

**THE EFFECT OF SOCIAL WORK INTERVENTION IN CURBING THE SPREAD OF
HIV IN NIGERIA UNIVERSITY OF BENIN TEACHING HOSPITAL**

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BENIN CITY**

OCTOBER, 2025

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**BEING A RESEARCH PROJECT PRESENTED TO THE DEPARTMENT OF SOCIAL
WORK, FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN
BENIN CITY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE
AWARD OF BACHELORS OF SCIENCE (B.SC.) IN SOCIAL WORK.**

OCTOBER, 2025

CERTIFICATION

We the under sign certify that this project was carried out by **ODDIAH LEA EBOHIRUMEN** with Matriculation Number: **SSC2106090** and is adequate in scope and standard in partial fulfillment for the award of Bachelor degree in the Department of Social Work, Faculty of Social Sciences, University of Benin, Benin City.

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(Head of Department)

Date

Date

DEDICATION

This research work is dedicated to God almighty for his guidance, protection and good health throughout my period of study.

ACKNOWLEDGEMENTS

First and foremost, I give all glory, honor, and praise to God Almighty for His grace, strength, and love that have seen me through this academic endeavor. His guidance has been my anchor, and I am eternally grateful for His unwavering support. I extend my deepest appreciation to my project supervisor, Dr. Egharevba Osagie, for his invaluable guidance, encouragement, and contributions throughout this research work. Your expertise and insights have been instrumental in shaping my understanding and approach. I am also profoundly grateful to the Head of the Department, Dr. (Mrs.) H.E. Eweka, for her unwavering support and encouragement during my time at the University of Benin. Your leadership and commitment to students are truly inspiring.

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To my amazing parents, Mrs. Faith and Mr. Augustine, thank you for your love, prayers, sacrifices, and unwavering support emotionally, spiritually, and practically. Your belief in me has been the bedrock of my success, and I am forever grateful for all you have done. I would also like to appreciate my siblings and my cousin Uncle Joe for their constant support and encouragement. Your presence in my life has been a source of strength. To my dear friends Mimi, Tonia, and Ese, your support means the world to me. Thank you for being there through thick and thin. I would like to acknowledge my neighbors Uncle Ab, Uncle Ola, and my dear friend Bright for sharing this journey with me. Your kindness and encouragement have not gone unnoticed.

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ABSTRACT

The study examine impact of social work intervention in curbing the spread of HIV in university of Benin teaching hospital. The specific objectives were to examine if social workers conduct educational programs that inform communities about HIV transmission, prevention methods, and available treatment options, evaluate if social workers offer counseling to individuals living with HIV/AIDS and their families, find out if social workers engage community members in discussions about HIV/AIDS, find out if social workers assist clients in accessing healthcare services, find out if social workers implement targeted prevention programs aimed at high-risk groups. The sample size of this study is 180 respondent which will be selected randomly among UBTH employe and patience. Frequency and percentage and table was used to calculate and present the data. The finding showed that social worker has a signfiacnt impact in curbing the spread of HIV in University of Benin. It was discovered that social workers conduct educational programs that inform communities about HIV transmission, prevention methods, and available treatment options in the university of Benin, and this educational programme has help to increase the level of awareness of the HIV prevention. Social workers had help to curb the issue of HIV/AID BY offering counseling to individuals living with HIV/AIDS and their families in the university of Benin. In the university of Benin, social workers engaged members in discussions about HIV/AIDS in the university of Benin which has been a means of creating more awareness and has help to reduced the spread of this virus in the environment. The study revealed that social workers in the university of Benin assist clients in accessing healthcare services in the university of Benin. And also social workers implement targeted prevention programs aimed at high-risk groups in the university of Benin. The study recommend that Nigeria government should put more effort by organizing a educating program which will help to create more awareness in the rural and some part of urban area

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CHAPTER ONE

INTRODUCTION

1.1 Background to the study

The global concept of social work intervention focuses on engaging people and structures to address life challenges and enhance overall well-being, guided by principles of social justice, human rights, and collective responsibility. Social workers intervene at various system levels advocacy to promote social change, development, empowerment, and liberation (Elsa & Shonda 2014).

Social service may be needed at every stage of life. However, as the structures and needs of individuals, families / groups and societies to be served are different, the appropriate type of social service is provided to these groups under different organizations. According to the definition made by the International Federation of Social Workers (IFSW), social work; It is a profession that seeks to empower and liberate people to achieve better living conditions and prosperity. Social work is based on systems theory and tries to increase social justice by intervening in people's processes of interaction with their environment. Empowering people in social work is the process of helping individuals, families, groups, organizations and communities increase their personal, interpersonal, socioeconomic, and political power and influence by improving their conditions (Irele, 2019).

The Social Work Education Council, which is the national qualification (accreditation) institution for social work education in the USA, defines the purpose of social work as: The purpose of the social work profession is to promote the well-being of man and the community. Another aim is to ensure social and economic justice by being guided by respect for the difference of people and knowledge based on scientific research in the

context of a global perspective with the individual and environmental structure. Another aim is to prevent conditions that limit human rights, to eradicate poverty and to improve the quality of life for every individual in the society through research (National Association of Social Workers, 2017).

The social work profession is applied to increase the welfare of all human beings and to encourage the welfare of the community, especially to minimize poverty, oppression and other forms of social injustice. Social work, which includes all activities developed to solve problems such as illness, physical disability, old age, mental disorders and learning difficulties, refers to a field. Social work has a complex and multi-dimensional structure both conceptually and in terms of application (Abiola, 2021)

The National Association of Social Work defines social work as a professional activity which helps individuals, groups or communities to enhance or restore their capacity for social functioning and creates societal conditions favourable to this goal (Kirst-Ashman, 2013).

HIV (Human Immunodeficiency Virus) is a virus that attacks the body's immune system, specifically targeting CD4 cells (T lymphocytes), which are crucial for fighting off infections. If untreated, HIV can lead to AIDS (Acquired Immunodeficiency Syndrome), the most advanced stage of HIV infection. At this stage, the immune system is severely compromised, making individuals vulnerable to opportunistic infections and certain cancers (World Health Organization, 2024).

HIV targets the body's white blood cells, weakening the immune system which makes it easier to get sick with diseases like tuberculosis, infections and some cancers. HIV is spread from the body

fluids of an infected person, including blood, breast milk, semen and vaginal fluids. It is not spread by kisses, hugs or sharing food. It can also spread from a mother to her baby. HIV can be prevented and treated with antiretroviral therapy (ART). Untreated HIV can progress to AIDS, often after many years (World Health Organization, 2024).

WHO now defines Advanced HIV Disease (AHD) as CD4 cell count less than 200 cells/mm³ or WHO stage 3 or 4 in adults and adolescents. All children younger than 5 years of age living with HIV are considered to have advanced HIV disease. Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) affect millions of people and families around the world. Social workers in this area provide support to people living with HIV/AIDS and those affected by the disease, including partners, family members, children and friends.

1.2 Statement of the Research Problem

The first cases of HIV/AIDS in Nigeria were identified in 1985, with reports emerging at an international conference in 1986. The initial cases included a sexually active 13-year-old girl and a female commercial sex worker from a neighboring West African country. This period was characterized by widespread panic and skepticism regarding the disease, as many Nigerians viewed AIDS as a foreign issue primarily affecting homosexuals in the United States. Consequently, there was significant denial about the existence of HIV/AIDS within Nigeria during this time (Godberg, 2021).

In response to the emerging epidemic, the Federal Ministry of Health established the National Expert Advisory Committee on AIDS (NEACA) in 1986, which aimed to coordinate efforts against the disease. However, substantial action did not occur until after Nigeria transitioned back

to democratic governance in 1999 (Godberg & Short, 2016). Nigeria has one of the largest HIV epidemics globally. According to UNAIDS and the National Agency for the Control of AIDS (NACA), as of 2023, approximately 1.9 million people were living with HIV in Nigeria. The national prevalence rate stands at around 1.3%, but this varies significantly across states. Edo State is among the regions with a notable prevalence rate due to several socio-economic and behavioral factors.

Despite efforts by government agencies and NGOs, there remains a lack of adequate awareness about HIV transmission and prevention methods among certain populations in Edo State. Many individuals still harbor misconceptions about how HIV is spread or fail to understand the importance of preventive measures such as condom use. HIV/AIDS is a significant public health issue in Nigeria, particularly affecting women and contributing to maternal mortality. The University of Benin Teaching Hospital (UBTH) has been involved in various studies and initiatives aimed at understanding and managing HIV/AIDS among its patient population.

