

## Knowledge and Perception of Employers of Labour in Ibadan North Local Government Area about Staff and Applicants Living with HIV and AIDS.

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**Abstract:** The epidemic of HIV and AIDS is a major challenge to development. It reduces the productivity of Persons Living with HIV and AIDS (PLWHA) in the labourforce and imposes a huge socio-economic burden on employers of labour. 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 respondents in the public (38) and private (362) sectors for interview. The instrument for data collection was a pre-tested semi-structured questionnaire. Data were analysed using descriptive statistics and the chi square test.

There were more males (68.2%) than females (31.8%) among the respondents. A majority, (79.0%), of the respondents in the public sector (PuS) and 72.9% in the private sector (PrS) knew that an infected healthy looking person could harbour and transmit HIV to others. Overall, deep kissing (89.8%) topped the list of perceived mode of transmission of HIV; blood transfusion was mentioned by 46.3% of the respondents while unprotected sex (30.4%) was the least mentioned. The listed ways of preventing HIV were: use of condom (85.9%); avoiding deep kissing (71.3%); keeping one uninfected sexual partner (21.2%); and sexual abstinence (15.4%). Avoidance of unscreened blood transfusion (6.2%) was the least mentioned means of transmitting HIV. The perception of 77.0% of the entire respondents was that HIV and AIDS do not reduce workers' productivity. A majority, (80.0%), of which 2.3% with no formal education, 1.0% primary education, 13.5% secondary education, 41.5% HND/B.Sc, 21.0% postgraduate and 0.8% with other qualifications were of the view that workers infected with HIV and AIDS should not be sacked.

Although the respondents would tolerate staff with HIV and AIDS, their perceptions are indicative of limited knowledge about the mode of transmission and prevention of HIV.

**Keywords:** Knowledge, Perception, Stigma and Discrimination, Employers of labour, HIV and AIDS, Workplace policy.

### INTRODUCTION

The 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. For instance 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<sup>[1]</sup>.

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<sup>[2]</sup>.

In many Sub-Saharan African countries, AIDS has 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 years is

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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 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 seropositivity. 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].

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 [6], in Oyo state, there is little or no information relating to the perceptions, knowledge, attitudes, behavioural intentions of employers of labour regarding HIV and AIDS in Ibadan North local government area. 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. This study therefore seeks to determine the

perceptions, practices and behavioural intentions of employers of labour regarding HIV positive staff and applicants. The study was designed and executed in Ibadan North Local Government Area (LGA), one of the five metropolitan LGA in Ibadan. It also includes the determination of the level of knowledge about HIV and AIDS among employers of labour.

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

Furthermore, the findings of the study will be useful in guiding the formulation of evidence-based policies geared towards promoting the health and wellbeing of PLWHAs in workplaces.

The study setting – Ibadan North LGA, Oyo state, Nigeria – has a rich blend of various organisations with different characteristics. A good understanding of what goes on in each of these organisations in relation to their perception and knowledge within the context of HIV and AIDS in workplaces is worth investigating because the findings will 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 perceptions and opinion of employers of labour towards workers and applicants who are living with the virus.

### Specific Objectives

The specific objectives were to:

1. Assess the level of knowledge of employers of labour about HIV and AIDS;
2. Document the perceptions of employers of labour about workers and applicants living with HIV and AIDS;
3. Determine the availability of HIV and AIDS policies in the workplaces in the study area.

### Hypotheses

- H<sub>0</sub> 1. There would be no significant relationship between the knowledge scores of respondents' sex differentiation.
- H<sub>0</sub> 2. There would be no significant difference between the knowledge scores of respondents in the private sector and those in the public sector.

- H<sub>0</sub> 3. There would be no significant relationship between respondents' knowledge score and their level of education.
- H<sub>0</sub> 4. There would be no significant association between respondents' knowledge score and the availability of workplace policy on HIV and AIDS at workplace.

### 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 27<sup>th</sup> 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 [7]. 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.

