CHAPTER – V

SUMMARY, CONCLUSION, IMPLICATIONS,
RECOMMENDATIONS AND LIMITATIONS

This chapter presents the summary, conclusion, policy implications, recommendations and limitations of the study.

People living with HIV/AIDS undergo untold physical, mental and spiritual agony because of their diagnosis. The feelings they will experience include shock or anger at being diagnosed, fear over how the disease will progress, fear of isolation by family, friends, neighbours and community, worries about infecting others and also from extreme response of stigma and discrimination. To overcome all these hard times with the disease, people living with HIV (PLHIV) can discuss their feelings with others, take part in relaxing activities, read about HIV and maintain health through exercise and good diet which can help them to cope up with the negative aspects of the disease in addition to prescribed medication.

Transforming all these knowledge on living positively with the disease can be accomplished through comprehensive care approach that helps to meet the immediate requisites of the PLHIV.

So the nursing professionals must emphasize the concept of positive living for the PLHIV in order to eliminate the social control imposed on them and to promote AIDS awareness, basic human rights and a affirmative, dignified and hopeful attitude to HIV positive individuals in our country.

The purpose of the study was to evaluate the quality of life among people living with HIV (PLHIV).
The objectives of the study were

1. To describe the socio-economic background of the PLHIV in Tambaram Community Development Centre, Chennai.

2. To assess the overall perception of PLHIV about QOL

3. To assess the perception of PLHIV about their health condition

4. To assess the QOL of PLHIV with reference to the four domains such as physical health, psychological, social relationship and environment.

The study was based on the assumptions that

1. PLHIV may have a desire to lead a positive life

2. PLHIV may have a poor quality of life

3. Good socio-economic background may enhance the quality of life of PLHIV.

4. People living with HIV on regular medications will have good quality of life.

5. People living with HIV with high CD\textsubscript{4} count level will have a good quality of life.
The following hypotheses were formulated to test the association between the demographic variables and quality of life of people living with HIV (PLHIV)

H1: There is no relationship between age and QOL of PLHIV

H2: There is no relationship between sex and QOL of PLHIV

H3: There is no relationship between religion and QOL of PLHIV

H4: There is no relationship between residential background and QOL of PLHIV

H5: There is no relationship between education and QOL of PLHIV

H6: There is no relationship between occupation and QOL of PLHIV

H7: There is no relationship between monthly income and QOL of PLHIV

H8: There is no relationship between marital status and QOL of PLHIV

H9: There is no relationship between type of family and QOL of PLHIV

H10: There is no relationship between number of children and QOL of PLHIV

H11: There is no relationship between children infected with HIV/AIDS and QOL of PLHIV

H12: There is no relationship between mode of sex and QOL of PLHIV

H13: There is no relationship between number of sexual partners and QOL of PLHIV

H14: There is no relationship between mode of transmission of HIV and QOL of PLHIV

H15: There is no relationship between duration of illness and QOL of PLHIV
H16: There is no relationship between CD4 cell count and QOL of PLHIV

H17: There is no relationship between duration of ART and QOL of PLHIV

The review of literatures, professional experience and experts’ guidance from the field of medical and surgical nursing provided a strong foundation for the study. It also strengthened the ideas for conceptual framework, aided to design the methodology and to develop the tool for the data collection.

In view of explaining and relating various aspects of the study, the researcher has adopted Pender’s Health Promotion Model.

The researcher adopted a non-experimental design to evaluate the quality of life among people living with HIV (PLHIV). 189 PLHIV were selected using purposive sampling technique because identification of HIV/AIDS people was very difficult.

The tool for data collection had 2 sections. Section A: Socio-economic data to collect information on 17 demographic variables to assess the socio economic background of the PLHIV. Section B: Standardized tool (WHOQOL-BREF) to evaluate the quality of life among PLHIV.

The experts were consulted to validate the tool. Besides, the pilot study was conducted at Mithras Foundation, Alwarpet, Chennai for a period of one week and it was found practicable and feasible to proceed with the data collection.

The ethical aspect of research was maintained throughout the study. Formal permission was obtained from the ethical committee of the organization. Written consent was also obtained from the participants (PLHIV) who took part in the study.
The data collection was done from 189 PLHIV. The researcher has assessed the socio-economic background, individuals’ overall perception of quality of life, individuals’ overall perception of their health and four domains of individuals’ perception of quality of life of PLHIV using WHO standardized WHOQOL- BREF interview schedule. After the interview, intervention package was administered to the PLHIV through lecture, demonstration and positive networking by support groups and booklet. The study was done over a period of one year. Collected data were analyzed and interpreted using descriptive and inferential statistics.