The prevalence of HIV/AIDS in Nigeria is notably high, with approximately 4.6% of the population infected as of recent estimates. This situation is exacerbated by the fact that many individuals do not receive adequate preconception care or antiretroviral therapy (ART) before pregnancy, leading to increased maternal mortality rates associated with HIV infection. Studies conducted at UBTH have shown that one in four maternal deaths in their facility is related to HIV/AIDS, highlighting the urgent need for improved healthcare services for pregnant women living with HIV.

Research indicates that a significant proportion of maternal deaths among HIV-infected women occur due to complications such as pregnancy-related sepsis, tuberculosis, and pneumonia. Many

women present at advanced stages of HIV disease (WHO stage III/IV), which correlates with higher mortality rates. The findings from UBTH emphasize the importance of scaling up prevention programs for mother-to-child transmission (PMTCT) and ensuring comprehensive access to ART for all pregnant women. HIV-related renal disease is also a common concern among patients at UBTH. A study found that over 53% of HIV-infected patients exhibited some degree of renal functional impairment (RFI). The severity of RFI was positively correlated with lower CD4 cell counts, indicating that immunosuppression significantly impacts kidney health. This relationship underscores the necessity for regular monitoring of renal function in all HIV-infected patients.

Adherence to ART remains a critical challenge despite the availability of free medications through programs like the Presidential Emergency Plan for AIDS Relief (PEPFAR). A study conducted at UBTH revealed that about 74% of participants adhered to their ART regimen; however, factors such as comorbidities and polypharmacy were associated with non-adherence. Improving medication knowledge through counseling could enhance adherence rates among patients. Base on the above issues this study will be carried out to examine impact of social work intervention in curbing the spread of HIV in Nigeria: a study of university of Benin Teaching Hospital

Research question

1. How do social workers conduct educational programs that inform communities about HIV transmission, prevention methods, and available treatment options in university of Benin?
2. How do social workers offer counseling to individuals living with HIV/AIDS and their families in the university of Benin?.

3. How does social workers engage community members in discussions about HIV/AIDS in the university of Benin?.
4. How do social workers assist clients in accessing healthcare services in the university of Benin?.
5. How does social workers implement targeted prevention programs aimed at high-risk groups in the university of Benin?.

1.4 Objective of the study

The main objective of this study was to examine impact of social work intervention in curbing the spread of HIV in Nigeria: a study of university of Benin teaching hospital. The specific objectives were to

1. examine if social workers conduct educational programs that inform communities about HIV transmission, prevention methods, and available treatment options in the university of Benin.
2. evaluate if social workers offer counseling to individuals living with HIV/AIDS and their families in the university of Benin.
3. Find out if social workers engage community members in discussions about HIV/AIDS in the university of Benin.
4. Find out if social workers assist clients in accessing healthcare services in the university of Benin.
5. Find out if social workers implement targeted prevention programs aimed at high-risk groups in the university of Benin.

1.5 Significant of the study

This study is significant because it will offer governments crucial data on the efficacy of programs designed to tackle issues such as poverty, mental health disparities, homelessness, and access to healthcare, thereby informing policy development, resource allocation, and the overall effectiveness of social welfare initiatives. These studies will show how social work approaches, which emphasize the social environment, social relationships, and values, can lead to better population health outcomes and reduced disparities. Governments can leverage these findings to justify funding for social work programs, refine existing policies, and develop new ones that are more responsive to the needs of marginalized communities. Social workers, through their direct contact with vulnerable populations, are uniquely positioned to identify systemic barriers and advocate for policy changes that promote equitable access to resources, employment, and services. Their advocacy efforts, whether at the individual, community, or policy level, contribute to shaping laws and regulations that uphold human rights and address structural inequities.

This study will help governments understand the long-term impacts of social policies. By focusing on "what matters" from a social work perspective including social factors often overlooked in traditional health policymaking these studies can guide governments toward policies that target the "upstream" social structures that influence health disparities. This includes policies related to economics, education, housing, and family support, which are critical for population health because they shape the contexts in which people live. The emphasis on values such as fairness, rights, and social justice within social work also encourages governments to develop policies that protect and promote equal opportunities and redistribute resources to reduce poverty, which has pronounced effects on health.

The awareness of significant effect of Human Immunodeficiency Virus is importance based on the fact that it attacks the body's immune system, specifically targeting CD4 cells (T lymphocytes). By analyzing the impact of social work interventions specifically within the context of the University of Benin Teaching Hospital, this research can provide evidence-based practices that may be replicated in other regions facing similar challenges. Findings from this study could inform training programs for social workers in Nigeria, enhancing their skills in dealing with HIV-related issues effectively. The results may help policymakers understand where to allocate resources more effectively to combat HIV spread through targeted social work initiatives. By highlighting successful interventions, the study could contribute to reducing stigma associated with HIV/AIDS within Nigerian society.

This study will serve as empirical literature to student and researcher who want to carry out more researcher on this particular area. Researchers can leverage the insights from social work interventions to develop more comprehensive, multi-level strategies that are essential for effectively ending the HIV epidemic. Social work interventions emphasize understanding and mitigating the extra-individual processes that constrain personal agency and undermine choice, which are often overlooked in individual-focused interventions. the study of organizational-level social work interventions, such as co-locating services and peer navigation models, provides a blueprint for future research on how to integrate and deliver HIV prevention and care within existing community-based organizations and healthcare settings. These approaches are crucial for reaching marginalized populations who face significant barriers to accessing care, including geographic inaccessibility, lack of culturally relevant services, and the pervasive impact of stigma and discrimination. Future research can build upon these models by refining peer navigation roles,

ensuring consistent support, and evaluating the long-term sustainability and cost-effectiveness of such programs in real-world settings

1.6 Scope of the study

The impact of social work intervention in curbing the spread of HIV in Nigeria is profound, particularly within healthcare settings like the University of Benin Teaching Hospital. Through education, counseling, community mobilization, access facilitation, and targeted prevention programs. The study will also evaluate if social workers play an essential role in mitigating the effects of this epidemic on individuals and communities alike. The study will be carry out in Edo state particularly UBTH. It will cover the period of 15 years (2010-2025).

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 impact social worker in curbing the spread of HIV in Nigeria in Benin City using UBTH as a case study.

2.1 Conceptual Review

2.1.1 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.

The Core Values Of Social Work, As Outlined By The National Association Of Social Workers (Nasw)

1. Service: Social workers prioritize helping others and addressing social problems. They are committed to serving and advocating for those in need, often going beyond self-interest to support their clients and communities.

2. Social Justice: Social workers strive to challenge social injustices and advocate for changes that improve the conditions of marginalized and oppressed individuals. This includes efforts to reduce poverty, discrimination, and other social inequalities.

3. Dignity and Worth of the Person: Social workers respect the inherent dignity and worth of every individual. They treat clients with care and respect, recognizing each person's unique strengths and capacities.

4. Importance of Human Relationships: Social workers value and nurture human relationships, understanding that relationships are key to change. They work to strengthen relationships between individuals, families, groups, and communities.

5. Integrity: Social workers act honestly and responsibly, maintaining professional and ethical standards. They are committed to transparency and accountability in their practice.

6. Competence: Social workers continuously seek to improve their professional knowledge and skills. They apply evidence-based practices and remain informed about current research and developments in their field. Godberg & Short (2016) asserted that the core values are integral to the mission and vision of social work, guiding professionals as they work to promote the well-being of individuals and communities.

The principles of social work are foundational guidelines that direct the ethical and effective spractice of social work. Here are some key principles:

1. Respect for Inherent Dignity and Worth of Persons: Social workers honor the intrinsic value of every individual and treat them with respect and care, regardless of their circumstances.

2. Promotion of Human Rights and Social Justice: Social workers strive to uphold and protect human rights and work to achieve social justice, advocating for equitable access to resources and opportunities.

3. Respect for Diversity: Social workers recognize and value the diversity of individuals, groups, and communities. They work to understand and respect cultural, racial, ethnic, gender, and other differences.

4. Empowerment and Liberation: Social workers aim to empower individuals and communities, supporting them in gaining control over their lives and advocating for social changes that remove barriers to their well-being.

5. Centrality of Human Relationships: Social workers recognize the importance of human relationships and work to build, maintain, and restore healthy and supportive connections between people and their environments.