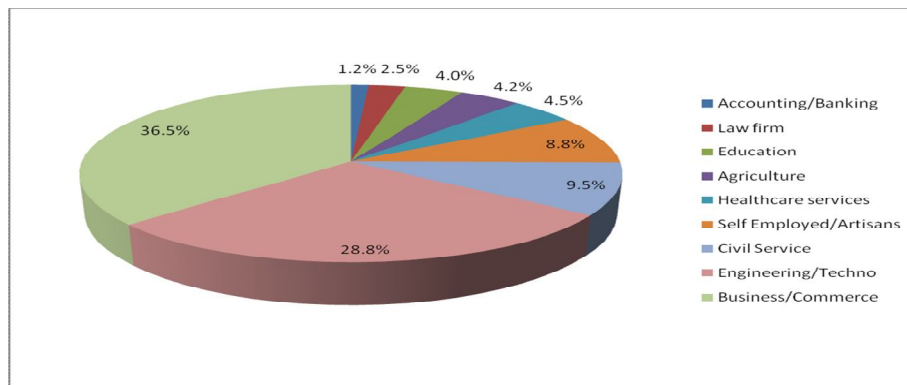
In order to obtain a sample of the population for the study, cluster, proportionate and simple random sampling techniques were adopted. The instrument used for this study was a semi-structured questionnaire. Analysis of pre-test was done using Cronbach's Alpha correlation coefficient of the Statistical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

A large majority (90.5%) of the respondents were employers in the private sector while only 9.5% were in the public sector. A majority (68.3%) of the respondents were males. Respondents with Higher National Diploma (HND)/Bachelors 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 respondents. 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 were of Yorubas ethnic group. About one third, 146 (36.5%) were business men and women; 115 (28.8%) were in engineering/technology related professions/occupations while only 38 (9.5%) were in civil service (figure I).



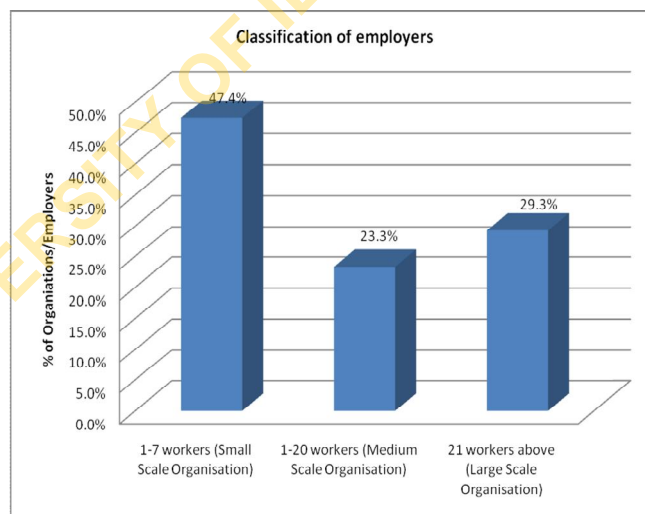
**Figure I: Participants' occupation/professional affiliation.**

**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%).



NOTE: Classification of employers of labour by number of workforce was adapted from <http://www.ilo.org/public/english/protection/safework/papers/smechem/ch1.htm> accessed on 18/04/2007.

**Figure II: Classification of employers.**

### Respondents' awareness about HIV and AIDS

All respondents, 362 (100.0%), in private and 38 (100.0%) in public sectors indicated that they had ever heard about HIV and AIDS. A total 72.9% in the private and 79.0% in the public sector were aware that a healthy looking person could be harbouring HIV (table II). Overall, the mean

percentage score on a 12-point knowledge scale on HIV and AIDS was 57.5. The mean percentage knowledge scores for respondents in the private and public sectors were 55.8 and 56.7 respectively.

Table III shows the comparison of the mean percentage knowledge score of the respondents by sex. The mean percentage

knowledge score for the males was 55.0 while that of the females was 57.5; the difference in the mean percentage knowledge score was not therefore significant. Table III shows the comparison of the mean percentage knowledge scores of the respondents by sector of the economy. The respondents in the private sector had a mean percentage knowledge score of 55.8 while those in the public sector had a mean percentage knowledge score of 56.7; the difference between the two group was found to be statistically significant ( $p>0.05$ ). The comparison of the mean knowledge scores of the respondents by level of education is highlighted in Table III. The respondents with post graduate degrees had a mean percentage knowledge score of 58.3 closely followed by respondents with HND/Bachelor degree who had a mean knowledge score of 55.8. Respondents with primary and secondary qualifications had mean percentage knowledge score of 64.2 and 53.3 respectively while those with no education had a mean percentage knowledge score of 46.7. Table IV shows comparison of the mean percentage knowledge

scores of the respondents by presence of HIV and AIDS policy. Respondents with an HIV an AIDS policy had a mean percentage knowledge score of 48.3 while those whose organisation had no HIV and AIDS policy had a mean percentage knowledge score of 53.3; the difference in the knowledge score was found to be significant.

