

## **Assessment of Psycho-Social Behaviours Among HIV/Aids Patients in General Hospitals in Sokoto State, Nigeria: Implication for Health Counselling**

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### **Abstract**

*This research investigated the psycho-social behaviors of HIV/AIDS patients attending General Hospitals (GHs) in Sokoto State, Nigeria. Three research questions and two null research hypotheses were raised to guide the study. Cross-sectional descriptive research design was employed for the study. Population of the study comprised of 1,155 HIV/AIDS patients. The sample of the study consists of 275 HIV/AIDS patients purposively selected. Convenient sampling technique was also used to sample 30 counselors from 3 tertiary institutions in the state. The instrument for data collection was a questionnaire which was validated by experts and had reliability index of 0.78. The data collected were analyzed using descriptive statistics such as mean, standard deviation and ANOVA. The findings from the study revealed that HIV/AIDS patients attending GHs in Sokoto State demonstrate moderate psycho-social behaviors across personal, social and cognitive domains. Also, there is: no significant gender difference in psycho-social behaviors, but significant difference in counselling needs of HIV/AIDS patients attending GHs in Sokoto State. It was recommended that government should strengthen ongoing health education and behavioral reinforcement programs to sustain and improve personal psycho-social practices among patients. Government and non-governmental organizations should increase funding and institutional support to expand access to psycho-social services.*

**Keywords:** Psycho-social Behaviors, HIV/AIDS Patients, Counselling.

### **Introduction**

People living with HIV/AIDS face tremendous health risks from opportunistic infection, which dramatically increase their risk of death, weight loss as a

result of excessive stooling, loss of appetite, fatigue, tuberculosis, cancer, ulcerated genital organs, (National Institute of Health, 2021). However, regular medication for opportunistic infections can substantially prolong the life of the patients. HIV/AIDS is not contagious. It cannot be contracted through hugging, shaking of hands, touching, sharing cloths, dishes, toilet seats, eating together, and sitting close to an infected person (Medical News Today, 2023). There is negligible transmission through nasal secretion, sweat, tears, urine and saliva unless they contain visible blood. (Bolori, et.al 2017) An individual's immune system is harmed by HIV, and it also has an impact on their mental health. (Asante, 2018). HIV/AIDS patients deal with a variety of difficult issues related to their well-being, social, and health, employment challenges, and family. The biggest source of insecurities is that people with HIV are stigmatized and scared (Fauk, Hawke, Mwanri & Ward, 2021). Therefore, it is crucial to counsel HIV at the moment of diagnosis in order to effectively handle the child's psychological problems.

Psycho-social behaviors refer to the interaction between an individual's psychological state and their social environment, which influences their thoughts, emotions, and actions (Smith & Jones, 2023). These behaviors encompass a wide range of activities, from interpersonal interactions to how individuals respond to societal expectations, norms, and pressures. Psycho-social behaviors are often studied to understand how individuals navigate social systems, form relationships, and manage internal states like stress, anxiety, or happiness. (Chastain, 2022). The term "psycho-social" highlights the interconnectedness of psychological and social factors in shaping human behavior. Psychological factors include aspects like cognition, emotions, and mental health, while social factors pertain to relationships, culture, and societal influences (Harris, 2022). These behaviors manifest in everyday situations, such as how one behaves in a group, their coping strategies in response to social pressures, or how they express emotions in various contexts. For example, in the workplace, psycho-social behaviors can influence job satisfaction, productivity, and stress management (UNAIDS (2024).

Persons Living with HIV/AIDS (PLWHA) often pass through lots of psycho-social problems which often leave some negative impacts on them. (Fauk, Hawke, Mwanri & Ward, 2021). Such a person may begin to grieve when thinking about being diagnosed with a potentially debilitating illness that can threaten his or her life or impair his or her functioning in the society. Other emotional responses to testing positive in HIV/AIDS include: shock, disbelief,

panic, fear, guilt, despair, hopelessness and numbed. Discussion on HIV/AIDS is in many third-world countries still accompanied by taboo, misunderstandings, shame, guilt and rejection. Culturally conditioned silence about sexuality, sexual behaviour conceals risky sexual behaviour and sexual abuse and especially sexual abuse of children. Due to cultural, religious and legal aspects of the topic is HIV/AIDS, death, sexuality, the discussion is led only by a small group of experts. Rejection or lack of awareness about HIV/AIDS significantly limits the ability of effective and decent care for HIV-positive people and their families. It is very important to speak about HIV/AIDS loudly, to speak about the feelings and reactions of people living with HIV/AIDS. (Ubandawaki, 2022).

