Original Article

Assessment Of The Levels Of Socio-Economic Impact Of HIV On Infected Individuals In Lagos, Nigeria In The Era Of Global Access

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Summary
The study utilized cross-sectional design to evaluate the impact of HIV infection on the socioeconomic lives of patients seen between Jan and Dec 2010, who have been on HIV treatment for more than 5 years at a HIV treatment Centre in Lagos. A semi structured questionnaire was used to obtain information on patient’s perceived stigma and discrimination on individuals, household and at the workplace and its effect on their finances before and after diagnosis. Close ended questions were analysed with the Statistical Package for Social Science (SPSS V17) and the open ended questions analysed using thematic analysis. The findings revealed that various factors such as income, stigma and discrimination had an impact on the lives of HIV positive persons. The findings showed that the average monthly income dropped from N34,387.14 before their HIV diagnosis to N29,395.19 after the diagnosis which indicated a net decrease of 14.5%. Factors such as income, stigma and discrimination had a negative impact on the HIV infected individuals. Support should be more individualistic rather than being provided on a large scale basis.

Keywords: HIV/AIDS, global access, socio-economic impact, stigma and discrimination.

Introduction
The current HIV epidemic is easily the most important public health challenge globally especially in developing countries.1 For countries in sub-Saharan Africa where about 80% of the 38 million persons infected with HIV globally reside, it has become a major developmental setback.2 It is also increasingly becoming an issue because about 95% of all the new infections worldwide happen in Sub-Saharan Africa.3,4,5 The HIV outbreak has become a source of concern on the economy of the third world countries especially the African continent. Nigeria with the second largest burden of HIV has impacted negatively on the socio-economic status of infected individuals. However, few studies exist about the socio-economic life of infected individuals.6 HIV has affected people in every sector and social institution ranging from the family which is the smallest unit in the society to government establishments. Testing positive to HIV initiates a change in an individual’s
lifestyle. The infected individuals have to adjust and assume certain responsibilities such as taking permission from work to go for their scheduled physician’s consultation and monthly/bi-monthly antiretroviral drug pick up. They also have to adjust to practising safe sex, maintaining a healthy diet, engaging in regular exercise and taking a lot of rest. Majority of the infected individuals are faced with negative attitudes and societal perception from significant others such as their spouse, relatives and/or friends. Stigma and discrimination as a result of their positive status makes them fearful with regards to disclosing their status to their spouse, confidants, relatives, friends or colleague. In some cases these problems may lead to alienation and suicide.7

HIV infection can also be a trigger that may affect the economic status of the infected individual by increasing the cost incurred on buying antiretroviral drugs every month, transportation cost when attending physician’s consultation and counselling appointments. This can also result in absenteeism from work. Absenteeism from work can also lead to suspension or termination of the employee. Another factor is breaching of confidentiality at work by managers or employers that may lead to an eventual loss of the individual’s job. This study examined the impact of HIV infection with regards to how it affects the socio-economic status of infected individuals in Lagos.

Methods

The study adopted the cross-sectional survey in evaluating the effect of stigma on the patient’s access to therapy and survival. The quantitative method was used to collect data and the purposive sampling technique which is a non-random sampling technique was used to choose the respondents. The study population consisted of HIV positive individuals who had been accessing care and treatment at the APIN site of the Nigerian Institute of Medical Research, Lagos for more than 5 years. This study was carried out between January and July, 2010. 100 (37% male: 63% female) patients of both sexes and within the ages of 18 and 59 years who had gainful employment in the public and private sector were registered for the study after obtaining their due consent. Ethical approval for the study was obtained from the IRBs of NIMR and University of Worcester. Patient’s informed consent was also obtained and confidentiality was respected and kept through the use of identified numbers that appeared on the questionnaires. A semi structured questionnaire specifically designed for the study was used to obtain information on patient’s perceived stigma and discrimination on individuals, in their household, at the workplace as well as possible effects on their access to therapy after diagnosis was administered for each patient. Thematic analysis was used to analyze the open-ended questions. Completed questionnaires were collated and data generated were analyzed using the Statistical Package for Social Science (SPSS V17).
Results
The table 1 shows the average monthly net income of the respondents before they were diagnosed with HIV was 34,387.14 naira while the monthly net salary after their diagnosis was N29,395.19. A total of 96 questionnaires had gender of respondents completed. Females were in the majority at 60% (60 respondents) while the males were 36 (36%). More than half of the respondents (58%) affirmed that they had lost their job because their employers found out that they were HIV positive. 45% stated that they had been forced to resign because of their HIV status. Half of the respondents (50%) stated that their salary had reduced because of their HIV status while 52% believed that they had been denied benefits at work because of their status. Fifty one percent reported that their leave application for clinic visits was often turned down as they had to make regular trips to see the doctor or pick up their drugs monthly or bimonthly.

