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Quality of Life among HIV/AIDS Seroconcordant and Serodiscordant Spouses

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ABSTRACT

HIV/AIDS as we know is an incurable disease. Infection with HIV causes progressive Immunodeficiency resulting in a variety of opportunistic infections which could cause physical and psychological damage and thus decrease PLHIVs (People Living with HIV/AIDS) quality of life. Quality of life is "an individual's perception of his position in life in the context of the culture and value systems in which he lives and in relation to his goals, expectations, standards and concerns" (WHO).

A large number of researches have been done on quality of life among HIV/AIDS patients but quality of life among HIV Seroconcordant and Serodiscordant spouses in North India is not explored. Present study was aimed to investigate quality of life among Seroconcordant and Serodiscordant spouses. The sample consisted of fifty participants (25 Males & 25 Females) of 26 to 60 years of age. Significant differences were not found between the mean scores of comparison groups on dimensions and composite scores of WHOQOL-BREF.

Keywords: *HIV/AIDS, Quality Life, Spouses, Seroconcordant*

Quality of life is a multidimensional approach whose definition and assessment remains controversial (Lessorman, Perkins, & Evans, 2009). Quality of life is conceptualized in terms of "an absence of pain or an ability to function in day to day life. Quality of life as defined by WHO is "individuals' perception 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" (WHOQOL-BREF).

The current concept of Quality of life in public health and medicine refers to how the individual's well-being including all physical, psychological, social, spiritual and environmental aspects of the individual's life may be impacted over time by a disease, a disability or a disorder (Dennisor, 2002). Several researchers described Quality of life as a "fighting spirit'' associated

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with longer survival time for individuals (Watchel, Piette, & Mor et al., 1992), (Namir, Fawzy, & Alumbaugh,1992).

Health-related quality of life is an important indicator to assess the impact and quality of health care system. It reflects the patient perspective on various aspects of health, ranging from symptomatic to more complex concepts, such as social functioning or spirituality (Dube & Sattler, 2010). Further 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 (CDC, 2010), (Rabkin, Remien, Kttoff, & Williams, 1993).

Infection with HIV causes progressive immunodeficiency resulting in a variety of opportunistic infections, which could cause physical and psychological damage and decreased quality of life (Brooks, Kaplan, Holmes, Benson, Pau et al., 2009). Determining the impact on the quality of life in HIV/AIDS patients is important for estimating the burden of the disease. This is true because AIDS has a chronic debilitating course and the long-term adverse side effects of current treatments modalities are uncertain. The social stigma attached with the proclamation of HIV sero-positivity may at times force the individual to change the job or the place of living, putting further stress on the already weak economic situation. This further leads to progressive deterioration of health, low morale, repeated consultation, abstinence from work and low productivity etc. The vicious cycle thus goes on, economic deprivation and social isolation decreases quality of life (Fanning, 1994).

Serodiscordant couple is one in which one spouse is HIV positive and the other spouse is HIV negative. Seroconcordant couple is one in which both the spouses are HIV positive. HIV infected spouses from serodiscordant couples face multiple challenges including the stress of sexual transmission (Attia, Eggerm, Muller, Zwanlen, & Low, 2009). Financial pressures and coping with HIV related stigma all of which may have negative influence on their quality of life (Kalichman, Rompa, Luke, Austin, 2002). On the other hand Seroconcordant spouses face multiple problems such as health related problems of both the partners, danger of death which in turn increases the danger of improper running of family and taking care of children, financial crises, HIV related stigma etc.

Tocco (2009) noted that the popular Islamic hadith, " *For every disease, Allah has given a cure"* is being utilized in Northern Nigeria to assist HIV infected persons to enroll in HIV clinics, consume ARVs, and improve the quality and length of their lives.

Thus, if we look at quality of life, it is positive psychological state which helps individuals in coping with difficult situations and hence, has been assessed in seroconcordant and serodiscordant spouses living with HIV/AIDS.

OBJECTIVES:

- To explore differences between Seroconcordant and Serodiscordant spouses on domains and composite scores on quality of life.
- To examine difference between male and female people living with HIV/AIDS positive on dimensions and composite score on quality of life.
- To examine difference between urban and rural people living with HIV/AIDS on dimensions and composite score on quality of life.

HYPOTHESES:

- There will be no difference between Serodiscordant & Seroconcordant spouses on domains and composite scores on quality of life.
- There will no difference between male and female People living with HIV/AIDS positive on dimensions and composite score on quality of life.
- There will be no difference between urban and rural People living with HIV/AIDS positive on dimensions and composite score on quality of life.

METHOD

Participants

Total sample for the present study comprised of 50 PLHA (People living with HIV/AIDS). Of these, there were 25 male and 25 female Seroconcordant (Positive) and Serodiscordant (Positive and Negative) spouses. They were drawn from ART (Antiretroviral therapy centre), J.N. Medical college, A.M.U., Aligarh. Majority of patients were in the age range of 26-50 years, CD_4 cell count 200-600 cells/ml, WHO clinical stage 1^{st} and 2^{nd} and their monthly income were between 2000-6000 rupees per month.

Tool

WHOQOL-BREF was developed by the WHO QOL group was used in this study (Orley & Kuyken, 1994; Szabo, 1996; WHO QOL group 1994a, 1994b, 1995).The WHOQOL-BREF contains 26 questions. In addition, two items from the overall quality of life and general health facet have been included. The WHOQOL-BREF is based on four domain structure i.e.; Physical health, Psychological, Social relationships and Environment. Cronbach alpha values for each of the four domain scores ranged from .66 (for 3 domains) to .84 (for domain 1). The WHOQOL-BREF has high discriminant validity when compared with WHOQOL-100 in discriminating between the ill and well groups.

