REVIEW ARTICLE

Coping Strategies Employed by People Living with HIV/AIDS in Rivers State, Nigeria: A Review on Behavioural Interventions

Kaine Omashim Oluwakemi[1], Enaowho Taniyowho Mamerhi[1], Enakpoya Princess Oghenesuvwe[1], Okoro Ogheneyebrorue Godswill[2]

ABSTRACT

HIV/AIDS remains a significant public health concern worldwide, with sub-Saharan Africa bearing the brunt of the epidemic. Nigeria, and specifically Rivers State, is one of the regions most affected, with a high prevalence of the disease. This review examines the coping strategies employed by people living with HIV/AIDS (PLWHA) in Rivers State, Nigeria, focusing on behavioural interventions. The review explores the socio-cultural context, the role of psychosocial support, adherence to treatment, economic coping mechanisms, and the influence of religious and spiritual practices. Additionally, the challenges and limitations of these coping strategies are discussed, with recommendations for enhancing the effectiveness of behavioural interventions to improve the quality of life for PLWHA in the region.

Keywords: HIV/AIDS, coping strategies, behavioural, interventions

International Journal of Human and Health Sciences Vol. 09 No. 01 January'25

DOI: http://dx.doi.org/10.31344/ijhhs.v9i1.764

INTRODUCTION

HIV/AIDS continues to be one of the most devastating public health crises globally, with approximately 42.3 million deaths; there were approximately 39.9 million people living with HIV (PLHIV) at the end of 2023 with 1.3 million people becoming newly infected with HIV in 2023 globally. The WHO African Region is the most affected region, with 26 million people living with HIV in 2023. Also, the WHO African Region accounts for 50% of the global new HIV infections.[1] The epidemic has disproportionately affected sub-Saharan Africa, home to over 67% of the global HIV-positive population. The high burden in this region is driven by a combination of factors, including poverty, limited access to healthcare, social inequalities, and cultural practices that increase vulnerability to infection.[2]

Nigeria, Africa's most populous country, is significantly affected by the HIV/AIDS epidemic, with approximately 1.9 million people living with HIV.[1,3] The country faces numerous challenges in combating the disease, including widespread stigma, insufficient healthcare infrastructure, and socio-economic disparities that hinder access to prevention, treatment, and care services.[4] Rivers State, one of the most economically significant regions in Nigeria due to its oil wealth, also faces a high HIV prevalence, further complicating the public health landscape.[5]

Behavioural interventions are essential components of HIV/AIDS management, aimed at influencing individual and community behaviours to reduce the spread of HIV, ensure treatment adherence, and improve the overall well-being of people living with HIV/AIDS (PLWHA).[6] This review focuses on the various coping strategies employed by PLWHA in Rivers State, with a particular emphasis on behavioural interventions. The review also examines the challenges associated with these interventions

1. Department of Human Anatomy and Cell Biology, Delta State University, Abraka, Nigeria.
2. Department of Human Anatomy, University of Delta, Agbor, Nigeria.

Correspondence to: Okoro Ogheneyebrorue Godswill, Department of Human Anatomy, University of Delta, Agbor, Nigeria. Email: thomasgodswill23@gmail.com

and offers recommendations for enhancing their effectiveness.

Epidemiology of HIV/AIDS in Rivers State, Nigeria

HIV Prevalence and Demographics: Rivers State is one of the Nigerian states with the highest HIV prevalence rates. According to data from the National Agency for the Control of AIDS (NACA), the prevalence rate in Rivers State was estimated at 3.8% in 2018, compared to the national average of 1.4%.[7] The epidemic affects various demographic groups, but young women, sex workers, and men who have sex with men (MSM) are particularly vulnerable due to social and economic factors.[2, 8]

