

## Research Article

### HEALTH CONSEQUENCES OF STIGMATIZATION OF HIV/AIDS PATIENTS IN FCT, ABUJA, NIGERIA

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#### ABSTRACT

Stigma is like wild fire that everyone runs away from. It is contagious and deadly. In a bid to avoid stigmatization, many PLWHA had evaded medical care thereby causing their viral load to increase exponentially. At the end of the day, they develop full blown AIDS and the symptoms HIV begin to stare on their faces. This study investigated the observed adverse health effects of stigmatization against PLWHA in Abuja, FCT., Nigeria. Data were collected from both PLWHA using well-structured and randomly distributed questionnaire instrument, ensuring that all sectors of life - health, educational and religious institutions were covered. Oral interviews were also held with some volunteer HIV/AIDS patients who were willing to share their experiences in confidence with the researchers. Result proved that really stigmatization is the paramount cause of rapid health deterioration and death of most PLWHA. It is recommended that PLWHA must try to overcome stigmatization and attend their normal counselling and treatment clinics.

**Keywords:** Stigmatization, HIV/AIDS, Health Effects, Death

#### INTRODUCTION

Stigmatization is like a wild fire that everyone runs away from. It is as deadly and contagious as any volatile infectious disease. It is a disease that should be studied, evaluated, analysed and be well understood (13). By so doing, its effects could be reduced. Stigmatization is not a disease yet it has claimed many lives. Stigma is a solid, formidable word that no one would like to be smeared with, yet anyone could be a victim. Once someone is stigmatized, discrimination follows. The poor are more vulnerable to stigmatization than the rich or affluent, especially when confronted with the same problem (10). The poor hardly have enough to eat, not to talk of purchasing drugs for treatment, the poor is more at the receiving end. The rich could attract people to themselves with their wealth. They could go on self-denial or hide the disease condition for as long as they keep healthy e.g. eat well and afford their drugs as they do not want to raise suspicion about their disease condition e.g. HIV/AIDS, they could indulge in sexual escapade without protection, and also maintain their social lives, friends and societal respect. The world has witnessed a lot of diseases that have claimed many lives and were also stigmatized e.g. venereal diseases like syphilis and gonorrhoea, leprosy, Tuberculosis, mental disorders, skin diseases, (4) etc. Malaria as an infectious disease was also misunderstood and thought was caused by bad air. Thanks to Charles Louis Alphonse Laveran who first noticed a parasite in the blood of a patient suffering from malaria 16<sup>th</sup> November 1880. Any dreadful disease is usually stigmatized until the nitty-gritty of the disease is understood. Cholera is a highly infectious disease that claimed many lives with lot and lots of fright until its cause was found, which was related to poor hygiene and sanitation. Infected people were isolated for special care and some quarantined (1). These people also experienced mild stigmatization. This was same with measles, chicken pox, polio etc. therefore the stigma attached to these diseases were allayed as the prevalence began to ease as people improved on their sanitary conditions. Most times those diseases that were strongly stigmatized were usually related to sexuality or moral decadence and people find

