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SEX AND AGE OF STAFF AS PREDICTORS OF STIGMATIZATION OF HIV/AIDS PATIENTS ATTENDING TEACHING HOSPITALS IN EDO STATE, NIGERIA: IMPLICATIONS FOR GUIDANCE AND COUNSELLING

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ABSTRACT

The study examined staff sex and age as predictors of stigmatization of people or HIV/AIDs patients attending teaching hospitals in Edo State, Nigeria. The design for the study is correlational. The population of the study covered the 3224 staff of Irrua Specialist Teaching Hospital (ISTH), Irrua, University of Benin Teaching Hospital (UBTH) and Central Hospital Benin city, Edo State. A sample of 1612 staff was used for the study. The stratified random sampling technique was used to draw a sample. 50 percent of the staff was drawn as sample from each of the teaching hospitals. One scale was used in the collection of data - HIV/AIDS Stigma scale). The instrument was adjudged reliable for use in the main study because a Cronbach alpha of 0.73 was obtained for HIV/AIDS Stigma scale. The hypotheses were tested using Binary Logistic Regression (BLR) at .05 level of significance. The result showed that personal factors of sex and age were predictors of stigmatization of people living with HIV/AIDS of staff in teaching hospitals in Edo State, Nigeria ($p<0.05$). The direction of effect show that female staff had approximately 2.5 times (CI = 1.973 to 3.054) higher likelihood of stigmatizing HIV/AIDs patients attending teaching hospitals than their male contemporaries. Young staff had approximately 5.23 times (CI = .478 to 313) higher likelihood of stigmatizing HIV/AIDs patients attending teaching hospitals than older staff. It was recommended that young staff of teaching hospitals (less than 35years) should be provided with on-the-job training to assist them cope with possible anxieties or fears that they could be incubating conscious or unconscious fear of contracting HIVin the course of discharging their duties r attending to HIV/AIDs patients attending teaching hospitals for treatment.

Keywords: Sex, Age, Predictors, Stigmatization, HIV/AIDS patients, Counselling.

1. INTRODUCTION

The Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome commonly known as HIV/AIDS isa topical issue. The search for a definitive cure of the disease continues even as varying statistical data continue to show the devastation caused by the virus worldwide. The disease is caused by the Human Immunodeficiency Virus (HIV) which weakens the immune system, making the body susceptible to opportunistic infections and diseases that often lead to death. The predominant mode of transmission is through heterosexual contact followed in magnitude by perinatal transmission, whereby the mother passes the virus to the child during pregnancy, delivery or breastfeeding. Other modes of transmission are through infected blood transfusions and unsafe injections.

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Key drivers of the HIV epidemic in Nigeria include low personal risk perception, multiple concurrent sexual partnerships, intense transactional and intergenerational sex, ineffective and inefficient services for sexually transmitted infections (STIs), and inadequate access to and poor quality of health care services United Nation Programme of HIV/AIDS (UNAIDS, 2010). Entrenched gender inequalities and inequities, chronic and debilitating poverty, and stubborn persistence of HIV and AIDS-related stigma and discrimination also significantly contribute to the continuing spread of the infection (Agweda& Dibua, 2017).

The global prevalence of HIV and AIDS showed that an estimated 39.5 million people were living with HIV at the end of 2014 with 4.3 million people newly infected with the virus. According to United Nation Programme of HIV/AIDS (UNAIDS, 2014). Even though there is a decrease in the prevalence rate of HIV infection worldwide, the pandemic continues to pose serious challenges to individuals, families, communities and the nation, more so with new infections commonly found among young people aged 15-24years (Falaye & Adeleke, 2012).

People living with HIV (PLHIV) continue to face various forms of stigma, discrimination, denial and violations of their rights and dignity, which are barriers to the efforts to scale up access to comprehensive care, treatment, and support (UNAIDS, 2014).HIV/AIDS therefore remains one of the biggest social, economic and development challenges in Nigeria, particularly among young people (Falaye & Adeleke, 2012). Consequently, the spread of the disease has been influenced by varied factors including behavioural, cultural, political, moral and religious factors of staff in the hospital (Okechukwu, 2017). These influences underlie the development of stigmas. Due to the stigma that goes with a positive HIV, many HIV victims often refuse to disclosed their status or seek treatment from professionals and medical expert. Therefore the government and international agencies such as United Nations Programmes on AIDS(UNSAIDS) have encourage the establishment of free and voluntary counselling and testing centres for thetesting, counselling and treatment of people who could be living with HIV/AIDS. Despite these programmes, the fear of being stigmatized among significant others at home and even at the workplacemay havediscouraged HIV victims from the free disclosure of their status and also heightened the spread of the virus.

