The Journal of Medical Research

Research Article

JMR 2020; 6(5): 230-232
September- October
ISSN: 2395-7565

www.medicinearticle.com
Received: 19-08-2020
Accepted: 10-09-2020

Gender, Age, Marital Status and Quality of Life in a Sample of HIV Clinic Attendees in a Nigerian Tertiary Heath Institution

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Abstract

Quality of life has to do with the extent to which a person sees himself or herself as being healthy, comfortable and has the ability to enjoy or take part in life events. Human immunodeficiency virus (HIV) is a virus that attacks immune cells called CD4 cells. When HIV targets and infiltrates these cells, it reduces the body's ability to combat other diseases. As HIV disease progresses the quality of life of the individual worsens. This study looked at the relationship between age, sex, marital status and Quality of life among 480 HIV/AIDS clinic attendees in a Nigerian tertiary health institution using the WHO-QOL BREF. 31.9%; 34.8% and 33.3% respectively had high, moderate and low quality of life respectively. The relationship between quality of life and gender was significant. Discussion of the result was based on literature reviewed and recommendations to guide policy formulation were proffered.

Keywords: Age, Sex, Marital status, Quality of life, HIV/AIDS.

INTRODUCTION

Quality of life has to do with the extent to which a person sees himself or herself as being healthy, comfortable and has the ability to enjoy or take part in life events [1]. The term quality of life appears very subjective. This is because one person may see quality of life in terms of wealth or being satisfied with life, while another person may see it from the point of view of capabilities such as having the ability to live a good life in terms of emotional and physical well-being [1] Wig *et al* [2] posited that quality of life has to do with the way a person perceives his or her position in life as it relates to the circumstances of the value system and their cultural affiliation. Geurtsen [3] opined that quality of life is a broad concept affected by an individual's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment.

Human immunodeficiency virus (HIV) is a virus that attacks immune cells called CD4 cells. When HIV targets and infiltrates these cells, it reduces the body's ability to combat other diseases. On the other hand AIDS is the most advanced stage of HIV infection. The first HIV/AIDS case was noticed in Nigeria by 1985 [4]. In Nigeria, HIV prevalence increased from 0.9% in 1986–1989, to 1.8% in 1991, to 4.5% in 1996. By 1999, 5.4% of people aged 15 to 49 years were infected and in 2003, the prevalence was found to be 5.0% [5]. However, there appeared to be a reduction because the Nigeria's agency for the control of AIDS (NACA), gave a national prevalence of the disease as 3.4% in 2014 [6]. According to the agency new infections were common among young adults with females and children being in the majority. UNAIDS [7] said that Nigeria was second in the world with the highest infection and also number one in Sub Saharan Africa. Studies on age, sex, marital status and quality of life of HIV/AIDS patients have reported a number of findings. For instance in their study on assessment of quality of life and depression among PLWHA receiving highly active anti-retroviral therapy, Onyebueke *et al* [8] reported that as HIV disease progresses the quality of life of the individual worsens. In their study on marital status and HIV prevalence among women in Nigeria Fagbamigbe *et al* [9] reported a HIV prevalence of 3.4% among currently married and never married women; as well as 5.9% prevalence among formerly married women. The authors concluded that the strongest HIV risk factors among women include being formerly married, being under 15 years of age at first sex, and having engaged in transactional sex. Equally, Fagbimegbi *et al* [9] also reported a higher HIV prevalence rate among females than males. This was put at 4.0% for females as against 3.2% for males. With regards to age and sex differences in HIV prevalence, Nigeria's Federal ministry of health [10] reported that most infections occurred in men and women between the ages of 20 and 39 years. Furthermore, they reported that more males were infected than females. The authors further posited that this higher ratio of males to females has been previously described in other African countries and is usually seen in the early phases of the epidemic; that as the HIV epidemic matures the ratio reverses and women are more affected. With regards to awareness, it was found that the level of

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awareness of STIs and their symptoms in Nigeria is generally high. However, it is generally lower among women [11]. To contribute to the debate on quality of life of people with HIV/AIDS and given the low level of research on this subject matter within the study area, the present study investigates age , gender, marital status and quality of life of HIV/AIDS positive individuals attending HIV/AIDS clinics of a Nigerian tertiary health institution in South east Nigeria.

The hypotheses of the study are: (1) there will be no significant difference between age and quality of life among HIV/AIDS clinic attendees (2) there will be no significant difference between gender and quality of life of HIV/AIDS clinic attendees. (3) there will be no significant difference by marital status and quality of life of HIV/AIDS clinic attendees.

METHODOLOGY

Design: The study used the descriptive cross sectional approach. It was conducted between the months of April and June 2020 in Enugu south east Nigeria.

Subjects: Subjects for the study were HIV/AIDS positive patients attending the HIV/AIDS clinics of the University of Nigeria Teaching hospital, Ituku Ozalla, Enugu south east Nigeria. A total number of 480 HIV/AIDS clinic attendees were selected using the formula for minimum sample size calculation for a prevalence study [12]. The university of Nigeria teaching hospital ethics committee gave approval for the study. After explaining the purpose of the study to the participants, they gave their informed consent in writing. Furthermore, they were assured of the confidentiality of their responses. The following served as inclusion criteria: Patients who are diagnosed HIV Positive; aged between 18-65 years and consented to participate in the study. On the other hand, the exclusion criteria were; Patients who are too ill to participate, those below 18 years and those above 65 years respectively and those who decline consent.

