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Exploration of Counselling Needs of People Living with HIV/AIDS in General Hospitals of Sokoto State, Nigeria: Implications for Health Counselling

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ABSTRACT

This research investigated the counselling needs of HIV/AIDS patients attending General Hospitals in Sokoto State, Nigeria. Three research objectives and research questions with two 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 across 20 general hospitals in the state. The sample of the study consists of 275 HIV/AIDS patients purposively selected from 13 general hospitals in the state. The instrument for data collection was a questionnaire titled "Counselling Needs of HIV/AIDS Patients Questionnaire" (CNHPQ) which was validated by experts and had reliability index of 0.78. The data collected were analysed using descriptive statistics such as frequency, percentages, mean, standard deviation and Analysis of Variance (ANOVA). The findings from the study revealed that psychosocial interventions, especially individual counseling and educational programs, were viewed as the most impactful in improving patients' well-being and coping strategies such as stress management and ART adherence are positively perceived. Also, there is **s**ignificant difference in counselling needs of HIV/AIDS patients by age but there is no significant differences in the counselling needs of HIV/AIDS patients based on **r**eligious affiliation of HIV/AIDS patients attending General Hospitals in Sokoto State. It was recommended that Government should strengthen ongoing health education and behavioural reinforcement programs to sustain and improve personal psychosocial practices among patients. Also, counselling services should be differentiated by age group to reflect the varying emotional maturity and life experiences of patients.

Keywords: Counselling needs, HIV/AIDS Patients. Psycho-social Behaviours

INTRODUCTION

ADS counselling is different from other forms of care. The disease is not only a health problem with diverse consequences for an individual, but equally a problem for the family and society; it is also

associated with intense and progressive human suffering which arouses diverse emotional reactions. Such reactions include fear, denial, loss, grief, anxiety, anger, rejection, isolation, annoyance, blame apportioning, pity, self- condemnation, depression and suicidal thoughts (Curran, Crosby & del Rio, 2015). It is not only the clients who go through the grieving process but every person in their social network. Managing the disease involves personal issues and often requires talking about things that are dreaded and aspects of life ordinarily considered very private. The uncertainty about several aspects of life was noted by Gerbi *et al.* (2017). These are concerns about whether AIDS will develop and whether family and friends will reject the person infected. There will be doubts about their willingness to give support and about the availability and usefulness of treatment and the course of the illness.

Other concerns are related to myths and lack of complete knowledge about the disease. The clients may be very fearful of the social attitudes that question their self-worth and may bring scorn on the family. HIV also brings anxiety about possible family conflicts and problems concerning work and finance as the disease progresses. There may also be problems with friends, problems about meeting basic life needs, problems derived from sexuality and sexual relationships, changes in body image and anxiety about dying and death. AIDS counselling is different because the disease is accompanied by concerns that are not associated with other diseases, however severe; it is still a highly controversial disease with many facets: personal, social, political, legal and religious. Human rights, public health and many more aspects are involved in coping with it (WHO, 2024).

Everyone needs counselling, although from different perspectives, as everyone has a role to play in care and in controlling the spread of HIV. Importantly, every sexually active person exposed to risks of contracting HIV needs individual counselling, focused on the behaviour that puts the person at risk. Counselling should be for men and women irrespective of sexual orientation: heterosexual, homosexual or bisexual (WHO, 2024). This is important for people with multiple sexual partners practicing unprotected penetrative sex (now or in the past), sexual partners of these people, drug users who share injecting equipment, and recipients of unscreened blood products and donated organs, especially before the introduction of routine screening of donated blood. Others needing counselling are people who may have been exposed to infection through previous invasive medical and surgical procedures from traditional or orthodox practitioners. As well, people seeking help because of past or current sexual behaviour which has put them at risk should be given priority (Saunders & Cabecinha, 2021).