6. Integrity in Professional Practice: Social workers demonstrate honesty, transparency, and ethical behavior in all their professional interactions and decisions.

7. Professional Competence: Social workers commit to maintaining and enhancing their professional knowledge, skills, and abilities, engaging in continuous learning and applying evidence-based practices.

8. Commitment to Service: Social workers prioritize the needs of others and are dedicated to helping people meet their basic needs, particularly those who are vulnerable, oppressed, or living in poverty.

These principles form the ethical framework for social work practice, ensuring that social workers act in the best interests of their clients and communities while adhering to professional standards.

Smith, M. (2013), outline the key principles of social work which include Respect for Inherent Dignity and Worth of Persons, Promotion of Human Rights and Social Justice, Respect for Diversity and Empowerment and Liberation. Social workers honor the intrinsic value of every individual and treat them with respect and care, regardless of their circumstances. Social workers strive to uphold and protect human rights and work to achieve social justice, advocating for equitable access to resources and opportunities. Social workers recognize and value the diversity of individuals, groups, and communities. They work to understand and respect cultural, racial, ethnic, gender, and other differences. Social workers aim to empower individuals and communities, supporting them in gaining control over their lives and advocating for social changes that remove barriers to their well-being. Social workers recognize the importance of human relationships and work to build, maintain, and restore healthy and supportive connections between people and their environments. Social workers demonstrate honesty, transparency, and ethical behavior in all their professional interactions and decisions. Social workers commit to maintaining and enhancing their professional knowledge, skills, and abilities, engaging in continuous learning and applying evidence-based practices. Social workers prioritize the needs of others and are dedicated to helping people meet their basic needs, particularly those who are vulnerable, oppressed, or living in poverty

According to Smith, M. (2013), the key mandates of social work is that Social workers are tasked with identifying and addressing social issues that affect individuals, families, groups, and communities. This includes advocating for policies and programs that improve social conditions. Social workers work towards creating positive social change and fostering development within communities. They engage in advocacy, community organizing, and policy development to bring about systemic improvements. The core mandate of social work is to enhance the well-being and

quality of life of individuals and communities. This includes providing direct services, support, and resources to those in need. Social workers are committed to promoting social justice and protecting human rights. They advocate for the rights of marginalized and oppressed populations and work to eliminate barriers to social inclusion and equality. Social workers empower individuals and communities by providing them with the tools and resources needed to achieve self-determination and autonomy. They advocate on behalf of clients to ensure their voices are heard and their needs are met. Social workers aim to strengthen social bonds and promote the integration of diverse groups within society. They work to build inclusive communities where all members can participate fully and equally. Social workers deliver a range of direct services, including counseling, therapy, crisis intervention, case management, and support for individuals facing various life challenges. Social workers adhere to ethical guidelines and professional standards, ensuring that their practice is grounded in respect, integrity, and competence. Social workers prioritize the needs of vulnerable and at-risk populations, including children, the elderly, individuals with disabilities, and those experiencing poverty or discrimination. Social workers collaborate with other professionals, organizations, and communities to provide holistic and effective services. They engage in interdisciplinary practice to address complex social issues comprehensively. These mandates guide social workers in their efforts to create a more just and equitable society, ensuring that they remain committed to their professional responsibilities and the well-being of those they serve.

2.2.2 Concept of HIV/AIDS

HIV stands for human immunodeficiency virus. AIDS stands for acquired immunodeficiency syndrome. HIV infects only human beings and is also transmitted between humans not from animals. It is not transmitted from bites of mosquitoes, bats or any other species.

I-The body has immune system whose function is to protect our body from germs, infections etc. But a person suffering from HIV has inability to fight against diseases. However, immune system becomes deficient. V-Virus is a small, simplest thing which is in inactive form outside the body and becomes active when it goes inside human body (Goodman et al., 2014).

A-It is not inherited means it cannot be transmit from one generation to another. It is transmitted to healthy person by infected person. I-It weakens the immune system. D-Creates a deficiency of CD4+ cells in the immune system. S-It is a collection of diseases. HIV is a virus that causes AIDS. Normally, our body has immune system that attack viruses and bacteria. Immune system has white blood cells which protect us from infections. White blood cells contain CD4+ cells which is also known as helper cells or T cells. A person who is infected will be able to develop. These infections take advantage of body's immune system. These infections cause several health problems and even lead to death of a person. HIV has inability to protect against diseases and count of CD4 cells also decreases in HIV. There is no cure of AIDS but there are certain medicines which are use to slow down the diseases so you stay healthier for long time. There is no medicine to get rid of diseases (Kapila et al., 2016).

HIV is a virus that causes AIDS. Normally, our body has immune system that attack viruses and bacteria. Immune system has white blood cells which protect us from infections. White blood cells contain CD4+ cells which is also known as helper cells or T cells. A person who is infected will be able to develop. These infections take advantage of body's immune system. These infections cause several health problems and even lead to death of a person. HIV has inability to protect against diseases and count of CD4 cells also decreases in HIV. There is no cure of AIDS

but there are certain medicines which are use to slow down the diseases so you stay healthier for long time. There is no medicine to get rid of diseases.

HIV is transmitted principally in three ways: By sexual contact, by blood through transfusion, blood products or contaminated needles or by passage from mother to child. Although homosexual contact remains a major source of HIV within the United States, “hetero sexual transmission is the most important means of HIV spread worldwide today.” Treatment of blood products and donor screening has essentially eliminated the risk of HIV from contaminated blood products in developed countries, but its spread continues among intravenous drug users who share needles.

In developing countries, contaminated blood and contaminated needles remain important means of infection. Thirteen to thirty-five percent of pregnant women infected with HIV will pass the infection on to their babies; transmission occurs before as well as during birth. Breast milk from infected mothers has been shown to contain high levels of the virus also. HIV is not spread by the fecal-oral route; aerosols; insects; or casual contact, such as sharing household items or hugging. The risk to health care workers is primarily from direct inoculation by needle sticks. Although saliva can contain small quantities of the virus, the virus cannot be spread by kissing (Han et al., 2013).

Many people who are living with HIV have no obvious signs and symptoms at all. Recent evidence shows that between 70% to 90% of people who become infected with HIV experience flu-like symptoms within a few weeks after infection. The most common symptoms are a fever, a rash and a severe sore throat all occurring at the same time. These symptoms in an otherwise healthy person may indicate recent HIV infection. HIV infected patients may get yeast infections (oral or vaginal) that do not go away or that occur often. Frequent and severe herpes infections

that cause mouth, genital, or anal sores are also common. Herpes zoster (shingles) is more likely to occur in infected patients. Other pulmonary infections (pneumonia) or so-called atypical mycobacterial infections can be serious for your loved one. Women may get pelvic inflammatory disease that does not respond to treatment. The virus may attack the nervous system (nerves, spinal cord or brain) and produce a variety of symptoms ranging from tingling in the feet and trouble walking to memory disturbances (Kapila et al., 2016)

2.3 Role and Responsibilities of Social Worker to Curb the Spread of HIV/AIDS

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) affect millions of people and families around the world. Social workers in this area provide support to people living with HIV/AIDS and those affected by the disease, including partners, family members, children and friends. With their understanding of the social determinants of health which include social status, income, education and social support networks social workers consider all elements that contribute to a person's mental and physical well-being (Nomvuyo, 2023).

According to Verma (2020), social work practice in this area continues to evolve, as social workers provide support to persons living with HIV/AIDS and those affected by the disease through direct counseling, treatment intervention, and social justice activities. Social workers are familiar with community resources such as income support bureaucracies, education training programs and career planning, disability programs, human rights legislation, addictions services and nutrition. Generally, it is observed that social workers provide essential leadership and support in mobilizing community response to HIV/AIDS through community based action.

On an individual level, social workers provide a range of services and supports to people living with HIV/AIDS. They can help individuals navigate community resources, government support, legal services and other systems, while empowering their clients to make informed decisions about their health. Social workers also provide support and therapy for challenges like a new diagnosis, disclosure, intimate partner violence, depression, fertility, anxiety, relationships, grief and loss, and addictions. They often work on an interdisciplinary team to provide comprehensive health care and support for clients living with this chronic illness.

Within the community, social workers advocate on behalf of people living with HIV/AIDS through community organization and policy development. They develop and provide education that aims to reduce incidence of HIV through harm reduction and health promotion. Social workers understand that healthcare involves more than medical care. They advocate to eradicate social exclusion and poverty, as well as other harmful barriers that have a negative impact on people living with HIV/AIDS and their families.

