

# The Socio-Demographics of HIV-Infected Persons with Psychological Morbidity in Zaria, Nigeria

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**How to cite this paper:** Ezeh, O.H. and Ezeh, C.C. (2017) The Socio-Demographics of HIV-Infected Persons with Psychological Morbidity in Zaria, Nigeria. *Open Journal of Medical Psychology*, 6, 228-232.  
<https://doi.org/10.4236/ojmp.2017.64018>

**Received:** August 19, 2017

**Accepted:** October 28, 2017

**Published:** October 31, 2017

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## Abstract

**Introduction:** It is estimated that more than 330 million persons are living with HIV-infection globally and in Nigeria about 3.4 million persons are living with the infection, with an annual death rate of 180,000. Psychological morbidity often accompanies chronic illnesses and may be associated with substance abuse, poor health seeking behaviour and adherence to treatment program; it may worsen existing health problems and the overall quality of life. Until the burden is effectively identified, intervention cannot be planned. Until there is cure, the goal is to manage and cope effectively with HIV-infection. Little if any studies have been done in this area in the North West geo-political zone of Nigeria, the study would help to identify high risk groups and prevent the progression and spread of the infection. **Objectives:** To identify HIV-infected persons with psychological morbidity, accessing HIV-clinic at Shika Hospital, Zaria, Kaduna State; and analyze their socio-demographic profile. **Methodology:** A cross sectional descriptive study was carried out to assess and analyze the socio-demographic characteristics of HIV-infected persons attending Shika hospital Zaria Nigeria, who screened positive for psychological morbidity. A total of 109 HIV-infected persons receiving HAART at Shika clinic, Zaria, Kaduna State, Nigeria, were administered questionnaires; the General Health Questionnaire (GHQ-12) measuring psychological morbidity and socio-demographic data. The participants ranged in age between 18 and 75 years. **Results:** Data were analyzed using SPSS software 15. Both descriptive and inferential Statistics were performed on the data. Results indicate a total prevalence rate of psychological morbidity of 78 percent among participants. Of this, about 16.2 percent were severely distressed, 25.1 percent moderately distressed and 36.7 percent were mildly distressed. The females were more likely to be distressed

than men (65 percent vs. 35 percent of those with psychological morbidity, OR = 3.5 CI 95 percent). It was (57 percent) for patients whose HIV-infection was of relatively shorter duration (less than 4 years) than (43 percent) those of longer duration (5 years and above; OR = 1.7, CI 95 percent = 1.1 - 3.5). The age group (18 - 40 years) was more likely to screen positive for psychological morbidity (58.3 percent vs. 41.7 percent, OR = 2.4, CI 95 percent), than the age group (41 - 75 years). On the other hand, Christians were more likely than Muslims (55 percent vs. 45 percent, OR = 1.5, CI 95 percent = 1.1 - 3) to be distressed. For married patients with partners it was 20 percent and for singles 30 percent; for the widowed (12 percent) and divorced (38 percent). At the level of tribal/ethnic groups, it was 13 percent for Ibos, 22 percent for Yorubas, 27 percent for Hausas and 38 percent for all the other minority tribes put together. **Conclusion and recommendations:** The study has been able to identify the presence of psychological morbidity among HIV-infected persons as high and analyze the socio-demographic factors associated with it as significant. Periodic screening of HIV-infected persons for psychological morbidity and psychosocial intervention was recommended.

### Keywords

HIV-Infection, Psychological Morbidity, Socio-Demographics, HAART

## 1. Introduction

It is estimated that more than 330 million persons are living with HIV-infection globally and only 19 million of this figure are currently on treatment. The story is not different in Nigeria where more than 3.4 persons are living with the infection, with an annual death rate of 180,000 and only 51 percent of adults infected with HIV are on treatment [1] [2]. Psychological morbidity often accompanies chronic illnesses and may be associated with substance abuse, poor health seeking behaviour and adherence to treatment program; it may worsen existing health problems and the overall quality of life. Until the burden is effectively identified, intervention cannot be planned. Until there is cure, the goal is to manage and cope effectively with HIV-infection. Little if any studies have been done in this area in the North West geo-political zone of Nigeria, the study would help to identify high risk groups, prevent the progression and spread of the infection.