Others seeking help include pregnant women who are HIV-positive, health practitioners with occupational exposure, and people who have been sexually abused, assaulted or raped. Others include people considered to be special high risk groups, such as sexually active teenagers and commercial sex workers, and people at different stages of illness from HIV infection. When traditional care-giving within the family becomes inadequate, it is time to seek the help of professionals to supplement the efforts of the family. Informal caregivers of people with AIDS are often lovers, spouses and other family members Miller and Bor (2018). These people stand to benefit significantly from counselling as they are prone to experience what DeCarlo and Folkman (2016) call compassion fatigue' or burnout from caring for a sick person for a long time or losing loved ones after a period of physically and emotionally demanding caregiving. Additionally, sexual partners who are also caregivers need counselling to encourage the adoption of safer sex practices. The fact that different types of people require counselling to achieve specific but diversified goals points to the variation required in counselling procedures (PAHO/WHO, 2025).

Statement of the Problem

Individuals living with HIV/AIDS face numerous psychosocial challenges that affect their emotional well-being, social functioning, and overall quality of life. Many patients struggle with behaviors such as social withdrawal, fear, anxiety and hopelessness, often triggered by the fear of stigma and discrimination. This fear discourages disclosure of their HIV status, leading to isolation and preventing them from accessing needed support from family, peers, or the wider community. Consequently, many patients experience heightened loneliness, depression, and mental health difficulties that further complicate the management of their condition (NCBI-Bookshelf, 2024).

General hospitals in Sokoto State, Nigeria often lack trained personnel, resources and dedicated counseling services to address the psychosocial needs of HIV/AIDS patients. Counselling is typically

limited or absent and healthcare providers may not be adequately equipped to manage the emotional and psychological dimensions of care. As a result, patients often receive treatment that addresses the physical symptoms of the illness but neglects their emotional and relational needs.

Despite the importance of addressing these issues, there is limited empirical research in Sokoto State exploring the counseling needs of HIV/AIDS patients. In particular, little is known about how these needs may vary based on gender, age, marital status or religion, factors that likely shape individual experiences and coping strategies. Given the diverse social and cultural composition of Sokoto State, understanding these variations is essential for designing responsive and inclusive counseling interventions. This study, therefore, investigated the counseling needs of HIV/AIDS patients attending general hospitals in Sokoto State, with the aim of informing more effective and holistic care approaches.

Objectives of the Study

The objectives of the study were to:

i. find out the most effective inventions and coping strategies for addressing the counselling needs of HIV/AIDS patients attending G. Hs, in Sokoto state?
ii. examine the difference in the counselling needs of young and old HIV/AIDS patients attending General Hospitals in Sokoto state.
iii. find out the difference in the counselling needs of HIV/AIDs patients attending General Hospitals in Sokoto state, on the basis of marital status.

Research Questions

The following research questions were raised to guide the study:

i. What are the most effective inventions and coping strategies for addressing the counselling needs of HIV/AIDS patients attending G. Hs, in Sokoto state?
ii. Is there difference between the counselling needs of young and old HIV/AIDS patients attending General Hospitals in Sokoto state?
iii. Is there difference in the counselling needs of HIV/AIDs patients attending General Hospitals in Sokoto state, on the basis of marital status?

Null Hypotheses

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

H_{01}: There is no significant difference between the counselling needs of young and old HIV/AIDS patients attending General Hospitals, Sokoto state.

H_{02}: There is no significant difference in the counselling needs of HIV/AIDS patients attending General Hospitals, Sokoto state, on the basis of marital status.

METHODOLOGY

This study employed a cross-sectional descriptive research design. The population comprised 1,155 registered HIV/AIDS patients attending 20 G. Hs 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 more insights into patients' counselling needs. The instrument used was a researcher-designed questionnaire titled *Counselling Needs of HIV/AIDS Patients Questionnaire (CNHPQ)*. It contained two sections: Section A on demographic data with Section B on counselling needs (using a 4-point Likert scale). 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 analyze 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		Remark
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 Two: *What are the most effective inventions and coping strategies for addressing the psychosocial behaviors of HIV/AIDS patients attending G. Hs, in Sokoto state?*

Table 4 shows the results on the most effective inventions and coping strategies for addressing the counselling needs of HIV/AIDS patients attending G. Hs, in Sokoto state.

