

THE NEED FOR COUNSELLING IN MANAGING HIV/AIDS INFECTED PEOPLE AT THE UNIVERSITY OF MAIDUGURI TEACHING HOSPITAL, MAIDUGURI, BORNO STATE, NIGERIA

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ABSTRACT

This study investigated the need for guidance and counseling in the de-stigmatization of HIV/AIDS-infected patients at the University of Maiduguri Teaching Hospital. The population was HSIV/AIDS infected patients and their counselors/care-givers at the Medical and Antenatal Clinics of UMTM Maiduguri. This institution was purposively selected based on its activity in dealing with HIV and AIDS related infections and the fact that the national blood transfusion and screening Center for the North East is located within it. The sample consisting of 50 affected persons from the Medical and 30 women affected from the Antenatal Clinics were selected through stratified random sampling technique. Also 20 counselors from the Medical and Antenatal Clinics were used. The research instrument used was a questionnaire designed by the researchers which comprised 3 sections. Section one elicits information on the socio-economic characteristics and sero-status of HIV/AIDS patients, section two was on the attitude of the HIV/AIDS patients while section three was on the need for counseling the HIV/AIDS patients. The instrument was validated for face and content validity and was administered on the respondents during their respective Clinic days. Results showed that HIV/AIDS-infection was more prevalent among people aged 26 years and above. The finding also revealed that people with non-formal education and those with tertiary education were more vulnerable to the disease. Based on the findings of the study, it was recommended that guidance and counseling units should be established in every Health Care Centers in the State, this is because, it has been observed that the present counseling structure on ground (confined to secondary schools) seems inadequate. Establishment of HIV/AIDS guidance and counseling units in every government institutions and organizations was also recommended.

Keywords: Need, Counseling, Managing, HIV/AIDS, Infected, People

INTRODUCTION

HIV/AIDS pandemic has evoked a wide range of reactions from individuals, communities and nations, from sympathy and caring to silence, denial, fear, anger, and violence (Brown, Trujillo & Macintyre, 2001). HIV/AIDS has challenged several aspects of contemporary social life and conventional approaches to healthcare. The social and medical responses to diseases have probably not been challenged so intensely for a long term (Omolola, 1999). Stigma is an important factor in the type and magnitude of the reactions to this pandemic (Malcolm; Angleton; Bronfman; Galva; Purina & Verrall, 1998).

One social response to HIV/AIDS and their stigma that has received much attention is the counseling of people affected by the disease. Counseling in stigmatized HIV/AIDS patients is unique in that there are many demands and more stress on the clients, significant others and the counselor (Brown, Trujillo & Macintyre, 2001). Counseling is caring that goes beyond curing.

The issues brought to light by the needs of people with HIV/AIDS and the people affected by their relationship to those infected go beyond the disease itself (Brown, Trujillo & Macintyre, 2001). Counseling has been reported as one of the intervention strategies employed to reduce HIV/AIDS stigma on affected people (Brown, Trujillo & Macintyre, 2001).

Stigmatization is a dynamic process that arises from the perception that there has been a violation of a set of shared attitudes, beliefs and values. These can lead to prejudicial thoughts, behaviour and/or actions on the part of governments, communities, employers, health care providers, co-workers, friends and families (Jayaraman, 1998 & Ziegler, 2000). Sources of stigma include fear of illness, fear of contagion and fear of death (Brown, Trujillo & Macintyre, 2001). Fear of illness and fear of contagion are the common reactions among health workers, co-workers and care-givers as well as the general population. Literature on care-giving shows that fear of contagion and fear of death have clear negative effects on health care workers' attitudes toward treatment of PLHA (Gerbert, 1991; Kelly, et al. 1987 & Weinberger, Conover; Samsa & Greenberg, 1992). Research has shown that HIV/AIDS stigma can have a variety of negative effects on HIV/AIDS test seeking behaviour, willingness to disclose HIV/AIDS status, health care-seeking behaviour and quality of health care received and social support solicited and received (King, 1989; Sowell, 1997; Malcolm, et al. 1998; Raveis; Siegel and Gory, 1998 & Boyd, 1999).

