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Effect and Causes of Stigmatization Among People Living with Hiv and Aids in Federal Capital Territory Abuja, Nigeria

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Abstract

HIV/AIDS is one of the leading causes of death in the world. Stigmatization of people living with HIV/AIDS is a complex concept that refers to prejudice, discounting, discrediting and discrimination directed at person perceived to have HIV/AIDS, as well as their parents, friends, families and countries. The study is to assess the causes and effects of stigmatization on compliance with therapeutic regimen among people living with HI/AIDS in in Kuje area council of the Federal Capital Territory in Nigeria. Data collected by means of structured questionnaire, presented and analysed in tabular form using simple percentage. A total of 100 respondents mostly women that is 60% aged between 26-35 years and 36-45 years respectively, and 70% married couples. The research reveals that 95% ever heard and knows the causes of AIDS, and 60% respondents agreed that people ling with HIV/AIDS have right to life and live and should not be stigmatized. More than 50% of the respondents said stigmatization to people living with HIV/AIDS may lead to hypertension while, 6 respondents representing 6% said stigmatization to people living with HIV/AIDS may lead to suicide. Recommendations were made based on finding, cutting across Government, Health Workers and the community with special attention to the Government in providing policies and programmes that will reduce the suffering of people living with HIV/AIDS in our community.

Keywords: Stigmatization, Hiv and Aids, Abuja, Nigeria

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Introduction

Stigmatization and discrimination against PLWHA has been one of the hallmarks of the global HIV/AIDs pandemic [1-11] Stigma may be defined as any attribute that is deeply discrediting and results in the reduction of a person or group "from a whole and usual person to a tainted, discounted one" [12]. Stigmatization could lead to delays and failures in seeking treatment by PLWHA and delays in diagnosis of high risk patients [13, 14, 15]. This may contribute towards continuous spread of the disease within the community, impact on healthcare services in general and derail the curtailment of the global HIV-AIDS pandemic [14, 15, 16]

This is evidenced by legal cases such as the Nigerian case of *Georgina Ahamefule v. Imperial Medical Centre* [17]. Here, a HCW with suspected AIDs-related opportunistic infection was tested for HIV without informed consent, and without counselling. When she tested positive, she was promptly fired by the employer. She subsequently suffered severe psychological and emotional trauma and miscarriage of pregnancy. The patient claimed "humiliation, stigmatization and discrimination" because of the doctors refusal to offer her appropriate treatment following her miscarriage because of her HIV status. In judgment, Idowu J of the Lagos High Court held that the termination of the HCW's employment was illegal, unlawful, and based on malice and bad faith. The Court also held that the employer's action in subjecting the claimant to HIV testing without informed consent constituted unlawful battery, and that not affording the claimant pre or post-test counselling for HIV testing constituted professional negligence. Finally, denying the claimant medical care on grounds of her HIV-positive status constituted violation of the right to health guaranteed under article 16 of the African Charter on Human and People's Rights [18] and the international covenant on economic, social and cultural rights [19]. Similarly, in the South African case of *Jansen van Vuuren v. Kruger* (1993), the Supreme Court of Appeal held that disclosure of a patient's HIV status without consent constituted a breach of doctor-patient confidentiality [20]. In this case a doctor diagnosed a patient with HIV and shared this information with other medical colleagues, not involved in the patient's care, while playing a game of golf-a behaviour which may be described as 'gossip'. It has been averred that stigmatization can be overt and may constitute libel, slander, or defamation of persons who are stigmatized [21]. From the foregoing it is evident that the practice of stigmatization and discrimination of PLWHA by HCWs has been occurring in healthcare practice in Africa and elsewhere since the advent of the HIV/AIDs

pandemic, stigma is a complex social process associated with competition for power and integrated into the existing social processes of dominance and exclusion [21].

