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Association of Resilience and Quality Of Life among Women Living With HIV/AIDS: A Cross-Sectional Study

Ms, Soumya G. Menon^{1*}, Dr. Mrs. Nilima R Bhore²

^{1*}Ph. D. Scholar: Faculty of Nursing, Bharati Vidyapeeth (Deemed to be University), Pune, India

²PhD (Nursing), MSc (N); Dean Faculty of Nursing and Principal, College of Nursing, Sangli, Bharati Vidyapeeth (Deemed to be university), Pune, India

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doi: [10.33472/AFJBS.6.6.2024.8283-8288](https://doi.org/10.33472/AFJBS.6.6.2024.8283-8288)**ABSTRACT:**

Background and Purpose: HIV, the virus that causes AIDS, is one of the world's most serious public health challenges. In India, as per 2023 estimates, adult HIV prevalence in India is approximately 0.21%, with about 23.19 lakh (2.3 million) people living with HIV (PLHIV). Women, particularly in the age group of 15-49 years, account for a substantial portion of new HIV infections in India. The management of HIV/AIDS extends beyond medical treatment. Numerous studies show that resilience plays a significant role in patient outcomes. Resilience can be defined as the ability to adapt positively during challenging times and is known to affect the quality of life significantly. The primary aims of this study were to (a) assess the resilience among women living with HIV/AIDS, (b) assess the Quality of life among women living with HIV/AIDS, (c) To identify relationship between resilience and quality of life among women living with HIV/AIDS

Material and Methods: The study was conducted in a selected ART centre of Maharashtra, India using a cross-sectional approach on 255 samples who were selected using nonprobability convenience sampling technique. Data was collected using a five-point resilience scale and quality of life of women was assessed using WHOQoL HIV BREF Scale.

Results: The results shows that majority of the sample (65.1%) experienced low resilience and (34.9%) of the samples experienced high resilience. In quality of life, the domains of social relationship (12.28 ± 3.61) and spirituality (12.79 ± 4.12) was found to be significantly low. It was seen that there is a positive correlation between resilience and quality of life among women living with HIV/AIDS. **Conclusion:** The implication of this study suggests the importance resilience building strategies by health care providers into HIV/AIDS care. This study also highlights the importance of holistic approach to HIV/AIDS treatment that addresses social, spiritual and psychological aspects of treatment ultimately fostering resilience and empowering individuals to manage their condition more effectively.

Key words: Health related quality of life, HIV, Resilience, WHOQoL BREF Scale

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1. Introduction

HIV/ AIDS have continued to put pressure on the Indian health sector of owing to its infectious nature. As per the India HIV Estimation report of 2023; there were approximately 25.44 lakh PLHIV nationally and 68.45 thousand estimated new HIV infections in 2023¹. There are studies which suggests that women living with HIV and their family face numerous detrimental effects of HIV that include psychological effects, poor physical health and intimate partner violence, as well as social and economic effects². In recent years, although the gender gap in HIV incidence has reduced, females were observed to bear a proportionately higher burden of HIV incidence. Though, India is experiencing a decline in new HIV infections in recent years; the decline is steeper for males than for females³.

Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional and behavioural flexibility and adjustment to external and internal demands. There are several reasons why resilience is important: it helps us create defence mechanisms against potentially overwhelming experiences; it keeps our lives balanced during trying or stressful times; and it can even prevent the emergence of certain mental health problems⁴.

Quality of life (QOL) is a term that is popularly used to convey an overall sense of well-being and includes aspects such as happiness and satisfaction with life as a whole. World Health Organization has defined QOL as “individuals’ perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, standards, expectations and concerns.”⁵

A recent cross-sectional study states that resilience has an unwaveringly positive impact on every area of quality of life, and interventions that target resilience may be beneficial for those living with HIV⁶. There is a need to acquire more knowledge about resilience in the context of HIV infection and its relationship to the quality of life among women living with HIV. This knowledge can be instrumental in creating interventions aimed at improving the quality of life (QoL) of women living with HIV/AIDS⁷. Thus, to address this gap; this study was conducted at the ART Centre of a selected city in India, to investigate the link between the resilience and quality of life of women living with HIV/AIDS. The primary aims of this study were to (a) assess the resilience among women living with HIV/AIDS, (b) assess the Quality of life among women living with HIV/AIDS, (c) To identify relationship between resilience and quality of life among women living with HIV/AIDS.

2. Material and Methods

The present study was a descriptive cross-sectional study conducted Between May 2023 to September 2023. A convenient sample of 255 women living with HIV coming for follow up at a selected ART center of Maharashtra were selected for the study. WLHIV who were between 18 to 45 years of age and willing to participate were included in the study. WLHIV having cognitive or communicative disabilities and with severe opportunistic infection were also excluded from the study. Permission to conduct study was obtained from Project Director, Maharashtra District AIDS Control Society.

Quality of life of women living with HIV were measured using WHO QoL HIV BREF Scale. It is a standardized and multidimensional instrument given by WHO consisting of 31 items in which respondents rate the frequency of their feelings and thoughts related to events/situations. It comprises of six domains of physical health, level of independence, psychological health, spirituality, social relations, and environmental health. Each item is rated on a five-point Likert type scale ranging from 1 to 5. Negatively worded items were reverse coded. Domain scores are calculated by averaging the scores within that domain. Maximum domain score was 20.