Table 4: Psychosocial Inventions and Coping Strategies of HIV/AIDS Patients Attending General Hospitals, in Sokoto state (N=30)

S/N	*Psychosocial Intervention*	Mean	Std. Deviation	Remark
1.	Regular counseling sessions significantly improve patients' emotional well-being.	3.80	.41	Very High
2.	Group therapy sessions provide effective peer support for HIV/AIDS patients.	3.30	.47	High
3.	Educational workshops about HIV/AIDS reduce stigma among patients.	3.47	.63	Very High
4.	Family counseling sessions help strengthen the support system for HIV/AIDS patients.	3.07	.58	High
5.	Community outreach programs improve patients' acceptance and social integration.	2.80	.96	High
	Total	**3.29**	**.61**	**High**
	Coping Strategies			
1.	Training patients in stress management techniques improves their emotional resilience.	3.23	.63	High
2.	Promoting mindfulness and relaxation practices helps patients cope with HIV-related stress.	3.10	.76	High
3.	Encouraging adherence to antiretroviral therapy (ART) improves patients' mental health.	3.20	.48	High
4.	Engaging in income-generating activities or skill acquisition to improve self-sufficiency.	2.90	.71	High
5.	Facilitating access to religious or spiritual support improves patients' coping mechanisms.	2.67	.88	High
	Total	**3.02**	**0.69**	**High**

Table 4 shows the results on the most effective inventions and coping strategies for addressing the psychosocial behaviors of HIV/AIDS patients attending G. Hs, in Sokoto state. Among the psychosocial interventions, regular counseling sessions received the highest mean score of 3.80, with a relatively low standard deviation (0.41). This indicates a strong and consistent belief among counsellors that counseling enhances emotional well-being. Educational workshops aimed at reducing stigma also scored highly (mean = 3.46), suggesting that counsellors perceive these sessions as valuable in creating awareness and countering societal stigma associated with HIV/AIDS. The relatively moderate standard deviation (0.63) indicates some variation in patient experiences but generally positive perceptions.

Also, group therapy sessions (mean = 3.30) and family counseling (mean = 3.07) are also seen as beneficial, though with slightly lower ratings. Group therapy is recognized for its role in fostering peer support, while family counseling contributes to strengthening home-based support systems. However, the somewhat lower mean for family counseling may reflect cultural or social dynamics in Sokoto that influence family participation in health-related discussions. Community outreach programs received the lowest rating among interventions (mean = 2.80**,** SD = 0.96), suggesting limited impact or inconsistent effectiveness. The high standard deviation indicates divergent opinions, some patients may have benefited significantly, while others found them less helpful.

Among coping strategies, stress management training had the highest mean (3.23), followed closely by ART adherence (3.20) and mindfulness/relaxation practices (3.10). These scores suggest that patients find internal, self-regulated coping methods fairly effective, particularly those that empower

them to handle emotional stress and maintain treatment routines. The moderate standard deviations here point to relatively consistent experiences, though with some individual variability. Engaging in income-generating activities or skill acquisition had the lowest mean score of 2.90 indicating a moderate level of financial coping strategy among HIV/AIDS patients.

Finally, religious or spiritual support had the lowest mean score (2.67**,** SD = 0.88). Despite the cultural and religious prominence in Sokoto State, this result may suggest that while some patients benefit from spiritual guidance.

The results demonstrate that structured psychosocial interventions, especially individual counseling and educational programs, are viewed as the most impactful in improving patients' well-being. Meanwhile, coping strategies such as stress management and ART adherence are positively perceived, though financial and systemic barriers still exist.

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 counselling needs of young and old HIV/AIDS patients attending General Hospitals, Sokoto state.

