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# Socio-economic Factors Affecting Discriminatory Attitudes towards People Living with HIV/AIDS in Lagos State, Nigeria

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*Abstract: This study assessed socio-economic factors that could influence one's attitude towards people living with HIV/AIDS (PLWHA) in two local government areas of Lagos state: Lagos Mainland, an urban setting, and Epe, a rural community. Multistage and systematic sampling techniques were used in 40 enumeration areas (25 in Lagos Mainland and 15 in Epe) to obtain a sample of 1,611 respondents. Data were collected from September 2005 to April 2006 through interviews and focus group discussions. Hypotheses were tested by Chi-square and multiple logistic regression analyses. The results indicated a high level of awareness of HIV/AIDS. However, cultural interpretations of HIV/AIDS depicted gross misperceptions and myths about HIV/AIDS and its aetiology. These were conducive to discrimination. Many respondents would not be willing to marry PLWHA or share cutlery, toilets or rooms with them. The respondents would also not patronize PLWHA traders nor vote for them. They would alienate perceived PLWHA colleagues, withdraw their children from schools known to have students with HIV/AIDS and would forbid their children's association with such PLWHA. The study also showed that level of education, income of the respondents and knowledge of sexual mode of HIV transmission had an inverse relationship with discriminatory attitudes. Women and Epe LGA respondents were more likely than men and Lagos Mainland LGA respondents to exhibit discriminatory attitudes respectively.*

Keywords: Discrimination, HIV/AIDS, Lagos, PLWHA, Socio-economic Status

## Introduction and Statement of Problem

NIGERIA HAS THE second highest cases of HIV infection in Sub-Saharan Africa. Given the population base of Nigeria, the rate (4.4%) of the infection means that millions of Nigerians are living with the disease. The cost of treatment including nutrition is high. People living with the infection not only suffer the health consequences but also experience social discrimination (Federal Ministry of Health (FMOH), 2003; National Population Commission (NPC) and ORC/Macro, 2004). Discrimination may occur in different forms and settings. Among Africans one is expected to be his/her brothers' or sisters' keeper; however, when it concerns the People Living with HIV/AIDS (PLWHA) there is a behavioural change. Discrimination is a powerful tool of social control. It can be used to marginalize, exclude or manipulate PLWHA covertly or openly. It ravages the social fabric of the society; translates into human rights violation and is widely acknowledged as one of the major challenges facing successful care and prevention of HIV infection (Parker and Aggleton, 2002; UNAIDS, 2008). Fear of discrimination constrains PLWHA from living

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normal lives or openly declaring their HIV status (FMOH, 2003; UNAIDS, 2008). Discrimination may cause stress, low self-esteem, suicide, unemployment, and dislocation in PLWHA.

The fatal nature of the disease and its association with homosexuality and promiscuity have occasioned the rejection of PLWHA. Ignorance of the disease and the phobia it provokes in people have resulted in self-defence mechanisms among the public including health workers through segregation, exclusion, or the denial of equal opportunities (Reis et al, 2005). The perception of ill-health and the behaviour that it provokes are not uniform for all categories of people. It was argued, therefore, that social inequalities determined or influenced people's attitudes towards the PLWHA. In view of this, the study set out to investigate the relationship between socio-economic status (SES) of non-infected people and discriminatory attitudes directed at PLWHA in Lagos state. It was expected that highly educated persons, men, those with adequate knowledge of HIV transmission, high income earners and those living in urban areas would tolerate PLWHA.

## Literature Review

UNAIDS (1996) defines discrimination as any measure entailing any arbitrary distinction among persons depending on their confirmed or suspected HIV sero-status or state of health. It is described as negative attitudes, beliefs, attributes, behaviours, activities and experiences that occur in social interactions. Socio-economic status (SES) refers to a composite ranking which can be used to describe a person's overall social position. It refers to prestige, honour, respect and lifestyle associated with different positions or groups in society (Gerth and Mills, 1958). SES can also be derived from achieved characteristics such as educational attainment and occupational prestige, and from ascribed characteristics such as race, ethnicity, gender and family pedigree. Hence, it is a multi-dimensional concept.