**Major Findings of the Study**

The analysis of socio-economic background of People Living With HIV (PLHIV) revealed important findings. It is found that out of 189 PLHIV, 116 (61.4%) were in the age group of 31 – 40 years; 95 (50.3%) were female; 43 (22.8%) have studied up to high school education; 93 (49.2%) were skilled employee and 97 (51.3%) were earning Rs.5001-10000 per month.

Out of 189 PLHIV, 125 (66.1%) were Hindus; 95 (50.3%) of them were married; 72 (38.1%) had no children; 141 (74.6%) belonged to urban area and 115 (60.8%) were living in nuclear family.

Out of 189 PLHIV, 159 (84.1%) had “no” HIV infected children; 152 (80.4%) of them were heterosexual; 87 (46%) had single partners and 155 (82%) were infected with HIV through sex.

Further, the study revealed that out of 189 PLHIV, 117 (61.9%) were diagnosed as HIV infected for 1-5 years; CD4 cell counts of 105 (55.6%) were between 351-500 and 106 (56.1%) of them were on ART for 1 – 5 Years.
As far as individuals’ overall perception of quality of life was concerned, out of 189 PLHIV 83 (43.91%) had neither poor nor good Quality Of Life (QOL); 54 (28.57%) of them have good Quality Of Life (QOL); 50 (26.46%) had poor Quality Of Life (QOL) and only 2 (1.06%) have very poor Quality Of Life (QOL).

With regard to individual’s overall perception of their health, out of 189 PLHIV, 69 (36.51%) were dissatisfied with their health and 58 (30.68%) were satisfied with their health. Out of 189 PLHIV, 56 (29.63%) were neither satisfied nor dissatisfied with their health. Further, it was found that out 189 PLHIV, 5 (2.65%) were highly dissatisfied with their health and 1 (0.53%) were highly satisfied with their health. It is seen that majority 69 (36.51%) were dissatisfied with their health.

The analysis of raw score for the overall physical health, psychological and social relationship domains indicated moderate quality of life (61.6, 53.2 and 66.8 respectively), and for the environment domain revealed low quality of life (6.4).

The study also revealed that the overall physical domain mean score was 2.89 with S.D of 0.81; the psychological domain over all mean score was 2.83 with S.D of 0.87; overall social relationships domain mean score was 2.76 with S.D of 0.99 and the overall environment domain mean score was 2.93 with S.D of 0.84.

There was a high significance of negative quality of life of PLHIVs with a ‘t’ value of 0.47 at p<0.001.

Table 4.6.1, 4.6.2, 4.6.3, 4.6.4, 4.6.5, 4.6.6, 4.6.7, 4.6.12, 4.6.13, 4.6.15, 4.6.16 and 4.6.17 show the type of association between the demographic variables and Quality Of Life (QOL). The statistical analysis of association between age (P = 0.019), sex (P = 0.019), religion (P = 0.001), residential back ground (P =
0.012), education (P = 0.009), occupation (P = 0.010), monthly income (P = 0.026), mode of sex (P = 0.042), no of sexual partners (P = 0.002), duration of illness (P = 0.000), CD₄ cell count (P = 0.000) and duration of ART (P = 0.000) and Quality of life reveals statistically significant association i.e., the hypothesis (H₁-H₇, H₁₂, H₁₃, and H₁₅-H₁₇) that “there are no significant relationships between the age, sex religion, residential background, education, occupation, monthly income, mode of sex, no of sexual partners, duration of illness, CD₄ cell count and duration of ART and the Quality Of Life (QOL) among People living with HIV (PLHIV) at P < 0.05 level” were statistically rejected. Hence it is concluded that, socio demographic variables influence the quality of life of people living with HIV. Further statistical analysis of the association between marital status (P = 0.503), type of family (P = 0.102), no of children (P = 0.718), infected children of PLHIV (P = 0.138) and mode of transmission (P = 0.126) and quality of life reveals a negative or “no association” i.e., the hypothesis (H₈-H₁₁ and H₁₄) that there is no significant relationships between marital status, type of family, no of children, infected children of PLHIV and mode of transmission and the Quality Of Life (QOL) among People living with HIV (PLHIV) at P < 0.05 level” were statistically accepted. Hence it is concluded that these variables do not influence the quality of life of people living with HIV.
IMPLICATIONS

Media

1. Media can play a vital role in the prevention of HIV/AIDS among general public through communicating knowledge about HIV/AIDS spread.

2. Life style modification is to be followed by the PLHIV like safe sexual practice by using condom for any type of intercourse.

3. PLHIV need to be educated to take regularly ART medications, prompt refill of ART drugs, regular follow up to the physician, regular checking of CD4 count level and their viral load.

