

Attitudinal Disposition and Behavioural Intentions of Employers of Labour in Ibadan North Local Government Area towards Staff and Applicants Living with HIV and AIDS.

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ABSTRACT

In Nigeria, little is known about employers of labour's perceptions and practices relating to HIV and AIDS. The study was cross-sectional in design. A multistage sampling technique was used to select 400 study participants in the public (38) and private (362) sectors for interview. The instrument for data collection was a pre-tested semi-structured questionnaire. T-test/Analysis of variance was used for the quantitative data and for the categorical variables, cross tabulation with Chi Square test was used.

Slightly less than half (48.0%) would keep their staff's HIV status secret while more than half, (57.0%), would not recruit a PLWHA. More than half of the participants, (56.5%), expressed a positive attitude to staff who is a PLWHA. More respondents in the private sector, (47.8%), claimed to have ever organised HIV and AIDS-related educational programmes for their staff than those in the public sector (42.1%). Almost equal number of participants in the public (36.8%) and private (36.2%) sectors would require mandatory test for HIV before employment. Only 1.8% of participants in the Public Sector (PuS) and 6% in the Private Sector (PrS) reported that their organisations had a workplace HIV and AIDS policy.

Although the participants would tolerate staff with HIV and AIDS, their intentions show limited knowledge about the mode of transmission and prevention of HIV. Health education strategies such as training and workplace HIV and AIDS education are needed to address these shortcomings.

KEYWORDS: Attitude, Behavioural intentions, Stigma and Discrimination, Employers of labour, HIV and AIDS, Workplace policy.

INTRODUCTION

Of all the communicable diseases in workplace, HIV and AIDS is an important labour-related issue because of their implications for workers' health and productivity. It affects the workplace in a variety of ways as it strikes hardest at the most productive segment of the labour force and reduces earnings. In addition, it imposes huge costs on enterprises in all sectors of the economy as a result of declining productivity, increasing labour costs, health care cost and loss of skills and experience. The most devastating consequence of the HIV and AIDS is their impact on life expectancy. It has been decimating various populations in many African countries south of the Sahara. It has been estimated that the life expectancy in Africa south of the Sahara will regress to an average of just 41 years - a situation which will amount to a reversal of most developmental gains recorded over the past 30 years^[1].

It has been widely recognized and reported that there are three phases to the AIDS epidemic in any society. The first of these is the "epidemic of HIV infection." This enters a community silently and unnoticed. The next event is the "epidemic of AIDS" which appears when HIV triggers off life-threatening conditions and the associated consequences. The third phase is that of stigmatisation. Stigma, discrimination, blame and denial according to Mann, are potentially the most difficult aspects of the HIV and AIDS epidemic to address. He noted that addressing them holds the key to overcoming the HIV and AIDS problems^[2].

In many sub-Saharan African countries, HIV and AIDS have destabilized the health systems, social protection, education, industry, the agricultural sector, transport, political stability and civil society. The overall cumulative impact of the disease condition will continue to ravage African economies in the foreseeable future because of the absence of a cure, vaccine and affordable treatment, control and prevention technologies. In Zambia, a country where one out of every five people in the sexually active and productive age group of 15-49 is HIV-positive, homes, churches, government and other social institutions are losing members to HIV and AIDS. The rising number of HIV and AIDS-related employee deaths has serious

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economic repercussions, such as lost labour time, compensation for sick and dying workers and their survivors, and higher training costs for the many new workers who must be hired^[3].

Stigma and discrimination often present major challenges to the successful implementation of workplace HIV and AIDS programmes^[4]. Employees and job applicants living with HIV and AIDS may experience HIV-related stigma from their colleagues in the workplace including their supervisors and most especially from their employers. The HIV and AIDS induced stigma may result in the sack of persons living with HIV and AIDS or their being technically shown the way out of their jobs. Despite the growing body of knowledge related to HIV and AIDS, little is known about the nature of the associated stigma and workplace – based interventions geared towards addressing stigma and discrimination either as an issue in its own right or as a critical component of HIV and AIDS programme. Although most countries have come up with policy responses to the epidemic as well as plans of action, they lack specific legislation against discrimination and stigmatisation on the grounds of HIV sero-positivity. The tendency of many employers of labour has been to discriminate against employees and job applicants living with HIV and AIDS through the use of HIV testing result to exclude those that are HIV positive^[5].

