“A QUALITATIVE STUDY ON LIVE EXPERIENCES OF HIV-TB CO- INFECTION PATIENTS IN SELECTED HOSPITAL, KOLAR.”

By

Mrs.Banubi

In partial fulfilment of the requirement for the degree of

Masters of Science in Nursing

In

Medical surgical Nursing

Under the guidance of

Dr. G.VIJAYALAKSHMI

Principal, SDUCON.

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Tamaka, Kolar-563101

2018

DECLARATION BY THE CANDIDATE

I hereby declare that this research project entitled **A Qualitative Study on Live experiences of HIV-TB Co-infection patients in selected hospital, Kolar** is a bonafide and genuine research work carried out by me under the guidance of **Dr.G.Vijayalakshmi,** Professor and Principal**, Sri Devaraj Urs College of Nursing, Tamaka, Kolar.**

Date: **Signature of the candidate**

Place: Kolar **(Mrs.Banubi)**

CERTIFICATE BY THE GUIDE

This is to certify that the research project entitled **A Qualitative Study on Live experiences of HIV-TB Co-infection patients in selected hospital, Kolar,** is a bonafide research work done by **Mrs. Banubi,** in partial fulfilment of the requirement for the degree **of Master of Science in Medical and Surgical Nursing.**

Date: **Signature of the Guide**

Place: Kolar

Dr. G. Vijayalakshmi
Professor and Principal
Sri Devaraj Urs College of Nursing
Tamaka, Kolar

ENDORSEMENT BY THE HEAD OF THE DEPARTMENT/

PRINCIPAL /HEAD OF THE INSITITUTION

This is to certify that the research project entitled **A Qualitative Study on Live experiences of HIV-TB Co-infection patients in selected hospital, Kolar ,**is a bonafide research work done by **Mrs. Banubi** under the guidance of **Dr. G. Vijayalakshmi, Principal,** in partial fulfilment of the requirement for the degree **of Master of Science in Medical Surgical Nursing.**

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Date:

Place:Kolar **Mrs. Banubi**

ABSTRACT

Title: "A qualitative study on live experiences of HIV-TB co-infection patients".

Background & Objective: The World Health Organization defines the term quality of life as "individuals' perception 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 that sense, quality of life comprises different aspects of individuals' life, including physical, mental and social aspects. Thus, the term quality of life has been used as a synonym of health condition, functional status, psychological wellbeing, satisfaction with life and one's needs and assessment of one's own life. Hence the researcher felt to assess the live experience of patients with HIV-TB co-infection.

Methods: For the study phenomenological research design was used. First ethical clearance was obtained, a written permission was obtained from co-ordinator samagra community care center, SNR hospital, Kolar. Based on inclusion criteria, through purposive sampling technique, 12 HIV-TB co- infection patients who were admitted in samagra community care center at SNR Hospital for treatment were selected. First socio demographic variables was collected in order to interact with study subject in a normal manner with the researcher. Then questions related to life experiences with HIV-TB co-infection was asked through focus group interview.

Results and Conclusion: The responses were categorized into five themes such as **'Disease transmission', 'Disease reaction', 'Feeling helpless', 'Challenges of life', and 'Blood relation'.** The study concluded that similar study on Knowledge and attitude on HIV-TB co-infection among HIV-TB patient family members can be conducted.

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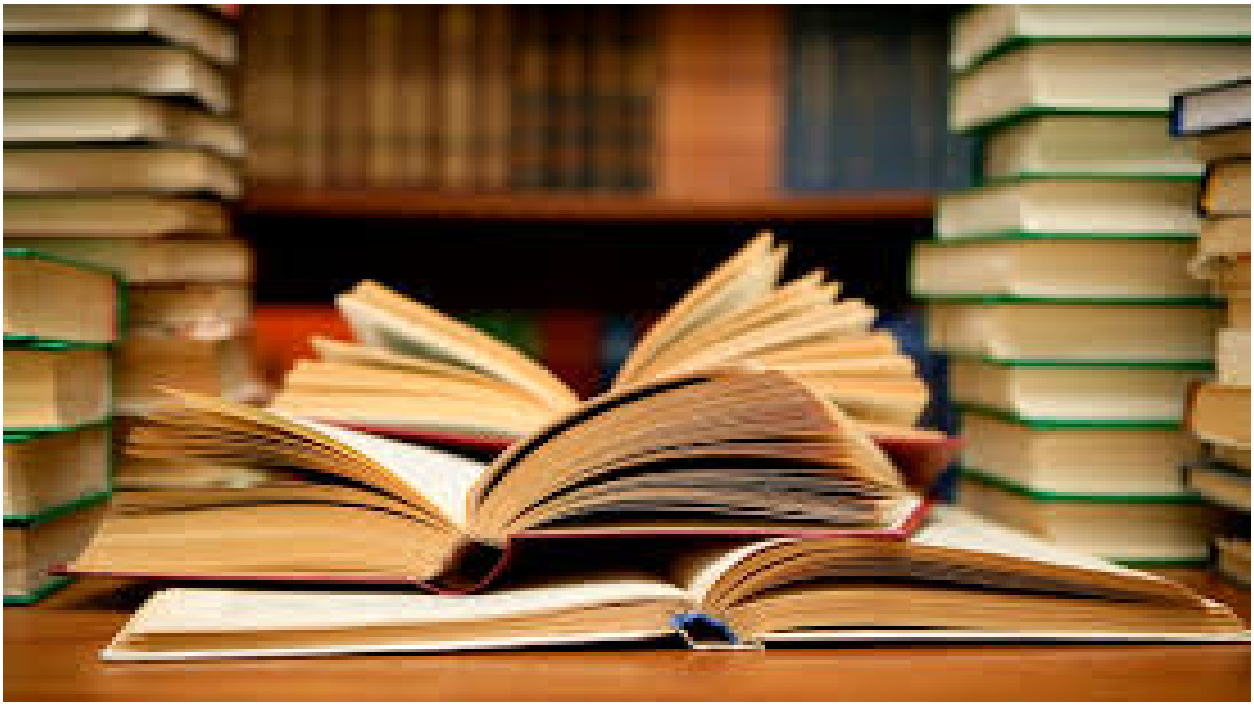

