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Disclosure of HIV Status By Persons Living With HIV/AIDS In Their Workplaces And Post Disclosure Consequences On The Patients

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ABSTRACT

HIV is currently a chronic disease; an increasing number of people living with HIV (PLHIV) are actively working. Disclosure of HIV status in the workplace is influenced by many factors. To explore experiences of PLHIV in their workplaces concerning disclosure and attendant consequences. A pre-tested, semi-structured, self-administered questionnaire that contained information on demography and social aspects of work was used to assess 327 PLWHIV attending ARV clinics in health institutions in Enugu, Nigeria. Out of 327 respondents, 161 (49.2%) were females. The modal age range was 31-40 years. Most, (60.2%) were married, 71.9% were government employees. Ten (3.1%) were forced by employer to do HIV test while 18.0% changed their jobs because of their status. One hundred and eleven(33.9%) disclosed their HIV status to management. Reasons for not disclosing include fear of being sacked (84.3%). Post – disclosure consequences include: dismissal, 18 (5.5%) and change in work schedule, 112 (34.3%). Over 80% of respondents claimed that relationship with management and co-workers have been affected by disclosing their HIV status. Many PL HIV do not disclose their HIV status at workplace for fear of discrimination. Full implementation of HIV workplace policy should be enforced.

Keywords: HIV, Disclosure, Discrimination, Workplace

INTRODUCTION

Human Immunodeficiency Virus (HIV) is a virus that causes the body's immune system to weaken or slow down, leaving it more susceptible to diseases and other ailments (Levy, 1993). As a result of the weakening of the immune system, HIV ultimately leads to Acquired immunodeficiency syndrome (AIDS) during which the victims succumb to various infections and carcinogens. An estimated 35.3 million people worldwide are living with HIV/AIDS (UNAIDS, 2013). Genetic research revealed that HIV originated in West Central Africa in the early 20th Century (Sharp and Hahn, 2011). However, AIDS was first clinically observed in the United States in 1981 (Adeyi et al, 2006). As of 2012 in Nigeria, the HIV prevalence rate among adults aged 15–49 was 3.1 percent and Nigeria has the second-largest number of people living with HIV (AVERT, 2012).The HIV epidemic in Nigeria is complex and varies widely by region. In some states, the epidemic is more concentrated and driven by high-risk behaviours, while other states have more generalized epidemics that are sustained primarily by multiple sexual partnerships in the general population.

Youths and young adults in Nigeria are particularly vulnerable to HIV, with young women at higher risk than young men and there is also higher prevalence of HIV among females and people of working age (United States Embassy in Nigeria, 2011). There are many risk factors that contribute to the spread of HIV, including prostitution, high-risk practices among itinerant workers, high prevalence of sexually transmitted infections (STI), clandestine high-risk heterosexual and homosexual practices, international trafficking of women, and irregular blood screening (Buve et al. 2001).

Work is primarily for survival. Maintaining a role in the workplace despite 992;

significant health concerns is important in meeting an individual's economic and emotional needs. People living with HIV are faced with the challenges of disclosing their status for fear of losing their means of livelihood. Research on disclosure of HIV status has focused primarily on telling sexual partners or family members (Van Devanter et al, 1999). Studies have shown that individuals who have not disclosed their HIV status feel isolated, depressed, anxious, and alienated (Crandall and Coleman, 1992; Kalichman and Nachimson, 1999). Individuals who did not disclose to sexual partners demonstrate greater psychological effects and were described as showing signs of somatic anxiety, hostility and phobic anxiety (Wolitski et al, 1998).

Some of the factors associated with disclosing HIV status to employers includes: how ill the employee was, how many coworkers already believed or knew, how educated people in the workplace were about HIV/AIDS, how supportive the work environment was, and anticipated negative consequences (Simoni et al, 1997). It was found in a certain study that a significant factor affecting disclosure is whether people in the work place were aware of their sexual orientation (Sowell et al, 1997).Several studies that looked at HIV disclosure in the workplace found that the majority of individuals did not tell their employers or coworkers (Wolitski et al, 1998). When HIV-positive individuals did tell people in their workplace, they were selective about who they told and may not have disclosed to everyone (Simoni et al, 1997).