## 2. Objectives

To identify HIV-infected persons with psychological morbidity, accessing HIV-clinic at Shika Hospital, Zaria, Kaduna State, and to analyze their socio-demographic profiles.

## 3. Methods

A cross sectional descriptive study was carried out to assess and analyze the so-

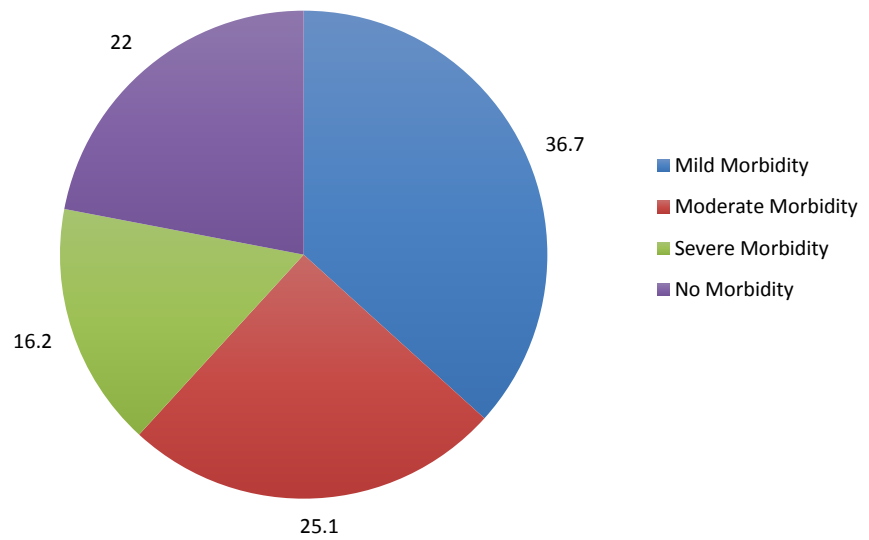
cio-demographic characteristics of HIV-infected persons attending Shika hospital Zaria Nigeria, who screened positive for psychological morbidity. A total of 109 HIV-infected persons receiving HAART at Shika clinic, Zaria, Kaduna State, Nigeria, were administered questionnaires; the General Health Questionnaire (GHQ-12) measuring psychological morbidity and socio-demographic data. GHQ-12 is a refined, reliable and valid scale for measuring psychological health [3]. It is a screening device for assessing psychological health, with Cronbach's alpha co-efficient of 0.87 [4]. The overall response rate was 77.9 percent (109 out of 140) using Convenience/Haphazard sample selection technique. Consent was obtained from both the respondents and the health facility. The participants ranged in age between 18 and 75 years. Participation was voluntary, and they were assured of confidentiality and anonymity.