Nursing Education

1. Nursing education is the foundation on which the nursing practice is built on. The nurse as an educator should aim at reorienting the general educational system and nursing professional curriculum should suitably incorporate the aspects of positive living with HIV/AIDS to make the future students implement their learning in practice.

2. As a nursing educator, the nursing professionals should actively involve in advocating positive living through symposium, conferences, workshop and seminars.

3. Nurse educators should also teach the hospital nurses and health care professionals working for HIV/AIDS to have a wide knowledge and right attitude towards positive living because HIV/AIDS infected people are socially stigmatized and excluded.
Nursing Practice

1. Nurses’ role is very essential particularly in taking care of patients with chronic diseases. By enhancing the nurses’ knowledge on positive living with HIV/AIDS, the nurses can diffuse the knowledge to the PLHIV who have low level of awareness on this aspect.

2. To implement this, the nursing care provider must impart education, information, and communication activities in hospital, community and HIV related organizations to create awareness on importance of positive living among HIV/AIDS patients and should stress the general public and health care personnel about the concept of ‘zero to stigma and discrimination’.

3. The dedicated nurse along with caring of HIV / AIDS patient should also look after other aspects like physical health, socio-psychological well being, human relationship, spiritual and environmental components in order to promote holistic health care.

4. As a service provider, nurse can conduct health camps in the hospitals to create awareness about how to enhance a better quality of life of people living with HIV/AIDS.

5. Nurse can also design an information booklet on positive living with HIV/AIDS and distribute to the PLHIV as well as general public to enhance their knowledge to eliminate the negative feeling from their mind. This would enhance their confidence and boost their morale.
Nursing Administration

1. The nursing administrator can design a structured teaching program on positive living with HIV/AIDS and can implement this programme for hospital staffs, school and college students and can do a periodic evaluation.

2. The nurse as a manager must be very instrumental in chalking out various health services delivered to HIV/AIDS affected people and help them to make use of it.

3. The nurse leader can also have an effective network with the organizations working for HIV to render various HIV related programmes for those affected.

4. The nurse manager can also make arrangements of positive networking by support groups to help the HIV affected people in rural population residing in remote areas where health care services are far from their reach.

5. The nurse as a leader can also organize knowledge dissemination programme to the general public, school students, college students and health care professionals through various outreach programmes.

6. Nurse Managers are in a position to prepare policies, protocols and enhance its use in various health care sectors.

7. Nursing Professionals can facilitate the conduction of in-service educations, periodic conferences, workshops and seminars on positive living which will enable the staff nurses to update their knowledge in relation to it.
Nursing Research

1. The findings of the study can be disseminated to nurse practitioners, student nurses and medical social workers (MSW) through website, journals, literature etc.

2. The findings of the study will help the professional nurses and students to gain knowledge and have a desired attitude on positive living of HIV/AIDS patients.

3. Nursing research motivates other researchers to conduct further study on HIV/AIDS.

RECOMMENDATION

Based on the findings of the present study the following recommendations are made:

1. After the individuals are diagnosed with HIV, advice them to go for regular health check up and to strictly follow the Do’s and Don’ts.

2. The study recommends to the health sector that health education is to be made mandatory in all the ART centres.

3. Entertainment activities should be organized by NGOs to make the PLHIV happy, active and healthy.

4. Public should be sensitized with the help of school and college students that HIV/AIDS is a disease and it is transmitted through sexual contact, needle sharing by the injecting drug users, transfusion of infected blood and contact with infected body fluids. The general public may also be educated and encouraged to accept PLHIV and not to discriminate and stigmatize them.
5. PLHIV have the right to have biological children. But they should be advised to adhere with obstetrician’s advice on ART, hospital delivery and breastfeeding in order to prevent vertical transmission of HIV from mother to the child.

6. To publish the list of ART, Link ART centers and NGOs involved in HIV/AIDS care with all the particulars to make it easy for the clients to utilize the facilities.

7. Financial assistance may be provided to the PLHIV by the Government.

8. The health care providers of the ART and the Link ART centre’s should ensure that they have various departments such as dietary, physiotherapy, counseling, spiritual and vocational training to enhance the quality of life of PLHIV.

9. Government may start homes for the PLHIV.

10. Government may initiate supply of nutritive foods along with the antiretro viral treatment medications.

11. Government may strengthen the PLHIV by initiating monitory schemes.

12. Publish the list of government approved NGOs working for the betterment of HIV /AIDS infected people..
LIMITATIONS

1. The researcher found it difficult to identify and get the samples within the stipulated criteria of one year.

2. The researcher has to travel a long distance to get the samples.

3. The researcher found some difficulties in getting data from some sample cases as they did not want to reveal their condition to an unknown person and as they had the fear of disclosure.

4. The present study was conducted in a community centre run by a NGO.