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Psychosocial Needs and Support Services Accessed by HIV/AIDS Patients of the University of Ilorin Teaching Hospital, Nigeria

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1. Introduction

HIV/AIDS has become a threat to public health in Nigeria as a result of its devastating consequences, which are manifested in forms of prolonged sickness, deaths and increase in number of orphans and widows/widowers. Nigeria has an estimated population of about 150 million of which about 3.5 million are infected by HIV/AIDS (FMINO, 2007). HIV/AIDS was first identified in Nigeria in 1985 and reported at an International Conference in 1986 (Adeyi et al, 2006). The HIV/AIDS pandemic led to the death of 170,000 Nigerians in 2007 (UNAIDS, 2008). According to Edewor (2010), Nigeria has already surpassed the 5 percent explosive prevalence phase and the disease has killed more than 1.3 million people and orphaned more than 1 million children (FMINO, 2007). The infection rates of HIV/AIDS vary across the six geopolitical zones of Nigeria. According to Edewor (2010), the mode of HIV transmission in Nigeria is mainly through unprotected sex, and other factors which contribute to the spread of the virus include poverty, Sexually Transmitted Infection (STI), social and religious norms and political and social changes (National AIDS/STD Control Programme, 1999).

Parke and Aggleton (2007) noted that negative social attitudes toward marginalised populations, policies mandating the testing of high risk groups and limited legal protections based on HIV status may exacerbate stigma. They stressed further that increase vulnerability to discrimination complicates the social and psychological adjustment of Persons Living With HIV/AIDS (PLWHA). The victims require necessary assistance to be able to live happily and contribute meaningfully to the development of the society. Thus, they need psychosocial supports to be able to cope with their challenges.

Psychosocial needs can be described as social, mental and spiritual requirements of PLWHA in order to live quality life and contribute to development of the society. The needs can be viewed from a psychological theory propounded by Abraham Maslow in 1943. According to Maslow (1954), the hierarchy of needs is often portrayed in the shape of a pyramid, with the largest and most fundamental levels of needs at the bottom, and the need for self-actualization at the top. The most fundamental and basic four layers of the pyramid contain what Maslow called "deficiency needs" or "d-needs", esteem, friendship and love, security,

and physical needs. With the exception of the most fundamental (physiological) needs, if these "deficiency needs" are not met, an individual's body gives no physical indication but the individual feels anxious and tense. Maslow's theory suggests that the most basic level of needs must be met before an individual strongly desires (or focuses motivation upon) the secondary or higher level needs. Maslow also coined the term "Metamotivation" to describe the motivation of people who go beyond the scope of the basic needs and strive for constant betterment. "Metamotivated" people are driven by B-needs (Being Needs), instead of deficiency needs (D-Needs)(Wikipedia, 2011). For the purpose of this study, the psychosocial needs adopted comprise physiological needs, safety needs, belongingness needs, esteem needs, aesthetic needs and self-actualization as propounded by Maslow. Physiological needs include food, air and water; safety needs involve housing and security; belongingness implies social interaction and group affiliation; esteem needs involve high regard for self and others; aesthetic needs deal with love of beauty while self-actualization involves becoming what one desires to be in life.

Psychosocial support can be described as a process of providing for the emotional, social, mental and spiritual needs of clients or patients. It is an essential element of promoting human development. Support services are the social facilities which are available and provided by an organization or a community to those in need of such supports in order to assist them to live a good life. The supports can be grouped into spiritual, moral, social, psychological/counselling and financial supports. Spiritual support involves prayer and meditation, moral support implies identification with someone's concerns and encouragement, financial support connotes provision of monetary assistance while psychological support comprises guidance and counselling. In order to meet the needs of PLWHA, an emergency action plan was prepared by the National Action Committee on AIDS in 2001 with a view of institutionalizing best practices in care and support for Persons Living With HIV/AIDS (PLWHA). The plan was designed to mitigate the effects of the disease on the victims, orphans and other affected groups and stimulate research on HIV/AIDS (USAID, 2002). According to the World Health Organization (WHO, 2011), psychosocial supports address the on-going concerns and social problems of HIV infected individuals, their partners and caregivers. WHO stressed that HIV infection affects all dimensions of the victims' life such as physical, psychological and social. The infection could result in stigma and fear for those living with the virus, as well as for those caring for them and the entire family. Infections often result in loss of socio-economic status, employment, income, housing, health care and mobility.