Majority of the countries worldwide including Nigeria have no legal provisions aimed at protecting persons with HIV and AIDS from discrimination in workplace. Employers and company managers have an important role to play in creating work environments which are free from HIV and AIDS-related stigma and discrimination. Implementing HIV and AIDS policies which are sensitive to the needs of PLWHAs in the workplace can curb unfair employment practices such as compulsory HIV testing and help meet the peculiar needs of people living with HIV and AIDS for privacy, confidentiality and social support. The determination of the knowledge, perceptions and attitudes to employees living with HIV and AIDS among employers of labour is an essential step towards the design of programmes to tackle HIV induced stigmatisation and discrimination in workplaces.

That there is an increase in the prevalence of HIV and AIDS in Nigeria is common knowledge. Studies and anecdotal reports have shown that persons living with HIV and AIDS are often stigmatised and discriminated against by a variety of people including employers of labour^[6].

In Nigeria, there is dearth of research-based information relating to the extent of employers of labour's perceptions and attitudes to workers living with HIV and AIDS or to applicants who are HIV positive. Although some studies have been done by some Non-Governmental Organisations (NGOs) which focused on workplace responses to HIV and AIDS^[7], in Oyo state, there is little or no information relating to attitudes and behavioural intentions of employers of labour regarding HIV and AIDS. One of the issues identified which limit the impact of the country's response to the HIV and AIDS epidemic are socio-cultural barriers to proven preventive methods of HIV prevention and stigma and discrimination shown to persons living with and affected by HIV and AIDS. Yet information relating to these issues is needed for the design of appropriate workplace health education programmes geared towards making workplaces health promoting settings especially for persons living with HIV and AIDS.

The study is useful in determining the potential effects of the attitudinal disposition and the behavioural intentions of employers of labour which have potential for influencing the health and wellbeing of staff and applicants living with HIV and AIDS. In addition, awareness of the attitudinal disposition of employers of labour to PLWHAs is useful as baseline information for designing and implementing educational or intervention programmes for making workplaces health promoting for persons living with HIV and AIDS.

The study setting – Ibadan North Local Government Area (LGA) – has local, state and federal institutions as well as several private social and economic entities which employ labour. There is a rich blend of various labour-related organisations with different characteristics in the LGA. A good understanding of what goes on in each of these organisations in relation to their attitude and behavioural intentions within the context of HIV and AIDS in workplaces is worth investigating because the findings could be used for the design of appropriate interventions for implementation in the LGA and other metropolitan LGAs in the city of Ibadan.

The broad objective of the study was to determine the attitude and behavioural intentions of employers of labour towards workers and applicants who are HIV-positive.

The specific objectives were to:

1. Document the attitudinal disposition of employers of labour towards workers and applicants who are living positively with HIV;
2. Document the behavioural intentions of employers of labour in terms of what they would do if their staff or applicants are found to be living with HIV and AIDS;

Research Questions

1. What are the employers of labour's attitudinal dispositions to HIV and AIDS?
2. What are employers of labour's behaviours or practices relating to workers and applicants who are living with HIV and AIDS and what do they do relating to HIV and AIDS prevention and control?

METHODOLOGY

The study was a descriptive cross-sectional survey designed to determine. Ibadan North (LGA) constitutes the study setting. The LGA is one of the five LGAs in Ibadan metropolis. Ibadan is the largest city in black Africa. Ibadan North LGA was created on 27th September 1991 out of the defunct Ibadan Municipal Government.

Ibadan North local government area has a population of 306,795 people. The males account for 153,039 while the female population was 1503,756 [8]. The LGA is multi-ethnic in composition. It is however predominantly dominated by the Yorubas. The Igbos, Edos, Urhobos, Itsekiris, Ijaws, Hausas, Fulanis and non-Nigerians from Europe, America, Asia and other parts of the world also live within the LGA.

