Application of the WHOQOL-HIV-BREF Questionnaire in HIV-Infected Thai Patients: Reliability and Validity of the Instrument

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Given the prolonged survival of HIV-infected individuals as a result of widespread availability of treatment, health-related quality of life (HRQOL) becomes a relevant endpoint for assessing the impacts of HIV interventions. We examined the reliability and validity of the World Health Organization Quality of Life in HIV-infected Persons instrument (WHOQOL-HIV-BREF) using data from 329 HIV-infected Thai patients who received outpatient care at seven public hospitals. Our findings revealed acceptable reliability, construct validity, and convergent validity of the WHOQOL-HIV-BREF. No significant difference in HRQOL was found between groups with different CD4+ T cell counts. Conversely, the subgroup with a history of opportunistic infection appeared to have a higher HRQOL compared to those in the latency stage. Challenges to the interpretation of the questions related to culture are discussed. In conclusion, the WHOQOL-HIV-BREF can be added to the limited list of instruments for comprehensive outcome evaluation of HIV interventions in Thailand.

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The recent advances in antiretroviral therapy (ART) and widespread ART availability have contributed to substantial declines in HIV-related complications and increases in life expectancy in people living with HIV (PLWH). Such achievements have changed the perception of HIV from a terminal to a potentially manageable chronic illness (Joint United Nations Programme on HIV/AIDS, 2013).

Nonetheless, the prolonged survival of an HIV-infected patient might coincide with extended periods of undesirable treatment side effects as well as psychological and social challenges attributable to discrimination and stigma (Basavaraj, Navya, & Rashmi, 2010; Halloran, 2006; Hsiung et al., 2011). The complexity of such experiences highlight the relevance of health-related quality of life (HRQOL) as another endpoint to assess the impact of HIV treatment interventions on a patient's life (Clayson et al., 2006).

Quality of life, in general, is a concept that incorporates multidimensional aspects of satisfaction with

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life as a whole. With a more specific focus, HRQOL is concerned with evaluating aspects of life that are affected by disease or treatment of disease (Fayers & Machin, 2013). In the context of HIV, the instruments created to assess the HRQOL of PLWH have been quite expansive. There are translated versions of many tools available for international use. However, the majority of them were developed within a single culture, mostly in Western settings (Saddki et al., 2009). Because evaluation of quality of life is subject to the context of an individual's cultures and values (WHOQOL-Group, 1995), it is necessary to ensure that assessment tools are applicable to people from different cultural backgrounds.

Applying WHOQOL Instruments in Thailand

The World Health Organization Quality of Life (WHOQOL) Group, in collaboration with multiple study centers worldwide, has developed a quality-of-life assessment tool for cross-cultural use, which is called the World Health Organization Quality of Life (WHOQOL)-100 (WHOQOL-Group, 1995). The 26-item WHOQOL-BREF, the shorter version of the WHOQOL-100 was created for more practical administration. It has demonstrated satisfactory psychometric properties across samples from different cultures. Both instruments have been applied to measure quality of life in diverse groups of patients (Skevington, Sartorius, & Amir, 2004).

The WHOQOL-HIV was developed to use with PLWH. As a supplement to the WHOQOL-100, the WHOQOL-HIV contains an additional five facets, with 20 items specific to HIV. Those items were derived from another multiple-center study in six countries including Australia, India (Bangalore and New Delhi), Italy, Thailand, Ukraine, and Zimbabwe (WHOQOL-HIV-Group, 2003). The shorter version, the WHOQOL-HIV-BREF, is based on the WHOQOL-BREF in that all 26 questions of the WHOQOL-BREF were repeated and five additional HIV-specific questions were extracted from the WHOQOL-HIV (O'Connell & Skevington, 2012).

In recent years, the WHOQOL-HIV-BREF has been used in countries such as Brazil (da Costa & de Oliveira, 2013), Burkina Faso (Bakiono et al., 2014), Ethiopia (Mekuria, Sprangers, Prins, Yalew, & Nieuwkerk, 2015), India (Peter, Kamath, Andrews, & Hegde, 2014), Iran (Nikooseresht et al., 2014), Malaysia (Saddki et al., 2009), South Africa (Peltzer & Phaswana-Mafuya, 2008), Taiwan (Hsiung et al., 2011), and Vietnam (Tran, 2012; Van Tam et al., 2012). However, the use of the WHOQOL-HIV-BREF in Thailand remains insufficiently documented compared to other competing HIV-specific HRQOL instruments with an available Thai version. To the best of our knowledge, no application of the WHOQOL-HIV-BREF in a Thai sample has been reported except that of the pilot study (O'Connell & Skevington, 2012). Only the Thai version of the 26-item WHOQOL-BREF has been widely applied so far (Acharya, 2014; Bunjoungmanee, Chunloy, Tangsathapornpong, Khawcharoenporn, & Apisarnthanarak, 2014; Munsawaengsub, Khair, & Nanthamongkolchai, 2012; Nonenoy et al., 2010; Sakthong, Schommer, Gross, Sakulbumrungsil, & Prasithsirikul, 2007). Considering that the WHOQOL-HIV-BREF offers a more comprehensive measurement of HRQOL for PLWH, an assessment of the instrument would contribute to the limited literature on how the WHOQOL-HIV-BREF should be employed and analyzed in the Thai setting. Hence, the purpose of this paper was to present reliability and validity information for the WHOQOL-HIV-BREF when applied to a sample of Thai HIV-infected patients.

Methods

Study Setting

Our cross-sectional study was conducted in Phayao Province, Thailand. The province is located in the northern region, which is heavily affected by HIV. The prevalence rate of HIV in Phayao was as high as 211.7 per 100,000 population in 2003 before its sharp decrease to 78.17 in 2008 and 8.10 in 2014 (Phayao Public Health Office, 2015). There are a total of seven districts in the province. Each district has its own public hospital. Two hospitals are tertiary-level facilities located in districts with higher population densities, and five hospitals are secondary-level facilities located in districts with lower population densities. All seven hospitals have a dedicated unit or

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