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Effect of Psychosocial Intervention on the Quality of Life of Hiv Infected Female Sex Workers: an Experimental Study

Home Science

KEYWORDS : HIV Infected Female Sex Workers (HIFSWs), Quality of Life (QOL), Psychosocial Intervention

Jaya .S — Professor, Human Development Department, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, Tamil Nadu, India.

Christina T Dorthy — Ph.D Scholar, Human Development Department, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, Tamil Nadu, India.

ABSTRACT

Women who are poor are driven into sex trade. With less choice in safety measures like condom use, being forced to have multiple sexual partners for economic protection are majorly affected with HIV/AIDS and thus resulting in poor Quality of Life (QOL). A sample of 50 consented HIV infected female sex workers from a southern district in TamilNadu participated in the study. Standardised tools on socio demographic profile and WHO- QOL Bref were used pre and post the psychosocial intervention. Results showed that there was a significant improvement in all domains of Quality of Life after the intervention.

Background:

Epidemiologically, great majority of new HIV infections in Asia occur in individuals who are at high risk – sex workers and their clients, men who have sex with men, and injecting drug users, and their immediate long-term sex partners.2,5,16 Majority of sex work in India is undercover due to unfavourable legal environment and discrimination against female sex workers (FSWs).6 Female Sex Workers are scared to pressurize their clients to use condoms as they are not willing to share their HIV status and thus creating a higher risk of HIV infection4 and reduced Quality of Life.13 A HIV infected person's quality of life depends not only on his or her health status but other psychological and social elements. Psychological health is a key contributor to Quality of Life.9 Quality of life is defined as individual's perceptions of their position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept, incorporating in a complex way a person's physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features of the environment. Lutgendorf et al. (1994)12 found that psychosocial interventions enhance coping and social support which contribute to an improvement of quality of life factors such as emotional functioning, social functioning, and sense of well-being and their mental health.17

Methodology

Selection of area and sampling method

The research was conducted in Trichy district, Tamil Nadu. Selection of HIV positive female sex workers was based on the 2007 mapping and estimate report, APAC1. Fifty two HIV infected Female sex workers identified throughout the district who were willing to take part in the study were included for the study through responsive adaptive sampling. An informed written consent was collected from every participant for ethical consideration. The study is based on purposive convenient sampling method. A final of 50 HIV positive female sex workers completed the study.

Instruments

Standardised questionnaires on demographic details, socio economic status from Indian Council of Medical Research and Quality of Life – World Health Organisation- HIV BREF were administered to the participants before and after the psychosocial intervention in order to find out the effect of the intervention program on the QOL of the sample population.

Process:

An organization pioneer in the field of HIV/AIDS was approached to contact the NGOs holding the details of the HIV infected female sex workers mapped1 in the district. Field assessments were conducted and out of the 80 HIV infected Female Sex Workers identified in the district the investigator was able to gain the willingness of 52 participants to take part in the intensive study for a period of six months with three classes per week through focus group discussions and one to one interactions. The intervention consisted of an assessment (pre and post) and an intensive psycho social intervention – Life skills, cognitive behaviour therapy, positive living, stigma reduction, family intervention, reproductive health, yoga, spiritual sessions, self relaxation and nutritional sessions focusing on the topics that benefit the physical, mental and social domains of the sample population along with art classes for recreation.

Analysis and Interpretation

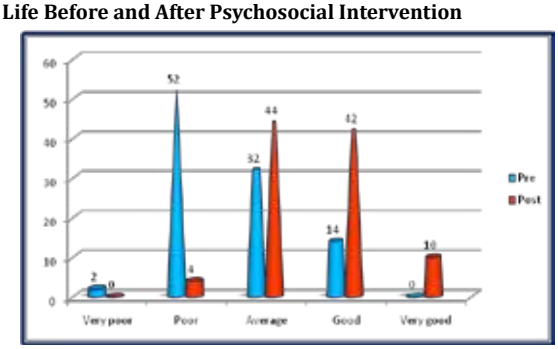
Data collected for the study were compiled and subjected to statistical analysis on computation of percentages and using independent 't' test to find out the effect of the psychosocial intervention on QOL before and after the intervention.

Results and Discussion:

Socio-demographic profile

Sixty two percent of the sample population belonged to 30-39 years of age following closely with 34 % in 20-29 years of age. Nearly 30 % of them were illiterates and were educated until primary classes. Twenty eight percent of the participants have completed their middle school. Although 58 percent (primary – 30% and middle school educated 28%) have completed their schooling except for few many were functionally illiterates which were noted during the intervention classes. Human right news (2002) also substantiate the research finding.11 Fifty four percent of the participants were widows and 26 % were divorced.6,15 Poverty pushes many of the respondents into sex work and it is evident from the results as 80% of the participants belong to the poor income group and remaining 20 percent of the participants belong to the lower-middle income group.7,15

Figure 1. Overall Scores of the Participants on Quality of Life Before and After Psychosocial Intervention



The quality of life (QOL) was assessed with the World health organization's HIV-Bref questionnaire. From figure 1 we can see that participants scored the most high in the poor category (52 percent) and average category (32 percent). There was none in the very good category and only one (2 percent) participant in the very poor category before the intervention. However, the quality of life among the participants increased from 32 percent to 44 percent in the average category and from 14 percent to 42 percent in the good category after the intervention. Ten percent of the participants moved to the very good category on the indicators for quality of life after the intervention.

The following finding is in line with Gledhill L.J, 1998 states that quality of life has increased after the psychosocial intervention provided to the participants when compared to their previous scores before the intervention10

TABLE 1. Effect of Quality Of Life of the Participants Before and After the Intervention

Domains of Quality of Life	Intervention	Mean	N	Standard Deviation	Standard Error Mean	t
Physical Health	Pre	11.78	50	3.882	.549	9.815**
	Post	15.72	50	2.703	.382	
Psychological Health	Pre	15.66	50	3.701	.523	7.569**
	Post	19.56	50	3.949	.559	
Level of Independence	Pre	13.74	50	3.361	.475	5.389**
	Post	16.12	50	2.994	.423	
Social Relationships	Pre	11.84	50	4.297	.608	3.454**
	Post	14.44	50	3.400	.481	
Environment	Pre	24.20	50	6.350	.898	5.939**
	Post	30.24	50	5.093	.720	
Spirituality and Personal beliefs	Pre	11.94	50	3.733	.528	4.915**
	Post	14.28	50	3.736	.528	
Overall Quality of Life	Pre	94.62	50	19.951	2.821	11.302**
	Post	115.28	50	16.932	2.395	

**** Significant at 1% level**

Table 1 show the six different domains (physical, psychological, level of independence, social relationship, environment and spiritual domain)of the Quality of life have shown a highly significant change in the post test when compared to the pre test. This shows that the sessions in the intervention program had provided a notable change in the overall quality of life as well as the individual domains. Quality of Life (QOL) underwent a massive change for the better indicating the efficacy of the psychosocial intervention programme provided. The above table clearly shows the need for a psychosocial intervention to better the quality of life of an individual.

This finding can be substantiated with the study done by Gail et al.(2005), which reveals that psychosocial intervention among the people living with HIV/AIDS increases their quality of life.8 Barbara and Ralf in 2003 from their study to find the effectiveness of psychosocial intervention among cancer patients found that interventions for longer duration than 12 weeks tend to be effective and durable than interventions with shorter period than that. They also stated that psychosocial interventions have significant effect on improving quality of life 3 and that when mental health is decreased Quality of life also decreases.18

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