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Effects of Stigma and Discrimination on People Living With Hiv/Aids in Gboko Town, Benue State, Nigeria

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ABSTRACT
HIV/AIDS remain a major public health concern in Nigeria. People living with HIV/AIDS (PLWHA) face not only personal and medical problems but also psychological and social problems associated with the disease such as stigma and discriminatory attitudes. This study examined the effects of stigma and discrimination on people living with HIV/AIDS in Gboko town, Benue State, Nigeria. The data for this study was extracted from the 2018 Nigeria Demographic and Health Survey conducted by the National Population Commission. Questionnaires adopted from NDHS, 2018 were used in the study covering questions on HIV/AIDS and data were collected from 210 respondents purposively and systematically selected from the population registered with General Hospital Gboko between 2018 and 2019. Findings of this study showed a high level of stigma and discrimination against PLWHA in Gboko town. However, high proportion of the population admitted to care for a relative living with HIV/AIDS in the area. The study recommended that discriminatory attitudes and practices towards PLWHA should be eradicated in the area through education and public enlightenment.

KEY WORDS: Stigma, Discrimination, People Living with HIV/AIDS

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I. INTRODUCTION

The Human Immunodeficiency Virus (HIV) infection and the Acquired Immune Deficiency Syndrome (AIDS) remain a disease of public health concern in Nigeria (National Population Commission (NPC) (2019). Despite of numerous efforts on prevention and treatment of HIV/AIDS, this infection is still an epidemic and affects healthy people as well. One of the most significant challenges for the success in controlling HIV/AIDS infection is stigma is associated with discrimination.

Existences of prejudice and discrimination against people with specific diseases have been well established (Valdiseirr, 2016). Stigma and discrimination tend to isolate PLWHA from the community and give negative impact on their quality of life (Miller and Rubin, 2017). Even though the prognosis of PLWHA could be improved with anti-retroviral treatment, they still have to face condemnation and isolation from colleagues, family and community because people around them are conscious about their HIV status (Blackstock, 2016). On the other hand, when PLWHA are shown compassion by the community, they are likely to take protective precautions in their sexual behaviour and be more open about their HIV status. This problem of stigmatization and discrimination among PLWHA is particularly more widespread in sub-Saharan Africa including Nigeria, due to the weak health system coupled with poor legal and ethical framework (Ehiri, Anyanwu , Donath , Kanu, 2015).

The stigma and discrimination attached to being diagnosed with HIV/AIDS is far bigger and considerably different from being diagnosed with more prevalent non-communicable diseases like diabetes, cancer and hypertension. This may be due to the fact that HIV is primarily transmitted through sexual intercourse and people sometimes erroneously link HIV infection with sexual promiscuity. Self-stigmatization which can manifest as self-blaming and shame can lead to psychological consequences such as depression, withdrawal and feelings of worthlessness (UNAIDS, 2017). The effect of stigmatizing PLWHA and self-stigmatization by PLWHA all lead to social exclusion.

Stigmatization can lead to prejudicial actions and thoughts among governments, communities, health care providers, employers, family members and colleagues. There could be a number of health problems among HIV/AIDS patients, such as: loneliness, isolation, low self-esteem, identity crises and lack of interest towards prevention of HIV/AIDS (Blackstock, 2016). These patients also lack motivation in practicing preventive measures, their care seeking behaviour is low, and do not participate in routine HIV testing (Ehiri, *et al*, 2015).

Perceived HIV stigma has an indirect effect on people's quality of life (Miller and Rubin, 2017). In a systematic review conducted by Bharat (2011) approximately one third to half of the respondents including the

health care providers had blamed PLWHA for bringing the disease into the community. In terms of their role in the community development, PLWHA were assumed as not being able to contribute to their society. In most situations, in order to prevent social rejection, PLWHA will not disclose their HIV status to avoid being isolated from participating in the socio-cultural events (Okoror, Airhihenbuwa, Zungu, Makofani , Brown and Iwelunmor, 2015). Stigma will augment the prevalence of HIV/AIDS by halting the delivery of effective social and medical support because PLWHA are not able to interact with their families and communities which is supposed to make them feel complete, secured and be a part of the society.

HIV infected patients might also experience a number of undesirable conditions in their life such as: hostility, denial of gainful employment (Okoror, et al, 2018), forced resignation or forced early retirement, delivery of poor quality treatment and segregation in hospital wards. Discrimination and exclusion from the community are the consequences of stigma that are usually experienced by PLWHA. As a result, HIV-infected patients prefer not to disclose their HIV status and continue to engage in high-risk behavior (Okoror, et al, 2018).

