

Full Length Research

Health-related quality of life of pregnant women living with HIV/AIDS in Ogun State, Nigeria

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Pregnant women living with HIV/AIDS are a vulnerable group of individuals and their quality of life is being compromised by their HIV/AIDS status. The state of health of pregnant women living with HIV/AIDS has deteriorated and they are suffering from various illnesses. They are also discriminated against and isolated. Pregnant women living with HIV/AIDS are not also able to meet their finances due to their illnesses. Consequently, this has resulted in their loss of jobs which has resulted in their difficult to meet their health care services. All these have contributed to their low quality of life. The study employed survey research method. The population for this study comprised 23,954 who are registered for antenatal in nine (9) general hospitals in the state, of which eight hundred and eleven (811) of these pregnant women tested positive to the HIV virus. A sample size of 601 was obtained using the Taro Yamane formula. Purposive sampling technique was used to select (9) nine General Hospital spread across the three (3) senatorial districts of Ogun State. Data were collected with a validated structured questionnaire. Findings showed that the health related quality of life of pregnant women living with HIV/AIDS in Ogun State is significantly influenced by the psychological domain with mean score 3.89., mean score of physical domain 3.87 and mean score of environmental domain 3.71. The study concluded that the quality of life pregnant women living with HIV/AIDS in Ogun State, Nigeria was significantly influenced at the physical, psychological and environmental levels.

Keywords: Health related, quality of life, Pregnant women living with HIV/AIDS, Ogun State

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INTRODUCTION

Life is a state which every human has to pass through. It is a state in which one has to fulfil his/her purposes and get one's goals accomplished. Hence, life could be considered to be good if one is able to get his/her goals accomplished. These accomplishments lead to happiness, satisfaction and well-being. On the other hand, if one does not accomplish or achieve those goals and purposes, the individual might conclude that his/her life is not that good. This situation could in turn lead to

negative feelings such as sadness, lack of contentment and probable regrets. Therefore, the ability to live a good life with indices of good health, satisfaction and well-being are what determines quality of life.

The World Health Organization (WHO, 2002) first definition of the quality of life and other definitions by authors such as Folasire, Irabor and Folasire (2012); Barcaccia, Esposito, Matarese, Bertelaso and De Marinis (2013) described the quality of life as a perceived, subjective and multi-dimensional concept, which encompasses everything that disturbs man's heart and

their judgement of these events. It may also be considered as the evaluation of individual functioning and well-being on daily activities of interaction. European Health Interview Survey (2017) discussed dimensions of the quality of life derived from research and several other initiatives, and went further by listing factors that could be measured to ascertain the level of quality of life of people. These include: material living standard measured by income, consumption and material conditions, which stipulated that the higher the income of an individual the better the material condition and perception of the quality of life. Ruževičius, (2012). added that it is important to measure quality of life because they are designed to enable patients' perspectives on the impact of healthcare interventions on their lives to be assessed and taken into account in clinical decision making and research. Quality of life can therefore be seen from a broader perspective based on these definitions to be a subjective appraisal of one's happiness and satisfaction with life.

Hugh (1990) and World Health Organisation (WHO, 2017) identified some dimensions or domains of quality of life. Hugh categorized quality of life into six dimensions such as individual characteristics, physical environmental factors, social environment factors, personal autonomy factors, subjective satisfaction, and personality factors. Individual characteristics have to do with functional activities, physical and mental health and dependency. Physical environmental factors are made up of issues such as available facilities, amenities, comfort and security. Social environmental factors are income and socio-economic status. Personal autonomy factors are in relation to factors like the ability to make choices and exercise control. Subjective satisfaction and personality factors are in the areas of psychological well-being, morals, life satisfaction and can be measured. On the other hand, WHO (2017) enumerated four domains by which quality of life could be measured; these domains are physical health, psychological domain, social relations domain and environmental domain. The physical health domain has to do with the measurement of the energy level and fatigue, pain and discomfort, sleep and rest. The psychological domain is in relation with the body image and appearance, negative or positive feelings, self-esteem, learning, thinking, memory and concentration. Social relation domain is measured using personal relationships, social support and sexual activities. Finally, environment domain is determined using financial resources, freedom, physical safety and security. This study will be anchored on these three (3) of WHO's (2017) quality of life domains which are physical domain, psychological domain and environmental domain.