Social workers working in the HIV/AIDS field may hold individual counselling and psychotherapy sessions for individuals, couples and families. Counseling in HIV/AIDS is an important element of HIV care. It deals with the psychological needs of the individuals with HIV. Counseling is the best help that a provider can provide to the individual to cope up with the disease and its consequences. HIV virus not only attacks immune mechanism of a human being, but also affects person's mental health. People living with HIV/ AIDS (PLHAs) have to face a lot of uncertainties pertaining to their social status, health and well being, issues pertaining to families, jobs etc. The uncertainties arise mainly due to the perceived stigma and anxiety that an

individual with HIV faces. Thus it is a mandate to provide HIV counseling at the time of its diagnosis in order to best deal with the psychosocial issues of the person.

2.3.1 Counseling as a role of social worker

HIV counseling and testing services are a key entry point to prevention of HIV infection and to the treatment and care of people who are infected with HIV. At the time of availing counseling and testing services, people can access scientific information about HIV prevention and care and undergo HIV test in a supportive and confidential environment. People who are found HIV negative are supported with information and counseling to reduce risks and remain HIV negative. People who are diagnosed with HIV infection are provided psycho-social support and are linked to the treatment and care. As of today, only 13 percent of HIV positive people in the country are aware of their HIV status. The challenge before NACO is to make all HIV infected people in the country aware of their status so that they adopt a healthy lifestyle, access life-saving care and treatment and help prevent further transmission of HIV. Thus, counseling and testing services are important components of prevention and control of HIV/AIDS in the country (NACO-ICTC, 2012). The role of counseling is not just limited to ICTC centers but a large number of Targeted intervention (TI) programs are also providing counseling to connect people with HIV to the care and treatment services, to bring in behavioral change and to prevent further transmission of HIV to general community.

In Uganda NGO's counseling support in district hospitals, has helped clients and their families to cope up with HIV and AIDS, with 90.4% of clients revealing their serostatus,

and 57.2% reporting consistent use of condoms in the past 3 months. As a result of counseling, over half of the clients (56.9%) made plans for the future and 51.3% wished to make wills. There was a high level of acceptance for people living with HIV/AIDS (PLWHAs) by families (79%) and the community (76%) (Kaleeba et al., 1997). In a study conducted among PLHA men and women in Uganda, it was observed that counseling helped in supporting them to adopt positive living. For those receiving ART, counseling reinforced treatment adherence (Nyanzi-Wakholi et al., 2009).

192 HIV / AIDS in India Counseling interventions are also used widely to bring in behavioural change. Some studies in India showed that multiple counseling sessions or behavioural interventions with men over two years increased condom use by men with female sex worker partners. These studies were conducted among STD clinic attendees and clients of females sex workers (Bentley et al., 1998; Lipovsek et al., 2010).

Studies done in India as well as other parts of the world have reported treatment adherence getting affected by psychosocial behavioural factors like stigma, disclosure issues, lack of social support, interpersonal relationship, especially among partners of married couples, depression and experience of traumatic events in life (Kumarasamy et al., 2005; Mugavero et al., 2006; Murray et al., 2009; Joglekar et al., 2011). These issues can be effectively dealt with effective counseling sessions which help in boosting moral of the person, increasing level of self esteem and confidence and creating wish for living healthy life. A study conducted in Bangalore among participants from public, private and public-private HIV healthcare settings compared their response to treatment. It was found that adherence and treatment success were significantly higher among patients from public and public-private settings compared with patients from private facilities. These results suggest a possible benefit from counseling by a multi-disciplinary team of

workers might have played a role in better response (Shet et al., 2011). All these evidences show that HIV infected people face a great psychosocial turmoil during the process of coping up with their disease. An effective counseling intervention can provide them support and empowerment to face various crisis situation in the course of their life.

2.3.2 Social Worker Conduct support groups for people living with HIV/AIDS and their partners

Support groups for people living with HIV/AIDS (PLHIV) play a crucial role in providing emotional, social, and practical support. These groups are often facilitated by trained professionals, including social workers, who understand the unique challenges faced by individuals living with HIV. The following details outline how social workers conduct these support groups and the benefits they provide (Breckenridge et al., 2019).

According to Verma (2020), social workers are integral to the operation of support groups for PLHIV. Social workers lead group discussions, ensuring that all participants feel safe and heard. They create an environment where members can share their experiences, challenges, and successes related to living with HIV. Social workers offer information about available resources such as medical care, financial assistance, housing options, and mental health services. They help participants navigate these resources effectively. By fostering a sense of community among group members, social workers encourage peer-to-peer support. This is vital as individuals often find comfort in sharing their experiences with others who understand their situation.

Many individuals living with HIV face mental health challenges such as anxiety and depression. Social workers are trained to recognize these issues and can provide or refer participants to

appropriate mental health services. Social workers may also educate group members about healthy lifestyle choices that can improve their overall well-being and manage their condition more effectively (Bhana, et al., 2014).

In Nomvuyos' worker (2023), stated that participants often report feeling less isolated and more supported after attending these groups. Group discussions can enhance knowledge about HIV treatment options, prevention strategies (like PrEP), and managing side effects. Studies have shown that participation in support groups is associated with better adherence to antiretroviral therapy (ART), leading to improved health outcomes. Support groups help reduce the stigma associated with HIV by normalizing conversations around the condition and promoting understanding within communities. Members often become advocates for themselves and others within the community, helping to raise awareness about HIV-related issues.

2.3.3 Social workers develop and deliver education to individuals,

Social workers develop and deliver education to individuals, families, and communities by utilizing their expertise in human behavior, social systems, and community resources to create tailored educational programs that address specific needs. They engage in various educational activities aimed at empowering clients and enhancing their understanding of available resources and strategies for coping with challenges (Betancourt, et al., 2014).

Social workers begin by assessing the needs of individuals, families, or communities. This involves identifying specific challenges they face, such as mental health issues, poverty, or lack of access to education. By conducting thorough assessments, social workers can tailor educational content to meet these identified needs effectively (Nomvuyo, 2023).

Social workers employ evidence-based practices when developing educational materials and curricula. This means they rely on research and proven methodologies to ensure that the information provided is accurate and effective in promoting positive outcomes (Bhana, et al., 2014).

After delivering educational content, social workers often provide follow-up support to reinforce learning and assist clients in applying what they have learned in real-life situations. This may involve additional resources or referrals to other services as needed (Breckenridge et al., 2019).

2.3.4 Social Worker Liaise with agencies, organizations and service providers to offer additional support

Social workers play a crucial role in connecting clients with various agencies, organizations, and service providers to ensure they receive comprehensive support tailored to their unique needs. This liaison function is essential for addressing the complex challenges faced by individuals and families in today's society.

Social workers often encounter clients dealing with multifaceted issues, such as homelessness, mental health challenges, substance abuse, and family dynamics. These problems require a holistic approach that cannot be effectively addressed by social workers alone. By collaborating with other professionals and organizations, social workers can leverage additional resources and expertise to provide better outcomes for their clients (Karimli, et al., 2019).

2.4 Empirical Review

Adebola et al., (2013). Examined the impact of social, economic, psychological and environmental factors on health and wellbeing among PHA living in southwest Nigeria. Using qualitative participatory methodology, 50 HIV positive people, 8 health personnel and 32 care providers were interviewed to explore how care and social support affect wellbeing among PHA in view of constraints to accessing antiretroviral drugs. Analysis of data used the grounded theory (GT) approach to identify themes, which are considered crucial to the wellbeing of PHA. The findings highlight several factors, apart from antiretroviral drugs, that impact the wellbeing of PHA in south- west Nigeria. These include concerns about deteriorating physical health, family and children's welfare, pervasive stigma, financial pressures and systemic failures relating to care among others. We describe how psychosocial and social support structures can considerably contribute to improving health outcomes among them because of how they affect the functioning of immune system, self-care activities and other illness behaviours.

Onalu, Agwu, Okoye & Agha, (2020) examined Mother-to-child transmission of HIV and utilization of preventive services in Anambra South Senatorial Zone, Nigeria: Practice considerations for social workers, data were sourced using six focus group discussions involving 15 health workers and 24 HIV-positive mothers selected from three health facilities that dispense PMCTC services. Findings revealed that PMTCT services in the study area had setbacks owing to facility-based inefficiencies, low-level awareness and-coverage of the services at the grass-roots level, weak social support and cultural/religious beliefs, among others.