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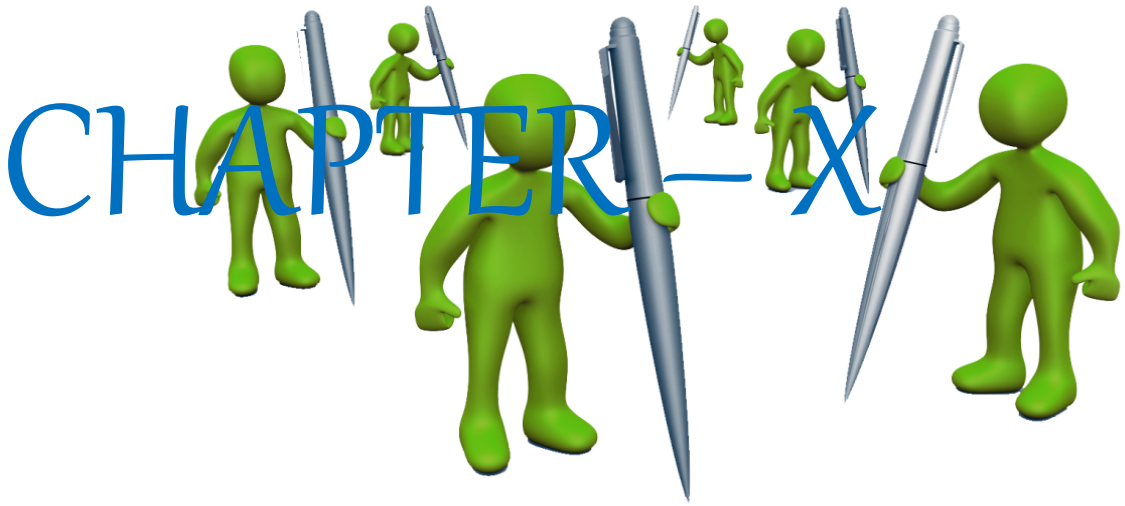

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ANNEXURES

CHAPTER-I

INTRODUCTION

Acquired immunodeficiency syndrome (AIDS) is a chronic, potentially life threatening condition caused by the Human deficiency virus (HIV).[1]

Acquired Immune Deficiency Syndrome (AIDS) is caused by a human immunodeficiency virus (HIV) that weakens the immune system and makes the body susceptible to various diseases and unable to recover from diseases. HIV/AIDS is one of the most complex health problem in 21st century and has become a pandemic disease that threatens the world population. Since there is no treatment or cure in sight, the disease continues to spread at an alarming rate. [2]

HIV is a sexually transmitted infection (STI). It can also be spread by contact with infected blood or from mother to child during pregnancy, childbirth or breast-feeding.[3]

The human immunodeficiency virus infects cells of the immune system, destroying or impairing their function. Infection with the virus results in progressive deterioration of the immune system, leading to "immune deficiency." The immune system is considered deficient when it can no longer fulfill its role of fighting infection and disease. Infections associated with severe immunodeficiency are known as "opportunistic infections", because they take advantage of a weakened immune system.[4]

If HIV is left untreated, the immune system becomes weakened and allows different types of life-threatening infections. The most common life threatening infection seen among HIV patients is HIV-TB co-infection.[10]Tuberculosis can occur at any time during the course of HIV infection and this is a leading cause of death for people with HIV.[5]

Tuberculosis (TB) is a contagious disease it usually affects the lungs and any part of the body, including the kidneys, spine, or brain. It can spread from one person to another person through air and is caused by Mycobacterium tubercle bacilli.[6]

All people with HIV should get tested for TB infection, preferably at the time of HIV diagnosis.

Common symptoms of HIV-TB disease include persistent cough that may bring up blood or sputum, chest pain, fatigue, loss of appetite, weight loss, fever and Night sweats.

In general, TB treatment is the same for people with HIV and people without HIV. [7]

The advance of antiretroviral therapy against AIDS permits increasing the life expectancy of HIV patients and improving their quality of life. It should be highlighted that the quality of life of patients infected by the virus is not just related to the possibility of a longer life, as contact with HIV exposes patients to situations of discrimination, abandonment, segregation, stigmatization, lack of social and financial resources, ruptures in affective relations and sexual changes.[8]

HIV/TB co-infection represents a novel pathogenic scenario at the global level. It constitutes a serious diagnostic and therapeutic challenge and particularly in poor countries. It has recently been realized that the epidemiology, clinical manifestations, and management of both HIV and M. tuberculosis infections are different and far more complex in co-infected compared to mono-infected patients. However, our knowledge about the mechanisms of interaction of the two pathogens still has many gaps that need to be filled in order to develop preventive measures against the two diseases.

People with HIV/TB co infection should be treated for both diseases; however, when to start treatment and what medicines to take depends on a person's individual circumstances. Taking certain HIV and TB medicines at the same time can increase the risk of drug interactions and side effects. Hence the people with HIV-TB co infection should be carefully assessed and monitored by health care providers.[9]

CHAPTER-II

NEED FOR THE STUDY

Tuberculosis (TB) is the most common serious opportunistic infection in HIV positive patients and it can occur at any time during the course of HIV infection.[10]

Tuberculosis is an infectious disease spread by person to person at all ages and gender group. Tuberculosis (TB) is regarded as one of the highest burdens among communicable disease, around one third of the world's population is infected with the tuberculosis bacterium. By 2020 an estimated 200 million of these would contract tuberculosis. This situation is especially challenging in Asia, the Middle East and Africa where there is a relatively high incidence of tuberculosis.[11]

Tuberculosis is a major public health problem in India, coupled with rising number of cases of Acquired immune deficiency syndrome (AIDS) in whom the most common opportunistic infections is tuberculosis, it has gained even greater importance.[12]

Tuberculosis (TB) and HIV co-infections place an immense burden on health care systems and pose particular diagnostic and therapeutic challenges. Infection with HIV is the most powerful known risk factor predisposing for Mycobacterium tuberculosis infection. TB is the most common cause of AIDS-related death. Thus, M. tuberculosis and HIV act in synergy, accelerating the decline of immunological functions and leading to subsequent death if untreated.[13]

As per the Fact sheet on latest statistics on the AIDS epidemic globally there are 36.7 million people living with HIV and among that 34.5 million are adults, 17.8 million are women (15+ years) and 2.1 million children (<15 years).[14]

It is estimated that there are 10.4 million cases of tuberculosis patients globally including 1.2 million among people living with HIV .Almost 60% of tuberculosis cases among people living with HIV were not diagnosed or treated, resulting in 390 000 tuberculosis-related deaths among people living with HIV.[15]

In India there were 21,00, 000 people living with HIV in that, 80, 000 people were with new HIV infection and 62,000 were AIDS-related deaths in 2016.[16]

As per the National Family Health Survey -III (NFHS) and the HIV Sentinel Surveillance (HSS) report as on October 2011, it is estimated that, about 2.5 lakh people in Karnataka are living with HIV/AIDS and among the seven high prevalence States, Karnataka ranked fifth for the most number of people living with HIV. [17]

As per the unpublished data available at district ART centre, Kolar, there are 416 patients living with HIV in that 223 were male, 183 females, 1 transgender, 3 male children and 6 female children. Out of this 147 patients are living HIV-TB co infection.[18]

The World Health Organization defines the term quality of life as "individuals' perception 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".[19]

In that sense, quality of life comprises different aspects of individuals' life, including physical, mental and social aspects. Hence, the improvement in subjective wellbeing, feeling of vitality and better affective and social bonds should be considered[20]. Thus, the term quality of life has been used as a synonym of health condition, functional status, psychological wellbeing, satisfaction with life and one's needs and assessment of one's own life.[21]

A study conducted to explore experiences of HIV and multi-drug resistant tuberculosis patient. Patients co-infected with MDR-TB and HIV had physiological, psychosocial and structural challenges.[22]

Hence the researcher felt to assess the lived experience of patients with HIV-TB co infection.

