



(RESEARCH ARTICLE)



Prevalence of HIV positivity and pattern of stigmatization among a population of mentally ill patients attending the University of Port Harcourt Teaching Hospital

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Abstract

Background: HIV positivity and stigmatization among the mentally ill appears to be a complex subject of discuss among researchers. The prevalence of HIV among the mentally ill appears to be higher in some population and lower in others with varying patterns of stigmatization.

Aim: This study determined the prevalence of HIV positivity and pattern of stigmatization among a population of mentally ill patients attending the University of Port Harcourt Teaching Hospital.

Materials and Methods: This was a descriptive cross-sectional study conducted among attendees of Neuropsychiatric Outpatient Clinic of the University of Port Harcourt Teaching Hospital. A structured questionnaire covering socio-demographic characteristics and other factors were self-administered to 75 mentally ill patients attending the outpatient clinic following ethical clearance. Systematic random sampling technique was used to select the study participants. Descriptive statistics was used to analyze the data.

Results: Majority of the respondents were male (81%), single (76.0%), and between the ages of 21 and 30 (44%). Majority (86.7%) had knowledge about HIV counseling and testing while those with no knowledge about HIV counseling and testing constituted 9.3%. Majority (76%) tested for HIV, while a minority (17.3%) did not. Within the last two years, majority (52%) had tested for HIV. Majority (25.3%) felt normal, 5.3% sad, while 1.3% felt very sad on learning about their HIV-positive status. HIV positive individuals, who have not been stigmatized because of their status constituted the majority (32%), while those that have been stigmatized constituted 4.0%.

Conclusion: Majority of the mentally ill patients had knowledge about HIV counseling and testing, got tested, felt normal on learning about their HIV positive status, and were not stigmatized because of their status.

Keywords: Prevalence; Pattern; HIV Positivity; Stigmatization; Mentally Ill Patients; UPTH

1. Introduction

The picture painted by studies on the prevalence of HIV in people with mental illness in sub-Saharan Africa is complex. Some studies (Dwyer-Lindgren *et al.*, 2019; Baumann *et al.*, 2018; Goldstein & Lee, 2020) have reported HIV prevalence estimates that are lower or like those in the general population, while others have reported values that are greater than those in background groups (Lundberg *et al.*, 2013). Since these studies were hospital-based, context-specific selection procedures and disparate survival of people with mental illness who are HIV-infected may all have contributed to the

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heterogeneity in HIV prevalence between researches. The observed difference between studies may also accurately reflect variations in the prevalence of HIV in people with mental illness between environments.

For instance, Guo *et al.* (2022) observed that at the time of the study, the prevalence of HIV in people with severe mental illness was more than twice as high as that in the general population (18.4% vs. 8.5%). Qualitative data from Uganda raise the question of whether people with severe mental illness might be a population at particularly high risk of HIV in Uganda in light of the Guo *et al.* (2022) study. However, it should be emphasized that Guo *et al.* (2022) study differs from other sub-Saharan African studies in one crucial way: it only focused on first-time psychiatric hospitalizations. Given that mental illness occurring prior to HIV cases may be overrepresented in samples of first-time psychiatric admissions, the authors speculate that reverse causality between mental illness and HIV (mental illness occurring prior to HIV) may have inflated HIV prevalence estimates (Faith *et al.*, 2013). In contrast, those who have already been admitted may have had their mental illness for an average of longer periods of time, increasing the likelihood that their mental illness began before any potential HIV infection (Opondo *et al.*, 2017). As a result, the HIV prevalence in this group may give a more accurate picture of the HIV prevalence among people with mental illness overall.

The authors of this present study carried out a descriptive cross-sectional study among mentally ill patients at the University of Port Harcourt Teaching Hospital's neuropsychiatric outpatient clinic in order to determine the prevalence of HIV positivity and the pattern of stigmatization among this population of patients.

2. Material and methods

This was a descriptive cross-sectional study conducted among attendees of the Neuropsychiatric Outpatient Clinic of the University of Port Harcourt Teaching Hospital. A structured questionnaire covering socio-demographic characteristics and other factors was self-administered to 75 mentally ill patients diagnosed by consultant psychiatrists via a systematic random sampling. Ethical approval was obtained from the ethical committee of the University of Port Harcourt Teaching Hospital and all other ethical provisions were followed. The Statistical Package for Social Sciences (SPSS) version 24 was used to analyze the data. Descriptive data were summarized in frequency tables.

3. Results

Table 1 presents socio-demographic and prevalence data for a sample of people with mental illness. The table includes variables such as age, gender, tribe (ethnicity), highest level of education, marital status, religion, employment status, occupation, and average monthly income level.

