HIV/AIDS-Related Stigma and Quality of Life in People Living With HIV/AIDS (PLWHA) in Iran

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Issue

HIV/AIDS emerged as one of the most significant public health problems of the late 20th and early 21st centuries. [1]

HIV/AIDS-related stigma not solely may harmfully impact the health, quality of life, social support and well-being of PLWHA, but, it is considered to be one of the greatest barriers to preventing further infections, and to the provision of care and endorsement for PLWHA. [2,3]

In Iran, the first HIV-1 case was reported in 1987, and polluted blood products caused it. In this country more cases were identified in the country's prisons. The number of PLWHA has been enhanced to 27041 cases that have been registered through the end of 2013. The sum of Iranians' PLWHA in 2015 is estimated to be more than 120000. [4]

The purpose of present study was to examine the association between quality of life (QoL) and stigma in People Living with HIV/AIDS.

Approach

A cross-sectional study was conducted in 2 Behavioral Counselling Center of Imam Khomeini Hospital in Tehran and Tabriz, Iran in 2013. Two hundred PLWHA were chosen by G-Power software. QOL was evaluated using the WHOQol-Bref instrument, and for measuring HIV/AIDS-related stigma, we used adapted questionnaire for Iranian PLWHA by same authors. One-way analysis of variance (ANOVA) was performed to find out significant relationship between stigma and quality of life in PLWHA. We used SPSS 13 (SPSS Inc. IL, Chicago, USA) for statistical analysis. *P*-values of fewer than 0.05 were considered as significant.

Findings

Present study examined 153 (76.5%) male and 47 (23.5%) female (Table 1). The influence of domains of stigma – blaming and distancing, discrimination and fear – upon the QoL of PLWHA as chief independent variables were significant (Table 2). PLWHA with the imprisonment and illegal drug using history reported low mean of QoL domains (Table 3).

At multivariate analysis, even though the QoL increased with age, there was no significant variation between age groups. Moreover, there was no statistical relationship between domains of QOL and gender, occupation, marital status, insurance coverage, CD4 cell counts, ARV medication, and diagnose date.

Table 2, Stigma and Quality of Life in PLWHA

QOL Domains	Stigma Domains		
	Blaming and Distancing Mean(SD)[a]	Discrimination Mean(SD)[b]	Fear Mean(SD)[c]
Physical	12.4(0.46)	12.8(0.25)[d]	12.4(0.37)[d]
Psychological	12.2(0.49)	12.6(0.27)	11.8(0.39)
Level of Independence	12.3(0.45)	12.2(0.25)[d]	12.2(0.38)[e]
Social relationship	12.5(0.44)[d]	12.9(0.25)	12.2(0.36)[d]
Environmental	12.6(0.39)	12.7(0.22)	12.2(0.31)[d]
Spiritual	11.7(0.40)[d]	12.3(0.22)	11.8(0.31)

a(Wilks' Lambda= 0.340, F [126.0, 883.2] =1.43; P <0.001).
b(Wilks' Lambda= 0.497, F[90.0, 855.7] =1.25; P <0.05).
c(Wilks' Lambda= 0.711, F [42.0, 711.7] =1.27; P>0.05).
d P <0.05 e P <0.01

Table 1, Socio-demographics of participants

Characteristics	Summary statistics
Age(Year) (Mean)	35.45 , Range: 18-60, N=200
Education level	
No formal education	2.5% (n=5)
Primary	10.0% (n=20)
Secondary	26.5% (n=53)
Senior high school	40.5% (n=81)
College or academic	20.5% (n=41)
Marital status	
Married	33.5% (n=67)
Single	53.5% (n=107)
Widowed	3.0% (n=6)
Divorced	10.0% (n=20)
Occupation	51.5% (n=103) Employed
Diagnosis Date	
Before 2001	11.0% (n=22)
Between 2001-2006	26.0% (n=52)
After 2006	63.0% (n=126)
Rout of infection	
IVDU	41.0 %(n=82)
Sex	42.0%(n=84)
Received blood	12.5% (n=25)
Others	4.0% (n=8)
Don't know	0.5% (n=1)
ARV medication	67.0% (n=134) yes

Table 3, QoL and illegal drug using and imprisonment history

QOL domains	Illegal drug user Mean(SD)			Imprisonment history Mean(SD)		
	Yes	No	*P-value*	Yes	No	*P-value*
Physical	11.4(2.8)	14.5(3.8)	0.001	12.2(3.6)	14.1(3.8)	0.001
Psychological	12.1(2.1)	14.3(3.9)	0.001	11.6(3.6)	14.1(3.8)	0.001
Independent	10.6(3.6)	14.0(3.7)	0.001	11.6(3.4)	13.8 (3.6)	0.001
Social relationship	10.8(3.2)	14.3(3.6)	0.001	11.9(3.5)	14.2(3.4)	0.001
Environmental	12.3(3.1)	14.1(3.1)	0.001	11.8(2.7)	14.1(3.0)	0.001
Spiritual	13.0 (2.8)	12.4(3.0)	0.821	12.6 (2.7)	12.2(2.9)	0.393

Conclusion

Our study demonstrated the relationship between QOL and stigma in PLWHA and identified others factors which influencing QOL in these patients. Consideration in the direction of improving the social behaviors such as "Stigma" against PLWHIV should be accorded soaring priority to ensure improvement in the overall QoL of PLWHA, particularly, in developing countries.

Limitations

We utilized a cross- sectional design, so that causality cannot be fully addressed. A longitudinal follow-up study could provide better insight into the precise nature of the relationship between stigma, QoL, and other factors. Plus, our study may not be representative of influence of this social phenomenon (stigma) on PLWHA's QoL, thanks to the fact that this study was conducted in two separate consultant center in Iran. Finally, even though in our study we could not find significant relationship between ART and stigma and QoL, it is not mean that we can deny the impact of that in PLWHA's life. However, many studies showed the positive relationship between ART, stigma as well as QoL in PLWHA.[5,6]

Citations

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