HIV/AIDS-related stigma is a complex concept that refers to prejudice, discounting, discrediting and discrimination directed at persons perceived to have HIV/AIDS, as well as their partners, friends, families and communities. HIV/AIDS stigma often reinforces existing social inequalities based on gender, race, ethnicity, class, sexuality and culture. Stigma against many populations disproportionately affected by HIV has been present for a long time in the US. HIV has compounded the stigma of homosexuality, drug use, poverty, sex work and racial minority status [15]. HIV/AIDS stigma is a problem throughout the world. Stigma has been expressed in a variety of ways, such as ostracism, rejection and avoidance of people living with AIDS. Discrimination against people living with AIDS by their families, health care professionals, communities and government. Mandatory for testing of individuals without prior informed consent or confidentiality protections. Quarantine of persons who are HIV infected and violence against persons who are perceived to have AIDS, be infected with HIV or belong to "high risks groups" [22]. HIV/AIDS stigma adds to the stress experienced by HIV positive persons. In addition, it leads to challenges for HIV prevention efforts. HIV testing, fear of negative social consequences of a positive HIV test result can defer some person from getting tested[23].

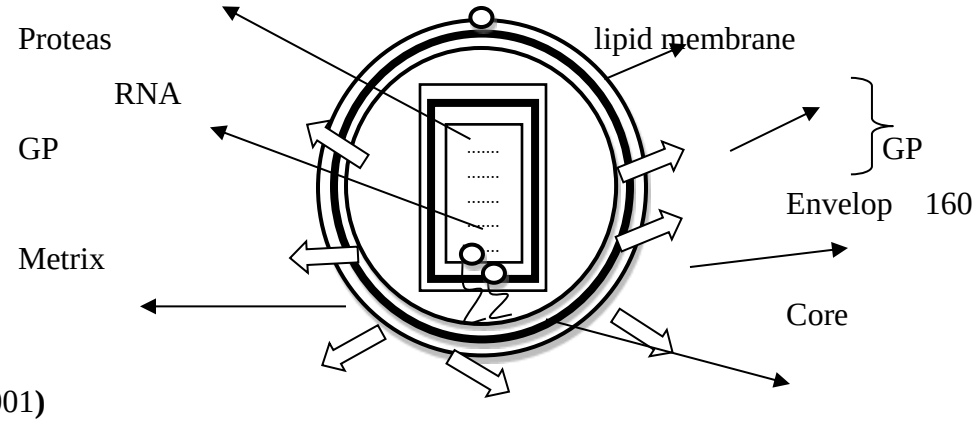
Though the diseases prevalence is on decrease within the country, but magnitude of stigmatization is high. The causes and effect of the stigmatization is not curtained.

This study seeks to determine the causes and effects of stigmatization on compliance with therapeutic regimen among people living with HIV/AIDS in Federal capital territory Abuja (FCT). And specially, to determine the causes of stigmatization on people living with HIV/AIDS in FCT. To identify the effects of stigmatization on PLWHA in FCT, to determine therapeutic regimen compliance among people living with HIV/AIDS and to identify the risk of stigmatization on people living with HIV/AIDS.

This research work will provide information on HIV/AIDS that will bring enlightenment for better understanding of the health program film shows, drama, campaigns, and the necessary information to both people living with HIV/AIDS and the general public on the destructive effects of HIV/AIDS.

It will also provide information on the various ways HIV can be contacted so as to reduce to minimal, if not total the stigma the society has on people living with HIV/AIDS, full blown of AIDS.

The Diagram of HIV



Source: (Saka MJ 2001**)**

Methodology

A descriptive cross-sectional study was carried out among 100 subjects that were randomly selected from 20 PHC facilities.

Self-administered pre-tested questionnaire made up of 20 items was administered. The tool had options, ranging from strongly agrees (SA) agree (A) disagree (D) Strongly disagree (SD) true or false and option A to D. Data collected from the questionnaire were sorted, collated, and analyzed using EPI INFO software package. Statistical analysis was then carried out at $p<0.05$ level of significance