Issues pertaining to availability, affordability and accessibility of treatment and care of PLWHA have been cited for the poor control of HIV infection. However, how HIV stigma affects PLWHA are not well understood. Previous studies have revealed that eliminating stigma in the population will increase the acceptance of an individual as well as community towards PLWHA (Monjok , Smesny , Essien, 2009; Ehiri, Anyanwu , Donath , Kanu, 2015 and Okoror, et al, 2018). Understanding and addressing the barriers of stigma and discrimination are the important factors that need to be explored. In line with these, is set to examine effects of stigmatization on HIV/AIDS status disclosure among infected partners in Gboko town, Benue State, Nigeria.

II. THE STUDY AREA

Gboko town is located between latitude $7^0$18’17’N and $7^0$23’37’N and longitude $8^0$47’07’E and $8^0$51’47’E. The town is bounded in the North by Yandev settlement, South by Ushongo LGA, West by Gboko Fidei Polytechnic and East by Mkar settlement (See Figure 1). Gboko is a fast-growing town in Benue State of North-central Nigeria. The name Gboko also refers to a Local Government in Benue State. The population of the town is over 500,000, mostly Tiv people. It is the traditional capital of the Tiv tribe and it has the official residence of the Tor-Tiv, who is the paramount traditional ruler of the Tiv people that spread across Benue, Taraba, Plateau, Nasarawa, and Enugu States. Gboko is also the headquarters of the Tiv Native Authority. The town also has several health care facilities either publicly or privately owned. Popular among these is the General Hospital, Gboko. There are also notable tertiary institutions in Gboko town which include, University of Mkar, FIDEI Polytechnic, Gboko Polytechnic, Gboko College of Education, Luga and College of Health Technology, Mkar.

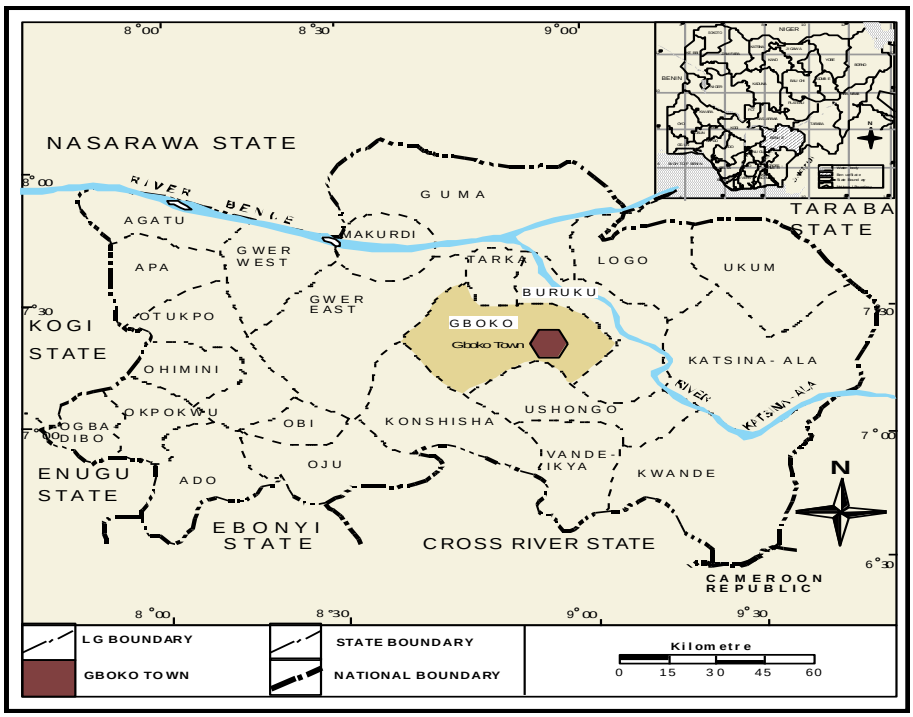

Fig 1: Benue State showing Gboko Local Government Area and Town

Source: *Adapted from Benue State Ministry of Lands and Survey, 2019*

III. MATERIALS AND METHODS

The data for this study were taken from the Nigeria Demographic and Health Survey (NDHS) (2018), conducted by the National Population Commission. In this survey, women and men aged 15–49 years of age, permanent residents or visitors of the households were included. The tudy was a descriptive cross sectional study of persons living with HIV and AIDS registered for antiretroviral drugs with General Hospital Gboko. Adult persons attending General Hospital, Gboko constituted the study population.

The study adopted the purposive sampling technique to obtain a sample size of 210 respondents who were registered with General Hospital, Gboko between 2018 and 2019. Thus, the study recruited 210 participants out of 4, 323 on the General Hospital register using a sampling interval of 20, thus the first respondent was randomly selected; thereafter, every 20th patient on the Hospital's register was selected for the study. Data were collected using a semi-structured validated questionnaire adopted from NDHS (2018) and analysed using the Statistical Package for Social Sciences (SPSS Version 20). Descriptive statistics such as frequency, percentage and graphs were used for data presented and analysis.

