

# THE DEVELOPMENT OF QUALITY OF LIFE IN HIV INFECTED : A CASE STUDY IN LOEI PROVINCE, THAILAND

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## ABSTRACT

The objectives of this research were 1) To study the quality of life in HIV infected in Dok Fai Group 2) To study the individual needs in quality of life development in HIV infected 3) To develop the quality of life according by the process of PAR This study is a combination of qualitative and quantitative research focusing on qualitative research by using the process of PAR, focus group discussion, in-depth interview, participant observation and brainstorming technique (A-I-C). The populations of this study are members of HIV infected persons in Dok Fai Group, Director of Labor Skill Development Center , Director of Loei General Hospital , Manager of Baan Pak Jai , Chief of Consulting Center and Chief of Social Work . The data were collected from HIV patients by questionnaire, focus group discussion and A-I-C meetings, the rest of populations were conducted by in-depth interview. All populations existed in the year of 2007.

The findings of this study as follow:

1. General information of HIV infected persons. Most of respondents are: Male 54.2% Age 30-35 years old 31.7%, Highest education in Primary school 42.8%, Occupation in Self-employment 29.2%, Average income per month 1,000-3,000 Baht 45.2%, Having household obligations 80.9%, Having 3 persons in obligation 28.9%, Having debt 80.0%, Amount of debt is 10,000-50,000 Baht 58.3%, Creditor is Agricultural & Cooperative Bank 27.7%, Reason of debt is daily life spending 38.8%, Debt affects on life difficulties 83.3%.

The quality of life of HIV infected personal panoramic view, most of the quality of life of HIV infected persons is in middle level, In partial view, The lowest average income is 2.9 (X=2.9) The study shows that HIV infected have the highest demand of quality of life development in income and employment

The needs in occupation development: It indicates that most of the HIV infected persons need to belong to group to be improved their occupation skills to generate their income 79.5%. The reasons of their needs are to get their extra income 43.6%, to support their friends 99.1%. agree on group cooperation, 93.2% wants to be a group member.

2. The study result of the demand of quality of life development in HIV infected in Dok Fai Group. The study shows that HIV infected have the highest demand of quality of life development in income and employment
3. The result of quality of life development in HIV infected in income and employment matters. The process of income and employment development by manufacturing process; The training and manufacturing were initiated.

The conclusion is HIV infected had a better psychological health because gathering with community, discussing about the skill development, distributing their own products help them to develop their skill and income. Moreover they do not feel lonely or unwanted when they had a free time. The friendship was developed among them

**Keywords:** HIV infected , quality of life , quality of life development, psychological health

## **INTRODUCTION:**

In 1989 the first report of HIV infected was initial in Loei and the number has been increasing every year since then. At present there are 2519 of AIDS and likely HIV patients, 680 patients have already died. In Muang Loei District has the highest rate of new HIV infected as high as 87.4 patients per population of 100000, 435.4 of accumulated HIV infected per population of 100000 which ranks the first in the highest AIDS rate in the North Eastern of Thailand (Loei Provincial of Health Office, 2010)

The majority of HIV infected had HIV transmission caused by unprotected sexual relation was 91.2 %, HIV infected caused by mother-to-child transmission was 4%, HIV patients of intravenous drug users was 3.1 % and the rest had unknown cause. Since 1990 reported 87.6 % of AIDS and HIV patients are between 20-40 years old. There were more a number of men than women, with the ratio 3 : 1 (Loei Provincial of Health Office, 2010) As seen, the majority of HIV infected are among work-force age which results in lacking the human work-force for economic distributing and it might effect the local economic development and national economic development in the future. Similarly, the government had to pay a great amount of their medical care and much on HIV prevention campaigns.

Moreover, the HIV infected who were disadvantaged in the society had to face many problems, for examples they had no occupations, no regular incomes, were not wanted by employer due to their health condition, were not accepted either by society, community or family. All problem issues mentioned above unavoidably affect the life of HIV infected therefore it is necessary to implement the occupation development in order to provide the HIV infected with regular incomes, jobs. Therefore they will not be burdened to their families. Furthermore they will feel themselves valued and proud.

Dok Fai group was found in 1996 which is supported by Khonkaen Department of Disease Control 6 in order to co-organise activities arrangements, provide consultation about AIDS, home visitation, and open admission for AIDS members. The members are from both men and women and various age. They participate in several activities for examples they were special instructors in the training for communities, students and university student in Loei Province and were Loei AIDs subcommittees. Up to now(2011), the group is supported by the World Fund Association at Loei Hospital in order to provide consultation and member's house visitation. At present there are 150 members who come to Loei Hospital for the medication treatment.

It appeals from the study of HIV infected that they want to develop their occupations so that they have income to provide for themselves and their families. They do not want to be burdened for the society.

