

Perceived Quality of Life and Its Associated Factors Among Persons Living with Tuberculosis in Karu Local Government Area, Nasarawa State

Ogunsina Modupe Arinola*, Oluwatoyosi A. Adekeye

Department of Community Medicine and Primary Health Care

*Corresponding Author

ABSTRACT

Introduction: Tuberculosis (TB) remains one of the world's infectious diseases of great public health importance particularly in low- and middle-income countries (LMICs) like Nigeria. Current management strategies for TB have decreased the disease's morbidity and mortality rates, mainly by emphasizing on clinical and microbiological results. However, these strategies often overlook many other factors affecting these outcomes, such as the patient's socioeconomic status, comorbidities, stigmatization, and the psychosocial support system, which influence patients' self-reported outcomes like their quality of life (QOL). To strengthen and improve the gains of this current TB control efforts, adequate attention needs to be given to self-reported QOL. This study assessed the perceived quality of life and its associated factors among persons with TB in Karu Local Government Area, Nasarawa State.

Methodology: A cross-sectional study in the primary health centers in Karu LGA involving adult TB patients aged 18 years or above. Data were collected using the World Health Organization Quality of Life-BREF (WHOQOL-BREF) questionnaire. Socio-demographic and clinical variables were also obtained. Data were analysed using Statistical Package for the Social Sciences (SPSS) version 25. Descriptive statistics such as frequencies, percentages were used to report demographic characteristics of the participants. Inferential statistics such as chi-square test and binary logistic regression were used to investigate the associations between QOL and variables. Statistical significance was set at $p < 0.05$.

Results: There were 205 TB patients, majority were males [133 (64.9%)], mean age was 40.42 ± 13.60 years, 61% were married and 69.3% had at least secondary level of education. The overall global QOL and overall satisfaction of health of the patients were (2.76 ± 1.03) and (2.53 ± 1.02) respectively and majority of the participants reported poor QOL across all domains with mean scores: physical (45.2 ± 21.4) , psychological (50.1 ± 22.7) , social (40.4 ± 22.4) and environmental (42.8 ± 17.8) . The social and environmental domains were most affected. Age, marital status, type of TB, phase of treatment, and educational attainment were significantly associated with one or more QOL domains ($p < 0.05$). Binary logistic regression analysis identified independent predictors of poor QOL in each domain as follows: age group and type of TB for the physical, age group, type of TB and duration of treatment in the psychological, type of TB and duration of treatment for social and duration of treatment for environmental. Patients with pulmonary TB, older age and those in the continuation phase were more likely to report poor QOL.

Conclusion: TB significantly impairs the overall quality of life and all its domains of patients in Karu LGA, with both socio-demographic and clinical factors significantly contributing to outcomes. Findings highlight the need for integrated, patient-centered TB care that addresses economic, financial, psychosocial, physical and environmental determinants while ensuring the drug treatment through DOTS management. Incorporating QOL assessments into TB programs will achieve a holistic care in alignment with global strategies to end TB.

Keywords: Tuberculosis, Quality of Life, WHOQOL-BREF, Domains, Nasarawa State, Nigeria

