

**THE ROLE OF SOCIAL WORKERS IN HIV/AIDS PREVENTION AND CONTROL
IN UNIVERSITY OF BENIN TEACHING HOSPITAL, UBTH NIGERIA.**

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BENIN CITY.**

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**BEING A PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK,
FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN, BENIN CITY,
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF
BACHELOR OF SCIENCE (B.Sc.) DEGREE IN SOCIAL WORK**

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DEDICATION

This work is dedicated to God almighty for his Grace upon my life and my academic pursuit and also to my family for their care, prayers and financial support.

CERTIFICATION

This is to certify that this project was carried out by IKOGWE PRECIOUS ELIAS and it is adequate in scope and accuracy for the award of Bachelor Degree (B.Sc.) in Social work, University of Benin, Benin City.

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Date

Date

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ABSTRACT

This study examines the role of social workers in HIV/AIDS prevention and control in University of Benin Teaching Hospital (UBTH). Other objectives are to find out the role of the social workers in the control of HIV aids in University of Benin Teaching Hospital (UBTH), to assess the capacity of University of Benin Teaching Hospital (UBTH) to control HIV/AIDS, to find out what should be done to halt the spread of HIV/AIDS in university of Benin Teaching hospital (UBTH)

The instrument adopted for data collection in this study is the structure questionnaires and was administered only to literate people. The sample size of this study is 50 respondents The primary data collected was analyzed using statistical analysis tools. Coding was done in Microsoft Excel 2010 while the statistical package for social sciences (SPSS) was used. Tables were used for easy presentation of results, simple percentage was used to analyze the results obtained from the questionnaires distributed while cross-sectional method was used to test the relationship between social worker role and HIV/AID prevention in UBTH.

The finding showed that social workers has play their role by advising, making sure that those HIV patient do not go to the public place and creating awareness in the control of HIV/AIDS in University of Benin Teaching Hospital (UBTH), by advising both patient and employee at UBTH and creating awareness to every individual. Both employee and non employee at UBTH are now aware of the way to control HIV, how to prevent and how it can be treated, it was also reviewed that with the role of social workers at UBTH the level of HIV/AIDS patient at UBTH has reduce, respondent also reviewed that if individual should be advised to avoid misusing drug which can lead to engaging in certain behaviour that may increase chances of contracting or transmitting HIV and if sharing of needles for shooting DRUGS, piercings or tattoos is avoided, the level of HIV spreading will reduce.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Scientists believe that HIV originally came from a virus particular to chimpanzees in West Africa during the 1930s, and originally transmitted to humans through the transfer of blood through hunting. Over the decades, the virus spread through Africa, and to other parts of the world. To day, HIV has been a public health issue of concern for over 30 years since its first appearance in the 1980s. HIV is a virus that weakens the body's immune system, targeting particularly the CD4+ T cells, which are key drivers of the immune response of the body and if left to progress, it results in acquired immunodeficiency syndrome (AIDS) making it unable to fight against infections that may arise to attack the body(GARPF, 2020)

AIDS, on the other hand, refers to disease(s) evidenced by the rapid progression of HIV (NHS England, 2017). While there is no cure for the virus to date, there have been breakthroughs in research and science to strengthen better treatment regimens towards achieving viral suppression and improving quality of life. There were approximately 39 million people across the globe with HIV in 2022. 37.5 million were adults and 1.5 million were children (<15 years old). In addition, 53% were women and girls (UNAID 2023)

Nigeria has the largest HIV burden in Sub-Saharan Africa, with over 1.9 million people currently living with HIV AIDS-related deaths in Nigeria have been estimated to be around 49 000 across all age groups in the year 2022 alone. The country adopts the Sentinel Surveillance System but has launched the Nigeria National Response Information Management System (NNRIMS) which serves as the disease monitoring and evaluation framework for the national HIV/AIDS response.

According to Okoye (2006), the first two cases of the human immune deficiency virus (HIV) and the acquired immune Deficiency syndrome (AIDS) in Nigeria were identified in 1985 and were reported at an international AIDS conference in 1986. In 1987 the Nigerian health sector established the establishment of the national expert advisory committee on AIDS.

At first the Nigerian Government was slow to respond to the increasing rates of HIV transmission and it was only in 1991 that the federal ministry of Health made their first attempt to assess the situation of HIV/AIDS in Nigeria. During president Obasanjo's regime in 1999, HIV prevention, treatment and care became one (Ante Natal Clinic, 2019)

Social worker which main role focuses on day-to-day work involves assessing people's needs, strengths and wishes, working with individuals and families directly to help them make changes and solve problems has being able to play a significant role in the prevention and eradication of HIV/AIDS, from the distribution of anti-retroviral drugs to the education of the citizens about the preventive methods for the diseases, they have throng various nongovernmental organization organize seminars to preach against the stigmatization of HIV affected patients, example of the vehicle which the social workers uses in carrying out their activities is the society for family Health, a non-governmental organizational dedicated to the prevention and eradication of HIV/AIDS.

1.2 Statement of the problem

Nigeria has the largest population in sub-Saharan Africa, with an estimated 206,139,589 people living in the country as of 2022. Global Aids Response progress report (GARPF, 2022) reported that around 1.8 percent of the populations of the Nigeria were infected with HIV.

Subsequent surveillance reports revealed that during the 1990s HIV prevalence rose from 3.8 percent in 1983 to 5.4 percent in 1999. According to UNAIDS HIV epidemic update as at the end of 2009, about 33.3 million persons were estimated to be infected with HIV globally. Of these, 22.5 million were in sub-Sahara Africa, and about 2.98 million in Nigeria. Thus, Nigeria has the second highest number of people living with HIV in the world after South Africa.

Estimates from the 2008 Ante Natal Clinic (ANC) survey showed that 2.87 million persons were living with HIV in Nigeria. The survey showed highest HIV prevalence among women.

According to Ante Natal Clinic (2022) HIV prevalence is notably higher among women in sub-Saharan Africa (SSA) with women constituting 60% of all those infected with HIV, and two-thirds of the infection occurring among 15–24 years old. Although researchers have ascribed about 25% of deaths among pregnant women to HIV infection, the impact of HIV on maternal mortality in SSA is difficult to evaluate due to the lack of reliable estimates from the region. Nigeria accounts for 10% of the HIV/AIDS burden globally, and has the second highest incidence of new HIV infections among women globally. In 2016, HIV prevalence among women in Nigeria was about 51% (1.6 million), compared with 42% among men (1.3 million). Women are indicated to be more vulnerable than men to HIV/AIDS pandemic in Nigeria.

The National HIV Sero-prevalence Sentinel Survey (2021) in Nigeria showed an increase in HIV sero-prevalence rates among pregnant women nationally from 1.8% in 1991 to 5.8% in 2001, followed by a gradual decline to 5% in 2003, 4.1% in 2010 and further to 3% in 2014. In 2021, 1.9 million people in Nigeria were living with HIV. Women were the most affected group, counting 1.1 thousand individuals. Of an estimated 85 450 WLHIV giving birth annually (about 4.6% of all pregnancies) in Nigeria, about 56 681 births are likely to be HIV positive. Perinatal transmission accounts for about 10% of new HIV infections annually in Nigeria.