it difficult to openly discuss sex and sexuality (5). Venereal diseases are sexually transmitted diseases and patients suffering from any of these diseases are usually reluctant to disclose it until the condition becomes unbearable due to pain or some discomfort. Diseases like syphilis, gonorrhoea, human papilloma virus (HPV), candida albican etc. have been battling with man long before the most recent venereal disease, the HIV/AIDS. It has suffered a lot of stigma because of its mode of transmission and other vices related to it and the unsightly signs and symptoms it presents (7). Tuberculosis is another disease that faces stigmatization, especially self-stigmatization. But it is not as devastating as HIV/AIDS. Hepatitis B is also a chronic viral infectious disease which is highly infectious. Although its mode of transmission is not strongly related to sexuality, it is a dreadful disease and as devastating as HIV/AIDS, yet it attracts pity, sympathy and concern. People feel for them and go to their aid. Why then is HIV so stigmatized. HIV is the Human Immunodeficiency Virus which is the causative agent of AIDS i.e. Acquired immunodeficiency Syndrome. It is the most prevalent pandemic venereal disease of our age. It was first diagnosed in the USA in 1981 and in Lagos State Nigeria in 1986. It spread so fast that it is unbelievably found in virtually all countries of the world (9). In Nigeria, the presence of HIV/AIDS was received with gross denial, which led to a rapid but subtle spread of the virus within the various population and communities. By 1999, the disease had been diagnosed in all the 774 Local Government Areas [LGA] of the country. It has gradually and systematically permeated the entire Nigeria social fabric affecting men and women and even children both in urban and rural areas and cutting across all the social strata in the country (9). Presently, in this country, new cases of the infection are still emerging rapidly. The pool of people living with HIV is growing and people are still dying of AIDS related stigma. HIV is a retro virus that infects and kills the CD-4 of the white blood cells. The CD-4 is also known as the T-cells of the human immune system (which serve as soldiers of the body). As the CD-4 is being destroyed, the immune system fails leading to immune suppression. If nothing is done to boost the immune system, the body succumbs to AIDS which gives rise to opportunistic diseases like pneumonia, bronchitis, flu fevers, headaches, chills, rashes, diarrhoea, loss of weight, cancers,

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tuberculosis and blurred vision etc. The CD-4 cells are the white blood cells called T-cells, T-lymphocytes or helper cells. The cell count ranges from 500 - 1500 per cubic millimetre of blood. This signifies a healthy immune system. But where the CD-4 count is below 200 per cubic millimetre then the risk of developing illnesses arises (11). That simply means that the viral load is high. HIV is spread only in certain body fluids from an infected person. The fluids are: semen, blood, pre-seminal fluids, rectal fluids, vaginal fluid, and breast milk.

HIV/AIDS is transmitted from person to person in the following ways;

- i. Anyone who has an unprotected sex (without condom) with HIV patient could be infected
- ii. If an infected blood is transfused
- iii. An infected mother could transmit AIDS to her unborn child at birth and through breast milk
- iv. Sharing needles or sharp objects with infected persons
- v. Through infected organ transplant parker and (15, 17).

The perception of HIV on its inception gave credence to stigmatization. For instance, anybody diagnosed of HIV thinks first of how he is going face stigma from his friends, immediate family, extended family and the society at large. The disease itself is secondary. The signs and symptoms presented by the patient with full blown AIDS, is unsightly. It is dreadful to behold. They present with rashes all over their bodies with faded black spots, mouth thrush, poor control of bladder and rectum, which subject them to urinary incontinence and diarrhoea respectively, loss of weight. Because of the severe steady loss of weight, it was referred to as slim disease (6). Since it is an incurable disease, the HIV/AIDS patients are looked at as living corpse. (16). For the fact that it is related to a disease of moral decadence e.g. homosexuality, prostitution, drug abuse, unfaithfulness etc. (18, 5), nobody wants to be related to these vices because the society frowns at them. These deter the infected from disclosing their status and going to designated areas for treatment. Considering the myths about the mode of transmission and the fear attached to them, we will understand why HIV/AIDS is so stigmatised. HIV was believed could be contracted through droplets from sneezing, coughing, catarrh etc. For that reason, no one would like to stay under the same roof with them. It is believed that using the same toilet seat or bathroom with HIV infected person was dangerous. Since mosquitoes suck blood and could transmit malaria, it could also transmit HIV infection (8). Therefore, HIV infected person should not be accommodated. It is also believed that HIV was present in saliva and sweat, so no kiss or contact with HIV infected person. Using the same utensils, eating food prepared or drinking water presented by HIV infected persons could be risky. No handshake with an infected person. Standing too close to an infected person is risky as he could sneeze or cough into one's face. No sharing of bed or sleeping on the same bed with an infected person to prevent contact. Some people believed that those infected with HIV/AIDS are pervert people and may have done some heinous things and God is punishing them (3), so they deserve to be stigmatized, ostracised and hated.