Pregnancy is a physiological phenomenon: It is a period of life requiring serious bio-psycho-social adjustment for women and the family at large. According to Nahid, Moatar Ghahiri, Shahdan, (2009), pregnancy is associated with numerous mental and physical changes

in women, as it brings about some changes, discomfort and problems such as nausea, vomiting and fatigue. In discussing the effect of pregnancy on women, Lagadec, Steinecker, Kapassi, Magnier, Chastang, Robert, Gaouaou, and Ibanez (2018) and Montenegro and Rezende (2013) opined that pregnancy is a period of transition with important physical, physiological and emotional changes that occur mainly due to hormonal and mechanical factors. They also pass through other issues such as sleep alteration, worries, depression and excessive weight gain which can reduce their physical activity. Although these changes which pregnant women experience may be transient, Nahid et al, (2009) remarked that they can change and reduce the quality of life of pregnant women. Other factors such as age at marriage, gestational age, educational attainment, wanted and unwanted pregnancy or underlining health conditions such as living with HIV/AIDS also affect life of pregnant women (Calou et al., 2014).

Pregnant women living with HIV/AIDS are a vulnerable group of individuals and their quality of life could be more complicated because of their being infected with Human Immunodeficiency Virus or Acquired Immunodeficiency Virus (HIV). It has been found that pregnant women infected with this disease have their active lives affected directly or indirectly (Physical Activity Advisory Committee Report, 2008). A study conducted in India (Achchappa, Bhandary & Unnikrishnan, 2017), Brazil (Pereira, Mendes, Caruso, de Oliveira, Mesquita and Benzaken, 2016), Nigeria (Atilola, Randlea, Obadara, Komolafe, Odutolu, Olomu, & Adenuga, 2018) observed that pregnant women are the a high-risked and vulnerable population which is further complicated with the HIV status.

OBJECTIVES OF THE STUDY

The specific objectives are to:

1. Establish the status of quality of life among pregnant women living with HIV/AIDS in Ogun State.
2. Find out the challenges regarding quality of life of pregnant women living with HIV/AIDS in Ogun State.

METHODOLOGY

The study adopted survey research design. The population for this study comprises of eight hundred and eleven (811) pregnant women living with HIV/AIDS registered with nine (9) General hospitals spread across the three senatorial in Ogun State. According to the Ogun State Hospital Management Board (2020), there are 23,954 women registered for antenatal in nine (9) general hospitals in the state, of which eight hundred and eleven (811) of these pregnant women have tested positive to

the HIV virus. A sample size of 601 respondents was determined using the Taro Yamane (1963) formula. Nine (9) government-owned General Hospitals were selected purposively out of the twenty-nine (29) General Hospitals in Ogun state based on the number of Senatorial Districts in the state. To ensure equal representation, three (3) General Hospitals were purposively selected from each of the three (3) Senatorial District. The instrument used was a questionnaire which was administered to HIV/AIDS pregnant women in the selected hospitals who gave informed oral and written consent to be part of the study. The data collected was analysed using descriptive statistics such as percentage distribution, mean, median and standard deviation using the Statistical Package for Social Sciences (SPSS version 20.0).