Systemic review of the national response have identified key challenges which resolve around limited domestic financing of the response, weak coordination at national and state levels of social workers, inadequate state government contribution to resourcing, the response challenges with human resources for health weak supply chain management systems, limited service delivery capacity and limited access of HIV services. Access to HIV/AIDS pandemic remain a challenge especially for social workers who works without government authority. The inability to detect the virus at its early stage by social workers is a major challenges as most people do not go for voluntary test. To further take preventive measure to reduce the level of HIV pandemic in Nigeria,

this work was carry out to review the role of social workers in HIV/AIDS prevention and control in university of Benin teaching hospital UBTH Nigeria.

1.3 Objective of the study

The broad objective of this study is the review the role of social workers in HIV/AIDS prevention and control in University of Benin Teaching Hospital (UBTH). The specific objectives of the study are to:

1. Find out the role of the social workers in the control of HIV aids in University of Benin Teaching Hospital (UBTH)
2. Assess the capacity of University of Benin Teaching Hospital (UBTH) to control HIV/AIDS
3. Find out what should be done to halt the spread of HIV/AIDS in university of Benin Teaching hospital (UBTH)

1.4 Research question

1. What are the role of the social workers in the control of HIV AIDS in University of Benin Teaching Hospital (UBTH)
2. What is the capacity of University of Benin Teaching Hospital (UBTH) to control HIV/AIDS
3. What should be done to halt the spread of HIV/AIDS in university of Benin Teaching hospital (UBTH)

1.5 Hypothesis of the Study

To guide this research work, this hypotheses will be necessary;

H₁: social work play their role in UBTH to prevent and control HIV/AID

H₀: social work did not play their role in UBTH to prevent and control HIV/AID

1.6 Significant of the study

The theoretical significance of this study is that it adds to the frontiers of knowledge as both scholars and students in the area of HIV/AIDS will as a result of this study advance their

knowledge by having an insight into the subject from the social workers point of view. This study has an empirical importance as the findings and recommendations could be used by UBTH and its Stakeholders to improve on their service delivery on HIV/AIDS in the Benin City

In the light of the fact HIV/AIDS pandemic is threatening to wipe out the working populations around the world, this study also has economic significant, as HIV/AIDS counselling and testing (which is a basic function of the social workers) will help the working population known their HIV status and help the HIV/AIDS positive populations access their drugs and live positively and remain productive for the rest of their lives. HIV/AIDS if well managed is not the worst killer; there are other diseases like cancers, diabetes and hypertension which kill much faster than HIV/AIDS.

The study also has ethical significant as it advocates abstinence form sex among the Youth as a way of avoiding HIV/AIDS and other sexually transmitted diseases. This study has social significance as discrimination and stigmatization of people living with HIV/AIDS was discouraged. Stigmatization and distribution helps to propagate the virus as positive patients go underground and continue to perpetuate and spread the virus, whereas if they are accepted and respected, they will come out openly to declare their status and will be helped to access drugs and live positively and productively.

1.7 Limitation of the study

The limitation of the study was the inability to study the activities of all the health sector and non-health sector institutions in the state of HIV and AIDS another challenge encountered in the process of this study was the difficulty in determining how effective the social worker has been in the control and prevention of HIV and AIDS in the state as the University of Benin Teaching Hospital (UBTH does not know the resource envelope and work plan of implementing partners due to the lack of a state unified operational plan.

As at the time of this research getting the exact number of the people living with this virus was impossible, this is due to the privacy policy operated by the hospital. The need to keep the records of these patients private, although the researcher was able to overcome that problem by promising anonymity to all the parties involved.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

A significant portion of the work discusses pertinent literature, provides conceptual and theoretical reviews as well as an associated empirical analysis of the role of social worker in preventing the spread of HIV/AIDS in Benin City using UBTH as a case study.

2.2 Conceptual Review

2.2.1 Concept of Human Immune Deficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS)

The HIV has been a public health issue of concern for over 30 years since its appearance. HIV is thought to have occurred after people ate chimps that were carrying the Simian Immunodeficiency Virus (SIV). HIV is a type of virus, which means it attacks the immune system. SIV attacks the immune systems of monkeys and apes in a very similar way. This suggests HIV and SIV are closely related, and that SIV in monkeys and apes crossed over to humans to become HIV. Studies of some of the earliest known samples of HIV provide clues about when it first appeared in humans and how it evolved. The first verified case of HIV is from a blood sample taken in 1959 from a man who was living in what is now Kinshasa in the Democratic Republic of Congo (Awofala, 2018).

According to Aliyu (2022), scientists used this sample to create a 'family-tree' of HIV transmission. By doing this, they were able to trace the first transmission of SIV to HIV in humans, which they concluded took place around 1920, also in Kinshasa. This area is known for having the most genetic diversity in HIV strains in the world, reflecting the number of different times SIV was

passed to humans. Many of the first cases of AIDS were recorded there too. There are actually two types of HIV: HIV-1 and HIV-2, and they have slightly different origins.

HIV-1 is closely related to the strain of SIV found in chimps. While HIV-2 is closely related to the strain of SIV found in sooty mangabeys monkeys. The crossover of HIV-2 to humans is believed to have happened in a similar way as HIV-1 (by eating monkey meat).

HIV-2 is far more rare, and less infectious than HIV-1, so it infects far fewer people. It is mainly found in a few West African countries, such as Mali, Mauritania, Nigeria and Sierra Leone.

According to WHO (2019) HIV can be classified by four main groups of viral strain (M, N, O and P), each of which has different genetic make-up. HIV-1 Group M is the strain that has caused the majority of HIV infections in the world today, meaning it is the dominant strain. In the 1960s, the 'B' sub type of HIV-1 (which belongs to Group M) made its way to Haiti. This is thought to have happened because many Haitians had been working in the Democratic Republic of Congo and had then returned to Haiti. Initially, Haitians were blamed for starting the HIV epidemic, and suffered severe racism, stigma and discrimination as a result. Because this is when people first became aware of HIV, and it was when HIV was officially recognized as a new health condition. But HIV had actually been around for decades by then. In 1981, rare diseases, such as Kaposi's Sarcoma (a rare cancer) and a lung infection called PCP, were being reported among gay men in New York and California. Scientists began to suspect that an unidentified infectious 'disease' was the cause. At first, the 'disease' was called all sorts of names relating to the word 'gay'. It wasn't until mid-1982 that scientists realized it was also spreading among other populations, such as hemophiliacs and people who inject drugs. In September that year, they named it Acquired Immune Deficiency Syndrome (AIDS). In 1983, scientists at the Pasteur Institute in France identified the virus linked to AIDS, which they called Lymphadenopathy-Associated Virus (LAV). Scientists at the USA National Cancer Institute confirmed this virus was the cause of AIDS and called it HTLV-III. LAV and HTLV-III were later acknowledged to be the same. A few years later, the virus was renamed as HIV (Okoroiwu, 2022).

According to Global HIV & AIDS statistics (2023), 85.6 million [64.8 million–113.0 million] people have become infected with HIV since the start of the epidemic., 40.4 million [32.9 million–51.3 million] people have died from AIDS-related illnesses since the start of the epidemic, 39.0 million [33.1 million–45.7 million] people globally were living with HIV in 2022, 1.3 million [1 million–1.7 million] people became newly infected with HIV in 2022, 630 000 [480 000–880 000] people died from AIDS-related illnesses in 2022, 29.8 million people were accessing antiretroviral therapy in 2022.