WHO (2011) observed that counselling and social support can help people and their carers to cope more effectively with each stage of the infection and enhances quality of life. The organisation noted that with adequate support, PLWHA are more likely to respond adequately to the stress of being infected and are unlikely to develop serious mental health problem. The psychological supports provided by the patients' partners and their family members can assist them in making appropriate decisions, coping better with illness and dealing more efficiently with discrimination.

The community also has important role to play in assisting PLWHA. It could assist in adding quality to the life of HIV/AIDS patients through provision of economic, social and psychological supports. Thus, psychosocial supports for HIV/AIDS patients need to be scaled up and encouraged in any community.

Amirkhanian, Kelly and McAuliff (2003) conducted a study on the psychosocial needs, mental health and HIV transmission risk behaviour among people living with HIV/AIDS in

St. Petersburg, Russia. Sample of the study consisted of 470 persons with HIV/AIDS at St. Petersburg HIV care and service agencies. The participants completed anonymous self-administered questionnaires on social and psychological characteristics of HIV, serostatus disclosure, discrimination experience and risk practices. The study found that HIV infected persons in Russia experienced a wide range of social, psychological and care access problems.

Jordans, Kein and Pradhan (2007) investigated the counsellors' and beneficiaries' perception of psychosocial counselling in Nepal. Semi-structured interviews were conducted with clients, para-professional counsellors and managers of organisations in which psychosocial counselling was taking place. The study revealed that stakeholders generally presented a positive view of the significance and supportive function of psychosocial counselling, and the issues of training, supervision, confidentiality and integration of counselling within the mainstream care provision were emphasised.

Although, a lot of studies (Ostrow et al. 1992; Kelly, Murphy, 1992; Slugget, 2003; Amirkhanian, Kelly & McAuliff, 2003) have been conducted on the psychosocial needs and support services of PLWHA across the world, but little or no attention had been paid to the patients of the University of Ilorin Teaching Hospital, Nigeria in this direction. The need to make up for part of this gap provided the major impetus for this study. To this end, the study investigated the psychosocial needs and support services accessed by HIV/AIDS patients of the University of Ilorin Teaching Hospital, Nigeria. Kuh (1982) noted that assessment of clients' needs is crucial for effective determination of developing effective services to address the clients' needs. The objective of this study therefore, was to investigate the psychosocial support needs and support services being accessed by the HIV/AIDS patients at the University of Ilorin Teaching Hospital, Nigeria.

2. Research questions

1. What are the psychosocial needs of HIV/AIDS patients of the University of Ilorin Teaching Hospital, Nigeria?
2. What are the support services accessed by HIV/AIDS patients of the University of Ilorin Teaching Hospital, Nigeria?

3. Methodology

The study is a descriptive survey which employed quantitative and qualitative measures to obtain data from the respondents. An estimated 2,365 patients living with HIV/AIDS at the University of Ilorin Teaching Hospital, Nigeria constituted the study population while all the literate HIV/AIDS patients (i.e. those who can read and write in English) at the hospital constituted the target population. The sample for the study comprised 125 HIV/AIDS patients who indicated interest in participating in the study. Thus, a purposive sampling technique was adopted for the study. The researchers explained the purpose of the study to the respondents and emphasised that it aimed at identifying the needs of HIV/AIDS patients in order to provide better services and supports. The researchers obtained the list of HIV/AIDS patients at the Teaching Hospital, identified the educated ones through personal data and interactions. The consents of the respondents were sought before the questionnaires designed for the purpose of the study were distributed to them. This was followed by a scheduled interview with 15 randomly selected respondents. The interview

was designed to obtain information from respondents on ways by which their needs could be met. In all, 125 patients voluntarily agreed to participate in the study after been assured of confidentiality. The instruments employed in carrying out the study are researchers’ designed questionnaire and structured interview. The questionnaire has three sections. Section A elicits information on demographic data; Section B seeks information on psychosocial needs (i.e. esteem needs, physiological needs, belongingness needs, safety needs, aesthetic needs and self-actualization) while Section C contains items on support services (i.e. social, spiritual, psychological, financial and moral). In Sections B and C of the questionnaire, a list of 6 categories of psychosocial needs and a list of 5 support services were presented to the respondents respectively. The instruments were validated by three lecturers in the Departments of Sociology, Counsellor Education and Obstetrics and Gynaecology, University of Ilorin, Nigeria. The respondents were required to read through the questionnaire forms and indicate their responses by putting a tick (√) on any item that is applicable to them to indicate their psychosocial needs and the support services that are being accessed by them. Responses obtained were grouped on the basis of the number of respondents that ticked each of the items in sections B and C of the questionnaire and later converted to percentages. The percentages were also converted into bar chart as shown in Figs 1 and 2. The limitation of this study was manifested in the use of literate respondents as the study sample. This was designed to facilitate easy and proper understanding of the questionnaire.