In terms of age, the majority of the respondents (44%) are between the ages of 21 and 30, followed by those between the ages of 31 and 40 (32%). There are relatively fewer respondents in the other age categories. With regard to gender, the majority of the respondents are male (81%), while a smaller percentage is female (19%).

The table also includes information on the respondents' tribes or ethnicities. The largest percentage of respondents is Igbo (37.3%), followed by those who belong to other tribes or ethnicities (37.3%). There are smaller percentages of respondents from other tribes, such as Hausa (9.3%), Yoruba (2.7%), Ikwerre (10.7%), Ogoni (1.3%), and Kalabari (1.3%). There are also other relatively fewer respondents in the other tribe categories.

The highest level of education for the majority of respondents is tertiary (58.7%), followed by secondary education (33.3%). A small percentage of respondents have primary education (4.0%), and an even smaller percentage have no education (4.0%).

In terms of marital status, the majority of respondents are single (76.0%), followed by those who are married (18.7%). There are smaller percentages of respondents who are divorced (1.3%), separated (2.7%), or widowed (1.3%). The majority of respondents identify as Christian (93.3%), with a smaller percentage identifying as Muslim (5.3%) or traditional (1.3%). There are no respondents who identify as having no religion.

With regard to employment status, the largest percentage of respondents are unemployed (36.0%), followed by those who are self-employed (33.3%), students (18.7%), or employed by the government (4.0%). A small percentage of respondents are employed by the private sector (2.7%), or are apprentices (4.0%).

Table 1 Socio-Demographic Characteristics of the Mentally Ill Patients

S/N	Variables	Sub-variables	Frequency (Percentage)
	Age (Years) of the respondent	10-20yrs	7(9.3%)
		21-30yrs	33(44%)
		31-40yrs	24(32%)
		41-50yrs	7(9.3%)
		51-60yrs	2(2.7%)
		>60yrs	2(2.7)
	Gender	Male	61 (81%)
		Female	14(19%)
	Tribe (Ethnicity)	Igbo	28(37.3%)
		Hausa	7(9.3%)
		Yoruba	2(2.7%)
		Ikwerre	8(10.7%)
		Ogoni	1(1.3)
		Kalabari	1(1.3%)
		Others	28(37.3%)
	Highest Level of Educational	Primary	3 (4.0%)
		Secondary	25 (33.3%)
		Tertiary	44(58.7%)
		None	3 (4.0%)
	Marital status	Single	57 (76.0%)
		Married	14 (18.7%)
		Divorced	1 (1.32%)
		Separated	2 (2.7%)
		Widowed	01(1.3%)
	Religion	Christianity	70 (93.3%)
		Islam	4(5.3%)
		Traditional	1 (1.3%)
		None	0 (0%)
	Employment Status	Unemployed	27 (36.0%)
		Student	14(18.7%)
		Apprentice	3 (4.0%)
		Self-employed	25 (33.3%)
		Employed by govt	3 (4.0%)
		Employed by Private	2 (2.7%)
	Occupation	Unskilled Occupation	21 (22.6%)

		Skilled Occupation	23(24.7%)
		Professional Occupation	23 (24.7%)
		No Response	*26 (28.0%)
	Average Monthly Income level	0-50,000 Naira	55 (73.4%)
		51-100,000Naira	17(24.7%)
		101-200,000Naira	2 (2.7%)
		201-500,000 Naira above	0 (0%)

Table 2 Mental illness, HIV Status and Stigma Analysis

Variables	Sub-variables	Frequency (Percentage)
Stigmatized For Mental Illness	Yes	27(36%)
	No	36(48%)
	No response	7(9.3%)
Denied Opportunity due to mental ill-health	Yes	27(36%)
	No	40(53.3%)
	No response	8(10.6%)
Group	Workplace	8 (10.7%)
	Professional colleagues	6(8.0)
	Church members	5(6.7%)
	Family members	14(18.7%)
	Others	6(8%)
	No response	36(48%)
Knowledge About HIV Counseling and Testing	Yes	65(86.7%)
	No	7(9.3%)
	No response	3(4%)
Tested For HIV	Yes	57(76%)
	No	13(17.3%)
	No response	5(6.7%)
Frequency Of Testing in the Last two years	Yes	39(52%)
	No	17(22.7%)
	No response	19(25.3%)
HIV Positive Status Emotion	Normal	19(25.3%)
	Sad	4(5.3%)
	Very sad	1(1.3%)
	No response	51(68%)
Stigmatized For HIV	Yes	3(4.0%)
	No	24(32%)
	No response	48(68%)

The table also includes information on occupation, with the largest percentage of respondents in unskilled occupations (22.6%), followed by those in skilled occupations (24.7%) or professional occupations (24.7%). There are also a large percentage of respondents with no response in this category (28.0%).