2.2.2 Concept of Social Worker

Social work as a profession commonly is known in England about 110 years ago and is the benefactor and well-organized group of women to take shape. The ladies and gentlemen who are mainly women, who had excelled in their community, seeing the chaos and confusion of many of its citizens, mostly due to poverty, disease and aging in a busy hospital or home remedy poor were admitted to the idea fell and the good of the group and provide assistance to people who need it. Gradually, it became coherent organizational aspects of behavior and professional infrastructure established that nowadays a large and complex bureaucratic organization and must find any modern democratic society is considered (Samadi Rad, 2008). In 2007 the International Association of Social Workers has accepted the following definition of social work:

“Professional social work, social change, problem solving in human relationships, empowerment and liberation of people to enhance well-being and promotes development. Using theories of human behavior and social systems, social work intervenes at the points where people interact with their environment. Human rights and social justice are the principles and foundations of Social Work” (Wilson et al., 2008).

Social work has different aspects and includes a sophisticated analysis of the individual and the environment in human behavior (Hutchison, 2008). The following is an attempt to define the meaning and purpose of their integration in social work:

“Social work is trying to get through to those who do not have the right to earn a living and help to achieve the highest degree of autonomy” (Crouch, 1979). Thus the material presented can be concluded that social work is the professional service or services or special activity that is based on

specific knowledge and skills, the purpose of the assistance to individuals, groups or society in order to deal more effectively with the problems they are facing and thus to achieve personal independence and fulfillment of personal or social.

2.3 HIV/AIDS in Nigeria

The first case of HIV/AIDS in Nigeria was identified in 1985 and reported at an international conference in 1986. The first two cases as reported by the Federal Ministry of Health were; a sexually active 13 year-old girl and a female commercial sex worker from a neighboring West African country (Okoroiwu, 2022).

Nigeria is the most populous African country and the seventh most populous in the world with an estimated population of approximately 206,139,589 people. It is located within the eastern strip of West Africa with an area of 923,768 Km². Nigeria is a multi-ethnic and culturally diverse federation of 36 autonomous states and the Federal Capital Territory. The first HIV/AIDS sentinel survey was conducted in 1991 with a prevalence of 1.8% which since then increased to 3.8% in 1993, 4.5% in 1996, 5.4% in 1999, and peaked at 5.8% in 2001. Post 2001, decline trend was observed in 2003 (5.0%), 2005 (4.4%), 2008 (4.6%), 2010 (4.1%), 2013 (3.4%). Despite the declining prevalence/low prevalence, HIV/AIDS in Nigeria remains a public health concern. Nigeria ranks 4th in global HIV burden with approximately 1.8 million (estimated) persons living with HIV as of 2021. The current national prevalence of HIV in Nigeria is 1.4% and stratification based on states showed the highest prevalence in Akwa Ibom (5.6%), Benue (4.9%), Rivers (3.8%), Taraba (2.7%) and Anambra (2.7%) and the least prevalence in Jigawa (0.3%) and Katsina (0.3%) (Okoroiwu 2022).

2.3.1 Evaluation of the effectiveness of control measures in Nigeria

For national HIV-level programming, targets have been set according to key thematic areas to be in harmony with the UNAIDS 90-90-90 by 2020, now 95-95-95 fast-track targets. These UNAIDS targets are highlighted below;

1. “95-95-95 for treatment: 95% of people living with HIV knowing their HIV status; 95% of people who know their status on treatment; and 95% of people on treatment with suppressed viral loads”
2. “Reduce the annual number of new HIV infections among adults to 200 000”;
3. “Achieving zero discrimination towards ending HIV/AIDs by 2030.”

These key thematic areas of national control measures in Nigeria include the following.

HIV prevention

Prevention of new infections is the country’s number one goal in the fight against the HIV/AIDs epidemic. Incidence rates have declined over the years, yet research continues to emphasize the importance of scaling up HIV prevention programme across developing countries as one solid step in defeating the HIV epidemic. In 2007, Nigeria devised her first-ever National HIV/AIDs Prevention Plan (NPP), which focused on utilizing the ABC approach to the prevention of HIV. The ABC Approach entails Abstinence (from sex), Being faithful to one’s partner and Condom Use.

Pre-exposure prophylaxis (PREP) and post-exposure prophylaxis are also components of this thematic area, although, in Nigeria, PREP is scarcely available to the general population, as it is mostly targeted at MARP (Most-at-risk-populations/ Key population (MSM, female sex workers, people who inject drugs), as they are the key drivers towards quelling the HIV/AIDs epidemic in Nigeria.

HIV counseling and testing

HIV counselling and testing, also referred to as HIV testing services in recent times, continues to serve as a major instrument in the detection and control of the HIV/AIDs epidemic. Nigeria adopts the provider-initiated testing and the Client-initiated testing approaches. Young people constitute a major segment of the Nigerian population and contribute over 40% to the incidence of the virus, yet they continue to face various critical barriers to accessing HIV testing. Some of these barriers include but are not limited to stigma/discrimination, ignorance about sources of HIV testing

services, age of testing, and cultural/social norms, among others. Self-testing, among other novel approaches have been applied to increase the uptake of HIV testing as it is very critical to realizing the first UNAIDS 95 goal of ending the epidemic by the year 2030.

Elimination of mother to child transmission of HIV

With the antenatal care (ANC) sentinel survey as one of the earliest tools for the data collection on HIV prevalence among pregnant women in Nigeria, there has been recorded progress and decline in the HIV prevalence over time. However, challenges still exist as not all pregnant women can access ANC services due to a variety of structural barriers, and even if they can access these ANC services at these specific health centres, HIV testing may not always be available or offered to them, ultimately deterring the progress of national targets set to halt HIV/AIDs across the nation. Elimination of mother to child transmission also constitutes the treatment component for pregnant women who test positive for HIV, yet research has shown that there is a gap in linking positive pregnant women to HIV treatment, and this has a serious impact on attaining the second 95 target set by the UNAIDS.

Treatment, adherence and support

Efforts by donors have increased the roll-out of antiretrovirals to various treatment facilities, thereby seeing an increase in national viral suppression rates to 42.3% across the country, yet gaps in knowledge, service delivery, and transportation continue to dissuade people living with HIV from accessing antiretroviral treatment. ART continues the HIV response by including care and support to ensure proper treatment adherence. However, the national antiretroviral programme continues to experience setbacks from drug shortage to non-adherence, thereby contributing to treatment failures and drug resistance in the population

2.3.1.1 Control of HIV/AID in Nigeria

The National Agency for the Control of AIDS (NACA) in Nigeria coordinates and supports the national response to HIV/AIDs, working in collaboration with other agencies, such as the Federal

Ministry of Health, U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund, and UNAIDS according to National Agency for the Control of AIDS (NACA) 2021. The Three Ones principle, which includes an agreed HIV/AIDS action framework, a national AIDS coordinating authority with a broad-based multisector mandate, and a country-level monitoring and evaluation system, guides the country's national response. In the last five to ten years, Nigeria has made significant progress in its HIV control system, with a decline in new HIV infections and an increase in the number of people receiving antiretroviral therapy. However, HIV/AIDS remains a significant public health challenge, particularly among key populations, and there is still a long way to go.