Socio-Economic and Cultural Factors: The socio-economic landscape of Rivers State, characterized by high levels of poverty, unemployment, and inequality, significantly contributes to the spread of HIV. Economic hardship often drives individuals into risky behaviours such as transactional sex, which increases their vulnerability to HIV.[2] Cultural norms and gender inequalities further exacerbate the situation, with women and girls often lacking the power to negotiate safe sex or protect themselves from infection.[2,9]

Healthcare Infrastructure and Access: The healthcare infrastructure in Rivers State is inadequate to meet the needs of its population, particularly for those living with HIV/AIDS.[5] Many healthcare facilities are under-resourced, lacking essential medications, trained personnel, and necessary equipment.[10] Rural areas are especially underserved, with limited access to healthcare services, which hinders the timely diagnosis and treatment of HIV/AIDS. The lack of adequate healthcare infrastructure presents a significant barrier to the effective management of the epidemic in the state.[4]

Behavioural Interventions in HIV/AIDS Management

Theoretical Foundations of Behavioural Interventions: Behavioural interventions in the context of HIV/AIDS are grounded in several theoretical frameworks, including the Health Belief Model (HBM), Social Cognitive Theory (SCT), and the Theory of Planned Behaviour (TPB).[8] These frameworks help explain why individuals engage in behaviours that put them at risk for HIV and guide the design of interventions aimed at promoting safer practices and improving health outcomes. In Rivers State, understanding the local context and cultural dynamics is crucial for the successful implementation of these interventions.

Types of Behavioural Interventions: Behavioural interventions encompass a wide range of activities, including education and awareness campaigns, counselling, peer education, and community mobilization.[8] These interventions aim to change behaviours that contribute to the spread of HIV, promote adherence to treatment, and support individuals in managing the psychosocial challenges associated with living with HIV/AIDS.[8] In Rivers State, these interventions are delivered through various channels, including healthcare facilities, NGOs, community-based organizations, and mass media.

Effectiveness of Behavioural Interventions: The effectiveness of behavioural interventions in Rivers State is influenced by several factors, including the appropriateness of the intervention for the target population, the level of community involvement, and the cultural context in which the intervention is implemented. Interventions that are culturally sensitive, community-driven, and tailored to the specific needs of the population tend to be more effective. However, the success of these interventions is often hindered by challenges such as stigma, discrimination, and limited access to healthcare services.[5]

Coping Strategies Employed by PLWHA in Rivers State, Nigeria

1. Psychosocial Support: Psychosocial support is a critical component of HIV/AIDS care, helping individuals cope with the emotional, psychological, and social challenges associated with the disease.[2] In Rivers State, psychosocial support is provided through a variety of channels, including healthcare facilities, NGOs, and community-based organizations.[5] These services help individuals manage the stress of living with HIV, reduce feelings of isolation, and improve their overall quality of life.[9]

A) Counselling Services: Counselling services are a key element of psychosocial support for PLWHA. These services provide individuals with the tools and resources they need to cope with their diagnosis, adhere to treatment, and navigate the complexities of living with HIV/AIDS.[9] In Rivers State, counselling services are available through public and private healthcare facilities, as well as through NGOs and community

organizations. However, the availability and quality of these services vary widely, with rural areas often lacking adequate counselling support.[5]

B) Group Counselling and Peer Support: Group counselling and peer support are important components of psychosocial support for PLWHA.[11] In Rivers State, support groups provide a safe space for individuals to share their experiences, receive emotional support, and gain practical advice on managing the disease. These groups help reduce feelings of isolation and provide a sense of community for individuals living with HIV/AIDS. Peer support has been shown to improve treatment adherence and overall well-being among PLWHA by offering mutual understanding and encouragement.[9]

2. Adherence to Antiretroviral Therapy (ART): Adherence to ART is crucial for the effective management of HIV/AIDS, as it helps suppress the viral load, reduce the risk of transmission, and prevent the progression of the disease. However, maintaining high levels of adherence is challenging for many PLWHA in Rivers State.[12,13] Common barriers to adherence include side effects of the medication, pill burden, forgetfulness, and stigma associated with taking HIV medication. Additionally, economic challenges, such as the inability to afford transportation to healthcare facilities, can also hinder adherence.[13,14]