There are reports of social exclusion, rejection and abandonment within the family (Adebajo et al, 2003). In Nigeria, some churches are known to request HIV tests before joining couples in marriage e.g. Anglican Communion and Redeemed Christian Churches. Current literature based on the variables under study e.g. the 2003 Nigeria Demographic and Health Survey (NDHS) and the 2003 National HIV/AIDS and Reproductive Health Survey (NARHS) revealed that women were more discriminatory than men. For instance, NARHS reported that a higher proportion of females (52%) than males (40%) were not willing to take care of family members living with HIV/AIDS (FMOH, 2003). The studies also showed that the level of discrimination was low among respondents with higher education and urban dwellers (FMOH, 2003; NPC and ORC/Macro, 2004). Some researches have also been carried out on people's knowledge, attitudes and behaviours towards PLWHA in different situations (FMOH, 2003; NPC and ORC/Macro, 2004; Adebajo et al, 2003; Reis et al, 2005; Adeokun, Okonkwo and Ladipo, 2006). Although they had generated a wealth of information, this was often not situated in social inequalities. This has hindered the advancement of theoretical understanding of HIV-related discrimination. To improve our understanding of this phenomenon, therefore, the study sought to analyze it within the frameworks of power and social inequalities.

## Theoretical Discourse

This section presents four theoretical expositions with tenets germane to the study. Theory of spoilt identity by Goffman (1963) advances that anyone who exhibits a gap between what he/she ought to be, "virtual social identity" and what he/she actually is, "actual social identity" (Ritzer, 1996) has spoilt his/her identity and therefore is vulnerable to discrimination. This socially constructed identification lays the foundation for discrimination against PLWHA. This theory was criticized by Foucault (1976) and Bourdieu (1979) for focusing solely on individual attributes rather than social processes, especially relations of power.

Foucault (1978) uses the concept of power to explicate discrimination. To him, power is linked to knowledge. He observes that through knowledge of sexuality, societies have come to exercise more power over sex. Power and knowledge nexus created a series of binary identifications: the good and the bad, the normal and the deviant, morality and immorality. Through this process, homosexuality came to be criminalized and condemned because it was seen as the very negation of masculinity and equating it with an equally marginalized femininity (Altman, 1972). By this construction, homosexuality became a threat in most social relations. This social construct of homosexuality illustrates the extent to which the society uses power to regulate the experience of subjectivity in the wider population. When AIDS was discovered among the homosexuals in the United States of America, it was followed by another epidemic, social discrimination. For Foucault, stigma and discrimination are deployed by concrete and identifiable social actors seeking to legitimize their own dominant status within the existing structures of social inequality.

Theory of fear posits that information about how painful some terminal illnesses are can generate the fear of dying (Rachman, 1990). HIV/AIDS is identified with evil and equated with death. Fear of contagion and death can provoke discrimination.

Desclaux, (2003) espouses that the attribution of a "foreign" origin to HIV infection, the near-universal representation of others as dangerous and the belief that it is a divine punishment for breaking taboos are conducive to discrimination. Due to its links with sex and blood which carry high symbolic charges, HIV/AIDS lends itself to these interpretations, thus legitimizing the rejection and condemnation it generates.

Each theory had some explanatory components therefore an eclectic paradigm was adopted to explain the relationship between SES and discriminatory attitudes. The origin of AIDS which was associated with homosexuality and others classified as high risk groups; social inequalities in the society; myths and misconceptions about HIV/AIDS; fear of contagion and death; all have provoked discrimination against PLWHA.

## Research Designs and Methods

A combination of cross-sectional and correlational survey was conducted in two local government areas (LGAs) of Lagos State namely Epe, a rural community and Lagos Mainland, a highly urbanized setting. Multistage and systematic sampling techniques were used in 40 enumeration areas (25 in Lagos Mainland and 15 in Epe) to obtain a sample of 1,611 respondents. Data were collected from September 2005 to April 2006 through interviews and focus group discussions. For ethical appropriateness, the research protocol was assessed and approved by the Institutional Review Board (IRB) of the Nigerian Institute of Medical Research (NIMR), Yaba, Lagos and respondents' oral informed consent was obtained. Data were

analyzed using Statistical Package for Social Sciences (SPSS), Chi-square and logistic regression analyses.