NACA is the primary agency responsible for coordinating and supporting the national response to HIV/AIDS in Nigeria. The agency works with other agencies such as the Federal Ministry of Health, PEPFAR, the Global Fund, and UNAIDS to develop and implement national policies and guidelines, monitor the epidemic, and mobilize resources for the response. The country has also designed the National HIV and AIDS Strategic Framework (NSF) 2017–2021, revised in 2019 to align with the Three Ones principle.

The Federal Ministry of Health provides healthcare services, including distributing antiretroviral therapy (ART) and other HIV-related medications. The ministry also oversees the developing and implementation of national policies and strategies for HIV prevention and control. PEPFAR, a U.S. government initiative, provides financial and technical support to countries worldwide to combat HIV/AIDS. The Global Fund to Fight AIDS, Tuberculosis, and Malaria is a partnership between governments, civil society organizations, and the private sector, which provides funding to countries to support the prevention and treatment of these diseases (WHO, 2021). UNAIDS offers technical support and guidance to countries to help them achieve the global targets for ending the HIV epidemic.

Over the last 5–10 ten years, Nigeria has made significant progress in its HIV control system. According to UNAIDS, the number of new HIV infections in Nigeria declined by 21% between 2010 and 2019, while the number of people living with HIV who received ART increased from

27% in 2010 to 54% in 2019. The government has also implemented various prevention strategies, including the distribution of condoms and other prevention methods and the promotion of HIV testing and counselling service(Poku 2020)

2.4 The Social Worker in the National and State Response

The Social Worker as a part of the effort to control and prevent the spread of HIV/AIDS in Edo state carries out his functions through People Living with HIV/AIDS (PLWHA), Line Ministries, Development Partners, Civil Society) Organizations (CSOs), Networks, Faith-Based Organizations (FBO), Community Based Organizations (CBOs) and most especially through the works of Non Governmental Organization (National Agency for the Control of AIDS 2010).

Foremost on this list is the Society for Family Health (SFH) which is one of the largest non-governmental organizations in Nigeria, founded in 1985 by three eminent Nigerians. Working with the private and public sectors, SFH adopt social marketing and behavior change communication to improve access to essential health information, services, and products to motivate the adoption of healthy behaviors. The SFH works in five key areas and chief among these is HIV/AIDS Prevention and Treatment.

Members of the Institute of Social Work of Nigeria (ISOWN) are usually employed in intervention programs, community health centers, education and counseling of HIV victims. Some of these Social Workers collaborate with hospitals by initiating work plans that help them consult with the nurses and doctors, in order to get direct access to those affected with the disease and also serve as a supply chain between the hospitals and those affected or even with rural clinics and community health centers (Institute of Social Work Manual 2010).

The Social Worker as a strategic tool has played an integral part in the control and prevention of the HIV/AIDS virus, these roles they have been able to carry out through the formation of various non-governmental organizations which are financed by philanthropists, corporate bodies or an extended arm of government. The Social Worker take center stage in these organizations and uses the resources to fight the dreaded disease. Non-governmental organizations like AIDS Alliance in Nigeria AIDS Awareness Society (AAS), AIDS Care Managers, AIDS Must Go Group, Edo State NGOs Action committee, Edo/Delta Nigeria AIDS Concern Network (ENACON).

Have all been involve in the prevention and control of HIV/AIDS in Nigeria in general and in Edo state in particular, through the activities of the social worker who is the major character in these organizations.

2.5 Theoretical Framework

2.5.1 The Biopsychosocial theory

Biopsychosocial model is a model that is based on the systems approach. The biopsychosocial model is defined as a scientific model constructed to take into account the missing dimensions of the biomedical model, which has governed the thinking of most health practitioners for the last 300 years. The biomedical model disregards the interaction between the medical, psychological and the social aspects in illness or human behavior(Engel 1980).

Brannon and Fiest (1992) argue that a systems approach emphasizes the mutual dependence of each system within the whole and suggests that a change in one system will produce changes in the others. The systems approach is not a necessary component of the biopsychosocial model but it helps one to understand the interaction among the biological, psychological and social components of disease and wellness.

The term biopsychosocial is also defined by Barker (1991) as "a term applied to phenomena that consist of biological, psychological and social elements." It becomes evident that the biopsychosocial model came into being after the realization that, in order for the person's illness to be understood, it is necessary to consider these three dimensions in his/her life.

Kaplan, et al., (1994) further indicate that Engel, a psychiatrist, is the most prominent proponent of the biopsychosocial model, in looking at the patient as a whole. This is vital in treating the patient as a unity, with all the aspects that are relevant to his/her situation taken into consideration. Kaplan, et al., (1994) further argue that Engel's model does not assert that the medical illness is a direct

result of a person's psychological or socio-cultural makeup, but rather encourages a comprehensive understanding of disease and treatment. Kaplan, et al., (1994) in addition stress an integrated systems approach to human behavior and disease, because of the continuous interaction between the individual's body, mind and social context.

As mentioned, the researcher is further of the opinion that it is clear that the biopsychosocial model is the most relevant model when assessing patients for ART, to ensure that all the circumstances of the patient are evaluated. This model enables the medical team to understand the patient, which leads to designing an appropriate treatment plan that is responsive to the needs of AIDS patients considered for ART and ultimately improvement of quality of life.

The researcher acknowledges Boyer and Indyk's view (2006), that there is a tendency to treat clients' maladies in accordance with two basic premises: the medical needs of the client (as perceived by the clinician) can be successfully addressed by focussing solely on that aspect of the client's life and if the client is not able or ready, then there will be someone in the client's support system to take responsibility for administering the prescribed therapy. In many cases these assumptions hold true, but for certain sub-populations they do not:

Individuals with substandard/chaotic lives; and those with multiple, confound diagnosis who possess neither personal adherence ability nor adequate support systems.

There are individuals, despite substandard and chaotic lives, who are able to adhere due to specific personality traits, and a strong motivation to live. Successful adherence can only be accomplished by rethinking what constitutes care and tailoring that care to the individual. Adherence requires the interweaving of three sets of needs, namely:

needs perceived by the client, client's needs (motivation) as observed by an objective recorder (counsellor) and assessed for impact on the client's ability and willingness to be adherent medical needs as identified by a clinician

The process of adherence is not static, but is constantly being affected by external factors (Childs and Cincotta, 2006).\

2.6 Empirical Review

Joshua, Winifred and Christina (2014) researched on the level of living well with HIV in Nigeria? Stigma and survival challenges preventing optimum benefit from an ART clinic using Clinic of the Osogbo State Hospital, Osun State, Nigeria as a case study. In-depth interviews with 15 PLHIV who have been attending the clinic for at least one year, and three health workers. The results reveal both the diversity among even a small number of patients, and persistent cross-cutting themes of stigma, discrimination, poverty, and the psychological impacts of insecure livelihoods and well-intentioned but ultimately stigmatizing supports such as selective food parcels. Both population-based interventions against stigma and poverty, as well as micro-level, contextualized attention to patients', families' and health workers' fear of social exclusion and infection at a clinic and community level are needed if patients – and society – are to live well with HIV in Nigeria.