## MATERIALS AND METHODS

**Study Area:** Bwari is an area council in the Federal Capital Territory, Abuja, Nigeria, and has an area of 914 Sq. Km, with a population of 229,274, (comprising 115,346 males and 113,928 females) according to the 2006 National Population Census. It is situated between latitude 7°23' 0" North of the Equator and Longitude 9°17' 0" East with a vast land of 1100km<sup>2</sup>. It has a guinea savannah type of vegetation, with raining season stretching from April to October and

dry season from November to March and the temperature ranges from 30-37°C yearly with the highest temperature experienced in the month of March.

**Study Population:** This study involves 250 participants who were drawn randomly from the population of the people living with HIV/AIDS in the different parts of Bwari Area Council, vis-a-viz., Bwari Urban, Sabon-gari, Zuma, Garba, Ushafa, Dutse Alhaji, Kubwa, Mpape, Gwarimpa, etc.

**Research design:** Descriptive study design which would help explore the opinions and expressions of the study subjects or participants and thus help the researchers to understand the feelings and depth of people's fear and worries about HIV/AIDS and its stigma was used.

**Ethical approval:** Ethical approval was sought and obtained through a written application to the Permanent Secretary, Federal Ministry of Health, Headquarters, Garki, Abuja, through the National Agency for Control of HIV/AIDS. In the application, the rationale and significance of the study were carefully highlighted. A similar application was forwarded to the

**Method of Data collection:** Data were collected from the participants using well-designed or structured questionnaire instrument which was tested for validity and reliability by public health experts. It consisted of two parts, the demographic section and the information-seeking section. Simple random sampling method was used in distributing the questionnaire across the various parts of Bwari Area Council, so as to ensure that all relevant sections of the society were included in the sample population. Some of the questionnaires were taken to health, educational and religious institutions through the assistance of health personnel, doctors, matrons, nurses, teachers, religious, for distribution, etc. The completed copies of the instrument were retrieved after two weeks of distribution. The services of language interpreters were employed to assist in interpreting the contents of the questionnaire instrument to the non-literate study subjects/participants. Direct oral interview was held with some volunteer HIV/AIDS patients who were actually willing to share their experiences in high confidentiality with the researchers.

**Ethical consent:** All the participants were educated sufficiently on the purpose and importance of the study, and they were also given opportunity to declare their willingness to participate or opt out. Participants were assured of using the information gathered from them with maximum confidentiality.

**Data analysis:** The data collected from the study were collated and descriptive statistics of frequency count and percentages were used to analyse them.

## RESULTS

**Demographic data:** The gender distribution of the 250 participants, showed that 99/39.6% were males and 151/60.4% were females; 129/51.6% were single, 87/34.8% were married and 34/13.6% were divorcees. Their religious affiliations showed that 101/40.4% were Christians, 98/39.2% were Muslims while the rest 61/24.4% belonged to unidentified religion. The educational status of the study subjects also revealed that 110/44.0% were non-literate, 71/30.8% were ND/NCE holders, 48/19.2% were B.Sc./HND holders and 21/8.4% held PGD & above. The age distribution indicated that 86/34.4% participants were 18-25years old, 62/24.8% of them were 26-35years, 46/18.4% were in the age bracket of 36-45 years, while the age brackets of 46-55years and 56-65years had 38/15.2% and 18/7.2%, respectively.