4. Results

Table 1 indicates that the majority of respondents are between the ages of 21-40 years old (44%). Majority are also females (53.6 %), holders of secondary education certificates (44.8 %) and married (41.6%).

Variables	Frequency	Percent
Age		
1-20	32	25.6
21-40	55	44.0
41-60	31	24.8
61 and above	07	5.6
Gender		
Male	58	46.4
Female	67	53.6
Level of Education		
Tertiary Education	47	37.6
Secondary Education	56	44.8
Primary Education	22	17.6
Marital Status		
Single	45	36.0
Married	52	41.6
Divorced	10	8.0
Widow	18	14.4

Table 1. Demographic Characteristics of Respondents

Psychosocial Needs

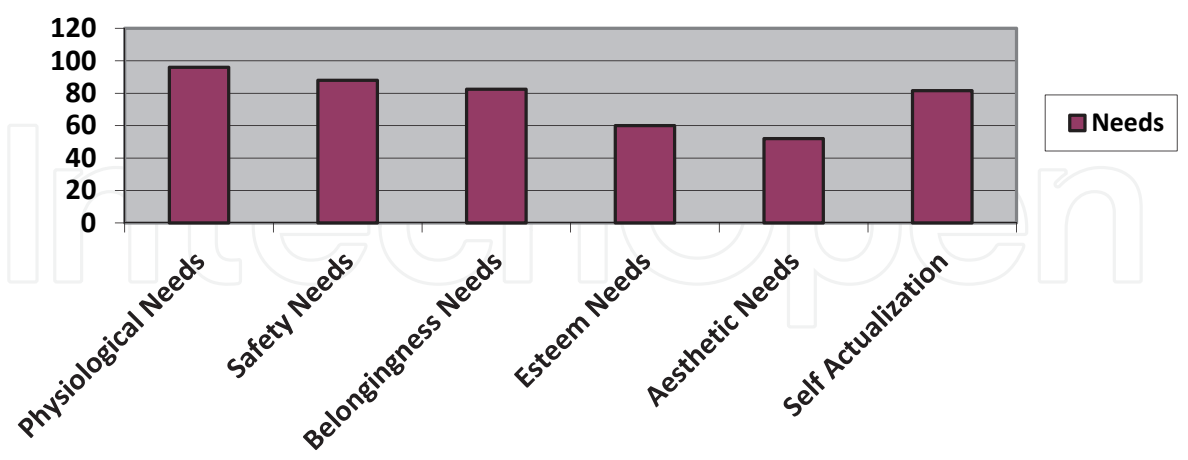


Fig. 1. Psychosocial Needs of Respondents

Source: Field survey, 2011

Fig 1 represents the respondents’ psychosocial needs which are esteem needs, physiological needs, belongingness needs, safety needs, aesthetic needs and self-actualization. The figure shows that 120 (96%) respondents indicated physiological needs, 110 (88%) indicated safety needs, 103 (82.4%) indicated belongingness needs, 75 (60%) indicated esteem needs, 65 (52%) indicated aesthetic needs while 102 (81.6%) indicated self-actualization.