Janet and Margrete (2017) empirically examine HIV/AIDS and community conflict in Nigeria: implications and challenges. It was review that central role of communities in combating HIV/AIDS is widely agreed, with the contributions of social capital networks and civil society seen as pivotal; a rights-based approach to HIV/AIDS activities is considered essential. The paper concludes by considering the potential input of participatory approaches, community psychology and change management in the development and implementation of HIV/AIDS interventions specifically so as to reduce potential for conflict. Its intention is to contribute to the debate on how best to implement genuinely community-based and managed HIV/AIDS interventions.

Maznah et al (2015) examined HIV/AIDS Related Stigma and Discrimination against PLWHA in Nigerian Population. The data for this study was extracted from the 2013 Nigeria Demographic and Health Survey conducted by the National Population Commission. All men and women aged 15–49 years, permanent residents and visitors of the households were eligible for the interview. Several questionnaires were used in the survey, some covering questions on HIV/AIDS. A total of 56 307 men and women aged 15–49 years participated in this national survey. About half of the population in Nigeria have HIV stigma. Younger persons, men, those without formal education and those within poor wealth index are more likely to have stigma towards PLWHA. In addition, married people are more likely to have stigma on PLWHA and are more likely to blame PLWHA for

bringing the disease to the community. Also about half of the population discriminates against PLWHA. However, those with higher levels of education and those from higher wealth index seem to be more compassionate towards PLWHA. About 70% in the population are willing to care for relative with AIDS, even more so among those with higher level of education.

David, Beth and Nancy (2002) describes the professional challenges HIV/AIDS social workers now face at this stage in the history of the disease as a result of improved medications, and the spread of the disease to newer groups. We describe the roles HIV/AIDS social workers will play in the next wave of the epidemic, and discuss the implications of these changing roles for social work education and training. And they concluded by opine that HIV/AIDS social work was changed fundamentally by the introduction of more effective medications to combat the disease, and by the spread of HIV/AIDS beyond the gay community to intravenous drug users and their sexual partners, women, children, adolescents, and people of color.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

In an attempt to have a good, reliable and valid research outcome, the researcher has to select a method of obtaining data in which the research outcome will be based.

According to Longman Dictionary of Contemporary English, methodology can be defined as set of methods and principle that are used when studying a particular kind of work. Therefore, the focus under methodology in this research work is to show the various methods, procedures adopted in generating adequate data that will accurately answer questions as regard the role of social workers in HIV/AIDS prevention and control in University of Benin Teaching Hospital (UBTH)

3.2 Research Design

Research design is concerned with the sources and means available for the acquisition of needed information to enable the analysis of data towards making an empirical judgment which could be used to solve problem all round (Ogunsola 1993). Green and Tulu (1990) point out that research design is the specification of methods and procedures for acquiring the information needed to solve a problem. In line with the above definitions, the research work was carried out through the survey research design. The survey design is a form of research design where data are collected from samples through the use of questionnaires which are administered and followed up by personal interview.

3.3 Area of Study

The area of this study is the University of Benin Teaching Hospital in Edo State, the research work was done within the premises of the hospital with the support of their staff. Specifically, the University of Benin Teaching Hospital (UBTH) is the target area of study.

Brief History of UBTH

The journey to the establishment of the University of Benin Teaching Hospital, UBTH began early in 1969 when the idea was first conceived by then Military Governor of the defunct Midwest state, Colonel S.O Ogbemudia after private visits to the Island Maternity Hospital and the Lagos University Teaching Hospital.

University of Benin Teaching Hospital (UBTH) as a tertiary health facility came into being in 1973 as the sixth of the first generation Teaching Hospital in Nigeria to complement her sister institution, University of Benin, and to provide secondary and tertiary care to people in the Midwestern region and its environs.

Various department in University of Benin Teaching Hospital (UBTH) includes; Stroke unit of the Department of Medicine, Anesthesiology department, Assisted Reproduction/I.V.F Unit, Child Health, Community Health Department, Dental - Oral Medicine and pathology, Dental -department of Oral and Maxillofacial Surgery, Dental: Preventive Dentistry, Dental: Restorative Dentistry, Department of Chemical pathology, Dietetics and Nutritionists Department, Family Medicine Histopathology (Morbid Anatomy) etc.

The Department of Medicine is one of the oldest clinical department of the University of Benin Teaching Hospital. It renders both general and specialized clinical services to the hospital in a bid to meet its aims and objectives. The objectives and goals of the department include; Expert care of patients with diverse medical conditions, teaching and training of undergraduate medical students and resident doctors in general internal medicine and subspecialties of internal medicine, conceiving, nurturing and executing research ideas that contribute to the advancement of the knowledge of internal medicine in Nigeria and Africa and rendering of assistance to other departments in the care of patients and training of resident Doctors.

One of the specialized services unit in UBTH is Dermatology/infectious diseases unit. This unit provides specialist skin care for those with dermatological challenges, and also care and counselling

for HIV/AIDS patients. They give guide lines to HIV/AIDS patients not be afraid of their situation. All HIV/AIDS patients have confidence to relate their issues to doctors base on confidentiality.

3.3 The Population and Sample

The population of a study is the group element, people, items, data or other variable with same characteristics and interest that the researcher studies (Obazee & Abraham 2003). The population of this study include both health and social workers in Dermatology/infectious diseases unit and patients living with HIV/AIDS, who are currently receiving treatment at the University of Benin Teaching Hospital (UBTH). Currently, about 286 patients in number are coming for their treatment and counselling.

3.4 Sources of Data

The sources of data for this research work are the primary data (questionnaire and personal interview). Secondary data were collected from University of Benin Teaching hospital (UBTH) publications, journals, textbooks on marketing.

3.5 Sample Size and Sampling Techniques

The sample size of this study is 50 respondents. The simple random sampling technique was used in selecting respondent. The researcher randomly selected 50 respondents from the 286 patients coming for treatment in UBTH.

3.6 Instruments of Data Collection

The instrument adopted for this study is the structure questionnaires and was administered only to literate people, this is due to the circumstances that only literate can read and answer the questions, it's a way to protect and make sure the privacy of patients are kept secret. In this study personal interview was also carry out to solicit for information that will be helpful for this work.

3.7 Method of Data Collection

This study made use of both primary and secondary data. The secondary data sources was use in this study. The methods for primary data include the use of questionnaires.

3.8 Method of Data Analysis

Before processing the responses, the completed questionnaires was sorted, checked and edited for completeness and consistency. The primary data collected was analyzed using statistical analysis

tools. Coding was done in Microsoft Excel 2010 while the statistical package for social sciences (SPSS) was be used.