CHAPTER-III

REVIEW OF LITERATURE

STUDIES RELATED TO LIVE EXPERIENCES OF HIV-TB CO INFECTION PATIENTS:

A cross sectional study was conducted to describe the quality of life of individuals with HIV/TB co-infection in Ribeirão Preto-SP. For the study 115 individuals were selected. The result showed that the quality of life of HIV-TB patients had significant difference in the Physical, Psychological, Level of Independence and Social Relations .[23]

A study was conducted to know the quality of life of patients with HIV and tuberculosis co-infection in Fortaleza, Brazil. For the study 34 co-infected patients were included. The result showed that most of the participants suffered from pulmonary tuberculosis, were male and their education level was low. Quality of life was impaired in those domains related to economic, sexual and secret issues. It was also evidenced that the co-infection imposes changes in daily life that underline and further harm quality of life.[24]

A study was conducted to explore and describe the experiences of patients with HIV and TB co-infection in Rundu, Namibia. For the study 10 patients with HIV and TB co infection were selected. The findings reveal the presence of structural deficiencies in the management framework for co-infected patients. Multi-disciplinary team (MDT) was not well-co-ordinated and there was no integration of HIV and TB services. Consequently, patients experienced a sense of being neglected by health care professionals and noted that

their interests as patients were, to a certain extent ignored. Participants preferred to be treated in the context of their home environment by means of home based care (HBC). Most participants bemoaned the existence of stigma both at community level and in health care settings. A range of psychosocial experiences were also described.[25]

A qualitative study on treatment challenges faced by care providers of HIV and tuberculosis co-infection was carried out to understand the challenges faced by nurses and physicians in the treatment of patients co-infected with the human immunodeficiency virus (HIV) and tuberculosis (TB), with special focus on opportunities for information and communication technology. For the study seven nurses and six physicians were purposefully selected to participate in one-to-one in-depth interviews inspired by cognitive task analysis. Interviews were audio recorded and transcribed verbatim, and analysed using inductive thematic analysis. The results of the study showed that Care providers faced challenges related to the complexities inherent to TB-HIV co-treatment, clinical knowledge and task standardisation, care coordination and collaboration, information management, and engaging patients in their treatment.[26]

CHAPTER-IV

METHODOLOGY

STATEMENT OF PROBLEM

A qualitative study on live experiences of HIV-TB co-infection patients at selected hospital, Kolar.

OBJECTIVES OF THE STUDY:

1. To explore the live experiences of patients with HIV -TB Co -infection.

ASSUMPTIONS:

1. The patients with HIV- TB co-infection may have positive life experiences.
2. The patients with HIV-TB co-infection may have negative life experiences.

OPERATIONAL DEFINITIONS:

1. **LIVED EXPERIENCES:**

In this study it refers to the subjective perception of one's experience of health or illness.

2. **HIV-TB CO INFECTION:**

In this study it refers when individual have both HIV and TB infection.

MATERIALS AND METHODS:

SOURCE OF DATA

Data was collected from HIV- TB co- infection patients who were admitted at Samagra community care centre, SNR hospital, kolar.

RESEARCH APPROACH AND RESEARCH DESIGN

Research approach: Qualitative research approach

Research design: Phenomological research design.

SETTING OF THE STUDY

Samagra community care centre is a non-governmental organization which is linked with SNR district hospital, Kolar. It has a 20 beds capacity of separate ward for HIV-TB co infection patients.

POPULATION

In this study, population consists of HIV- TB co -infection patients who are taking ART treatment at different ART centers.

SAMPLE AND SAMPLE SIZE

In this study sample consist of patients with HIV-TB co -infection who were admitted at samagra community care centre, kolar.

The sample size for the present study was 12 HIV-TB co -infection patients.

SAMPLE TECHNIQUE

Purposive Sampling technique was used.

CRITERIA FOR THE SELECTION OF SAMPLE

INCLUSION CRITERIA:

HIV-TB patients who were

- Willing to participate in the study.
- Able to understand and speak language Kannada or English.

EXCLUSION CRITERIA:

- The Patients with HIV TB co infection who are seriously ill.

CONSTRUCTION OF THE TOOL

The tool was divided into two sections

Section- A

Socio-demographic data: It consists of age, gender, marital status, residence, education, occupation, and family income.

Sec B: Open ended questionnaires on live experiences of HIV-TB co-infection. It consists of 8 questions which are:

1. Can you tell me about yourself?
2. How you have encountered with HIV-TB co-infection?
3. When you have diagnosed as having HIV-TB co-infection?

4. What health complaints you have with this disease?
5. How you are feeling as a HIV-TB co-infection patient?
6. Tell me about your experience with the disease?
7. Share your problems you have faced with family and health care members?
8. What do you expect from the family and society?

METHOD OF DATA COLLECTION

The data was collected by using the following steps:

STEP 1: Ethical clearance was obtained from institutional ethical Committee of Sri Devaraj Urs College of Nursing Kolar. A written Permission was obtained from co-ordinator of samagra community care centre S.N.R. Hospital, Kolar. A written informed consent was obtained from all study participants.

STEP 2: Based on inclusion criteria, through purposive sampling technique, 12 HIV-TB co-infection patients who were admitted in samagra community care center at SNR Hospital for treatment were selected. First socio demographic variables was collected in order to interact with study subject in a normal manner with the researcher. Then questions related to life experiences with HIV-TB co-infection was asked through focus group interview. The researcher facilitated the groups and her assistant who helped researcher by taking notes as they verbalize and at the same time recording also was done through audio recorder.

CHAPTER-V

RESULTS

Data analysis was done immediately, by debriefing after each focus group discussion and by listening to the sound recording and verifying the data (taken by the researcher and her assistant). The whole content was verified by reading line by line and paragraph by paragraph, looking for significant statements and codes according to the topics addressed.

The researcher used three levels of coding

In the level one coding researcher examine the data line by line and making codes which were taken from the language of the subjects who attended the focus group.

In level two coding, comparing of coded data with other data and creation of categories were done.

In level three coding, the categories that seem to cluster were formed as themes. Then the documents were submitted to experts for validation. This action provided an opportunity to determine the reliability of the coding.

Based on above coding results were presented. First socio-demographic data were presented followed by themes are presented.

SECTION: I

DISTRIBUTION OF HIV-TB CO-INFECTION PATIENTS ACCORDING TO THEIR SELECTED SOCIO DEMOGRAPHIC VARIABLES.

This section deals with socio-demographic variables of HIV-TB co-infection patients. The patients were assessed for socio demographic data first before assessing for live experiences and it is presented from table 1 to 7.