## Results

### *Socio-economic Profile of the Respondents*

Table 1 below shows that more men were studied (54.2%) than women (45.8%). The respondents' ages ranged from 18 to 82 years. Majority of the respondents were between 20 and 29 years old (52.8%) producing a mean age of 29.4 years. Over three-fifths of the respondents were single while one-third was married. About 47.1% and 45.1% had tertiary and secondary education respectively. It could be said that the sample was moderately literate. About 30.2% of the respondents were self–employed and 29.4% were in paid employment while 37.9% were unemployed. Almost two-thirds of respondents earned less than N20,000 per month with a mean income of N14,555.94. This result showed that half of the respondents earned above the national minimum wage of N7,500 per month. Disaggregating this proportion, one-half of the respondents earned less than N10,000. This included the unemployed respondents who had no income. About 18.8% declined to state their monthly incomes.

Table 1: Socio-economic Characteristics of the Respondents

| | Total | |
|---|---|---|
| Characteristics | N=1,611 | % |
| **Gender** | | |
| Male | 873 | 54.2 |
| Female | 738 | 45.8 |
| **Age groups** | | |
| 1. 18-19 | 141 | 8.8 |
| 2. 20-29 | 830 | 51.5 |
| 3. 30-39 | 373 | 23.2 |
| 4. 40-49 | 145 | 9.0 |
| 5. 50-59 | 58 | 3.6 |
| 6. 60-100 | 24 | 1.5 |
| No response | 40 | 2.5 |
| **Marital status** | | |
| 1. Never married (single) | 1016 | 63.1 |
| 2. Married | 531 | 33.0 |
| 3. Divorced/separated | 39 | 2.4 |
| 4. Widowed | 23 | 1.4 |
| No response | 2 | 0.1 |

| | | |
|---|---|---|
| **Level of education** | | |
| 0 None | 24 | 1.5 |
| 1. Primary | 96 | 6.0 |
| 2. Secondary | 726 | 45.1 |
| 3. Tertiary | 759 | 47.1 |
| No response | 6 | 0.4 |
| **Employment status** | | |
| 1. Not employed | 611 | 37.9 |
| 2. Self- employed | 487 | 30.2 |
| 3. Paid employment | 474 | 29.4 |
| No response | 39 | 2.4 |
| **Monthly income** | | |
| 1. Less than N10,000 | 804 | 49.9 |
| 2. N10,001 – N20,000 | 241 | 15.0 |
| 3. N20,001 – N30,000 | 90 | 5.6 |
| 4. N30,001 – N40,000 | 53 | 3.3 |
| 5. N40,001+ | 120 | 7.4 |
| No response | 303 | 18.8 |
| Source: Nwanna and Oyekanmi's survey 2006 | | |

## Conception of HIV/AIDS

People's conception of HIV/AIDS may affect their reactions and behaviours towards PLWHA. In Table 2 below, more than one-half of the respondents perceived HIV/AIDS to be a deadly/ killer/dangerous disease. About 15.4% saw it as an incurable/terminal disease. However, 18.6% described it as a sexually transmitted viral infection. A few of the respondents described it as a disease that sucked blood. Among the category "others" were those who still denied the existence of HIV infection (4.4%). Some other respondents labelled it a disease for others.

**Table 2: Respondents' Conception of HIV/AIDS**

| | Total | |
|---|---|---|
| | N | % |
| 1. Viral infection/STI/acquired immune deficiency disease | 285 | 18.6 |
| 2. Killer/deadly/dangerous disease | 878 | 57.3 |
| 3. Incurable/terminal disease | 235 | 15.4 |
| 4. Blood disease | 53 | 3.5 |
| 5. Others | 67 | 4.4 |
| 6. Don't know | 12 | 0.8 |
| Total | 1530 | 100.0 |
| Source: Nwanna and Oyekanmi's survey 2006 | | |

## Knowledge of HIV/AIDS

The respondents were asked to identify modes of transmission spontaneously. Where they did not, they were prompted to give an answer. In total, 89.7% of the respondents acknowledged that HIV was transmitted through sex compared to 9.4% who were prompted to respond (Table 3 below). About 14 (0.9%) were totally ignorant of the ways HIV was spread. Around 43.2% of the total population mentioned contaminated blood and blood products spontaneously while 54.6% were prompted. About 69.8% were able to list sharing of sharp objects spontaneously while 28.7% were prompted. It was presumed that many people would have heard of HIV/AIDS and its modes of transmission but this finding showed that it was a fallacy. Many respondents did not know that HIV could be spread from infected mother to unborn child if not prompted as demonstrated in Table 3 below.