Tables were used for easy presentation of results, simple percentage was used to analyze the results obtained from the questionnaires distributed while cross-sectional method was used to test the relationship between social worker role and HIV/AIDS prevention in UBTH.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter deals the analysis of data from the study's field survey that focused “The role of social workers in preventing the spread of HIV/AIDS in UBTH”. 50 copies of questionnaires were distributed and retrieved, making the percentage of the copies retrieved 100%. Statistical Package for Social Sciences, SPSS 21.0 was used for the analysis. The first section of the chapter deals with the analysis of the demographics of respondents, while the other sections analyze the main items which provide answers to the research questions and hypotheses for which this study is about

4.2 Auto-Biodata of the Respondent

Table 4.1: Age Distribution

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 15 years	5	10.0	10.0	10.0
15-20 years	8	16.0	16.0	26.0
21-25 years	22	44.0	44.0	70.0
26-30 years	10	20.0	20.0	90.0
31 years and above	5	10.0	10.0	100.0
Total	50	100.0	100.0	

From the above table 5 respondent representing 10% were between the age of 15, 8 respondent representing 16% were between the age of 15-20. 22 respondent representing 44% were between the age of 21-25, 10 respondent representing 20% were between the age of 26-30, 5 respondent representing 10% were between the age of 31 years and above

Table 4.2: gender distribution of the respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid male	34	68.0	68.0	68.0
female	16	32.0	32.0	100.0

Table 4.2: gender distribution of the respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid male	34	68.0	68.0	68.0
female	16	32.0	32.0	100.0
Total	50	100.0	100.0	

In the above table 34 respondent representing 68% were male and 16 respondent representing 32% were female respondent. from the above statement it could be deduce that most respondent were male

Table 4.3: Educational qualification

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 level certificate	2	4.0	4.0	4.0
OND/Diploma	12	24.0	24.0	28.0
HND/BSc	24	48.0	48.0	76.0
Master degree	2	4.0	4.0	80.0
PhD	10	20.0	20.0	100.0
Total	50	100.0	100.0	

2 respondent representing 4% attained O level certificate, 12 respondent representing 24% attained OND/Diploma certificate, 24 respondent representing 48% attained HND/BSc certificate, 2 respondent representing 4 attained Master degree certificate, and 10 respondent representing 20% attained PhD certificate. From the above analysis it could be deduce that most of the respondent are educated men and women

Table 4.4: How long have you being in this hospital

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Less than 6 month	2	4.0	4.0	4.0
6 month to 1 year	8	16.0	16.0	20.0
2-3 years	12	24.0	24.0	44.0

4-5 years	18	36.0	36.0	80.0
6 years and above	10	20.0	20.0	100.0
Total	50	100.0	100.0	

2 respondent representing 4% and 8 respondent representing 16% have been in the hospital for 6 month to 1 year, 12 respondent representing 24% have being in the hospital for 2-3 years, 18 respondent representing 38% have been in the hospital for 4-5 years, and 10 respondent representing 6 years and above have been in the hospital for 6 years and above. it could be seen that majority of the respondent have been in the hospital for at list over 6 month,

Table 4.5: How do you consider environment in the hospital

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid very clean	20	40.0	40.0	40.0
clean	21	42.0	42.0	82.0
Moderate	8	16.0	16.0	98.0
Dirty	1	2.0	2.0	100.0
Total	50	100.0	100.0	

Table 4.5 above show how do respondent consider environment in the hospital, 20 respondent representing 40% opted for very clean, 21 respondent representing 42% opted for clean, 8 respondent representing 16% opted for moderate, and 1 respondent representing 2% opted for dirty. The above statement reviewed that the environment in the hospital is clean

4.3 Analysis of the Respondent on the Role of Social Workers in UBTH

Table 4.6: How often do social workers visit patience centre at UBTH for counseling and advice

	Frequency	Percent	Valid Percent	Cumulative Percent
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Valid	once in a week	16	32.0	32.0	32.0
	twice in a week	24	48.0	48.0	80.0
	Once in a month	8	16.0	16.0	96.0
	Others	2	4.0	4.0	100.0
	Total	50	100.0	100.0	

On how often do social workers visit patience centre at UBTH for counseling, 16 respondent representing 32% opted for once in a week, 24 respondent representing 48% opted for twice in a week, 8 respondent representing 16% opted for once in a month, 2 respondent representing 4 opted for others. Base on the above respondent opinion, it could be deduced that social workers visit patience centre at UBTH for counseling and advice.

Table 4.7: Have you being thought that HIV patience can live normal live with the use of drug and treatment

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	44	88.0	88.0	88.0
No	6	12.0	12.0	100.0
Total	50	100.0	100.0	

44 respondent representing 88% opted Yes that they have been thought that HIV patience can live normal live with the use of drug and treatment. While 6 respondent representing 12 opted No. in the statement above it could be concluded that most HIV patience have been thought that HIV patience can live normal live with the use of drug and treatment, and that there are more sickness that kill faster than HIV/AID.

Table 4.8: do you think social workers have been able to enlighten patience about the concurrence and co-risk of HIV.AID

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	42	84.0	84.0	84.0
No	8	16.0	16.0	100.0

Table 4.8: do you think social workers have been able to enlighten patience about the concurrence and co-risk of HIV.AID

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	42	84.0	84.0	84.0
No	8	16.0	16.0	100.0
Total	50	100.0	100.0	

On if respondent think social workers have been able to enlighten patience about the concurrence and co risk of HIV/AIDS. 42 respondent representing 84% opted for Yes, and 16 respondent representing 16 opted for No. from the above statement it can be concluded that social workers have been able to enlighten patience about the concurrence and co-risk of HIV/AIDS in UBTH.

Table 4.9: What role do social workers place to prevent spread of HIV/AIDS in UBTH

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid social worker dialogue about safer sex practices	18	36.0	36.0	36.0
social worker advice how to stop spread of HIV through the use of universal precautions when exposed to blood and faces.	6	12.0	12.0	48.0
social workers advice the best place to receive treatment	12	24.0	24.0	72.0
social workers advice how it can be treated	8	16.0	16.0	88.0
Others	6	12.0	12.0	100.0
Total	50	100.0	100.0	

Most of the respondent pointed out the role of social workers place to prevent spread of HIV/AIDS in UBTH. From the above table 18 respondent representing 36% review that social workers dialogue about safer sex practices in UBTH, 6 respondent representing 12% asserted that social worker advice how to stop spread of HIV though the use of universal precaution when expose to blood and faces, 12 respondent representing 24% asserted that social workers advice the best place to receive treatment, 8 respondent representing 16% also review that social workers advice how it can be treated,

Table 4.10: How often do social workers carry out assignment of teaching patient to anticipate, understand, and identify option to depression, anxiety or irritability

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Often	22	44.0	44.0	44.0
very often	8	16.0	16.0	60.0
Rear	12	24.0	24.0	84.0
very rear	8	16.0	16.0	100.0
Total	50	100.0	100.0	

Most of the respondent support the view that social workers carry out assignment of teaching patient to anticipate understand and identify option to depression, anxiety or irritability. From the above table 22 respondent representing 44 opted for often, 8 respondent representing 16% opted for very much often, 12 respondent representing 24% opted for rear, and 8 respondent representing 16 opted for very rear,

Table 4.11: Do you think social workers has been able to improve the health care experience for HIV/AIDS PATIENT AND THEIR FAMILY

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	39	78.0	78.0	78.0
No	11	22.0	22.0	100.0

Table 4.11: Do you think social workers has been able to improve the health care experience for HIV/AIDS PATIENT AND THEIR FAMILY

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	39	78.0	78.0	78.0
No	11	22.0	22.0	100.0
Total	50	100.0	100.0	

When respondent were ask you think social workers has been able to improve the health care experience for HIV/AIDS patient and their family, 39 respondent representing 78 opted for Yes, 11 respondent representing 22% opted for No. from the above statement it could be deduce that social workers has been able to improve the health care experience for HIV/AIDS patience and their family.