Procedure

Seroconcordant (Positive) and Serodiscordant (Positive and Negative) HIV/AIDS spouses were contacted individually and proper rapport was established. Then purpose of the study was explained to each and every participant and participants were assured that their responses will be

kept confidential and will be used for research purpose. The data were collected individually through face-to-face interview method.

Data Analysis: t-test was used to analyze the data.

RESULTS AND DISCUSSION

Table 1: Indicating difference between Seroconcordant (Positive) and Serodiscordant (Positive and Negative) Spouses on Domains of Quality of Life

Domains	Spouse Status	N	Mean	Std. Deviation	t-value	p
Physical	+VE	28	25.46	3.863	-.073	➢ .05
	-VE	16	25.56	4.531		
Psychological	+VE	28	20.71	3.780	-.209	➢ .05
	-VE	16	21.00	4.662		
Social relationships	+VE	28	10.07	1.331	-1.658	➢ .o5
	-VE	16	10.75	1.291		
Environmental	+VE	28	27.46	3.585	-.163	➢ .05
	-VE	16	27.69	4.743		

Table: 2 Indicating difference between Seroconcordant (Positive) and Serodiscordant (Positive and Negative) Spouses on Quality of Life

Spouse Status	N	Mean	Std. Deviation	t-value	p
+VE	28	20.93	2.368	-.342	➢ .05
-VE	16	21.25	3.308		

Table 3: Indicating difference between Male and Female HIV Positive on domains of Quality of Life.

Domains	Gender	N	Mean	Std. Deviation	t-value	p
Physical	Male	25	26.16	3.520	1.427	➢ .05
	Female	25	24.60	4.183		
Psychological	Male	25	20.20	4.282	-.167	➢ .05
	Female	25	20.40	4.163		
Social relationships	Male	25	10.32	1.282	.416	➢ **.05**
	Female	25	10.16	1.434		
Environmental	Male	25	27.32	3.705	-.108	➢ **.05**
	Female	25	27.44	4.144		

Table 4: Table 1: Indicating difference between Male and Female HIV Positive on Quality of Life.

Gender	N	Mean	Std. Deviation	t-value	p
Male	25	21.00	2.703	.461	➢ .05
Female	25	20.65	2.666		

Table 5: Indicating difference between people with HIV Positive living in Rural and Urban areas on domains of Quality of Life.

Domains	Locale	N	Mean	Std. Deviation	t-value	p
Physical	Rural	40	24.95	3.909	-1.669	➢ .05
	Urban	10	27.10	3.573		
Psychological	Rural	40	20.00	3.889	-.847	➢ .05
	Urban	10	21.50	5.255		
Social relationships	Rural	40	10.15	1.292	-.835	➢ .05
	Urban	10	10.60	1.578		
Environmental	Rural	40	26.75	3.470	-2.015	< .05
	Urban	10	29.90	4.630		

Table 6: Indicating difference between people with HIV Positive living in Rural and Urban areas on Quality of Life.

Locale	N	Mean	Std. Deviation	t-value	p
Rural	40	20.46	2.414	-1.662	➢ .05
Urban	10	22.28	3.231		

Significant differences were not found between Seroconcordant and Serodiscordant spouses, rural and urban PLHA, and male and female PLHA on domains of quality of life and the composite score on quality of life. Urban people living with HIV positive scored significantly higher than rural people living with HIV positive on 'environmental' dimension of quality of life. All hypotheses were accepted.

In the present study it was found that Seroconcordant and Serodiscordant spouses did not differ significantly on any dimension of quality of life. This finding suggests that both type of spouses perceived the same level of physical, psychological, social relationship, and environmental dimensions of quality of life.

Quality of life in HIV Seroconcordant couples may be balanced by their mental attitude and social support. Whereas in the case of Serodiscordant couple the positive spouse may feel that he/she cares for his/her partner because he/she did not transmit HIV to his/her partner. All these things will contribute to their quality of life.

Significant difference was found between people with HIV positive living in rural and urban areas on environment dimension of quality of life. From this finding it can be inferred that both the groups have different lifestyles i.e. they have different timings of sleep and rest, work capacity, financial resources, home environment, opportunity for acquiring new information and skills, leisure time activities, and physical environment.

It is suggested that alone antiretroviral therapy may not necessarily improve quality of life of PLHA cases (Dowdy, 2012). There is a need to provide them psychosocial and spiritual interventions. We should also provide emotional and social support to the seroconcordant and serodiscordant spouses.

CONCLUSION AND IMPLICATIONS:

The motivated patients can improve their situation and health-related quality of life through contentment and developing a sense of meaning in a habitual way. This may be temporary or lasting depending on patients' capacity to improve their quality of life. Spiritual counseling may combine with prayer, meditation, steadfastness and will power.

If we enhance quality of life of PLHA their disease progression will be slow, CD_4 count will increase, adherence will increase and this will in turn improve their overall physical and psychological health.

On the other hand, faith in God and conviction of the higher meaning of life, supported by spiritual values may be essential for their spiritual health and long life. All the practical spiritual principles of thought and activity point to the power within the mind which makes life more meaningful. The inspiring stories of the transforming power of spiritual thought may serve to enlighten and encourage to the HIV people. Adopting healthy lifestyles will improve the quality of life with the highest hopes and expectations.

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