IV. RESULTS AND DISCUSSION

4.1 HIV/AIDS Related Knowledge in Gboko Town

Results on HIV/AIDS related knowledge in the study area presented in figure 2 indicates that 90% of the sampled population heard of AIDS. The result further indicates that 88% of the respondents have been tested for HIV/AIDS. Besides, 95% of respondents agreed that a healthy looking person may have HIV/AIDS. Relatively, 95% of the respondents knew someone who has, or is suspected of having HIV. Finally, 62% respondents would want HIV infection in family to remain secret.

Results from analyses on stigma and discrimination against PLWHA in Gboko town presented in Fig 2 indicated that 55% of the respondents were in agreement that PLWHA should be ashamed of them while 63% agreed that the infected persons should be blamed for bringing the disease to the community, About 60% of the respondents agreed that workers infected with HIV, should be allowed to continue working while 54% of respondents attested they would not buy food from vendor with HIV infection. However, about 76% of the respondents are willing to care for relatives with AIDS.

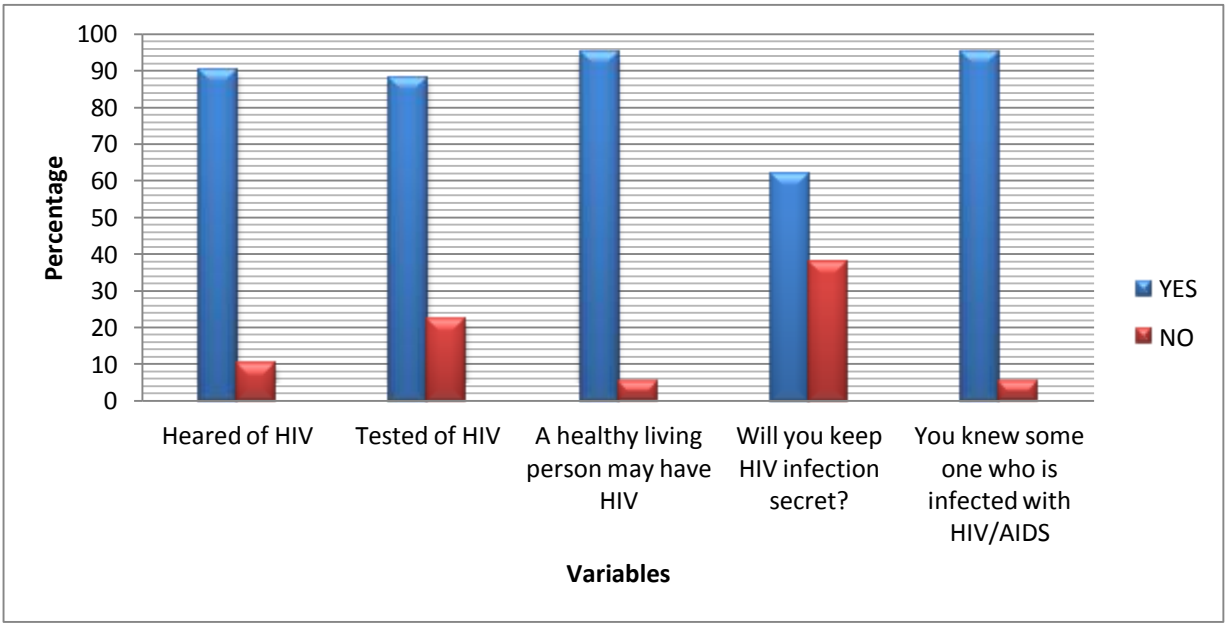

Figure 2: HIV/AIDS Related Knowledge in Gboko Town

4.2 Stigma and Discrimination against PLWHA in Gboko Town

The findings of this study showed that there is stigma and discrimination towards PLWHA in Gboko town. About 46% of the respondents opined that they will not buy food from HIV/AIDS infected person, while 45% said infected persons should be ashamed of themselves whereas 40% believed that infected persons should be disengage from work. More so, 37% said that infected persons should be blamed for their predicament as indicated on figure 3. This study has shown that stigma and discrimination could have significant adverse effects on the daily lives of PLWHA. This issue tends to create a hidden epidemic of the disease based on fear, misinformation, socially-shared ignorance and denial. Findings from the 2002 National HIV and AIDS