Table 4.12: UBTH have been involve in the mobilization of technical assistance as the way to control HIV/AIDS in UBTH

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid agree	22	44.0	44.0	44.0
strongly agree	24	48.0	48.0	92.0
undecided	1	2.0	2.0	94.0
disagree	2	4.0	4.0	98.0
strongly disagree	1	2.0	2.0	100.0
Total	50	100.0	100.0	

Most of the respondent agree that UBTH have been involved in the mobilization of technical assistance as the way to control HIV/AIDS. From the above table 22 respondent representing 44% agree, 24 respondent representing 48% strongly agree, 1 respondent representing 2% were undecided, 2 respondent representing 4% disagree, 1 respondent representing 2% strongly disagree. From the above analysis it could be deduce that UBTH have been involve in the mobilization of technical assistance as the way to control HIV/AIDS.

Table 4.13: UBTH/ has been able to enlighten both employee and patients, how to avoid contact with HIV/AIDS patients

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	12	24.0	24.0	24.0
strongly agree	30	60.0	60.0	84.0
undecided	2	4.0	4.0	88.0
disagree	3	6.0	6.0	94.0
strongly disagree	3	6.0	6.0	100.0
Total	50	100.0	100.0	

On if UBTH has been able to enlighten both employee and patient, how to avoid contact with HIV/AIDS Patients , 12 respondent representing 24% agree, 30 respondent representing 60% strongly agree, 2 respondent representing 4% were undecided, 3 respondent representing 6% disagree and 3 respondent representing 6% strongly disagree. It could be deduce that UBTH has been able to enlighten both employee and patient how to avoid contact with HIV/AIDS patient

Table 4.14: HIV/AIDS patients are not allow to go to public area and this has enable reduction in the number of HIV/AIDS patient

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid agree	28	56.0	56.0	56.0
strongly agree	8	16.0	16.0	72.0
undecided	2	4.0	4.0	76.0
disagree	7	14.0	14.0	90.0
strongly disagree	5	10.0	10.0	100.0
Total	50	100.0	100.0	

28 respondent representing 56% and 8 respondent representing 16% uphold the view that HIV/AIDS patient are not allow to go to public area and this has enable reduction in the number of HIV/AIDS patient, 2 respondent representing 4% were undecided, 7 respondent representing 14% disagree and 5 respondent representing 105 strongly disagree. Base on the analysis of the

respondent opinion above, it could be concluded that HIV patient are not allow to go to public area and this has enable reduction in the number of HIV patient .

Table 4.14: No new HIV/AIDS patient have visited UBTH for over two month now due to the level of awareness in UBTH

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid agree	5	10.0	10.0	10.0
strongly agree	5	10.0	10.0	20.0
undecided	2	4.0	4.0	24.0
disagree	12	24.0	24.0	48.0
strongly disagree	26	52.0	52.0	100.0
Total	50	100.0	100.0	

On if no new HIV patient have visited UBTH for over two month now due to the level of awareness in UBTH. 5 respondent representing 10% agree, 5 respondent representing 10% strongly agree, 2 respondent representing 4% were undecided, 12 respondent representing 24% disagree, 26 respondent representing 52% strongly disagree. The statement showed that there are still new HIV patient visiting UBTH over two month input the level of awareness in UBTH

4.5 ANALYSIS OF THE RESPONDENT OPINION ON WHAT SHOULD BE DONE TO HALT THE SPREAD OF HIV/AIDS IN UBTH

Table 4.15: Do you think if HIV/AIDS patient are not allow to go to public places will reduce the spread of HIV

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	41	82.0	82.0	82.0
No	9	18.0	18.0	100.0
Total	50	100.0	100.0	

On if do you think if HIV/AIDS patient are not allow to go to public place will reduce the spread of HIV, 41 respondent representing 82% opted for Yes, 9 respondent representing 18 opted for No. it

can be concluded that if HIV/AIDS patient are not allowed to go to public place will reduce the spread of HIV

Table 4.16: Do you think if individual are advice to avoid miss using drug which can lead to engage in certain behavior that may increase change of contacting or transmitting will reduce spreading of HIV

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	44	88.0	88.0	88.0
No	6	12.0	12.0	100.0
Total	50	100.0	100.0	

When respondent were ask do you think if individual are advice to avoid mis using drug which can lead to engage in certain behavior that may increase change of contacting or transmitting will reduce spread of HIV. 44 respondent representing 88% opted for Yes, 6 respondent representing 12% opted for No. the above statement show that if individual are advice to avoid mis using drug which can lead to engage in certain behavior that may increase change of contacting or transmitting will reduce spreading of HIV.

Table 4.17: Both HIV patient and non HIV patient should be enlighten about the safer sex practices to stop disease spreading

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	40	80.0	80.0	80.0
No	10	20.0	20.0	100.0
Total	50	100.0	100.0	

Most respondent asserted that both HIV patient and non HIV patient should be enlighten about the safer sex practices to stop disease spreading. In the above table 40 respondent representing 80%, 10 respondent representing 20% opted for No. the above analysis shows that both HIV patient and non HIV patient should be enlighten about the safer sex practices to stop disease spread

4.18: Sharing of needles for shooting drugs, piercings, or tattoos should be avoided

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	46	92.0	92.0	92.0
No	4	8.0	8.0	100.0
Total	50	100.0	100.0	

Most of the respondent supported the view that sharing of needle for shooting drugs, piercings, or tattoos should be avoided, from the above table 46 respondent representing 92% opted for Yes, 4 respondent representing 8% opted for No. from the above it can be concluded that if sharing of needle for shooting drugs, piercings, or tattoos can be avoided it could reduce the level of spread of HIV/AID.

Table 4.19: do you thin both patient and non patient should be tested to know the status of each person

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	33	66.0	66.0	66.0
No	17	34.0	34.0	100.0
Total	50	100.0	100.0	

In the table above, when respondent were ask do you think both patient and non patient should be tested to know the status of each person, 33 respondent representing 66% opted for Yes, 17 respondent representing 34% opted for No. the above respondent opinion shows that if both patient and non patient are tested to know the status of each person it will reduce the spreading of HIV/AIDS

4.4 Testing of the Hypothesis

H₁: social work play their role in UBTH to prevent and control HIV/AIDS

H₀: social work did not play their role in UBTH to prevent and control HIV/AIDS

UBTH have been involve in the mobilization of technical assistance as the way to control HIV/AIDs in UBTH * UBTH/ has been able to enlighten both employee and patience, how to avoid contact with HIV/AIDs patience Cross tabulation

Count							
		UBTH/ has been able to enlighten both employee and patience, hoe to avoid contact with HIV/AIDs patience					Total
		agree	strongly agree	undecided	disagree	strongly disagree	
UBTH have been involve in the mobilization of technical assistance as the way to control HIV/AIDs in UBTH	Agree	0	22	0	0	0	22
	strongly agree	12	8	2	0	2	24
	undecided	0	0	0	1	0	1
	disagree	0	0	0	1	1	2
	strongly disagree	0	0	0	1	0	1
Total		12	30	2	3	3	50

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	73.056 ^a	16	.000
Likelihood Ratio	54.672	16	.000
Linear-by-Linear Association	9.736	1	.002
N of Valid Cases	50		

a. 21 cells (84.0%) have expected count less than 5. The minimum expected count is .04.