Stigma derives from negative thoughts based on a prejudiced position (out-casting) and affects the thinking and behaviour of people whereby a person is looked at in a negative and judgmental way. Stigma has deep roots in culture, personal and social fears, denial, misconceptions, myths and even religious beliefs. Stigma affects those who are infected and those affected by association, such as orphans or children and families of people living with HIV (Mukasa, 2018). Persons most affected by stigma include, Orphan and Vulnerable Children (OVC), teens or adolescents that are single mothersas a result of unplanned pregnancies and even people living with HIVAIDs (UAC, 2017)

HIV/AIDS – related stigma refers to unfavourable attitudes, beliefs, and polices directed towards people perceived to have HIV/AIDS as well as towards their significant others and loved ones, close associates, social groups and communities. It includes prejudice, discounting, discrediting and discrimination directed at people perceived to have HIV or AIDS, and the individuals, groups and communities with which they are associated. These patterns of prejudices play into and strengthen existing social inequalities – especially those of gender, sexuality and race – that are at the root of HIV- related stigma and stigma expression.

Stigma against people living with HIV/AIDS usually manifest in the following ways: (a) ostracism, rejection and avoidance (b) discrimination against PLWHA (c) compulsory HIV testing

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without prior consent or protection of confidentiality (d) violence against persons who are perceived to have AIDS or to be infected with HIV (e) Quarantine of persons with HIV (Alonzo & Reynolds, 2017). Various factors within the domain of personal factors such as sex and age among others may affect the exhibition of stigmatization against people living with HIV/AIDs.

Sex and age are variables that help to describe a person and distinguish one individual from another in any institution. In a clinic for instance, staff on the basis of sex could be either a male or female. One reason sex is often included as a factor in research investigations may be emanating for the social-cultural factors that distinguishes male individuals from female in terms of their physical ability differences, career dominance in certain fields, and personality make up. In regards to sex, the egoistic nature of most male and emotional character of most female staff could reflect in the manner in which they attend to patients living with HIV/AIDs in the hospital. This shows that the issues of health care neglect, social isolation and fear of contagion are really exhibited by female staff in the discharge of their duties to various people living with HIV/AIDs (Bako, Mamman & Laah, 2017).

Age is another personal factors that can be used to distinguish one worker from another in an institutional or work setting. Age generally refers to the length of time one has lived as measured in chronological terms of days, weeks, month or years. In regards to age, one hospital staff could be categorized as being young for those below the age of 35years, moderately old for those within 35-40years and old staff could be categorized described as those above the age of 40years. While some individuals regarded age as the state of the mind, implying that age has nothing to do with years. In the school context, age is sometimes attributed to capability, abilities and competencies of an individual such as a staff. For the avoidance of doubts, the older a staff gets, the better informed a worker is expected to be about the nature, causes and treatment of HIV/AIDs.

Although, stigmatization against HIV/AIDS victims is a common societal problems, Granich, Gilk, and Dye (2018), noted that the problem becomes worrisome when hospital workers who are expected to be care and health service providers put up unpleasant attitude towards HIV/AIDS victims. He added that due to personal and social influences, health workers may have different perceptions towards victims of HIV/AIDs who come around for medical care in their hospital. Interestingly, practicing counsellors, teacher counsellors, counsellor educators and professional counsellors have often been applauded for the support role they play in providing guidance and counselling based services to health institutions. It is against this backdrop that this study investigates personal factors of staff as predictors of stigmatization of people living with HIV/AIDs attending teaching hospitals in Edo State, Nigeria.

Studies on sex and stigmatization of people living with HIV/AIDs among HIV/AIDS patients have gained the attention of scholars in both Nigeria and other nations.Harapan and Khalilullah (2017) examined the level of discriminatory attitudes towards people living with HIV (PLHIV) among health care workers (HCWs) and the factors influencing discriminatory attitudes in very low HIV load region.. It was observed that the level of discriminatory attitudes is high. Bivariate analysis showed that regency, sex, type of HCW, religion, direct contact experience with PLHIV, HIV/AIDS-related training, knowledge on transmission and prevention of HIV, value-driven stigma, overestimated risk to HIV transmission, and facility profile were significantly related to the level of discriminatory attitudes. The result further shows that female nurses were more involved in stigmatization of PLHIV than their male counter. In a related study Mbonu, Borne and Vries (2017) examined how gender differences affect the care that PLWHA receive in health care institutions. The result shows that there are similarities and differences between the