Disclosure to colleagues was influenced by stages of illness, with asymptomatic men less likely to disclose than men who were symptomatic or had AIDS (Sowell et al, 1997). European Americans were more likely to disclose than Latin Americans or African Americans. Individuals who disclosed their status in the workplace reported more positive consequences than were anticipated by individuals who had not disclosed (Sowell et al, 1997). Disclosure of HIV status is a double-edged sword, because it creates opportunities for medical and social support, which can be critical in adjusting to the illness, but it may lead to extra stress as a result of stigmatization, discrimination, and disruption of personal relationships (Simoni et al, 1997; Sowell et al, 1997). The patients are also afraid of termination or refusal of employment on grounds of HIV, denial of promotion, training or other benefits, breach of confidentiality of medical information including HIV status. A study in South Africa revealed that workers who are living with HIV/AIDS were more concerned about stigma coming from their co-workers than discrimination by their employers. With regards to their co-workers many of the respondents expressed concern of being ridiculed, isolated or avoided if it was discovered that they were HIV positive (Harmon, 1992).

Concerns that may prevent an individual from disclosing at the workplace include fear of discrimination, harassment, and anxiety about losing health benefits (Omololu et al, 2004).Another concern is the possibility of losing opportunities for advancement, because the individual's future might be viewed as tentative (Stewart et al, 2002). Presently, there is paucity of information on the rate of disclosure and associated factors among workers living with HIV/AIDS in south-east Nigeria. This study is aimed at determining the HIV status disclosure in workplaces among workers living with HIV/AIDS attending ARV clinics in Health Institutions in Enugu, Nigeria.

MATERIALS AND METHODS

This was a descriptive cross-sectional study carried out in Enugu State, South East Nigeria between February and May 2014. In the study area, there are two government tertiary hospitals (University of Nigeria Teaching Hospital and Enugu State University Teaching Hospital, Parklane) and two mission hospitals (Annunciation Specialist Hospital and Mother of Christ Hospital) that run major anti-retroviral (ARV) clinics. By simple random method one hospital was selected from both the government hospital (Enugu State University Teaching Hospital, Parklane) and mission hospital (Annunciation Specialist Hospital). In both hospitals ARV clinics are run three times weekly

by medical consultants from different departments: Community Medicine, Paediatrics, Internal Medicine and Obstetrics and Gynaecology. An average number of PLWHA treated in each of these clinics every week was 150. A calculated sample size of 320 was obtained but this was made up to 330 to take care of incompletely or wrongly filled data. Ethical permit was obtained from the Ethics Committee of University of Nigeria Teaching Hospital and informed consent obtained from each participant. Inclusion criteria were patient, 18 years or older, who gave written informed consent, must have attended care at either of the two clinics within the study period and must have had working experience. Participants who met the inclusion criteria were then enrolled consecutively until the sample size was reached.

Data Management: Data were collected using a pre-tested semi-structured self administered questionnaire that gave information on demography and social aspects of work environment. Data were entered and analyzed using Statistical Package for Social Sciences (SPSS) version 13. Results are presented as tables and cross-tabulations. Chi square was used to test for significance.

Results

Three hundred and twenty seven (327) respondents participated in the study. Out of these 161 (49.2%) were females. The age range was 22 – 75 years with a modal age range of 31 - 40 years. Most (60.2%) were married while 31(9.5%) were widows/widowers and 14 (4.3%) were either divorced or separated from their partners. Majority, (71.9%) of the respondents were government employees and most (57.8%) had worked for 1 - 9 years while 0.6% had worked for up to 40 years (Table 1).

Regarding workplace policy on HIV, 3.1% were forced by employers to do HIV test while 18.0% had to change their jobs because of their status. Almost 36% of the respondents who changed their jobs, did so because they were too ill to continue to work, 30.5% were sacked and 20.3% were being discriminated against (Table 2). Majority, 33.9% disclosed their HIV status to the management. Of these, 2.7% were forced to disclose their HIV status. On the other hand, 63.6% of the respondents prefer not to disclose their HIV status to co-workers. Most of the respondents were not given day off to go to hospital and access drugs. Reasons for not disclosing HIV status in this study includes fear of losing their job and fear of discrimination (84.3%). Almost 30% were aware of PLWHA who were sacked or maltreated due to HIV status. (Table 3).