Table IV highlights the mean knowledge scores of the respondents by perception of vulnerability. Respondents who perceived themselves to be vulnerable had a mean percentage knowledge score of 58.3 while those who perceived themselves not to be vulnerable had a mean percentage knowledge score of 53.3 ( $p>0.05$ ). The comparison of the mean knowledge scores of the respondents by perception of seriousness of HIV and AIDS is presented in table IV. The mean percentage knowledge scores of those who perceived the disease condition as serious and those who perceived it as not serious were 55.8 and 54.2 respectively; the difference between the percentage knowledge scores of the two groups were found not to be significant ( $p>0.05$ ).

**Table II:** Respondents' awareness about HIV and AIDS

Awareness and knowledge issues	Private Freq (%)	Public Freq (%)
Ever heard about HIV and AIDS:		
Yes	362 (100.0)	38 (100.0)
Possibility of a healthy looking person to be having HIV:		
Yes	264 (72.9)	30 (79.0)
No	98 (27.1)	8 (21.0)

Private sector: n = 362; Public sector: n = 38

**Table III:** Comparison of the mean percentage knowledge scores

Demographic variables	n	Mean %	Median	Std. Deviation	p-value
<b>Sex</b>					
Male	273	55.0	58.3	2.6	0.38
Female	127	57.5	62.5	2.6	
<b>Sector</b>					
Private	362	55.8	58.3	2.5	0.87
Public	38	56.7	58.3	3.1	
<b>Education</b>					
No formal education	10	46.7	45.8	2.2	0.32
Primary	9	64.2	66.7	1.7	
Secondary	76	53.3	50.0	2.7	
HND/Bachelors	203	55.8	58.3	2.6	
Post Graduate	94	58.3	66.7	2.6	
Others *	8	51.7	58.3	2.4	

\* The others include professional qualifications such as ICAN, ANAN and ASCON.

**Table IV:** Comparison of the mean percentage knowledge scores of the respondents who possess HIV and AIDS policy

Variable	n	Mean %	Median	Std. Deviation	p-value
<b>Possession of HIV and AIDS Policy</b>					
Present	31	48.3	50.0	2.7	0.05 *
Not Present	369	53.3	58.3	2.8	
<b>Perception of vulnerability to HIV infection</b>					
Yes	92	58.3	62.5	2.3	0.26
No	308	53.3	58.3	2.7	
<b>Perceived seriousness of HIV and AIDS</b>					
Yes	304	55.8	58.3	2.6	
No	96	54.2	58.3	2.6	

\* Significant at 0.05.

**Perceptions related to HIV and AIDS**

Table V highlights details of the respondents' perception of HIV and AIDS and their vulnerability to the disease condition. A majority

(68.5%) of those in the private sector perceived the disease condition to be very serious; only 42.1% of employers in the public sector thought so. Some of the respondents across the two sectors had

misconceptions about the disease stating that: it is not a serious condition; and that only persons who are sexually promiscuous get HIV and AIDS. It is only in the public sector that a majority (60.5%) of the respondents reported that they were vulnerable to HIV. Few respondents in the two sectors disclosed reasons for their perceived vulnerability. The reason that topped the list was involvement in deep kissing (private 42.0%, public 47.8%). Among the respondents in the private sector, condom use (59.2%) topped the list of reasons given for not perceiving self to be vulnerable. Avoidance of deep kissing (53.3%) topped the list of reasons adduced by respondents in the public sector for not perceiving self to be vulnerable to HIV.

An overwhelming majority in the private sector (96.1%) and in the public sector (97.4%) stated that they believed in the existence of HIV or AIDS. Respondents were asked about their perceived degree of vulnerability to HIV infection.