Table-1: Distribution of HIV-TB co-infection patients based on age group

N=12

SI NO	Age in years	Frequency	Percentage
1.	21-30	01	8.3
2.	31-40	07	58.3
3.	41-50	04	33.4
	Total	**12**	**100**

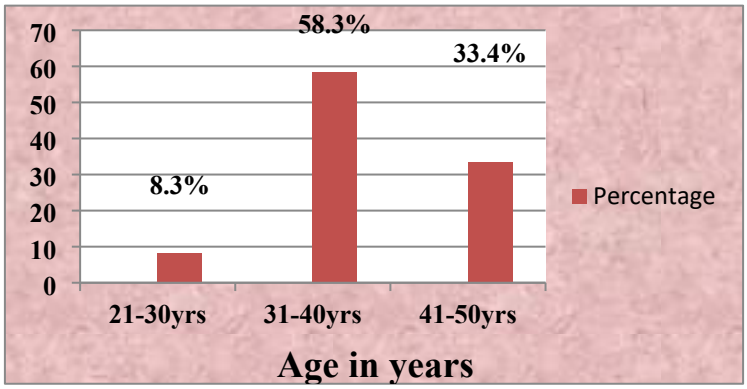

Fig 1: Bar diagram showing distribution of patients based on age

The above table and bar diagram shows that majority (58.3%) of HIV-TB co-infection patients were in the age group of 31 to 40 years whereas 33.4% of them were between 41 to 50 years of age group and only 8.3% were in the age group of 21 to 30 years.

Table-2: Distribution of HIV-TB co-infection Patients based on their Gender

N=12

SI NO	Gender	Frequency	Percentage
1.	Male	06	50
2.	Female	06	50
	Total	**12**	**100**

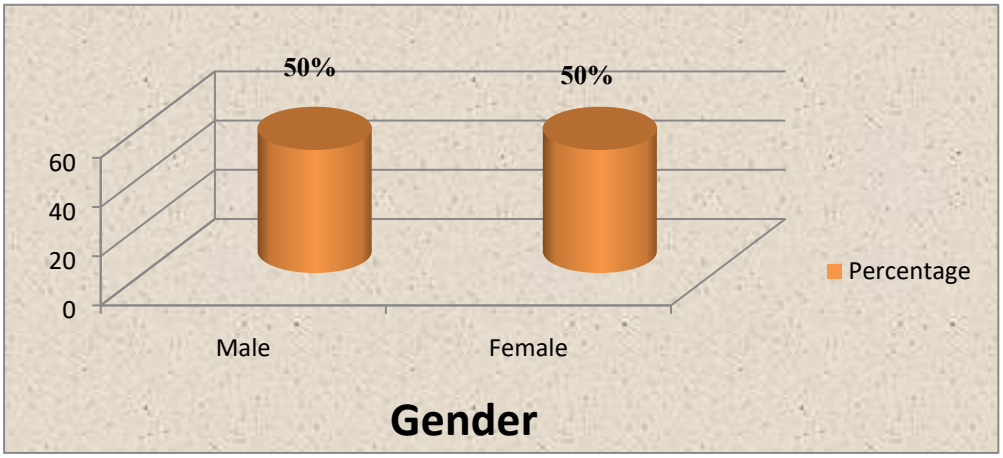

Fig 2: Cylinder diagram showing distribution of patients based on gender

The above table and cylinder diagram shows that 50% of HIV-TB co-infection Patients were males and 50% of them were females.

Table-3: Distribution of HIV-TB co-infection patients based on marital status

N=12

SI NO	Marital status	Frequency	Percentage
1	Unmarried	01	8.3
2	Married	11	91.7
	Total	**12**	**100**

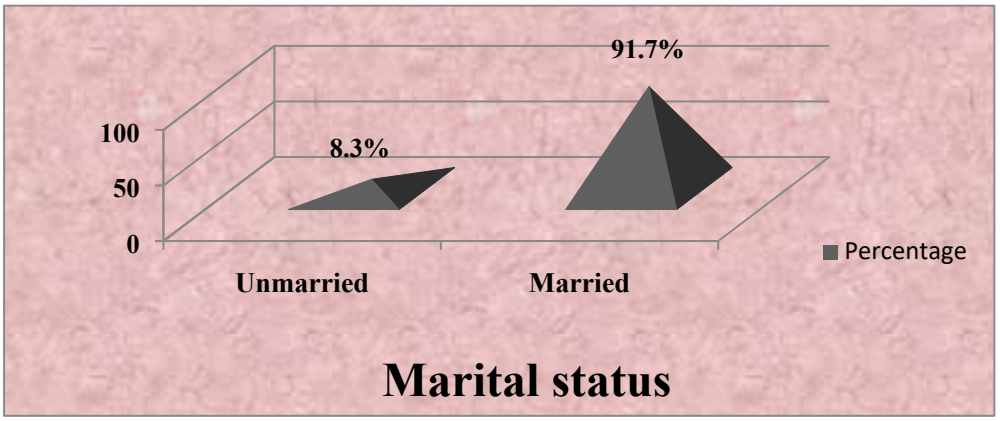

Fig 3: Cone diagram showing distribution of patients based on marital status.

The above table and cone diagram shows that the majority (91.7%) of HIV-TB co-infection patients were married and only one patient (8.3%) was unmarried.

Table-4: Distribution of HIV-TB co-patients based on place of residence

N=12

SI NO	Place of residence	Frequency	Percentage
1	Urban	04	33.3
2	Rural	08	66.7
	Total	**12**	**100**

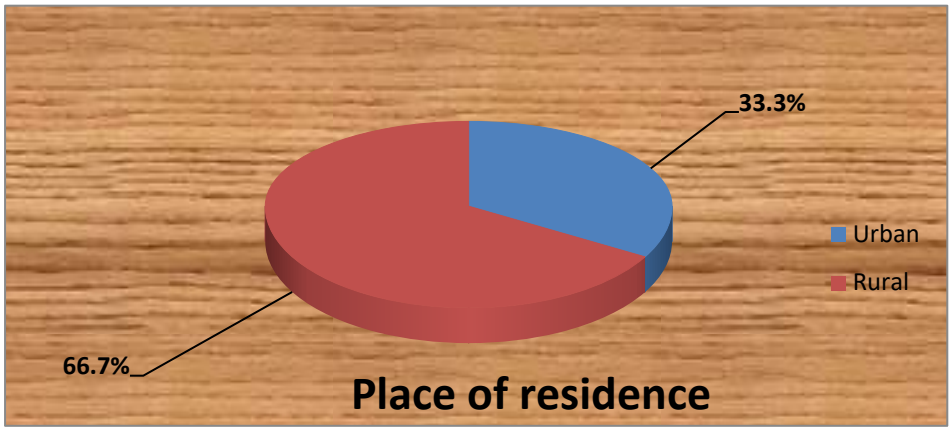

Fig 4: Pie diagram showing distribution of patients based on place of residence.