According to the mentioned need above, the Dok Fai group was found. They strongly assemble to participate in activities. They want the occupation development for HIV infected to be implemented. The director of Dok Fai Group has a strong mind and well cooperated with the group members. As seen on this situation, the researchers realise on the need of cooperation for helping to develop the quality of life in this HIV infected according to their needs by providing them the occupation training so they may develop their skills for new occupations so they have incomes for themselves, families and communities.

## **RESEARCH AIMS:**

1. To study the quality of life in HIV infected in Dok Fai Group
2. To study the individual needs in quality of life development in HIV infected
3. To develop the quality of life according to the needs of HIV infected

## **ADVANTAGES EXPECTED TO GAIN:**

Knowing the quality of life in HIV infected in the Dok Fai group will be useful for the responsive and relevant organs to use the data as the guide to develop the quality of life in HIV infected in accordance with the results from the study

1. Developing the quality of life in HIV infected in accordance with their needs
2. The results from the study can be used to widen the guides for the development of quality of life in HIV infected for other HIV infected groups wanting the development of quality of life

## **LITERATURE REVIEW:**

The term quality of life is used to evaluate the general well-being of individuals and societies. The term is used in a wide range of contexts, including the fields of international development, healthcare, and politics. Quality of life should not be confused with the concept of standard of living, which is based primarily on income. Instead, standard indicators of the quality of life include not only wealth and employment, but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging ( Gregory,

2009).

While Quality of Life (QOL) has long been an explicit or implicit policy goal, adequate definition and measurement have been elusive. Diverse "objective" and "subjective" indicators across a range of disciplines and scales, and recent work on subjective well-being (SWB) surveys and the psychology of happiness have spurred renewed interest. (Costanza, R. *et. al.* 2008)

Also frequently related are concepts such as freedom, human rights, and happiness. However, since happiness is subjective and hard to measure, other measures are generally given priority. It has also been shown that happiness, as much as it can be measured, does not necessarily increase correspondingly with the comfort that results from increasing income. As a result, standard of living should not be taken to be a measure of happiness. (Layard, Richard, 2006).

Quality of life is an important concept in the field of international development, since it allows development to be analyzed on a measure broader than standard of living. Within development theory, however, there are varying ideas concerning what constitutes desirable change for a particular society, and the different ways that quality of life is defined by institutions therefore shapes how these organizations work for its improvement as a whole.

Organizations such as the World Bank, for example, declare a goal of "working for a world free of poverty", (The World Bank. 2009) with poverty defined as a lack of basic human needs, such as food, water, shelter, freedom, access to education, healthcare, or employment. (The World Bank. 2009) In other words, poverty is defined as a low quality of life. Using this definition, the World Bank works towards improving quality of life through neoliberal means, with the stated goal of lowering poverty and helping people afford a better quality of life.

Other organizations, however, may also work towards improved global quality of life using a slightly different definition and substantially different methods. Many NGOs do not focus at all on reducing poverty on a national or international scale, but rather attempt to improve quality of life for individuals or communities. One example would be sponsorship programs that provide material aid for specific individuals. Although many organizations of this type may still talk about fighting poverty, the methods are significantly different.

Because of these differences in the theory and practice of development, there is also a wide range of quantitative measures used to describe quality of life.

## **PROCEDURES:**

The research of mix method was implemented in this study, namely, Participatory Action Research (PAR); mainly the qualitative research was used which includes the Focus Group Discussion, In-Depth Interview and Participatory Observation with the implementation of technique meeting for Participatory brain storming with the data collecting from the documentation analysis. The procedures are as followed below;

## **POPULATION AND EXAMPLE:**

Population and example of this study can be classified by the methods of data collection as followed;

1. 150 HIV infected in Dok Fai group for answering the questions, 10 HIV infected for the Focus Group Discussion and 15 HIV infected participate in the process of quality of life with the PAR implemented
2. Interview with the director of Loei Department of skill development and the chief counsellor
3. Brain storming in the meeting of public health carers, almoners, representatives from Loei Department of skill development and the chairman of Ban Pak Jai Loei

## **INSTRUMENTS:**

Instruments which were implemented in this study are as followed;

1. In-depth Interview guideline ; Individual in-depth interviews were implemented. The director of Loei Department of skill development and the chief of consulting centre were questioned about their opinions on the methods of occupation development, and employment promotion. HIV infected had an In-depth interview about their personal data, AIDS transmission cause, living, and the present quality of life.
2. Focus Group Discussion guideline; A 2 hours Focus Group Discussion of 8 -10 people. Mainly the discussion focused on the need of quality of life development.
3. Questionnaire about quality of life in HIV infected; it is a closed questionnaire with alternative answers divided into 2 parts. The first part the questionnaire focuses on personal data; gender, age, occupation, education, incomes, debts, etc. The second part of questionnaire is the instrument used to evaluate the quality of life in Rating Scale.

