



## Demographic Variables and Coping Strategies of People Living with HIV/AIDS in the University of Uyo Teaching Hospital, Uyo, Nigeria

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### Abstract

*The study investigated the influence of demographic variables on coping strategies of people living with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) at the University of Uyo Teaching Hospital, Uyo, Nigeria. Three research questions and three corresponding null hypotheses guided the conduct of the study. The review of related literature was organized under three sub-headings: theoretical framework, conceptual framework, and empirical framework. A descriptive survey design was adopted for the study. The population of the study consisted of 3,980 people living with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome on anti-retroviral therapy (ART) attending HIV clinics, from which a sample of 357 participants was selected using a convenience sampling technique. Data were collected using a researcher-developed instrument titled “Demographic Variables and Coping Strategies*



*Questionnaire for People Living with HIV/AIDS” (DVCSQPLWHA), which was face-validated by three experts. The internal consistency method was used to establish reliability, yielding a Cronbach’s alpha coefficient of  $\alpha = 0.74$ . Mean and standard deviation were used to answer the research questions. All the hypotheses were tested using one-way analysis of variance at 0.05 level of significance. The findings revealed significant influence of level of age and duration since diagnosis on coping strategies of people living with HIV/AIDS (PLWHA). However, the study found no significant influence of employment status on PLWHA. Thus, the study highlighted the importance of age-specific interventions and continuous support over time in enhancing coping abilities among people living with HIV/AIDS. Based on these findings, it was recommended that the Federal and State Ministries of Health, in collaboration with non-governmental organizations such as AIDS-focused groups, should prioritize education and awareness programmes for PLWHA by providing access to health literacy campaigns, counselling services, and skill acquisition initiatives.*

**Keywords:** Demographic variables, coping, strategies, people, HIV/AIDS

## **Introduction**

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) have continued to pose significant challenges to public health globally, with sub-Saharan Africa among the most affected regions. Nigeria, in particular, bears a considerable portion of this burden and may rank among the countries with the highest prevalence rates. According to the United Nations Programme on AIDS (2022), approximately 1.9 million Nigerians are currently living with HIV, a figure that reflects both the scale of the epidemic and the need for comprehensive health and social interventions. Despite significant progress in the availability and accessibility of antiretroviral therapy (ART), which has contributed to improved health outcomes and

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increased life expectancy for people living with HIV/AIDS (PLWHA), the disease continues to impact multiple dimensions of individual and societal life.

Beyond the clinical and physical implications of the virus, PLWHA may grapple with persistent psychosocial challenges. These include social stigma and discrimination, which may manifest in both subtle and overt forms, leading to isolation, exclusion from social networks, and loss of status within communities. Emotional distress, such as anxiety, depression, and hopelessness, is also commonly reported, exacerbated by the uncertainty of disease progression and fear of disclosure. Economic hardship is another prevalent issue, as individuals may experience job loss, reduced income, or inability to sustain employment due to illness-related complications. Furthermore, the strain of managing a chronic illness can disrupt family dynamics, alter marital relationships, and hinder effective participation in community activities, thereby diminishing overall quality of life (Thoits, 2016).

In response to these multifaceted challenges, PLWHA may adopt a range of coping strategies aimed at mitigating the psychological, social, and economic burdens of the disease. Coping strategies are the conscious or unconscious efforts that individuals make to regulate emotions, thoughts, and behaviours in response to stressors. These strategies may include seeking social support, engaging in religious or spiritual practices, adopting healthy lifestyle choices, participating in support groups, and utilizing mental health services. According to Ukaegbu (2018), coping strategies could come in various forms, such as problem-focused, emotionally focused, avoidance coping, and social support.

Problem-focused coping involves addressing the source of stress through actionable steps such as seeking medical care, adhering to antiretroviral treatment, or acquiring information about the illness. Emotion-focused coping, on the other hand, aims to manage the emotional responses associated with the diagnosis, such as fear, guilt, or sadness; this may include activities like praying, meditation, or seeking emotional support. Avoidance coping involves efforts to deny or evade the reality of the illness, such as substance use, social withdrawal, or non-disclosure of HIV status. Social support coping includes seeking help, comfort, or advice from family members,

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friends, or support groups, and has been positively linked to better mental health outcomes (Ukaegbu and Obikoya, 2017). These strategies are not mutually exclusive and may be employed simultaneously or vary over time depending on the individual's stage of illness, social context, and available resources. The choice and efficacy of these coping mechanisms, however, are not uniform across all individuals and may be significantly influenced by various demographic variables, namely age, employment status, and duration since diagnosis.