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

Table 5: ANOVA Results for the Difference Between the Counselling Needs of Young and Old HIV/AIDS Patients Attending General Hospitals, Sokoto state.

Source of Variation	Sum of Squares	Df	Mean Square	F	Sig.	Decision
Between Groups	.529	1	.529	4.735	.038	H_{04} Rejected
Within Groups	3.126	28	.112			
Total	3.655	29				

Source: Research Output, 2025.

The results of null hypothesis one, which states that there is no significant difference between the counselling needs of young and old HIV/AIDS patients attending general hospitals in Sokoto State, are analyzed using ANOVA at a 0.05 level of significance, as presented in Table 5. From the table, the F-value is 4.735 and the corresponding p-value (Sig.) is 0.038. Since the p-value is less than 0.05, the result is statistically significant. The Sum of Squares Between Groups is 0.529, indicating that a measurable portion of the variance in counselling needs is due to age differences, while the Sum of Squares Within Groups is 3.126, reflecting variation not related to age. The F-ratio of 4.735 supports the finding that age has a statistically meaningful impact on counselling needs. Therefore, the null hypothesis is rejected, indicating that there is significant difference between the counselling needs of young and old HIV/AIDS patients attending G. Hs in Sokoto State.

Null Hypothesis Two: There is no significant difference in the counselling needs of HIV/AIDS patients attending G. Hs, Sokoto state, on the basis of marital status.

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

Table 6: ANOVA Results for the Difference in the Counselling Needs of HIV/AIDS Patients Attending G. Hs, Sokoto state, on the Basis of Marital Status.

Source of Variation	Sum of Squares	Df	Mean Square	F	Sig.	Decision
Between Groups	.673	2	.336	3.046	.064	H_{06} Accepted
Within Groups	2.982	27	.110			
Total	3.655	29				

Source: Research Output, 2025.

The results of null hypothesis two, which states that there is no significant difference in the counselling needs of HIV/AIDS patients attending general hospitals in Sokoto State on the basis of marital status, were analyzed using Analysis of Variance (ANOVA) at the 0.05 level of significance, as presented in Table 6. From the results, the F-value is 3.046 and the associated p-value (Sig.) is 0.064. Since the p-value is greater than 0.05, the result is not statistically significant. This means there is no significant difference in the counselling needs of HIV/AIDS patients based on their marital status. Therefore, the null hypothesis is retained, meaning that there is no significant difference in the

counselling needs of HIV/AIDS patients attending G. Hs in Sokoto State on the basis of marital status.

Summary of Major Findings

The following are the major findings of the study:

1. Psychosocial interventions, especially individual counseling and educational programs, are viewed as the most impactful in improving patients' well-being. Meanwhile, coping strategies such as stress management and ART adherence are positively perceived, though financial and systemic barriers still exist.
2. Age significantly affects the counselling needs of HIV/AIDS patients in general hospitals in Sokoto State as younger and older patients may require different forms or intensities of counselling support, possibly due to differences in emotional maturity, social roles, life experiences or coping styles.
3. Marital status does not significantly affect the counselling needs of HIV/AIDS patients in G. Hs in Sokoto State implying that whether patients are single, married or widowed/divorced, their need for counselling needs is generally similar.

DISCUSSION OF FINDINGS

The finding from research question one revealed that psychosocial interventions, especially individual counseling and educational programs, are viewed as the most impactful in improving patients' well-being. Meanwhile, coping strategies such as stress management and ART adherence are positively perceived, though financial and systemic barriers still exist. These findings are supported by several related empirical studies. For instance, Mwaura (2022) found that psychological counselling significantly enhanced self-acceptance among people living with HIV/AIDS in Mathare Constituency, Nairobi. Participants reported that counselling sessions played a vital role in helping them cope with their diagnosis and improve their emotional well-being. The study highlighted that demographic factors such as age, gender, and education influenced the effectiveness of these interventions, indicating that targeted individual counselling can yield meaningful psychosocial benefits.

