

ANALYSIS OF THE EFFECT OF GROUP COUNSELING ON THE COPPING BEHAVIOR OF PEOPLE LIVING WITH HIV/AIDS IN YAKURR LOCAL GOVERNMENT AREA, CROSS RIVER STATE

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ABSTRACT

HIV/AIDS epidemic has become a worrisome phenomenon and individual carrier of the infection suffers from several mental health consequences. The infection is associated with enormous trauma of which stigma and discrimination against people living with HIV/AIDS (PLWHA) remain the major psychological stresses. The study examined the effect of group counseling on the coping behavior of people living with HIV/AIDS in Yakurr Local Government Area, Cross River State. The study was carried out in four purposively selected centers one each in Ugep, Ekor, Mkpiani and Assiga. Data were obtained through the administration of 120 copies of questionnaire to PLWHA. PLWHA were divided into two groups, individual counseling and group counseling based on routine visits to their counsellors. Data obtained were analysed using tables, charts, simple percentages, independent samples test and Chi Square. The result showed that the age and psychosocial behavior of subjects exposed to group and individual counselling differed significantly ($p < 0.05$), while there was no significant gender difference in the psychosocial behavior of people exposed to group counseling ($p > 0.05$). The Chi Square result further revealed that group counseling had significant effect on the psychosocial behavior of people living with HIV/AIDS ($p < 0.05$). Based on the result obtained it was suggested that group counseling should be included in national guideline for the management of HIV/AIDS, as research has shown that group counseling is an effective curative intervention for people living with HIV/AIDS and also, it should be established in all hospitals, clinics, church centers and other centers, where care is given to people living with HIV/AIDS.

Keywords: Counseling, Coping Behavior, Yakurr, Psychosocial, HIV/AIDS

INTRODUCTION

Since the discovery of HIV/AIDS in the 1980s, more than 20 million people have died from the disease. The disease killed three million people in 2003 and is now the leading cause of death and lost years of productive life for people aged ranging from 15 to 59 worldwide (WHO Report, 2004). HIV/AIDS epidemic has become a worrisome phenomenon and individual carrier of the infection suffers from several mental health consequences. The infection is associated with enormous trauma of which stigma and discrimination against people living with HIV/AIDS remain the major psychological stresses. It is perhaps no news that HIV/AIDS patients suffer from psychosocial and neuropsychiatric problems even their health care workers sometimes develop burn-out syndrome that is characterized by emotional distress, lowered job productivity and spread of work problems to family and conjugal relationships. The potential impact of stigma and discrimination has been of ongoing concern to counselors and agencies involved in addressing the HIV/AIDS epidemic.

Discrimination at individual, community and national levels have major implications for the epidemic, as divides or separation is created between those who are vulnerable to infection and those who are

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not. Stigmatization in any magnitude has multiple effects on the lives of people living with HIV/AIDS and more broadly on members of society, creating disruptions in social functioning, and increasing people's vulnerability to infection and reducing the overall caring capacity of communities. Stigma is perhaps a pervasive problem that affects health globally, threatening an individual's psychological and physical well-being. HIV/AIDS epidemic has significant effect on the economic and sociological well-being of victims. The psychological aftermaths of HIV test mostly if positive prevent majority of the people in Nigeria and Yakurr Local Government area in particular to be tested. As such, counseling of people living with HIV and how to deal with the psychological as well as the social effects of the infection in the area remains a challenge to counselors and corporate bodies alike. However, the problem of how best to counsel infected people is perturbing especially with the rate at which HIV and AIDS are spreading in the state.

Group counseling could therefore offer a real promise in meeting today's challenges by stemming the imminent problem of the ratio of HIV/AIDS counselors to people living with HIV and AIDS. Good management of people living with HIV/AIDS requiring both medical as well as psychotherapy/counseling which however is an integral part of patient management. Counseling on an individual basis enables frank discussion of sensitive aspects of a client's life. It also provides confidentiality to the client especially when the client has anxiety about a judgmental response (Olusakin & Agbomian, 2007). Counseling in groups on the other hand can provide psychological support, information and education about HIV/AIDS. It (group counseling) can also help in reducing feelings of anxiety and depression especially when clients realize they are not alone in their problem (Meursing & Sibindi, 2000). Indeed, counseling of people living with HIV continues to be a challenge to counselors partly because of the discrimination and stigma attached to HIV. On this ground, a lot of questions ponder counselors on how to reduce the spread and stigma associated with the infection.