Age refers to the length of time a person has lived since birth, typically measured in years. It is a key demographic variable that influences individuals' physical development, psychological maturity, social roles, and health behaviour. Age is often used in research to classify individuals into developmental stages, which can affect their coping abilities, decision-making, and vulnerability to health risks (Awofala and Ogundele, 2018). Younger individuals, especially those in their reproductive years, may face identity crises, stigma, and concerns about fertility or relationships, whereas older individuals may struggle with additional health complications and reduced social engagement. The capacity to cope with the psychological burden of HIV/AIDS can therefore differ across age brackets, with younger patients possibly exhibiting higher resilience or risk-taking behaviours, and older adults experiencing greater emotional strain or social withdrawal. In the context of this study, the age of PLWHA is categorized into four, namely those aged 1-25, 26-35, and 36-45, as well as 46 years and above.

Employment status refers to an individual's position in relation to paid work, typically classified as employed, unemployed, or economically inactive. It indicates whether a person is currently engaged in gainful employment, actively seeking work, or not participating in the labour force due to reasons such as schooling, retirement, or illness. Employment status may significantly affect income level, access to healthcare, social identity, and the ability to cope with health-related challenges, including chronic illnesses like HIV/AIDS (Adewale, 2019). Gainful employment not only ensures financial stability but also fosters social participation and personal identity, all of which contribute to psychological resilience. In contrast, unemployment or job

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insecurity may exacerbate financial strain, reduce access to quality care, and heighten feelings of worthlessness or dependency. This often limits the individual's capacity to engage in constructive coping behaviours such as accessing support groups or maintaining a regular treatment schedule. In the context of this study, the employment status of PLWHA is categorized into three, namely, those who are employed, the unemployed, and those who are students.

'Duration since diagnosis' refers to the length of time that has elapsed since an individual was formally diagnosed with a medical condition, such as HIV/AIDS. This variable is critical in health research because it can influence an individual's psychological adjustment, treatment adherence, coping mechanisms, and overall well-being. Generally, a longer duration since diagnosis allows for greater adaptation to the illness, although it may also be associated with treatment fatigue or cumulative psychological burden (Ezechi, 2017). Newly diagnosed individuals may experience shock, denial, and heightened vulnerability, while those who have lived with the condition over an extended period are likely to develop adaptive mechanisms, including lifestyle adjustments and engagement with support services. As individuals transition from the acute emotional phase to a phase of acceptance, their ability to cope with the demands of the illness generally improves. In the context of this study, duration since diagnosis of PLWHA is categorized into three, namely 0–2, 3–5, as well as 6 years and above.

Despite the growing recognition of the psychosocial dimensions of HIV/AIDS management, there is limited empirical data on how demographic variables influence coping strategies among patients receiving care in institutional settings like the University of Uyo Teaching Hospital, Uyo. Embarking on this study is crucial in developing patient-centered interventions that reflect the diverse experiences and needs of PLWHA. This study, therefore, was aimed at investigating the influence of demographic variables on coping strategies of people living with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome in the University of Uyo Teaching Hospital, Uyo, Nigeria.

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## Statement of the Problem

Despite remarkable advances in HIV treatment and care, the psychosocial burden of living with HIV/AIDS remains a critical public health concern, especially in sub-Saharan Africa where the epidemic is most severe. Nigeria, as one of the countries with the highest HIV prevalence in the region, continues to witness the emotional, social, and economic challenges faced by people living with HIV/AIDS (PLWHA). At the University of Uyo Teaching Hospital (UUTH), Uyo, patients accessing antiretroviral therapy (ART) often confront more than just medical issues. They may also grapple with stigma, discrimination, emotional distress, and socio-economic instability, which can significantly affect their ability to cope with the disease.

Coping strategies such as seeking social support, religious engagement, or problem-solving approaches are essential for maintaining psychological stability and treatment adherence. PLWHA may face stressors such as fear of disclosure, uncertainty about the future, diminished self-worth, and societal rejection. Without effective coping mechanisms, these stressors can lead to mental health problems such as depression, anxiety, and social withdrawal, which may, in turn, affect adherence to treatment and overall quality of life. Coping strategies may help PLWHA manage emotional responses, build resilience, access social support systems, and remain engaged with their treatment regimen. Therefore, the ability to cope effectively is not only central to emotional well-being but also critical to clinical outcomes and long-term survival.

However, the effectiveness and type of coping strategy adopted by PLWHA may vary based on key demographic variables such as age, employment status, and duration since diagnosis. For instance, younger or newly diagnosed individuals may experience more emotional volatility, while older or long-term diagnosed individuals may have developed more resilient coping patterns. Similarly, employed individuals may access better support systems compared to their unemployed or widowed counterparts.

Despite the relevance of these demographic variables, there is a paucity of empirical evidence on how demographic characteristics influence the coping strategies



adopted by PLWHA in UUTH, Uyo. Most of the interventions are generalized, without tailoring psychosocial support to the demographic realities of patients. This gap hinders the development of comprehensive, patient-centred care strategies that address the unique needs of different groups within the PLWHA population. Therefore, understanding the influence of demographic variables on coping strategies of people living with HIV/AIDS is crucial for improving the psychosocial well-being and treatment outcomes of PLWHA in the University of Uyo Teaching Hospital.

