Quality of Life in HIV+ Women: Self-esteem, body image and social relations

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Introduction

Three decades ago, HIV meant a death sentence and treatment was a distant dream. Yet people have survived due to a number of therapies that alter the epidemics course. And after learning how to deal with death, investing all its internal resources, PLWHA must now cope with life. Associated with longevity other unexpected medical conditions emerged, which challenge the view of AIDS as a manageable chronic illness.

HIV infection embodies an experience with a profound impact due to its chronic disease character highly compromising of the quality of life (QoL) of HIV-positive people, but also because it's trait of fatal disease. The constraints imposed by HIV infection can interfere in different areas of life - psychological, social and family - meddling in the way of seeing themselves (self-concept, self-esteem), their future (uncertainty, feelings of desperation and helplessness) and how they are viewed by others (social stigma / social inclusion).

This paper describes the impact of HIV in the QoL of women living with HIV/AIDS (WLHA) in a gender comparative study in Portugal. The main objective was to evaluate the QoL of WLHA regarding the social relationships domain, self-esteem and body image facets (psychological domain) and their relations to socio-demographic and clinical factors.

Methods

PARTICIPANTS

Sociodemographic characteristics

The subjects were predominately with age rate 25-44 years with mean age of 37.42 (*SD* = 9.47) years among women and 39.56 (*SD* = 8.64) years among men (the sample was predominantly above 35 years – 66.5%), married (39.2% women, 36.7% men) and single (34.2% women, 41.8% men), with **basic education** (8-12 years of education), **low income** (65.8% women, and 69.6% men) with a tendency to higher income in men, **white ethnicity** (60.8% women, 49.4% men) and mainly **urban** residents (25.3% women, 26.6% men). For the variable 'occupational status' was verified a significant difference (p = .001) between women and men (p < .05). There was observed a predominance of women 'unemployed' (35.4% women to 19% men) and 'without occupation' (16.5% of women and 8.9% of men), which may indicate a higher potential risk of poverty for women. The sample involved 13 of the 18 districts of Portugal and was predominantly from Lisbon (48.3% women and 36.7% men).

Clinical characteristics

The subjects were predominantly **asymptomatic** (45.6% women and 39.2% men) with an average of 20.4% women and 19% men not knowing there status; with CD4 above 350 (68%) with women's group with a higher number of CD4 (75% of the valid values > 350 CD4) – no significant differences; and **undetectable viral load** (VL) (54.6% women, 59.3% men). The majority of sample (62%) was not aware of their CD4 and VL scores which may be indicative of reduced communication with doctor, disinterest or a protective relation with disease. Women were predominantly infected in a 'sexual relation with man' (72.2%) and the men presented more dispersion (38% in a 'sexual relation with woman'; 30.4% 'IDU'; 26.6% 'MSM'). Between women and men were observed significant differences in the 'mode of transmission' (p < .001).

MEASURES

Sociodemographic and clinical information on each subject was collected by questionnaire and included age, sex, level of education, occupation, residency, ethnicity, marital status, health perception, year of HIV+ diagnosis, mode of transmission, HIV serostatus plus CD4 and VL count. The WHOQOL-120- HIV is a self-report instrument for QoL covering 29 specific facets and one general facet organized into six domains (cf. Figure 1). Each facet contains four items, which are rated on a 5-point scale.

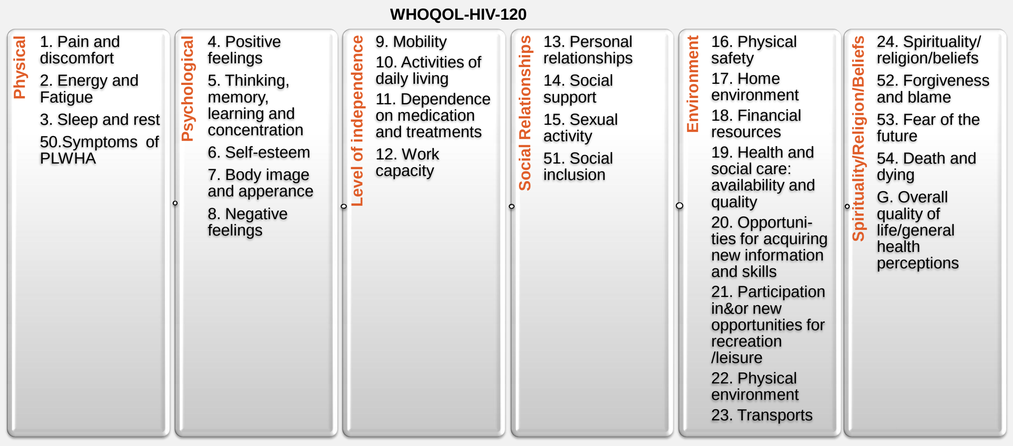

Figure 1 – Scheme of WHOQOL-HIV-120 instrument: Domains and facets

Results

Considering a sample of 158 people living with HIV, the results showed a strong relationship between QoL and the facets/domains of WHOQOL-HIV-120, demonstrating the strong negative effect of HIV in QoL of all PLWHA.