Majority of the residents of Ibadan North LGA are in the private sector. They are mainly traders and artisans. Some residents of the LGA are civil servants who live around Bodija estate, Agbowo, Sango, Mokola, the University of Ibadan and the Polytechnic Ibadan. There are six major markets in the local government area, namely Bodija market (which is the largest food market in Ibadan), Mokola, Sabongeri, Agodi Gate, and Ijokodo/Gbaremu markets. Thousands of people patronise these markets on a daily basis from within and outside Ibadan.

The study population which consists of all employers of labour in IBLGA is very diverse. It comprises of policy makers in the public and private institutions as well as proprietors of private business entities. The study population therefore consists of political leaders, government bureaucrats, business owners, chairmen of companies as well as management staff in the private sector who have the power to employ, discipline and/or disengage any staff.

In order to obtain a sample of the population for the study, cluster, proportionate and simple random sampling techniques were adopted. The instrument used for this study was a semi – structured questionnaire. Analysis of pre-test was done using Cronbach's Alpha correlation coefficient of the Statistical Package for Social Sciences (SPSS) was 0.741.

Ethical considerations

Ethical approval was sought from the Ethical Review Committee of the Oyo State Ministry of Health, Ibadan, Nigeria. Informed consent was obtained from the study respondents. Confidentiality of each participant's responses was maintained during and after the collection of data.

RESULTS

An overwhelming majority (90.5%) of the employers were in the private sector while only 9.5% were in the public sector. A majority (68.3%) of the participants were males. Participants with Higher National Diploma (HND)/Bachelor degrees top the list (52.0%), followed by those with postgraduate degrees (23.7%). Christianity (70.0%) topped the list of religions professed by the participants. A majority of the respondents (65.0%) were married; a total of 125 (31.2%) were singles. A very large proportion (85.5%) of the employers was made up of Yorubas.

Table I: Respondents' socio-demographic information.

Socio-demographic characteristics		Number	%
Type of sector	Private	362	90.5
	Public	38	9.5
Reported official designation	Chairman/Chief Executive	6	1.5
	Manager	262	65.6
	Principal Partner/Engineer	23	5.8
	Medical Director	18	4.5
	Civil Servant	17	4.3
	Superintendent	14	3.5
	Solicitor/Lawyer	6	1.5
	Proprietor/Proprietress	5	1.3
Sex	Male	273	68.3
	Female	127	31.7
Highest level of education attained	No formal education	10	2.5
	Primary	9	2.2

	Secondary	76	19.0
	Higher National Diploma (HND)/Bachelor	203	50.8
	Postgraduate	94	23.5
	Others *	8	2.0
Religion	Christianity	208	70.0
	Islam	105	26.2
	Traditional religion	14	3.5
	Others	1	0.3
Marital status	Single	125	31.2
	Cohabiting	6	1.50
	Married	260	65.0
	Separated	3	0.8
	Divorced	4	1.0
	Widowed	2	0.5
Ethnic group	Yoruba	342	85.5
	Igbo	33	8.2
	Hausa	5	1.3
	Others **	2	0.5

* The others include Institute of Chartered Accountants of Nigeria (ICAN) (0.75%), Association of National Accountants of Nigeria (ANAN) (0.5%), Administrative Staff College of Nigeria (ASCON) (0.5%).

** These were Edo speaking respondents (0.50%).

Participants' attitude to staff living with HIV and AIDS

The attitudinal disposition of the participants to staff found to be living with HIV and AIDS are presented in this section. The first attitudinal statement relate to the belief that anyone (staff) with HIV or AIDS is serving a punishment from God. Agreement with this statement is regarded as not only tantamount to victim blaming but a negative attitude. All the 36 participants in the public sector who responded to the question/statement disagreed and an overwhelming majority (93.5%) of those in the private sector similarly disagreed with it.

The second attitudinal statement focuses on whether to give care and support for persons with HIV and AIDS. Agreement that persons with the disease condition are paying for their sexual promiscuity and therefore do not deserve care and sympathy connotes a negative attitude. The table shows that only 9.8% of participants in the private sector exhibited this kind of negative attitude. Responses to the statement on the appropriateness of hiring or employing persons with HIV and AIDS show that a majority of the participants in the private sector (87.7%) and all the 31 in the public sector disagreed with this view. It amounts to coercion and unethical practice for employers to ask their workers to go for mandatory HIV screening in the place of work without the workers' consent and prior notice. Slightly more than half (52.4%) of the employers in the private sector and a majority (65.5%) of those in the public sector disagreed with the view that workers should be asked to go for mandatory HIV screening without their consent and prior notice from the employers.