Their responses are presented in figure 8. Only 92 respondents responded to the question (consisting of 69 in the private and 23 in the public sectors). Overall, 46.6% of those in the private and 4.5% of those in the public sectors reported their degree of vulnerability to HIV to be small; 22.8% and 2.2% of respondents in the private and public sectors respectively reported their degree of vulnerability to HIV infection to be moderate, while 17.9% of those in the private and 1.7% of those in the public sectors reported their degree of vulnerability to be great. An insignificant proportion, 1.0%, of respondents in the private and 0.1% of those in the public sectors claimed not to be at risk at all. A total of 2.9% of those in the private and 0.3% of those in the public sector said they did not know their degree of vulnerability to HIV infection. It is clear in figure III that more persons in the private sector perceived their degree of vulnerability to HIV infection to be small (46.6%), moderate (22.8%), great (17.9%).

**Table V: Respondents' perceptions of HIV and AIDS and their vulnerability to HIV**

Perception/Opinion	Private Freq (%)	Public Freq (%)
Opinion about HIV and AIDS <b>Private sector (n=362)</b> <b>Public sector (n=38)</b>		
It is not a serious problem	16 (4.4)	4 (10.5)
It can be treated	34 (9.4)	8 (21.1)
Its seriousness is being exaggerated	36 (9.9)	3 (7.9)
No cause for alarm, only those who are sexually promiscuous get HIV and AIDS	28 (7.7)	7 (18.4)
It is a very serious disease	248 (68.5)	16 (42.1)
Possibility of ever getting HIV <b>Private sector (n=362)</b> <b>Public sector (n=38)</b>		
Yes	69 (19.1)	23 (60.5)
No	289 (79.8)	15 (39.5)
No response	4 (1.1)	0 (0)
Reasons for perceiving self to be vulnerable to HIV <b>Private sector (n=69)</b> <b>Public sector (n=23)</b>		
Engaged in deep kissing	29 (42.0)	11 (47.8)
Engaged in unprotected sex	12 (17.4)	3 (13.0)
Blood transfusion	17 (24.6)	5 (21.7)
Involved in sharing sharp skin piercing objects	11 (16.0)	4 (17.4)
Reasons for perceiving self not vulnerable <b>Private sector (n=289)</b> <b>Public sector (n=15)</b>		
Use of condom	171 (59.2)	4 (26.7)
Avoid kissing	52 (18.0)	8 (53.3)
Avoid unscreened blood	18 (6.2)	0 (0)
Sexual abstinence	6 (2.1)	2 (13.3)
Keeping uninfected partner	42 (14.5)	1 (6.7)

Table VI shows the perceptions of respondents about workers who are/might be living with HIV and AIDS. A total of 193 (73.7%) employers in the private sector and 33 (91.7%) of those in the public sector disclosed that anyone can get HIV and AIDS, so staff with the disease should not be discriminated against. The difference in the perception between the two groups of employers is significant ( $P < 0.05$ ). A majority of employers in the private sector (70.3%) and those in the public sector (68.6%) were of the opinion that employers should make HIV testing compulsory for all their workers

periodically. The difference in perception of the two groups of respondents regarding the testing of workers for HIV is also significant ( $P < 0.05$ ). Respondents revealed their perceptions in respect of the notion that HIV reduces workers productivity and so workers with HIV and AIDS should be sacked. A majority of the employers (89.6%) in the private sector strongly disagreed with this view. All the respondents in the public sector (100%) who expressed their opinion regarding the notion also disagreed. A total of 288 (93.2%) and 32 (91.5%) employers in private and public sectors respectively

objected to the perception that HIV and AIDS has no cure therefore any worker who has the virus should be sacked to prevent him/her from infecting others.

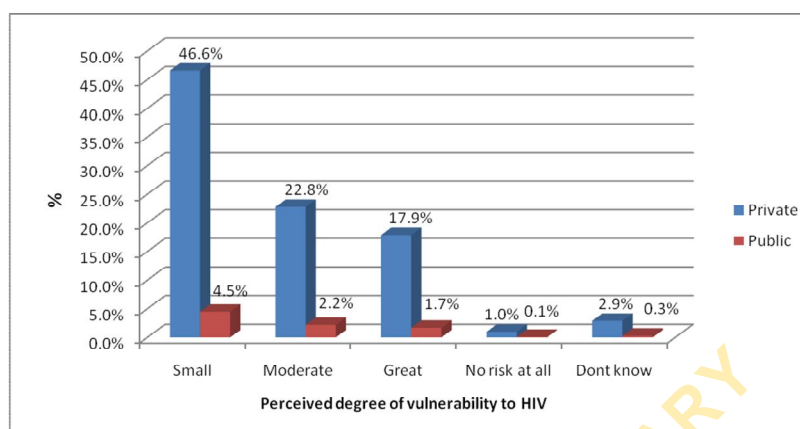


Figure III: Perceived degree of vulnerability to HIV infection among the participants