A) Strategies for Improving Adherence: To improve adherence to ART, various strategies have been implemented in Rivers State. These include the use of mobile phone reminders to prompt individuals to take their medication, pill organizers to help manage multiple medications, and directly observed therapy (DOT) programs.[14] Counselling and education are also critical in helping individuals understand the importance of adherence and develop strategies to overcome barriers. Social support from family and friends has been shown to be a significant factor in improving adherence, as it provides both emotional and practical assistance.[12,15]

B) Community-Based Interventions for Adherence: Community-based interventions have been effective in improving ART adherence among PLWHA in Rivers State. These interventions involve engaging community leaders, peer educators, and local organizations to promote adherence and support PLWHA in managing their treatment.[12,14] By leveraging the influence of community leaders and peers, these interventions help create an environment that encourages adherence and reduces the stigma associated with HIV/AIDS.[13]

3. Social Support Networks: Social support network is defined as "a specific set of linkages among a defined set of persons, with the additional property that the characteristics of these linkages as a whole be used to interpret the social behaviour of the person involved."[16] Social networks describe social relationships, some of which may provide social support. Functions provided by such network members often manifest in the form of social support for HIV/AIDS patients and their families.

A) Family Support in Coping with HIV/AIDS: The role of family in providing support to PLWHA cannot be overstated. In Rivers State, the extended family system is a vital source of emotional, financial, and practical support for individuals living with HIV/AIDS. Family members often assist with treatment adherence, provide care during illness, and offer financial support to cover healthcare costs.[17] However, the level of support provided by families can vary, depending on factors such as the level of stigma within the family and the availability of resources.[18,19]

B) Community Support Systems: Community support systems play a critical role in helping PLWHA cope with the challenges of living with HIV/AIDS. In Rivers State, community-based organizations and support groups provide a range of services, including counselling, education, and material support. These organizations help reduce stigma by promoting awareness and acceptance of HIV within the community.[10] They also provide a platform for PLWHA to connect with others who are facing similar challenges, which can help reduce feelings of isolation and improve overall well-being.[17]

C) Reducing Stigma through Social Support: Stigma and discrimination remain significant barriers to social support for PLWHA in Rivers State. The fear of being ostracized by family, friends, and the wider community often leads individuals to hide their HIV status, which in turn isolates them from potential sources of support.[21] Stigma not only undermines the emotional and psychological well-being of PLWHA but also discourages them from seeking the care and treatment they need. In many cases, individuals face rejection and alienation from their social

networks, which can lead to depression, anxiety, and other mental health issues.[11] Efforts to reduce stigma through education and awareness campaigns have shown promise in improving social support for PLWHA.[21] By fostering a better understanding of HIV/AIDS and challenging myths and misconceptions about the disease, these interventions can help create a more supportive environment for individuals living with HIV. However, stigma remains deeply entrenched in many communities, and overcoming it requires sustained and multifaceted efforts.[11,20,21]

4. Economic Coping Strategies: HIV/AIDS has a profound impact on the economic stability of individuals and families affected by the disease. In Rivers State, where many people live in poverty, the financial burden of managing a chronic illness like HIV can be overwhelming.[11] The costs associated with medical care, transportation to healthcare facilities, and loss of income due to illness can push individuals and families deeper into poverty.[22] Moreover, the stigma associated with HIV/AIDS can lead to job loss or difficulty finding employment, further exacerbating economic hardship.[23]

A) Income-Generating Activities: To cope with the economic challenges of living with HIV/AIDS, many PLWHA in Rivers State engage in income-generating activities. These activities, which may include small-scale trading, farming, or artisan work, provide a source of income that helps individuals afford the costs of healthcare and meet their daily needs.[22] Microfinance initiatives and vocational training programs have been implemented by various NGOs and community-based organizations to support PLWHA in starting and sustaining income-generating activities. These programs not only improve economic stability but also empower individuals by increasing their self-reliance and reducing dependence on others.[17]