A significant proportion believed that HIV could be contracted through kissing PLWHA (37.4%). About 24.2% mentioned insect bites. Those who submitted that use of public toilets with PLWHA could lead to HIV infection were 19.3%. Other routes listed by the respondents include sharing eating utensils with PLWHA (16.8%), coughing and sneezing (13.5%).

**Table 3: Respondents' Knowledge of Modes of HIV Transmission**

| | Total N=1,611 | | | |
|---|---|---|---|---|
| | Spontaneous | Prompted | | |
| | Yes | Yes | No | Don't Know |
| | % | % | % | % |
| Sexual intercourse | 89.7 | 9.4 | 0.4 | 0.4 |
| Blood transfusion | 43.2 | 54.6 | 1.2 | 1.0 |
| Sharing sharp objects e.g. razor blades, needles, | 69.8 | 28.7 | 1.1 | 0.4 |

| | | | | |
|---|---|---|---|---|
| From mother to unborn child | 19.1 | 68.7 | 7.0 | 5.2 |
| Sharing eating utensils with someone who has AIDS | 3.8 | 13.0 | 78.5 | 4.7 |
| Through mosquito, flea, or bedbug bites | 2.6 | 21.6 | 68.9 | 6.9 |
| Through circumcision | 14.1 | 71.9 | 10.3 | 3.7 |
| Using public toilet with an HIV/AIDS person | 3.2 | 16.1 | 73.5 | 7.2 |
| Sharing the office with a PLWHA? | 0.4 | 4.4 | 92.1 | 3.1 |
| Kissing an infected person | 4.9 | 32.5 | 52.7 | 9.9 |
| Coughing or sneezing | 1.2 | 12.3 | 79.1 | 7.3 |
| Swimming in the same pool with a PLWHA | 0.3 | 6.9 | 87.1 | 5.7 |
| Shaking hands with an infected person | 0.3 | 2.0 | 95.8 | 1.8 |
| Hugging a person who has AIDS | 0.3 | 2.1 | 95.6 | 2.0 |
| Source: Nwanna and Oyekanmi's survey 2006 | | | | |

## Dimensions of Discriminatory Attitudes towards PLWHA

In Table 4 below, 43.0%; 60.7% and 30.4% of the total respondents would not share toilets, cutlery and rooms respectively with PLWHA. A large percentage (95.5%) would not marry PLWHA, 38.9% would not purchase goods from neighbours with HIV/AIDS. If a PLWHA were to contest for any political position, 37.8% would not vote for him/her. The results also showed that about 10.6% would not share offices with PLWHA. More than one-fifth of the respondents would want the transfer of PLWHA to other units. The respondents were further asked what their reactions would be if they found out that a PLWHA was attending the same school with their children or wards. About 39.7% reported that they would discontinue their children from that school. In cases where their wards or children continued their education in the same schools, over one-half of the respondents would not permit their children to play with the children living with HIV/AIDS.

Table 4: Dimensions of Discriminatory Attitudes towards PLWHA

| Forms of Non-infected Respondent's Discriminatory Attitudes | N | % |
|---|---|---|
| **Will you share same toilets with PLWHA?** | | |
| 1. Yes | 909 | 57.0 |
| 2. No | 686 | 43.0 |
| Total | 1595 | 100.0 |
| **Will you share eating utensils with PLWHA?** | | |
| 1. Yes | 626 | 39.3 |
| 2. No | 968 | 60.7 |
| Total | 1594 | 100.0 |
| **Will you share a room with PLWHA?** | | |
| 1. Yes | 1111 | 69.6 |
| 2. No | 485 | 30.4 |
| Total | 1596 | 100.0 |
| **Will you marry a PLWHA?** | | |
| 1. Yes | 71 | 4.5 |
| 2. No | 1523 | 95.5 |
| Total | 1594 | 100.0 |
| **Continue to buy from PLWHA** | | |
| 1. Yes | 963 | 61.1 |
| 2. No | 614 | 38.9 |
| Total | 1577 | 100.0 |
| **Will you vote for a PLWHA who aspires to occupy a political office?** | | |
| 1. Yes | 988 | 62.2 |
| 2. No | 601 | 37.8 |
| Total | 1589 | 100.0 |
| **Will you share an office with a PLWHA who works within your organization?** | | |
| Yes | 1422 | 89.4 |
| No | 169 | 10.6 |
| Total | 1591 | 100.0 |
| **Will you want him/her transferred?** | | |
| Yes | 355 | 22.4 |
| No | 1228 | 77.6 |
| Total | 1583 | 100.0 |

