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EFFECTS OF HIV/AIDS ON THE CAREER PROGRESSION OF HIV/AIDS CAREGIVERS AND SUPPORT GROUP MEMBERS IN ANAMBRA STATE, NIGERIA

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Abstract

Anambra State is rated fifth in Nigeria's HIV prevalence and first in the South-East Zone with a 2.4% prevalence rate, which is above the 1.4% national prevalence. This study examines the effects of HIV/AIDS on the career progression of caregivers and HIV support groups members in Anambra State Nigeria. The study adopted Social Exclusion Theory to explain the effect of HIV/AIDS on the caregivers and HIV support group members Career progression in Anambra State. A purposive sampling technique was adopted for the selection of key stakeholders that were interviewed. The primary data were collected through Key Informant Interviews (KII) and In-depth Interviews (IDI). Thirty (30) stakeholders were interviewed. The interview results and other secondary data (past studies and literature) were analyzed using content analysis. The findings revealed that HIV/AIDS disrupts the career progression of the caregivers and HIV support group members in Anambra state. Therefore, the study recommends Tax Benefits and other incentives like flexible work arrangements (Work-From-Home) and training that can encourage firms to maintain worker productivity despite the health condition of the infected workers. This will mitigate and support group members and caregivers being denied employment and even those who stand the risk of dismissal or premature retirement because of their HIV status.

Keywords: Career progression, Caregivers, HIV/AIDS Support group

Introduction

Human Immunodeficiency Virus (HIV), the virus that causes AIDS (acquired immunodeficiency syndrome), is one of the world's most serious health and development challenges. The World Health Organization (WHO 2023) estimated 39.9 million people were living with HIV at the end of 2023, 65 per cent of whom are in WHO African Region. The health Body added that an estimated 630,000 people died from HIV-related causes and estimated 1.3 million people acquired HIV in 2023. Furthermore, UNAIDS (2022) Global AIDS Update shows that many people living with HIV or at risk of HIV infection do not have access to prevention, treatment, and care, and there is still no scientific cure. According to the UNAIDS Fact sheet (2022), the first case of AIDS was reported in May 1981 in the United States of America by Dr. Michael Gottlieb of the Medical School of Los Angeles, United States. It was followed by an official report by the Centre

for Disease Control (CDC) on June 5, 1981. On the African Continent, HIV/AIDS was first reported in Uganda in 1982. According to UNSIAD (2022) Global AIDS update, since 1986 when the first AIDS case was detected in Nigeria, the epidemic grew rapidly before it started moderating.

According to Nigeria's HIV/AIDS Indicator and Impact Survey (2019), among adults aged 15-64 years, HIV prevalence varied by state across the South-East Zone, ranging from 2.4% in Anambra State to 0.8% in Ebonyi State. VLS among PLWHIV was the highest among males aged 55-64 years at 65.4%, compared with the highest VLS among females aged 55-64 years at 65.3%. The Executive Director, Anambra State Aids Control Agency (ANSACA), in the Punch newspaper of 9th September (2022) revealed that Anambra state is the fifth highest in Nigeria in terms of HIV transmission among people between 15 to 49 years.

Statement of the Problem

The National Coordinator of PLWHA stated during their state meeting in Anambra State that there are over twenty (20) HIV/AIDS support groups in Anambra, providing support and guidance to HIV-infected and affected people in the state. This study ascertained the effect of HIV/AIDS on the functioning and sustainability of these groups. The time and resources that would have been channeled into more productive activities and ventures are being used to support and take care of HIV-infected patients. In most cases, caregivers give up their paid employment and forfeit their education to take care of their loved ones infected by HIV. Also, the infected individuals are being forced to quit their jobs or denied employment due to their HIV status. This in no small way has adverse effects on the socio-economic development of individuals and the state at large.

Conceptual and Theoretical Framework

Career Progression

Career progression is the act of moving forward in your career. You may hear people talking about “climbing the ladder” at work. Career progression can take many forms, including being awarded more responsibility within the role you already have, moving to a different sector or business, taking on new challenges, and increasing your skillset through training and development opportunities. The key element of career progression is reminding and growing on the job.