Perhaps, among the possible questions include what could be the contribution of counseling in abating the spread of HIV and AIDS? How can the psychological and social issues be dealt with? The problem of how best to counsel infected people arises especially with the rate at which HIV and AIDS are spreading. On this note, group counseling according to Balmer *et al.*, (1992) could offer a real promise in meeting today's challenges by stemming the imminent problem of the ratio of HIV/AIDS counselors to people living with HIV and AIDS. Previous studies on HIV/AIDS were concerned with transmission, prevalence and socio-economic determinants of HIV/AIDS (Ugwuegbulam, 2001; WHO, 1990; Olusakin & Agbomian, 2007). However, relatively few studies have focused on the utilization of HIV/AIDS testing and counseling services, with particular emphasis on individual counseling in the study environment. It is on this background that this study intends to empirically examine the effect of group counseling on the psychosocial adjustment of people living with HIV/AIDS in Yakurr Local Government Area, Cross River State. It would try to determine whether a significant difference in psychosocial adjustment exists between subjects exposed to individual counseling and those exposed to group counseling. The study hypothesizes that:

1. There is no significant difference in the psychosocial behavior of subjects exposed to group counseling and those exposed to individual counseling.
2. There is no significant gender difference in the psychosocial behavior of people exposed to group counseling.
3. There is no significant age difference in the psychosocial behavior of people exposed to group counseling.
4. Group counseling has no significant effect on the psychosocial behavior of people living with HIV/AIDS.

MATERIALS AND METHODS

Research Design

The descriptive cross sectional research design was employed to investigate the effect of group counseling on the psychological behavior of people living with HIV/AIDS (PLWHA) from different socioeconomic backgrounds.

Population of Study

The population of study comprised HIV/AIDS infected adults undergoing treatment in Heart to Heart centers/primary health centres in Ugep, Ekor, Mkpiani and Assiga, who were 25 years and above at the time of this study.

Instrument

Data for the study was obtained through the administration of copies of structured questionnaire to people living with HIV/AIDS (PLWHA). Nevertheless, the structured questionnaire contained information the socio-demographic characteristics of respondents, psychological and social effects of HIV/AIDS infection; difference in the psychosocial adjustment of subjects exposed to group counseling and those exposed to individual counseling and gender and age difference in the psychosocial behavior in respect to group counseling. The questionnaire was self-administered after the purpose of the survey and instruction on the questionnaire was explained. The researcher paid series of visits to the selected Heart to heart centers, where PLWHA were met with and days convenient for the exercise were jointly agreed upon. To avoid loss of questionnaire, it was administered and collected as spot. The questionnaire contained items measured using a 4 – point likert scale with responses ranging from Strongly Agree= SA (4); Agree = A (3); Disagree = D (2); and Strongly Disagree = SD (1) respectively. The items in questionnaire were coded with the use of scoring keys. Sections A and B were nominally scored and thereafter transformed into dummy variables, while items in sections C were scored as follows for positively worded items.

Strongly Agree (SA)/	- 4 points
Agree (A)	- 3 points
Disagree (D)	- 2 points
Strongly Disagree (SD)	- 1 point

The scoring was then reversed for all negatively worded items as follows:

Strongly Disagree (SD)	- 4 points
Disagree (D)	- 3 points
Agree	- 2 points
Strongly Agree (SA)	- 1 point

Sampling Procedure

The study employed the purposive and accidental sampling techniques. The purposive sampling technique was used to purposively select only people living with HIV/AIDS (PLWHA), while accidental sampling technique was employed during questionnaire administration, such that in every selected Heart to Heart centers/primary health centers, only patients (both males and females) encountered at the period of visits were administered copies of the questionnaire. This approach was used since it was impossible to get together people living with HIV/AIDS (PLWHA). The people encountered were grouped by the researcher into two groups: group counseling and individual counseling, this was such that first-ten encountered patients were treated as group counseling, and the next ten as individual counseling and so on. In all, a total of 120 copies of questionnaire (60 copies each to males and females) were administered (30 from each of the four elected centers).

Data Analysis

Data obtained from the administered questionnaire were analysed using tables, simple percentages, charts and independent samples test otherwise referred to as student's t-test as well as chi square. Analysis was carried out using SPSS 17 software for Windows.

RESULTS AND DISCUSSION

Demographic Characteristics of Respondents

The demographic characteristics of respondents in regards to sex, age, marital status, education, and occupation show that 50% are males while 50% are females. The ages of respondents in the area

indicate that 22.5% (27) are between the ages of 25-30, 42.5% (51) are between 31-36 years, 19.2% (23) fall between 37-42 years, while 14.2% (17) are above 42 years. The result demonstrates that 27.5% of the respondents are married, 59.2% are unmarried, while 13.3% are widows, widowers and divorced. The implication is that majority of the respondents are unmarried and fall within productive and reproductive population, as are more vulnerable to HIV/AIDS infection due to youthful exuberance. The educational attainment of respondents shows that 19 representing 15.8% have no formal education, 21 representing 17.5% are primary school leavers, 59 representing 49.2% have post-primary education, while 17 of the respondents representing 14.2% have different levels of tertiary education and only a small proportion of 4 representing 3.3% have postgraduate education or training. This implies respondents are literate enough to understand the importance of HIV/AIDS testing and counseling. Information on the occupational status of respondents shows that 37.7% (38) of the respondents are farmers; 20.8% (25) are traders; 13.3% (16) are civil/public servants, while 7.5% (9) constitute the proportion of students that are sampled.