Sokoto state has 12,651 HIV patients in its register out of which 11,707 of them were placed on treatment and receiving anti-retroviral drugs at designated centers approved by the state government around the state. (Ubandawaki, 2022). The current spate of the disease is moving at a slow rate of about 0.4 percent which shows that awareness and advocacy campaigns by the state and some concern groups is working assiduously (Ubandawaki, 2022). Clinical counselling for HIV/AIDS is a key component of HIV therapy. It talks about the psychological and social needs of those who have HIV or AIDS. Clinical therapy is the best technique to assist a patient in coping with this condition and its implications (Fauk, Hawke, Mwanri & Ward, 2021). This research investigated the psycho-social behaviour and counselling needs of HIV/AIDS patients in public hospitals in the state.

### **Statement of the Problem**

People living with HIV/AIDS in Sokoto State face significant psycho-social challenges that impact their emotional well-being, social relationships, and quality of life. These challenges are often rooted in fear of stigma and discrimination, leading to social withdrawal, anxiety, and depression. Such fears discourage patients from disclosing their HIV status or seeking support, resulting in isolation and psychological distress. In addition to these personal struggles, healthcare systems in Sokoto State are often ill-equipped to provide adequate psycho-social support, with limited counselling services and insufficiently trained personnel. (Ubandawaki, 2022). As a result, patients frequently receive treatment that addresses only the physical symptoms of HIV/AIDS, while their emotional and relational needs are neglected. These

psycho-social difficulties extend to family life, as misunderstandings and fear of transmission can strain relationships.

Despite the significance of these issues, there is inadequate empirical research in Sokoto State examining how psycho-social behaviours and counselling needs vary across different demographic groups. After conducting a systematic review of existing research, understanding these variations is crucial for developing inclusive, culturally sensitive, and effective interventions. This study, therefore, explores the psycho-social behaviours and counselling needs of HIV/AIDS patients in general hospitals across Sokoto State, to inform the planning and delivery of more holistic support services.

### **Objectives of the Study**

The objectives of this study are to:

1. find out the psycho-social behaviours of HIV/AIDS patients attending General Hospitals in Sokoto state?
2. find out the difference in psycho-social behaviors of male and female HIV/AIDS patients attending General Hospitals in Sokoto state.
3. examine the difference in the counselling needs of male and female HIV/AIDS patients attending General Hospitals in Sokoto state.

### **Research Questions**

What are the psycho-social behaviours of HIV/AIDS patients attending General Hospitals in Sokoto state?

- a. Is there a difference between the psycho-social behaviors of male and female HIV/AIDS patients attending General Hospitals in Sokoto state?
- b. Is there a difference between the counselling needs of male and female HIV/AIDS patients attending General Hospitals in Sokoto state?

## Null Hypotheses

The following null hypotheses were tested at 0.05 level of significance:

- H<sub>01</sub>: There is no significant difference between the psycho-social behaviors of male and female HIV/AIDS patients attending General Hospitals, Sokoto state.
- H<sub>02</sub>: There is no significant difference between the counselling needs of male and female HIV/AIDS patients attending General Hospitals, Sokoto state.

## Methodology

This study employed a cross-sectional descriptive research design. The population comprised 1,155 registered HIV/AIDS patients attending 20 general hospitals in Sokoto State.

**Table 1:** Population of the Study

S/N	General Hospital	No. of HIV patients
1.	General Hospital Binji	27
2.	General Hospital Bodinga	11
3.	General Hospital Gada	42
4.	General Hospital Goronyo	19
5.	General Hospital Balle	137
6.	General Hospital Gwadabawa	73
7.	General Hospital Illela	94
8.	General Hospital Isa	59
9.	General Hospital Kebbe	27
10.	General Hospital Kware	159
11.	General Hospital Rabah	93
12.	General Hospital Sabon Birni	74
13.	General Hospital Shagari	102
14.	General Hospital Silame	19
15.	General Hospital Dogon daji	61
16.	General Hospital Tambuwal	33
17.	General Hospital Tangaza	13
18.	General Hospital Tureta	7
19.	General Hospital Wurno	47
20.	General Hospital Yabo	58
	Total	1155

Source: SOSACAT, 2024.