The above table and pie diagram shows that majority (66.7%) of the patients belongs to rural area and only 33.3% of them were residing in urban area.

Table-5: Distribution of HIV-TB co- patients based on Educational qualification

N=12

SI NO	Educational status	Frequency	Percentage
1.	Intermediate	01	8.3
2.	High school	03	25
3.	Middle school	03	25
4.	Primary	01	8.3
5.	Illiterate	04	33.4
	Total	**12**	**100**

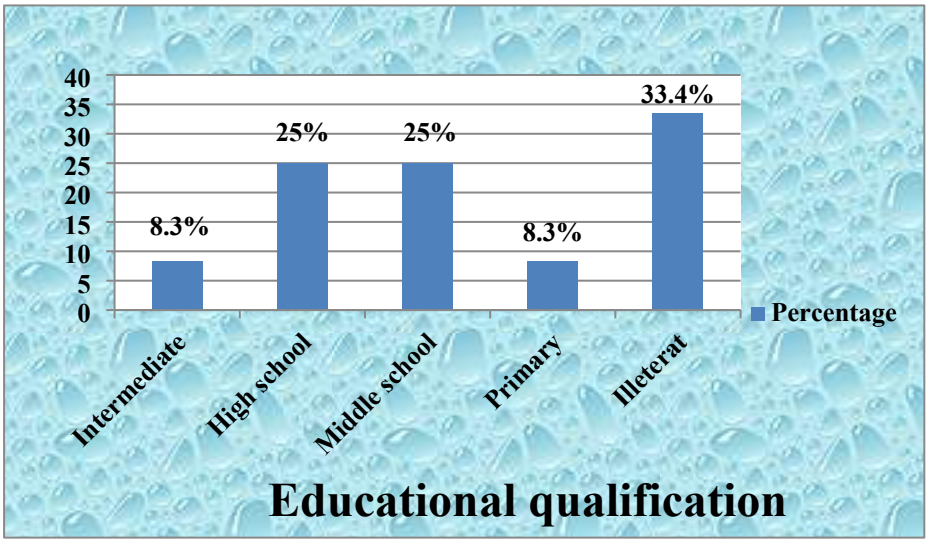

Fig 5: Bar diagram showing distribution of patients based on educational qualification

The above table and bar shows that, majority (33.4%) of patients were illiterate, 25% of them were with high school, 25% of them were with middle school education , 8.3% of them were with intermediate and 8.3% of them with primary education.

Table-6: Distribution of HIV-TB co-Patients based on Occupation

N=12

SI NO	Occupation	Frequency	Percentage
1	Private	01	8.3
3	Self employed	11	91.7
	Total	**12**	**100**

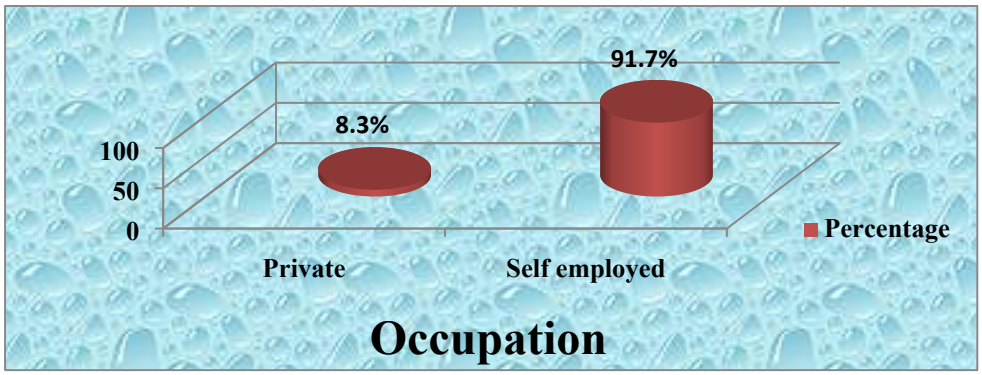

Fig 6: Cylinder diagram showing distribution of patients based on occupation

The above table and cylinder diagram shows that majority (91.7%) of HIV-TB co-infection Patients were self employed and only 8.3% of them were with private employment.

Table-7: Distribution of HIV-TB co-infection patients based on their family income

N=12

SI NO	Income	Frequency	Percentage
1	Rs .5,547-9,248/-	04	33.6
2	Rs .9,249-13,873/-	06	50
3	Rs .13,874-18,497/-	02	16.4
	Total	**12**	**100**

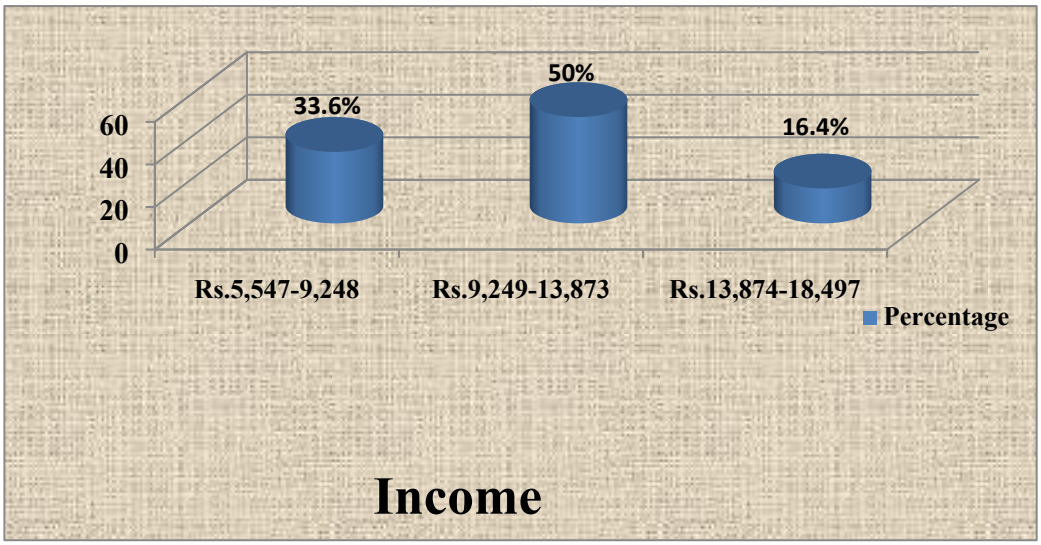

Fig 7: Cylinder diagram showing distribution of patients based on income.

The above table shows that, majority (50%) of HIV-TB co-infection patients family income was between Rs.9,249-13,873/-, 33.3% of them were between Rs .5,547-9,248/- and 16.4% of them were between Rs.13,874-18,497/-.

Section - II

After socio demographic data, HIV-TB co-infection patients were assessed for their live experiences and based on the analysis there were five themes identified and presented as follows.

