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Editorial

Welcome to this issue of *East African Researcher*. The first in the Journal's fourth volume, the issue presents a diverse range of articles—touching on the thematic areas of education, health and business.

In education, Ddungu reports that university students' involvement in indiscipline differs significantly by gender. However, there is no significant difference in students' involvement in academic malpractices by gender. Bolu-Steve et al. investigated secondary school principals' perception of the problems and prospects of counselling programmes in Universal Basic Education in Ilorin metropolis. The study reports that there were no significant differences in the respondents' perception of the problems of counselling on the basis of gender. However, a significant difference was found on the basis of educational qualification and length of service. Thus, it is recommended that counsellors organise programmes for sensitizing school principals on the importance of counselling. Asingwire et al. delve into the impact of using music instruments on teaching in selected post primary institutions in Mbarara District of Uganda. They report that the availability of musical instruments in most of the selected institutions was inadequate; ironically, the few instruments available are not put to optimum use. Oluwo and Adesoji assessed gender inequality in terms of access to education, the job market and reasons why many women in South West Nigeria are economically disempowered. They found that educational attainment and family size significantly influence women's economic empowerment, so they underscore need for addressing the factors inhibiting women from accessing education. Namutebi's study delved into the factors responsible for research productivity in universities in Uganda, with specific reference to teamwork among academic staffs. She reports that there is a direct relationship between teamwork and research output. Finally, Kyaligonza discusses the growth, character, contributions, challenges and weaknesses of private universities in Uganda while Bolanle et al. delve into the nexus between the self-concept and behaviour patterns of students with hearing-impairment in integrated schools in South Western Nigeria.

Under health, Mohammed investigated access to information among primary healthcare (PHC) practitioners in rural areas of North Western Nigeria, concluding that access to reliable PHC information is crucial for progress towards universal healthcare albeit it was found to be constrained. Thus, she urges PHC management boards to establish effective and sustainable PHC information programmes that enhance access to a variety of PHC information resources. Haastrup et al. investigated the determinants of contraceptive practice among women of child bearing age, paying specific attention to cost, method and demand for children. Their study revealed that availability and cost of contraceptive methods; and demand for children are significant determinants of contraceptive use among the women. Adaramaja et al. investigated discrimination as a correlate of job security among HIV/AIDS patients attending the antiretroviral clinic at



Discrimination as a Correlate of Job Security among HIV/AIDS Patients Attending the ARV Clinic at State Hospital, Saki, Nigeria

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Abstract. This study investigated discrimination as correlate of job security among HIV/AIDS patients attending the antiretroviral clinic, State Hospital, Saki, Nigeria. Discrimination remained one of the major hindrances to job security for HIV positive employees. Descriptive research of cross-sectional survey design was employed for this study. Sample size of 144 respondents was used. Data was collected using a close-ended questionnaire (reliability co-efficient = 0.79). Pearson Product Moment Correlation was used to test the null hypotheses set for the study at the .05 level of significance. The results revealed that employers significantly denied HIV/AIDS positive persons job opportunities and remained hostile to them. However, workmates of HIV/AIDS positive people closely related with them. It is recommended that employers be encouraged to accommodate HIV positive applicants and employees who are still agile and physically able to work rather than deny all categories of HIV positive people job opportunities. Also, employers should be educated on the consequences of hostility to the psychological state of HIV/AIDS positive people and respect the HIV/AIDS Anti-Discrimination Act.

Keywords: HIV/AIDS; Antiretroviral treatment; Stigmatisation.

Introduction

Globally, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) remain a public health threat with its devastating consequences upon the affected categories of individuals. Till this present time,

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HIV/AIDS is not curable, but treatable, manageable and preventable. In 2009, an estimated 33.3 million people (adult and children) worldwide are living with HIV/AIDS and 1.8 million people have already lost their lives due to HIV/AIDS across the world (Joint United Nations Programme on HIV/AIDS, 2010). Worldwide, Nigeria has the second highest number of new infections reported each year and an estimated 3.7 percent of the population is living with HIV (Federal Republic of Nigeria, 2012).

The by-product of stigmatization is discrimination. Nwagwu (2004) defined stigmatization as a dynamic social process that arises from the perception that an individual has an undesirable attributes, thus, reducing him in the eye of the society. Also, discrimination occurs when people or institutions act upon stigma, and it entails unjust action or inaction towards individuals (Jane, 2012). Recently, the senate of the Federal Republic of Nigeria on April 10, 2014 passed a bill seeking to prevent the stigmatization of and discrimination against those living with HIV and AIDS in Nigeria (Aborisade, 2014). This bill equally made it an offence for any employer, institution, body or individual to requisite an HIV test as a pre-condition to a public or private services sectors or opportunities.