Finally, the table includes data on average monthly income level, with the majority of respondents earning between 0 and 50,000 Naira (73.4%), followed by those earning between 51,000 and 100,000 Naira (24.7%). There are a small percentage of respondents earning between 101,000 and 200,000 Naira (2.7%), and no respondents earning above 500,000 Naira.

Table 2 reveals that respondent with mental illness who have not been stigmatised because of mental illness constitute the majority 48% while those that have been stigmatised constitute 36%. Similarly, respondents with denied opportunity due to their ill health were 36%, while those whose opportunity had not been denied because of their illness were 53.3%. Their opportunity being denied and being stigmatised were majorly by the family members group 18.7%, followed by the workplace group 10.7%, professional colleagues and church members group with the same percentage of 8 respectively, followed by other groups with 6.7%. Table 2 further shows that respondents with mental illness with knowledge about HIV counseling and testing constitute the majority, 86.7% while those with no knowledge about HIV counseling and testing constitute 9.3%. The majority (76%) of those with mental illness have done HIV tests, while a minority group (17.3%) has not done HIV tests. Within the last two years, most respondents (52%) have done HIV tests. The respondents recorded emotions of being normal (25.3%), being sad (5.3%), and very sad (1.3%) as their feelings on learning about their HIV-positive status. Mental illness respondents with HIV who have not been stigmatised because of HIV-positive status constitute the majority 32%, while those that have been stigmatised constitute 4.0%.

4. Discussion

This study determined the prevalence of HIV positivity and pattern of stigmatization among a population of mentally ill patients attending the University of Port Harcourt Teaching Hospital. The results revealed that majority of the mentally ill patients were male (81%), single (76.0%), and between the ages of 21 and 30 (44%). This is consistent with the findings of Ahmed *et al.* (2020), Degenhardt *et al.* (2019), Nkporbu AK, *et al.* (2022), Gupta *et al.* (2013), and Adamson *et al.* (2015). Ahmed *et al.* (2020) assert that people between the ages of 21 and 30 are more likely to have mental diseases. Degenhardt *et al.* (2019) affirmed this position stating that the number is approximately 1 in 7, and that individuals can have one or more mental health disorders. Nkporbu AK, *et al.* (2022), for instance, conducted a study on the pattern of substance use among patients attending the drug unit of the University of Port Harcourt Teaching Hospital. They found out that the majority of the respondents were males, single and had tertiary education.

Furthermore, the present study revealed that majority of the mentally ill patients (86.7%) had knowledge about HIV counseling and testing while those with no knowledge about HIV counseling and testing constituted 9.3%. Also, Majority (76%) tested for HIV, while a minority (17.3%) did not. This finding is similar to the findings of Lundberg *et al.* (2013), Singh *et al.* (2009), and Maling *et al.* (2011) in which majority of the HIV infected individuals were already aware of their status. This shows that the level of the awareness of HIV infection among the population of the mentally ill is on the increase.

In the same vein, the study found out that majority of the participants (25.3%) felt normal, 5.3% sad, while 1.3% felt very sad on learning about their HIV-positive status. HIV positive individuals, who have not been stigmatized because of their status constituted the majority (32%), while those that have been stigmatized constituted 4.0%. This finding is also similar but slightly different from the findings of Grossman *et al.* (2013), Steward *et al.* (2008), and Myer *et al.* (2007). It is, however, different from these studies in term of design. This also shows that there is an increase in the level of the awareness of HIV infection not only among the population of the mentally ill, but also on the general population. This is evidenced on the level of stigmatization of the mentally ill patients due to their HIV status.

On the other hand, a substantial number of the participants did not respond to the various questions about their HIV positivity and stigmatization. This shows that more education on HIV infection is needed among the population of the mentally ill individuals.

5. Conclusion

Majority of the mentally ill patients had knowledge about HIV counseling and testing, got tested and felt normal on learning about their HIV positive status. In the same vein, majority of them were not stigmatized because of their status. This shows that more awareness is being created about HIV infection even among the mentally ill individuals. While

this is quite commendable, more efforts should still be channeled into health education on this subject matter since a substantial number of the mentally ill individuals did not respond to the questions about their HIV positivity and stigmatization.

Compliance with ethical standards

Acknowledgments

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Disclosure of conflict of interest

The authors declare no conflict of interest.

Statement of ethical approval

Ethical approval was obtained from the research ethical committee of the University of Port Harcourt Teaching Hospital.

Statement of informed consent

Informed consent was obtained from participants of the study. Also, subjects who declined participating in the research were not denied their treatment care right.

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