Table 1 – QoL of Women and Men (domains of WHOQOL-HIV-120)

QoL Domains	Women (N =79)		Men (N =79)		*t*	*p*
	M	*SD*	*M*	*SD*		
Physical	47,27	17,08	50,87	16,92	-1,331	.185
Psychological	60,55	18,76	62,52	18,64	-0,659	.511
Independence Level	63,57	19,28	63,63	16,67	-0,021	.984
Social Relationships	61,49	17,04	62,30	17,63	-0,294	.769
Environment	55,39	15,37	59,47	12,38	-1,839	.068
Spirituality	50,32	18,49	54,19	18,38	-1,322	.188
General QoL	55,30	21,56	56,57	18,23	-0,398	.691

Results showed that women in general perceive a lower QoL than men particularly in the fields 'spirituality', 'environment', 'physical', 'psychological' and 'social relations', but no significant differences were observed.

The QoL of HIV-positive women in particular aspects related to body image, self-esteem and social relationships (personal relationships, social support, social inclusion and sexual activity) was also analyzed.

Table 2 – QoL of Women and Men (facets on study of WHOQOL-HIV-120)

QoL Facets	Women (N = 79)		Men (N = 79)		*t*	*p*
	M	*SD*	*M*	*SD*		
Self-esteem	14,82	3,51	14,95	3,08	-0,241	.810
Body image	14,15	4,59	14,39	3,84	-0,357	.721
Personal Relationships	14,84	2,78	14,71	3,05	0,273	.786
Social Support	13,51	3,62	14,06	3,60	-0,969	.334
Sexual Activity	13,08	4,11	12,82	3,81	0,402	.688
Social Inclusion	14,51	3,87	14,13	3,22	0,67	.504

Women had lower values in facets 'sexual activity' and 'social support' considering all facets of the study. Compared to men, and after performed the *t* Student test, no statistically significant differences between women and men were found.

Then, we proceeded to the analysis of correlations between the facets and domains contemplated with the general facet of QoL.

Table 3 – Correlations between considered facets and domains, according to sex

	Women (N= 79)															
	Psychological Domain		**Social Rel. Domain**		**Self-esteem**		**Body image**		**Sexual Activity**		**Personal Rel.**		**Social Support**		**Social Inclusion**	
	w	M	w	M	w	M	w	M	w	M	w	M	w	M	w	M
General QoL	.707**	.777**	.700**	.657**	.617**	.673**	.575**	.685**	.424**	.425**	.731**	.691**	.593**	.477**	.326**	.123

** P< .01

Among women and men strong correlations between the different facets and domains with the general QoL were found. The exception among men was the correlation with the facet 'social inclusion'. **The strongest correlations in the women's group, were the facets 'personal relationships' (r = .731) and 'self-esteem' (r = .617).** In the group of men the strongest correlations were observed on facets 'personal relationships' (r = .691) and 'body image' (r = .685).

When testing the existence of a direct relationship between 'self-esteem' and 'body-image' correspondingly to 'personal relationships', 'sexual activity' and 'social inclusion' in the group of women it was verified that **all facets showed to be strongly correlated** with the exception of the facet 'body image' and 'social support' (r =.285, p =.011) and the 'sexual activity' and 'social inclusion' (r = .257, p = .022) that showed a lower association. **Also, strong correlations between the 'social support' and 'personal relationships' (r = .722, p < .001) and between the facets 'personal relationships' and 'general QoL' (r = .731, p < .001) were found.** Facets 'sexual activity' and 'social support' proved not to be significantly correlated.