HIV/AIDS Support Group Members

According to Julia Schwab Therapy (2022) an HIV support group typically consists of people living with HIV/AIDS as well as family members, friends, healthcare professionals, educators, researchers, and counsellors. HIV/AIDS support groups are trained people living with HIV/AIDS, clinical psychologists, social workers, nurses, or doctors mostly run these support groups. HIV support groups are people coming together to help each other. It is a place to get advice and comfort. The best thing is getting to talk to people who get what you are feeling and have real advice on how to feel better.

HIV/AIDS Caregivers

According to WebMD (2022), Caregiving refers to the physical, emotional, and financial hardships associated with providing care to an HIV/AIDS Patient. Attending to the needs of PLWHA can place a significant burden on

family members. Family caregivers provide the bulk of care to People Living with HIV/AIDS (PLWHA). This may adversely affect their Quality of Life (QOL). Caring for loved ones can have positive or negative consequences. Caregivers can get personal satisfaction by helping to reduce the suffering of their relatives. The negative aspects of caregiving have been described as caregiver burden or stress. Caregiver burden describes the physical, emotional and financial toll of providing care.

Theoretical framework

Social Exclusion Theory was adopted to explain the effect of HIV/AIDS on Career progression in Anambra State. The concept of “social exclusion” was first popularised in 1974 in France, by René Lenoir the then Secretary of State for Social Action and was used to refer to the “physically disabled”, the “mentally disabled” and the “socially maladjusted”. Early theories of social exclusion came from the work of the French sociologist Emil Durkheim and his influential book, *Suicide* (1897). Durkheim termed social exclusion as anomie which he viewed as a breakdown of social bonds between an individual and the community that result in social alienation and the fragmentation of social identity. Social exclusion or social marginalization is the social disadvantage and relegation to the fringe of society. The outcome of social exclusion is that affected individuals or communities are prevented from participating fully in the economic, social, and political life of the society in which they live, (Young, 2000).

Peter Piot, executive director of UNAIDS identified stigma as a continuing challenge that prevents concerted action at community, national, and global levels (Piot, 2000). They usually build upon and reinforce pre-existing fears, prejudices and social inequalities about poverty, gender, race, sex and sexuality, and so on. Just like other forms of stigma, AIDS-related stigma also results in social exclusion, scapegoating, violence, blaming, labeling and denial of resources and services meant for the consumption of all Bharat, (2002). Throughout the world, HIV/AIDS-related stigma is known to have triggered a range of negative and unsupportive reactions. When people are prevented to secure employment for the roles they are qualified because of their HIV/AIDS status, they have been excluded from the benefit they ought to

enjoy as members of their communities. Most often, we see people sacked and denied employment because of their HIV/AIDS status. Various contexts - family, community, workplace, and health care setting have been identified where stigma and discrimination are known to occur (UNAIDS, 2001). A social exclusion approach has been used to understand the current level of social, educational, economic, cultural, legal and service-oriented disadvantages HIV/AIDS-affected people have been facing for years.

LITERATURE REVIEW

Effect of HIV/AIDS on the Career Progression of HIV/AIDS Caregivers and Support Group Members in Sub-Sahara African (SSA) Countries

From the research carried out by the International Centre for Research on Women (ICRW) (2005), it was found that the possible consequences of HIV-related stigma could be: loss of income/livelihood, loss of job, withdrawal from paid employment, loss of hope and feeling of worthlessness and loss of reputation. Whether woven into company policies or unintentional, stigma can be pervasive in the workplace and discriminatory HIV practices which can hamper company operations. Folabi, 2004 reported that because of stigma, HIV-positive persons do not apply for jobs because they fear discrimination and feel they will not be hired, based on their status, even when a company policy is in place, the attitude of fellow workers can also have a negative impact and hamper the use of company-organized healthcare facilities because of concern of confidentiality and privacy, which result in compromised employee health.

In a baseline survey, UNFPA (2005) found that there is higher discrimination in the workplace than within the family. The report indicates that most respondents would be willing to care for relatives living with HIV and AIDS, but relatively fewer proportions would be ready to work with infected colleagues. For example, whereas 80.8% of male respondents in Sokoto State would take care of infected relatives, only 44.9% of them would work with infected colleagues. The survey also shows more males would care for relatives living with HIV and AIDS than females, except in Delta and Plateau States. Stigma and discrimination have caused people living with HIV and

AIDS to lose jobs, positions and status in society, leading them to economic and social hardships.

