



## IMPACT OF HIV EPIDEMIC ON WOMEN'S QUALITY OF LIFE (QOL)

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**Abstract:** A medical as well as a social event is an epidemic. Medically, it appears in numbers far larger than normal to a severe, often fatal, disease. Socially, it disturbs a community's life and causes insecurity, fear, guilt and flight. In ancient Greek, *epi manifes* means "to the people or to the community." The etymology of the word itself suggests its wider, more social meaning. QOL is important in general women and particularly in rural women because HIV has now been infected with antiretroviral (ART) therapy.

**Index Terms - HIV, AIDS, Quality of Life, Women.**

### 1.1 Introduction:

A medical as well as a social epidemic. It appears medically to be far larger than normal in numbers than serious, often fatal disease. Socially, it disrupts a community's life and causes uncertainty, fear, blame and flight. The etymology of the word itself indicates the wider, more social significance: *epi demos* means "to people or community" in ancient Greek. For women in general, QOL is important, and especially rural women, because antiretroviral (ART) therapy is now infected with HIV.

There are many dimensions to AIDS, only a few of which are recorded by the research community in its official statistics or analysis. The number of AIDS cases and the number of HIV infections are considered as an impact: they show cumulative impacts on the United States population and certain sub-populations. The numerous social organizations affect each infected person's life in each case have several dimensions—personal, professional and institutional. The effects of each set of interactions are equally diverse, and individuals, groups and communities have generated different responses.

### 1.2 Impact of HIV on Quality of Life of Women's:

This review paper aims primarily at identifying the factors related to women's vulnerability to HIV and understanding women's challenges and possible management of HIV. The review is an endorsement theoretical of women's experiences with HIV. This review focuses primarily on Indian studies but also on literature from other cultures to further support arguments and describe the relevant concepts.

1. *Women have to face numerous challenges after the infection, such as lack of social support, a higher level of stigma and discrimination, decreased quality of life, mental health issues and adverse coping.*
2. *A strategy for empowering women, education and awareness about vulnerabilities, knowledge and challenges of HIV infection must be developed in order to prevent the spread of HIV both amongst men and women. HIV management among infected individuals and even those at risk also needs to be addressed.*
3. *Although the impact of HIV/AIDS on quality of life is multidimensional, the measurement and monitoring of health-related quality of life of HIV/AIDS patients is not yet possible.*
4. *In physical, psychological, independent and environmental matters, women had considerably lower quality of life compared to men, with the exception of social and spiritual relationships. In comparison to HIV-infected patients, the quality of life of depressed patients in both genders has significantly decreased in each field. Inferior physical, psychological, independent and environmental fields were strongly associated with malnutrition and anaemia.*
5. *During and after HIV antiretroviral therapy, several tools were developed to assess the quality of life associated with HIV (HRQoL) (ART). Few longitudinal studies assessed the impact that ART has on HIV patients' quality of life.*
6. *Quality of life HIV version (WHOQOL-HIV BREF) has been measured using a 31-point scale that evaluates PLHIV QoL in six domain areas, including: physical quality of life, psychological quality of life, independence, social relations, the quality of life of the surrounding environment and spirituality/religion/person. The scores total range from 31 (at least) to 155 (at most); more the score is, the better the QoL. The scale has been validated worldwide, including India. The mScale has been translated into Kannada and then back into English. A  $\alpha$  from Cronbach 0.92 was derived from a scale of 20 PLHIV administered.*
7. *Significant progress in the pursuit of UNAIDS 90-90-90 HIV targets is made worldwide by health-care providers, with 90% of those infected by HIV detected, 90% of those detected being under continuing ART and 90% of people living with ART virally suppressed. A fourth concept of 90 is considered in view of the transformation of HIV/AIDS from a deadly disease into a chronic condition. The HRQoL corresponding to the other three is equally important here. The CDC defined the HRQoL as the "perceived physical and mental health of an individual or group over time.*
8. *Several studies have evaluated PLWHA's HRQoL globally before. The results and effects of the disease and other decisive factors on the different dimensions of life can be determined in these studies. Many research studies, particularly when compared with the general population and to other chronic diseases like diabetes mellitus type 2 and rheumatoid arthritis, have confirmed the adverse effects of HIV on HRQoL. On the other hand, one study reported improvement in living quality due to lifestyle changes following diagnosis of HIV.*

### 1.3 Conclusion:

At best, the HRQoL was found to be moderate. However, respondents with no job, inadequate earnings, lack of disclosure of the disease, single-handedness and other co-morbidities were found to be poor. PLWHA has been found to need more than antiretroviral therapy for restarting life. For PLWHA to get used to the new 'standard' life, financial and social assistance is needed.

The quality of life assessment can contribute to categorise patients with poor quality of life for adequate interventions as part of the clinical routine evaluation. In this process, nurses can be very supportive by identifying the patient's needs and referring them to appropriate clinical and community solutions. It is also essential for PLWHA physically, mentally, socially and spiritually to train physicians, nurses, social workers, psychologists and religious clerics.

Create a club or association that PLWHA can use in order to communicate with the others. In order to alleviate the social stigma of the disease they can therefore be integrated into society. Finally, to enforce special legislation on the rights of PLWHA to enable legislators and policy makers to have a decent living. They should be prevented by legislation from being arbitrarily removed for their disease and the right to study, marry and have families and children should be guaranteed. At the same time, it should describe its social duties, such as being cautious about not transmitting infections.

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