Results

Table 1: Sociodemographic Characteristic of the Respondents

AGE	Respondents	Percentage
15-25 years	3	35%
26-35 years	50	50%
36-45 years	10	10%
46 and above years	5	5%
Total	**100**	**100%**
Sex	Respondents	Percentage
Male	40	40%
Female	60	60%
Total	**100**	**100%**
Occupation	Respondents	Percentage
Students	15	15%
Civil servants	30	30%
Commercial sex workers	50	50%
Others	5	5%
Total	**100**	**100%**
Marital status	Respondents	Percentage
Single	15	15%
Married	70	70%
Divorced	10	10%
Widow	5	5%
Total	**100**	**100%**
Educational level	Respondents	Percentage
Primary	20	20%
Secondary	50	50%
Tertiary	25	25%
Others	5	5%
Total	**100**	**100%**

Religion	Respondents	Percentage
Islam	65	65%
Christianity	35	35%
Traditional worshippers	5	5%
Others	0	0
Total	**100**	**100%**

From Table 1 it shows that 50 respondents representing 50% are 26-35 years while, 5 respondents representing 5% are 46 years and above, 60 respondents representing 60% are female while, 40 respondents representing 40% are male. Half of the respondents are commercial sex workers. There are more married with 5% of the respondents are widows

Some of the respondents had secondary education. There are more Muslim 60% subjects, while other religious worshipers traditional religious represent 5% of the subjects.

Table 2: Have you ever heard of HIV/AIDS?

Response	**Respondents**	**Percentage**
Yes	95	95%
No	5	5%
Total	**100**	**100%**

Table 2 respondents' awareness and Knowledge of HIV/AIDS most of the respondents 95% ever heard of HIV/AIDS while only 5% respondents never heard of HIV/AIDS.

Table 3: The route of HIV transmission is through the following accept.

Responses	**Respondents**	**Percentage**
Sexual intercourse with infected person	65	65%
Infected blood products	7	7%
Infected blood transfusion	25	25%
Body concepts	3	3%
Total	100	100%

Table 3 above shows that 65 respondents representing 65% are of the view that HIV is transmitted through sexual intercourse with an infected person while, 3 respondents representing 3% said HIV can be transmitted through body contact.

Table 4: When tested positive to HIV, the victim should adhere to

Responses	Respondents	Percentage
Prayers	8	8%
Herbal Treatment	12	12%
Good nutrition	25	25%
Drugs compliance	55	55%
Total	**100**	**100**

Table 4 reveals that 55% of the respondents said victims should adhere to drugs compliance when tested positive to HIV while, 8% said victims should adhere to prayers when tested positive to HIV.

Table 5: The most affected group to HIV/AIDS is

Responses	**Respondents**	**Percentage**
Students	10	10%
Commercial sex workers	60	60%
Drivers	13	13%
Multiple partners	17	17%
Total	100	100%

Table 5 shows that 60 respondents which represents 60% commercial sex workers who are most affected group to HIV/AIDS while, 10 respondents which represents 10% are student affected by HIV/AIDS.

Table 6: People living with HIV/AIDS should not be

Responses	**Respondents**	**Percentage**
Allow to work	25	25%
Stigmatized	45	45%

Allowed education	10	10%
Allowed to live	20	20%
Total	**100**	**100%**

The respondents 45% believed that people living with HIV and AIDS should not be stigmatized while, 10% said people living with HIV and AIDS should not be allowed education.

TABLE 7: STIGMATIZATION TO PEOPLE LIVING WITH HIV/AIDS MAY LEAD TO

Responses	Respondents	Percentage
Hypertension	51	51%
Isolation	30	30%
Suicide	6	6%
Family disrespect	14	14%
Total	**100**	**100%**

Respondent view of people with HIV/AIDs varied as 51% believed stigmatization of people living with HIV/AIDS may lead to hypertension while, 6% said stigmatization to people living with HIV/AIDS may lead to suicide.

Table 8: Advocate against stigmatization of people living with HIV/AIDS

Responses	Respondents	Percentage
The have the right to life and live.	60	60%
They have hope with drug compliance	35	35%
They may commit suicide	2	2%
They may develop emotional trauna	3	3%
Total	**100**	**100%**

Table 8 above shows that 60 respondents representing 60% are with the view that people living with HIV/AIDS have the right to life and live so, health workers should advocate on that while, 2 respondents representing 2% said people living with HIV/AIDS may commit suicide.

