

FACTORS RELATED TO QUALITY OF LIFE AMONG PATIENTS WITH HIV/ AIDS

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ABSTRACT

The health-related quality of life (HRQOL) in people with HIV/AIDS has been recognized as an important role in care and treatment. Understanding of its associated factors in the rapid expansion era of antiretroviral treatment in Vietnam could help in improving HIV/AIDS service quality and HRQOL of patients. This study is objective to find the relationship between education level, social support, treatment adherence, and health related quality of life among HIV/AIDS patients in Vietnam.

A descriptive correlational research was conducted among 115 HIV/AIDS patients, included both male and female with the age of 18 years old and above, and currently under ARV treatment for over 3 months at outpatient center at Bach Mai hospital. Data was collected by interview the patients with demographic data form, WHOQOL-HIV BRE, the Multidimensional Scale of Perceived Social Support (MSPSS) and medicine adherence assessment. Spearman's correlation coefficient was used to examine correlation between education level, social support, treatment adherence, and health related quality of life.

The findings showed that among 115 patients, 58.26% of participants were male. The mean of age was 37.09 (SD = 6.56). Unemployment patients in our sample were only 6.09%. The educational level at under high school has the highest proportion with 41.74%. Patients has good immunological status with about 32.46% has CD4 cell counts from 350 to 500 cells/cm³ and 28.07% above 500 cells/cm³. The mean score of MSPSS was good with 5.8 (SD=0.65). The mean score of treatment adherence was high (Mean=97.5; SD=3.4). The average quality of life score was high across six domains. Education level had low negative correlation with Psychological ($r = -0.289$, $p < 0.05$) and Social relationships domain ($r = -0.243$, $p < 0.05$). In our sample, there was no association between treatment adherence and all domains. All three domains and total score of MSPSS had low to moderate correlation with two domains of WHOQOL included Social relationships and Environment ($r = 0.217$ and 0.316 , $p < 0.05$) and Overall QoL and satisfaction. In addition, MSPSS Friends and MSPSS-Total had correlations with Physical domain ($r = 0.260$ and $r = 0.218$, $p < 0.05$, respectively).

To improve QOL which need to improve the social support of patients by providing counseling for caregivers, family members and friends of patients. Developing intervention to decrease the stigma and discrimination about HIV/AIDS patients also a suggestion to improve psychological and social aspect of quality of life. The treatment adherence should also be maintained with monthly counseling and more support from health staffs and family. Moreover, further research should be conducted in a larger sample and with the participants from more clinics with different settings and health system level.

KEY WORDS: QUALITY OF LIFE/ HIV/AIDS/ EDUCATION/ SOCIAL SUPPORT/
MEDICINE ADHERENCE

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