However, there was a change in attitudinal disposition of the two groups of participants regarding applicants. More than half of the employers of labour in the private sector (59.7%) and those in the public sector (57.6%) agreed that all employers should ensure that applicants should be screened for HIV and AIDS before they are employed. An overwhelming majority of participants in the private (86.6%) and all of those in the public (100.0%) sectors who responded to the question agreed with the attitudinal statement that a member of staff living with HIV should be allow to stay in his/her job in as much as such an employee is healthy. The result show that a majority of participants in the private sector (77.1%) and participants in the public sector (81.8%) were of the view that when an employee is found to be living with HIV, they would not subject him/her to discriminatory treatment such as demotion and being given menial jobs.

Table II: Participants' attitude to staff living with HIV and AIDS

Attitudinal Statement	Agree (%)	Disagree (%)
Any staff in this establishment who has HIV and AIDS is serving a punishment from God:		
Private Sector (N = 321)	21 (6.5)	300 (93.5)
Public Sector (N = 36)	0 (0.0)	36 (100.0)
Workers who are HIV positive in this establishment do not deserve our care and sympathy because they are paying for their sexual promiscuity:		
Private Sector (N = 347)	34 (9.8)	313 (90.2)
Public Sector (N = 37)	0 (0.0)	37 (100.0)
It is not proper to hire or employ workers who have HIV and AIDS because of their low productivity:		
Private Sector (N = 277)	34 (12.3)	243 (87.7)
Public Sector (N = 31)	0 (0.0)	31 (100.0)
Workers should be asked to go for HIV screening without their consent and prior notice by their employer:		
Private Sector (N = 372)	177 (47.6)	195 (52.4)
Public Sector (N = 29)	10 (34.5)	19 (65.5)
Any worker in this organization who is discovered to have HIV and AIDS should not be allowed to mix freely with other workers:		

Private Sector (N = 339) Public Sector (N = 36)	59 (17.4) 0 (0.0)	280 (82.6) 36 (100.0)
All employers should ensure that persons they want to employ or hire are screened for HIV and AIDS before they are employed: Private Sector (N = 305) Public Sector (N = 33)	182 (59.7) 19 (57.6)	123 (40.3) 14 (42.4)
Any staff in this establishment who has HIV and AIDS would be left to occupy an office separate from others so that they will not infect others: Private Sector (N = 320) Public Sector (N = 34)	21 (6.6) 0 (0.0)	299 (93.4) 34 (100.0)
If any of our workers is sick with HIV, I would want it to remain a secret from other workers: Private Sector (N = 306) Public Sector (N = 32)	174 (56.9) 18 (56.3)	132 (43.1) 14 (43.7)
If a staff has HIV but is not sick he or she should be allowed to continue to work in our establishment: Private Sector (N = 329) Public Sector (N = 29)	285 (86.6) 29 (100.0)	44 (13.4) 0 (0.0)
If I discovered that a member of staff has HIV, I would suggest he or she be paid off or send him or her packing: Private Sector (N = 327) Public Sector (N = 34)	26 (8.0) 2 (5.9)	301 (92.0) 32 (94.1)
If a staff member is having HIV, I would recommend him or her to be retained and our organisation would be responsible for the treatment: Private Sector (N = 218) Public Sector (N = 22)	130 (59.6) 15 (68.2)	88 (40.4) 7 (31.8)
If a worker is discovered to be HIV positive, instead of sacking him/her, I would recommend him or her to be demoted or given menial job: Private Sector (N = 332) Public Sector (N = 33)	76 (22.9) 6 (18.2)	256 (77.1) 27 (81.8)

Participants' attitude to applicants living with HIV and AIDS

The table below shows the attitudinal disposition of employers towards applicants who are (or are perceived) to be living with HIV and AIDS. A majority (89.1%) of the employers in the private sector and employers in the public sector (91.9%) disagreed with the statement that applicants who are HIV positive do not deserve sympathy and should not be short listed for employment. This indicated a positive attitude or predisposition to the PLWHA. The pattern of responses indicated that only 10.9% in the private and 8.1% in the public sector expressed a negative attitude. A total of 270 (90.9%) of participants in the private sector and 29 (90.6%) of their counterparts in the public sector were opposed to the statement that hiring or employing applicants with HIV and AIDS is a waste of resources.