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general public and HCPs towards PLWHA in gender-stigmatization and reactions. Mulalo (2017) examined how people feel about HIV/AIDS and their reaction towards a person who tested HIV positive.. The result further that shows that female nurses are more stigmatized among HIV/AIDS patients than their male counter in Mamelodi and Atteridgeville

Studies on age and stigmatization among HIV/AIDS patients have gained the attention of scholars in both Nigeria and other nations Agyemang and too (2018) examined HIV/AIDS stigmatization on relatives and associates of people living with HIV/AIDS in Ghana. The study found no significant relationship between old and young nurses and stigmization among HIV/AIDS patientsin Ghana. Oluwasola, Oshiname, Otovwe and Oluwasola (2018) determined the magnitude of HIV/AIDS related stigmatization, discrimination and age differences among people living with HIV/AIDS (PLHIV) at University College Hospital Ibadan. The result shows that stigmatization among HIV/AIDS patients as gender and age were also found to affect people living with HIV/AIDS (PLHIV) at University College Hospital Ibadan. Bako, Mamman and Laah (2017) assessed the effect of age differences and stigmatization by People Living withHIV/AIDS (PLWHA) in Giwa and Kachia Local Government Areas. The result showed thatyounger nurses induced more in stigmatization of PLWHA than older nurses in Giwa and Kachia Local Government Areas.

Due to stigma, some people and governments have chosen to withhold information relating to the existence and spread of HIV that supported laws and policies that make the victims of stigma more vulnerable to HIV infection. Knowledge of the HIV status of an individual has also resulted in outright layoff and sack of victims from many job opportunities for other reasons. Most importantly stigma has limited or prevented many stigmatized individual access to care by making them reluctant to disclose their feelings to health care providers who will treat them.

In an attempt to fill the above knowledge gap, Shodimu, Yusuf, Akinyemi, Fagbamigbe, Bamgboye, Ngige, Issa, Abatta, Ezire, Amida and Bashorun (2017)investigated factors associated with HIV/AIDS perceived stigmatization and discrimination among women of reproductive age in Nigeria.The result showed that residential statuses were significantly associated with stigmatization among HIV/AIDS patients among women of reproductive age in Nigeria. Although, this study used secondary data covering women at the national level, the study did not integrate other extraneous factors such as religious affiliation and cultural intelligence. Furthermore, the study was not carried out among staff of hospitals who are involved in attending to HIV patients on a day to day basis. Hence, it is pertinent to determine the personal factors predicting stigmatization of people living with HIV/AIDs attending teaching hospitals in Edo State, Nigeria.

In spite of what is known on factors predicting stigmatization against people living with HIVAIDS from the aforementioned studies, it is not to the researcher's knowledge that any of the studies was conducted among HIV/AIDs patient attending teaching hospitals in Edo State. To this end, a knowledge gap exists. In order to fill this gap, this study will investigate the extent to which sex and age of staff predict stigmatization of HIV/AIDS patients attending Hospital in Edo State, Nigeria by testing the following hypotheses.

Hypotheses

The following hypotheses were tested in this study:

1) H_0: Sex of staff does not significantly predict stigmatization of HIV/AIDS patients attending teaching hospitals in Edo State, Nigeria

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2) H_0: Age of staff does not significantly predict stigmatization of HIV/AIDS patients attending teaching hospitals in Edo State, Nigeria

2. METHODS

The correlational design was used as the design template of this study. The research design is one that attempts to establish the extent to which two or more variables are related in quantitative terms (Adelman, 2000). The correlational design was adopted because the researcher seeks to determine the degree of association between stigmatization of people living with HIV/AIDS among teaching hospital staff and each of their personal factors. The population of the study covered all the 3,223 staff in Irrua Specialist Teaching Hospital (ISTH), Irrua, University of Benin Teaching Hospital (UBTH) and Central Hospital Benin city, Edo State. A sample of 1617 staff was drawn for the study. The stratified random sampling technique was used to draw a sample. 50 percent of the staff was drawn as sample from each of the teaching hospitals.

One scale was used in the collection of data for this study. The scale was the HIV/AIDS Stigma scale. This scale was adapted from the work of Holzemer, Uys, Chirwa, Greeff, Makoae, Kohi, Dlamini, Stewart, Mullan, Phetlhu, Wantland, and Durrheim (2007). The scale was originally used to measure HIV/AIDS Stigma among a sample of 1477 persons living with HIV/AIDs from five African countries – Lesotho, Malawi, South Africa, Swaziland and Tanzania. The scale alpha reliabilities include: verbal abuse (8 items, $\alpha = 0.886$), negative self -perception (5 items, $\alpha = 0.906$), health care neglect (7 items, $\alpha = .836$), social isolation (5 items, $\alpha = 0.890$), fear of contagion (6 items, $\alpha = 0.795$) and workplace stigma (2 items, $\alpha = 0.758$). The six factor solution with 33 items explained a total of 60.72% variance. A four point response rating of Most of the time (3), several time (2), once or twice (1) and never (0) was used in the scale.