A study by UNDP (2009) on the Social Economic Impact of HIV/AIDS on Orphans and Vulnerable Children in the six geo-political zones of Nigeria indicated that households are affected by HIV and AIDS in different ways. These could be loss of income when a breadwinner stops work due to sickness or death or when a breadwinner must stop work to look after a sick family member increased dependency ratios (the number of non-working members supported by income-earning household members), additional expenditure, on health care and eventually, funeral costs.

Oyekale, (2004) discovered in his study that at the individual level, apart from the loss of income by the family affected by HIV and AIDS, stigmatization poses a very significant threat to career progression, with HIV&AIDS, the average number of hours devoted to regular economic activities declined by 51.94 percent, average household income declined by 46.30 percent and food intake declined by 14.63 percent. Empirical evidence from some samples of households from Oyo, Osun, and Ondo States by Agwu and Akinagbe (2008) reveals that food insecurity was largely perceived to result from HIV&AIDS infection.

Adeyeye (2006) stated that due to the change in factor mix, because of labor and capital depletion, the production mix in agriculture in severely affected communities has been noted to shift from more factor-intensive to less factor-intensive crops. In addition, more and more land is being left fallow and the size of cattle held is progressively denuded. These changes could generate far-reaching impacts on the environment (both positive and negative) that would affect long-term sustainability. When people that have career path in Agriculture is affected with HIV/AIDS, there is a possibility that their career path will be negatively affected because of the disease, making it difficult for them to function properly along that line.

HIV & AIDS affects the caregiver's and support group's career progression due to the loss of a job and inability to secure another one because of being infected or affected by HIV/AIDS. From the findings from the literatures, one can infer that the discrimination suffered by HIV/AIDS

Caregivers and support group members at work is a major contributor to the distortion in their career progression. This is a threat to their fundamental rights at work and undermines efforts to prevent the spread of the epidemic and mitigate its impact in the world of work. The literature review further proves that the HIV/AIDS epidemic has a large impact on the supply of human capital. The labour market and employment impact of the epidemic is easiest to demonstrate at the household level. The illness of a household member means loss of the contribution to work, and income of the person affected, an increase in medical expenses, and diversion of other family members from work and school attendance to caring for the patient. However, the critical areas that were not addressed by

2022) fact sheet on HIV/AIDS. The study population comprises the Anambra State Agency for the Control of HIV/AIDs, Anambra Ministry of Health, Anambra State HIV/AIDS support groups and Caregivers. Purposive sampling was used to select the sample size for the interview. The sample size of thirty (30) were selected. Ten (10) support group members, fifteen (15) Caregivers, two (2) from Anambra State Ministry of Health, two (2) from Anambra State Agency for the Control of AIDS and one (1) from Anambra State HIV/AIDS Support group Coordinator. The primary data were collected using an In-depth Interview and Key Informant Interview. The Data was analysed using an in-depth summary and content analysis.

It takes my time because I have to give up my job in caring for my brother and reduces my little income as I give him little money support. The expenses on medical care have also increased (A caregiver In-depth interview response in Awka)

past studies and literatures were properly attended to by this study like the effect on the breadwinners and the entire household when the source of income has been denied because of being infected. That is one of the gaps that this study considered, and the effect of a caregiver leaving his or her job to take care of an infected person and the resources deployed to support the activities of the support group and caregivers.

Methodology

Purposive sampling technique was adopted for the selection of the key stakeholders that were interviewed. The researcher reviewed the relevant literature and past studies on the effect of HIV/AIDS on career progression of HIV support group members and Caregivers. The relevant stakeholders were interviewed using Key Informant Interview (KII) and In-depth Interview (IDI). This survey design is suitable for this study because of the nature and peculiarity of the study. Anambra is rated fifth with a 2.4 prevalence rate in Nigeria states with the highest number of HIV/AIDS Patients with over 92,078 said to be living with HIV/AIDS in the state (NACA

Results and Discussion

The findings from this study revealed that the effect of HIV/AIDS on the Caregivers and support group members is heavy as the burden of the disease is usually felt virtually in all facets of life as it affects social interaction, economic enterprise, and infrastructural development. Importance is the way the disease is spreading amongst the youth and women who are in their productive and reproductive ages and constitute a large percentage of the population in Anambra and Nigeria at large. UNFPA (2003) report revealed that poverty and HIV/AIDS are closely linked. Poverty prevents the establishment of needed prevention, care, support and treatment programs. It also reduces access to information, education and services that could reduce the spread of the virus. MakinwaAdebusoye (1991) findings also exposed that in Anambra State, poverty has been one of the main propellants of the spread of HIV/AIDS. It also aggravates the already harsh repercussions of having HIV. A 45-year female caregiver from Awka aver in an in-depth interview that:

Another 35 years old female caregiver from Onitsha responded thus in an in-depth interview

The moment a member of a family is tested positive for HIV, every member of that family shares the attendant problems. Women may have to quit their work temporarily or permanently to care for the sick, while children may drop out of school due to the lack of money to pay for myriad school expenses. A 50-year-old woman from Nnewi, who tried to

It has cost me my time because most time 'am always in the house to look after myself and my brother. In my case, it is home-based care, I don't go out to work and do any other thing. Most time most of the money I make I use it to take care of myself. Because of taking care of my brother, I find it difficult to do other gainful employment and other activities. In my case, I always have emotional disturbances (a caregiver respondent in an in-depth interview in Onitsha).

earn a living through casual labor, spoke for all her HIV-positive support group members when she said: People don't want to employ us when they hear that we are infected.

The socio-economic effects of AIDS on the caregivers and Support group members include loss of jobs, inability to get new jobs largely due to discrimination, reduced earning capacity, reduced population and productivity, among others. Health workers also suffer burnouts when the number of clients they must contend with is increasing.

This puts a lot of pressure on the existing limited available health personnel and facilities. It could also lead to the risk of health workers infecting themselves inadvertently which could lead to further career distortion of the health care workers. There are reported cases of health personnel contracting HIV in the process of treating HIV patients. This is quite evident in Anambra and other states as those who need ARV drugs find it very difficult to access drugs due to the burdensome protocols and shortage of qualified health personnel in state hospitals.

In my case, I am still working but most time because of the sickness from the disease I always frequent the hospital. This has affected my performance at work, because those I started working at the same time have gone far ahead of me in my career (Response from a 43 Male HIV/AIDS support group member in Awka during an in-depth interview).

In the economic and business spheres, HIV/AIDS has exacerbated the already severe shortage of qualified men and women. Days of labor are lost to illness, productivity drops, and funeral and health costs increase. Canning (2006) submitted that the AIDS epidemic is characterized by several adverse impacts that, in turn, strongly affect the family income and career progression of the affected household. HIV causes morbidity and premature mortality among people in their most productive ages

(Yamano 2004). Increased ill-health, and death of productive adults, when combined with the large size number of individuals affected, suggests a large negative effect on national economic performance. Canning (2006) submitted that AIDS can impose some costs on firms if they must pay some compensation and benefits to the families of employees that die prematurely or be involved in setting some funeral expenses. The Anambra State

My HIV status has exposed me to so many opportunities that I wouldn't have qualified for, it has taken me to places I wouldn't have gone and met a lot of people that I wouldn't have met. Though, this could be because as the coordinator I have the privilege to speak to a lot of people about HIV, and, importantly, because of the courage to accept my HIV status with an open mind. (Response from HIV/AIDS Support Group Coordinator in Awka during Key Informant Interview)

support group coordinators' opinions differ a bit in terms of HIV negatively affecting his career progression. He said rather it has impacted positively in his career, but still agreed that in general, it has negatively affected the career progression of his members, this is his response in a key informant interview

Career disruption and inability to get new jobs because of HIV status are major causes of a decline in the savings of households, coupled with increased medical treatment costs associated with HIV & AIDS - which could lead to adverse implications for family well-being. In this process, HIV-positive persons who have not been employed may be denied employment, while those

employed and tested positive stand some risk of dismissal or premature retirement.

In dealing with the burdens of HIV/AIDS, people lose time and opportunities they might otherwise have had in a world without this disease. The resilience of working and livelihood systems diminishes, vulnerability to food shortage increases, and households have less of a capacity to recover from the disasters that occur. However, increasing demand to care for the sick and associated financial demands impair participation in gaining employment and other career progression activities. Oyekale (2004) found that participation in career progression activities of households affected by AIDS declined by 24.32 percent in Oyo State.