Higher scores indicate better QoL in that specific domain. Each domain was assessed separately. Reliability was calculated and Cronbach's α of 0.86 was obtained. Resilience among women living with HIV was measured using Resilience scale for HIV/AIDS. It is a self-prepared scale in which samples will indicate how often they experience certain feelings and thoughts in response to specific events or situations. Each item is rated on a five-point Likert type scale ranging from 1= Strongly Disagree to 5= Strongly Agree. Scores range from 14 to 70, with high scores indicating high resilience interpreted as; Low resilient copers (14-50 points) and High resilient copers (51-70). For the present study reliability was calculated and Cronbach's alpha coefficient obtained was 0.80.

Data Collection Procedure:

Prior permissions were taken from relevant organizations before the beginning of data collection procedure. The study participants were identified during the study period at the selected ART centre. The researcher approached the women visiting ART centers, briefed them about the study objectives, obtained informed consent and assured them about the confidentiality of the data. The tool was designed to be self-administered. The investigator spent sufficient time with the samples while the samples were answering the tool.

Descriptive univariate statistics such as frequencies and percentages were used for categorical variables. Correlation between resilience and QoL was assessed using Spearman's Rank Order correlation coefficient.

3. Results

A. Sample Characteristics

WLHIV were equally distributed in all the age groups with highest being in 40-45 years (40.4%). 46.7 % of the WLHIV were educated till secondary level of education and majority of them were Hindus (86%). WLHIV were spread out in variety of occupations with highest being housewives (51%). 40% of the WLHIV were married. Majority of the WLHIV (55%) had monthly family income less than Rs.10000/-. High number of WLHIV (62 %) have been suffering from HIV for 7 years or more.

B. Resilience among Women Living With Hiv/Aids

Findings reveal that majority of the WLHIV 65.1 % had low resilience and only 34.9 % of the WLHIV had high resilience. (Table 1)

Table 1: Levels of resilience of women living with HIV/AIDS

n=255

Level of Resilience	Score	Frequency	Percentage
Low Resilience	14 – 50	166	65.1
High Resilience	51-70	89	34.9

C. Quality Of Life among Women Living With Hiv/Aids

Results of the shows that quality of life was the least in the domain of social relationships i.e, 12.28 ± 3.61 followed by spirituality domain 12.79 ± 4.12 . The quality of life in Psychological and environmental domain was 13.57 ± 3.12 and 13.14 ± 3.49 respectively. The quality of life in physical domain and level of independence was good as compared to other domains which was 14.87 ± 3.05 and 14.99 ± 3.04 respectively. (Table 2)

Table 2: Analysis of Quality of Life- Domain Wise; Among Women Living With HIV/AIDS

Sr. No.	Domains	Maximum Domain Score	Mean	Standard deviation
1	Physical	20	14.87	3.05
2	Psychological	20	13.57	3.12
3	Level of Independence	20	14.99	3.04
4	Social relationships	20	12.28	3.61
5	Environmental	20	13.14	3.49
6	Spirituality	20	12.79	4.12

n=255

D. Corelation between resilience and Quality of life among women living with HIV/AIDS
Correlation analysis shows that there was a significant positive correlation between and resilience and quality of life. (Table 3)

Table 3: Correlation between Resilience and Quality of Life among women living with HIV/AIDS

Domains of QoL	Correlation Co-efficient (r)
Physical	0.058
Psychological	0.074
Level of Independence	0.042
Social relationships	0.101
Environmental	0.077
Spirituality	0.064
Overall QoL	0.003

4. Discussion

The main objective of the present study was to find the relationship between the resilience and quality of life among women living with HIV/AIDS. This cross-sectional study included a sample of 255 WLHIV attending a selected ART centre of Maharashtra. Findings revealed that, Majority 65.1 % had low resilience and only 34.9 % of the WLHIV had high resilience. These findings were supported by study on resilience and physical and mental wellbeing by McGowan et al (2018) which reveals that longer time diagnosed with HIV was related to lower resilience⁸. In the present study, 62% of the samples were suffering from HIV for more than 7 years.

In quality of life, the domains of social relationship (12.28± 3.61) and spirituality (12.79± 4.12) was found to be significantly low. This finding is close to the findings of the study done by Sarna L et al (2001) on quality of life in women with symptomatic HIV/AIDS which reveals that the most prevalent disruptions in quality of life were in the psycho-social domain⁹.

In the present study, a positive correlation was found between resilience and overall quality of life among women living with HIV/AIDS (r=0.003); suggesting a greater resilience is linked to improved overall well-being in this population. This finding is similar to study conducted by Fang X et al (2014) on resilience, stress and life quality in older adults' which states that in older people living with HIV/AIDS, resilience may lessen the detrimental effects of life stress on their functional/global, emotional, and physical well-being. Building social support, coping

mechanisms, and personal capability through resilience building interventions may improve HRQoL and aid in the better treatment of HIV/AIDS¹⁰.

5. Conclusions

The general well-being of women living with HIV is significantly impacted by their resilience. Resilience functions as a safeguard, assisting people in managing obstacles and preserving a satisfactory standard of living. Developing successful treatments to support women living with HIV requires an understanding of the interaction between resilience and quality of life. To improve the overall well-being of PLHIV, future research should assess the efficacy of diverse psychological measures in building resilience.

Conflict of Interest: The authors report no conflicts of interest.

6. References

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