DECLARATION

I, **Tecla Mlambo** declare that this project is my original work. It has never been submitted before for any degree or examination at this or any other University. It is being submitted partial fulfillment of the Master of Science Degree in Clinical Epidemiology at the University of Zimbabwe, College of Health Sciences in 2011.

Signed…… Date:……..

ABSTRACT

Background: Zimbabwe's response to the HIV/AIDS pandemic in terms of prevention, testing, counseling and treatment has been commendable but inadequate in terms of provision of rehabilitation services to HIV-infected individuals.

Objectives: To determine the prevalence and extent of activity limitations and participation restrictions (disabilities) experienced by adults living with HIV/AIDS who are on Antiretroviral drugs (ARVs) and the factors associated with quality of life as assessed by the International Classification of Functioning, Disability and Health (ICF).

Study variables: type of ARV, period on ARVs, last CD4 count, physical and mental health, previous injury, use of assistive devices, having an assistant, and demographic characteristics.

Outcome variables: quality of life (total score), domain total scores, reduction and stopping of usual activities.

Methods: A cross sectional analytical study was done with 59 consenting HIV positive adults on antiretroviral drugs attending an opportunistic infection clinic. An ICF-based interview questionnaire was administered on consecutive patients.
Ethical clearance was granted.

Data Analysis: Descriptive statistics were used to describe the distributions of participants according to demographic characteristics, clinical profile and prevalence of activity limitations and participation restrictions. Multivariate analysis was done to determine the factors that predicted quality of life. Level of significance was set at 5%.

Results: The mean age of participants was 41 years (+/- 9.3), 56% were female, 54% were married and 30.5% were widowed. Median period on ARVs was 13 months (I.Q.R 3-29) and median last CD4 count was 189.5 (I.Q.R 114-278). Thirty-two (54%) were on Stalanev. About 36% and 61% had stopped or reduced their usual activities due to the illness respectively. Most affected aspects were walking (71%), fine hand use (41%), lifting & carrying objects (71%), shopping (55%), housework (55%), remunerative employment (56%) and economic self-sufficiency (79%). The support and relationships and attitudes of health professionals (86% and 88%) and immediate family (75% and 78%) were the cited major environmental facilitators. Factors statistically significantly associated with quality of life were physical health ($p= 0.01$), mental & emotional health ($p= 0.04$), and use of assistive devices ($p= 0.02$). Period on ARVs and last CD4 count were not statistically significantly associated with quality of life.

Conclusion: HIV-related disabilities are prevalent even among those on antiretroviral drugs and their quality of life is reduced, hence the need to scale up rehabilitation services for them.

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May the Lord richly bless and multiply you all. Thank you.

DEDICATION

I dedicate this project to all those people who are living with HIV-related disabilities.

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ABBREVIATIONS

ART	Antiretroviral therapy
ARVs	Antiretroviral drugs
CD4	Cluster of Differentiation 4
CSO	Central Statistical Office
HAART	Highly Active Antiretroviral Therapy
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune deficiency syndrome
HRQoL	Health related quality of life
ICF	International Classification of Functioning, Disability and Health
MOHCW	Ministry of Health and Child Welfare
NAC	National Aids Council
OI	Opportunistic Infection
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of mother to child transmission
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organisation

Operational Definitions

[according to WHO (2001)].

Body functions are the physiological functions of body systems (including psychological functions).

Impairments of body functions are problems in body function as a significant deviation or loss.

Body structures are anatomical parts of the body such as organs, limbs and their components.

Impairments of body structures are problems in structure as a significant deviation or loss.

Activity is the execution of a task or action by an individual.

Activity limitations are difficulties an individual may have in executing activities.

Participation is involvement in a life situation

Participation restrictions are problems an individual may experience in involvement in life situations.

Quality of life according to WHO is an individual's perceptions of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns. In this study, how an individual rates his or her extent of activity limitation and participation restriction constitutes their quality of life.