Discussion

Stigma relates to the beliefs and attitudes of people and discrimination are the externalized stigma towards PLWHA. These are based on negative views such as prejudice, negative attitudes, abuse and maltreatment which are directed at people simply because they are seen as belonging to a particular group or are perceived as being different [11-12]. According to one authority discrimination as it is ordinarily used, refers to a process of noticing or marking a difference, often for evaluative purposes, and the most common synonyms for the verb to 'discriminate' are to 'distinguish' and to 'differentiate', which in turn denotes recognizing, discerning, appreciating or identifying difference. Concluding that "all discrimination is therefore intentional in the sense that anyone who discriminates acts on some grounds for the discrimination"[24]

This study reveals that 45% of the respondents said people living with HIV/AIDS should not be stigmatized while, 10% of the respondents said people living with HIV/AIDS should not be allowed education. The study reveals that the level of HIV/AIDS stigma and discrimination is reducing however, health workers should intensify efforts toward advocacy against stigma. This will reduce the current trend of psychological trauma; isolation and suicide pose on people living with HIV/AIDS in the society. Report from the assessment documented several experiences of stigma and discrimination across three themes: exclusion, access to work, health, and educational services; internalized stigma; and fears [25]. Nearly one-third of respondents reported that they have been excluded from family and religious or other social functions due to their HIV status. A similar percentage also reported that they have experienced denial to health and educational services. Internalized stigma in form of shame, feeling of low self-esteem, and blaming oneself was reported by about 63%. In a nutshell, the index showed that stigma and discrimination experiences were prevalent among PLHIV in Nigeria. It is noted that the stigma assessment was done before the enactment of antidiscrimination law. Also, several programmes and initiatives have been implemented which must have influenced the narratives about HIV S and D in Nigeria. A repeat application of the stigma index is necessary to empirically assess the impacts of these various interventions.

Sine more than half of the subjects' study had said stigmatization to people living with HIV/AIDS may lead to hypertension while, 6%of the respondents said stigmatization may lead to suicide on

people living with HIV/AID. This reveals the study population are conscious of the fact that stigma may cause serious effects on people living with HIV/AIDS in the society. Since stigma comes in diverse forms which may include refusal to provide medical care for PLWHA, including refusal or reluctance to operate on or admit PLWHA and physical isolation in the hospital ward [26]. It can be argued that stigma may affect government efforts at curtailing the spread of HIV/AIDS [9, 16, 27, 28, 29, 30] since it could affects patient's attendance at health centres for obtaining ARV and regular medical check-ups or adherence of patients to treatment plans [13, 14, 15, 26]. Stigmatization also affects disclosure to family members, friends, employers, colleagues, and sexual partners [32].

As shows in the table that most of the respondents agreed that people living with HIV/AIDS have the right to life and live with only 2% said people living with HIV/AIDS may commit suicide. The research reveals that over half of the study population had the feeling in the society hence, stigmatization and discrimination may cause serious emotional and behavioural changes. Most of the respondents ever heard of HIV/AIDS while only 5% respondents never heard of HIV/AIDS. The knowledge of respondents as it relates to HIV/AIDS was moderately adequate in this study which is similar to another South African study [33], and a Nigerian study which also reported satisfactory knowledge of HIV/AIDS amongst the participating HCWs in SSA [24]. On the question, 'on body contact can transmit HIV', most of our participants answered correctly that which is in agreement with similar reports of 94% from Nigeria [34].

Conclusion And Recommendations

Though the prevalence of HIV/AIDS is on decreasing trend in Nigeria and in other countries of the world. It is worrisome despite efforts by government, non-governmental organization and international donors; the challenge to curtail this dreaded scourge and stigmatization due to the diseases is not fast reacting. Stigmatization and discrimination of people living with HIV/AIDS is a threat in our society and places of work. Especially the effects of stigmatization on the mental capacity, behavioural development and social interactions, employment opportunities and financial strength of people living with HIV/AIDS are disturbing.

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