| | | |
|---|---|---|
| **If you had a child or ward who is attending school where one of the students is known to have AIDS, will you allow your child to continue in that school?** | | |
| 1. Yes | 960 | 60.3 |
| 2. No | 633 | 39.7 |
| Total | 1593 | 100.0 |
| **If your child/ward continues in that school, will you permit him/her to have contact with the PLWHA?** | | |
| 1. Yes | 775 | 49.1 |
| 2. No | 804 | 50.9 |
| Total | 1579 | 100.0 |
| Source: Nwanna and Oyekanmi's survey 2006 | | |

## Association between SES and Discriminatory Attitudes towards PLWHA

To assess the association between SES and discriminatory attitudes, three methods were applied: bivariate analysis and Chi square ($X^2$) statistic in Table 5 and multivariate logistic regression analysis in Table 6 below. The independent variables and covariates were the socio-economic characteristics of the respondents including knowledge of sexual mode of HIV transmission. Out of all the dimensions of discriminatory attitudes discussed above, 'unwillingness to share same toilets with PLWHA' was adopted as the dependent variable because the virus does not survive outside the body.

In Table 5 below, 42.0% of the respondents who acknowledged that HIV was transmitted through sexual intercourse compared to 51.7% of those who were prompted to say yes would not share toilets with PLWHA. About 57.1% of those who said "no" and the ignorant ones would avoid PLWHA. This finding was statistically significant ($p<0.05$) with a value of $X^2$ statistic (6.33). It could therefore be said that knowledge of HIV transmission had a significant inverse relationship with unwillingness to share toilets with PLWHA.

**Table 5: Respondents' Socio-economic Characteristics by whether they will Share Same Toilets with PLWHA**

| Socio-economic Status of Non-infected People | Will you Share the Same Toilets with a PLWHA? | | | | | |
|---|---|---|---|---|---|---|
| | Yes | | No | | Total | |
| Knowledge of sexual mode of HIV transmission | N | % | N | % | N | % |
| Spontaneous yes | 825 | 58.0 | 599 | 42.0 | 1424 | 100.0 |
| Prompted yes | 72 | 48.3 | 77 | 51.7 | 149 | 100.0 |

| | | | | | | |
|---|---|---|---|---|---|---|
| No/don't know | 6 | 42.9 | 8 | 57.1 | 14 | 100.0 |
| Total | 903 | | 684 | | 1587 | |
| $X^2$= 6.330; df=2; Sig=0.042; Cont.Coeff.=0.063 | | | | | | |
| **Level of education** | | | | | | |
| None | 7 | 30.4 | 16 | 69.6 | 23 | 100.0 |
| Primary | 39 | 41.1 | 56 | 58.9 | 95 | 100.0 |
| Secondary | 369 | 51.0 | 354 | 49.0 | 723 | 100.0 |
| Tertiary | 488 | 65.2 | 260 | 34.8 | 748 | 100.0 |
| Total | 903 | | 686 | | 1589 | |
| $X^2$=47.63; df=4;Sig.=0.000; Cont.Coeff.=0.183 | | | | | | |
| **Place of residence** | | | | | | |
| Epe | 57 | 35.4 | 104 | 64.6 | 161 | 100.0 |
| Lagos Mainland | 852 | 59.4 | 582 | 40.6 | 1434 | 100.0 |
| Total | 909 | | 686 | | 1595 | |
| $X^2$=34.05; df=1; Sig.=0.000; Cont.Coeff.=0.145 | | | | | | |
| **Gender** | | | | | | |
| Male | 520 | 60.0 | 346 | 40.0 | 866 | 100.0 |
| Female | 389 | 53.4 | 340 | 46.6 | 729 | 100.0 |
| Total | 909 | | 686 | | 1595 | |
| $X^2$=7.22; df=1; Sig.=0.007; Cont. Coeff.=0.06 | | | | | | |
| **Income** | | | | | | |
| Less than N10,000 | 429 | 54.0 | 366 | 46.0 | 795 | 100.0 |
| N10,001 – N20,000 | 134 | 55.8 | 106 | 44.2 | 240 | 100.0 |
| 20,001 – N30,000 | 55 | 61.8 | 34 | 38.2 | 89 | 100.0 |
| 30,001 – N40,000 | 35 | 66.0 | 18 | 34.0 | 53 | 100.0 |
| N40,001 + | 88 | 73.9 | 31 | 26.1 | 119 | 100.0 |
| Total | 741 | | 555 | | 1296 | |
| $X^2$=19.68; df=4; Sig.=0.001; Cont.Coeff.=0.012 | | | | | | |
| Source: Nwanna and Oyekanmi's survey 2006 | | | | | | |