**Stigmatization parameters:** The respondents reported that there is differential stigmatization among the male and female HIV/AIDS patients. Accordingly, while 68/27.2% of the 250 participants claimed that male patients are the most stigmatized, 81/32.4% stated in the contrary that females are rather most affected in the stigmatization against HIV/AIDS patients. On the other hand, 101/40.4% held the opinion that both sexes of HIV victims are proportionately stigmatized against. Many people (195/78.0%) even claimed that HIV/AIDS is a disease of the poor and uneducated, but 55/22.0% disagreed and stated that anybody can acquire the disease irrespective of his/her economic and educational status. Result also showed that the public generally holds varying feelings about HIV/AIDS patients. Thus, while 59/23.6% respondents felt that HIV/AIDS victims should be ashamed of themselves for contracting HIV disease, 191/76.4% had a counter opinion stating that there is no reason why HIV/AIDS patients should be ashamed of having the infection because anybody can fall prey. Most devastating comments by some respondents (77/30.8%) was that HIV/AIDS patients ought to be thrown out of the community (42/16.8%) and that they deserve no sympathy because they lack morals and are contagious, but 173/69.2% were rather of the view that HIV/AIDS patients do not lack morals and needed to be sympathized with rather being castigated and thrown out of the community (208/83.2%). In another discriminatory comment, 63/25.2% respondents claimed that HIV/AIDS patients should be blamed for their illness because they were careless, but this was countered by 187/74.8% who reported that they do not deserve any blame because not all of them acquired the disease by carelessness. Two hundred and nineteen (219/87.6%) also rendered very derogatory comments to the fact that because of the contagious nature of HIV/AIDS, they would not even like to have anything to do with, or live together with HIV/AIDS patients so as to avoid being infected, but 31/12.4% in their responds stated that they can render help, work, interact or live together with them without fear because the disease does not spread through mere association. Some respondents (189/75.2%) reported that they cannot even allow their child/children to play with HIV/AIDS patient and some (52/20.8%) even said they would not allow the Physician that has finished attending to an HIV patient to attend to them if they are privileged to know that the patient attended to previously by that medical doctor is an HIV/AIDS patient. In relationship, 22/8.8% participants claimed that if they realize that their best friend has HIV, they will call off the relationship, but 228/91.2% said they will still maintain the relationship. Similarly, 179/77.6% respondents claimed that if a spouse is tested HIV positive they will seek divorce but only 71/28.4% agreed that they cannot divorce just because a spouse is HIV positive. The same impression was held by participants concerning HIV/AIDS patients as to whether they should marry or not. Twenty seven (27/10.8%) opined that they should not marry whereas majority responded that they should marry exclusively themselves alone.

**Effect of stigmatization:** Of the 250 participants, only 94/17.6% claimed to be aware of the negative impact which stigmatization has on HIV/AIDS patients, while the majority (156/82.4%) reported that there is no effect associated with stigmatization of people living with HIV/AIDS (PLWHA). Thus, 53/21.2% highlighted that stigmatization prevents from going for counselling and treatment thereby causing their illness to be compounded; whereas 197/78.8% reported that stigmatization does not stop PLWHA from going for counselling and treatment. 132/52.8% respondents alleged also that stigmatization makes PLWHA to conceal their HIV positive status for fear that people may know they are HIV patients. The result has also revealed other various consequences associated with stigmatization. One hundred and twenty nine (129/51.6%) people revealed that it is stigmatization that makes PLWHA to be violent, revengeful and promiscuous, and even deliberately refuse to use condom with their

partners (181/72.4%) so that they can transmit the disease to the sex partner. However, it was only 121/48.4% and 69/27.6% participants that disagreed with this fact. On the other hand, 151/60.4% respondents acknowledged that it is stigmatization that leads to broken marriages and divorces thereby aiding and abating further spread of the HIV disease.