RESULTS

Table 1. Quality of life of pregnant women living with HIV/AIDS

ITEMS	SA (%)	A (%)	D (%)	SD (%)	Mean \bar{x}	Standard Deviation
Psychological Domain						
I am not depressed despite my HIV/AIDS pregnant status	358 (30.3)	231 (28.4)	-	-	3.95	1.05
Being pregnant with HIV/AIDs, my life does look very purposeful and meaningful	349 (59.3)	240 (40.7)	-	-	3.98	1.03
I have a high self-esteem even with my HIV/AIDS pregnant status	289 (49.0)	294 (49.9)	4 (0.6)	2 (0.5)	3.92	1.00
Being pregnant with HIV/AIDs, my life is completely worthwhile	301 (51.1)	275 (46.6)	9 (1.7)	4 (0.6)	3.97	1.11
As a pregnant woman living with HIV/AIDS, I have a positive feeling about myself	323 (54.9)	266 (45.1)	-	-	3.98	1.01
Average Mean					3.89	1.32
Physical Domain						
Being pregnant with HIV/AIDs, I am living freely with my family members thereby influencing my quality of life					149 (25.2)	390 (66.2)
Being pregnant with HIV/AIDs, I enjoy carrying out my day to day activities thereby influencing my quality of life					180 (34.5)	259 (49.6)
Being pregnant with HIV/AIDs, I do not get bodily pains in my daily chores					251 (42.6)	287 (48.7)
Being pregnant with HIV/AIDs, I do not often get physically tired					237 (40.3)	341 (57.9)
Being pregnant with HIV/AIDs, my energy level is optimal.					228 (24.5)	330 (24.9)
Average Mean					3.87	1.11
Environmental Domain						
Despite my HIV/AIDs pregnant status, I have the freedom to go wherever I wish to go	397 (67.5)	192 (32.5)	-	-	3.99	0.98
In spite of my HIV/AIDS condition, I am free in relating to others in my community	388 (65.8)	201 (34.2)	-	-	3.97	1.08
As a pregnant woman living with HIV/AIDS, I am physically safe in my neighbourhood	401 (68.0)	188 (32.0)	-	-	3.94	0.99
Being pregnant with HIV/AIDS, I am not discriminated against in my environment	256 (43.4)	279 (47.3)	31 (5.5)	23 (3.9)	3.87	1.17
My security is guaranteed despite my HIV/AIDS status	307 (52.1)	282 (47.9)	-	-	3.95	1.10
Average Mean					3.71	1.08
Total Average Weighted Mean					3.66	1.21

Key = SA=Strongly Disagree, A=Agree, D=Disagree, SD=Strongly Disagree; *Decision Rule: if mean is ≤ 1.49 = poor, 1.5 – 2.49 = fair, 2.5 – 3.49 = good, 3.5 – 4.0 = very good**
(Field Survey, 2021)

Table 1 contains responses on the quality of life of pregnant women living with HIV/AIDS in Ogun state, Nigeria. On a 4- point scale, the grand mean score of $\bar{x}=3.66$, shows that the status of quality of life of pregnant women living with HIV/AIDS in the state is rated very good.

Among the three measures of quality of life of pregnant women living with HIV/AIDS the psychological domain is rated very high level $\bar{x}=3.95$ and participants are not depressed despite their HIV/AIDS pregnant status, their lives does look very purposeful and meaningful to a very high extent $\bar{x}=3.98$, they also possess a high self-esteem even with their HIV/AIDS pregnant status $\bar{x}=3.92$, their lives are completely worthwhile to a very high level $\bar{x}=3.97$. Pregnant women living with HIV/AIDS in Ogun state have a positive feeling about themselves and to a very high level

On the physical domain, the result showed that the quality of life of pregnant women living with HIV/AIDS in the state is greatly influenced by living with their family member's respondents $\bar{x}=3.84$ indicated that they enjoyed carrying out their day to day activities which invariably influences their quality of life positively to a very good level $\bar{x}=3.60$ and also accenting to the fact that they do not get bodily pains as a result of being HIV/AIDS positive $\bar{x}=3.74$ on a scale of 4-points. Also, pregnant women living with HIV/AIDS in Ogun state do not often get physically tired $\bar{x}=3.75$, and they strongly agreed that their energy level is optimal $\bar{x}=3.80$ at most times.