Table 5 above indicates that out of 23 respondents with no formal education, 69.6% were disinclined to share toilets with PLWHA. This level of discriminatory attitudes declined to 58.9% with those who had primary education. It declined further to 49.0% and 34.8% among respondents with secondary and tertiary education respectively. The findings showed a steady and gradual decline in discriminatory attitudes as the educational level increased. This was highly significant ($p<0.001$) as $X^2$ was 47.63. The data in Table 6 below confirmed the finding. The regression coefficient of 1.504 for those with no formal education was significant ($p<0.05$). The odds ratio (OR) value (4.497) for this category indicated that non-literates were four times more likely to discriminate against PLWHA than those with tertiary education which served as a reference category (RC). This OR of 4.497 declined to 2.301 ($p<0.01$) for those with primary education. It further declined to 1.752 ($p<0.001$) for respondents with secondary education, i.e. the higher the level of education the lower the level of discrimination. Respondents with primary education were twice more likely than those with tertiary education to avoid PLWHA. In conclusion therefore, there was a significant inverse relationship between the two variables.

About 64.6% of the respondents from Epe LGA would not share toilets with PLWHA (Table 5) compared to 40.6% from Lagos Mainland LGA. The Chi-square value of 34.045 was highly significant ($p< 0.001$). Logistic regression in table 6 below for Epe LGA was also highly significant ($p<0.001$) with OR of 3.699 and a small standard error (SE) (0.245). This implies that Epe LGA respondents are three times more likely than respondents from Lagos Mainland LGA to discriminate against PLWHA i.e. ruralites are more discriminatory than urbanites.

Table 5 further indicates that 46.6% of women compared to 40.0% of men were disinclined to share toilets with PLWHA. The $X^2$ value of 7.22 was significant ($p<0.01$). The predictive power of gender was also significant ($p<0.05$) in Table 6 below. The OR of male gender (0.751) was less than OR (1.000) of the female gender (RC). In other words, women are more likely to exhibit discriminatory attitudes than men. The finding is consistent with earlier studies where women showed more discriminatory attitudes than men (FMOH, 2003; NPC and ORC/Macro, 2004).

In Table 5, 46.0% of those who earned less than N10, 000 would not tolerate PLWHA. The degree of intolerance declines as people earn more money e.g. 44.2% of the respondents who received between N10, 001 and N20, 000, and 38.2% of those who earned between N20, 001 and N30, 000 were not favourably disposed to use the same toilets with the PLWHA. This finding was statistically significant with $X^2$ value of 19.68 ($P<0.001$). This relationship was validated by the logistic regression analysis in Table 6. Income of the respondents had a predictive power over discriminatory attitudes. Respondents who earned no income with OR of 2.074 ($p<0.05$) were twice likely to discriminate against PLWHA compared to those who earned N40, 001 and above. It indicates that the lower the income of the non-infected respondents, the higher the propensity to discriminate against PLWHA.

**Table 6: Logistic Regression Models Predicting the Probability of Exhibiting Discriminatory Attitudes towards the PLWHA by whether they will Share same Toilets with PLWHA**