Psychosocial Supports

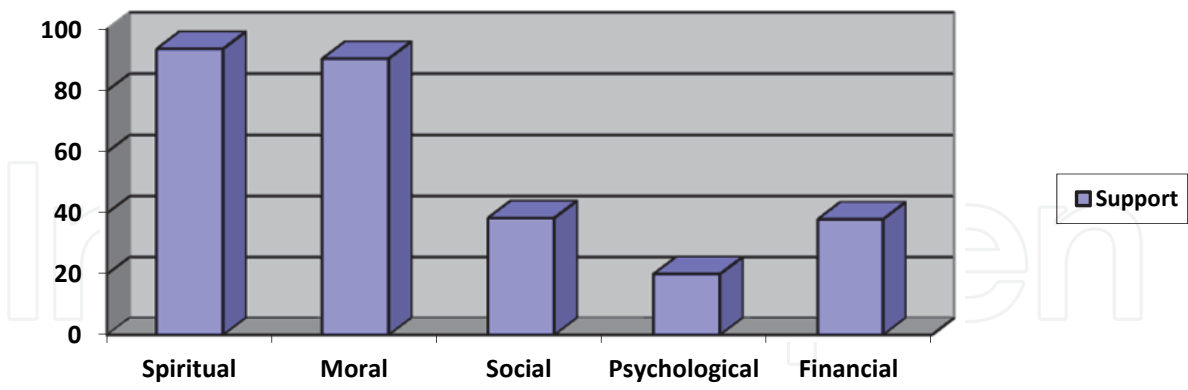


Fig. 2. Psychosocial Supports Accessed by Respondents

Source: Field survey, 2011

Fig. 2 represents the support services accessed by the respondents which are social, spiritual, psychological, financial and moral. The figure shows that 117 (93.6%) respondents indicated spiritual support, 113 (90.4%) indicated moral support, 48 (38.4%) indicated social support, 25 (20%) respondents indicated psychological/counselling support while 35 (28%) indicated financial support.

5. Discussion

The study indicated that majority of the respondents are between the ages of 21-40 years. This may be due to the fact that the age group is more actively engaged in risk behaviours. The finding also showed that the majority of respondents are females. Presumably, this could be as a result of their exposure to high risk sexual activities such as polygamy, circumcision, early marriages of young girls, and lack of power to insist on use of condoms during sex.

The findings also indicated the highest needs of the respondents as physiological needs which include food, water and air. The finding could be as a result of level of poverty in Nigeria. The least needs as identified by the respondents are aesthetic needs. This is in line with theoretical proposition of Maslow which proposed physiological needs as the most important.

The study also showed spiritual support as the most accessed by the respondents. This finding may be due to the fact that many Nigerians are religious as more than 90% of Nigerians are either Muslims or Christians. Psychological/counselling and financial supports are the least accessed. The economic recession in Nigeria may be responsible for the low level of financial support available to the respondents while the non-provision of professional counselling services in many Nigerian health centres may be a reason for the low level of psychological/counselling support. The implications of these findings are that there is the need to encourage aesthetic and esteem values among PLWHA. In addition, it is also essential to improve provision of social, psychological/counselling and financial supports to the PLWHA. The supportive role of religious organizations as well as peer groups in the use of antiretroviral (HAART) has been highlighted by previous studies in this environment (Jimoh et al, 2008). Similarly, Yahaya (2010) expressed the need for provision of counselling service to HIV/AIDS patients and stressed that with counselling support, PLWHA would be able to face the challenges of HIV/AIDS.

6. Conclusion

The study gave an insight into the psychosocial needs and support services accessed by HIV/AIDS patients of the University at Ilorin Teaching Hospital, Nigeria. It revealed that HIV/AIDS patients at the hospital are facing some challenges in terms of meeting their psychosocial needs and accessing support services. The areas that need attention include esteem and aesthetic needs and provision of psychological/counselling and financial supports. There is no doubt that if the needs of the PLWHA are met, they would be better equipped to adjust and contribute to the development of the society.

7. Recommendations

Based on the findings of the study the following recommendations are considered relevant:

- a. Health counsellors should provide counselling services to the PLWHA and develop instruments to identify their psychosocial needs.
- b. Health counsellors should encourage PLWHA to accept their conditions, identify their needs and acquire relevant skills in order to develop at the equal level with the other members of the community.
- c. Counsellors and other health providers should collaborate and bring support services to the door steps of the PLWHA. This is necessary in areas of social and financial supports.

- d. Non-Governmental Organizations, family members and other members of the community should empower PLWHA through job provision and financial support in order to assist them to meet their basic needs.
- e. Medical and other health workers should display positive attitude towards PLWHA. This can be achieved, among others, by ensuring that PLWHA are not segregated in terms of services offered to them as currently practised at the University of Ilorin Teaching Hospital.

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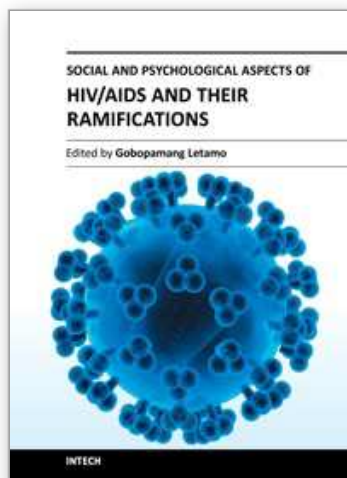
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