Workplace is an environment where diverse people of the same or different professions team up to achieve the goal of a specific organization. Social interaction cannot be left out in a workplace. Workplace is seen as a community that impacts positively or negatively on health of individual worker. In the view of Adeyemo and Oyinloye (2007), the workplace remains a potentially unsafe environment for HIV positive people whether they are currently at work, returning to work or looking for job for the first time.

In Oyo State, Nigeria, especially in private organizations, the researchers observed that discrimination remained one of the major hindrances to job security for HIV positive employees. In Nigeria, the findings of Global Network of People Living with HIV Stigma Index (2012) among 706 respondents who are HIV positive people revealed that in the previous 12 months, 53 percent lost their jobs/sources of income due to discrimination and poor health; 43 percent lost theirs as a result of HIV positive status; 27 percent had refused the opportunity to work; 30 and 25 percent of men and women had experienced job denial respectively; 28 and 33 percents were discriminated by their employers and co-workers respectively; and 14 percent were dismissed, suspended or prevented from attending educational institutions for further trainings in their workplaces.

In most cases, employers of labour subject their applicants and employees to tests that include HIV test without consultation and the results later used to discriminate them. Therefore, majority of HIV positive people affirmatively said that they cannot disclose their status in their places of work to anybody for fear of how they will be treated (Judd-Leonard, 2012). This is buttressed by the study of Iliyasu, Abubakar, Musa and Aliyu (2011) in Aminu Kano Teaching Hospital, Kano, Nigeria in which 40 percent of HIV/AIDS patients confessed that they had experienced discrimination in their workplaces. Moreover, in the workplace, if an employee is discovered to have HIV/AIDS, the general perception is that the

individual is not fit to perform his/her assigned or expected roles (Keba, 2011). Therefore, the affected person concerned suffers idleness, made redundant and later dismiss from workplace. The studies of Adeyemo and Oyinloye (2007); Rao, Agnell, Lam and Corrigan (2008) among employers in both Nigeria and China found strong reluctance to hire or retain employees with HIV seropositive.

According to Bill, Steven, Gina and Mukadi (2004); Nyblade, Stangl, Weiss and Ashburn (2009); Owolabi, Araoye, Osagbemi, Odeigah, Ogunniran and Hussain (2012); Jamaica Information Service (2012), reported that HIV/AIDS patients suffer stigmatization from both their employers and co-workers such as social isolation, ridicule or experience discriminatory practices such as termination or refusal of employment, unfair and unwarranted dismissal or denial of benefits. A study in France specifically examined employment discrimination and the result proved that 149 out of 478 HIV/AIDS patients had experienced loss of jobs within the study duration (Dray-Spira, Gueguen & Lert, 2008). In a bid for HIV/AIDS patients to escape the shame, nicknaming and isolation associated with stigmatization and discrimination, they were sometimes forced to quit their jobs and settle for menial jobs or keep moving between jobs.

Negative attitude of employers of labour towards seropositive employees calls for concern. Bill, Steven, Gina and Mukadi (2004) observed stigmatization and discrimination by co-workers in the workplace against HIV/AIDS patients. Also, Adeyemo and Oyinloye (2007) observed social isolation, hostility and attempts to dismiss HIV positive workers in the workplaces. In most cases, hostility emanated from co-workers and other staff who put pressure on management to sack HIV positive employees. Peradventure the employer of labour discovers the HIV positive status of his/her employee, stigmatization and discrimination in form of hostility may emanate. Adeyemo and Oyinloye, (2007) opined that the employer may breach confidentiality regarding HIV status, fail to accommodate their needs regarding the duties they are able to perform, the schedule and side effects of regimen of their drugs, time required for medical appointments and leave require for temporary illness.

People living with HIV/AIDS stigma index data clearly shows that HIV/AIDS stigmatization and discrimination directly impede access to work by people living with HIV by, obstructing entry to the labour market, changing the type of work individuals are allowed to perform, preventing promotion to more senior positions, triggering them being fired from jobs and impeding access to adult education and training (Global Network of People Living with HIV Stigma Index, 2012).

