HIV management and quality of life outcomes among Nuru ya jamii project clients attending Nakuru Provincial General Hospital, Kenya. 2014

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Abstract:

Human Immunodeficiency Virus (HIV) is associated with systematic degradation of the immune system making the body prone to opportunistic infections leading to a condition referred to as AIDS (Acquired Immunodeficiency Syndrome). Comprehensive HIV management focuses on 4 main domains namely- Medical or clinical needs, psychological needs, socio-economic needs, human rights and legal needs. Indicators of good HIV clinical treatment outcomes include reduced occurrence of new symptoms of opportunistic infections, increased or restoration of patient's weight, reduced viral load, increased or restoration of CD4 cell count, and improved functional status of the patient. In 2005 Family Health International (FHI) pioneered an innovative initiative to serve children and families made vulnerable by HIV infection through a family centred and child focused approach that sought to prevent orphaning. This cohort of clients received comprehensive Services including HIV prevention, treatment and care, psychosocial and socio-economic support. HIV prevalence in Rift Valley is 7% accounting for 24.5% of the HIV disease burden in Kenya. Previous studies did not determine the relationship of patient's perception of quality of life with clinic attendance practices, economic status, socio-demographic factors and the clinical treatment outcomes. This was a follow up study influenced by the need to link perceived quality of life with clinical treatment outcomes, need to relate patient clinic attendance practices and economic status to perceived quality of life. This study reviewed and analysed the clinical treatment outcomes in relation to perceived quality of life outcomes and economic status for patient seen for 12 months in the period 2006 - 2007. This was a retrospective cohort study for adult patients (> 18 years) who were followed up in Nuru Ya Jamii project. Purposive sampling technique was used to identify the target clients for the study. Data was collected using semi-structured questionnaires from the clinical source documents of the clients and an in-depth interview of the clients using a modified WHO QOL tool. Data was analysed using SPSS version 11 for the secondary clinical data and Nudist software for theprimary client data. Of the 205 cohort clients who met the inclusion criteria 71.7% were attended at the Nakuru PGH, while the rest in nearby sites. 50.2 %(103) were followed for the entire 12 months period, 44 % of these clients were in regular marital union. Age, sex and marital status were not significantly associated with keeping clinic appointments, though clients in marital unions were twice likely to keep appointments .Those on a high economic status were nearly twice as likely to honour clinic appointments,. There is significant association for keeping appointments with perceived quality of life OR=2.47, 95%CI, (1.03 - 5.93); p=0.004. Clients regularly keeping appointments presented with a high number of reported new symptoms of opportunistic infection OR=7.49, 95%CI (1.64 - 34.09); 9= 0.003, showing a statistical significant association. Patients perception of quality of

life was associated significantly with keeping clinic appointments OR =2.84, 95% CI (1.22-6.64) p= 0.002.The study shows a statistical significant association of the perceived quality of life to keeping clinic appointment and keeping clinic appointments to clinical treatment outcomes. Though those with high economic status are twice likely to keep clinic appointments this association is not statistically significant. The results show the need to invest in community education in order to appreciate the importance of keeping clinic appointments