### **Purpose of the Study**

The main purpose of this study was to investigate the influence of demographic variables on coping strategies of people living with HIV/AIDS in the University of Uyo Teaching Hospital, Uyo, Nigeria. Specifically, the objectives of the study were to determine:

1. The influence of age on coping strategies of people living with HIV/AIDS.
2. The influence of employment status on coping strategies of people living with HIV/AIDS.
3. The influence of duration since diagnosis on coping strategies of people living with HIV/AIDS.

### **Significance of the Study**

The findings of this study, when published, will be beneficial to People Living with HIV/AIDS (PLWHA), guidance counsellors, hospital management, government, and future researchers. Specifically, the study will enhance the understanding of PLWHA attending the University of Uyo Teaching Hospital regarding how demographic variables such as age, marital status, educational attainment, employment status, and duration since diagnosis influence their coping strategies. Insights into how individuals with similar demographic profiles manage emotional, psychological, and social responses to HIV/AIDS may empower PLWHA to adopt more adaptive coping mechanisms, leading to improved treatment adherence, reduced emotional distress, and enhanced overall well-being.

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Guidance counsellors will also benefit from the study, as it provides empirical evidence on how personal characteristics shape coping styles among individuals living with chronic illness. This knowledge will support the development of more personalized and demographically sensitive interventions, thereby improving the effectiveness of psychosocial counselling in healthcare settings.

Furthermore, hospital management at the University of Uyo Teaching Hospital will find the findings valuable for understanding the psychosocial needs of HIV-positive patients. The insights can inform the design of targeted support services, including patient education programmes, peer support groups, and mental health resources, ultimately enhancing patient satisfaction, emotional resilience, and treatment outcomes.

The government will benefit from the study by gaining insight into the social determinants influencing the health and coping capacity of PLWHA. The findings can guide the development of inclusive, evidence-based health policies that incorporate social support interventions, economic empowerment initiatives, and targeted public awareness campaigns. Such measures will contribute to stigma reduction, improved mental health, and sustainable HIV/AIDS care.

Finally, the study will serve as a valuable resource for future researchers exploring the intersection of demography, mental health, and chronic illness management. It contributes to existing literature on HIV/AIDS in Nigeria by offering a context-specific analysis of coping strategies within a clinical population, and provides a basis for further studies across different regions or expanded psychosocial variables.

## **Research Questions**

The following research questions guided the conduct of the study:

- i. What is the influence of age on coping strategies of people living with HIV/AIDS?
- ii. What is the influence of employment status on coping strategies of people living with HIV/AIDS?

- iii. What is the influence of “duration since diagnosis” on coping strategies of people living with HIV/AIDS?

### **Research Hypotheses**

The following research hypotheses guided the conduct of the study:

- i. There is no significant influence of age on coping strategies of people living with HIV/AIDS.
- ii. There is no significant influence of employment status on coping strategies of people living with HIV/AIDS.
- iii. There is no significant influence of duration since diagnosis on coping strategies of people living with HIV/AIDS.

### **Scope of the Study**

The study investigated the influence of demographic variables on coping strategies of people living with HIV/AIDS in the University of Uyo Teaching Hospital, Uyo, Nigeria. Demographic variables, namely age, employment status, and duration since diagnosis, were investigated as the independent variables of the study, while coping strategies served as the dependent variable. Only people living with HIV/AIDS in the University of Uyo Teaching Hospital, Uyo, Nigeria, participated in the study.

### **Theoretical Framework**

#### **Transactional Model of Stress and Coping by Richard Lazarus and Susan Folkman (1984)**

The Transactional Model of Stress and Coping was developed by Richard Lazarus and Susan Folkman in 1984. The theory explains that stress is the result of a dynamic interaction between a person and their environment, emphasizing two key cognitive processes: primary appraisal (evaluating whether an event is a threat) and secondary appraisal (assessing one’s resources to cope with the threat). Coping strategies are then employed based on this appraisal process and may be either problem-focused (direct action) or emotion-focused (regulating emotions). The Transactional Model of Stress and Coping is relevant to the present study as it provides a psychological framework

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for understanding how individuals living with HIV/AIDS respond differently to the same diagnosis depending on their demographic characteristics. For instance, an employed individual may appraise the illness as manageable due to financial security and access to healthcare, while an unemployed individual may perceive it as overwhelming. Age can influence how the individual appraises the stressor and the type of coping strategies selected. The model underscores the need to understand the subjective experience of coping and the role of personal and demographic resources.

## **Conservation of Resources Theory by Steven Hobfoll (1989)**

Conservation of Resources (COR) theory was proposed by Stevan Hobfoll in 1989. The theory argues that stress arises from the threat of loss, actual loss, or lack of gain in valuable resources such as time, finances, social support, and personal traits. Individuals are motivated to acquire and maintain these resources, and the failure to do so leads to psychological stress.