Psychosocial Effects of Testing Positive and Its Implications

Information on the psychosocial effects of testing positive to HIV/AIDS and revealed that shock/anger, moody/depression, denials and mental misbalance constituted the commonest effects or outcomes of testing positive to HIV/AIDS. These outcomes indeed necessitated the consideration of ideal counseling approach to help PLWHA think positive concerning their lives and that of the society at large. On the other hand, the social effects PLWHA encountered among friends, loved ones, families and the society revealed that discrimination and stigmatization were the most prominent. However, discrimination was the commonest form of social effect. Other social aspects include peer intolerance, defined as a process where peers no more see or appreciate the views of friends or colleagues living with the infection; as well as social anomy, a condition of being lonely even in the company of people, friends or family members who care about the condition at stake. Social anomy though unnoticed, happened to be the greatest effects of HIV/AIDS infection. After testing, victims were counseled and placed on routine treatment and follow-ups.

Perception of PLWHA toward Group and Individual Counseling

The result revealed that 75% of the respondents were of the opinion that group counseling enable them adjust positively to HIV/AIDS testing, while 25% were of the opinion that group counseling does not enable PLWHA adjust positively to HIV/AIDS testing. On the assertion that group counseling enables PLWHA to have a sense of security that they are not alone, the responses showed that 83.4% strongly asserted to the assertion, while 16.6% strongly refuted the assertion. On the informative and educative relevance of group counseling, 71.6% supported the assertion that it exposes as well as educate them based on victims' experience and submission to issues of HIV/AIDS. Furthermore, the perception of PLWHA toward individual counseling showed that 73.4% of PLWHA supported the idea that individual counseling ensures confidentiality than group counseling; while 26.6% debunked the assertion. On the question that individual counseling does not allow frank discussion, 21.7% of PLWHA responded in the affirmative, whereas, 78.3% strongly frown at the assertion. To them, individual counseling provides clear opportunity for PLWHA to discuss freely with counselors. Also, 70% of PLWHA believed that individual counseling gives them unusual opportunity to react on testing positive to HIV/AIDS. In addition, on the assertion that individual counseling does not give PLWHA courage to ask questions, 21.7% strongly agreed to the assertion, while 78.3% strongly disagreed and believed that individual counseling gives PLWHA courage to ask questions on how to lead a positive live. On the reduction of anxiety and depression, 71.6% strongly agreed, 28.4% did not agree to the assertion. The overall evaluation of responses shows that PLWHA like those in group counseling have strong belief in individual counseling.

Analysis of the Mean Differences between Subjects Exposed To Group Counseling and Individual Counseling

The first hypothesis sought to find out if there was no significant difference in the psychosocial behavior of subjects exposed to group counseling and those exposed to individual counseling. The result in table 1 showed that the calculated t-value of 3.093 was significant at probability value of 0.05; this implied that the psychosocial behavior of subjects exposed to group and individual

counseling differed significantly. This is true as mere discussion with subjects showed that general acceptance to group counseling by PLWHA, reasons for it according to them are: it enables them discuss openly with counselors, provides a unique opportunity for them to share their experiences and how to live with inherent challenges as well provides them with security that they are not alone. This findings or result corroborates earlier studies, such as those of Schweitzer *et al.*, (2004); Olusakin & Agbomian (2007), when they contend that group counseling can play an important role by allowing individuals with HIV to share experiences with one another.

However, this approach is usually not a good idea until the person has been able to accept the diagnosis enough to come to the group and communicate honestly. Group support can help patients cope with their emotional responses to HIV on the basis of accurate information, shared experiences, empathetic listening, and assistance with problem solving. Counseling and support can help people with HIV share their feelings about secrecy and stigma and consider how these influence their emotional and physical health. Counseling and support can also help people consider how their own behaviors can promote health and well-being, such as seeking resources for adequate nutrition, shelter, proper medical follow-up, adequate sleep, and management of stress and anxiety.