#### 4. Results and Discussion

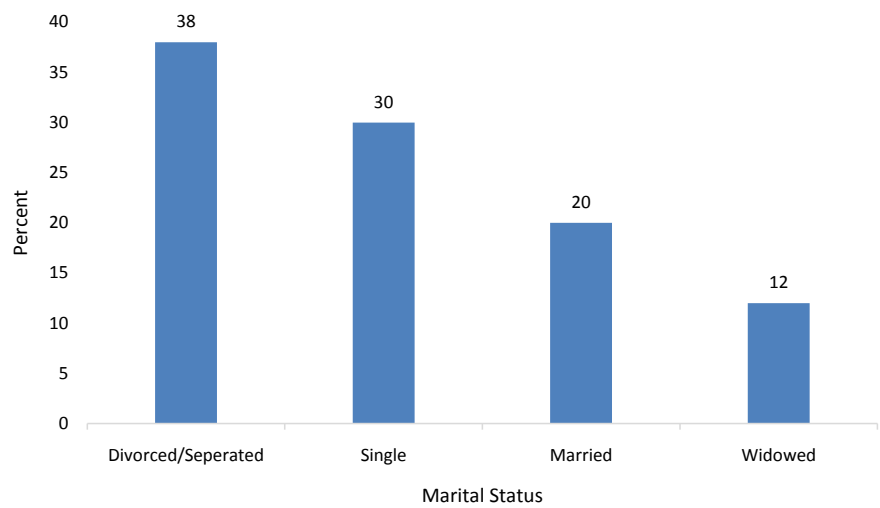
Data were analyzed using SPSS software 15. Both descriptive and inferential Statistics were performed on the data. Results indicate a total prevalence rate of psychological morbidity of (85) 78 percent among participants. Of this, about (18) 16.2 percent were severely distressed, (27) 25.1 percent moderately distressed and (40) 36.7 percent were mildly distressed (see **Figure 1**). The females were more likely to be distressed than men (65 percent vs. 35 percent of those with psychological morbidity, OR = 3.5 CI 95 percent). It was (57 percent) for patients whose HIV-infection was of relatively shorter duration (less than 4 years) than (43 percent) those of longer duration (5 years and above; OR = 1.7, CI 95 percent = 1.1 - 3.5). The age group (18 - 40 years) was more likely to screen positive for psychological morbidity (58.3 percent vs. 41.7 percent, OR = 2.4, CI 95 percent), than the age group (41 - 75 years). On the other hand, Christians were more likely than Muslims (55 percent vs. 45 percent, OR = 1.5, CI 95 percent = 1.1 - 3) to be distressed. For married patients with partners it was 20 percent and for singles 30 percent; for the widowed (12 percent) and divorced (38 percent) (see **Figure 2**). At the level of tribal/ethnic groups, it was 13 percent for Ibos, 22 percent for Yorubas, 27 percent for Hausas and 38 percent for all the other minority tribes put together (see **Figure 3**). Lower prevalence rates (12 percent and 45 percent) were found in South East (Nnewi) and North Central (Ilorin) geo-political zones respectively [5].

The high prevalent rates of psychological morbidity found among different categories of respondents may be associated with; enormous challenges they are subjected to which include family problems, negative/detrimental cultures, customs, traditions and practices; stigma, discrimination, isolation, poverty, inadequate and ineffective coping strategies etc., since as the findings indicate none of them belonged to any HIV/AIDS support group.

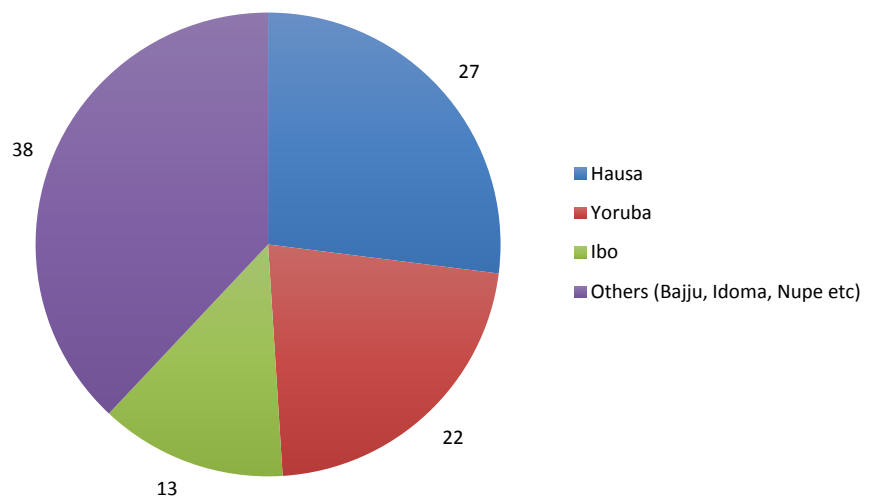
The data suggest that the current care of persons living with HIV/AIDS could be enhanced by using appropriate psychological tools and procedures to screen and diagnose psychological morbidity in these vulnerable populations.



**Figure 1.** Distribution of psychological morbidity among respondents.



**Figure 2.** Distribution of respondents based on marital status.



**Figure 3.** Distribution of respondents based on ethnicity/tribe.

## 5. Conclusion/Recommendations

The study has been able to identify the presence of psychological morbidity among HIV-infected persons as high and analyze the socio-demographic factors associated with it as significant. Periodic screening of HIV-infected persons for psychological morbidity and psychosocial intervention was recommended. There is need for routine screening of HIV/AIDS patients for psychological distress and intervention to reduce distress. All HIV-infected persons should be encouraged to join HIV support groups.

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