HIV/AIDS patients are being denied having keen interaction with their colleagues in the workplaces. Negative reactions towards HIV/AIDS patients in work places are well reported in several parts of the globe including Nigeria. Nwana (2005) in her study carried out in Makurdi, Enugu and Lagos metropolis observed that HIV/AIDS patients experienced discrimination at work in form of segregation and isolation in separate offices and many were not allowed to share toilets, canteens and sport facilities with other colleagues in workplaces. Therefore,

this study examined discrimination as correlate of job security among HIV/AIDS patients attending State Hospital, Saki, Nigeria.

Statement of the Problem

The researchers observed various job risks facing HIV/AIDS patients in the workplaces as a resultant effect of discrimination. Among the pre-requisites for job recruitment is medical screening. Employers in some organizations demand HIV test as part of medical examination which serve as pre-condition for job opportunity. Even among the employees, employers of labour do demand periodic medical examination in which HIV test is emphasized. Sometimes, this put seropositive HIV patients' applicants at disadvantage of being gainfully employed or makes already employed personnel lose their jobs. This is corroborated by the assertion of Owolabi et al. (2012) that HIV infected individuals may face dismissal from their places of work, hostility, denial of gainful employment, forced resignation or retirement if their positive HIV status are known. Also, stigmatization and discrimination has the potential to deny HIV/AIDS patients right to work, undermine individual's ability to secure and retain employment and damage employment and career progression (Global Network of People Living with HIV Stigma Index, 2012).

The International Labour Organization (2010) reported HIV and AIDS related employment discrimination in China. They noted that national policy for recruiting civil servants specifies that those who suffer gonorrhoea, syphilis, chancroid, venereal lympho-granuloma, human papilloma virus, genital herpes or HIV/AIDS will be disqualified. Upon this premise, the researchers investigated stigmatization and discrimination as correlates of job security among HIV/AIDS patients attending antiretroviral clinic, State Hospital, Saki, Nigeria.

Research Questions

The following questions were raised in this study:

1. Is there any correlation between job denial and discrimination among HIV/AIDS patients attending State Hospital, Saki, Nigeria?
2. Is there any correlation between hostility in the workplace and discrimination among HIV/AIDS patients attending State Hospital, Saki, Nigeria?
3. Is there any correlation between isolation in the workplace and discrimination among HIV/AIDS patients attending State Hospital, Saki, Nigeria?

Research Hypotheses

The following hypotheses were tested in this study:

1. There is no significant correlation between job denial and discrimination among HIV/AIDS patients attending State Hospital, Saki, Nigeria.

2. There is no significant correlation between hostility in the workplace and discrimination among HIV/AIDS patients attending State Hospital, Saki, Nigeria.
3. There is no significant correlation between isolation in the workplace and discrimination among HIV/AIDS patients attending State Hospital, Saki, Nigeria.

Methodology

The study employed a descriptive research of cross-sectional survey type. The population for the study comprised all registered HIV/AIDS patients attending antiretroviral clinic, State Hospital, Saki, Nigeria totalling two thousand and ten (2,010) as at the time of field work. Only those on highly active antiretroviral therapy above 18 years formed the targeted population. Therefore, the targeted population was one thousand two hundred (1,200).

The study employed multi-stage sampling technique for the sample selection. The first stage was a stratified random sampling technique which was used to put into strata all categories of HIV/AIDS patients based on inclusion and exclusion criteria. The second stage was proportionate sampling technique which was used to select 12 percent from the targeted population which was one hundred and forty-four (144) respondents. In the last stage, simple random sampling technique was used to select the sample size required for the study on clinic days. Researcher's designed close ended questionnaire which was validated by three Jurors from the relevant fields with the reliability coefficient of 0.79r through test re-test method using Pearson Product Moment Correlation was used.

Ethical approval from the Ministry of Health, Oyo State Research Ethical Review Committee was obtained to carry out the research. Prior to the administration of the instrument, informed verbal consent of each respondent was obtained, privacy provided and confidentiality pledged. The instrument was administered to the respondents with the help of three (3) trained research Assistants. Data entry, processing and analysis were done with the use of Statistical Package for the Social Sciences (SPSS) software, version 21.0. Inferential statistics of Pearson Product Moment Correlation was used for the testing of all the three (3) postulated hypotheses at 0.05 alpha level of significance.

Findings

Hypothesis 1: There is no significant correlation between job denial and discrimination among HIV/AIDS patients attending State Hospital, Saki, Nigeria.