THEME 1: Disease transmission

All female patients expressed that source of disease transmission was their spouse.

One patient revealed that;

"I got HIV from my husband who died 8 years back then I used to stay with my own sister who had both HIV and TB. She became seriously ill and I used to take care of her continuously that may be the reason I might have got TB".

Another patient added to this;

"Four years back I took blood transfusion for treatment in one hospital at Bangalore during that time I might have got HIV. Then I was alright for last one year now I developed cough and fever then they diagnosed as TB".

One more patient said that;

"I was going to different places for constructing compound walls of graveyard and we were accompanying by even female workers, during that time we used to eat and stay together for one week".

THEME 2: Disease reaction

All most (100%) all patients experienced disease reaction

One male patient said that;

“I have skin allergy, fever, fatigue, wheezing and not able to walk a little distance because of bone pain since 4 months”.

Another patient added to this;

“I have breathing difficulty, sweating and tiredness since 8 days,”.

One more patient added to this;

“I have joints pain, nerve weakness and not able to sit or stand easily and feeling very tired”.

THEME 3: Feeling helpless

Helpless is such a rotten feeling. Being helpless is like being paralyzed. Almost all patients (100%) experienced feeling helpless.

One patient said that;

“My husband died 10 years back I don’t have children but I have taken care of my sisters children but now nobody are coming to take care of me”.

Another patient added to this;

"I left my wife and children before getting this disease because of my personal issues, now no one is there for me, once in a while my brothers come to see me".

THEME 4: Challenges of life

Almost all patients expressed that living with HIV-TB is a challenge for them.

One patient said that;

"Everyone will get one or other disease and everyone should go one or the other day so even I got it and I should suffer".

Another patient added to this;

"No need of life at all…. my wife is not knowing that I have this disease if she comes to know I don't know how she may react".

One more patient added to this;

" Iam taking this as a challenge and proceeding my life".

THEME 5: Blood relation

Blood relation values more than any other relationship and it was experienced by most (17%) of HIV-TB patients.

One patient said that;

“My sisters and mother take care of me very well, when I was seriously ill they struggled for me so much and use to give nutritious diet like egg daily twice and took care of me well”.

Another patient added to this,

“My husband died 7 years back with HIV and no one is taking care of me and my children except my parents”.

CHAPTER-VI

DISCUSSION

The present study was intended to assess the live experiences of HIV-TB co-infection patients, in selected hospital, Kolar.

Data was collected from 12 HIV-TB co-infection patients through purposive sampling technique using open ended questionnaire. Then collected data were analyzed and presented in the form of tables, graphs and themes in chapter-V. The findings obtained were discussed as follows:

SOCIO- DEMOGRAPHIC VARIABLES

Age

Related to age, majority (58.3%) of HIV-TB co-infection patients were in the age group of 31 to 40 years whereas 33.4% of them were between 41 to 50 years of age group and only 8.3% were in the age group of 21 to 30 years. This finding was supported by the study conducted on life experiences of HIV patients at selected hospital Kolar, India. [27]

Gender

Related to gender, HIV-TB co-infection patients were equally distributed (50% of males and 50% were females).To support this finding there were no studies.

Marital status

Related to marital status, majority (91.7%) of HIV-TB co-infection patients were married and only one patient (8.3%) was unmarried. To support these findings there were no studies.

Place of residence

Related to place of residence, majority (66.7%) of the patients belongs to rural area and only 33.3% of them were residing in urban area. To support these findings there were no studies.

Educational status

Related to education, majority (33.4%) of patients were illiterate, 25% of them were with high school, 25% of them were with middle school education, 8.3% of them were with intermediate and 8.3% of them with primary education. This findings was supported by the study on quality of life of patients with HIV and tuberculosis co-infection in Fortaleza, Brazil.[28]

Occupation

Related to occupation, majority (91.7%) of HIV-TB co-infection Patients were self employed and only 8.3% of them were with private employment. To support these findings there were no studies.

Income

Related to income, majority (50%) of HIV-TB co-infection patients family income was between Rs.9,249-13,873/-, 33.3% of them were between Rs .5,547-9,248/- and 16.4% of them were between Rs.13,874-18,497/-. To support these findings there were no studies.

The data obtained from the subjects were analyzed and interpreted in terms of themes as follows.

THEME 1: Disease transmission

Majority of the participants (66.6%) revealed that the medium of transmission was their spouses, 33.4% of them stated that they were unaware regarding source of their disease.

THEME 2: Disease reaction

The reaction to the HIV-TB co-infection was common to every participant as they revealed same complaints such as fever, cough with sputum, weight loss, breathing difficulty, weakness and wheezing.

THEME 3: Feeling helpless

Majority of the participants (83.3%) revealed that no one are there to take care of them and only 16.6% of them were said that sometimes their family members come to see them.

THEME 4: Challenges of life

Almost all patients (100%) expressed that living with HIV-TB is a challenge for them.

THEME 5: Blood relations

Majority of the patients (83%) revealed that because of this disease condition no family members are taking care, only 17% of them said their family members are taking care of them and their children.

The above discussion reveals that there was a relation with regard to themes of Disease transmission and Feeling helpless by a study conducted on life experiences of HIV patients at selected hospital, Kolar. [28]

CHAPTER-VII

SUMMARY

This chapter deals with overall study analysis, implications, limitations and recommendation regarding life experiences of HIV-TB co-infection patients.

OBJECTIVES OF THE STUDY:

1. To explore the live experiences of patients with HIV -TB Co -infection.

ASSUMPTIONS:

1. The patients with HIV-TB co-infection may have positive life experiences.
2. The patients with HIV-TB co-infection may have negative life experiences.

MAJOR FINDINGS OF THE STUDY.

Socio- Demographic Variables

With regard to Socio demographic variables majority (58.3%) of HIV-TB co-infection patients were in the age group of 31 to 40 years, gender were equally distributed, 91.7% of them were married, 66.7% of them were from rural area, 33.4% of them were illiterates, 91.7% of them were self employed and 50% patient's income were between Rs.9,249-13,873/- .

The data obtained from the subjects were analyzed and interpreted in terms of themes as follows.

THEME 1: Disease transmission

Majority of the participants (66.6%) revealed that the medium of transmission was their spouses, 33.4% of them stated that they were unaware regarding source of their disease.

THEME 2: Disease reaction

The reaction to the HIV-TB co-infection was common to every participant as they revealed same complaints such as fever, cough with sputum, weight loss, breathing difficulty, weakness and wheezing.

THEME 3: Feeling helpless

Majority of the participants (83.3%) revealed that no one are there to take care of them and only 16.6% of them were said that sometimes their family members come to see them.

THEME 4: Challenges of life

Almost all patients (100%) expressed that living with HIV-TB is a challenge for them.

THEME 5: Blood relations

Majority of the patients (83%) revealed that because of this disease condition no family members are taking care, only 17% of them said their family members are taking care of them and their children.