Seventy three percent of employers in the private sector and 86.6% of employers in the public sector were not favourably disposed to the notion that applicant should be asked to go for screening without their consent and prior notice by their prospective employers. Employers in private and public sectors were of diverse opinions on compulsory pre – employment HIV and AIDS screening exercise of applicants. More than half (56.0%) of participants in the private sector agreed that all employers should ensure that persons to be employed or hired are screened for HIV before they are employed. On the other hand, more than half (55.0%) of participants in the public sector disagreed with the statement. In all, the difference between the attitudinal dispositions of the two groups of participants was not found to be significant.

Table III: Participants' attitudes to applicants living with HIV and AIDS

Attitudinal Statement	Agree (%)	Disagree (%)
Applicants who are HIV positive do not deserve our sympathy and should not be short-listed for employment: Private Sector (N = 347) Public Sector (N = 37)	38 (10.9) 3 (8.1)	309 (89.1) 34 (91.9)
Hiring or employing someone with HIV and AIDS is a waste of resources: Private Sector (N = 297) Public Sector (N = 37)	27 (9.1) 3 (9.4)	270 (90.9) 29 (90.6)
Applicants should be asked to go for screening without their consent and prior notice by their prospective employer: Private Sector (N = 303) Public Sector (N = 29)	81 (26.7) 4 (13.8)	222 (73.3) 25 (86.2)
All employers should ensure that persons they want to employ or hire are screened for HIV and AIDS before they are employed: Private Sector (N = 313) Public Sector (N = 29)	176 (56.2) 13 (44.8)	137 (43.8) 16 (55.2)

Intended actions against staff with HIV and AIDS

Table IV shows actions which the employers said they would take against their staff found to be living with HIV and AIDS. Majority of the employers, (62.4%) in the private sector and those in the public sector (91.9%) said that they would invite a staff living with HIV and AIDS to a social gathering of their

organisations involving other workers and visitors. This implies that they would not be discriminated against. A majority (64.2%) of employers in the private sector and employers in the public sector (94.6%) stated that any worker or staff living with HIV and AIDS could be asked to represent their organisations anywhere. Fifty-nine percent of employers in the private sector and a majority of employers in the public sector (89.0%) disclosed that if any staff member was discovered to be HIV positive, they would still recommend him/her for promotion. A majority (60.5%) of employers in the private sector and employers in the public sector (83.8%) were opposed to the refusal to recommend a staff who is HIV positive for further training because of the perception that it would amount to a waste of resources realising that the worker would sooner or later fall sick and die.

More than half (57.5%) of employers in the private sector and a majority of employers in the public sector (91.9%) were opposed to a situation in which a staff with HIV would not be recommended to train others for fear of infecting other workers. Fifty-nine percent of employers of labour in the private and a majority (91.0%) of employers in the public sectors disclosed that any staff in their organisation who is HIV positive could play leadership role. A majority (60.5%) of employers in the private sector and employers in the public sector (94.3%) stated that workers who were found to be HIV positive would not be relieved of their jobs and that they would not be regarded as an economic burden to their organisations. The pattern of responses of the participants changed regarding the actions they would take concerning the recruitment of staff who are living with HIV and AIDS. More than half (59.4%) of employers in the private sector disclosed that they would not recruit any person who is confirmed to have HIV while about half (51.4%) of employers of labour in the public sector opposed such an intended action by disclosing that they would recruit any person who is confirmed to be HIV positive.

Table IV: Employers' intended action against staff living with HIV and AIDS.