## DISCUSSION

This study has confirmed that truly people living with HIV/AIDS (PLWHA) are being seriously stigmatized and discriminated against in various ways in the society. The study also established the various ways stigmatization impacts on the health of HIV/AIDS patients. People make open derogatory comments based on their different negative impressions about HIV/AIDS patients. Most importantly, the study also identified ignorance as the major cause of this stigmatization against HIV/AIDS. This is because owing to ignorance, people have tended to hold various misconceptions about HIV/AIDS and its mode of transmission and spread thereby causing people to be scare of victims of the disease. Therefore even though stigmatization is not often significantly perceived as a health implication, its psychosocial effect on the infected and affected is worth being afraid of. Fear and shame would not let PLWHA go for counselling and treatment and this consequently leads complication and development of full blown AIDS. This finding agrees with the report of World Health Organization (12). The level of public ignorance observed in the study area concerning HIV/AIDS has confirmed the reports of earlier studies that also identified ignorance as a paramount factor of the health implication of stigmatization of HIV/AIDS. This means that ignorance is the bedrock of stigmatization which also uses myths to propagate itself (3). Awareness creation through adequate enlightenment about a disease condition from its inception, is capable of minimizing level of stigmatization (14). The study has also proved that besides other significant health implications such as its role in the spread of HIV/AIDS, stigmatization has been identified as also being substantially responsible for the high mortality of PLWHA as indicated by many respondents. Since nobody wants to be stigmatized or discriminated against and no one would like to have guilty conscience or live in self-pity and shame, therefore people rather prefer to remain without wishing to know their HIV/AIDS status, while some are aware of their HIV/AIDS status, yet prefer to continue with their promiscuity. In this study it was found that because of stigmatization PLWHA tend to be violent, revengeful and promiscuous and deliberately evade use of condom, thus collaborating the report of previous study by Allanise, *et al.*, (2) who also found that stigmatization compels some HIV/AIDS patients to reject the use of condom for fear of being suspected; e.g. "when you tell him to use a condom, they ask 'which means you don't trust me/or are you sleeping around?'" Others deliberately spread or distribute the virus just because they are angry with self and the society that has stigmatized them, this is related to risky behaviour i.e. being revengeful. It has also been found from the study that divorce and broken relationships among HIV/AIDS patients can also be taken to have health implication meaning invariably that divorce and broken relationships among HIV/AIDS patients are associated with health problems. This is because those who are divorced or had broken relationship pose more danger to themselves and to the society, especially if they have revengeful mind, believing that he/she was not born with HIV/AIDS, somebody infected him/her, therefore somebody must also be infected by them. The women suffer a lot of humiliation in the hands of their spouses and their family members thereby leading to depression and subsequent deterioration of health condition. The adverse effect of divorce is much more especially on women who solely depend on their husbands for financial assistance.

This finding supports the report of earlier study by Elizabeth, (5) in New York.

## CONCLUSION

The study has proved that stigmatization of PLWHA leads to their rapid health deterioration and death.

## Recommendations

Based on the findings of the study the following recommendations are eminent.

1. The patients of HIV/AIDS should endeavour to be more concerned about their lives and thus,
  - Challenge stigma by being defiant to self, and concentrate rather on what would help them to live, and they should not allow stigma to create self-doubt or shame in them, and they should not isolate themselves.
  - They should realize that there is still hope for them if they can damn stigmatization.
  - They should join support groups and speak out against stigma.
  - They should avoid internal stigmatization i.e. assuming people are gossiping, laughing, and pointing accusing fingers etc., at them.
  - They should adhere to the regimen of the anti-retro viral treatment and drugs and keep to their appointment.
2. The Ministry of Health and its parastatals should organise educative programmes on stigma and its effect health. Health workers should be well trained on any new health issues to minimise stigmatization in the health sector.
3. Health care workers are the custodians of the nitty-gritty of health, for that reason, their profession should reflect positive attitudes to their patients, irrespective of the patient's social status and nature of the disease. HIV/AIDS patients still face stigma in our hospitals. Some were out rightly denied treatment, care, and attention.
4. The law concerning the right and protection of the people living with HIV/AIDS, [PLWHA], which was signed into law as a new antidiscrimination bill on 11<sup>th</sup> February 2015 by the President Goodluck Jonathan, should be re-enforced.
5. PLWHA should be given automatic employment or assisted financially to relieve them of financial burden or stress. This will motivate many people to go for counselling and testing.
6. The government should sponsor radio jingles about the health effect of stigma in different dialect in their locality and also sponsor adverts on television for better awareness.

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