Post – disclosure consequence on the PLWHA during the working period include: dismissal from place of work, 18 (5.5%) and change in schedule of duty,112 (34.3%).Over 80% of the respondents who disclosed claimed that their relationship with management and co-workers have been affected by disclosing their HIV status.(Table 4).

DISCUSSION

Disclosure of HIV status is a complex issue to be decided by the person living with HIV be it at home, to sexual partners or in the workplace. Fear of stigma and discrimination have been known to negatively affect disclosure. Our study group as previously reported showed a preponderance of males (Iliyasu et al, 2004). This is in contrast to earlier studies where females dominated (Laah and Ayiwulu, 2010; Anyebe et al, 2013). The reason for this could be attributed to the fact that the present study was done among current workers or those who had working experience and men are generally known to engage more in formal/employed work than women. Over 90% of our respondents are within the working age of less than 60 years. Youths and young adults constitute the greater number of the working population in Nigeria, and this age group has been identified to be more vulnerable to the HIV/AIDS epidemic (PEPFAR, 2002).Almost5% of the respondents were found to be either separated or divorced from their partners. This may be due to the discovery by their partners that they are HIV positive.

Eighteen respondents had to change their jobs because they were sacked from their previous jobs on account of their HIV status. In addition, 10 respondents were forced by

Table 1 - Socio-Demographic variables of respondents

	Frequency (N = 327)	Percent
Sex distribution		
Females	161	49.2
Males	166	50.8
Age range		
21 – 30	59	18.0
31 – 40	128	39.1
41 – 50	87	26.6
51 – 60	47	14.4
61 – 70	5	1.6
71 and above	1	0.3
Marital status		
Single	85	26.0
Married	197	60.2
Widowed	31	9.5
Divorced/separated	14	4.3
Past and present occupational status		
Government employee	235	71.9
Private employee	92	28.1
Total years of working		
1 – 9	189	57.8
10 – 19	92	28.1
20 – 29	35	10.7
30 – 39	9	2.8
40 - 49	2	0.6

Age range = 23 – 75 years. Range of working years in present job = 1 – 40 years

Table 2 - Workplace Policy on HIV

	Frequency	Percent
Yes	47	14.4
No	185	56.6
Do not know	95	29.0
Were you forced by employer to do HIV test?*	N = 327	
Yes	10	3.1
No	317	96.9
Did you have to change your job because of HIV	N = 327	
Yes	59	18.0
No	268	82.0
Reasons for change of job	(N = 59)	
I was sacked	18	30.5
I became too ill to continue work	21	35.6
I was no longer treated well in my workplace	12	20.3
I was advised to stop work	3	5.1
Others	5	8.5
Knowledge of HIV by other staff		
Do other workers know your HIV status?	N = 327	
Yes	73	22.3
No	179	54.7
I don't know	75	22.9
How the other workers knew the respondent's HIV status	N = 73	
I told them	17	23.3
I don't know who told them	20	27.4
Management told them	14	19.2
A staff told them	13	17.8
Others	9	12.3

Table 3 - Disclosure of HIV status

	Frequency	Percent
Did you disclose your HIV status to management	N = 327	
Yes	111	33.9
No	216	66.1
If yes to above were you forced to reveal your status by management	N = 111	
Yes	3	2.7
No	108	97.3
Reasons for not disclosing HIV status to management	N = 216	
For fear of losing my job	187	86.6
For fear of discrimination and losing my job	182	84.3
For fear of discrimination	79	36.6
Others	18	8.3
Would you prefer that other people in your office do not know your status?	N = 327	
Yes	208	63.6
No	119	36.4
Has your relationship with other staff affected your receiving drugs or going to hospital	N = 327	
Yes	56	17.1
No	271	82.9
Ways in which relationship with other staff affected patient's HIV treatment	N = 56	
They don't give me day off to go hospital	44	78.6
They complain that I do not give enough time to my work	21	37.5
They give me moral support	5	8.9
They give me financial support for my drugs	4	7.1
They are indifferent	6	10.7
Others	4	7.1
Does your work have likelihood of causing injuries	N = 327	
Yes	60	18.3