COR theory is relevant to the present study as it sheds light on why demographic characteristics influence coping among people living with HIV/AIDS. For instance, employment status is a major condition resource that contributes to income stability and access to healthcare. When people lose their jobs after an HIV diagnosis, their ability to cope may deteriorate due to financial strain and social withdrawal. The COR theory provides a robust explanation of how disparities in resource availability, which are often linked to demographic factors, can shape the trajectory of coping behaviour among PLWHIV.

## **Empirical Reviews**

### **Age and Coping Strategies**

A study which examined age differences in coping strategies among patients undergoing long-term medical treatment in Ibadan, Nigeria, was conducted by Ogunleye and Salami (2017). Using a descriptive survey design, the study involved a purposive sample of 200 participants from two teaching hospitals. The "Coping Strategies Inventory for Chronic Illness (CSICI)," with a reliability coefficient of 0.75, was used for data collection. Analysis using one-way ANOVA indicated no significant



differences in coping strategies across age groups, as access to counselling, adherence support programs, and peer guidance were found to mediate coping outcomes. Another study to investigate age-related differences in coping strategies among individuals living with chronic illnesses in Enugu State was conducted by Nduka and Chukwuma (2018). The study employed a descriptive survey design with a purposive sample of 240 participants drawn from three major healthcare facilities. Data were collected using the "Chronic Illness Coping and Adaptation Scale (CICAS)," which had a reliability coefficient of 0.77. Data were analyzed using one-way analysis of variance (ANOVA). The study showed that older participants demonstrated significantly higher levels of adaptive coping strategies, such as emotional regulation, proactive problem-solving, and seeking social support, compared to younger participants. The authors attributed this to accumulated life experiences, greater emotional maturity, and more effective stress management skills.

### **Employment Status and Coping Strategies**

A study conducted by Afolabi and Adeyemi (2017) investigated the influence of employment status on coping strategies among patients living with chronic conditions in southwestern Nigeria. The study adopted a descriptive survey design and involved a purposive sample of 220 participants from two tertiary hospitals. Data were collected using the "Coping Strategies for Chronic Illness Questionnaire (CSCIQ)," which had a reliability coefficient of 0.73. Analysis using one-way ANOVA revealed significant differences in coping strategies across employment categories. Participants in stable government positions demonstrated more proactive and problem-focused coping due to financial security and access to healthcare benefits, whereas unemployed participants relied more on informal support networks. Another study that explored the influence of occupational status on coping strategies among adults living with chronic illnesses in Enugu State was conducted by Chukwu and Eze (2018). The study employed a descriptive survey design involving a purposive sample of 240 participants drawn from three major healthcare facilities. Data were collected using the "Occupational and Chronic Illness Coping Inventory (OCICI)," which had a reliability coefficient of 0.75. Data analysis was carried out using one-way analysis of variance



(ANOVA). The findings indicated that occupational status did not significantly influence coping strategies. Instead, individual psychological factors, including resilience, self-efficacy, and perceived social support, were stronger determinants of adaptive coping strategies.

### **Duration Since Diagnosis and Coping Strategies**

Bello and Olatunde (2018) conducted a study to examine the relationship between "duration since diagnosis" and coping strategies among patients living with chronic illnesses in Lagos, Nigeria. The study adopted a descriptive survey design and involved a purposive sample of 220 participants from two teaching hospitals. Data were collected using the "Coping Strategies Assessment for Chronic Illness Patients (CSACIP)," which had a reliability coefficient of 0.74. Analysis using one-way ANOVA revealed no significant relationship between duration since diagnosis and coping strategies. The study found that psychosocial support, counselling access, and peer group participation were more critical in determining coping ability than the length of time since diagnosis. A related study also investigated the influence of duration since diagnosis on coping strategies among adults living with chronic illnesses in southeastern Nigeria was conducted by Okeke and Ogbu (2019). The study employed a descriptive survey design involving a purposive sample of 250 participants drawn from three major healthcare facilities. Data were collected using the "Chronic Illness Duration and Coping Inventory (CIDCI)," which had a reliability coefficient of 0.78. Data were analyzed using one-way analysis of variance (ANOVA). The findings indicated that participants with a longer duration since diagnosis demonstrated higher coping ability, as they were more likely to engage in structured coping mechanisms, emotional regulation, and proactive health behaviours. The study attributed this to sustained experience in disease management, which enhances emotional resilience and adaptive strategies.

From the empirical studies reviewed, the researchers observed that none of the previous studies investigated the influence of age, employment status, and "duration since diagnosis" on coping strategies of people living with HIV/AIDS in the University

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of Uyo Teaching Hospital, Uyo, Nigeria. The present research, therefore, was conducted to fill the existing gap created by past empirical studies.

