HIV & AIDS Review 15 (2016) 61–68

Contents lists available at ScienceDirect

HIV & AIDS Review

journal homepage: www.elsevier.com/locate/hivar

Original Research Article

Reported quality of life of HIV-positive people in Maseru, Lesotho: The need to strengthen social protection programmes

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ARTICLE INFO

Article history:
Received 24 July 2015
Received in revised form 23 March 2016
Accepted 25 March 2016
Available online 14 April 2016

Keywords:
HIV-positive
Maseru
Quality of life
Social protection
WHOQoL-Bref

ABSTRACT

Aim: The study assessed the physical, psychological, social and environmental aspects of people living with HIV & AIDS (PLWHA) in Lesotho to determine the quality of life (QoL) aspects which need interventions.
Background: Determination of QoL of PLWHA is important to assess the impact of HIV & AIDS intervention programmes. Data on QoL of PLWHA in Lesotho are scarce.
Materials and methods: This was a cross-sectional descriptive study based on the World Health Organization QoL Brief (WHOQoL-Bref) questionnaire distributed to PLWHA in Maseru, Lesotho. Differences between QoL mean scores by clinical and socio-demographic variables were tested using analysis of variance (ANOVA).
Results: Of the 500 questionnaires distributed, 460 were returned with data acceptable for analysis. PLWHA were least satisfied with the physical domain followed by the environmental domain. In the physical domain, age ($p = 0.01$), level of education ($p = 0.01$), marital status ($p = 0.02$), employment status ($p = 0.04$) and social support ($p < 0.001$) significantly determined QoL. In the environmental domain, level of education ($p = 0.001$), employment status ($p < 0.001$), marital status ($p = 0.031$), social support ($p < 0.001$) and type of housing ($p = 0.035$) significantly determined QoL. However, CD4 counts, body mass index, number and type of dependents, and source of water were not significant variables determining QoL.
Conclusion: PLWHA in Lesotho are least satisfied with the physical and environmental aspects of their lives. Their QoL is determined by age, level of education, marital status, economic status and level of social support. Lesotho needs to scale up the implementation of social protection policy to improve QoL of PLWHA.

1. Introduction

The Government of Lesotho (GoL, 2012 [1]) notes that the high prevalence of Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV & AIDS), an underperforming economy and high levels of poverty are major challenges in Lesotho. According to GoL (2012) [1], Lesotho has the third highest HIV prevalence in the world, with about 23.1% of adults reported to be living with HIV. HIV & AIDS is thought to have reduced the life expectancy from over 50 years in Lesotho to about 41 years (GoL, 2012 [1]). The AIDS epidemic in the country has also had a devastating impact on economic development (GoL, 2013 [2]). The disease also reduced the working population and increased the number of orphans from about 35,000 in 1999 to 130,000 in 2011 (GoL, 2012 [1]).

The Government of Lesotho (GoL) has launched many intervention programmes since the first cases of HIV & AIDS were identified in the mid-1980s. In 2007, the Government of Lesotho launched the decentralised antiretroviral treatment programme, including public assistance programmes as part of the efforts to mitigate the impact of HIV & AIDS (GoL, 2012 [1]). As part of the antiretroviral treatment programme, the Government of Lesotho also launched the Elimination of Mother to Child Transmission of

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http://dx.doi.org/10.1016/j.hivar.2016.03.006
1730-1270/

HIV (eMTCT) programme for HIV positive pregnant women (GoL, 2013 [2]).

The public assistance programmes for HIV & AIDS orphans and vulnerable children administered by the Ministry of Social Development in terms of the Social Welfare Assistance Policy of 2002 are crucial to mitigate the impact of HIV & AIDS (GoL, 2013 [2]). Moreover, the Government of Lesotho, assisted by the United Nations (UN) agencies such as the World Food Programme (WFP), has been providing people living with HIV & AIDS (PLWHA) with food (GoL, 2013 [2]). Anema et al. [3] state that nutritional assessment, education and provision of fortified foods significantly improve the health of HIV-positive patients and increase their ability to stay on antiretroviral treatment.

Imam et al. [4] report that there is no single, generally accepted definition of QoL. According to Diener [5], the concept of QoL refers to individuals' well-being including physical, psychological, social, spiritual and environmental aspects. The Centers for Disease Control and Prevention (CDC, 2011 [6]) state that the public health definition of quality of life (QoL) covers the individual's well-being including the physical, psychological, social, spiritual and environmental aspects. The World Health Organization (WHO) in Folasire et al. [7], however, defines QoL as individuals' perceptions of their position in life in the context of culture, their value systems, goals, standards, expectations and concerns.