B) Social Protection and Financial Assistance: Social protection programs, such as cash transfers and food assistance, play a crucial role in supporting PLWHA who are unable to work due to illness or who face significant economic hardship.[19] In Rivers State, these programs are often provided by government agencies, NGOs, and international organizations. Financial assistance helps individuals cover the costs of medical care, nutrition, and other essentials, alleviating some of the financial stress associated with living with HIV/AIDS. However, the reach and effectiveness of these programs are limited by factors such as insufficient funding, bureaucratic inefficiencies, and lack of awareness among potential beneficiaries.[11]

5. Religious and Spiritual Coping Strategies: Religion and spirituality play a central role in the lives of many people in Rivers State, and for PLWHA, religious faith can be a significant source of comfort and strength. Religious practices, including prayer, attendance at religious services, and participation in faith-based support groups, provide individuals with a sense of hope and purpose, helping them cope with the emotional and psychological challenges of living with HIV/AIDS.[24,25] Religious leaders often serve as important sources of guidance and support, helping individuals navigate their diagnosis and treatment journey.

A) Faith-Based Interventions: Faith-based organizations (FBOs) have been active in providing support to PLWHA in Rivers State. These organizations often offer a range of services, including counselling, education, and material assistance, as well as spiritual support.[25] Faith-based interventions can be particularly effective in reducing stigma and discrimination, as religious leaders and communities have the influence to shape attitudes and beliefs about HIV/AIDS. However, some faith-based approaches may also perpetuate stigma, particularly if HIV is framed as a moral failing or divine punishment. It is important that faith-based interventions are designed in a way that promotes compassion, understanding, and acceptance.[26,27]

Barriers to Effective Coping and Intervention

Stigma and Discrimination: As discussed, stigma and discrimination are pervasive barriers that undermine the effectiveness of coping strategies and interventions for PLWHA in Rivers State. These issues not only affect individuals' mental health and social support networks but also discourage them from accessing healthcare services and adhering to treatment.[21] Addressing stigma requires comprehensive efforts, including education, advocacy, and the involvement of community leaders and influencers.[18]

Access to Healthcare Services: Limited access to

healthcare services is another significant barrier to effective coping and intervention. Inadequate healthcare infrastructure, particularly in rural areas, means that many PLWHA do not receive timely diagnosis or treatment.[4] Even in urban areas, overcrowded and under-resourced healthcare facilities can lead to delays in care and suboptimal treatment outcomes. Improving healthcare access requires investment in infrastructure, training for healthcare providers, and the expansion of services to underserved areas.[18]

Economic Challenges: The economic challenges faced by PLWHA in Rivers State are compounded by the broader socio-economic context of the region. Poverty, unemployment, and economic instability make it difficult for individuals to afford the costs associated with managing HIV/AIDS.[22] While income-generating activities and social protection programs provide some relief, these efforts are often insufficient to fully address the economic burden of the disease. Enhancing economic support for PLWHA requires coordinated efforts from government, NGOs, and the private sector.[23]

Recommendations for Enhancing Coping Strategies and Interventions

Comprehensive Stigma Reduction Programs: To effectively combat stigma, comprehensive programs that include public education campaigns, community engagement, and advocacy are needed.[20] These programs should aim to change public attitudes toward HIV/AIDS, promote acceptance and support for PLWHA, and challenge discriminatory practices in healthcare, employment, and other areas of society.