## **Design of the Study**

The study adopted a descriptive survey design. The design is considered appropriate because the study seeks to collect data from a defined population of people living with HIV/AIDS (PLWHA) in order to describe the coping strategies they adopt and how these strategies vary according to demographic variables such as age, employment status, and duration since diagnosis. The design enabled the researchers to gather data from a relatively large number of participants at a specific point in time using a structured questionnaire. The descriptive survey method was suitable for drawing inferences and identifying patterns without manipulating any variables.

## **Population of the Study**

The population of the study consisted of 3,980 people living with HIV/AIDS on anti-retroviral therapy (ART) attending HIV clinics at the University of Uyo Teaching Hospital (UUTH, Anti-Retroviral Therapy Unit, 2026).

## **Sample and Sampling Technique**

A sample of 357 people living with HIV/AIDS was selected for the study using the convenience sampling technique. Convenience sampling is a non-probability sampling method where participants are selected based on their availability, accessibility, and willingness to participate at the time of the study. In this context, the researcher selected PLWHA who attended the ART clinic at UUTH during the study period and were willing to participate in the research (Etikan, 2016). The use of 357 sample size is appropriate based on Krejcie and Morgan (1970) table for sample size determination, which recommends a minimum sample of 351 for a total population of 4,000.

## **Instrumentation**

A researcher-made instrument entitled “Demographic Variables and Coping Strategies Questionnaire for People Living with HIV/AIDS (DVCSQPLWHA) was used for data collection. The instrument was divided into two sections. Section A consisted of

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demographic variables of PLWHA, namely age, employment status, and duration since diagnosis, while Section B consisted of 25 items that elicited responses from PLWHA on their coping strategies. The items were responded to on a four-point rating scale such as Strongly Agree (SA) = 4, Agree (A) = 3, Disagree (D) = 2, and Strongly Disagree (SD) = 1.

## **Validation of the Instrument**

The instrument was face-validated by three experts. Two of the experts were chosen from the Measurement and Evaluation Department of Psychological Foundations of Education, and one expert was selected from the Department of Guidance and Counselling, University of Uyo, Nigeria. The face validation of the instrument was done in line with the purpose of the study, the research questions, and the research hypotheses. The researchers ensured that the suggestions and comments by the three experts were incorporated in the final version of the instrument before they were administered to PLWHA at UUTH, Uyo.

## **Reliability of the Instrument**

To ensure the reliability of the research instrument, the internal consistency method was used to establish the reliability of the Demographic Variables and Coping Strategies Questionnaire for People Living with HIV/AIDS (DVCSQPLWHA). This method involves assessing the extent to which all items on the questionnaire measure the same underlying construct and produce consistent results. In this study, the questionnaire was administered to 30 PLWHA who were part of the population of the study but not included in the main study site. The responses from this pilot group were analyzed using Cronbach's alpha to determine the degree of internal consistency among the items. The analysis yielded a Cronbach's alpha coefficient of  $\alpha = 0.74$ , indicating a high level of internal consistency and suggesting that the instrument is reliable for use in the main study.

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## **Method of Data Collection**

The researchers, with the help of two research assistants, administered the instrument on the selected PLWHA at UUTH, Uyo. The researcher sought permission from the UUTH Management Board, through a letter of introduction from the researcher's Head of Department, to carry out the study. The permission enabled the researcher to have access to PLWHA at UUTH, Uyo, for the purpose of responding to the items contained in the instrument. Though the researcher administered 375 copies of the questionnaire, only 357 copies were retrieved. The entire process lasted for two weeks.

## **Method of Data Analysis**

Mean and standard deviation were used to answer the research questions. All the hypotheses were tested using one-way analysis of variance. The null hypotheses were tested at the .05 alpha level of significance. All data were subjected to analysis using the statistical package for social science.

## **Decision Rule**

The following decision rule guided the answering of all the research questions:

70 - 100 Very High Extent (VHE)

50 – 69.9 High Extent (HE)

40 – 49.9 Low Extent (LE)

25 – 39.9 Very Low Extent (VLE)

However, if the p-value is less than the .05 level of significance, the null hypothesis is rejected, but if the p-value is greater than the .05 level of significance, the null hypothesis is accepted.

## Results

**Table 1: Mean and standard deviation scores of the influence of age on coping strategies of people living with HIV/AIDS in University of Uyo Teaching Hospital**

Age	n	Mean	Standard Deviation	Remarks
0 - 25 years	179	31.17	1.02	VLE
26 - 35 years	105	42.29	1.12	LE
36 – 45 years	57	42.46	1.76	LE
46 years & above	16	62.93	2.25	HE

Table 1 presents the mean and standard deviation scores on the influence of age on coping strategies of people living with HIV/AIDS at the University of Uyo Teaching Hospital. Participants aged 0–25 years (n = 179) had a mean score of 31.17 and a standard deviation of 1.02, indicating a very low extent of coping strategies with highly consistent responses. Those aged 26–35 years (n = 105) recorded a mean of 42.29 and a standard deviation of 1.12, reflecting a low extent of coping. Similarly, participants aged 36–45 years (n = 57) had a mean score of 42.46 and a standard deviation of 1.76, also indicating a low extent with more variation. In contrast, respondents aged 46 years and above (n = 16) had a mean score of 62.93 and a standard deviation of 2.25, indicating a high extent of coping strategies. Overall, the results suggest that coping strategies increase with age.