However, the study focused on 13 selected general hospitals. A total sample size of 275 HIV/AIDS patients was drawn using proportionate and purposive sampling techniques to ensure relevance and representativeness.

**Table 2:** Sample of the Study

S/N	General Hospital	Population of HIV Patients	No. of HIV Patients Sample
1.	General Hospital Bodinga	11	4
2.	General Hospital Gada	42	16
3.	General Hospital Goronyo	19	7
4.	General Hospital Balle	137	52
5.	General Hospital Gwadabawa	73	28
6.	General Hospital Illela	94	36
7.	General Hospital Kebbe	27	10
8.	General Hospital Kware	159	60
9.	General Hospital Rabah	93	11
10.	General Hospital Silame	19	7
11.	General Hospital Dogon daji	61	23
12.	General Hospital Tureta	7	3
13.	General Hospital Wurno	47	18
	Total		275

Additionally, 30 counsellors from three tertiary institutions in Sokoto State were selected through convenient sampling to provide insights into patients' counselling needs. The instrument used was a researcher-designed questionnaire titled *Psycho-social Behaviours and Counselling Needs of HIV/AIDS Patients Questionnaire (PBCNHPQ)*. It contained three sections: Section A on demographic data, Section B on psycho-social behaviours (using a 5-point rating scale), and Section C on counselling needs (using a 4-point Likert scale). Sections A and B were completed by the patients, while Section C was reserved for the counsellors. Validation and reliability of the instrument were ensured through expert review, yielding a Content Validity Index (CVI) of 1.64 and a Kapper Value (KV) of 0.75. A pilot test with 15 patients outside the sample refined the tool. Test-retest reliability produced a Pearson correlation coefficient of 0.78, confirming the instrument's reliability. Data collection involved in-person administration of questionnaires, with research assistants translating into Hausa when necessary. Ethical considerations such as confidentiality and voluntary participation were upheld. For data analysis, descriptive statistics (mean and standard deviation) was used to analyses research question one while inferential statistics (ANOVA) using SPSS (v20) was employed to test the research hypotheses.

## Results

The analysis of the research items for each of the research questions was done using mean and standard deviation. Since the instruments for the research were designed using a rating and Likert scale, the mean benchmark for

answering the research items for each of the instruments is 2.5 criterion mean as follows:

**Table 3:** Criteria for Analyzing the Responses

Range		Remakr
1 – 1.49	=	Very Low
1.50 – 2.49	=	Low
2.50 – 3.49	=	High
3.50 – 4.00	=	Very High

The data were presented and analyzed in line with the research questions as shown in Tables below.

**Research Question One:** What are the psycho-social behaviours of HIV/AIDS patients attending General Hospitals in Sokoto state?

The results on the psycho-social behaviours of HIV/AIDS patients attending General Hospitals in Sokoto state is shown in Table 4.

**Table 4:** Psycho-social Behaviours of HIV/AIDS Patients Attending General Hospitals in Sokoto state (N = 275)

S/N	Psycho-social Behaviour	Mean	Std. Dev.	Remark
<i>Personal Behaviours</i>				
1.	I take my HIV/AIDS medications exactly as prescribed by my healthcare provider.	2.51	1.39	High
2.	I maintain a balanced and nutritious diet to support my immune system.	2.69	.84	High
3.	I maintain a balanced and nutritious diet to support my overall health.	2.72	.79	High
4.	I engage in regular physical activity or exercise to improve my well-being	2.77	.69	High
5.	I engage in activities (e.g., meditation, hobbies, relaxation) to reduce stress in my life.	2.77	.77	High
6.	I avoid harmful habits such as smoking, alcohol consumption, or drug use.	2.72	1.10	High
7.	I take precautions (e.g., using protection during sex) to prevent transmission of HIV/AIDS to others.	2.55	.98	High
<i>Mean Score of Personal Behaviours</i>		2.68	.70	High
<i>Social Behaviour</i>				
8.	I seek emotional or practical support from family or friends when I need it.	2.68	.80	High
9.	I participate in social or community activities despite my HIV/AIDS status.	2.72	.82	High
10.	I openly share my HIV status with people I trust.	2.00	.96	Low
11.	I avoid situations where I feel judged or stigmatized due to my HIV/AIDS status.	2.69	.58	High
12.	I maintain healthy relationships with friends, family, and significant others.	2.66	.76	High