From the result of hypothesis tested above, the significant level of the relationship between social work play there role in UBTH to prevent and control high HIV/AID stand at .000 which is less than alpha significant level (5%) with association chi-square value at 73.056. Therefore we accept the null hypothesis that social work play there role in UBTH to prevent and control HIV/AID from

spreading and reject the alternative that says social work did not play there role in UBTH to prevent and control HIV/AIDS from spreading.

CHAPTER FIVE

SUMMARY OF FINDING, CONCLUSION AND RECOMMENDATION

5.1 Summary of finding

HIV has been a public health issue of concern over the years since its first appearance, in this study difference literature has been review and well cited, to add to the existing literature this what was carry out to examine the role of social workers in HIV/AIDS prevention and control in University of Benin Teaching Hospital (UBTH). The specific objectives of the study are to find out the role of the social workers in the control of HIV/AIDS in University of Benin Teaching Hospital (UBTH), to assess the capacity of University of Benin Teaching Hospital (UBTH) to control HIV/AIDS and also to find out what should be done to halt the spread of HIV/AIDS in university of Benin Teaching hospital (UBTH). The sample size of this study is 50 respondents. In analyzing the respondent opinion on the role of social workers in preventing HIV/AIDs form spreading it was discovered that social workers has done much in HIV/AID prevention at UBTH. Respondent reviewed that social worker visit the patience centre to enlighten them on the way and how to receive treatment, how it can be prevented and also live normal live with the use of drug and treatment. Asserted that social workers at UBTH dialog about safer sex practices, advice how to stop spread of HIV through the use of universal precautions when exposed to blood and face and advice the best place to receive treatment. Social workers has been involved in the mobilization of technical assistance as a way of control HIV/AIDS at UBTH.

5.2 Conclusion

From the data collected and analyzed from the field, the study concludes among-st others that,

- 1) social workers has place their role by advising, making sure that those are HIV patience do not go to the public place and creating awareness in the control of HIV aids in University of Benin Teaching Hospital (UBTH)
- 2) by advising both patience and employee at UBTH and creating awareness to every individual, both employee and non employee at UBTH a now aware of the way to control

HIV how to prevent and how it can be treated, it was also review that with the role of social workers at UBTH the level of HIV/AIDS patience at UBTH has reduce

- 3) respondent also reviewed that if individual should advice to avoid misusing drug which can lead to engage in certain behaviour that may increase chance of contracting or transmitting HIV and if shearing of needles for shooting DRUGS, piercings or tattoos should be avoided the level of HIV spreading will reduce

5.3 Recommendation

The findings of the study have provided vital information about the role of social workers in controlling HIV/AIDS. It is based on the findings of this study that the following recommendations were made:

1. every individual should be advice the best way to prevent or get contact with disease such as HIV/AIDS
2. Nigeria government should make laws that enable and others that enable every Nigeria citizen to be tested to known their HIV status.
3. Social workers should also increase the level of creating awareness to every individual on the significant danger of HIV/AIDS.
4. Hospital should be monitors and investigated to avoid sharing of needles for shooting drug and piercings

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Questionnaire

Department of Social Work,
Faculty of Social Science
University of Benin
Benin City.

Dear Respondent,

REQUEST FOR THE COMPLETION OF THE QUESTIONNAIRE

I am a final year student of the above named institution currently undertaking research on “ **the role of social workers s in HIV/AIDS prevention and control in University of Benin Teaching Hospital (UBTH)**” the study is a prerequisite for the partial fulfillment for the award of Bachelor of Science Degree (B.Sc) in Social Work. I therefore crave your indulgence to assist to fill the questionnaire. Any information given will be treated with utmost confidentiality.

Thanks for your anticipated cooperation.

Yours faithfully,
(Precious Elias Ikogwe)

Instruction

Kindly tick () on that which represent your opinion.

Section A: (Personal Data)

1. Age: below 15 (), 15-20 (), 21-25(), 26- 30(), 37 and above ().
2. gender: Male (), Female ()
3. Educational qualification: O level certification(), OND/Diploma(), HND/BSc(). Master Degree(), PhD() others specify_____
3. How long have you being this hospital: less than 6 month(), 6month to 1year(), 2-3years(), 4-5 years(), 6 years and above()
4. Department and Faculty: please specify_____
- 5 How do you consider environment in your faculty? Very Clean () Clean() Moderate() Dirty()

ROLE OF SOCIAL WORKER

1. How often do social workers visit patient centre at UBTH for counselling and advice? Everyday () once in a week () twice in a week () once in a month () others: _____
2. Have you being thought that HIV patient can live normal live with the use of drug and treatment Yes() No()
3. Do you think Social worker have been able to enlighten patient about the co-occurrence and co-risk of HIV/AIDS? Yes () No ()
4. What role do social workers place to prevent spread of HIV/AIDS in UBTH?
 - (a) Social worker dialog about safer sex practices
 - (b) Social worker advice how to stop spread of HIV through the use of universal precautions when exposed to blood and faces.
 - (c) Social workers advice the best place receive treatment
 - (d) Social workers advice how it can be treated
 - (e) Others: _____
5. How often to social worker carry out assignment of teaching patient to anticipate, understand, and identify option to depression, anxiety, or irritability? Very rear () very often() very much often() others: _____
6. Do you think social workers has been able to improve the health care experience for HIV/AIDS patients and their family? Yes() No()

Note: A=agree, SA=strongly agree, UN=undecided, D=disagree, SD=strongly disagree

S/ N	QUESTION	A	SA	U N	D	SD
	Capacity of UBTH in control of HIV/AIDS					
6	UBTH have been involve in the mobilization of technical assistance as the way to control HIV/AIDS in UBTH					
7	UBTH has been able to enlighten both employee and patient, how to avoid contact with HIV/AIDS patient					
8	UBTH has been able to reduce the number of HIV/AIDS patient through the awareness creation and enlightened .					

0	HIV/AIDS patients are not allowed to go to public areas and this has enabled a reduction in the number of HIV/AIDS patients					
10	No new HIV/AIDS patients have visited UBTH for over two months now due to the level of awareness in UBTH					

WHAT SHOULD BE DONE TO HALT THE SPREAD OF HIV/AIDS IN UBTH

1. Do you think stopping HIV/AIDS patients should not be allowed to go to public places? Yes() No()
2. Do you think individuals should be advised to avoid misusing drugs which can lead to engaging in certain behaviours that may increase chances of contracting or transmitting HIV? Yes() No()
3. Both HIV patients and non-HIV patients should be enlightened about safer sex practices to stop disease spreading? Yes() No()
4. Sharing of needles for shooting drugs, piercings, or tattoos should be avoided? Yes() No()
5. Do you think both patients and non-patients should be tested to know the status of each person? Yes() No()
6. State your opinion on what should be done to halt the spread of HIV/AIDS in UBTH : _____