In addition, on the environmental domain, the result showed that to a very high level $\bar{x}=3.99$ pregnant women living with HIV/AIDS in Ogun state have the freedom to go anywhere they wish to, and that they relate with others in the community freely to a very high level $\bar{x}=3.97$ despite their HIV/AIDS status. Pregnant women living with HIV/AIDS in Ogun state are physically safe in their neighbourhood to a very high level $\bar{x}=3.67$, it is also seen that they are not discriminated against in their environment to a very high extent $\bar{x}=3.87$.

These results implied on the overall that the quality of life of pregnant women living with HIV/AIDS in Ogun state is very high in both physical domain $\bar{x}=3.87$, psychological domain $\bar{x}=3.89$ and environmental domain $\bar{x}=3.71$ on a scale of 4-points respectively.

Table 2. Challenges affecting the QOL of pregnant women living with HIV/AIDS

ITEMS	SA (%)	A (%)	D (%)	SD (%)	Mean \bar{x}	Standard Deviation
Challenges					3.38	1.31
My lack of higher education acquisition is a challenge to my quality of life	-	27 (4.7)	289 (49.0)	273 (46.3)	1.94	0.94
My inability to access information is a challenge to my quality of life	38 (24.5)	84 (35.2)	223 (23.6)	244 (7.3)	1.97	0.92
My inability to verify information is posing challenge to my quality of life	29 (4.9)	98 (16.6)	247 (41.9)	215 (36.5)	1.74	1.06
My lack of understanding on drug use is affecting my quality of life	-	41 (6.9)	311 (52.8)	237 (40.3)	1.99	2.07
My unemployed status is a challenge to my quality of life	28 (4.9)	47 (7.9)	218 (37.0)	296 (50.2)	1.98	2.21
My low income is posing challenge to my quality of life	133 (22.5)	301 (51.1)	59 (10.0)	96 (16.4)	3.55	1.05
Psychological distress is a challenge to my quality of life	261 (44.3)	128 (21.7)	112 (19.0)	88 (14.9)	3.39	1.13
Security threat to my HIV/AIDS status is posing challenge to my quality of life	86 (14.6)	303 (51.4)	118 (20.0)	82 (14.0)	2.95	1.98
My lack of adequate financial resources is posing challenge to my quality of life	203 (34.4)	299 (50.7)	51 (9.6)	36 (5.3)	3.97	1.13
My age of contracting HIV/AIDS (18-40) is posing challenge to my quality of life	-	66 (2.8)	322 (54.6)	251 (42.6)	1.11	2.01
Average Weighted Mean					3.38	1.31

Key = SA=Strongly Disagree, A=Agree, D=Disagree, SD=Strongly Disagree; *Decision Rule: if mean is ≤ 1.49 = very low level, 1.5 – 2.49 = low level, 2.5 – 3.49 = high level, 3.5 – 4.0 = very high level**

(Field Survey, 2021)

Table 2 reveals some of the challenges affecting the quality of life of pregnant women living with HIV/AIDS in Ogun state. With a grand mean of (\bar{x} =3.38, on a scale of 4-points, the result depict that there are some challenges affecting the quality of life of pregnant women in the state. Further analysis of data show that lack of higher education affected the quality of life of pregnant women living with HIV/AIDS lowly (\bar{x} =1.94), so also their inability to access information (\bar{x} =1.97), and their inability to verify information which also affected lowly (\bar{x} =1.74) on a 4-point scale. Also from the analysis, it could be seen that lack of understanding of drug use affected their quality of life very lowly (\bar{x} =1.99), so also did their unemployed status (\bar{x} =1.98), largely because majority are literate and employed. However, respondents agreed that their low income affected the quality of life very highly (\bar{x} =3.55), in like manner, the psychological distress that they go through mostly due to the knowledge of being HIV/AIDS positive is a challenge to their quality of life (\bar{x} =3.38). Security threat to the HIV/AIDS status of pregnant women is posing challenge to their quality of life lowly (\bar{x} =2.95), and whereas lack of adequate financial resources is very highly posing a challenge to their quality of life (\bar{x} =3.97), the age of contracting HIV/AIDS (18-40) did not pose challenge (\bar{x} =1.11), to the quality of life of pregnant women living with HIV/AIDS in Ogun state. This result implies that there are a number of factors posing as challenges to the quality of life of pregnant women living with HIV/AIDS in the state and that the most prominent factor is financial challenges.