13.	I attend HIV/AIDS support group meetings or community gatherings.	2.79	.80	High
14.	I feel accepted by society despite my HIV/AIDS status.	2.64	.77	High
	<i>Mean Score of Social Behaviours</i>	2.60	.61	High
	<i>Cognitive Behaviour</i>			
15.	I actively seek information to better understand HIV/AIDS and its management.	2.77	.65	
16.	I use positive thinking to cope with the challenges of living with HIV/AIDS.	2.56	.70	High
17.	I feel hopeful about my future despite my HIV/AIDS status.	2.63	.65	High
18.	I carefully think through decisions that may affect my health and well-being.	2.57	.60	High
19.	I find it easy to focus and remember things related to my daily routine and treatment plan.	2.65	.69	High
20.	I remind myself of the importance of staying consistent with my treatment.	2.51	.81	High
21.	I can concentrate on daily tasks without feeling overwhelmed by my health status.	2.38	.88	Low
	<i>Mean Score of Cognitive Behaviours</i>	2.58	.49	High

Source: Fieldwork, 2025

Table 4 presents the summary results of the psycho-social behaviours of HIV/AIDS patients attending general hospitals in Sokoto State based on three domains: personal behaviours, social behaviour and cognitive aspects. The results show that personal behaviours domain has the highest mean score of 2.68 with a standard deviation of 0.70, indicating that patients exhibit high levels of personal behavioural responses related to their HIV/AIDS status. These behaviours include taking prescribed HIV/AIDS medications, maintaining balanced and nutritious diets, undergoing physical activities or exercises, engaging in activities like hobbies and relaxation to reduce stress, avoiding harmful habits such as smoking, alcohol consumption or drug abuse and taking precautions like using protection during sex to prevent transmission. The relatively higher mean suggests that personal responses to the condition are more prominent or visible among the patients compared to the other domains.

Social behaviour had mean score of 2.60 and a standard deviation of 0.61. This implies that patients also show a high level of social behaviours like seeking emotional or practical support from family or friends, participating in social or community activities, sharing HIV status with people, avoiding situation leading to being stigmatized or judged, attending HIV/AIDS support group meetings or community gathering or feeling accepted by the society. While the mean is slightly lower than that of personal behaviours, it still reflects noticeable social dynamics influenced by the condition.

The cognitive domain has the lowest mean score of 2.58 and the smallest standard deviation of 0.49, suggesting relatively consistent but slightly less expressed cognitive responses. These include seeking information to better understand HIV/AIDS and its management, positive thinking on coping mechanisms, feeling hopeful, think through decision affecting health, focus and remember things related to daily routine and treatment plans, reminisce on importance of staying consistent with treatment and concentrate on daily task without feeling overwhelmed. The lower standard deviation in this domain also indicates less variability in responses, meaning that most patients tend to think similarly about their situation.

These findings suggest that HIV/AIDS patients in Sokoto State demonstrate some level of psycho-social behaviours across personal, social, and cognitive domains, with personal behaviours being the most pronounced. The closeness of the mean scores across domains also reflects a holistic psycho-social experience, where behaviour, social interaction and thought patterns are interrelated in shaping how patients live with HIV/AIDS.

### Null Hypotheses Testing

The null hypotheses were tested using Analysis of Variance (ANOVA) as shown below.

**Null Hypothesis One:** There is no significant difference between the psycho-social behaviors of male and female HIV/AIDS patients attending General Hospitals, Sokoto state.

This hypothesis was tested at 0.05 level of significance presented in Table 5.

**Table 5:** ANOVA Results for the Difference Between the Psycho-social Behaviors of Male and Female HIV/AIDS Patients Attending General Hospitals, Sokoto state

Source of Variation	Sum of Squares	Df	Mean Square	F	Sig.	Decision
Between Groups	.002	1	.002	.006	.937	H <sub>01</sub> Accepted
Within Groups	69.032	273	.253			
Total	69.034	274				

Table 2 shows the results of the Analysis of Variance (ANOVA) for the difference between the psycho-social behaviors of male and female HIV/AIDS patients attending General Hospitals, Sokoto state. From the ANOVA table, the F-value is 0.006 and the corresponding p-value (Sig.) is 0.937. Since the p-value is greater than 0.05, the result is not statistically significant. This means

that there is no meaningful difference in psycho-social behaviours between male and female patients within the sample. Therefore, the null hypothesis is retained, indicating that gender does not significantly influence the psycho-social behaviours of HIV/AIDS patients attending general hospitals in Sokoto State.