LIMITATIONS

The study was limited to HIV-TB co-infection patients who were admitted and taking ART treatment in Samagra community center of SNR Government Hospital, Kolar.

RECOMMENDATIONS

1. A quantitative study on the same topic may be conducted on a large sample.
2. Comparative study can be done between a rural and urban HIV-TB patients.
3. A similar study can be conducted among urban HIV-TB patients.
4. Knowledge and attitude on HIV-TB co-infection among HIV-TB patient family members can be conducted.

CHAPTER-VIII

CONCLUSION

A qualitative study on live experience of HIV-TB co-infection patients was conducted at selected hospital, Kolar. Through purposive sampling technique, 12 HIV-TB co-infection patients were selected and through focus group interview data was collected. The responses were categorized into five themes such as **'Disease transmission', 'Disease reaction', 'Feeling helpless', 'Challenges of life', and 'Blood relation'.** The study concluded that similar study on Knowledge and attitude on HIV-TB co-infection among HIV-TB patient family members can be conducted.

CHAPTER-IX

REFERNCES

1. Mayo clinic patient care and health information HIV/AIDS. https://www.mayoclinic.org/diseases-conditions/hiv-aids/diagnosis-treatment/drc-20373531
2. WHO,Topical overview: HIV AIDS .2008 Mar. www.msn.com/discussion/AIDS/WHO
3. WHO. Topical overview on HIV/AIDS/ 2016
4. WHO. Topical overview on HIV/AIDS/ 2016
5. https://www.hiv.gov/hiv-basics/staying-in-hiv-care/hiv-treatment/hiv-treatment-overview
6. U.S. Department of Health and Human Services offering information on hiv/aids treatment, prevention, and research.
7. U.S. Department of Health and Human Services offering information on hiv/aids treatment, prevention, and research.
8. Galvão MT, Cerqueira AT, Marcondes-Machado J. [Evaluation of quality of life among women with HIV/AIDS using HAT-QoL]. Cad Saúde Pública. 2004; 20(2):430-7. Portuguese.
9. University of California, San Francisco comprehensive up to date information on HIV/AIDS management and prevention. http://hivinsite.ucsf.edu/InSite?page=kb-03-03-04#S3.1X
10. https://www.webmd.com/hiv-aids/guide/hiv-aids-complications
11. Vidyanathan PS, Singh S. TB-HIV co-infection in India. NTI Bull. 2003;39:11–8

12. A.A. A1 Jabri et al; knowledge of tuberculosis among medical professional and university students in Oman Sep 2006, vol : 12 No : 5; Page No : 347-62.
13. Malhotra .R et al; Awareness regarding TB in a rural population of Delhi. Indian journal community medicine : Apr – June : 2002, vol – 24 : No : 2; Page No : 62-68.
14. Tuberculosis and HIV Co-Infection Andrzej Pawlowski ,Marianne Jansson ,Markus Sköld ,Martin E. Rottenberg ,Gunilla Källenius Published: February 16, 2012 https://doi.org/10.1371/journal.ppat.1002464
15. UNAIDS Fact sheet - Latest statistics on the status of the AIDS epidemic
16. AVERT Global information and education on HIV and AIDS https://www.avert.org/professionals/hiv-programming/hiv-tb-coinfection
17. http://www.unaids.org/en/regionscountries/countries/india
18. Annual report on HIV survey ART centre Kolar 2017.
19. World Health Organization. Country protocol for developing the WHO quality of life (WHOQOL): HIV/aids module. Genebra: WHO; 1997.
20. Geocze L, Mucci S, De Marco MA, Nogueira-Martins LA, Citero V de A. Quality of life and adherence to HAART in HIV-infected patients. Rev Saúde Pública. 2010: 44(4):743-
21. Galvão MT, Cerqueira AT, Marcondes-Machado J. [Evaluation of quality of life among women with HIV/AIDS using HAT-QoL]. Cad Saúde Pública. 2004; 20(2):430-7. Portuguese.
22. Petros Isaakidis, Sheela Rangan , Anaga Pradhan, Jonna ladomirska, Tony Reid and Karina Kielman “I cry every day :Experiences of patients co infected with HIV & Multi Drug Resistant Tuber Culosis”. Topical Medicine and International health, Volume 18 No-9 Page No-1128 to 1133 Sep 2013.

23. Lis Aparecida de Souza Neves[I]; Sílvia Rita Marin et all Aids and tuberculosis: coinfection from the perspective of the quality of life of patients at RibeirãoPreto College of Nursing.RN of the RibeirãoPreto Municipal Health Department.RibeirãoPreto, SP, Brazil,

24. Graduate student (Master's), Graduate Nursing Program, Universidade Federal do Ceará – UFC – Fortaleza (CE), Brazil Quality of life aspects of patients with HIV/tuberculosis co-infection *On-line version* ISSN 1982-0194 Acta paul. enferm. vol.25 no.spe1 São Paulo 2012 http://dx.doi.org/10.1590/S0103-21002012000800007

25. Mlambo, Hazvinei The experiences of patients with Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) co-infection in Rundu Namibia URI: http://hdl.handle.net/2263/53440
Date: 2016

26. Renata Karina Reis; Cláudia Benedita dos Santos; Elucir Gir "Treatment challenges faced by care providers of HIV and tuberculosis coinfection", at Ribeirão Preto College of Nursing, Ribeirão Preto, Brazil.

27. Santhosh shaji, "A study to assess the life experiences of HIV patients in selected hospital Kolar". PG student at Sri devaraj urs college of nursing, Tamaka, Kolar. 2013.

28. Lis Aparecida de Souza Neves[I]; Sílvia Rita Marin et all Aids and tuberculosis: coinfection from the perspective of the quality of life of patients at RibeirãoPreto College of Nursing.RN of the RibeirãoPreto Municipal Health Department.RibeirãoPreto, SP, Brazil,

CHAPTER-X

ANNEXURES-I

ETHICAL CLEARANCE CERTIFICATE

SRI DEVARAJ URS COLLEGE OF NURSING TAMAKA, KOLAR – 563 103. INSTITUTIONAL ETHICS COMMITTEE	Format No.	IEC 00
	Issue No.	01
	Rev No.	01
	Date	01-04-2008

Ref.:No.SDUCON/IEC/ 23 /2018-19 Date: 04 - 04 - 2018

From
The Institutional Ethics Committee,
Sri Devaraj Urs College of Nursing,
Tamaka, Kolar-563 101.

To
Mrs.Banubi
I M.Sc(N)
Medical Surgical Nursing
SDUCON, Tamaka.

This is to certify that the institutional ethics committee of Sri Devaraj Urs College of Nursing, Tamaka, Kolar has examined and unanimously approved the M.Sc(N) ***Topic "A Qualitative Study On Lived Experiences Of Hiv-TB Co Infection Patients In Selected Hospitals, Kolar."*** of **Mrs.Banubi** Under guidance of **Dr.G.Vijayalakshmi**., Principal of Sri Devaraj Urs College of Nursing Tamaka, Kolar.