About eighty-two percent of survey respondents in the private sector and 30 (93.0%) of those in the public sector disagreed with the view that issues about HIV and AIDS should not be discussed openly. A majority of respondents (69.7%) in the private sector and 92.3% in the public sector disagreed with the perceptions that because their workers were healthy and productive none of them had HIV. A total of 182 (63.0%) in the private sector and 20 (90.9%) in the public sector also disagreed with the view that because their staff were very disciplined or principled persons they could not be having HIV. The difference in perception between the two groups of employers of labour is significant ( $P < 0.05$ ).

A set of perceptions which people may or may not be having regarding applicants with HIV

and AIDS were presented to the respondents and they were requested to react to them by agreeing or disagreeing. Their responses are highlighted in Table VII. Almost an equal proportion of respondents in the private (62.0%) and public (59.5%) sectors were of the perception that HIV testing should not be made compulsory for all job seekers before they are employed. The difference between the two groups is found to be significant ( $p < 0.05$ ). A large majority of employers of labour in the private (81.1%) and those in the public (86.1%) sector were of the opinion that anyone can get HIV so applicants with the disease should not be discriminated against in employment. The difference between the two groups of respondents is found to be significant ( $p < 0.05$ ).

Table VI: Respondents' perceptions about workers living with HIV and AIDS

Statement	Agree № (%)	Disagree № (%)
Anyone can get HIV and AIDS so staff with the disease should not be discriminated against. Private Sector (n = 262) Public Sector (n = 36)	193 (73.7) 33 (91.7)	69 (26.3) 3 (8.3)
Employers should make HIV testing compulsory for all their workers periodically. Private Sector (n = 263) Public Sector (n = 35)	185 (70.3) 24 (68.6)	78 (29.7) 11 (31.4)
HIV and AIDS reduces workers' productivity, so workers with HIV and AIDS should be sacked. Private Sector (n = 308) Public Sector (n = 32)	32 (10.4) 0 (0.0)	276 (89.6) 32 (100.0)
HIV and AIDS has no cure therefore any worker who has it should be sacked to prevent him/her from spreading the disease to other workers. Private Sector (n = 309) Public Sector (n = 35)	21 (6.8) 3 (8.5)	288 (93.2) 32 (91.5)
Issues about HIV and AIDS should not be discussed openly in the workplace. Private Sector (n = 308) Public Sector (n = 32)	56 (18.2) 2 (6.7)	252 (81.8) 30 (93.3)
I do not think any of our workers has HIV and AIDS because they are very healthy and productive. Private Sector (n = 261) Public Sector (n = 26)	79 (30.3) 2 (7.7)	182 (69.7) 24 (92.3)
None of our staff members can get HIV because we are very discipline people here. Private Sector (n = 289) Public Sector (n = 22)	107 (37.0) 2 (9.1)	182 (63.0) 20 (90.9)

**Table VII: Respondents' perceptions about applicants living with HIV and AIDS**

Statement	Agree № (%)	Disagree № (%)
Anyone can get HIV and AIDS so applicants with the disease should not be discriminated against in employment: <b>Private Sector (n = 248)</b> <b>Public Sector (n = 36)</b>	201 (81.1) 31 (86.1)	47 (18.9) 5 (13.9)
HIV testing should be made compulsory for all job seekers before they are employed: <b>Private Sector (n = 276)</b> <b>Public Sector (n = 37)</b>	171 (62.0) 22 (59.5)	105 (38.0) 15 (40.5)
The productivity of persons with HIV is always low, so they should not be employed: <b>Private Sector (n = 301)</b> <b>Public Sector (n = 35)</b>	47 (15.6) 4 (11.4)	254 (84.4) 31 (88.6)
Any applicant who has HIV should not be employed to prevent him/her from spreading the disease to other workers: <b>Private Sector (n = 324)</b> <b>Public Sector (n = 33)</b>	40 (12.4) 3 (9.1)	284 (87.6) 30 (90.9)
Persons with HIV and AIDS could be employed but they should be kept away from other workers so as not to spread the virus to them: <b>Private Sector (n = 303)</b> <b>Public Sector (n = 34)</b>	47 (15.5) 5 (14.7)	256 (84.5) 29 (85.3)

\* Significant at 0.05.