Stigma and discrimination relating to HIV/AIDS undermine public health efforts to combat the pandemic (Malcolm, et al. 1998 & UNAIDS, 2000a). Also, loss of property, expulsion from school, denial of health services and emotional support are part of the fear. All of these prevail when there is little treatment available for the majority on HIV/AIDS positive individuals in developing countries. People living in fear are less likely to adopt preventive behaviours such as use of condom, come in for testing, disclose their sero-status to others, access care and adhere to treatment (ICRW, 2010). The way in which individuals discover and disclose their HIV/AIDS status to others, as well as how they cope with their HIV/AIDS status is also influenced by cultural and community beliefs and values regarding causes of illness, learned patterns of response to illness, social and economic contexts and social norms (Mechanic 1998). Even when individuals suspect they are HIV/AIDS positive, they may not seek a test or treatment if it means going to a known AIDS clinic or a community doctor.

Given this situation, it is critical that interventions that would reduce HIV/AIDS stigma should be identified and implemented. Reducing stigma and discrimination (de-stigmatization) can improve the lives of people affected by HIV/AIDS. With more than 33 million people living with the virus and an estimated 2.7 million new infections in 2008, the need for intensified action has never been greater (ICRW, 2010). This paper therefore is an attempt to determine whether guidance and counseling is necessary de-stigmatization and management of infected HIV/AIDS patients at the University of Maiduguri Teaching Hospital.

Research Questions

1. What are the characteristics of HIV/AIDS infected persons at the University of Maiduguri Teaching Hospital (UMTH)?
2. What is the attitude of HIV/AIDS patient to counseling at the University of Maiduguri Teaching Hospital (UMTH).
3. What is the opinion of counselors on the need for counseling HIV/AIDS patients?

RESEARCH METHODOLOGY

The research was a descriptive survey. The population for HIV/AIDS infected patients was 300. The sample consisted of 50 affected persons from the medical clinic and 30 women affected from the antenatal clinic who were selected through random sampling technique. Also 20 counselors were randomly selected from both the clinics. The University of Teaching Hospital was purposively selected based on its activity in dealing with HIV and AIDS – related infections and the fact that the national blood transfusion and screening center for the North East is located within it.

The research instrument was a questionnaire designed by the researchers which comprised of three sections. Section one determined the socio-economic characteristics of HIV/AIDS infected persons, section two was on the attitude of HIV/AIDS patients to counseling while section was on the opinion of counselors to why HIV/AIDS counseling was needed by HIV/AIDS patients. The instrument was validated for reliability and validity, using test-re-test technique and was administered on respondents during various clinic days.

DATA ANALYSIS AND RESULTS

Data generated from the responses were analyzed using simple percentages. The results are presented in Tables 1-3.

Research Question 1

What are the characteristics of HIV/AIDS infected patients who attend the medical and antenatal clinics at the University of Maiduguri Teaching Hospital?

Table 1(A): Characteristics of HIV/AIDS – Infected Patients who Attend Medical and Antenatal Clinic at the University of Maiduguri Teaching Hospital

Characteristic	Number of Respondent	Percentages
Gender		
Male	32	40.00
Female	48	60.00
Age group (years)		
10-15	0	0.0
16-20	8	10.0
21-25	0	0.0
26-30	40	50.0
Above 30	32	40.0
Educational Background		
Non-formal education /drop out	32	40.00
Primary Education	8	10.00
Secondary Education	16	20.00
Tertiary Education	24	30.0
Marital Status		
Single	40	50.0
Married	32	40.0
Divorced	8	10.0

Table 1 (B): Characteristics of HIV/AIDS – Infected Patients who Attend Medical and Antenatal Clinic at the University of Maiduguri Teaching Hospital

Characteristic	Number of Respondent	Percentages
Occupation		
Student/Applicant	24	30.0
Civil Servant	32	40.0
Business	16	20.0
Military	0	0.0
Farming	8	10.0
Income per Annum		
Below N10,000	24	30.0
N10,000-20,000	16	20.0
N21,000-30,000	0	0.0
N31,000-50,000	8	10.0
N51,000-100,000	16	20.0
Above N100,000	16	20.0