Practices and Behavioural Intentions	Yes (%)	No (%)
A staff living with HIV and AIDS should not be invited to attend a social gathering of this organisation involving other workers and visitors: Private Sector (N = 359) Public Sector (N = 37)	135 (37.6) 3 (8.1)	224 (62.4) 34 (91.9)
Any staff in this establishment who has HIV and AIDS cannot be asked to represent our organisation somewhere: Private Sector (N = 359) Public Sector (N = 37)	127 (35.4) 2 (5.4)	232 (64.6) 35 (94.6)
If any staff is discovered to be HIV positive, I will not recommend him/her for promotion: Private Sector (N = 352) Public Sector (N = 37)	142 (40.3) 4 (10.8)	210 (59.7) 33 (89.2)
I cannot recommend a member of staff who is HIV positive for further training because it would amount to a waste of resources as the worker will sooner than later fall sick and die: Private Sector (N = 357) Public Sector (N = 37)	141 (39.5) 6 (16.2)	216 (60.5) 31 (83.8)
I cannot recommend a member of staff who is HIV positive to train other workers for fear of infecting them (i.e. the others workers): Private Sector (N = 358) Public Sector (N = 37)	152 (42.5) 3 (8.1)	206 (57.5) 34 (91.9)
Any staff in our organization that is HIV positive cannot be given a leadership role: Private Sector (N = 357) Public Sector (N = 37)	143 (40.1) 3 (8.1)	214 (59.9) 34 (91.9)
Workers who are found to be HIV positive would be relieved of their jobs as they would become economic burden to our organization: Private Sector (N = 357) Public Sector (N = 35)	141 (39.5) 2 (5.7)	216 (60.5) 33 (94.3)
We will not recruit any person who is confirmed to have HIV: Private Sector (N = 355) Public Sector (N = 35)	211 (59.4) 17 (48.6)	144 (40.6) 18 (51.4)

HIV and AIDS policy and activities in the workplace that would be supported by employers of labour

Previous activities aimed at preventing the spread of HIV in workplace carried out by participants were seminar/workshop and sensitisation programme. A majority in the private sector (73.5%) and those in the public sector (78.9%) indicated the desirability of having HIV prevention programme in workplaces. Suggested HIV prevention activities needed in workplace were: seminar/workshop to educate workers (private sector, 36.2%; public sector, 39.5%), enlightenment campaign (private sector, 14.4%; public sector, 18.4%). Among those who had a policy on HIV and AIDS in the workplace in the private sector, 59.4% made their workers to be aware of the policy through appointment letters. Participants in the private sector

who made their workers aware of the policy document through official bulletin were 32.3% while the proportion of those in the public sector was 21.0%.

Table V: HIV and AIDS policy & activities in workplaces that would be supported by employers.

Policy/activity		Private Sector (%) N = 362	Public Sector (%) N = 38
Activities to prevent the spread of HIV:			
	Conduct seminar/workshop (103)	94 (26.0)	9 (23.7)
	Provide sex education (280)	254 (70.2)	26 (68.4)
Activities that will be done when a staff has contracted HIV:			
	Provision of medication (236)	213 (58.8)	23 (60.5)
	Preventing stigmatisation (144)	132 (36.5)	12 (31.6)
Desirability of HIV prevention programme in workplace:			
	Yes (296)	266 (73.5)	30 (78.9)
	No (87)	84 (23.2)	3 (7.9)
Type of programme to prevent HIV in workplaces:			
	Seminar/workshop to educate workers (146)	131 (36.2)	15 (39.5)
	Management & treatment of the disease condition (28)	26 (7.2)	2 (5.3)
	Periodic screening without prior notice (11)	10 (3.0)	1 (2.6)
	Improvement in staff social welfare package (52)	47 (13.0)	5 (13.2)
	Enlightenment campaign (59)	52 (14.4)	7 (18.4)
Suggested financier of programme aimed at preventing HIV transmission in workplaces:			
	Management (88)		
	Government (34)	84 (23.2)	4 (10.5)
	Donor agencies (184)	31 (8.6)	3 (7.9)
	Labour union (82)	160 (44.2)	24 (63.2)
		78 (21.5)	4 (10.5)
Availability of HIV and AIDS policy in the participating organisations:			
	Yes (31)	24 (6.6)	7 (18.4)
	No (346)	321 (88.7)	25 (65.8)
Reasons for not having policy on HIV and AIDS:			
	Everybody should be treated equally (284)	258 (71.3)	24 (63.2)
	Feel unconcern about the PLWHA (99)	90 (24.9)	9 (23.7)
Medium through which workers were made to be aware of the policy:			
	Through appointment letter (241)	215 (59.4)	26 (68.4)
	Through official bulletins (125)	117 (32.3)	8 (21.0)
Implementation of organisation's policy on HIV and AIDS:			
	Yes (17)	10 (2.8)	7 (18.4)
	No (11)	9 (2.5)	2 (5.3)