Table 4 – Influence of some sociodemographic and clinical variables in social relationships, body image, self-esteem and general QoL

	Women N = 79							
	Facets	**Self-esteem**	**Body image**	**Personal Relat.**	**Social Sup.**	**Social Incl.**	**Sexual Act.**	**General QoL**
Age	*r*	.018	.151	.104	.031	.07	**-.250***	-.006

HIV Status	**Asymptomatic**		**Symptomatic**		**AIDS**		**Unknown**		KW	*p*
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*		
Self-esteem	70,66	26,97	66,52	12,65	59,9	21,4	66,8	15,6	3,669	.299
Body image	66,49	33,84	54,91	24,17	60,42	24,33	66,02	23,71	3,472	.324
Personal relationships	73,78	18,95	58,04	11,35	59,38	18,94	68,75	11,41	11,345	**.010**
Social support	64,76	26,56	45,54	16,16	56,77	22,21	61,33	12,95	8,539	.036
Social inclusion	68,92	24,89	64,73	17,95	63,02	23,76	60,16	28,68	1,667	.644
Sexual activity	62,85	28,5	39,73	23,84	57,29	23,21	56,64	16,69	8,668	**.034**
General QoL	61,28	25,35	45,09	14,12	51,04	16,82	54,3	18,36	6,825	.078

When analyzing the **influence of sociodemographic factors in 'social relationships', 'body image', 'self-esteem' and 'general QoL'** in the group of women, there was a **negative relationship between sexual activity and age** assuming that the QoL in this aspect tends to decrease with age. There was no other inverse relationship with other facets.

Married people or single with stable partner reported significantly more support that can be related to the present study in which the **values of QoL reported by women in the facet 'social inclusion' tend to decrease with the situation of 'separated/divorced'** (*M*=49.43, *SD*=32.41). Moreover social inclusion is related to social support (r = .329), with personal relationships (r = .439) and general QoL (r = .326).

Similarly, the differences on the facet 'social support' regarding education level, supported the assumption that the links of **social networks are weaker among people with less education**. It was also observed that QoL facets on 'body image' and 'sexual activity' were equally affected regardless of educational attainment.

Regarding the 'residence' women have, on average, a **QoL with higher values in moderately urban area**, being slightly below average in areas predominantly rural, with differences statistically significant in the facet 'general QoL'. It is recognized that one factor for a lower QoL is due to the lack of infrastructures in rural areas.

The 'mode of transmission' seems to have an impact on the 'body image'. **Women infected through 'injecting drug use' reported less satisfaction with their body image than those whose transmission occurred through 'sexual relation with man'.** It is possible that the potential physical degradation caused by the use of intravenous substances contribute to this decrease in satisfaction.

The 'HIV status' affects 'personal relationships', with a QoL negatively affected with the onset of symptoms (cf. Table 4).

Conclusions

This study did not identify significant differences between men and women regarding their self-esteem, body image, personal relationships, sexual activity and social inclusion. However, corroborates the WHOQOL Group study (2004), in which women showed a lower QoL in terms of psycho-socio-spiritual well-being, reporting **less social support** and higher fear of future. These data point to the fact that women may benefit from additional psychosocial support, counselling and peer support. The fear of future suggest a potential risk of poverty more pronounced in females, in a country where they earn lower salaries for similar work, where their unemployment rate is higher and where the risk of poverty is 21% for 16% of the EU25. Fear of future in a country where the human development index declined might be related with the deterioration of living conditions of average people.

The strongest correlations with general QoL, in the group of women, were observed in the facets 'personal relationships' and 'self-esteem'. Self-esteem is potentially associated with body image. The side effects of ARV may be strong predictors in the correlation observed in this study between 'body image' and 'self-esteem' (r = .659) as well as between 'body image' and 'general QOL' (r = .575) and 'body image' and 'personal relationships' (r = .538). Although the WHOQOL-HIV does not discriminate side effects such as lipodystrophy, it is well known that this condition has psychosocial effects including the reduction of self-esteem and self-confidence, self-image and identity distortion, loss of interpersonal relationships, sexual activity reduction or cessation. The identity and self-esteem are essential to the capacity for intimacy. However, the identity is distorted by the existence of HIV and self-esteem undermined by the image socially contaminated and side effects of ARV.

Regarding the association between social relationships, body image and self-esteem and general QoL, results showed **strong correlations between the facets 'social support' and 'personal relationship' and between the facets 'personal relationships' and 'general QoL**'. The structure and characteristics of social network and social support are recognized as significant factors for health and well-being. There were no associations between CD4 counts and viral load in the domain and facets considered, but only a trend in the facet 'social inclusion' in relation to the CD4 count, assuming that a lower CD4 count correlated with the onset of symptoms or even indicative of AIDS generates visible physical marks that cause social exclusion.

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