Strengthening Healthcare Infrastructure: Improving access to healthcare services for PLWHA in Rivers State requires significant investment in healthcare infrastructure. This includes building and equipping healthcare facilities, training healthcare providers, and expanding mobile and community-based health services to reach underserved populations. Efforts should also focus on integrating HIV/AIDS services with other health services to provide comprehensive care.[4]

Economic Empowerment Initiatives: Economic empowerment initiatives for PLWHA should be expanded and diversified to include skills training, microfinance, and support for entrepreneurship. These initiatives can help individuals build sustainable livelihoods and reduce their dependence on external assistance. Additionally, social protection programs should be strengthened and made more accessible to those in need.

CONCLUSION

The coping strategies employed by PLWHA in Rivers State are diverse and multifaceted, reflecting the complex socio-cultural, economic, and religious landscape of the region. While these strategies provide essential support to individuals living with HIV/AIDS, they are often constrained by significant barriers, including stigma, limited access to healthcare, economic hardship, and cultural beliefs. Behavioural interventions play a critical role in addressing these challenges, but their effectiveness depends on their ability to engage with the local context and address the specific needs of PLWHA. To improve the quality of life for PLWHA in Rivers State of Nigeria, it is essential to adopt a holistic approach that integrates psychosocial, economic, and spiritual support with medical care. Reducing stigma, strengthening healthcare infrastructure, empowering individuals economically, and fostering partnerships between faith-based organizations and healthcare providers are key steps toward achieving this goal. By enhancing coping strategies and interventions, it is possible to not only improve the well-being of PLWHA but also reduce the overall impact of the HIV/AIDS epidemic in Rivers State of Nigeria.

REFERENCES

1. World Health Organization (WHO). The Global Health Observatory. Data on the size of the HIV epidemic. Retrieved from: https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/data-on-the-size-of-the-hiv-aids-epidemic?lang=en (Accessed October 24, 2024).
2. Degroote S, Vogelaers D, Liefhooghe G, Vermeir P, Vandijck DM. Sexual experience and HIV-related knowledge among Belgian university students: a questionnaire study. BMC Res Notes. 2014;7:299.
3. Ikpama W, Mamerhi ET, Godswill OO. Knowledge, awareness and practices towards COVID-19 in Nigeria during the ascent time of the COVID-19 episode. Gazi Med J. 2020;31(2A):292-7.