Employers of labour whose organisations had an HIV and AIDS Workplace Policy

The employers of labour (private and public sectors) whose organisations have an HIV and AIDS policy are presented in the figure below. Only 24 (6.6%) of employers in the private sector and 7 employers (18.4%) of labour in the public sector reported that their organisations had an HIV and AIDS policy. A vast majority of the participating organisations had no HIV and AIDS workplace policy in place for their workers.

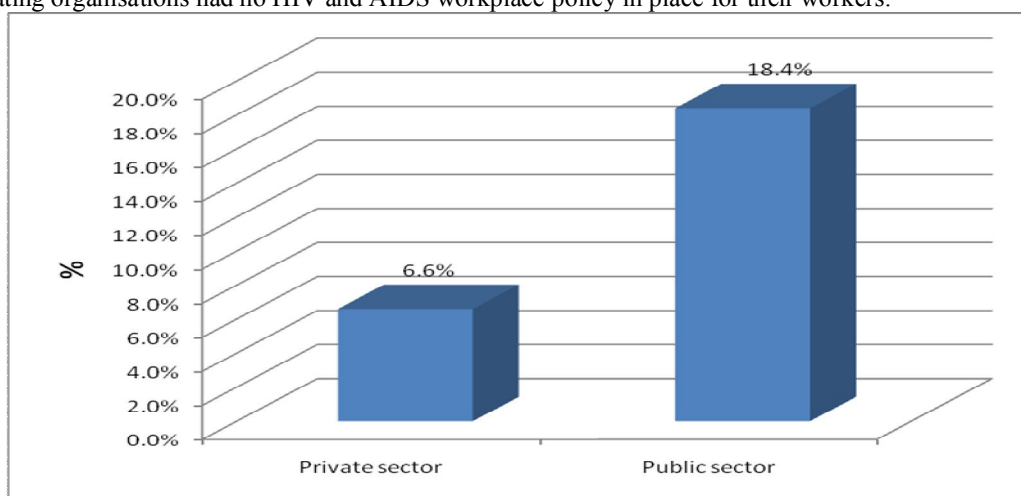


Figure I: Employers of labour whose organisations had an HIV and AIDS policy.

DISCUSSION

A large majority of the employer of labour were in the private sector. They constituted an important sub-group of the population that help to sustain the economy of the LGA. In most parts of the world including Nigeria the proportion of the private sector economy is larger than the public sector hence the labour force in the private sector is always larger than the public sector. In the United States of America (USA) for instance, private investment through the 1990s has been approximately three times as large as public investment. The private sector thus created more jobs than the public sector. Also in Mexico, the private sector is said to have accounted for 87 times more employment growth in the period 1989-98 than did the public sector^[9].

It is not also a strange development that a majority of the employers of labour were males. Gender inequity has been a perennial problem worldwide^[10]. In Nigeria, few females have the capita to set up private businesses that can hire two or more employees. A large majority of the policy makers in the public sector were males. This is as a result of the educational gap between males and females with the males being comparatively more educated than the females and so were able to secure employment in the public sector as senior officer. The situation will soon change, however, with the females increasingly becoming as educated as the males.

Slightly more than half of the participants were beneficiaries of higher education. Higher education is pivotal to appointment or promotion to management level to function as a policy maker especially in the public sector. Special skills in decision-making and management of resources require some tertiary education. Even business organisations now require skilful, efficient and effective hands with tertiary education especially at the managerial level.

