

Effect of Individual Counselling on Social Adjustment of People Living with Hiv/Aids in Calabar Metropolis

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Abstract: The study was aimed at examining the effect of individual counseling on social adjustment of people living with HIV/AIDS in Calabar metropolis, Cross River State. To achieve this purpose, three research questions were raised and hypothesis stated. The study adopted a pre –posttest quasi –experimental research design with purposive sampling techniques used to select the respondents of the study. The respondents were selected using medical personnel in charge of providing drugs for these victims, the victims were earlier informed that counseling session will be organized and the researchers were engaged to provide counseling to the victims. A total of 87 clients were used for the study. A pretest was first administered to the total number of patients that were present for the counseling. Those that were not counseled were used as the control group while those that were counseled were used as the experimental group. After the counseling, a post test was administered to those both counseled and those that were not counseled. A questionnaire titled Social Adjustment Scale (SAS) was used for data collection. The questionnaire was validated and the reliability of the instrument was pilot tested using Cronbach alpha reliability technique and the coefficient of the sub scale was 0.78. Data was collected by the researchers who are professional counselors and the data obtained were analysed using analysis of covariance (ANCOVA) and the result there is a significant effect of individual counseling on social adjustment of people living with HIV/AIDS in Calabar Metropolis. Based on the findings of the study, it was recommended that counseling should be made compulsory for all patients of HIV/AIDS to ensure that are helped to resolve social problems such as rejection and stigmatization that is commonly associated with them.

Keyword: Individual Counselling, Social Adjustment, and People Living with Hiv/Aids

INTRODUCTION

HIV/AIDS is a disease that has attracted various attentions of government at all levels. According to Anlcisola (2000), HIV/AIDS is a scourge which has had a devastating effect on its victims. It has brought devastating effect of the victims have caused a lot of instabilities in families due to the dear of either a parent or children that have been heavily invested on. The disease affects people of all ages and has caused much psychological stress and uncertainty in life. In fact, it may not be out of place to say that the virus is no longer a strange word as it is heard in almost all areas due to its prevalence in the society. The Acquired Immune Deficiency Syndrome (AIDS) is one of the most dreaded diseases that mainly impairs body's immune system to fight bacteria, viruses, cancer, etc., Alpana and Ilan (2010) noted that internationally accepted name of causative virus for AIDS is known as Human Immunodeficiency Virus (HIV). Following exposure to HIV. The person is vulnerable to germs that a normal immune system could destroy. HIV can be transmitted through sexual/contact or from mother to child through the placenta or by transfer of whole blood or blood product. This is due to the fact that it is not just a killer disease but has other social and psychological implications attached to it. However, some persons fearing contamination shun AIDS patients. This is why most of them suffer a lot of social maladjustment.

Over the years, we have seen allot of persons that suffer this problem get alienated from friends and colleagues who probably may not want to get associated with carried. Also, those patients try to stay away from people who have knowledge of their health status in a bid not to be stigmatized. Alpana et al (2010) noted that psychologically and socially HIV/AIDS patients suffer more and are unable to cope up with the environment. Such patients self-esteem fades quickly as they develop guilt feelings and blame themselves for having contracted the disease. And this self-blame leads to depression, anxiety, self-anger and pessimistic outlook towards life (Lefton, 1997). Family members and friends also become similarly affected as they cope with a dying loved one and fails to understand the disease. Sometimes the persons are not responsible for the disease but he or she is blamed for. Such traumatic experience results in acute depression and greater anxiety. Higher level of anxiety and depression are of great concern in disease that is difficult to cure. AIDS patients show comparatively higher level of anxiety and depression due to social, physiological and psychological factors. More so, most of the patients are conscious of the fact that they may die especially when they do not have the right information about the workings of the virus. They become sad, moody, stigmatized and relegated by friends, socially isolated and confused. Most a times, these patients lost confidence and other socially related issues. Thus, the researcher is presuming that counseling as rehabilitating technique is sine qua non in order to help the victims adjust appropriately to their life conditions.

According to Asuquo (2010) counseling as an interactive process between the counselee who needs help and a professionally trained counselor who provides the needed assistance. It is a face to face interaction between one who need help and one who provides the direction for the assistance demanded for to be obtained in an environment that is warmth, empathetic, tolerable and respectful. The counselor role is that of a facilitator and not healer. Thus, HIV/AIDs counseling is an interactive session between a counselee (Client) and a trained counselor who is saddled with the responsibilities of helping the patient to have confidence in his/her self even in the presence of the virus with the purpose of ensuring that there is no further spread of the disease as well as provision of direct and indirect support to HIV/AIDS patients. Edewor (2010) stressed 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.