DISCUSSION OF FINDINGS

Findings from this study showed a very high status of quality of life for pregnant women living with HIV/AIDS in Ogun state. With a grand mean of 3.66 on a 4-point scale, the result indicates that the level of quality of life of participants is very high. In the physical domain, which has a mean score of 3.87, the highest ranked item is that participants in the study lived freely with family members thereby influencing their quality of life 3.84, while for psychological domain (\bar{x} 3.89) and environmental domain (\bar{x} 3.71), the highest ranking items had a mean of 3.98 and 3.99 respectively. This result implies that the quality of life of pregnant women living with HIV/AIDS in Ogun state is high in all domains; physical, psychological and environmental as they relate with other people freely, have a high sense of self-esteem, with majority living with spouses and other family members. This is also reflected in the fact that majority are gainfully employed or into one form of business or another without any form of discrimination or stereotype.

This result is dissimilar to that of Silveira, Mariângela and Müller (2016) that quality of life of pregnant women with HIV/AIDS in a suburb of Rio de Janeiro, Brazil was low due to unemployment, low income and age of contracting the disease. Majority of the women in the

present study were observed to be educated and employed, while others have steady means of income.

The result of this enquiry reveals that there are some challenges affecting the quality of life of pregnant women living with HIV/AIDS in Ogun state. With a grand mean score of 3.38, it can be inferred that certain challenges affected the quality of life of pregnant women living with HIV/AIDS in the state. The items which ranked highest in the analysis were lack of adequate financial resources is posing challenge with 3.97 and low income is posing challenge to pregnant women's quality of life with 3.55. This result is this way despite that many pregnant women who participated in this study indicated that they were employed. This means that perhaps the monies they receive is not enough to carter for their needs. This is unsurprisingly so because the same income they earned while they were not sick with HIV/AIDS could still be what they earn or perhaps less, with the sickness taking a larger chunk of the money since they have to pay for expensive drugs, personal upkeep and for the upkeep of their loved ones. Besides some physical and emotional challenges, psychological challenges also exist with a score of 3.39. This result is similar to the observation of Baron, Manniën, te Velde, Klomp, Hutton, and Brug (2015) and Kemboi, Onkware, and Ntabo (2019), that people living with HIV/AIDS experience several challenges in the society especially when their status become known to those around them. Many individuals living with HIV/AIDS experience job loss, dwindling business fortunes, and various forms of stigmatization which sometimes extends to their children and relations.

CONCLUSION

Consequent upon findings from this study, it can be concluded that the quality of life of pregnant women living with HIV/AIDS in Ogun state is high in all domains; physical, psychological and environmental as they relate with other people freely, have a high sense of self-esteem, with majority living with spouses and other family members. This is also reflected in the fact that majority are gainfully employed or into one form of business or another without any form of discrimination or stereotype. This implies that the more they are able to access, process and utilize relevant health information to their own advantage, the better their quality of life, and that if those socio-economic factors which constitute an impediment to their quality of life are addressed, they will be able to enjoy a better quality of life physically, psychologically and in their respective environmental domains.

RECOMMENDATIONS

The following recommendations are made based on findings from this study:

1. The quality of life of HIV/AIDS+ pregnant women who participated in the study was found to be strongest in the psychological domain. This means that they have strong self-esteem to do whatever it takes to fight the diseases having tested positive to it. This is encouraging and must be encouraged since a better quality of life is more dependent on what an individual can do for him/herself, rather than on what others can do. Being strong psychologically will prevent HIV/AIDS+ pregnant women from wallowing in self-pity or fear, and will enable them confront their fears with hope.

2. Findings showed that there were other challenges influencing the quality of life of some of the HIV/AIDS+ pregnant women in the study, such as unemployment and the fact some respondents live alone, which can be sources of psychological stress. Government and other institutions can be of help in providing them with jobs.

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