Several participants across the private and public sectors exhibited negative and positive attitudinal predisposition in their responses. There are five instances of positive attitudinal predispositions to persons with HIV and AIDS. This finding is a favourable attitudinal disposition which agrees with the ILO code of practice on HIV and AIDS and the world of work, section 4.8. (Continuation of employment relationship). According to ILO:

“HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be able to work for as long as medically fit in available, appropriate work”^[11].

However, an instance of negative attitudinal predisposition to persons was noted. It relates to pre-employment screening. Many of the participants in the study are of the belief that all employers should ensure that persons they want to employ or hire are screened for HIV and AIDS before they are employed. This attitudinal predisposition has potential for promoting discrimination against PLWHAs. It is against the ILO code practice on HIV and AIDS and the world of work, (section 4.6.) which states that

“HIV and AIDS screening should not be required of job applicants or persons in employment” and (section 8.1. Prohibition in recruitment and employment) “HIV testing should not be required at the time of recruitment or as a condition of continued employment. Any routine medical testing, such as testing for fitness carried out prior to the commencement of employment or on a regular basis for workers, should not include mandatory HIV testing”^[11].

Any organisation whose HIV and AIDS prevention and care programmes seek to promote behaviour changes aimed at reducing the spread of HIV and AIDS should not promote HIV screening as part of pre-employment medical examination. This is necessary because this process could be discriminatory in nature and serve as barrier for workers who are HIV positive to seek for care or assistance.

Several participants across the private and public sectors exhibited positive and negative intentions in their responses. Majority of the employers in the private and public sectors were of the opinion that a staff living with HIV and AIDS should not be invited to attend a social gathering of this organisation involving other workers and visitors. This might be as a result of the unscientific beliefs, prejudices and wrong notions held about HIV and AIDS. Health education programme in workplaces should target these perceptions. The virus is not transmitted through social contact; discriminatory practice could further fuel the spread of the disease condition. The negative actions could be the result of false beliefs and poor knowledge of the disease condition. In some cultures or organisations where insufficient knowledge of the disease existed, PLWHAs were restricted from touching individuals, or sharing things with family members or co-workers for fear of losing honour and social standing. There could be instances when PLWHAs will not be introduced to guests, invited to ceremonies, or told to stay away from their home because their family and co-workers will be afraid that they could lose their honour in the community; PLWHA themselves are often worried over the damaging effects of local attitudes towards their family because of their HIV status. Appropriate workplace programmes will go a long way in tackling this unwholesome practice^[12].

There was an instance of positive intention among the employers of labour. This relates to training of staff living with HIV and AIDS. A large majority of participating employers in both private and public sectors disagreed with the notion that a member of staff who is HIV positive should not be recommended for further training because it would amount to a waste of resources as the worker will sooner than later fall sick and die. In addition to this, more than half of employers in the private sector and an overwhelming majority in the public sector do not support the statement that a

member of staff who is HIV positive should not be recommended to train other workers for fear of infecting them (i.e. the others workers.) Misconceptions exist among some employers relating to PLWHA's. The results show that there are mixtures of positive and negative intentions existing among the participating establishments. These intentions could stem out of adequate or lack of adequate information on HIV and AIDS.

A vast majority of the participating organisations, many of which are in the informal sector, do not have any policy in place for their workers, and as a matter of fact many do not understand or see the need for workplace HIV and AIDS policy. The majority of the participants are in the private sector, many of which are small or medium scale enterprises and owing to the nature of their organisations, their structures may not make provision for such facilities for their workers. The findings of this study show that there is lack of knowledge about workplace policy on HIV and AIDS. As a result of this, employers who are not informed and adequately prepared cannot make provisions for their employees to access health facilities or social protection benefits which are needed by the PLWHAs.

Conclusion

The participants' attitudes to staff with HIV and AIDS are far more on the positive; however their attitudes to applicants with HIV and AIDS are negative. The level of implementation of workplace HIV and AIDS prevention activities in workplace in spite of the high level of awareness about the disease is low. Overall the participants harbour some intentions to discriminate against applicants with HIV and AIDS in employment. A negligible number of workplaces have HIV and AIDS policies. This is a reflection of the importance attached to workplace HIV and AIDS policies by the establishments studied.

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