Thematic Analysis of the Questionnaire
In analysing the open-ended questions, the following themes were discussed:
Suicidal attempt. Some of the respondents mentioned that they had attempted suicide for reasons such as not being able to find a partner, losing their jobs. Some of the women reported that their husband asked for a divorce. A female respondent said: “I am 42 years old and finally found a husband but the church said we should go for a HIV test and that was when I found out that I was positive and my fiancé was negative. He called off the wedding while certain members in the church became hostile. Respondent 8 said: I was raped and when I went to report the case nothing was done, I was blamed for the incident and decided to keep it as a secret. Few months later, I fell ill and discovered I was positive when I went for a test. I have tried to kill myself because I don’t believe there is any reason to live anymore.
Expenditure. A number of the respondents reported that the HIV infection had increased their expenditure because they had to buy drugs, fruits, water and food. Some positive mothers also reported that they had to spend a lot on infant formula. According to respondent (56) “since I found out that I was positive, I have spent a lot on infant formula because I don’t want to risk infecting my baby by breastfeeding”.
Adherence. It was highlighted that 75% of the respondents stated that they did not adhere strictly to their drugs. Some attributed non adherence to the side effects of the drugs experienced by patients in the clinic, the continuous routine of taking their drugs daily and the assumption that people will identify their drugs if it is taken outside their homes.
Positive Living. About 80% of the respondents believe that accessing treatment improved their status because their CD4 count and viral load and other parameters were monitored. Also accessing care helped them as they were informed about ways to live healthy and this encouraged and motivated them.
Table 1: Distribution of Respondents based on Income before and after their diagnosis

<table>
<thead>
<tr>
<th>Average net salary</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean ± Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before diagnosis</td>
<td>70</td>
<td>N5,000.00</td>
<td>N100,000.00</td>
<td>N34,387.14 ± 23730.46</td>
</tr>
<tr>
<td>After diagnosis</td>
<td>70</td>
<td>N3,500.00</td>
<td>N90,000.00</td>
<td>N29,395.186 ± 22192.82</td>
</tr>
</tbody>
</table>

Discussion

The findings reflect that the average monthly net income before their HIV diagnosis was 34,387.14 naira while the average monthly net income after their diagnosis was 29,395.19 (Table 1). This reflects that the mean net salary of the respondents decreased by 14.5% as a result of expenditure on medical treatment. This was an indication that HIV had a negative impact on the economic status of infected individuals which supports previous research that has been conducted in the past. 8,9,10,11 Stigma was also found to have an impact on the infected individuals as majority of the respondent reported that when they disclosed their status to their relatives they were ostracized. 12

Results showed that 58% of the respondents were still being stigmatized by members of their families and friends. Some respondents reported that they were taken back to their villages by their relatives and confined to a room to die. This can result in low self-esteem and in extreme cases; these individuals who survive have the tendency to retaliate by spreading the virus. Some others reported that when they disclosed their status to their fiancées the engagement was annulled, and for those who were married, their partners asked for a divorce. This resulted in a number of infected individuals refusing to get married. A lot of women were supported by their husbands but at childbirth, there was a lot of pressure from their mother-in-laws. In Lagos, it is typical for mother-in-laws to go to their children’s homes for “Omugo” (this is when the mother comes to take care of the child as the wife recovers). The infected woman becomes scared because of the fear of stigma from the mother-in-law or relatives and breast feeds the child which may lead to transmission of HIV. 13

Figure 1 shows that 60% of women in the study were infected. This is an indication that the prevalence rate of women who are infected is higher than that of the men. 14,15 This situation is fuelled by the fact that Nigeria is a culturally diverse country where factors such as marriage, condom negotiation, poverty, religion and culture
contribute to women being infected.\textsuperscript{16} Another factor that can account for the high percentage of women being infected with HIV is the rate of commercial sex workers who are predominantly women in Lagos state because of the economic situation and also the ambition to live comfortably lure women into prostitution.\textsuperscript{17,18} Fifty-five percent of the respondents reported that HIV had affected their lifestyle negatively because of reasons such as socializing, adherence and expenses. Some of the respondents stated that it was difficult for them to socialize because they were on ARVs and were told during their counselling session about the dangers associated with certain social habits such as taking alcohol, smoking or having unprotected sex. As a result of their new habits, they socially isolate themselves coupled with the fact that they had to constantly explain why they could not engage in certain social habits to their family, friend and colleagues. A number of clients also stated that they had side effects such as (Lipodystrophy) as a result of taking the drugs and therefore had low self-esteem as their health depended on the drugs.\textsuperscript{19}

On workplace perception, 84% of the respondents got dismissed from their jobs because their employers found out about their HIV positive status and perceived them to be medically unfit to work effectively. 36% and 88% reported that their salaries and benefits were reduced due to constant doctor’s appointment. Also, 88% resigned because they could not cope with the negative perception from their employers and colleagues. The study conducted by Parker et al\textsuperscript{20} supports the findings that HIV discriminatory practices occur in the work place as some workers refuse to work with HIV infected persons.\textsuperscript{21,22}

Self Esteem was another factor that was highlighted in the study as respondents stated that they experienced side effects of the drugs and therefore did not feel comfortable as their health depended on the drugs. 55% reported that living with HIV had affected their lifestyle negatively as it was difficult for them to socialize/engage in social activities.

**Conclusion**

The findings in this study strongly indicated that HIV has a negative impact on the economic status of infected individuals. The data obtained in this study (45%-68%) for the various parameters fall within the range reported in earlier studies. This strongly suggests that despite the global access and improved strategies for control, the level of socio-economic impact does not seem to have changed significantly in the country in the past decade. It is therefore recommended that alongside efforts to expand universal access to care, support and treatment, enhanced efforts should be made to continue the fight against stigmatization and discrimination in the country. Also, more programmes to financially empower infected people should be introduced at all levels.

There is the need for the government and health agencies to redirect efforts to tackle the rising infection in order to reduce the prevalence rate significantly. PLHIV should be loves, cared for and supported. In trying to reduce stigma and
discrimination, people should continue to be educated and enlightened about HIV and the effect of negative stereotyping at all levels and in every sector. If effectively implemented, it will help to provide a sense of belonging and boost positive self-esteem of those infected. It will also encourage them to disclose their status which will in turn help in reducing the high prevalence rate.

References