| Respondents' Characteristics | Regression Coefficient | Std Error (S.E) | Odds Ratios | 95.0% Confidence Interval (C.I.)for Odds Ratios | |
|---|---|---|---|---|---|
| | | | | Lower | Upper |
| **Sex** | | | | | |
| Male | -0.286 | 0.126 | 0.751* | 0.587 | 0.961 |
| Female (Reference category RC) | 0.000 | | 1.000 | | |
| **Place of Residence** | | | | | |
| Epe | 1.308 | 0.245 | 3.699*** | 2.290 | 5.975 |
| Lagos Mainland (RC) | 0.000 | | 1.000 | | |
| **Age** | | | | | |
| 15-29 | 0.523 | 0.351 | 1.687 | 0.848 | 3.358 |
| 30-49 | 0.115 | 0.313 | 1.122 | 0.608 | 2.073 |
| 50-100 (RC) | 0.000 | | 1.000 | | |
| **Marital status** | | | | | |
| Single | -0.312 | 0.372 | 0.732 | 0.353 | 1.519 |
| Married | 0.154 | 0.339 | 1.166 | 0.600 | 2.266 |
| Divorced/separated/ Widowed (RC) | 0.000 | | 1.000 | | |
| **Level of Education** | | | | | |
| None | 1.504 | 0.634 | 4.497* | 1.297 | 15.596 |
| Primary | 0.833 | 0.317 | 2.301** | 1.236 | 4.284 |
| Secondary | 0.561 | 0.138 | 1.752*** | 1.337 | 2.297 |
| Tertiary (RC) | 0.000 | | 1.000 | | |
| **Employment Status** | | | | | |
| Unemployed | -0.289 | 0.204 | 0.749 | 0.502 | 1.119 |
| Self employed | 0.128 | 0.170 | 1.136 | 0.814 | 1.587 |
| Paid employment (RC) | 0.000 | | 1.000 | | |

| | | | | | |
|---|---|---|---|---|---|
| **Income** | | | | | |
| Less than N10,000 | 0.729 | 0.303 | 2.074* | 1.145 | 3.754 |
| N10,001 – N20,000 | 0.473 | 0.274 | 1.605 | 0.938 | 2.746 |
| 20,001 – N30,000 | 0.340 | 0.327 | 1.405 | 0.741 | 2.664 |
| 30,001 – N40,000 | 0.265 | 0.375 | 1.303 | 0.624 | 2.721 |
| N40,001 + (RC) | 0.000 | | 1.000 | | |
| **Ethnic Groups** | | | | | |
| Hausa | -0.363 | 0.567 | 0.696 | 0.229 | 2.114 |
| Igbo | 0.056 | 0.200 | 1.057 | 0.714 | 1.566 |
| Yoruba | 0.082 | 0.179 | 1.086 | 0.765 | 1.541 |
| Others (RC) | 0.000 | | 1.000 | | |
| **Types of Dwellings** | | | | | |
| Single room | -0.099 | 0.228 | 0.906 | 0.580 | 1.412 |
| Room and parlour | 0.070 | 0.229 | 1.072 | 0.685 | 1.680 |
| Mini flat | -0.271 | 0.261 | 0.762 | 0.457 | 1.272 |
| 2-3 bedroom flat | -0.015 | 0.224 | 0.985 | 0.635 | 1.528 |
| Duplex | 0.243 | 0.333 | 1.276 | 0.664 | 2.452 |
| Single family house (RC) | 0.000 | | 1.000 | | |
| **Types of Toilets** | | | | | |
| Bucket latrine/bush/field/river-side | 0.544 | 0.562 | 1.724 | 0.573 | 5.187 |
| Pit toilet/VIP latrine | -0.359 | 0.204 | 0.698 | 0.468 | 1.042 |
| water closet (RC) | 0.000 | | 1.000 | | |
| **Knowing that HIV can be Spread through Sex** | | | | | |
| Spontaneous yes | 0.467 | 0.635 | 1.596 | 0.460 | 5.538 |
| Prompted yes | 0.643 | 0.665 | 1.902 | 0.517 | 7.000 |
| No/don't know (RC) | 0.000 | | 1.000 | | |
| **Constant** | -1.715 | 0.794 | 0.180 | | |

**-2 Log likelihood** = 1586.344; Model $X^2$ = 113.788; Selected cases = 1244;
*p<0.05; **p<0.01; ***p<0.001
Source: Nwanna and Oyekanmi's survey 2006

## Discussion of the Major Findings and their Implications

The study demonstrated that HIV/AIDS had been open to much misconstruction. HIV/AIDS was labelled a lethal disease caused by promiscuity, immorality, kissing infected persons, insect bites, witchcraft, filthy environment, sharing of common or public toilets, eating utensils, and divine punishment. All these encourage discrimination and support Foucault's (1978) assertion that HIV/AIDS is associated with sexual perversions. This is premised on the early images of AIDS as a fatal disease caused by deviant and stigmatized lifestyles like homosexuality, commercial sex work, drug use, pre/extra marital sex and promiscuity (Goffman, 1963; Foucault, 1978). Prevention messages often placed additional distance between the PLWHA and the rest of the community because they gave the impression that HIV prevention did not concern the larger society. Furthermore, attributing the cause of HIV/AIDS to God is rooted in an age-old explanation that a disease is a consequence of failure to observe social norms punishable by supernatural powers (Desclaux, 2003). The patients are then held culpable and have to bear the consequences of their reprehensible behaviours. People with such myths and misconceptions are likely to shun PLWHA.