### DISCUSSION

A large majority of the study respondents 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<sup>[8]</sup>.

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<sup>[9]</sup>. 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 respondents 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.

Adequate knowledge of HIV and AIDS has great potential for facilitating the prevention and control of the pandemic. On the other hand inadequate and/or faulty knowledge of the disease may militate against prevention and control efforts and promote stigmatisation and discrimination against PLWHAs. Knowledge is a key behavioural antecedent [Green and Kreuter, 1991 10] within the context of HIV and AIDS. The study population, employers of labour including key policy makers, should be very knowledgeable about HIV and AIDS. This will enhance their capacity to design, implement and institutionalise HIV and AIDS prevention and control programmes in workplaces in line with the International Labour Organisation (ILO)<sup>[11]</sup> and National Action Committee on HIV/AIDS (NACA)<sup>[12]</sup> guidelines. People who received health education about the disease condition tend to be more accommodating of PLWAHs. In view of the seriousness of HIV and AIDS, lack of a vaccine for preventing it and its chronicity, anything short of 100% knowledge of the various aspects of HIV/AIDS is not good enough for policy makers and employers of labour. This is because of their pivotal roles in workplace HIV and AIDS education programmes.

A mixture of both positive and negative perceptions of the disease condition was noted among the study respondents. The correct perceptions of HIV and AIDS included the fact that everyone is vulnerable to HIV and AIDS while the wrong perceptions included the disclosure that HIV and AIDS is not serious; that its seriousness is only being exaggerated; and that the disease condition existed among those who

are sexually promiscuous. Lau and Tsui<sup>[13]</sup> made a similar observation recently. They reported that many people have several misconceptions about HIV and AIDS. The perception of some of the respondents in the study that applicants should be tested before being employed and that testing should be made compulsory for all workers run contrary to ILO<sup>[11]</sup> and NACA<sup>[12]</sup> guidelines. Such beliefs often pave the way for stigmatisation and discrimination

The perception of vulnerability to HIV varied across the respondents in the private and public sectors. A large proportion of the respondents in the private sector noted that they could never get the disease condition. This is a faulty perception. As far as HIV is concerned, everyone is vulnerable<sup>[4]</sup>. Risk perception of HIV is dependent on one's sexual behaviour, involvement in multiple sexual partners, attitudes and opinions relating to condom use, as well as AIDS-related knowledge. There are tendencies for people who are involved in risky behaviours to have high risk perception of HIV<sup>[14, 15]</sup>.

It is important to determine people's perception because perception are behavioural antecedents and they enable health educators to determine issues to target and how best to tackle them in terms of strategy selection and determination of nature of intervention. The misconception and gaps in knowledge about HIV and AIDS identified in this study can be tackled through appropriate health education interventions.

An overwhelming majority of employers of labour in the private sector and those in the public sector were of the perception that anyone can get HIV, and staff living with the virus should not be discriminated against. This perception is in line with section 4.2. of the ILO code of practice relating to HIV and AIDS and the world of work which states that:

*"In the spirit of decent work and respect for the human rights and dignity of persons infected or affected by HIV and AIDS, there should be no discrimination against workers on the basis of real or perceived HIV status".*

This element of the ILO code needs to be promoted in all workplaces in both private and public sectors. It has potential for contributing to the demystification and de-stigmatisation of HIV and AIDS in workplaces.

## Conclusion

The level of awareness about HIV and AIDS is high among both respondents in the

private and public sectors. A large proportion of the respondents in the two sectors have detailed knowledge about key aspects of HIV and AIDS. There are however several areas where the knowledge of the study respondents across the two sectors need to be upgraded. In particular their knowledge about HIV and AIDS relating to perceived seriousness of the disease and their vulnerability to the disease condition need to be addressed.

Negative and positive perceptions about HIV and AIDS towards PLWHA exist among respondents in the public and private sectors. In addition to this, the negative perceptions including attitudes have potential for promoting stigmatisation and discrimination in workplace which can serve as barriers to prevention and control of HIV and AIDS programme in workplaces. The respondents' level of education had little or no effect on their perceptions as many of them expressed discriminatory tendencies.

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