In line with these, Golrokhi *et al*. (2023) reported that coping strategies, particularly stress management and adherence to ART, were linked to improved psychological states, with lower levels of depression, anxiety, and stress among those who actively used problem-focused coping mechanisms. However, their study also noted that financial constraints and limited access to counselling resources remained barriers to full implementation and benefit of these strategies, mirroring the systemic and economic challenges highlighted in the present research. Collectively, these empirical studies validate the current research finding that well-structured psychosocial interventions and adaptive coping strategies are crucial for improving the psychosocial well-being of HIV/AIDS patients.

Furthermore, findings from null hypothesis one showed that age significantly affects the counselling needs of HIV/AIDS patients in general hospitals in Sokoto State as younger and older patients may require different forms or intensities of counselling support, possibly due to differences in emotional maturity, social roles, life experiences or coping styles. The finding corroborated with that of Asante (2018) who found that older patients reported higher levels of stress than younger ones. The study linked these differences to varying levels of social support and emotional strain, indicating that older individuals may require more intensive or differently focused counselling to manage stress and anxiety related to their health status and life circumstances.

Similarly, Golrokhi *et al*. (2023) reported that coping strategies among HIV-positive patients differed by age, with emotion-focused and problem-focused coping being used in varying degrees across age groups. Younger and older patients respond differently to the psychosocial impact of HIV/AIDS, requiring customized counselling strategies that align with their preferred or most effective coping styles. Moreover, Laurenzi *et al*. (2021) concluded that youth-targeted interventions had small to moderate effects on improving ART adherence and psychosocial outcomes.

Moreover, findings from null hypothesis two revealed that marital status does not significantly affect the counselling needs of HIV/AIDS patients in general hospitals in Sokoto State implying that whether patients are single, married or widowed/divorced, their need for counselling support is generally similar. This finding aligns with finding of Nobakht *et al*. (2018) and van Luenen,

Garnefski, and Spinhoven (2018), who studied women with HIV and found that demographic characteristics, including marital status, did not produce significant differences in counselling outcomes. Instead, psychological distress (depression, anxiety, and stress) and the impact of counselling interventions were more uniformly distributed across participants, suggesting a shared need for structured counselling, regardless of marital background.

CONCLUSION

Counselling 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 to patients attending General Hospitals in Sokoto State, though economic and systemic challenges were noted to hinder consistent implementation.

In terms of demographic influences, age emerged as a significant factor influencing counselling needs. Younger and older patients differed in the type of counselling support required, possibly reflecting age-related differences in roles, experiences and coping mechanisms.

However, marital status did not significantly influence counselling needs, as patients across these categories reported generally similar needs for psychological support. This study provides a nuanced understanding of the interplay between counselling needs and demographic factors among HIV/AIDS patients in Sokoto State. It highlights the complexity of living with HIV/AIDS and underscores the importance of considering demographic information in the care and support of affected individuals.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

1. Government should strengthen ongoing health education and behavioural reinforcement programs to sustain and improve personal psychosocial practices among patients.
2. Counselling services should be differentiated by age group to reflect the varying emotional maturity and life experiences of patients.
3. Counselors should offer standardized counselling services across marital categories while allowing flexibility for individual differences.

Implications for Health Counselling

1. The demonstrated effectiveness of stress management and ART adherence counselling suggests that health counselling services should prioritize capacity-building interventions such as coping skills training, stress reduction strategies and adherence monitoring to improve patients' overall well-being and treatment outcomes.
2. Since age significantly influences counselling needs, health counselling programmes should be age-sensitive, providing targeted interventions that address psychological, social and health challenges of younger versus older patients.
3. Since marital status did not significantly influence counselling needs, health counselling programmes should avoid overemphasizing marital categories when designing interventions. Instead, counsellors should prioritize universal psychological support strategies that address the shared challenges of living with HIV/AIDS across all patients, regardless of marital background.

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