

## The Influence of Psychosocial Intervention on Quality of Life: An Experimental Study on People Living with AIDS

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### ABSTRACT

People living with AIDS (PLWA) are facing several difficulties at personal, social, and psychological level, which lead them into an unhealthy, mentally depress, and less confident person. Previous studies suggest that building supportive and congenial environment for PLWA can be very beneficial and assist in improving their quality of life. The present study experimentally investigates the effect of psychosocial intervention on quality of life among PLWA. The authors categorised the total sample (N = 120) into two groups i.e., intervention and control group. Each group consisted 60 samples containing equal number of male and female participants. The participants filled the form before the experiment began, and they also responded after the 3 months of gap with the same structured questionnaire. In the 3 months gap, intervention group was provided psychosocial intervention to 60 male and female participants, whereas the people in the control group did not provide any intervention for the 3 months. The findings explained that psychosocial intervention did play a big part in making PLWHA lives better in boosting confidence and teaching to adopt a healthy lifestyle.

**Keywords:** *Psychosocial Intervention, Quality of life, People living with AIDS.*

Covid-19 situation has caused everyone severely at personal, social and health-level. Those living with HIV have more severe outcomes and comorbidities as a result of Covid-19 than people who are not living with AIDS. Covid-19 lockdowns and other limitations hampered HIV testing, resulting in sharp decreases in HIV diagnoses and referrals to HIV treatment in several countries as a result of the restrictions. Besides the times of Covid-19, patients' survival has risen as a result of recent advancements in clinical diagnostics and therapies for people suffering from HIV/AIDS. As a result, the quality of life of these patients has become a major priority for researchers and healthcare practitioners (Clayson et al., 2006). In addition to physical health issues, many of these patients are dealing with a variety of social issues such as stigmatisation, poverty, depression, substance abuse, and cultural beliefs, all of which can negatively impact their quality of life not only from a physical health standpoint, but also from a mental and social health perspective, as

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well as cause numerous problems in their useful activities and interests (Aranda-Naranjo, 2004). The majority of research have particularly discussed related to reducing the patients' difficulties and improving their health-related quality of life. They have enhanced the capacity of treatment facilities and are offering interdisciplinary care to patients (Nicholas et al., 2003; Hughes et al., 2004; Crook et al., 2005; Handford et al., 2006). People living with HIV have benefited from a variety of interventions that have demonstrated success in changing health-related behaviours (O'Brien et al., 2004; Rueda et al., 2006; Mahlungulu et al., 2007; O'Brien et al., 2010); however, the vast majority of these interventions have been guided by psychosocial interventions.

According to the Joint United Nations Programme on HIV/AIDS report in 2021, 37.7 million individuals worldwide are living with HIV, with 1.5 million new HIV infections occurred in 2020. When compared to other illnesses, HIV/AIDS is seen as more stigmatising by the general public. This is due to the fact that the general public examines HIV/AIDS from the perspectives of how persons living with HIV get the disease and the features of disease transmission to others (Ven & Backer, 2018). To live with HIV now means dealing with multidisciplinary issues including psychological symptoms, stigma, prejudice, and therapy-related side effects (Oliveira et al., 2017). Hence, the fact that HIV is now a chronic illness has enhanced the need of addressing personal and social interactions (Greene et al., 2002). HIV causes social isolation, despair, and withdrawal from formerly liked activities and vocations (Persson et al., 2006). Stigma threatens positive people's work, housing, income, social support, and professional connections (Smith et al., 2008). Thus, it becomes imperative to assess the effectiveness of psychosocial intervention on quality of life among people living with HIV/AIDS in Chhattisgarh state.

### **LITERATURE REVIEW**

#### ***Psychosocial Intervention***

People living with AIDS are now forced to take greater responsibility for managing their health, including making physical, psychological, and social modifications as HIV progresses from AIDS. It aims to slow disease development, control symptoms, and avoid disability (Glass et al., 2006). The transition from an acute sickness like HIV/AIDS to a chronic disease, i.e., a sluggish but manageable condition. As such, it causes a gradual loss of functional ability and autonomy, as well as a decline in physical, psychological, and social well-being. With competent medical care, advances have been achieved in the prevention and treatment of HIV/AIDS; nonetheless, HIV can only be treated, not cured (Centers for Disease Control and Prevention 2019). Apart from that, people living with AIDS (PLWA) are more likely to have traumatic events and to develop post-traumatic stress disorder (PTSD) than the general population (20–45 percent vs 6.8 percent, respectively) (Kimerling et al., 1999; Martinez et al., 2002; Brief et al., 2004; Kessler et al., 2005).