**Null Hypothesis Two:** There is no significant difference between the counselling needs of male and female HIV/AIDS patients attending General Hospitals, Sokoto state.

This hypothesis was tested at 0.05 level of significance presented in Table 6.

**Table 6:** ANOVA Results for the Difference in Counselling Needs of Male and Female HIV/AIDS Patients Attending General Hospitals, Sokoto state

Source of Variation	Sum of Squares	Df	Mean Square	F	Sig.	Decision
Between Groups	.702	1	.702	6.652	.015	H <sub>02</sub>
Within Groups	2.953	28	.105			Rejected
Total	3.655	29				

The results of null hypothesis two are presented in Table 7 using ANOVA at a 0.05 level of significance. The F-value is 6.652 and the p-value (Sig.) is 0.015. Since the p-value is less than 0.05, the result is statistically significant. Therefore, the null hypothesis is rejected, and it is concluded that there is a statistically significant difference between the counselling needs of male and female HIV/AIDS patients attending general hospitals in Sokoto State. This means that gender influences the type or extent of counselling support needed, and therefore, gender-sensitive counselling approaches may be necessary to adequately address the distinct psychological and emotional needs of male and female patients.

### Summary of Major Findings

The following are the major findings of the study:

1. HIV/AIDS patients attending general hospitals in Sokoto State demonstrate high level of psycho-social behaviours across personal, social and cognitive domains, with personal behaviours being the most pronounced.
2. Gender does not significantly influence the psycho-social behaviours of HIV/AIDS patients attending general hospitals in Sokoto State as

both male and female patients exhibit similar psycho-social responses to living with HIV/AIDS.

3. There is a statistically significant difference between the counselling needs of male and female HIV/AIDS patients attending general hospitals in Sokoto State.

## Discussion

The findings from research question one shows that HIV/AIDS patients attending general hospitals in Sokoto State demonstrate high level of psycho-social behaviours across personal, social and cognitive domains, with personal behaviours being the most pronounced. This finding finds empirical support in related studies. For instance, Stein and Nyamathi (2020) reported that both male and female HIV-positive individuals displayed high level of engagement in behaviours that reflect self-care and positive coping strategies, such as injection drug avoidance, increased AIDS knowledge, social support, and adherence to medical advice, with women showing slightly more proactive behaviours in terms of self-care and risk perception.

Similarly, Golrokhi *et al.* (2023) found that HIV-positive patients used both problem-focused and emotion-focused coping strategies, with problem-focused strategies (including health-conscious personal routines and therapy compliance) being associated with better psychological outcomes. This aligns with the current research's indication that personal behaviours, like taking medications, practicing safe sex, and avoiding substance abuse, are the most developed among the psycho-social domains. Moreover, the study by Olusakin and Agbomian (2017) also supports this finding by showing that HIV/AIDS patients who underwent group counselling displayed improved psycho-social adjustment, particularly in areas related to personal responsibility for health and well-being. These studies, in various contexts, affirm the current research's observation that while social and cognitive behaviours exist at moderate levels, personal psycho-social behaviours remain the most actively demonstrated by HIV/AIDS patients.

Findings from research hypothesis one revealed that gender does not significantly influence the psycho-social behaviours of HIV/AIDS patients attending general hospitals in Sokoto State implying that both male and female patients exhibit similar psycho-social responses to living with HIV/AIDS and gender-specific interventions may not be necessary in this context. This

finding is consistent with findings from previous related studies. For instance, the study by Olusakin and Agbomian (2017) revealed no significant gender difference in the psycho-social adjustment of HIV/AIDS patients following group counselling interventions. Similarly, Ushie *et al.* (2016) found no significant gender variation in the psycho-social behaviours of HIV/AIDS patients exposed to group counselling in Cross River State. Their result reinforces the idea that gender may not be a strong determinant of how patients respond to psychological and behavioural challenges associated with the condition.

