

# Quality of Life: Comparison between People living with HIV and HIV-Tuberculosis Co-Infection in selected hospital India

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**Problem Statement:** Comparison of the quality of life between people living with HIV and HIV-Tuberculosis co-infection among hospitalized adults in a selected hospital

**Background of the study:** Human immunodeficiency virus infection and tuberculosis account for a massive burden in the country. As these diseases have an impact on the quality of life (QOL) of patients with HIV and TB, this study has conducted to assess and compare the quality of life of people living with HIV and HIV-TB co-infection.

**Objectives of study:** The main objective of the study was to assess and compare the quality of life of hospitalised adults with HIV infection and HIV-TB co-infection. It also aimed at finding the association between the quality of life and selected demographic variables.

**Conceptual frame work:** The aim of the study was to evaluate the quality of life in people living with HIV and HIV-TB co-infections and to compare the quality of life between the groups. This study was based on Karl Ferran's model of Quality of life.

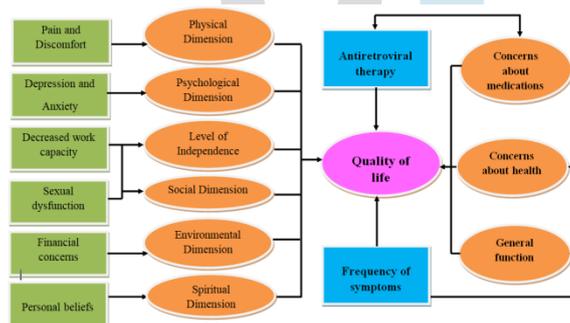


Fig.1: Conceptual framework based on Ferran's Quality of life Model

**Review of previous studies:** The Review of literature of similar studies guided the investigator to find the various factors associated with the HIV-TB co-infection as well as the related quality of life in such people living with HIV and HIV-TB co-infection. Review of literature is organized and presented under the headings; Literature related to prevalence and impact of HIV and Tuberculosis, Literature related to Quality of life in People living with HIV, Literature related to Quality of life in people with Tuberculosis, Literature related to Quality of life in people with HIV and TB co-infection. The studies used helped the investigator to conclude that there were various factors affecting the QOL of people living with HIV and HIV-TB co infection.

**Methods:** A cross sectional comparative study was conducted among 80 hospitalised patients with HIV and 80 with HIV-TB co-infection. The Quality of life was assessed using translated WHO\_QOL\_HIV\_BREF questionnaire through face to face interviews. Analysis was done using descriptive statistics, linear regression, ANOVA.

**Results:** The results show that there were variations in the quality of life in people living with HIV as well as people living with HIV-TB co-infection. The mean overall Quality of life score (QOL) of people living with HIV was  $3.74 \pm 0.98$  when compared to the mean and SD of overall QOL score of people living with HIV-TB co-infection, which was  $3.5 \pm 1.01$ . The most affected domain among people living with HIV and HIV-TB co-infection was level of independence ( $13.05 \pm 2.3051$  vs  $11.65 \pm 2.71$ ). There were significant difference in Psychological domain ( $p < 0.03$ ), Level of independence ( $p < 0.00$ ), Social domain ( $p < 0.03$ ), Environmental domain ( $p < 0.00$ ) and Spiritual domain ( $p < 0.00$ ) among people living with HIV and HIV-TB co-infection. There were no variables associated with the QOL of People living with HIV, whereas the duration of illness and the length of hospital stay had significant association with the QOL score of people living with HIV and TB co-infection.

**Conclusion:** HIV and TB worsens the progression of both infections each other. The HIV-TB co-infection weakens the physical and mental function of the patients and impairs their quality of life. This study concluded that the overall quality of life of people living with HIV- TB co-infection is much lower as compared to people living with HIV infection. So, it is important to develop some interventions to improve the quality of life among people living with HIV-TB co-infection.

## NURSING IMPLICATIONS

**Nursing practice and service:** Nurses being the integral part of the health care delivery system, have more responsibility in bringing up the quality of life of the vulnerable groups. It is important to improve the quality of life of people living with HIV and HIV-TB co-infection, as both these diseases are being stigmatized in the community. They must take up an active role in supporting them by reassuring the affected people. Nurses must have a vital role in conducting Psychological and counselling programs aimed at helping patients discuss and accept their illness and facilitating a normal life style.

**Nursing administration:** Nurse administrators must advocate staff nurses regarding the prime role they have in protecting the rights of their patients to remain healthy both physically and mentally. Nurse can take up the responsibility to provide link between the patients, family members and other health team members which will be helpful in alleviating the difficulties especially pertaining to level of independence. They should organize in-service education and continuing education regarding the trends of diseases and difficulties in people with HIV to update the knowledge of nurses.

**Nursing education:** The nursing curriculum is concerned with the preparation of quality future nurses. It deals with providing holistic care to the individual and family. The curriculum should provide more emphasis on imparting a sound knowledge to the students to acknowledge the quality of life of the people living with HIV rather than mere treatment of medical problems and should also lay emphasis on preparing prospective nurses who are able to deal with the psychological aspects of illness through good communication and counselling.

**Nursing research:** Nursing research helps in providing evidence based practice thus improving the quality of nursing care in people living with HIV and Tuberculosis. Research shows that it is possible to reduce the number of opportunistic infections and other health issues, thus improve the quality of life among people living with HIV. Research should be undertaken on active functioning of social support groups for the patients and families.

## RECOMMENDATIONS

1. The study can be replicated on a large sample with different setting to validate the findings and make generalizations.
2. A similar study can be conducted by comparing impact of HIV with other chronic illnesses.
3. Qualitative study can be undertaken to analyse the impact of HIV positive status on care givers.
4. Further studies can be conducted to assess the psychological vulnerability and resilience in people living with HIV and HIV-TB co-infection.

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