4. Chomi EN, Mujinja PG, Enemark U, Hansen K, Kiwara AD. Health care seeking behaviour and utilisation in a multiple health insurance system: does insurance affiliation matter? Int J Equity Health. 2014;13:25.
5. Rivers State Action Committee on AIDS. Validated Data of HIV/AIDS Care Facilities for August, 2017.
6. National Action Committee on AIDS. State by State Prevalence of HIV in Nigeria: Reports of the National AIDS Reproductive Health Survey. 2016.
7. Iloma UR, Ekenedo GO. Effect of health education on health care seeking behaviour of people living with HIV and AIDS in Nigeria. Educ Res Int. 2020;9(1):1-8.
8. Peyman N, Jangi M. The Effect of educational intervention on knowledge, attitude and performance of high school girl students about AIDS. Int J Pediatr. 2015;3(4-2):833-9.
9. Bisallah CI, Rampal L, Lye MS, Mohd Sidik S, Ibrahim N, Iliyasu Z, et al. Effectiveness of health education intervention in improving knowledge, attitude, and practices regarding Tuberculosis among HIV patients in General Hospital Minna, Nigeria - A randomized control trial. PLoS One. 2018;13(2):e0192276.
10. Musah KT, Kayode OO. Preliminary Assessment of Healthcare Seeking Behaviour among Users of Primary Health Care Facilities in Ilorin Metropolis, Kwara State, Nigeria. IOSR J Nurs Health Sci. 2014;3(4):31-5.
11. Zaman FA, Sheikh S, Zaman GS. Health Education Intervention on HIV/AIDS among the Urban Slum Dwellers of Dibrugarh, Assam. J Evol Med Dent Sci. 2013;2(16):26-42.
12. Starace F, Massa A, Amico KR, Fisher JD. Adherence to antiretroviral therapy: an empirical test of the information-motivation-behavioral skills model. Health Psychol. 2006;25(2):153-62.
13. Afolabi MO, Ijadunola KT, Fatusi A, Olasode O. Knowledge of and attitude towards antiretroviral therapy among People Living with HIV/AIDS in Nigeria. TAF Prevent Med Bull. 2010;9(3):201-8.
14. Olowookere SA, Fatiregun AA, Adewole IF. Knowledge and attitudes regarding HIV/AIDS and antiretroviral therapy among patients at a Nigerian treatment clinic. J Infect Dev Ctries. 2012;6(11):809-16.
15. National Collaborating Center for Infectious Diseases (NCCID), Canada. Antiretroviral Adherence Concepts and Strategies for Adults Accessing HIV Care. Evidence Review. July 2010. Retrieved from: https://nccid.ca/wp-content/uploads/sites/2/2015/04/Antiretroviral_Adherence_EN_r1_LR.pdf (Accessed October 17, 2024).
16. Mitchell JC. The concept and use of social networks. In: Mitchell JC, ed. Social networks in urban situations. Manchester, UK: Manchester University Press; 1969.
17. Liu L, Pang R, Sun W, Wu M, Qu P, Lu C, et al. Functional social support, psychological capital, and depressive and anxiety symptoms among people living with HIV/AIDS employed full-time. BMC Psychiatry. 2013;13:324.
18. Byrne SK. HealthCare Avoidance: A Critical Review. Holistic Nurs Pract. 2008;22(5):280-92.
19. Ssewamala FM, Shu-Huah Wang J, Brathwaite R, Sun S, Mayo-Wilson LJ, Neilands TB, et al. Impact of a Family Economic Intervention (Bridges) on Health Functioning of Adolescents Orphaned by HIV/AIDS: A 5-Year (2012-2017) Cluster Randomized Controlled Trial in Uganda. Am J Public Health. 2021;111(3):504-13.
20. Obeagu EI, Obeagu GU, Odo EO, Igwe MC, Ugwu OP, Alum EU, et al. Combatting Stigma: Essential Steps in Halting HIV Spread. IAA J Appl Sci. 2024;11(1):22-9.
21. Wu X, Chen J, Huang, H, Liu Z, Li X, Wang H. Perceived stigma, medical social support and quality of life among people living with HIV/AIDS in Hunan, China. Appl Nurs Res. 2015;28(2):169-74.
22. Wang X, Luo H, Yao E, Tang R, Dong W, Liu F, et al. The role of personality, social economic and prevention strategy effects on health-related quality of life among people living with HIV/AIDS. Infect Dis Poverty. 2021;10(4):60-76.
23. Olugbenga-Bello AI, Asekun-Olarinmoye EO. Adeomi AA. Effectiveness of Health Education in Improving HIV/AIDS Knowledge and Risk Behaviours of Commercial Vehicle Drivers in Ilorin, Nigeria. Global J Med Res. 2011;11(5):35-42.
24. Mutambara J, Sodi T, Mtemeri J, Makomo, M. Harmonizing religion and health: an exploration of religious reasons for defaulting ARVs among people living with HIV and AIDS in Gweru, Zimbabwe. AIDS Care. 2021;33(3):383-8.
25. Bukhori B, Hidayanti E, Situmorang DDB. Religious coping strategies for people with HIV/AIDS (PLWHA) Muslims in Indonesia: A qualitative study with a telling-the-stories. Heliyon. 2022;8(12):e12208.
26. Lassiter JM, Poteat T. Religious coping and depressive symptoms among Black Americans living with HIV: An intersectional approach. Psychol Relig Spirit. 2020;12(3):261.
27. Moke, EG, Ekuerhare B, Enaohwo MT, Asiwe JN, Ofulue OO, Umukoro EK, et al. Resistant hypertension. J Drug Deliv Ther. 2022;12:230-5.