Table 1 show the socio-economic characteristics of the HIV/AIDS infected respondents used in this study. Results shows that 48(60%) of the respondents were females and 32 (40%) were above 30years of age, whilst none of them was within the age range of 10-15 and 21-25 years respectively. Those that had tertiary education (ND, NCE, HND, B. Sc, M. Sc. or PhD) and those that had no formal education were 24(30%) respondents each. 16(20%) had secondary education while 8(10%) of the respondents had no formal and primary education respectively. The Table also shows that 32(50%), 8(40%) and 40(10%) of the respondents were single, married and divorced respectively. Furthermore, 24(30%) of respondents were civil servants, 20% business men/women while none of the respondents was either a student or a military personnel. The economic status of the respondents revealed that 20% earn within the range of N10, 000 - 20,000, N51, 000 – 100,000 and above N100, 000 while 24(30%) earn below N10, 000 per annum.

Research Question 2

What is the attitude of HIV/AIDS patients to counseling at the University of Maiduguri Teaching Hospital (UMTH).

Table 2 shows the opinions of HIV/AIDS infected patients. Results shows that 48(60%) of respondents agree that they were convinced to go and check their status, 72(90%) of the patients indicated that they were ashamed to disclosed their HIV/AIDS status to their partners, friends, family or at their place of work while 56(70%) were of the view they were rejected at their place of work. Also, 40(50%) expressed that they kept silent or refuse to disclose their status when asked by others, 48(60%) expressed that their relationships with their partners got broken on knowing their status by their partners. Furthermore, 90% of the respondents agree that they get necessary treatment at appropriate time, 60% agree that they visit the Clinics regularly, and 80% were of the view that guidance and counseling was needed for HIV/AIDS –infected patients and believed that counseling reduces stigmatization of HIV/AIDS infected persons.

Table 2 : Attitude of HIV/AIDS – Infected Patients who Attend Medical and Antennal Clinic to Counseling at the University of Maiduguri Teaching Hospital

Item	Responses	
	Agree	Disagree
I was convinced to go and check my HIV/AIDS status	48(60.0)	32(40.00)
When I was told that I am HIV/AIDS positive I was ashamed to disclose it to my partner and family members	72(90.0)	8(10.0)
When people knew that I am HIV/AIDS positive I kept silent	40(50.0)	40(50.0)
I was rejected in my place of work when they knew I was infected with HIV/AIDS	56(70.0)	24(30.0)
Since I became HIV/AIDS positive my relationship with my partner got broken	48(60.0)	32(40.0)
Since I know I was HIV/AIDS positive I visit my clinic regularly	48(60.0)	32(40.0)
I do get the necessary treatment at appropriate time	48(60.0)	32(40.0)
Since I became HIV/AIDS positive, my friends, neighbours and family members do look down on me	40(50.0)	40(50.0)
My culture look at HIV/AIDS as a taboo	40(50.0)	40(50.0)
Guidance and Counseling is needed for HIV/AIDS patients like me	80(100.0)	0(0.0)

Research Question 3

What is the opinion of counselors on the need for counseling HIV/AIDS patients?

Table 3 shows the opinion of counselors on the need for counseling HIV/AIDS infected patients. Results show that 18(90%) of the counselors disagree that HIV/AIDS infection is life long, 90% agree that counseling was necessary to the HIV/AIDS patients to enable them cope with the HIV/AIDS positive status and live a meaningful life. 16(80%) agreed that guidance and counseling slows down the rate of new infection and help infected persons cope with the disease while 80% were of the opinion that guidance and counseling helps the HIV/AIDS infected person to come to terms with the realities of HIV/AIDS and act in a balanced way. Also, 14(70%) of the counselors expressed that guidance and counseling was imperative (a necessity) to HIV/AIDS – infected patients, while only 10% agree that guidance and counseling helps prescribe therapeutic feeding for moderately and severely malnourished HIV/AIDS-positive patients and only 10% also agree that nutrition education and counseling was important to the HIV/AIDS – positive asymptomatic patients.

