and treatment of HIV and AIDS. Stress management interventions for HIV-infected persons are a promising approach to facilitate positive adjustment. Additional research is needed to further evaluate the role of routine Quality Of Life assessment in patients who have HIV/AIDS.

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