EFFECT OF PERCEIVED STIGMA ON HEALTH RELATED QUALITY OF LIFE GROWTH CURVE FOR NEWLY DIAGNOSED HIV POSTIVE ADULTS IN NAIROBI, KENYA

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APRIL 2014
DECLARATION

This proposal is my original work and has not been presented for a degree in any other University

signature.................................................... date ..............................................

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Supervisors: This proposal has been submitted for review with our approval as University Supervisors.

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Health related quality of life (HRQOL) is an assessment of how an individual’s quality of life may be affected by a disease, disability or a disorder. HRQOL is a patient reported outcome that quantifies the extent to which of one’s physical, emotional, and social well-being are affected by a medical condition or treatment. The desired HRQOL is conceptualized as the optimum levels of mental, physical role functioning and social functioning. It is distinct from quality of life as a whole, which would also include adequacy of housing, income and perceptions of immediate environment. Low HRQOL has been shown to negatively affect morbidity and mortality in both acute and chronic health conditions. Therefore improvement of HRQOL in management of diseases would also improve the final outcome and extend life expectancy. About 70% - 80% of HIV infected persons have low HRQOL. HIV is a highly stigmatized disease with 50%-80% of HIV patients reporting HIV related stigmatization further lowering their HRQOL. Counseling for HIV related stigma is currently not included National AIDS & STI Control Program’s (NASCOP) protocol for HIV management. The aim of this study is to quantify the magnitude and strength of the effect of HIV stigma on HRQOL growth curve in newly diagnosed HIV adults in Nairobi County, Kenya. The study will be a prospective longitudinal cohort design with four repeated measures of HRQOL taken at enrollment, 3rd 6th and 9th months for each participant. The study population will be consecutive newly diagnosed HIV infected persons, aged 18 years and above in 10 out of 85 randomly selected Comprehensive Care Centers (CCC) in Nairobi County and enrollment will stop when the sum of participants equals the estimated sample size. The sample size of 288 is estimated to give 90% power to detect any change in effect with 95% confidence however 20% participants will be added to guard against loss of this power in case of inevitable losses during the follow up. WHOQOL-HIV BREF and PLWHA [HASI-P] instruments will be used to measure HRQOL and HIV stigma levels respectively. The participants’ biomarker data will be extracted from their medical files. The data will be entered into the computer using EPIDATA 3.1™ then transferred to STATA-13™ for data management and descriptive statistics. Confirmatory factor analysis and HRQOL growth curve within multivariate structural equation modeling framework will be done with Mplus™ 7.2. The results from this study are expected to give evidence-based guide for inclusion of counseling in management of patients with HIV infection to improve their HRQOL since low HRQOL is associated with high non-adherence antiretroviral therapy, hospitalizations, morbidity from opportunistic infections, and overall mortality. Identification of the particular HIV stigma domains affecting the HRQOL growth curve will also guide in designing a tailor made psychotherapy-counseling module for HIV patients.