Table 3: Expressed Opinion of Counselors on the need for counseling HIV/AIDS – Infected Persons

Statement	Responses	
	Agree	Disagree
Because HIV/AIDS is life long	2(10.0)	18(90.0)
To cope with HIV/AIDS –positive status one need to live a meaningful life	18(90.0)	2(10.0)
To adjust and learn about change in one’s lifestyle one needs to reduce the risk of contracting HIV/AIDS	6(30.0)	14(70.0)
People are unable to decide what do with their lives once they discover they are HIV/AIDS positive	12(60.0)	8(40.0)
People who have practiced high risk behaviours are unable to take decision whether to go for HIV/AIDS test or not	6(30.0)	14(70.0)
Counselling helps a person to come to terms with the realities of HIV/AIDS and act in a balance way	16(80.0)	4(20.0)
Breaking the news to the family members and sex partners become difficult once one knows he or she is HIV/AIDS positive	12(6.0)	8(40.0)
Guidance and Counselling slows the rate of new infections and helps infected persons to cope with life	16(80.0)	4(20.0)
Guidance and Counselling helps prescribe therapeutic feeding for moderately and severely malnourished HIV/AIDS patients	2(10.0)	18(90.0)
Nutrition education and counseling is important to HIV/AIDS positive asymptomatic patients	2(10.0)	18(90.0)

DISCUSSION

The result from the first research question which seek to determine the characteristics of HIV/AIDS infected persons revealed that majority of the people infected with HIV/AIDS in Maiduguri that attend Clinics at the UMTH were in the middle age range 30 years and above. The study also revealed that teenagers (children below 20 years old) were less vulnerable to HIV/AIDS infection. The reason behind this finding did not concur with the assertion of the Society for Family Health (2005) that people below 24 years were more vulnerable to HIV/AIDS infections. However, this does not mean that children below the age of consent cannot be infected (Federal Ministry of Health, Abuja, 2001).

The finding in this study also showed that 30% of the people infected with HIV/AIDS were those with non-formal education and those that have attained tertiary levels of education (National Diploma, National Certificate in Education, Higher National Diploma, Degree, Master or PhD), respectively. It is also evident from the findings of this study that unmarried people were those

most affected by the disease. Also revealed by this study was that females were more affected by HIV/AIDS than their male counterparts and that there was no gender barrier to HIV/AIDS infection. It was also observed that HIV/AIDS is the disease of both the rich and the poor (Table 1).

One peculiar finding in this study was that none of the patients (respondents) used in this study on the basis of occupation were either students or military personnel. The reason may perhaps be attributed to the nature of training these categories of people receive in their various domains, thus concurring with Owuamanam, Ogunsanmi&Osankinle's (2010) findings. They revealed that students are enlightened on their campuses on HIV/AIDS or most probably these categories of people were afraid to know their HIV/AIDS status.

The results of the second research question revealed that majority of the patients (respondents) were of the opinion that they were convinced not compelled to go to check their HIV/AIDS status. Many confessed that, they were at one point or the other rejected by their family members, sex partners and friends. Though almost all of them received the necessary treatment at regular time, all the respondents were of the view that guidance and counselling was needed and necessary for the management of HIV/AIDS.

Further finding of the study in respect to research question three was that, though the counsellors interviewed were affirmative with the reasons why counselling was necessary to HIV/AIDS infected persons, only few (10%) were of the opinion that guidance and counselling was needed in the management of HIV/AIDS contrary to the opinions of the HIV/AIDS infected patients. This perhaps, the researchers feel might be attributed to fear of stigma by the respondents.

CONCLUSION

Based on the findings of the study, it was concluded that majority of the HIV/AIDS patients were females, individuals aged between 26 and 30 years and single were more vulnerable to HIV/AIDS infection. It was also concluded that HIV/AIDS is a lifelong infection and affect persons stigmatization to an extent that they were rejected by the society, losses job or property and break marriage relationship. The study revealed that counselling was necessary to HIV/AIDS infected patients in order to manage and reduce stigma among them.

RECOMMENDATIONS

Based on the findings of this study, it is recommended that:

1. Guidance and counselling units be established in every Health Care Centers in the State, seeing that the present counselling structure on ground seems inadequate and there is the need to establish and staff HIV/AIDS guidance and counselling units in every government institutions and organizations.
2. Youths need to be given proper sex education since they are the ones that are more vulnerable to HIV/AIDS infection.
3. Since most of the HIV/AIDS affected people were those with non-formal education, there is the need for enlightenment campaign on the dangers associated with HIV/AIDS through Community and Religious Based Organizations, television and radio which are commonly possessed by both the urban and rural dwellers.

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