

Community home-based care for people living with HIV in Nepal : Its role in improving mental health and health-related quality of life

その他のタイトル	ネパールにおけるHIV陽性者への地域在宅ケア : 精神保健と健康関連QOL向上に対する役割
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審査の結果の要旨

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This thesis aimed to examine the roles of a community home-based care program to improve mental health and health-related quality of life of HIV-positive people in Nepal. More specifically, I identified the effects of intervention to reduce depressive symptoms, anxiety, and high level of stress, substance use, and non-adherence to anti-retroviral therapy (ART) among participants enrolled in the community home-based care program. I also examined the effects of the intervention to improve health-related quality of life.

The study was prospective cohort in design. The community home-based care team comprised of a community health worker, a trained HIV-positive person and a social worker. The team conducted a monthly home visit to provide essential component of continuum of care for HIV-positive person. The essential components of services included psychosocial support/counseling, peer counseling, ART adherence support and counseling, and referral for further care. Psychosocial support and counseling was an integral part of community home-based care program. A community health worker assessed the psychosocial need of a HIV-positive person whether s/he was having worries about the side effects of the treatment, stress about the means of survival, and had depressive symptoms such as sleep disturbances. A HIV-positive person received mentoring on self-care skills and self-efficacy for the treatment and psychological symptoms. The home visit team provided counseling to their family/spouse and caregivers at the home of a HIV-positive person when required.

Peer counseling was the second essential component of community home-based care program. The selected person of support groups of HIV-positive people received training on continuum of care of the program. Trained HIV-positive peer counselors shared their experiences of coping skills among substance users HIV-positive people. ART adherence support and counseling was another essential part of continuum of care and was included in the community home-based care program. To avoid missing pills, the home-visit team carefully checked the number of pills consumed by HIV-positive people in the past month. The team also provided support and necessary skills to use memory aids such as use of Radio and Television programs, and use of alarm. Moreover, the program team provided counseling to caregivers and family members to assist HIV-positive people in taking pills at a specified time.

The community home-based care team provided a referral linkage of HIV-positive people to health facilities. As the community home-based care program was an outreach service of HIV program, they referred the unmanageable and severe cases to the NGOs and health facilities. Also, they helped HIV-positive people receive specialty services such as from psychiatrists, psychologist, and risk reduction counselors. Moreover, they referred substance users for opioid substitution therapy.

The program effectively reduced depressive symptoms (AOR: 0.44, 95% CI = 0.30, 0.64), anxiety (AOR: 0.54, 95% CI = 0.33, 0.88), stress levels ($\beta = -3.98$, $p < 0.001$), substance use (AOR: 0.51, 95% CI = 0.31, 0.81), and non-adherence to ART (AOR: 0.62, 95% CI = 0.41, 0.95) among its participants at six-month follow-up. It also improved their QOL for physical ($\beta = 0.35$, $p = 0.035$), psychological ($\beta = 0.48$, $p = 0.001$), level of independence ($\beta = 0.60$, $p < 0.001$), social relation ($\beta = 0.70$, $p < 0.001$), environmental ($\beta = 0.78$, $p < 0.001$), and spiritual ($\beta = 0.60$, $p < 0.001$) domains.

The study revealed that the community home-based care program was effective to improve mental health, ART adherence, and health related quality of life of HIV-positive people. The results highlight the need to promote the community home-based care program to widen its coverage for more HIV-positive people. Additionally, the program should be integrated in a national public health system to continue and sustain the home-based care services for HIV-positive people to improve their psychosocial well being and treatment outcomes.