Table 4 - Post - disclosure consequence on the PLWHA during the working period

	Frequency	Percent
Do you know anyone who has been sacked or maltreated due to HIV status	N=327	
Yes	97	29.7
No	230	70.3
Have you been sacked from work due to your HIV status	N=327	
Yes	18	5.5
No	309	94.5
Schedule of duty of PLWHA has been changed by management	N=327	
Yes	112	34.3
No	215	65.7
After disclosing your HIV status did if affect your relationship with management/staff or colleagues where you work	N = 111	
Yes	92	82.9
No	19	17.1

employers to do HIV test. Previous studies have equally reported dismissal from employed job on account of HIV positive test result (Maile, 2003). These practices are illegal, unfair and a breach of human rights and should be totally condemned. They also demonstrate that some employers do not respect the Nigerian Labour Congress HIV workplace policy which states among others that testing for HIV should not be done as a condition for employment or

Furthermore, almost 80% of respondents who are aware that some co-workers know their HIV status did not inform these co-workers themselves nor did they give their consent for the transfer of this vital information. Again this is not in consonance with the HIV workplace policy which clearly states that HIV test results are confidential and shall not be disclosed to a third party without prior consent of the employee. This loss of confidentiality is a sufficient stimulus

which can trigger off a number of psychological disorders known to be common among people living with HIV (Ndu et al, 2011).

Most respondents (84.3%) identified stigma/discrimination associated with HIV as a major factor in their decision to disclose, which is consistent with other research findings (Simoni et al, 1997; Sowell et al, 1997). This notwithstanding about a third of the respondents disclosed their HIV status to their employers and more than 97% of them did so freely. Some people felt that they might disclose in future if the stigma associated with the disease were reduced. Earlier research suggests that the decision to disclose HIV status was driven by the progression of the disease (Omololu et al, 2004).For individuals who did not disclose at all or who disclosed selectively, the personal factors they considered in their decision included progression of illness and their health status; nature of work environment; fear of loss of job and means of livelihood; perceived risk factors and their ability to accept any negative consequences of not disclosing. As previously reported a high percentage of our respondents prefer not to reveal their HIV status to co-workers (Rodkjaer et al, 2011). This is understandable in view of the prevailing stigma and discrimination against PLHIV in this environment. This preference could also be from the feared change in their relationship with other members of staff.

As demonstrated by the study, the decision to disclose HIV status in the workplace can have serious consequences. Social work practitioners can use the factors identified by this study to help HIV-positive individuals to weigh the risks versus benefits for their personal situation. Through individual or group counseling, personal factors that may be different from those reported by this study can be identified and addressed accordingly.

A critical issue seen in this study is rigid workplace policies as 44 respondents reported refusal by their employers or management to grant them day off to go for routine hospital checks. This has far-reaching implications for the overall patient's management as the inability to attend regular hospital follow-up visits with its attendant failure to collect required medications will result in poor adherence to the drugs with subsequent development of resistance toanti-retroviral drugs and worsening of patient's clinical condition. Similar inflexible work schedule has been reported as a major challenge in coping with HIV and comorbidities (Warren-Jeanplere et al, 2014).Furthermore, the employers'/management's complaints about the insufficiency of time allocated to work by PLHIV raises anxiety in this group of workers who fear that their productivity is being questioned and that their appointment could be terminated. This worry alone could exacerbate an existing psychological comorbidity or trigger off the development of a new one.

Almost 30% of the respondents knows at least one person who has either been maltreated at the workplace or completely dismissed on account of his HIV status. Thus stigmatization and discrimination is still highly prevalent and is not only a major barrier to disclosure but can also impede on various HIV preventive strategies being implemented by the government. This should be discouraged through public enlightenment campaigns and enforcement of existing workplace policy.

CONCLUSIONS/RECOMMENDATIONS

Many HIV-positive workers do not disclose their HIV status in the workplace due to fear of stigmatization and discrimination. It is therefore recommended that the HIV workplace policy should be fully enforced in all places of work.

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