**Table 2: Mean and standard deviation scores of the influence of employment status on coping strategies of people living with HIV/AIDS in the University of Uyo Teaching Hospital**

Employment status	n	Mean	Standard Deviation	Remarks
Unemployed	254	6 2.56	2.63	HE
Government	58	62.59	2.19	HE
Private	45	62.53	2.40	HE

Table 2 presents the mean and standard deviation scores on the influence of employment status on coping strategies of people living with HIV/AIDS at the University of Uyo Teaching Hospital. Unemployed participants (n = 254) had a mean score of 62.56 and a standard deviation of 2.63, indicating a high extent of coping strategies with moderate variation. Participants employed in government positions (n = 58) recorded a slightly higher mean score of 62.59 and a standard deviation of 2.19, also reflecting a high extent with more consistent responses. Those employed in the private sector (n = 45) had a mean score of 62.53 and a standard deviation of 2.40, indicating a high extent of coping strategies as well. Overall, the results suggest that coping strategies are high across all employment groups, with only slight differences among them.

**Table 3: Mean and standard deviation scores of duration since diagnosis on coping strategies of people living with HIV/AIDS in the University of Uyo Teaching Hospital**

Duration since diagnosis	n	Mean	Standard Deviation	Remarks
0 - 2	116	45.41	1.68	LE
3 – 5 years	84	46.49	1.74	LE
6 years & above	157	63.58	2.12	HE

Table 3 presents the mean and standard deviation scores on the influence of duration since diagnosis on coping strategies of people living with HIV/AIDS at the University of Uyo Teaching Hospital. Participants diagnosed within 0–2 years (n = 116) had a mean score of 45.41 and a standard deviation of 1.68, indicating a low extent of coping strategies. Those diagnosed for 3–5 years (n = 84) recorded a mean score of 46.49 and a standard deviation of 1.74, also reflecting a low extent with slightly more variation. In contrast, participants diagnosed for six years and above (n = 157) had a mean score of 63.58 and a standard deviation of 2.12, indicating a high



extent of coping strategies with very consistent responses. Overall, the results suggest that coping strategies improve as the duration since diagnosis increases.

**Table 4: Summary of one-way analysis of variance on influence of age on coping strategies of people living with HIV/AIDS in the University of Uyo Teaching Hospital (n = 357)**

Source of Variance	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	317.242	3	105.744	8.33	.000
Within Groups	11218.154	353	91.453		
Total	11535.396	356			

Table 4 presents the results of a one-way ANOVA conducted to examine the influence of age on coping strategies of people living with HIV/AIDS at the University of Uyo Teaching Hospital. The mean square between groups (105.744) is higher than the mean square within groups (91.453), resulting in an F-value of 8.33, which is statistically significant ( $p = 0.000$ ). This indicates that there is a significant influence of age on coping strategies among participants of different age groups. In other words, there is a significant influence of age on coping strategies of people living with HIV/AIDS. Further post-hoc analysis is conducted to determine which specific age groups differ from each other.

**Table 5: Summary of one-way analysis of variance on influence of employment status on coping strategies of people living with HIV/AIDS in the University of Uyo Teaching Hospital (n = 357)**

Source of Variance	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	275.986	2	137.993	9.38	2.185
Within Groups	11259.410	354	95.114		
Total	11535.396	356			

Table 5 presents the results of a one-way ANOVA conducted to examine the influence of employment status on coping strategies of people living with HIV/AIDS at the University of Uyo Teaching Hospital. The mean square between groups (137.993) is higher than the mean square within groups (95.114), resulting in an F-value of 9.38. However, the reported significance value ( $p = 2.185$ ) is greater than 0.05, indicating that the difference in coping strategies among participants with different employment statuses is not statistically significant. This suggests that there is no significant influence of employment status on coping strategies of people living with HIV/AIDS.

**Table 6: Summary of one-way analysis of variance on influence of duration since diagnosis on coping strategies of people living with HIV/AIDS in the University of Uyo Teaching Hospital (n = 357)**

Source of Variance	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	262.666	2	131.333	2.43	.000
Within Groups	11272.73	354	92.895		
Total	11535.396	356			

Table 6 presents the results of a one-way ANOVA conducted to examine the influence of duration since diagnosis on coping strategies of people living with HIV/AIDS at the University of Uyo Teaching Hospital. The mean square between groups (131.333) is higher than the mean square within groups (92.895), resulting in an F-value of 2.43, which is statistically significant ( $p = 0.000$ ). This indicates that there is a significant influence of duration since diagnosis on coping strategies among participants. In other words, the length of time since being diagnosed with HIV/AIDS significantly influences the coping strategies adopted by participants, with some groups potentially developing more effective strategies than others over time. Further post-hoc analysis is conducted to determine which specific duration since diagnosis groups differ from each other.