Many respondents would not be willing to marry PLWHA or share cutlery (60.7%), toilets (43%) or rooms (30.4%) with them. The respondents would also not patronize PLWHA traders nor vote for them. They would alienate perceived PLWHA colleagues, withdraw their children from schools known to have students with HIV/AIDS and would forbid their children's association with such PLWHA. This is sad because Section 41 of the 1999 Constitution of Federal Republic of Nigeria and Article 124 of the African Charter on Human Rights provide that every individual has the rights to freedom of movement and association. Furthermore, since the invention of antiretroviral therapy (ART), the health conditions of some PLWHA have improved so tremendously that they could live normal lives. Some PLWHA had married non-infected people (discordant couples) and had children who were negative (our observation). Major reason provided for these negative reactions was fear of contagion and death. This validates Rachman's (1990) postulation about fear. Other possible explanations lie in the misconceptions and misperceptions about HIV/AIDS and its aetiology. The policy implication is that knowledge of HIV/AIDS has not been translated into positive attitudes towards the PLWHA.

Ability to identify that HIV is transmitted through sexual relations may influence social discrimination against PLWHA as both variables were inversely related. The study revealed a high level of myths and ignorance of the modes of transmission of HIV infection. The respondents were therefore likely to isolate PLWHA. Also discovered was that many respondents still denied the existence of HIV/AIDS. This is in spite of numerous enlightenment campaigns that have been organized in the state. This is worrisome because this particular group of people will not go for voluntary testing. They would also not bother about protecting themselves from contracting it; therefore, they become highly vulnerable. Studies on social capital have shown that people who deny HIV infection are particularly vulnerable to the epidemic (Barnett and Whiteside, 2002).

The study showed that there was a statistically significant inverse relationship between educational level of the respondents and discrimination against PLWHA. People with low education had the tendency to dissociate themselves from PLWHA. This is probably because educated people are likely to be more enlightened, have more access to correct information about HIV/AIDS and are more likely to reside in urban centres than uneducated and non-

literate people. Educated people may be tolerant of PLWHA. This result validates earlier studies (FMOH, 2003; NPC and ORC/Macro, 2004).

Place of residence influences the probability of discriminating against PLWHA. There was a strong and significant relationship between place of residence and discriminatory attitudes. Rural dwellers were found to be more discriminatory. This may be attributed to lack of adequate knowledge of HIV infection, myths and misinformation associated with it and phobia about contagion and death (Rachman, 1990; Desclaux, 2003). This implies that culturally acceptable programmes are required to help sensitize and enlighten the rural populace on the HIV pandemic. Studies have shown that discrimination is pervasive in rural communities (FMOH, 2003; NPC and ORC/Macro, 2004).

In spite of the natural caring role of women, they exhibited more discriminatory attitudes than men. This may be attributed to the anatomy of the female reproductive organs via which the women believe they could contact sexually transmitted infections easily from toilets seats, therefore, they will not like to share toilets with PLWHA. The study found that the non-infected respondents perceived that HIV infection could be contracted from toilet seats. Fear of contagion therefore made the women unwilling to share toilets with PLWHA (Rachman, 1990)

The results finally showed that low income earners were more likely to shun PLWHA than high income earners. Poor respondents are likely to live in single rooms/room and parlour apartments where residents share toilets. With the gross misperception and myths about HIV/AIDS and phobia found in this study, the respondents were likely to dissociate themselves from PLWHA (Foucault, 1978; Goffman, 1963; Rachman, 1990; Desclaux, 2003).

## Recommendations

Based on the above-stated findings the following are recommended:

1. Intensive HIV/AIDS education, enlightenment campaigns and information should be organized for the general public particularly the poor, women, low educated, un-informed and rural populace.
2. Compulsory and free formal education should be enforced. HIV/AIDS and family life education (FLE) should be introduced in schools at all levels with appropriate and culturally acceptable programmes to increase public awareness and reduce the spread of HIV in the state. HIV/AIDS counselling should also be incorporated into the school curriculum.
3. Poverty alleviation programmes for the poor members of the non-infected people should be intensified.

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