Stigmatized PLWAs experience anxiety, despair, and alienation, which are linked to disturbances in regular social connections (Crandall & Coleman, 1992). These results highlight the impact of internalised HIV/AIDS-related stigma on PLWA mental health and highlight the need for future study. Stigma is influenced by gender interactions. Studies show that women are more susceptible to HIV/AIDS stigma and prejudice (Ingstad, 1990; De Bruyn, 1992). These issues may recur on a regular basis, both for the individual living with HIV/AIDS and for those who provide care for them. Because they are not always consistent and predictable, they cause physical and mental stress. Counseling may be especially beneficial in recognising the conditions in which these worries are most likely to

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arise and in assisting the individual in developing a strategy for dealing with them in the most effective and proactive manner.

### ***Quality of Life (QOL)***

The word “quality of life” is often used to communicate an overall feeling of well-being, and it encompasses factors such as happiness and general satisfaction with one's life. The World Health Organization defines quality of life as “individuals' perceptions of their position in life in relation to their goals, standards, expectations, and concerns 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). HIV is becoming a chronic condition, putting into focus concerns of quality of life, including mental health. Sub-Saharan African HIV care providers seldom offer mental health services, including therapy. It is accepted among key stakeholders in Uganda, but it would need organisational and patient reforms (Rutakumwa et al., 2021). Less quality of life may be a sign of depression in PLWHA (Valdelamar-Jiménez et al., 2020).

Holtz et al. (2014) examined indigenous Mexican women's QoL and discovered psychosocial elements that impacted it. The interviews conducted with women receiving HIV treatment in Oaxaca, Mexico. Quality of life was substantially correlated with stigma, depression, and avoidance coping. HIV-infected teenage women's well-being and quality of life are likely to be improved by interventions that successfully reduce stigma and despair while also increasing social support. Perceived social support and QOL are linked in HIV/AIDS individuals. Little is known about how social support affects QOL. Social support interventions may improve QOL (Bekele et al., 2013). A meta-analysis's findings indicated that comprehensive treatment techniques, including physical and mental rehabilitation services, and home care, may reverse illness outcomes and improve patients' quality of life (Handford et al., 2006).

### ***Research Gap***

Many AIDS-diagnosed people deal with psychological issues, which makes them lose their confidence and hope for living a healthy life. Previous studies explain that appropriate support or intervention helps them to gain their confidence back to live happy life. But still empirical evidences limitedly exist in the present literatures on how psychosocial intervention would affect quality of life among people living with AIDS (PLWA) of Chhattisgarh state. Hence, the present study conducts the research experimentally to examine whether psychosocial intervention significantly affects when we compare it to control group PLWA.

## **METHODOLOGY**

### ***Hypothesis of the present study***

The hypothesis of the present study is as follows: -

Psychosocial intervention would have significant effect on quality of life in people living with AIDS.

### ***Respondents of the study***

The respondent of the study were people suffering from AIDS ranging age between 20-40 years of age with family income below Rs. 30,000 per month. Only literate people were asked to participate in the study. The participants, who were suffering from AIDS, were the

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out patients and under medication in different ART centers (i.e., Raipur, Durg, Bilaspur, Ambikapur, and Jagdalpur) of Chhattisgarh state.

### *Sampling*

Purposive sampling was used in the study and collected 120 filled questionnaires among the intended participants which includes equal male and female participants. Similarly, for post-intervention after three months, the same 120 subjects were asked to fill the questionnaire to examine the difference between pre and post psychosocial intervention. Finally, 120 (60 male and 60 female) participants were considered for analysis.