Household Survey revealed that 80.8% of participants refused to sleep together in the same room with someone who has HIV infection and 94.5% of respondents would not even have conversation with HIV-infected person (National Agency for the Control of AIDS (NACA) (2016). Negative perceptions towards PLWHA are some of the common manifestations of AIDS stigma which leads to discrimination and prejudice attitudes. Consistent with previous studies (Valdiseirr, 2016, Miller and Rubin, 2017, Blackstock, 2016, Ehiri , Anyanwu , Donath , Kanu, 2015 and Okoror, et al 2015). The findings is also in line with Oyediran, (2005) study who found that about two-third of the Nigerian population agreed that workers who have been infected with HIV/AIDS should not be allowed to continue working. Most of the employees with HIV/AIDS suffer prejudice attitudes in their workplace from supervisors and colleagues in the form of social isolation, ridicule and discriminatory practice.
There is increasing concern about family caregivers' reluctance to care for and treat family members with HIV/AIDS. As a result of this, most PLWHA would not disclose their HIV status even to their family members to avoid distancing reactions and discriminatory practices towards them. However, this study found a centrally interesting result; about 76% of respondents in the study area indicated interest to care for a relative with AIDS and this show the level of empathy showed by them towards PLWHA. The findings from this study call for the need to promote positive and acceptable attitudes towards PLWHA in the population of the area. Programs should be put in place to increase the awareness on HIV/AIDS in the population, promote compassion towards PLWHA and emphasize on respect for the rights of PLWHA. It is therefore important to implement strategies and programs that can help to eradicate discriminatory attitudes and practices against PLWHA.

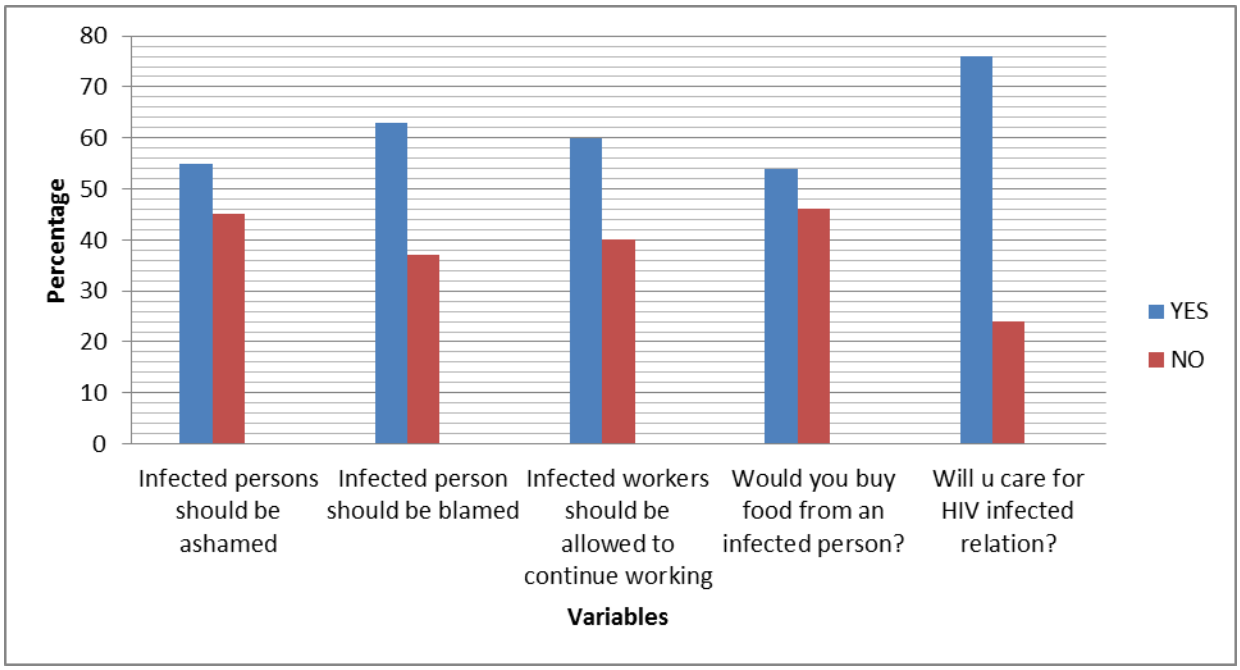

Figure 3: Stigma and Discrimination against PLWHA in Gboko Town

V. CONCLUSION AND RECOMMENDATIONS

This study concludes that stigma and discriminatory attitudes has effects on HIV/AIDS status disclosure in Gboko town. However, higher percentage of the population is willing to care for relatives with HIV/AIDS. Notwithstanding, to combat HIV/AIDS epidemic risk behaviours in the area, issues pertaining to stigma and discrimination need to be addressed. Health promotion campaigns should incorporate a shift from fear to care for PLWHA as this is important for effective preventive measures. Educating the population with respect to improve their understanding on HIV/AIDS transmission and control are crucial to reduce this menace in the area. Education and knowledge are believed to be the vanguard for the disease prevention. Behavioural change strategies should be delivered among the population in order to impede the spread of the disease. Most importantly strategies and programs to eradicate discriminatory attitudes and practices towards PLWHA should be implemented.

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