In the course of adaptation, the response score on the four point scale was recorded as: Most of the time (4), several times (3), sometimes (2) seldom (1). This is to ensure equality of response scoring with other adapted scales. Secondly, some items were modified to reflect actions carried out by staff as against perceived stigmatization by HIV positive patients in teaching hospitals. For instance, item one (bordering on verbal abuse) reads *"Someone scolded me"*. This *will be modified to "I have scolded a patient who is HIV positive"*. Lastly, the negative perception and workplace stigma dimension were removed from the adapted instrument. This was removed because the researcher is not interested in investigating the intrinsic stigmatization from the victim and workplace stigma but stigma as exhibited by staff of teaching hospitals against the patients. The scale was adapted into Sections. Section A collected respondents' demographics information such as personal data such as the sex and age of staff.). The content validity of the instruments was carried out by the supervisor and two other experts. The Cronbach reliability technique was used to determine the reliability of the instrument. The researcher along with two (2) research assistants administered the questionnaire. The entire hypotheses were tested using Binary Logistic Regression (BLR) at 5% level of signficance.

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3. RESULTS

Hypothesis 1: Sex does not significantly predict stigmatization of HIV/AIDS patients attending teaching hospitals in Edo State, Nigeria

Table 1: Summary of Binary Logistic Regression (BLR) Analysis of Sex as a Predictor of Stigmatization

	β	S.E.	Wald	df	Sig.	Odd ratio
Sex(1)	-.898	.111	64.876	1	.000	2.455
Constant	-1.134	.089	160.639	1	.000	.322
Overall % model correctness = 65.4 Model Chi-square(X^2) = 71.7; df = 1; p < 0.01 Nagelkerke R Square = 0.061 (6.1%) *Significant at 5% (p = 0.05)						

From Table 1, Binary logistics regression was performed to determine the relationship/influence of sex of staff on or as a predictor of stigmatization of people living with HIV/AIDs in teaching hospitals in Edo State, Nigeria. The logistics regression model was significant (model Chi-square 71.7; p<0.01), leading to the rejection of the null hypothesis in favour of the alternative hypothesis which states that sex of staff does significantly predicts stigmatization of HIV/AIDs patient attending teaching hospitals in Edo State, Nigeria. The regression model explained 6.1% (Nagelkerke R^2) of the variance in HIV stigmatization behaviour of the staff and correctly classified 65.4% of the cases (i.e. those having high stigmatization status).

The coefficient for sex was positive (β = 0.932 and significant (Chi-Square = 67.9; p < 0.05); its positive value reveals a positive relationship between sex of staff and HIV stigmatization status of the staff. Specifically, the odd ratio (2.54) suggests that female staff were 2.5 times more likely to exhibit high HIV stigmatization against people living with HIV/AIDs than male staff.

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Hypothesis 2: Age of staff does not significantly predict stigmatization of HIV/AIDS patients attending teaching hospitals in Edo State, Nigeria.

Table 2: Regression results for test of relationship between age of staff and stigmatization of hospital patients attending Teaching Hospitals in Edo State, Nigeria

	β	S.E.	Wald	df	Sig.	Odd ratio
Age (< 35years)			35.819	2	0.000	
Age (35 – 40years)	0.962*	0.165	34.134	1	0.000	2.616
Age (> 40years)	0.433*	0.118	13.516	1	0.000	1.542
Constant	-0.990	0.091	117.873	1	0.000	0.372
Overall % model correctness = 65.4 Model Chi-square(X^2) = 36.2; df = 1; p < 0.01 Nagelkerke R Square = 0.031 (3.1%) *Significant at 5% (p = 0.05)						

From table 2, binary logistics regression was performed to determine the relationship between age of staff on or as a predictor of stigmatization of people living with HIV/AIDs in teaching hospital in Edo State, Nigeria. The logistics regression model was significant (model Chi-square = 36.2; p< 0.01), leading to the rejection of the null hypothesis in favour of the alternative hypothesis, which states that age of staff is a significant predictor of stigmatization of people living with HIV/AIDs in teaching hospitals in Edo State. The regression model explained 3.1% (Nagelkerke R^2) of the variance in HIV stigmatization behaviour of the staff and correctly classified 65.4% of the cases (i.e.that living high stigmatization status.