### *Operational Definition of the Study*

- **Psychosocial intervention:** Psychosocial intervention can be defined as a psychological and social support provided to HIV-infected people to cope-up with their problems effectively (WHO Official Website). These intervention helps an AIDS suffering person to generate confidence and live life with positive mind.
- **Quality of life:** Quality of life (QOL) is defined by the World Health Organisations (WHO) as the individuals' perceptions of their position in life in terms of culture and value systems in which they live and related to their goals, standards, expectations, and concerns (WHOQOL Group, 1998).

### *Design*

Experimental research design was incorporated in the present study in which pre and post psychosocial intervention was conducted by taking both experimental and control group consisting 60 respondents in each group with equal number of male and female participants showed in the Table 1. In pre-psychosocial intervention, both groups i.e., experimental and control groups were not provided the psychosocial intervention. Then, three months of psychosocial intervention was introduced to the experimental group and, in the meanwhile, control group were not provided any intervention. Then, the same questionnaires were distributed to the same intended participants in order to measure the outcomes/ changed results.

**Table 1. Pre and Post Intervention Schedule**

Group	Intervention Schedule		
	Pre-test	Intervention (After every 30 days, 1 session for every individual)	Post-test
Intervention (n = 60 in which Male = 30 & Female = 30)	Socio Demographic Data Quality of life	Psychosocial Intervention	Quality of life
Control (n=60 in which Male = 30 & Female = 30)	Socio-Demographic data Quality of life	No Intervention	Quality of life

### *Statistical Analysis*

The present study incorporated correlated 't' test to study the impact of psychosocial intervention. Mean square and standard deviations were incorporated in the study to draw meaningful comparison using SPSS v25 (licensed).

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### Analysis and Observation

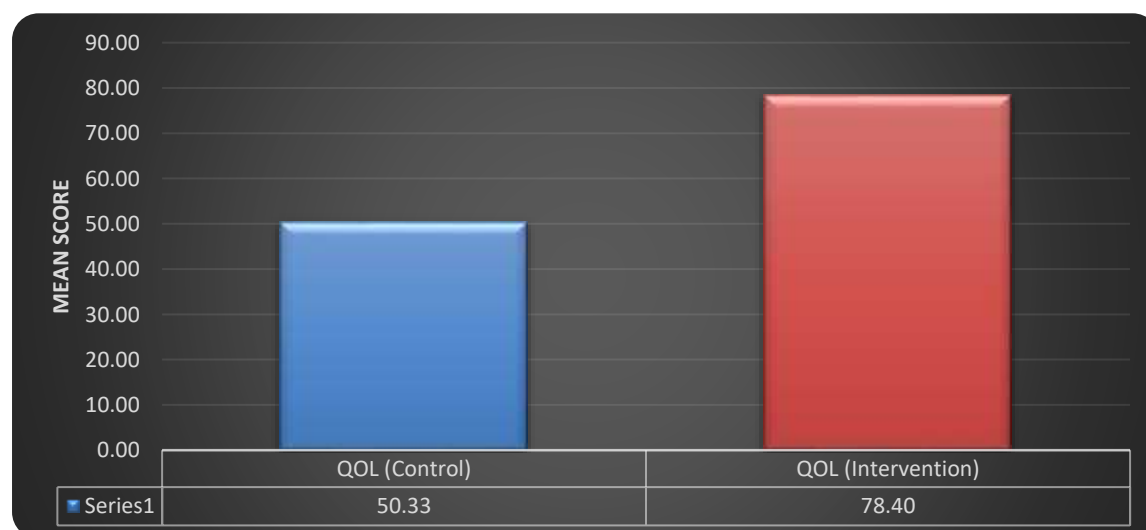
In order to examine the impact of psychosocial intervention on QOL, control and intervention group were compared with their obtained mean score. Control group are the group (N=60) which are not subjected to treatment of intervention whereas intervention group (N=60) is the experimental group of the study which is subjected to treatment in the form of intervention. Some dimensions of study were compared on the basis of their obtained mean score to derive if there is any effect of intervention.