Member Secretary
MEMBER SECRETARY
ETHICS COMMITTEE
SRI DEVARAJ URS COLLEGE OF NURSING
TAMAKA KOLAR - 563103.

Chairperson
CHAIR PERSON
ETHICS COMMITTEE
SRI DEVARAJ URS COLLEGE OF NURSING
TAMAKA KOLAR - 563103.

ANNEXURE-II

PERMISSION TO CONDUCT STUDY

From,
Mrs. Banubi
II year MSc Nursing
S.D.U.C.O.N
Tamaka,Kolar

Date- 25.02.19
Place-Tamaka, Kolar.

To,
The coordinator,
Samagra voluntary organization,
S.N.R. Hospital,
Kolar.

Through the Principal

Respected sir/Madam,

Sub:- Requesting permission to conduct a mini research project in Samagra voluntary organization-reg

With subject to the above, I the under signed student of II year MSc Nursing Under the department of Medical Surgical Nursing specialty would like to conduct a research project on **"A Qualitative study on live experience of HIV-TB co-infection patients"** as a part of our syllabus requirement. Hence I request you to grant permission to collect data from ART centre, S.N.R. Hospital, Kolar and do the needful,

Thanking you

Yours Faithfully

Banubi

Forwarded to the Co-ordinator, Samagra voluntary organization with a request to permit for data collection.

28/02/19

Dr. Beena
14/03/2019

ANNEXURE – III

LETTER REQUESTING OPINIONS AND SUGGESTIONS OF EXPERTS FOR ESTABLISHING CONTENT VALIDITY OF RESEARCH TOOL

From,

Mrs. Banubi
I year M.Sc.(N) Student
Sri DevarajUrs College of Nursing
Tamaka, Kolar – 563101

To ,

Respected Madam,

Sub: Request for opinion and suggestions of experts for content validity-reg

I, Mrs. Banubi postgraduate student (Medical Surgical Nursing Specialty) of Sri Devaraj Urs College of Nursing, Tamaka, Kolar has selected the below mentioned topic for my project, for the fulfillment of Masters of Nursing Degree.

Title of the topic:

"A qualitative study on live experiences of HIV-TB co-infection patients in selected hospital, kolar."

With regards to above may I kindly request you to validate the for its appropriateness and relevancy, I am enclosing the statement of the problem and objectives of the study with relevant content. I would be highly obliged and remain thankful for your great help.

Thanking you **Yours Sincerely,**

Banubi

ANNEXURE – IV

LIST OF EXPERTS

1. **Dr. Zeanath C.J**
   HOD of MSN Dept
   CNO, RLJH & RC
   Tamaka, Kolar.

2. **Prof Radha M.S**
   Vice-principal
   HOD, paediatric department
   SDUCON
   Tamaka,Kolar.

ANNEXURE-V

PATIENT INFORMATION SHEET

Study Title : "A qualitative study on live experiences of HIV-TB co infection patients in selected hospitals, kolar."

Principal Investigator : Banubi

Study site : Samagra community care centre, SNR hospital Kolar.

Purpose of The study :

1. To explore the live experiences of patients with HIV -TB Co infection.

Voluntary Participation: Your participation in this study is entirely voluntary. There is no compulsion to participate in this study. You will be no way affected if you do not wish to participate in the study. You are required to sign only if you voluntarily agree to participate in this study .Further you are at a liberty to withdraw from the study at any time.

Confidentiality: All information collected from you will be strictly confidential and will not be disclosed to anyone except if it is required by the law. This information collected will be used only for research, presentation and publication. This information will not reveal your identity.

We would not compel you any time during this process; also we would greatly appreciate your cooperation to the study. We would like to get your consent to participate in the study

For any information you are free to contact investigator. This study has been approved by the institutional ethical committee.

ANNEXURE-VI

INFORMED CONSENT FORM

Name of the investigator: Banubi

Name of the Organization: Sri Devaraj Urs College of Nursing,Tamaka,Kolar.

Title of the study: "A qualitative study on live experiences of HIV-TB co infection patients in selected hospitals, kolar."

If you agree to participate in the study I will collect information (as per proforma) from you or a person responsible for you or both. We will collect relevant details.

You are invited to part in this research study. You are being asked to participate in this study because you satisfy our eligibility criteria. The information in the given document is meant to help you decide whether or not to take part.Please feel free to ask any queries.

I have read or it has been read and explained to me in my own language. I have understood the purpose of this study, the nature of information that will be collected and disclosed during the study. I had the opportunity to ask questions and the same has been answered to my satisfaction. I understand that I remain free to withdraw from this study at any time and this will not change my future care. I give my consent to collect the information & also can be used for medical research, test validation, or education as long as my privacy is maintained.

Patient's signature/ Thumb impression

Person obtaining consent and his/her signature:

Principal investigator signature:

Principal Investigator.

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CzsÀåAiÀÄ£ÀzÀ GzÉÝÃ±À:

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zsÀ£ÀåªÁzÀUÀ¼ÀÄ,

CONSENT FROM PATIENT'S

SI NO	PATIENT NAME	SIGNATURE/THUMB
1	Mrs Radhika	Radhika.
2.	Mrs Veeranathamma	
3.	Mr. Thangaraju	
4	Mr. Venkatesh	
5.	Mr. Veeriyappa	
6	Mrs. Kathamma	
7.	Mrs. Bhaveni	Bhavani. C.
8.	Mr. Ravikumar	
9	Mr. Nagesh	
10	Mrs. Savithramma	
11	Mrs. Chandramma	
12	Mr. Ravikumar	

ANNEXURE-VII

QUESTIONNAIRE

SECTION-A

SOCIO DEMOGRAPHIC DATA

1. Age in years
   A. 19-30
   B. 31-40
   C. 41-50
   D. 51 and above

2. Gender
   A. Female
   B. Male

3. Marital status
   A. Single
   B. Married
   C. Widowed
   D. Divorced

4. Place of residence
   A. Urban
   B. Rural

5. Education status
   A. Post graduate
   B. Graduate
   C. Intermediate
   D. High school
   E. Middle school
   F. Primary
   G. Illiterate

6. Type of occupation
   A. Private
   B. Government
   C. Self employment

7. Income /Month
   A. Rs.5,547-9,248
   B. Rs.9,249-13,873
   C. Rs.13,874-18,497
   D. Rs.> 18,498

SECTION-B

INTERVIEW SCHEDULE

1. Can you please tell me about yourself?
2. How you have encountered with HIV-TB co-infection?
3. When you have diagnosed as having HIV-TB co-infection?
4. What health complaints you have with this disease?
5. How you are feeling as a HIV-TB co-infection patient?
6. Tell me about your experiences?
7. Share with me about your problems you have faced with family and health care members?
8. What do you expect from the family and society?