## **PROCESS OF DATA COLLECTION:**

There are 4 steps of data collection. They are as followed;

### **STEP 1: THE STUDY OF LIVING CONDITION AND QUALITY OF LIFE IN HIV INFECTED:**

This is the step of studying the living condition and quality of life in HIV infected. The data collected in this process will be used as a guide for quality of life development

Several activities within this step are as followed;

1. HIV infected had an In-depth Interview about their personal data, AIDS transmission cause, living conditions, current quality of life, etc.
2. Participation of HIV infected in Focus group about their individual needs of quality of life.
3. In-depth Interviewing with Loei CEO of relevant organs; provincial almoners, the director of Loei provincial skill development of quality of life in HIV infected
4. Questionnaire about quality of life in HIV infected

### **STEP 2: CREATING FUNDAMENTAL GUIDES FOR THE DEVELOPMENT OF QUALITY OF LIFE IN HIV INFECTED:**

Loei Provincial Health Office, nurses, almoners, representatives from Loei department of skill development, the chairman of Ban Pak Jai Loei and 30 HIV infected participated in Participatory brain-storming conference.

### **STEP 3: PROCESSING ALL PROGRAMMES FOR DEVELOPING OF QUALITY OF LIFE:**

This step implemented the result of Focus Group discussion to develop skills according to the need of the group. The activities in this process are as followed;

1. Forming the committees for different issues.
2. Organising the trainings; knowledge for living, health care and skill development.
3. Implementing all procedures according to the trainings.

### **STEP 4: EVALUATION:**

This step is summarising all the problems occurred during the activities implemented in the programs and what is effected the target groups.

Activities are as followed;

1. Organising the group discussion between researchers, members and relevant organs; provincial almoners, counsellors in order to summarise all problems in evaluation.
2. Interviewing HIV infected about their quality of life after participating in the program

## **STATISTICS METHODS:**

Statistic method used for data and questionnaire analysis are data collecting in instant computer program by fundamental statistics; rate of frequency, means and S.D.

## **STUDY RESULT:**

### **1. THE STUDY RESULT OF QUALITY OF LIFE IN HIV INFECTED IN DOK FAI GROUP:**

Questionnaires were distributed to the members. They filled in without signing their names as called overall presentation. The HIV infected cooperated well.

#### **1.1 OVERALL DATA OF HIV INFECTED:**

Result from the study found that majority of HIV infected were men 54.2%, 31.7% were 30-35 years old, 45.8% finished the elementary education, 29.2 % were workers, 45.2% had a salary of 1000-3000 baht, 80.9 % had a family burden, 28.9 % had a responsibility of at least 3 family members, 80% had debts, 58.3% had debts of 10,000-50,000 baht, 27.7% took a loan from Agricultural and Saving Bank, 38.8% had debts because they could not afford for their daily life living, 83.3 % their debts effect their living.

#### **1.2 THE STUDY RESULT OF CURRENT CONDITION, PROBLEMS AND QUALITY OF LIFE IN HIV INFECTED IN DOK FAI GROUP:**

The In-depth interview was implemented to obtain the current condition and problems of HIV infected. The result from quantitative study indicates the same problems; no long-term jobs, no regular incomes, most of them were workers in some periods of time and they had a family responsibility.

The study shows that quality of life in HIV infected is medium as shown in table 1.

**Table 1 Levels of Quality of Life In Hiv Infected In Different Issues.**

Quality of life	Mean	Levels of quality of life
1. Physical health	3.2	medium
2. Family situation	3.1	medium
3. Income	2.9	medium
4. Employment	3.2	medium
5. Current happiness	3.1	medium
6. Life content	3.0	medium
7. Their opinions towards	3.4	medium
Overall quality of life	3.2	medium

From Table 1, the mean of income is the lowest Mean

## **2. THE STUDY RESULT OF THE DEMAND OF QUALITY OF LIFE DEVELOPMENT IN HIV INFECTED IN DOK FAI GROUP:**

The study shows that HIV infected have the highest demand of quality of life development in income and employment.

150 questionnaires distribution was used in data collection. The study shows 79.5% wants to cooperate in group for skill development; as 43.6 % wants part-time job apart from their main jobs, 99.1% agree on group cooperation, 93.2% wants to be a group member.

## **3. THE RESULT OF QUALITY OF LIFE DEVELOPMENT IN HIV INFECTED IN INCOME AND EMPLOYMENT MATTERS:**

The Participatory Action Research was implemented with mixing other qualitative research method; focus group discussion, brain-storming conference, In-depth interview, participating and quantitative research method; questionnaires about the individual demands of quality of life development.

HIV infected want to establish a cooperative group to distribute their own products.