The level of discrimination against HIV support groups in workplaces is still high, imagining a situation where Companies are still carrying out HIV tests without the consent of the staff, most times workers are asked to go without telling them the reason for letting them go. Most time the employment of these HIV-affected persons is terminated without any justifiable reason, and this has contributed to the already emotional trauma that these people are passing through. (ANSACA Executive Director during a key informant interview in Awka)

The above interview further revealed that “the effect of HIV/AIDS on Caregivers and support group members include loss of jobs, inability to get new jobs largely due to discrimination, among others. Gidden, (2011) equally used Social Exclusion theory to further assert how People

are excluded from livelihood, security, permanent employment, earnings and property. In the job fields affected people are also being deprived. There have been reports of workers refusing to work next to those with HIV or AIDS or those perceived to be PLHA.

Discussion of Findings

The research findings revealed that when family members are infected with AIDS, other family members especially women quit or be forced out of their gainful employment to take care of the sick family members. The study findings also confirm that HIV/AIDS have a negative effect on the Career progression of the Caregivers and Support group members in Anambra State. This is revealed in an interview with a 49-year male support group member from Onitcha in an in-depth interview “I was sacked in my workplace because of my HIV status, no other employer agreed to employ me. It has not been easy for me to try to fend for myself and my family. Nobody wants to employ us because they feel we will

infect other staff with the disease. This has distorted my career progression; I was already in my mid-career before I was diagnosed”. Canning (2006) found that in Oyo State, among the households that experienced hospitalization in the last year, those with HIV-positive members (29.9 percent) were much more likely to sell assets to finance in-patient care than those without HIV-positive members because of job termination or inability to secure a new job.

The findings further stressed that the career progression of the affected families is badly affected, when they are cut off from their sources of income because of their HIV status, their sustenance becomes so difficult. This also means that they might not be able to take care of their

medical and other household expenses. The study further used social exclusion to explain how the HIV/AIDS support group members and caregivers are prevented from participating fully in the economic, social, and

political life of the society in which they live, when they are prematurely terminated from employment and denied from other social and political activities in society.

I was sacked in my workplace because of my HIV status, no other employer agreed to employ me. It has not been easy for me trying to fend for myself and my family. Nobody wants to employ us because they feel we will infect other staff with the disease. This has distorted my career progression; I was already in my mid-career before I was diagnosed. (A 49-ye male support group member from Onitsha in an in-depth interview)

The findings further exposed that HIV-positive persons who have not been employed are denied employment, while those employed and tested positive stand some risk of dismissal or premature retirement. HIV/AIDS have a negative effect on the Caregivers and Support group members in Anambra State in diverse ways. Nobody wants to employ them because they feel they will infect other staff with the disease. This distorts their career progression. The career progression of the affected families is badly affected, when they are cut off from their sources of income because of their HIV status, their sustenance becomes so difficult. This also means that they might not be able to take care of their medical and other household expenses. Exclusion theory explained how the HIV/AIDS support group members and caregivers are prevented from participating fully in the economic, social, and political life of the society in which they live, when they are prematurely terminated from employment and denied from other social and political activities in society.

Conclusion and Recommendations

The study concluded that HIV/AIDS has negatively affected the Career progression of HIV/AIDS Support group members and Caregivers in Anambra State. The findings highlighted the effect of HIV/AIDS on career progressions of HIV/AIDS support group members and caregivers in Anambra State. The research findings revealed that AIDS has adverse effects on the career progression of both the Support group members and the Caregivers. It has reduced the demand for and the supply of labor and reduced family livelihood. It revealed that factors driving the epidemic in the State include worsening poverty, multiple partner sex, marital

infidelity, high unprotected sexual activities among youths, ignorance, low-risk perception, harmful cultural practices, like serial monogamy, and female genital mutilation, which is still widely practiced in Anambra State. Based on the findings from the study, the following recommendations are made.

- i. The study recommended Tax Benefits and other incentives for Organization that are willing to employ and work with HIV/AIDS patient and other vulnerable people with underlining health challenges.
- ii. The study recommends flexible work arrangements (Work-From-Home) for the affected and affected individuals.
- iii. The study recommends training that can encourage firms to maintain worker productivity despite the health condition of the infected workers. This will mitigate support group members and caregivers being denied employment and even those who stand the risk of dismissal or premature retirement because of their HIV status.
- iv. The study recommended that more economic empowerment programs should be developed for the PABAs and PLWHA, as well as other people in absolute poverty, to alleviate the effect of the decline in savings of households that result from increased medical treatment costs associated with HIV & AIDS that could lead to adverse implications for the household economy and further deterioration in their health.

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