Tegan (2021) explores how an evidence-based management approach offers an effective set of tools to HIV/AIDS organizations. Content analysis and a qualitative desk review of the literature.

Results: Findings from this paper reveal that through the use of evidence-based management, preconceived notions can be challenged so as to yield a diversity of thought and a more people-centered approach to public health delivery. This paper also shows that in the Nigerian setting, an evidence-based management framework can be a transformative tool in ensuring that key populations can receive critical care and treatment in the long run despite the uncertainty that might exist when it comes to funding and resources.

Ambe-Uva, (2007) examines the response of National Open University of Nigeria (NOUN) and its strategic responses in combating HIV/AIDS epidemic. This is achieved by examining NOUN's basic structures that position the University to respond to the epidemic; and second, by assessing HIV/AIDS strategies and policy framework the University has put in place. An interpretative epistemological stance was used for this study, and a qualitative research involving focus group discussion (FGD) and analysis of secondary data was carried out. Results showed that NOUN has identified the impact the epidemic has on the university, although it has yet to institutionalize an HIV/AIDS policy.

Elsa and O'Shonda (2014) explores the relationship between social workers' perceptions of the HIV (human immunodeficiency virus) /AIDS (acquired immune deficiency syndrome) population and the effects on their service delivery. This study used a quantitative online survey with a self-administered questionnaire. Data was collected for 60 social worker participants for this study. Participants were provided a postcard to a link of the questionnaire that surveyed participants' regarding demographics, general knowledge, knowledge about contracting HIV/AIDS, HIV/AIDS risk, and service delivery. Implications from the correlation coefficients identify a significant negative relationship between stigma and HIV/AIDS knowledge, suggesting that

higher levels of stigma were present based on lower levels of HIV/AIDS knowledge. This study found that social workers were comfortable with PLWHA (people living with HIV/AIDS) and that social workers did not have strong levels of stigma towards PLWHA. A significant negative relationship between stigma and service delivery was found indicating that service delivery decreases based on the levels of stigma on behalf of the social worker.

2.5 Theoretical Framework

The Health Belief Model (HBM) is a widely recognized psychological framework used to understand and predict health behaviors, including those related to HIV/AIDS prevention and testing. Developed in the 1950s, the Health Belief Model posits that an individual's likelihood of engaging in a health-related action is influenced by their perceptions of various factors.

The Health Belief Model comprises six core constructs: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. These constructs interact to shape an individual's motivation and decision-making process regarding health behaviors.

Perceived Susceptibility refers to an individual's subjective belief about their risk of contracting a disease or health condition. In the context of HIV, this would be a person's assessment of their chances of becoming infected. Studies have shown that a higher perception of susceptibility to HIV significantly predicts the uptake of HIV testing and counseling (HTC). For instance, youth who perceived themselves at high risk of contracting HIV were more likely to undergo HTC.

Perceived Severity relates to an individual's feelings about the seriousness of a disease and its potential consequences. This includes beliefs about the medical, social, and personal impact of

living with HIV/AIDS. While perceived severity is a core HBM construct, its direct predictive ability for HIV prevention behaviors can vary. Some studies indicate a positive correlation, where a higher perceived severity of HIV leads to increased engagement in preventive actions. However, other research has found less direct influence, suggesting that while individuals may acknowledge the seriousness of HIV, this alone might not always translate into behavioral change without other motivating factors.

Perceived Benefits represent an individual's belief in the effectiveness of a recommended health action in reducing the risk or severity of a disease. For HIV prevention, this could include believing that consistent condom use prevents transmission, or that knowing one's HIV status through testing leads to better health outcomes and access to treatment. Studies consistently show that perceived benefits are positively associated with engaging in HIV preventive behaviors and HTC uptake.

Perceived Barriers refer to an individual's assessment of the potential negative aspects of a health action, including physical, psychological, social, or financial costs. Common barriers to HIV prevention and testing include fear of positive results, stigma and discrimination, lack of trust in healthcare workers, inconvenience of testing centers, and misconceptions about prevention methods. Research highlights that perceived barriers are often the strongest predictor of non-engagement in preventive behaviors, with lower perceived barriers significantly increasing the likelihood of HTC uptake and adherence to prevention strategies.

Cues to Action are external or internal stimuli that prompt an individual to take a health action. These can include media campaigns, advice from healthcare professionals, personal experiences with the disease (e.g., knowing someone with HIV), or symptoms. While important for initiating

action, studies on HIV prevention have sometimes shown cues to action to have a smaller effect size compared to other HBM constructs, suggesting that while they can prompt initial consideration, other factors are crucial for sustained behavior.

Self-Efficacy is an individual's confidence in their ability to successfully perform a specific health behavior. In the context of HIV, this means a person's belief in their capacity to negotiate safe sex, consistently use condoms, or seek HIV testing. High self-efficacy is a strong predictor of engaging in HIV preventive behaviors and HTC uptake, as individuals who feel capable are more likely to attempt and maintain these actions. Interventions aimed at boosting self-efficacy have proven effective in promoting HIV prevention.

In social work intervention on HIV, the HBM provides a valuable framework for designing targeted and effective programs. Social workers can utilize the model's constructs to:

- **Increase Perceived Susceptibility and Severity:** Educate individuals about their personal risk factors for HIV and the serious consequences of infection, using culturally sensitive and relatable information.
- **Highlight Perceived Benefits:** Emphasize the positive outcomes of prevention strategies, such as maintaining health, protecting loved ones, and accessing early treatment if infected.
- **Address Perceived Barriers:** Work with individuals to identify and overcome obstacles to prevention and testing. This might involve providing confidential testing options, addressing stigma, offering support for disclosure, and ensuring accessibility of services.

- **Provide Cues to Action:** Implement community-based campaigns, peer education, and healthcare provider recommendations to prompt individuals to engage in preventive behaviors and testing.
- **Enhance Self-Efficacy:** Equip individuals with the skills and confidence needed to practice safe behaviors, negotiate condom use, and seek testing. This can involve role-playing, communication skills training, and peer support groups.

Recent research, such as a 2024 study in Ghana, further supports the HBM's predictive ability for HIV testing and counseling (HTC) uptake among youth. This study found that perceived susceptibility, perceived barriers, and perceived self-efficacy were significant predictors of HTC uptake, emphasizing the importance of these constructs in health promotion interventions. Similarly, a 2025 study in Tanzania on university students highlighted that high perceived barriers and negative attitudes were associated with lower engagement in HIV/AIDS prevention behaviors, reinforcing the need to address these factors.

CHAPTER THREE

METHODOLOGY

This chapter deals with the methods and procedures that are employed in the research study to collect and present the data. For the purpose of this study specific attention will be given to the following heading

- i. research design,
- ii. population of the study,
- iii. sample and sampling technique
- iv. sources of data
- v. research instruments
- vi. method of data collection
- vii. method of data analysis.

3.1 Research Design

Research design is the arrangement of conditions for the collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy procedure (Asika, 2005). The research design for this study is the descriptive survey research design. This study basically adopts the descriptive survey research design in which well-structured questionnaire will be designed and distributed to the respondents.

3.2 Population of the Study

Population is made up of all conceivable elements, subjects and observations relating to a particular phenomenon of interest to the researcher from which sample and conclusion are drawn. Thus, the population of the study comprises of all academic and non-academic staff of University of

Benin, as at the time this study was carry out the number of academic staff of university of benin were 1547 and non-academic staff were 4623.

3.3 Sample size and Sample Technique

To get the sample size of the study, purposive sample method was employed. This is due to limited time, low financial strength of the researcher. The sample size of this study is 180 respondent which will be selected randomly among UBTH employe and patience

3.4 Research Instrument

Questionnaire was used as the instrument in this study to collect data. Questionnaire employs a typical form of fixed- response alternative questions that required the respondent to select from a predetermined set of answers to every question or fill close-ended statement(s). For the purpose of this study, the survey method is adopted with the use of questionnaire instrument designed to elicit the appraise information for the study. The questionnaire administered to the respondents is divided into two Sections of A and B. Section A is concerned with the demographic data of the respondents among which are: gender, age, educational qualification, and marital status of the respective respondents. Section B is consists of questions directly related to the objectives of the study and set in Likert scale and ranking forms. The administration would be by approaching the respondents and handing over the questionnaire to them. They will therefore be expected to complete and return them. This is basically allow to be free and analyze the questions objectively. Four hundred (90) copies of questionnaire will be administered to the respondent.