### Testing of H1 (Quality of Life)

As stated above, the quality of life of AIDS patients were assessed with an experiment in which 120 participants consisting equal number of males and females willingly contributed in the study. 60 participants (equal number of male and female) were provided with 3 months of psychosocial intervention to examine the changes in the quality of life factor in their personality. However, the other 60 participants (equal number of male and female) were not provided any intervention and assessed at the end of the three months gap. In Table 2 and Figure 1, the responded participated in the intervention group were found to have improved results (M = 78.40, SD = 17.465), as compared to the respondents of control group (M = 50.33, SD = 14.293). Thus, it can be stated that the psychosocial intervention has a significant and positive impact over quality of life factor among people living with AIDS.

**Table 2. Mean score of quality of life (both control and invention group)**

Group/Variable	QOL (Control)	QOL (Intervention)
N	60	60
Mean	50.33	78.40
Std. Deviation	14.293	17.465



**Figure 1. Comparison of quality of life (control and intervention group)**

A paired sample t test was run to determine whether there was a statistically significant mean difference between control and intervention group for quality of life dimension. As indicated in the Table 3, the assumption of normality was violated as assessed by Shapiro-Wilk's test ( $p = 0.010$ ). The result shows that the mean score for intervention group (M= 78.40) is higher than the control group (M= 50.33) for quality of life dimension and was statistically significant [ $28.067$  (95% CI, 22.378-33.756),  $t(119) = 9.872$ ,  $p < 0.05$ ]. Thus, it can be derived that psychosocial intervention has a significant impact on quality of life. In

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other words, the more the psychosocial intervention is given to people living with AIDS, the higher their quality of life would be.

**Table 3. Paired t-test and normality results of quality of life (control and intervention group)**

Paired Variables	Paired Differences		t	df	Sig. (2-tailed)	Shapiro-Wilk Test of Normality	
	Mean	95% Confidence Interval of the Difference					
		Lower					Upper
Intervention and Quality of Life	28.067	22.378	33.756	9.872	119	0.0000	0.01

**DISCUSSION**

HIV/AIDS is a chronic disease, which has many physical, social, and psychological effects. Previous studies explained that people suffering from AIDS have severe suicidal thoughts, which can be treated via different therapies. The present study also performed the effect of psychosocial intervention on quality of life among PLWA. The authors separated the respondents into two groups i.e., intervention and control group. Each group consisted 60 respondents with equal male and female participants.

Result obtained from the study exhibited a higher mean value for intervention group as compared to the control group for quality of life dimension. The mean difference in quality of life between the intervention and control groups was determined to be statistically significant. A higher value of quality of life among the intervention group represents an increase in their individual or collective well-being and happiness. Improvements in their quality of life also indicate that they are more equipped to battle sickness than they were before.

According to previous findings of a rigorously structured intervention, empowerment interventions may improve the quality of life of HIV-infected people. Furthermore, it may be beneficial in lowering their social stigma and expanding their social support network. It can ensure long-term sustainability and effectiveness among people living with AIDS (Sikkema & Kelly, 1996; Kelly, 1998; Ball et. al., 2002; Johnson et. al., 2007; Bhatia et. al., 2011; Marshal et. al., 2013; Degroote et al., 2014; Kamen et. al., 2015; Bhatta & Liabsuetrakul, 2017; Rasoolinajad et. al., 2018). Evidences from the literature suggests that structured intervention can result in significant improvement in quality of life of people suffering from AIDS. The outcome of the present study matches with similar studies undertaken in the past and its potential applications of have been widely described in literature (Molassiotis et al., 2002; Moulavi et al., 2008; Briongos et al., 2011; Li et al., 2020).

**CONCLUSION**

Psychosocial intervention has proven to be the most effective medicine, assisting them in coping with a variety of situations and overcoming challenges as well as encouraging them to develop self-motivation and improve their overall quality of life. The current research tested the efficacy of psychosocial interventions on patients living with AIDS by dividing them into two groups i.e., intervention and control. The researchers created a model to

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examine the quality of life of persons living with AIDS with and/or without psychosocial assistance. The findings of the current study were thoroughly discussed, and it was concluded that psychosocial interventions are extremely important for those living with AIDS in order to instill confidence in them so that they can face a variety of challenges and situations in society as well as in their profession.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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