Furthermore, Golrokhi *et al.* (2023) observed that although some psycho-social issues like depression and anxiety were prevalent among HIV-positive patients, both men and women demonstrated similar coping strategies such as problem-focused and emotion-focused approaches. This further supports the conclusion that psycho-social behaviours are not significantly gendered. Also, Sargolzaei *et al.* (2018) reported that while there were slight differences in psychological health scores, these were not substantial enough to warrant gender-specific intervention. Instead, psycho-social wellbeing was more closely associated with the level of social support and disease progression. These findings affirm that HIV/AIDS patients, regardless of gender, tend to exhibit similar psycho-social patterns and would likely benefit equally from general counselling interventions without the need for gender-based modifications.

Findings from research hypothesis two also revealed that there is a statistically significant difference between the counselling needs of male and female HIV/AIDS patients attending general hospitals in Sokoto State, implying that gender influences the type or extent of counselling support needed. This result aligns with the study by Mwaura (2022), which found that gender significantly influenced self-acceptance among people living with HIV/AIDS, with female patients often facing greater psychological challenges and benefiting more from counselling interventions. Similarly, Golrokhi *et al.* (2023) reported that depression, anxiety, and stress were prevalent among HIV-positive individuals and that these psychological conditions were significantly associated with gender. Women in their study showed higher vulnerability to these conditions, underscoring the need for gender-sensitive counselling that addresses specific mental health concerns.

In addition, Sargolzaei *et al.* (2018) found that female patients had lower psychological well-being scores than males and often had less access to social support systems. This further supports the notion that women may require more intensive or tailored counselling services to address both emotional and structural barriers in coping with HIV. Moreover, Nobakht *et al.* (2018) provided evidence that cognitive-behavioural therapy was especially effective for women with HIV in managing depression, anxiety, and stress. Their results demonstrated that targeted counselling interventions could significantly improve psychological outcomes, highlighting the need to consider gender when designing counselling programmes. These studies reinforce the finding from the current research that gender influences the counselling needs of HIV/AIDS patients. While psycho-social behaviours may be similar across genders, the specific emotional burdens, societal roles and support systems experienced by men and women create distinct counselling demands.

## **Conclusion**

HIV/AIDS patients attending General Hospitals in Sokoto State, Nigeria, exhibit psycho-social behaviours across personal, social and cognitive dimensions, with personal behaviours being the most evident. These behaviours include health-promoting practices such as medication adherence, balanced nutrition, physical activity, stress reduction and risk-avoidance behaviours. Also, psycho-social interventions, particularly individual counselling and educational programmes, are considered highly effective in supporting patient well-being. Coping strategies such as stress management and adherence to antiretroviral therapy (ART) were also shown to be beneficial, though economic and systemic challenges were noted to hinder consistent implementation.

In terms of demographic influences, gender did not significantly affect psycho-social behaviours, indicating that both male and female patients respond similarly to the psychological and social challenges posed by HIV/AIDS.

However, a significant difference was found in the counselling needs of male and female patients, suggesting variations in the emotional or psychological support each gender requires.

## **Recommendations**

Based on the findings of the study, the following recommendations are proffered:

1. Government should strengthen ongoing health education and behavioural reinforcement programs to sustain and improve personal psycho-social practices among patients.
2. Government and non-governmental organizations (NGOs) should increase funding and institutional support to expand access to psycho-social services and remove financial barriers to effective coping strategies.
3. Stakeholders such as [AIDS Prevention Initiative in Nigeria (APIN), Network of People Living with HIV and AIDS in Nigeria (NEPWHAN), Society for Family Health (SFH), The Nigerian Red Cross Society (NRCS)] should implement gender-inclusive psycho-social interventions since both male and female patients show similar behavioural responses.

### **Implication for Health Counselling**

1. The findings have direct implication for healthcare practitioners, policymakers and program designers. The high level of psycho-social behaviour indicates the need for continuous psycho-social support, especially in the social and cognitive domains.
2. The differentiated counselling needs based on gender suggest that interventions should be tailored to specific patient characteristics. Therefore, a holistic, inclusive, and culturally sensitive support system is required, one that accounts for financial, emotional and relational realities of HIV/AIDS patients.
3. Individual counselling and educational interventions are especially valued, implying that personalized and information-based strategies are effective for this population. These insights can guide the development of more effective, targeted and equitable psycho-social support programs within general hospitals in Sokoto State.

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