3.5 Validity and Reliability of the Instrument

In this study, adequate consideration was given to issues of face and content validity of the instrument used. To ensure face and content validity, the instrument was given to supervisor and two other experts in Faculty of social Sciences. They basically required review and criticize the items on the

instrument in terms of their clarity, appropriateness of the language and instructions that the respondents are expected to adhere to. They also aided in determining whether the items in the questionnaire can elicit the relevant information that they are expected to generate from the respondents. Their criticisms will as incorporated in modifying the items on the instrument used. In addition, content validity was further ensured by making sure that each item in the questionnaire addressed a specific problem of the study as identified from the trial testing of the instrument to ensure its reliability.

3.6 Method of Data Analysis

Two statistical tools of data analysis were deployed in the analysis of data derived from the field. In this study frequency and percentage and table was used to calculate and present the data using social sciences statistical tools (SPSS).

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, INTERPRETATION

This chapter deals with the analysis of data from the study's field survey that focused on the impact of social work intervention in curbing the spread of HIV using university of Benin as a case study. 150 copies of questionnaires were distributed and retrieved, making the percentage of the copies retrieved 100%.

4.1 Sociodemographic Characteristics of Respondents

GENDER		Frequency	Percentage (%)
	Male	84	56.0
	Female	66	44.0
	Total	150	100.0
AGE	20-30 years	42	28.0
	31-40 years	78	52.0
	41-50 years	18	12.0
	51 and above	12	8.0
	Total	150	100.0
EDUCATIONAL QUALIFICATION	Secondary certificate School	36	24.0
	OND/Diploma	24	16.0
	HND/BSC	66	44.0
	Master Degree	18	12.0
	PhD	6	4.0
	Total	150	100.0
RELIGIOUS	Christian	66	44.0
	Muslim	78	52.0
	African Tradition	6	4.0

	Total	150	100.0
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Source: Researcher's Compilation, 2025

In the above table representing gender distribution of the respondent, 84 respondent representing 56.0% were male. 66 respondent representing 44.0% were female respondent. This means that both male and female in university of Benin were represented in the filling of the questionnaire distributed.

On the age distribution of the respondent table above, 42 respondent representing 28.0% were between 20-30 years, 78 respondent representing 52.0% were between 31-40 years, 18 respondent representing 12.0% were between 41-50 years, and 12 respondent representing 8.0% were 50 years and above. This means that the respondent in this study were male and female who are 20 years and above.

On the educational qualification of the respondent, 36 respondents representing 24.0% have attained secondary school certificate, 24 respondents representing 16.0% have attained OND/Diploma certificate, 66 respondent representing 44.0% have attained HND/BSc certificate. 18 respondents representing 12.0% have attained Master degree certificate. And 6 respondents representing 4.0% have attained PhD certificate. It can be deduced that the respondent in this study were male and female who are educated and able to understand the concept of this study.

On the religion of the respondent, 66 respondent representing 44.0% were Christian, 78 respondent representing 52.0% were Muslim, 6 respondent representing 4.0% were African tradition. This means that most of the respondent in this study were Muslim follow by Christians

4.2 Analysis of the Respondent on the impact of social work intervention in curbing the spread of HIV in Nigeria

Social workers effectively communicate complex information about HIV transmission in a way that is easy for community members to understand.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	90	60.0	60.0	80.0
Agree	12	8.0	8.0	12.0
Neutral	12	8.0	8.0	20.0
Disagree	6	4.0	4.0	4.0
Strongly Disagree	30	20.0	20.0	100.0
Total	150	100.0	100.0	

Source: Researcher's Compilation, 2025

Most respondent agree to the statement that social workers effectively communicate complex information about HIV transmission in a way that is easy for community members to understand. From the above table, 90 respondent representing 60.0% strongly agree, 12 respondent representing 8.0% agree, 12 respondent representing 8.0% were neutral, 6 respondent representing 4.0% disagree, and 30 respondent representing 4.0% strongly disagree.

Social workers provide comprehensive and accurate information about various HIV prevention methods (e.g., condoms, PrEP, U=U) during their educational programs.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	18	12.0	12.0	12.0
Agree	72	48.0	48.0	100.0
Neutral	6	4.0	4.0	20.0

Disagree	48	32.0	32.0	52.0
Strongly Disagree	6	4.0	4.0	16.0
Total	150	100.0	100.0	

Source: Researcher's Compilation, 2025

On the statement that Social workers provide comprehensive and accurate information about various HIV prevention methods (e.g., condoms, PrEP, U=U) during their educational programs, 18 respondent representing 12.0% strongly agree, 72 respondent representing 48.0% agree, 6 respondent representing 4.0% were neutral, 48 respondent representing 32.0% disagree, and 6 respondent representing 4.0% strongly disagree. It could be deduced that social workers provide comprehensive and accurate information about various HIV prevention methods during their educational programs.

Social workers adequately inform community members about the range of available HIV treatment options and their benefits.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	48	32.0	32.0	100.0
Agree	60	40.0	40.0	68.0
Neutral	24	16.0	16.0	28.0
Disagree	12	8.0	8.0	8.0
Strongly Disagree	6	4.0	4.0	12.0
Total	150	100.0	100.0	

Source: Researcher's Compilation, 2025

Most respondent agree to the assertion that social workers adequately inform community members about the range of available HIV treatment options and their benefits. In the above table, 48 respondent representing 32.0% strongly agree, 60 respondent representing 40.0% agree, 24

respondent representing 16.0% were neutral, 12 respondent representing 8.0% disagree, and 6 respondent representing 4.0% strongly disagree.

Social workers create a safe and non-judgmental environment during HIV educational programs, encouraging open discussion and questions.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	24	16.0	16.0	36.0
Agree	96	64.0	64.0	100.0
Neutral	12	8.0	8.0	8.0
Disagree	6	4.0	4.0	12.0
Strongly Disagree	12	8.0	64.0	100.0
Total	150	100.0	100.0	

Source: Researcher's Compilation, 2025

Respondent agree to the statement that social workers create a safe and non-judgmental environment during HIV educational programs, encouraging open discussion and questions. As in the above table 24 respondent representing 12.0% strongly agree, 96 respondent representing 64.0% agree, 12 respondent representing 8.0% were neutral, 6 respondent representing 4.0% disagree, and 12 respondent representing 8.0% strongly disagree.

Social workers are adequately trained to provide effective counseling to individuals living with HIV/AIDS.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	48	32.0	32.0	44.0
Agree	84	56.0	56.0	100.0
Neutral	1	0.2	0.2	12.0
Disagree	11	4.0	4.0	4.0
Strongly Disagree	6	4.0	4.0	8.0

Social workers are adequately trained to provide effective counseling to individuals living with HIV/AIDS.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	48	32.0	32.0	44.0
Agree	84	56.0	56.0	100.0
Neutral	1	0.2	0.2	12.0
Disagree	11	4.0	4.0	4.0
Strongly Disagree	6	4.0	4.0	8.0
Total	150	100.0	100.0	

Source: Researcher's Compilation, 2025

Respondent agree that social workers are adequately trained to provide effective counseling to individuals living with HIV/AIDS. In the above table, 48 respondent representing 32.0% strongly agree, 84 respondent representing 56.0% agree, 1 respondent representing 0.2% were neutral, 11 respondent representing 4.0% disagree, and 6 respondent representing 4.0% strongly disagree.

Social workers effectively address the emotional and psychological needs of family members of individuals living with HIV/AIDS.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	66	44.0	44.0	44.0
Agree	48	32.0	32.0	76.0
Neutral	18	12.0	12.0	88.0
Disagree	12	8.0	8.0	96.0
Strongly Disagree	6	4.0	4.0	100.0
Total	150	100.0	100.0	

Source: Researcher's Compilation, 2025

On the statement that social workers effectively address the emotional and psychological needs of family members of individuals living with HIV/AIDS, 66 respondent representing 44.0% strongly

agree, 48 respondent representing 32.0% agree, 18 respondent representing 12.0% were neutral, 12 respondent representing 8.0% disagree, and 6 respondent representing 4.0% strongly disagree. It can be concluded that social workers effectively address the emotional and psychological needs of family members of individuals living with HIV/AIDS.