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## **Discussion of Findings**

The finding that there is a significant influence of age on coping strategies of people living with HIV/AIDS based on age indicates that individuals' ability to manage the psychological and emotional demands of the illness varies across age groups. The result showed that adults aged 46 years and above exhibited the highest coping mean scores, followed by those aged 36 to 45 years, then those between 26 and 35 years, while the youngest group, aged 0 to 25 years, reported the lowest coping scores. This pattern suggests that coping improves with age, possibly because older individuals tend to possess greater emotional maturity, life experience, and stronger resilience, enabling them to handle stressful health conditions more effectively than younger persons. Older adults may also have more stable social support systems, such as family networks, long-term partners, or community affiliations, which can significantly enhance their coping capacity. Their longer exposure to health education, support groups, and sustained treatment routines may further strengthen their coping strategies. In contrast, younger people may struggle more due to limited life experience, weaker support structures, heightened fear of stigma, or difficulty adapting to the long-term demands of antiretroviral therapy. They may also face additional challenges related to identity formation, peer pressure, and emotional instability, which can hinder effective coping.

This finding is consistent with the work of Nduka and Chukwuma (2018), who examined coping responses among individuals living with chronic illnesses in Enugu and reported that older participants demonstrated more adaptive coping strategies than younger ones. They attributed this to accumulated life experiences and better emotional regulation. However, the current finding contradicts the study by Ogunleye and Salami (2017), who found no significant age differences in coping strategies among patients undergoing long-term medical treatment in Ibadan. Their research suggested that access to counselling and adherence support programs equalized coping outcomes across age groups. Differences between studies may be due to variations in sample size, cultural expectations, or the availability of supportive healthcare services.

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The finding that there is no significant influence of employment status on coping strategies of people living with HIV/AIDS suggests that the type of work or occupational category does not substantially influence how individuals manage the psychological, emotional, and social challenges of living with the illness. Participants who were unemployed, government employees, or self-employed did not differ in their coping scores, indicating that access to resources, stress management, and emotional adjustment may be shaped more by personal resilience, social support, and health education than by employment type. This result may reflect the fact that people living with HIV/AIDS, regardless of employment status, have similar exposure to health information, counselling services, and antiretroviral therapy programs, which could standardize coping mechanisms across different occupational groups. Moreover, social and community support structures, as well as the availability of peer networks and treatment adherence programs, may mitigate the potential differences that employment status might create in access to resources or stress management opportunities.

This finding aligns with the study by Chukwu and Eze (2018), who reported no significant influence of occupational status on coping strategies among adults living with chronic illnesses in Enugu State. Their study emphasized that individual psychological factors, such as resilience, self-efficacy, and perceived social support, were stronger determinants of coping than employment category. However, the finding contrasts with that of Afolabi and Adeyemi (2017), who found that employment status significantly influenced coping among patients living with chronic conditions in southwestern Nigeria. They reported that employed individuals, particularly those in stable government positions, were more likely to adopt proactive coping strategies due to financial stability and access to healthcare benefits, whereas unemployed participants relied more on informal support networks. The difference may reflect variations in study context, sample characteristics, and the scope of social support available to participants.

The finding that there is a significant influence of duration since diagnosis on coping strategies of people living with HIV/AIDS based on duration since diagnosis indicates that the length of time an individual has been aware of their HIV status

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influences their ability to manage the psychological, emotional, and social challenges associated with the illness. Participants who had been diagnosed for six years and above demonstrated the highest coping scores, followed by those diagnosed for three to five years, while individuals diagnosed within zero to two years had the lowest scores. This pattern suggests that coping strategies improve with longer exposure to living with the condition, likely due to increased experience, adaptation, and familiarity with disease management. Individuals with a longer duration since diagnosis may have developed more effective routines for medication adherence, stress management, and seeking social or emotional support. They are also likely to have greater knowledge about HIV, more established relationships with healthcare providers, and stronger connections to peer support networks, all of which facilitate adaptive coping. In contrast, those recently diagnosed may still be adjusting to the diagnosis, experiencing heightened anxiety, uncertainty, and stigma, which can limit their ability to cope effectively.

This finding is consistent with the study by Okeke and Ogbu (2019), who reported that longer duration since diagnosis significantly predicted higher coping ability among adults living with chronic illnesses in southeastern Nigeria. Their study emphasized that sustained experience with disease management enhances emotional resilience and promotes more structured coping mechanisms. However, the finding contrasts with the report of Bello and Olatunde (2018), who observed no significant relationship between duration since diagnosis and coping strategies among patients with chronic illnesses in Lagos. Their study suggested that psychosocial support and access to counselling services were more critical than the length of "time since diagnosis" in determining coping ability. Differences between studies may reflect variations in healthcare infrastructure, availability of support programs, or cultural attitudes toward chronic illness.