Table 1. Difference in means between subjects exposed to group counseling and individual counseling

Counseling groups	N	Mean scores	SD	t-cal	t-crit	DF	P
Group counseling	60	2.97	0.82	3.093	1.980	118	0.05*
Individual counseling	60	2.45	1.00				

*Difference between means is significant at 5% significance level

The second hypothesis sought to determine if there was no significant gender difference in the psychosocial behavior of people exposed to group counseling. The independent samples test result in table 2 indicated that calculated t-value of 0.813 was insignificant at probability value of 0.05; this implied that there was no significant gender difference in the psychosocial behavior of people exposed to group counseling. This indicates that both sexes share the same feelings regarding group counseling as the most efficient form of HIV/AIDS counseling.

Table 2. Mean difference in gender perception to group counseling

Counseling groups	N	Mean scores	SD	t-cal	t-crit	DF	P
Group counseling	30	3.07	0.78	0.813	2.000	58	0.05*
Individual counseling	30	2.90	0.80				

*Difference between means is insignificant at 5% significance level

The third hypothesis attempted to find out whether there was no significant age difference in the psychosocial behavior of people exposed to group counseling. The independent samples test result in table 3 indicated that calculated t-value of 3.793 was significant at probability value of 0.05; this implied that there was a significant age difference in the psychosocial behavior of people exposed to group counseling. This is evident as the age of PLWHA determines the way they absorb information of HIV infection. The elderly may be able to handle their emotions in a more matured manner than adolescents, who need to be properly counseled to prevent mental disorder.

Table 3. Mean difference in gender perception to group counseling

Counseling groups	N	Mean scores	SD	t-cal	t-crit	DF	P
Group counseling	30	3.33	0.55	3.793	2.000	58	0.05*
Individual counseling	30	2.63	0.85				

*Difference between means is insignificant at 5% significance level

Furthermore, the fourth hypothesis sought to find out if group counseling had no significant effect on the psychosocial behavior of people living with HIV/AIDS. The chi square result in table 4 showed that calculated chi-value of 19.868 was significant at probability value of 0.05; behavior adjustment of people living with HIV/AIDS. The psychosocial aftermaths of testing positive to HIV/AIDS are drastically reduced if results and counseling are done in group. This again conforms to the assertion of Balmer et al., (1992) that group counseling is a useful therapeutic intervention for people who are HIV positive on both quantitative and qualitative analysis. Group counseling buttresses the statement that people need people. People living with HIV/AIDS often feel alone, depressed, afraid of the future and many other self-defeating feelings. Gradually, attending group counseling sessions help them to come to terms with their illness. At these sessions, they see other people improving in appearance and health. They are also able to share experiences without the fear of stigmatization or discrimination.

Table 4. Computation of chi calculated value

Cell	F ₀	F _e	(F ₀ - F _e)	(F ₀ - F _e) ²	$\frac{(F_0 - F_e)^2}{F_e}$
1	17	15	2	4	0.267
2	28	15	13	169	11.267
3	10	15	-5	25	1.667
4	5	15	-10	100	6.667
Total	60	60			19.868

CONCLUSION

This study has shown evidently that group counseling is an effective curative intervention for people living with HIV/AIDS. This is because group counseling plays an important role by allowing PLWHA to share experiences with one another as well as help patients cope with their emotional responses. Counseling people in group can help people with HIV share their feelings about secrecy and stigma and consider how these influence their emotional and physical health. With increasing recognition of psychological and social issues as core elements in a holistic model of health care, group counseling would be vital to improve the quality of life of PLWHA. The merits of group counseling as an intervention for people living with HIV/AIDS cannot be underestimated as they far outweigh their demerits. Therefore, HIV/AIDS counselors should be well versed in group counseling as a proactive measure for the counseling of people living with HIV/AIDS. The effects of the HIV/AIDS pandemic will be felt for generations because so many children of those affected are being deprived of adequate nurturing, nutrition, education and role models, but through this approach they will get to know one another to form social networks. In accordance with the result obtained, the following are suggested to encourage HIV/AIDS counseling:

1. Comprehensive support system linking and co-coordinating existing psychosocial services as well as building community capacities to provide counseling and support should be provided to ensure sustainability, continuity of interventions and community development.
2. In order to aid psychosocial adjustment, people living with HIV/AIDS should be encouraged to bring along others known to be infected with the virus to attend group counseling sessions. This would help to reduce risk behaviors.
3. Group counseling should complement individual counseling. At the rate at which the HIV is spreading, group counseling is the most efficient approach in the counseling people living with HIV/AIDS.
4. Group counseling should form an integral part of HIV counselors' training.

Suggestion for Further Study

Due to the therapeutic nature of group counseling, a more holistic study covering large population and study sites should be carried out in the future to appraise the importance of group counseling as a contemporary approach of counseling.

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