Table1: Pearson Product Moment Correlation Analysis between Job Denial and Discrimination among HIV/AIDS Patients

Variable	N	$\bar{x}$	SD	Df	Cal value	r-value	Crit. r-value	Dec.
Job denial	144	4.231	1.312	142	0.782		0.159	Ho Rej.
Discrimination	144	25.22	3.421					

Table one above shows the calculated r-value of 0.782 against the critical value of 0.159 at 0.05 alpha level of significance with degree of freedom 148. Since the calculated r-value of 0.782 was greater than the critical value of 0.159, the null hypothesis was rejected. It implies that HIV/AIDS patients are being denied job opportunities due to discrimination.

Hypothesis 2: There is no significant correlation between hostility in the workplace and discrimination among HIV/AIDS patients attending State Hospital, Saki, Nigeria.

Table 2: Pearson Product Moment Correlation Analysis between Hostility in the Workplace and Discrimination among HIV/AIDS Patients

Variable	N	$\bar{x}$	SD	Df	Cal value	r-value	Crit. r-value	Dec.
Hostility in the workplace	144	4.424	1.244	142	0.641		0.159	Ho Rej.
Discrimination	144	24.210	2.523					

Table two above shows the calculated r-value of 0.641 against the critical value of 0.159 at 0.05 alpha level of significance with degree of freedom 148. Since the calculated r-value of 0.641 was greater than the critical value of 0.159, the null hypothesis was rejected. It implies that HIV/AIDS patients experienced hostility from employers due to discrimination.

Hypothesis 3: There is no significant correlation between isolation in the workplace and discrimination among HIV/AIDS patients attending State Hospital, Saki, Nigeria.

Table3: Pearson Product Moment Correlation Analysis between Isolation in the Workplace and Discrimination among HIV/AIDS Patients

Variable	N	$\bar{x}$	SD	Df	Cal value	r-value	Crit. r-value	Dec.
Isolation in the workplace	144	3.112	2.481	142	0.121		0.159	Ho Acpt.
Discrimination	144	7.002	1.734					

Table one above shows the calculated r -value of 0.121 against the critical value of 0.159 at 0.05 alpha level of significance with degree of freedom 148. Since the calculated r -value of 0.121 was less than the critical value of 0.159, the null hypothesis was upheld. It implies that HIV/AIDS patients were not isolated among colleagues in their workplaces.

Discussion, Conclusions and Recommendations

Hypothesis one revealed that there was significant correlation between job denial and discrimination among HIV/AIDS patients attending State Hospital, Saki, Nigeria. This corroborates Rao, Agnell, Lam and Corrigan (2008) that employers of labour in both Nigeria and China were strongly reluctant to hire or retain employees who were HIV seropositive. Also, the result further affirmed the assertion of Dray-Spira, Gueguen and Lert, (2008) that 149 out of 478 HIV/AIDS patients in France had experienced loss of job within the study duration.

The result of hypothesis two revealed that there was significant correlation between hostility in the workplace and discrimination among HIV/AIDS patients attending State Hospital, Saki, Nigeria. This was justified by the view of the scholars that hostility emanated and this made employers of labour to breach confidentiality regarding HIV status, fail to accommodate their needs regarding the duties they are able to perform, the schedule and side effects of drug regimen, time required for medical appointments and leave require for temporary illness (Adeyemo & Oyinloye, 2007).

Hypothesis three revealed that there was no significant correlation between isolation in the workplace and discrimination among HIV/AIDS patients attending State Hospital, Saki, Nigeria. This result is at variance with the assertion of Nwana (2005) that HIV/AIDS patients experienced discrimination at work in form of segregation and isolation in separate offices and many were not allowed to share toilets, canteens and sports facilities with other colleagues in workplaces. The result in this present study may be so probably other workers are trying to protect the image of their affected colleagues from their employers so as to prevent dismissal from job or premature termination of appointments.

Based on the findings from the analysis of the tested hypotheses, the following conclusions were drawn:

1. HIV/AIDS patients are being denied job opportunities due to discrimination.
2. HIV/AIDS patients experienced hostility from employers due to discrimination.
3. HIV/AIDS patients were not isolated among colleagues in their workplaces.

In view of the findings of this study, the following recommendations were made:

1. Employers of labour should be encouraged to accommodate HIV positive applicants and employees who are still agile and physically able to work rather than deny all categories of HIV positive people job opportunities.

2. Employers of labour should be health educated on negative implications of hostility to the psychological state of HIV/AIDS patients and respect national HIV/AIDS Anti-Discrimination Act.

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