Access to social work counseling services for individuals living with HIV/AIDS and their families is readily available.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	66	44.0	44.0	60.0
Agree	60	40.0	40.0	100.0
Neutral	12	8.0	8.0	16.0
Disagree	6	4.0	4.0	4.0
Strongly Disagree	6	4.0	4.0	8.0
Total	150	100.0	100.0	

Source: Researcher’s Compilation, 2025

Respondent uphold the view that access to social work counseling services for individuals living with HIV/AIDS and their families is readily available in most communities. In the above table, 66 respondent representing 44.0% strongly agree, 60 respondent representing 40.0% agree, 12 respondent representing 8.0% were neutral, 6 respondent representing 4.0% disagree, and 6 respondent representing 4.0% strongly disagree.

Social workers successfully integrate a holistic approach, considering medical, psychological, and social factors, when counseling individuals with HIV/AIDS.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	12	8.0	8.0	8.0
Agree	60	40.0	40.0	48.0
Disagree	48	32.0	32.0	80.0
Strongly Disagree	30	20.0	20.0	100.0
Total	150	100.0	100.0	

Source: Researcher’s Compilation, 2025

On the statement that social workers successfully integrate a holistic approach, considering medical, psychological, and social factors, when counseling individuals with HIV/AIDS, 12 respondent representing 8.0% strongly agree, 60 respondent representing 40.0% agree, non of the respondent were neutral, 48 respondent representing 32.0% disagree, and 40 respondent representing 20.0% strongly disagree.

Social workers effectively initiate conversations about HIV/AIDS with diverse community members, including those from marginalized groups.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	72	48.0	48.0	48.0
Agree	42	28.0	28.0	76.0
Neutral	12	8.0	8.0	84.0
Strongly Disagree	24	16.0	16.0	100.0
Total	150	100.0	100.0	

Source: Researcher’s Compilation, 2025

Respondent agree to the view that social workers effectively initiate conversations about HIV/AIDS with diverse community members, including those from marginalized groups. In the aboge table, 72 respondent representing 48.0% strongly agree, 42 respondent representing 28.0% agree, 12 respondent representing 8.0% were neutral, 24 non of the respondent disagree and 24 respondent representing 16.0% strongly disagree. This means that social workers effectively initiate conversations about HIV/AIDS with diverse community members, including those from marginalized groups.

Social workers ensure that discussions about HIV/AIDS are culturally sensitive and appropriate for the specific community context.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	78	52.0	52.0	100.0
Agree	24	16.0	16.0	28.0
Neutral	12	8.0	8.0	36.0
Disagree	18	12.0	12.0	48.0
Strongly Disagree	18	12.0	12.0	12.0
Total	150	100.0	100.0	

Source: Researcher's Compilation, 2025

A very high number of the respondent agree to the assertion that social workers ensure that discussions about HIV/AIDS are culturally sensitive and appropriate for the specific community context. As reflected in the above table, 78 respondent representing 52.0% strongly agree, 24 respondent representing 16.0% agree, 12 respondent representing 8.0% were neutral, 18 respondent representing 12.0% disagree, and 18 respondent representing 12.0% strongly disagree.

Social workers provide accurate and up-to-date information about HIV/AIDS prevention, transmission, and treatment during community discussions.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	78	52.0	52.0	52.0
Agree	42	28.0	28.0	80.0
Neutral	12	8.0	8.0	88.0
Disagree	12	8.0	8.0	96.0
Strongly Disagree	6	4.0	4.0	100.0
Total	150	100.0	100.0	

Source: Researcher's Compilation, 2025

Respondent agree to the view that social workers provide accurate and up-to-date information about HIV/AIDS prevention, transmission, and treatment during community discussions. In the

above table, 78 respondent representing 52.0% strongly agree, 42 respondent representing 28.0% agree, 12 respondent representing 8.0% were neutral, 12 respondent representing 8.0% disagree, and 6 respondent representing 4.0% strongly disagree.

Social workers create a safe and non-judgmental environment that encourages open dialogue and questions about HIV/AIDS among community members.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	42	28.0	28.0	44.0
Agree	84	56.0	56.0	36.0
Neutral	6	4.0	4.0	16.0
Disagree	6	4.0	4.0	4.0
Strongly Disagree	12	8.0	8.0	100.0
Total	150	100.0	100.0	

Source: Researcher’s Compilation, 2025

On the view that social workers create a safe and non-judgmental environment that encourages open dialogue and questions about HIV/AIDS among community members, 42 respondent representing 28.0% strongly agree, 84 respondent representing 56.0% agree, 6 respondent representing 4.0% were neutral, 6 respondent representing 4.0% disagree, 12 respondent representing 8.0% strongly disagree. It can be concluded that social workers create a safe and non-judgmental environment that encourages open dialogue and questions about HIV/AIDS among community members.

I am confident in my ability to identify and address barriers clients face when trying to access healthcare services.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	6	4.0	4.0	4.0
Agree	18	12.0	12.0	16.0
Neutral	6	4.0	4.0	20.0

Disagree	18	12.0	12.0	32.0
Strongly Disagree	102	68.0	68.0	100.0
Total	150	100.0	100.0	

Source: Researcher's Compilation, 2025

Respondent disagree with the statement that I am confident in my ability to identify and address barriers clients face when trying to access healthcare services. In the above table, 6 respondent representing 4.0% strongly agree, 18 respondent representing 12.0% agree, 6 respondent representing 4.0% were neutral, 18 respondent representing 12.0% disagree, and 102 respondent representing 68.0% strongly disagree.

Social workers effectively identify and assess high-risk groups for targeted prevention programs.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	66	44.0	44.0	44.0
Agree	48	32.0	32.0	76.0
Neutral	18	12.0	12.0	88.0
Disagree	12	8.0	8.0	96.0
Strongly Disagree	6	4.0	4.0	100.0
Total	150	100.0	100.0	

Source: Researcher's Compilation, 2025

On the assertion that social workers effectively identify and assess high-risk groups for targeted prevention programs, 66 respndent representing 44.0 strongly agree, 48 respondent representing 32.0% agree, 18 respondent representing 12.0% wer neutral, 12 respondent representing 8.0% disagree, 6 respondent representing 4.0% strongly disagree. It could be deduced that social workers effectively identify and assess high-risk groups for targeted prevention programs.

Prevention programs implemented by social workers are adequately funded to reach high-risk populations.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	78	52.0	52.0	52.0
Agree	42	28.0	28.0	80.0
Neutral	12	8.0	8.0	88.0
Disagree	12	8.0	8.0	96.0
Strongly Disagree	6	4.0	4.0	100.0
Total	150	100.0	100.0	

Source: Researcher’s Compilation, 2025

Respondent agree to the assertion that prevention programs implemented by social workers are adequately funded to reach high-risk populations. In the above table, 78 respondent representing 52.0% strongly agree, 42 respondent representing 28.0% agree, 12 respondent representing 8.0% were neutral, 12 respondent representing 8.0% disagree, and 6 respondent.

Social workers possess the necessary training and expertise to design and deliver effective prevention programs for high-risk groups..

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	48	32.0	32.0	52.0
Agree	72	48.0	48.0	20.0
Neutral	6	4.0	4.0	16.0
Disagree	18	12.0	12.0	12.0
Strongly Disagree	6	4.0	4.0	100.0
Total	150	100.0	100.0	

Source: Researcher’s Compilation, 2025

On the statement that social workers possess the necessary training and expertise to design and deliver effective prevention programs for high-risk groups, 48 respondent representing 32.0% strongly agree, 72 respondent representing 48.0% agree, 6 respondent representing 4.0% were neutral, 18 respondent representing 12.0% disagree, and 6 respondent representing 4.0% strongly disagree. It can be deduced that social workers possess the necessary training and expertise to design and deliver effective prevention programs for high-risk groups

Social workers possess the necessary training and expertise to design and deliver effective prevention programs for high-risk groups.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	78	52.0	52.0	52.0
Agree	42	28.0	28.0	80.0
Neutral	12	8.0	8.0	88.0
Disagree	12	8.0	8.0	96.0
Strongly Disagree	6	4.0	4.0	100.0
Total	150	100.0	100.0	

Source: Researcher’s Compilation, 2025

On the statement that **social workers possess** the necessary training and expertise to design and deliver effective prevention programs for high-risk groups, 78 respondent representing 52.0% strongly agree, 42 respondent representing 28.0% agree, 12 respondent representing 8.0% were neutral, 12 respondent representing 8.0% disagree, and 6 respondent representing 4.0% strongly disagree. It can be deduced that Social workers possess the necessary training and expertise to design and deliver effective prevention programs for high-risk groups

4.3 Discussion of finding

This study evaluate the impact of social work intervention in curbing the spread of HIV in Nigeria university of Benin teaching Hospital. HIV, or Human Immunodeficiency Virus, continues to be a significant global public health challenge, leading to Acquired Immunodeficiency Syndrome (AIDS) if left untreated. Despite claiming nearly 33 million lives by the end of 2019, advancements in prevention, diagnosis, treatment, and care have enabled many people living with HIV to lead long and healthy lives. As of 2019, an estimated 38 million people were living with HIV worldwide. Research into HIV has significantly advanced since the early days of the epidemic in the 1980s, transforming the infection from a fatal diagnosis into a manageable chronic condition. This progress has been driven by extensive scientific investigation into the virus's behavior, the development of effective treatments, and ongoing efforts to find a cure and a vaccine.

