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<sup>1</sup>Walter Sisulu University, South Africa

<sup>2</sup>General Practitioner, South Africa

**T**he study assessed Quality of Life (QoL) among HIV-infected patients and its association with demographic factors. A cross-sectional study was conducted on adult patients recruited from the clinic. e QoL was assessed using a WHOQOL-HIV-BREF. Demographic information was collected using a semi structured questionnaire. Data were analyzed using SPSS 22. Correlations and ANOVA were performed for determining significance differences between domain scores and QOL variables. Post-hoc analysis was performed using Tukey's to find contributing pairs to the differences. Of ninety-nine participants interviewed, 52% were females and 48% males. e mean-age was 37.53±9.127 (range 18-60 years), 35 (36.1%) had secondary level of education, 38 (40%) singles, 40 (40.8%) permanently employed with 40, 40.8% earning more than R4000 monthly and (64; 65.3%) lived in rural areas, 94 (96.9%) had chronic-diseases and 45, 48.9% were asymptomatic. e overall mean-scores for health-related QOL were 41±11.9 for psychological, 68.9±17.0 for physical, 39.7±26.6 for social, 58.1±13.2 for environmental, 29.5±28.7 for personal/spiritual/religious and 54.0±20.9 for level of independence domains. Associations of statistical significance were found between the following domains and demographic factors: Physical and gender (p=0.008), psychological and marital status (p=0.040), psychological and employment status (p=0.090), social and employment status (p=0.008); level of independence and HIV serostatus (p=0.028), personal and chronic disease (p=0.075) and social and place of residence (p=0.030). Gender, marital and employment status, HIV serostatus, chronic diseases and place of residence significantly affect the QOL of PLWHIV. erefore, a sustained effort towards improving the QOL remains the mainstay of dealing with PLHIV, second only to treatment. A dedicated effort by the government and the private sector to help the HIV affected individuals financially by various schemes would likely bear fruitful results. And it is of paramount importance to look at the future role of herbal/traditional medicines in PLWHIV.

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Lucky Norah Katende-Kyenda has completed PhD from North West University, South Africa. He is currently working as a Lecturer in the

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nkyenda1@gmail.com