The coefficient (β= 0.962) for the age category (35 -40 years) was significant (Chi-square = 36.2; p <.05) and its positive value, and odd ratio of 2.61, indicates that staff that were 35 -40years old were about 2.6 times more likely to exhibit high HIV stigmatization against people living with HIV/AIDs than staff that were less than 35years old (the reference group)

Similarly, the coefficient (b =0.433) for the age category (> 40years) was positive and significant (Chi-square = 13.5; p<.05). Its positive value, and odd ratio of 1.54, indicates that staff that were > 40years old were 1.5 times more likely to exhibit high HIV stigmatization against people living with HIV/AIDs than staff that were less than 35years old (the reference group)

4. DISCUSSION

The result reveals a positive relationship between sex of staff and HIV stigmatization status of the staff as the result shows that female staff had higher likelihood of stigmatizing people living with HIV/AIDs than their male counterparts. The result agrees with that of Harapan and Khalilullah (2017) who found that female nurses were more involved in stigmatization of PLHIV than their male counter. The result corroborates that of Mbonu, Borne and Vries (2017) who found that there are similarities and differences between the general public and HCPs towards PLWHA in gender-stigmatization and reactions. Similarly the result agrees with that of Mulalo (2017) who found that shows that female nurses are more stigmatized among HIV/AIDS patients than their male counter in Mamelodi and Atteridgeville

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The result shows that age of staff is a significant predictor of stigmatization of people living with HIV/AIDs in teaching hospitals in Edo State. The result is not in line with that of Agyemang and too (2018) who found no significant relationship between old and young nurses and stigmization among HIV/AIDS patientsin Ghana. The result supports that of Oluwasola, Oshiname, Otovwe and Oluwasola(2018) who found that stigmatization among HIV/AIDS patients as gender and age were also found to affect people living with HIV/AIDS (PLHIV) at University College Hospital Ibadan. The result further agree with that of Bako, Mamman and Laah (2017) who found that younger nurses induced more in stigmatization of PLWHA than older nurses in Giwa and Kachia Local Government Areas.

5. IMPLICATIONS FOR GUIDANCE AND COUNSELLING

Findings from this study have provided additional data for the predictors of stigmatization of people living with HIV/AIDS among staff in teaching hospitals in Edo State, Nigeria. Hence, findings from the study further gives credence to the role of counsellors in ensuring that staff in teaching hospitals are well informed on how to relate with people living with HIV/AIDS. Therefore, the result shows the need for orientation, information, and referral services of counsellors.

Orientation and information services can be provided by counsellors. Through this service, staff that stigmatize against people living with HIV/AIDs can be better informed about how to relate with them. With orientation services, it is expected that staff of teaching hospital and other workers in various work settings would be better educated that stigmatization in the form of verbally abuse, social alienation socially isolate and verbal expression of fear of contracting the virus from people living with HIV/AIDs; may be highly implicative in increasing the spread of the HIV. This is because when stigmatization of HIV/AIDS patients receiving treatment at the teaching hospitals in Edo State rises among staff of teaching hospitals; many individuals who may have tested positive to the dreadful virus of HIV may begin to feel unsecure about disclosing their HIV status to HIV/AIDS patients and significant others – parents, siblings and others around them .

In addition, counsellors have a role to play in providing information services to people living with HIV/AIDS in public health care centres, market places, religious centres and other formal institutions. The information service is expected to provide accurate and current information so as to afford HIV/AIDS patients such as nurses the opportunity to make appropriate decisions on how to relate with patients of HIV/AIDs from various religious and cultural settings who are receiving medical treatment services in teaching hospitals.

Referral services can also be performed by counsellors to promote health of people living with HIV/AIDS who could be undergoing treatment in teaching hospitals. This service could be appropriate in event of depression and psychological trauma by patients undergoing treatment who could require the attention of other experts such as psychologist or psychiatrist as the case may be. Based on finding, of the study it is concluded that personal variables of staff – sex and age influence their stigmatization against persons living with HIV/AIDS HIV/AIDs in Edo State, Nigeria.

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6. RECOMMENDATIONS

Arising from the findings, the following recommendations are made:

1) Young staff of teaching hospitals (less than 35years) should be provided with on-the-job training to assist them cope with possible anxieties or fears that they could be incubating conscious or unconscious fear of contracting HIVin the course of discharging their duties r attending to HIV/AIDspatients attending teaching hospitals for treatment.
2) Counsellor educators, Professional Counsellors should partner with Non-Governmental Organisations (NGOs) and Community Based Organisations (CBOs) need to orient staff of teaching hospitals about how they can provide necessary medical care to HIV/AIDs patients without stigma or discrimination.

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