This study specifically examine if social workers conduct educational programs that inform communities about HIV transmission, prevention methods, and available treatment options, evaluate if social workers offer counseling to individuals living with HIV/AIDS and their families, find out if social workers engage community members in discussions about HIV/AIDS, find out if social workers assist clients in accessing healthcare services, and find out if social workers implement targeted prevention programs aimed at high-risk groups in the university of Benin.

The finding of this study show that Social workers has significantly play a role in curbing the spread of HIV in University of Benin by effectively communicate complex information about HIV transmission in a way that is easy for community members to understand. Social workers adequately inform community members about the range of available HIV treatment options and their benefits. Social workers create a safe and non-judgmental environment during HIV educational programs, encouraging open discussion and questions. Social workers effectively

address the emotional and psychological needs of family members of individuals living with HIV/AIDS. Social workers effectively initiate conversations about HIV/AIDS with diverse community members, including those from marginalized groups. Social workers effectively identify and assess high-risk groups for targeted prevention programs.

CHAPTER FIVE

SUMMARY OF FINDING CONCLUSION AND RECOMMENDATION

5.1 summary of finding

The study evaluate the impact of social work intervention in curbing the spread of HIV in Nigeria university of Benin teaching Hospital. This study was specifically to answer the following research question how do social workers conduct educational programs that inform communities about HIV transmission, prevention methods, and available treatment options in university of Benin? how do social workers offer counseling to individuals living with HIV/AIDS and their families in the university of Benin? How does social workers engage community members in discussions about HIV/AIDS in the university of Benin? how do social workers assist clients in accessing healthcare services in the university of Benin? And how does social workers implement targeted prevention programs aimed at high-risk groups in the university of Benin?. 150 questionnaire was distributed to the respondent in the university of Benin and was retrieved. Frequency and percentage was used in analyzing the respondent opinion in this study. The finding

showed that social worker has a significant impact in curbing the spread of HIV in University of Benin. The respondent revealed that social workers effectively communicate complex information about HIV transmission in a way that is easy for community members to understand, adequately inform community members about the range of available HIV treatment options and their benefits and also create a safe and non-judgmental environment during HIV educational programs, encouraging open discussion and questions.

Respondent added by upholding the view that social workers effectively address the emotional and psychological needs of family members of individuals living with HIV/AIDS, effectively initiate conversations about HIV/AIDS with diverse community members, including those from marginalized groups, and effectively identify and assess high-risk groups for targeted prevention programs.

5.2 Conclusion

Based on the analysis of the respondent opinion, the following findings were made:

1. Social workers conduct educational programs that inform communities about HIV transmission, prevention methods, and available treatment options in the university of Benin, and this educational programme has helped to increase the level of awareness of the HIV prevention.
2. Social workers have helped to curb the issue of HIV/AIDS by offering counseling to individuals living with HIV/AIDS and their families in the university of Benin.
3. In the university of Benin, social workers engaged members in discussions about HIV/AIDS in the university of Benin which has been a means of creating more awareness and has helped to reduce the spread of this virus in the environment.

4. Social workers in the university of Benin assist clients in accessing healthcare services in the university of Benin.
5. Social workers implement targeted prevention programs aimed at high-risk groups in the university of Benin.

5.3 Recommendation

Base on the finding the following recommendation were made

1. Although social worker has ben able to create awareness, but there is need for organizing more programe to create more awareness in the urban area. The study recommend that Nigeria government should put more effort by organizing a educating program which will help to create more awareness in the rural and some part of urban area
2. Nigeria policy maker should continue to implement policy which will help to reduce the spread of HIV virus particularly among Nigeria student.
3. The study also recommend that social worker service should be made composer as part of health care service in the major hospital in Nigeria
4. The study recommend that more study would be carry out on this particular area which will help to confirm the finding of this study

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APPENDIX

DEPARTMENT OF SOCIAL WORK FACULTY OF SOCIAL SCIENCES UNIVERSITY OF BENIN BENIN CITY

Dear respondent,

REQUEST FOR ASSISTANCE IN COMPLETING A QUESTIONNAIRE

I am a under graduate student undergoing a programme of the University of Benin. As part of the requirements for the programme; I am conducting a research on “ **The impact of social work intervention in curbing the spread of HIV in Nigeria university of Benin Teaching Hospital**”. In this regard, you have been duly selected as a member of the sample.

I wish to appeal to you to assist this study by kindly sparing a few minutes to complete this questionnaire. You are not required to disclose your identity. I also wish to assure you that your answers will be treated with strict confidentiality and used for the stated academic purpose only.

“

Researcher.

SECTION A

DEMOGRAPHIC VARIABLES

DEMOGRAPHIC VARIABLES

- i. Gender: Male [] Female []
- ii. Age: 13 years [], 14-16 years[], 17-19 years[], 20 years and above[],
- iii. Class: JSS3[] SS1[] SS2[] SS3[]
- iv. Religion: Christianity [], Islam[], African tradition[],

SECTION B: The core subject matter

Indicate the extent to which you agree or disagree that each of the following are used to enhance firm performance in your company.

	5	4	3	2	1				
	Strongly disagree	Disagree	Neural	Strongly agree	agree				
S/N	STATEMENT				A	SA	N	D	SD
	Social workers conduct educational programs								
1	Social workers effectively communicate complex information about HIV transmission in a way that is easy for community members to understand.								
2	Social workers provide comprehensive and accurate information about various HIV prevention methods (e.g., condoms, PrEP, U=U) during their educational programs.								
3	Social workers adequately inform community members about the range of available HIV treatment options and their benefits.								
4	Social workers create a safe and non-judgmental environment during HIV educational programs, encouraging open discussion and questions.								
	Social workers offer counseling to individuals living with HIV/AIDS and their families								
5	Social workers are adequately trained to provide effective counseling to individuals living with HIV/AIDS.								

6	Social workers effectively address the emotional and psychological needs of family members of individuals living with HIV/AIDS.					
7	Access to social work counseling services for individuals living with HIV/AIDS and their families is readily available in most communities.					
8	Social workers successfully integrate a holistic approach, considering medical, psychological, and social factors, when counseling individuals with HIV/AIDS.					
	social workers engage community members in discussions about HIV/AIDS					
9	Social workers effectively initiate conversations about HIV/AIDS with diverse community members, including those from marginalized groups.					
10	Social workers ensure that discussions about HIV/AIDS are culturally sensitive and appropriate for the specific community context.					
11	Social workers provide accurate and up-to-date information about HIV/AIDS prevention, transmission, and treatment during community discussions.					
12	Social workers create a safe and non-judgmental environment that encourages open dialogue and questions about HIV/AIDS among community members.					
	social workers assist clients in accessing healthcare services					
13	I am confident in my ability to identify and address barriers clients face when trying to access healthcare services.					
14	I regularly provide clients with comprehensive information about available healthcare resources and how to utilize them.					
15	I effectively advocate for my clients to ensure they receive					

	timely and appropriate healthcare services.					
16	My interventions significantly improve clients' understanding of their healthcare options and their ability to make informed decisions.					
	Social Workers Implement Targeted Prevention Programs Aimed at High-risk groups					
17	Social workers effectively identify and assess high-risk groups for targeted prevention programs.					
18	Prevention programs implemented by social workers are adequately funded to reach high-risk populations.					
19	Social workers possess the necessary training and expertise to design and deliver effective prevention programs for high-risk groups.					
20	Collaboration between social workers and other community stakeholders is crucial for the success of targeted prevention programs aimed at high-risk groups.					