## **Conclusion**

Based on the findings, the study highlighted the importance of age-specific interventions and continuous support over time in enhancing coping abilities among

people living with HIV/AIDS. This implies that interventions should be tailored to meet the unique psychological, social, and health-related needs of individuals at different stages of life, as coping capacity tends to vary with age.

### **Implications for Guidance and Counselling**

The findings of this study have several important counselling implications for professionals working with people living with HIV/AIDS. First, the finding that age significantly influences coping strategies indicates the need for age-sensitive counselling approaches. Older clients may have accumulated life experiences and established coping mechanisms, while younger clients may require additional support in developing emotional regulation and problem-solving skills. Counsellors should implement interventions that strengthen resilience among younger individuals and leverage the adaptive strategies of older clients as models for peer learning.

Secondly, the significant role of duration since diagnosis underscores the value of counselling and psychosocial support. Clients who are newly diagnosed may need intensive guidance to develop effective coping strategies, whereas those living with the diagnosis for longer periods may benefit from reinforcement and adaptation of existing coping skills to meet changing health or social circumstances. Finally, the finding that employment status does not significantly influence coping suggests that counselling interventions can be applied broadly across these groups without the need for major differentiation. However, counsellors should remain attentive to individual differences and provide support that is responsive to the client's unique psychological, social, and occupational context.

### **Recommendations**

The following recommendations are made based on the findings of the study:

- i. Healthcare providers in Akwa Ibom State, social workers, and community-based organizations should design support services that cater to people living with HIV/AIDS regardless of their age, gender, employment status, or duration since diagnosis. Interventions should focus on building personal resilience and coping

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skills rather than assuming that coping mechanisms are uniform across demographic groups.

- ii. HIV/AIDS support organizations in Akwa Ibom State should ensure that psychosocial and economic support initiatives are accessible to all, regardless of the duration of living with HIV/AIDS. All individuals, whether newly diagnosed or long-term, should have equal access to counselling programs.
- iii. Akwa Ibom State Ministry of Youth and Social Development should facilitate employment opportunities and vocational training tailored to the abilities and contexts of people living with HIV/AIDS. This can include job placement services, skill development programs, and provision of microfinance or start-up capital for small businesses.

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## DEMOGRAPHIC VARIABLES AND COPING STRATEGIES QUESTIONNAIRE FOR PEOPLE LIVING WITH HIV/AIDS (DVCSQPLWHA)

### Section A: Demographic Variables

**Instruction:** Tick the boxes as most applicable to you.

- 1. Age:** 0-25years ( ) 26 – 35 years ( ) 36 – 45 years ( ) 46 years and above ( )
- 2. Employment Status:** Unemployed ( ) Government employed ( ) Private employed ( )
- 3. Duration since Diagnosis:** 0 – 2 years ( ) 3 -5 years ( ) 6 years and above ( )

### Section B: Coping Strategies

**Instruction:** Please, indicate your level of agreement or disagreement with each of the items by ticking (  ) against any of the response options below.

- SA = Strongly Agree  
A = Agree  
D = Disagree  
SD = Strongly Disagree

S/N	Items	SA	A	D	SD
1.	I actively seek information about HIV/AIDS to help manage my condition.				
2.	I take care of problems related to my health instead of ignoring them.				
3.	I follow my antiretroviral therapy (ART) plan strictly.				
4.	I make efforts to improve my physical health through nutrition.				
5.	I set personal goals to stay motivated despite my HIV status.				

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6.	I regularly attend health talk sessions about HIV.				
7.	I plan ahead to avoid hindrances to my treatment.				
8.	I try to think positively despite my health challenges.				
9.	I try as much as possible to cope with the challenges of HIV/AIDS.				
10.	I talk to someone when I feel emotionally stressed.				
11.	I calm myself down when I feel anxious.				
12.	I use relaxation techniques like deep breathing, music to manage stress.				
13.	I accept my emotions as part of my healing process.				
14.	I avoid dwelling on negative thoughts about my illness.				
15.	I avoid people who remind me of my HIV/AIDS status.				
16.	I sleep excessively to forget my problems.				
17.	I pretend as though I am not living with HIV/AIDS.				
18.	I delay going to the hospital when I feel sick.				
19.	I avoid listening to information about HIV/AIDS.				
20.	I do not need to kill myself because of my HIV/AIDS status.				
21.	I participate in HIV/AIDS support groups.				

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22.	I feel better when I am surrounded by people who understand my situation.				
23.	I ask for help when I need support.				
24.	I listen to others who share similar experiences about HIV/AIDS.				
25.	I believe that my relationship with others help me to cope better.				