### **3.1 THE PROCESS OF INCOME AND EMPLOYMENT DEVELOPMENT:**

From the focus group discussion, it can be concluded that they want to sell souvenirs for the funerals because many of their members die each year so they can make a profit out of it.

### **ACTIVITIES MANUFACTURING PROCESS:**

The training and manufacturing were initiated. They did the marketing by selling their exemplified products in places; local shops, shops in the market, shops in town in order to evaluate the informal rating through the sellers and improve the products according to the needs of consumers.

Marketing process; distributing products in local shops

### **3.2 SUMMARISATION OF THE RESULT OF QUALITY OF LIFE DEVELOPMENT IN INCOME AND EMPLOYMENT MATTERS:**

The conclusion is HIV infected had a better psychological health because gathering with community, discussing about the skill development, distributing their own products help them to develop their skill and income. Moreover they do not feel lonely or unwanted when they had a free time. The friendship was developed among them.

## **DISCUSSION:**

Our study has several important findings. First the valuation of quality of life of the HIV infected we found lowest Quality of Life scores in the income .We also found an income impact in the Quality of Life .

Second, The study shows that HIV infected have the highest demand of quality of life development in income and employment . Because of they need income to provide the basic need of life or physiological Needs for example food , house, clothes . This finding is base on the theory of Maslow ' s Hierarchy of Needs ( Maslow,1970)

The last we found that the result of quality of life development in HIV infected in income and employment matters. They need the manufacturing process the souvenirs for the funerals. The training and manufacturing were initiated. They did the marketing by selling their exemplified products in places; local shops, shops in the market, shops in town in order to evaluate the informal rating through the sellers and improve the products according to the needs of consumers . This method is the best way to practice the occupation for HIV infected . The souvenirs for the funerals are very important that they want to sell souvenirs for the funerals



because many of their members die each year so they can make a profit out of it.

One of the limitations in our study was the use of questionnaire instruments to assess the Quality of Life. Despite the fact that this questionnaire did not present any specific questions about Quality of Life

## **CONCLUSION:**

In our study, HIV infected was valued of quality of life we found lowest Quality of Life scores in the income and demand of quality of life development in income and employment by training and manufacturing the souvenirs for the funerals because many of their members die each year so they can make a profit out of it. Our research has indicated one important issue for the further research studies should be conducted in other group, city, and countries among different populations of HIV infected worldwide to define specific Quality of Life

## **RECOMMENDATIONS:**

### **THE POLICY RECOMMENDATIONS FOR DEVELOPMENT:**

1. The public and private organizations, state enterprises, and civic groups should organize the learning for activities to develop the quality of life of HIV infected
2. Invited more local organizations in participating the long-term relationship programs or activities development among HIV infected, family and community
3. It is needed to well develop and design the model of quality of life development in HIV infected and activities toward the consideration of the adult learning principles and the real needs of the target groups

### **THE RECOMMENDATIONS FOR FURTHER STUDY:**

1. The related organizations: government, private, states enterprises and civic groups should promote the developed model of quality of life development in HIV infected into practice in order to analyze the conditions and factors of model implementation in the real context.
2. The related organizations of all government, private, states enterprises, as well as civic groups should conduct more research studies on the analysis the causal factors and influencing factors (e.g. family, society, community, and etc.) to promote the quality of life in HIV infected
3. It is needed to further developing the research instruments from the "Happiness Life Mapping" to be able to use in daily life and enhance the quality of life in HIV infected

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## **REFERENCE:**

- [1] Costanza, R. et. al. (2008) "An Integrative Approach to Quality of Life Measurement, Research, and Policy". S.A.P.I.E.N.S. 1
- [2] Gregory, Derek; Johnston, Ron; Pratt, Geraldine et al., eds (June 2009). "Quality of Life". Dictionary of Human Geography (5th ed.). Oxford: Wiley-Blackwell.
- [3] Layard, Richard (6 April 2006). Happiness: Lessons from a New Science. London: Penguin.
- [4] Loei Provincial of Health Office (2010). The statistic of HIV infected in Loei Province. Loei : Loei Provincial of Health Office
- [5] Macionis, John J. (2008). Sociology 12th edition, New York : Pearson Prentice Hall
- [6] Maslow, Abraham H. (1970) Motivation and Personality. 2nd Ed. New York: Harper and Row Publishers.
- [7] Morris, Morris David (January 1980). "The Physical Quality of Life Index (PQLI)". Development Digest 1: 95-109
- [8] Phon-ngam, P. (2009). Population and Quality of Life. Loei: Loei Rajabhat University
- [9] The World Bank. (2009). Working of Poverty. online <http://siteresources.worldbank.org/EXTABOUTUS/Resources/wbgroupbrochure-en.pdf>. Retrieved 2010-11-02.

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