It is important to note the scope and value of assessing quality of life. According to Ohaeri et al. [8], the assessment of quality of life should include the individual's well-being, their functioning, community integration and personal adjustments. Wig et al. [9] state that the determination of QoL of PLWHA is an invaluable yardstick for evaluating the impact of the disease and the overall effect of HIV interventions.

Selection of the tool for measuring quality of life is important. Generic and disease-specific tools are usually used to measure QoL. The generic instrument such as the World Health Organization QoL Brief (WHOQoL-Bref) focuses on broad aspects of QoL and health status [10]. This instrument is used to compare results of QoL assessments with data from other groups of patients. In contrast, Fayers and Machin [10] note that disease-specific instruments such as the HIV Overview of Problems-Evaluation System (HOPES) are used to measure QoL and treatment related effects in specific disease conditions, particularly in cases where the objective is to assess the difference between the treatment and the control group.

Skevington et al. [11] state that QoL assessment tools used should be easily administered and should not impose a great burden on the respondents. Many studies have used the WHOQoL-Bref tool, which consists of twenty-six items distributed in four major domains (WHO, 1997 [12]). The WHOQoL-Bref is easily accessible, flexible, and provides a sound, cross-cultural assessment of QoL [11]. Nedjat et al. [13] corroborate that the WHOQoL-Bref questionnaire is short, easy to use and invaluable in comparing the quality of life in specific settings to other communities. In addition, Wig et al. [9] state that the WHOQoL-Bref tool includes an environmental domain, which is not found in other assessment tools. The environmental domain is important because the environment plays a major role in determining the health status of individuals.

The WHOQoL-Bref's physical aspect assesses the impact of diseases on the activities of daily living, presence of pain and discomfort, sleep and rest, restricted mobility and dependence (WHO, 1997 [12]). The psychological aspect is based on the patient's own thoughts about body image and appearance, negative and positive feelings, spirituality, self-esteem and personal beliefs. The social aspects consist of the personal relationships, social support, social contact and sexual activity. Lastly, the environmental aspects include the person's freedom, quality of home environment, financial status, quality and accessibility of health and social care [14].

Data on the impact of HIV & AIDS on the QoL of PLWHA and the overall effect of HIV intervention programmes launched by the Government of Lesotho in the country are scarce. These data are required to assess the impact of the decentralised antiretroviral treatment programme in Lesotho on the health-related QoL aspects and inform the HIV policy in the country.

The purpose of this study was to assess the four domains of QoL, namely, the physical, psychological, social and the environment domain using the WHOQoL-Bref tool with the aim of determining QoL aspects in Lesotho which need interventions to improve the QoL of PLWHA.

2. Methods

2.1. Study setting

The study was conducted at Sankatana HIV Clinic, St. Joseph's District Hospital and Khubetsoana Clinic in Maseru District, Lesotho. The selected centres served the largest population in the district. Lesotho is a landlocked mountainous country, which is completely surrounded by South Africa. The country is divided into ten administrative districts, of which Maseru in Maseru District is the capital city. Sankatana HIV Clinic is a health centre managed by the Ministry of Health of Lesotho and St Joseph's District Hospital is located in the Roma rural area of Maseru District while Khubetsoana Clinic is a general health centre in Maseru urban managed by Maseru City Council. Sankatana is the largest antiretroviral therapy (ART) centre in Maseru urban while Khubetsoana clinic is the smallest of the three ART centres included in the study.

2.2. Study population and sample size

The study included HIV-positive patients who were attending their monthly ART visits at the three selected ART centres. About 56,376 (58%) HIV-positive adults in Maseru District were on ART in 2011 (GoL, 2012 [1]). The target population in this study was the 56,376 HIV-positive adults in Maseru District. The sample size was calculated according to the survey guidelines recommended by the WHO [15]. Assuming a target population of 56,376, an error margin of 5% at 95% confidence interval and a minimum response rate of 50%, the minimum sample size required was 382 [15]. However, 500 questionnaires were distributed to cater for non-responses and incomplete questionnaires. The questionnaires were distributed proportionally depending on the size of the target population at the three centres. Sankatana HIV Clinic, St. Joseph's District Hospital and Khubetsoana Clinic received 170, 210 and 120 questionnaires, respectively.

2.3. Study design

This study was a cross-sectional quantitative study based on the WHOQoL-Bref tool, which assessed four domains, namely, physical, psychological, social and the environmental domain (WHO, 1997 [12]).

2.4. Data collection

Data were collected between the 6th of March and the 20th of April 2015 on ART check-up days for each hospital or clinic. The study collected data on the demographic, clinical and the quality of life variables in HIV-positive people using the WHOQoL-Bref tool. The questionnaire was translated by a language specialist and each participant completed it in vernacular language (*Sotho*).