Alpana and Ila (2010) carried out a study to assess the role of counselling as an effective technique for reducing anxiety and depression of AIDS patients. The sample comprised of 50 AIDS patients (34 male and 16 female). Purposive sample was used to select AIDS patients from ART Centre of PMCH, Patna. Their age ranged from 20 to 35 years. Beck depression inventory and Anxiety Rating Scale were used to collect data. Findings showed that counselling proved to be very effective therapeutic technique for reducing depression and anxiety of AIDS patients. Gender differences were also observed. Male AIDS patients experienced more depression as compared to females. However, no significant difference was obtained with respect to anxiety.

Akinyi (2003) carried out a similar study on the influence and effectiveness of guidance and counseling on HIV/AIDS patients. This study was conducted in Pumwani Division in Nairobi and the specific site was the Pumwani Health Clinic. The field work was carried out between February 2003 and July 2003. The study sought to find out the kind of people that attended counseling, to describe knowledge, attitudes and practice of counseling information provided on HIV/AIDS, to describe the goals of counseling that have been achieved and to discuss the benefits of counseling that is provided at the Clinic. A total of twenty-five participants were selected through purposive sampling technique. The methods used in obtaining data for this study included participant and direct observation and interviews. The data was analyzed using qualitative as well as quantitative methods and the information presented in the form of tables and descriptive accounts respectively. Conversely the study used Affective Approaches to counseling.

The research findings revealed that counseling had positive influence on the patients as both groups reported more positive than negative of the AIDS pandemic. Patients reported that counselors who were my main informants demonstrated knowledge of their work while carrying out counseling and respected patient's privacy and confidentiality. However, patients said that counselors were over burdened with the work which resulted in long waiting time at the clinic. Another finding was that there was a conducive atmosphere provided for counseling and this contributed to the effectiveness of counseling. The purpose of this study us to find out the effect of individual counseling on social adjustment of people living with HIV/IDS in Calabar Metropolis.

RESEARCH QUESTIONS

The following research questions were raised to guide the study

- i. What is the main effect of individual counseling on social adjustment of people living with HIV/AIDS?
- ii. What is the influence of gender on social adjustment of people living with HIV/AIDS?
- iii. How does individual counseling and gender influence social adjustment of people living with HIV/AIDS?

STATEMENT OF HYPOTHESIS

The following hypothesis were stated for the study

- i. There is no significant effect of individual counseling on social adjustment of people living with HIV/AIDS
- ii. There is no significant effect of gender on social adjustment of people living with HIV/AIDS
- iii. There is no significant interactive effect of individual counseling on social adjustment of people living with HIV/AIDS

METHODOLOGY

The study adopted a pre –posttest quasi –experimental research design with purposive sampling techniques used to select the respondents of the study. The respondents were selected using medical personnel in charge of providing drugs for these victims, the victims were earlier informed that counseling session will be organized and the researchers were engaged to provide counseling to the victims. A total of 87 clients were used for the study. A pretest was first administered to the total number of patients that were present for the counseling. Those that were not counseled were used as the control group while those that were counseled were used as the experimental group. After the counseling, a post test was administered to those both counseled and those that were not counseled. A questionnaire titled Social Adjustment Scale (SAS) was used for data collection. The questionnaire was validated and the reliability of the instrument was pilot tested using Cronbach alpha reliability technique and the coefficient of the sub scale was 0.78. Data was collected by the researchers who are professional counselors and the data obtained were analysed using analysis of covariance (ANCOVA) and the result is presented appropriately

PRESENTATION OF RESULT

Hypothesis one

There is no significant effect of individual counseling on social adjustment of people living with HIV/AIDS. The intendant variable is individual counseling while the dependent variable is social adjustment of people living with HIV/AIDS. To test this hypothesis, analysis of covariance was used and the result as presented in Table 1 showed that (F= 78.37, p<.05). This implies that those who were exposed to differ significantly in terms of their social adjustment from those who were not exposed to counseling. This is shown in the main gains of the two groups. Since p(.000) is less than p(.05), this implies that there is a significant effect of individual counseling on social adjustment of people living with HIV/AIDS. Hence, the null hypothesis is rejected.

Table 1:Analysis of covariance result on the effect of individual counseling on social adjustment of people living with HIV/AIDS.