Instruments

Data for the study were collected with the following instruments: (1) A socio demographic questionnaire bearing information on age, sex, and marital status.

(2) The World Health Organization HIV Quality of Life instrument (Brief version) (WHO QOL-HIV BREF). This instrument contains 31-items and it is self-administered. It has been widely used in assessing the quality of life of people living with HIV/AIDS with higher scores indicating high quality of life.

Data Analysis: The Statistical package for social science, SPSS version 16.0 was used for data analyses. To find relationships between variables, tests of means, standard deviations, percentages and chi square were performed; with level of significance put at p≤0.05 and 95% confidence interval.

RESULTS

Age of respondents ranged from 19-56 years. (Mean=37.11; SD=7.37). 246(51.3%) of the respondents were males; while 234 (48.7%) were females. 160(33.3%) were single; 233(48.5%) were married while 87(18.7%) were divorced. With regards to quality of life, 153 (31.9%); 167(34.8%) and 160(33.3%) respectively had high, moderate and low quality of life respectively as shown in table 1. The relationship between quality of life and gender was significant, **χ^2 = 12.106; P ≤ 0.01 *;** whereas no significant associations were noticed between quality of life and age group as well as quality of life and marital status as shown in tables 2, 3 and 4 respectively.

Table 1: Showing the Distribution of Socio demographic variables of the Respondents.

VARIABLES	FREQUENCIES	PERCENTAGE S (%)
Age(In Years)		
19-40	331	69
41-56	149	31
Gender		
Male	246	51.3
Female	234	48.7
Marital Status		
Single	160	33.3
Married	233	48.5
Divorced	87	18.2
Quality of life		
Low	160	33.3
Moderate	167	34.8
High	153	31.9

Table 2: Showing the relationship between Quality of Life and gender**.**

Quality of life	GENDER	
	Male(N=246)	Female(N=234)
Low	66 (26.8)	94 (40.2)
Moderate	101(41.1)	66(28.2)
High	79(32.1)	74(31.6)
	χ^2 = 12.106; P ≤ 0.01 *	

***=** significant

Table 3: Showing the relationship between Quality of Life and age groups.

Quality of Life	Age Group (In Years)	
	19-40(N=331)	**41-56(N=149)**
Low	109 (32.9)	51(34.2)
Moderate	118 (35.6)	49(32.9)
High	104 (31.5)	49(32.9)
	N/S	

N/S = Non significant

Table 4: Showing relationship between Quality of Life and marital status.

Qualityof Life	Marital Status		
	Single(n=160)	**married (233)**	**divorced (n=87)**
Low	59(36.9)	65(27.9)	36(41.4)
Moderate	51(31.9)	86 (36.9)	30(34.5)
High	50(31.2)	82(35.2)	21(24.1)
	N/S		

N/S = Non Significant

DISCUSSION

From the results, it was revealed that the respondents manifested various levels of quality of life ranging from low, moderate and high. For instance 31.9%; 34.8% and 33.3% had high, moderate and low quality of life respectively. This pattern of finding had been reported in previous studies among people living with HIV/AIDS (8). It has been previously reported that quality of life becomes negatively affected with worsening HIV/AIDS disease; but tends to improve with the availability of HAART (2,3). The moderate and relatively high level of quality of life noticed among the subjects corroborates this finding. Significant association was observed between gender and quality of life. This may indicate that gender influences quality of life of people with HIV/AIDS. Though the relationship between age and quality of life

was not significant, but it was observed in this study that subjects within the age range of 41-56 years have higher levels of quality of life than those within the age range of 19-40 years. This may imply that the higher the age of HIV/AIDS patients the better the quality of life and vice versa. This pattern of finding had been reported in earlier studies (9; 10). Married couples appear to have better quality of life than single and divorced subjects. The joy of staying together may appear to buffer the stress associated with HIV/AIDS and tend to positively influence the quality of life of couples.

CONCLUSION

This study focused on the relationship between age, gender, marital status and quality of life among HIV/AIDS clinic attendees in a Nigerian tertiary health institution. Result showed significant association between gender and quality of life. There were also differences, though not significant, between age and quality of life as well as marital status and quality of life. There is need for further research on this subject area to help accumulate more data on the relationship between age, gender, marital status and quality of life of HIV/AIDS clinic attendees. There is need for government to put measures in place to enhance the quality of life of people living with HIV/AIDS.

Acknowledgement

All the subjects who gave their consent and participated in this study were fully acknowledged by the authors.

Authors' contribution

The study was jointly conceptualized by the authors. They also jointly reviewed the literature, collected the data, did the proof reading and finally approved the manuscript.

Funding

The authors received no funding to carry out this research.

Disclosure statement

There was no conflict of interest in the study.

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