Groups	Mean	Std. Deviation	N		
Experimental group	24.5870	4.18769	46		
Control group	15.5854	5.01486	41		
Total	20.3448	6.42638	87		
Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1772.337 ^a	2	886.169	41.835	.000
Intercept	2714.706	1	2714.706	128.159	.000
PRETEST	15.785	1	15.785	.745	.390
Groups	1660.051	1	1660.051	78.370	.000
Error	1779.318	84	21.182		
Total	39562.000	87			
Corrected Total	3551.655	86			

a. R Squared = .499 (Adjusted R Squared = .487)

Hypothesis two

There is no significant effect of gender on social adjustment of people living with HIV/AIDS. The intendant variable is gender while the dependent variable is social adjustment of people living with HIV/AIDS. To test this hypothesis, analysis of covariance was used and the result as presented in Table 1 showed that (F= 251, p>.05).

Since p (.000) is greater thanp (.05), this implies that there is nosignificant effect of gender on social adjustment of people living with HIV/AIDS. Hence, the null hypothesis is retained.

Table 2: Analysis of covariance result on the effect of individual counseling on social adjustment of people living with HIV/AIDS.

Sex	Mean	Std. Deviation	N
Males	20.6341	6.20385	41
Females	20.0870	6.67608	46
Total	20.3448	6.42638	87

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	122.526 ^a	2	61.263	1.501	.229
Intercept	2196.093	1	2196.093	53.796	.000
Pretest	116.035	1	116.035	2.842	.096
Sex	10.239	1	10.239	.251	.618
Error	3429.130	84	40.823		
Total	39562.000	87			
Corrected Total	3551.655	86			

a. R Squared = .034 (Adjusted R Squared = .012)

Hypothesis three

There is no significant interactive effect of individual counseling and gender on social adjustment of people living with HIV/AIDS. The intendant variable is individual counseling and gender while the dependent variable is social adjustment of people living with HIV/AIDS. To test this hypothesis, analysis of covariance was used and the result as presented in Table 1 showed that for individual counseling and gender (F=. 461, p>.05). Since p (.499) is greater thanp (.05), this implies that there is no significant interactive effect of individual counseling and gender on social adjustment of people living with HIV/AIDS. Hence, the null hypothesis is retained.

Table 3: Analysis of covariance result on the interactive effect of individual counseling and gender on social adjustment of people living with HIV/AIDS.

Groups	Sex	Mean	Std. Deviation	N	
Experimental group	Males	25.1579	4.15349	19	
	Females	24.1852	4.24298	27	
	Total	24.5870	4.18769	46	
Control group	Males	16.7273	4.90075	22	
	Females	14.2632	4.94236	19	
	Total	15.5854	5.01486	41	
Total	Males	20.6341	6.20385	41	
	Females	20.0870	6.67608	46	
	Total	20.3448	6.42638	87	

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1845.297 ^a	4	461.324	22.169	.000
Intercept	2700.988	1	2700.988	129.798	.000
PRETEST	16.290	1	16.290	.783	.379
Groups	1703.272	1	1703.272	81.852	.000
Sex	65.310	1	65.310	3.139	.080
Groups * Sex	9.602	1	9.602	.461	.499
Error	1706.358	82	20.809		
Total	39562.000	87			
Corrected Total	3551.655	86			

a. R Squared = .520 (Adjusted R Squared = .496)

DISCUSSION OF FINDINGS

Hypothesis one that stated that there is no significant effect of individual counseling on social adjustment of people living with HIV/AIDS was rejected. This implies that there is a significant effect of individual counseling on social adjustment of people living with HIV/AIDS. This could be due to the fact that counseling helps the individual to understand self in terms of personal abilities as well as gain an insight into the maladaptive behaviour which may result from the thought of being HIV/AIDS positive which he /she may want to correct and to provide the patient with the knowledge and skills which will help him confront social inadequacies. These findings were in line with that of Alpana and Ila (2010) carried out a study to assess the role of counseling as an effective technique for reducing anxiety and depression of AIDS patients. Findings showed that counseling proved to be very effective therapeutic technique for reducing depression and anxiety of AIDS patients. Gender differences were also observed. Male AIDS patients experienced more depression as compared to females. However, no significant difference was obtained with respect to anxiety.

CONCLUSION

Based on the findings of the study, it was concluded that individual counseling influence social adjustment of people living with HIV/AIDS in Calabar Metropolis. Based on the findings of the study, it was recommended that;

- i. Counseling should be made compulsory for all patients of HIV/AIDS to ensure that are helped to resolve social problems such as rejection and stigmatization that is commonly associated with them

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