

## INFLUENCE OF GENDER AND AGE ON EMPLOYEES' PERCEPTION OF CO-WORKERS WITH HIV/AIDS AMONG BANKERS IN ASABA, DELTA STATE, NIGERIA

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**ABSTRACT:** *The research examined the influence of gender and age on employees' perceptions of co-workers with HIV/AIDS among bankers in Asaba, Delta State, Nigeria. With purposive sampling, 140 bankers were sampled consisting 74 (52.9%) male, and 66 (47.1%) females of age-ranged 25-50 years, mean-age 29.71 years and SD 5.68. Instrument was questionnaires on perception of coworkers with HIV/AIDS developed by Kanengoni, Mazorodze and Harunavamwe (2011). Statistics was Two-Way ANOVA. Finding showed significant difference between male and female bankers on their perception of co-workers living with HIV/AIDS  $F(1, 136)=16.34, p<.000$ ; significant different between older and younger bankers on their perception of co-workers living with HIV/AIDS  $F(1,136)=9.34, p<.000$ ; and significant interaction between gender and age of bankers perception of co-workers living with HIV/AIDS at  $F(1, 36)=14.46, P<.000$ . Recommendation is made for further studies on perceptions of coworkers living with HIV/AIDS from educational and religious perspectives.*

**KEYWORDS:** Gender, Age, HIV/AIDS, Perception, Employees, Bankers.

### INTRODUCTION

The perception of bankers towards HIV/AIDS infected co-workers can determine the climate that is likely to prevail in the organization. If bankers have negative perception towards their infected co-workers, then it means that the social bond that tightens the informal group is likely to be loosened thereby reducing morale among colleagues. Positive perceptions may result in infected bankers feeling part of the team and accommodated, thereby reducing stress (Odendaai, Robbins & Roodt, 2001).

Perceptions of bankers towards co-workers infected with HIV/AIDS should not be under estimated. Odendaai (2001) defined perception as a process by which individuals organize their sensory impressions in order to give meaning to their environment. Bankers (workers) infected with HIV/AIDS suffer physically and psychologically, as well as stigmatized by colleagues.

Human immune deficiency virus/acquired deficiency syndrome (HIV/AIDS) has killed millions of people, caused fear and

uncertainty both in the workplace. According to Natrass (2004), HIV/AIDS has a negative impact on organizational costs, considering that persons living with HIV/AIDS increase costs on medical aid benefits.

Working with colleagues living with HIV/AIDS can be demanding experience of one's career (Gant, Stewart and Lynch, 1998). Kauffman and Launder (2004) argued that there is a strong individual stigma connected with being HIV positive. Forum for African Women Educationalists (FAWE) and United Nations HIV/AIDS programme (UNAIDS) (2006) have revealed that youths of school age between 15 to 24 years are the ones worst hit by the HIV/AIDS epidemic. AIDS in adults age of fifty (50) years and older occurs unreasonably among ethnic minorities.

### Literature Review

#### Theoretical Review

**Social identity theory (Goffman, 1963):** The theory considers how people use social constructs to judge or label someone who is different or disfavoured. People with certain illness are often

judged by their conditions. The perceptions of the employees towards their co-workers who are infected is dependent upon their social construction about what it means when one is HIV/AIDS positive in the workplace. With advanced treatments and therapies, bankers living with HIV/AIDS (PLWAS) are experiencing significant improvements in physical and mental health. It makes many of them return to work.

#### **Diffusion of innovation theory (Rogers, 1983):**

It describes the process of how an idea (for example living with HIV/AIDS) could be disseminated throughout a community of bankers. The theory has four essential elements: Innovation, its communication, the social system, and time. People are exposed to a new idea, which takes place within a social network or through the media. This process will determine the rate at which people adopt the new behaviour. The theory posits that people are most likely to adopt new behavior based on its favourable source.

#### **Empirical Review**

Akpama, Ayang, and Denga (2012) investigated the perception of the attitude to HIV/AIDS prevention, influence of peer group pressure, and age among adolescents in secondary schools in Cross River State, Nigeria. Two hypotheses were formulated to guide the study. Ex-post facto research design was adopted for the study. The sample consisted of 900 adolescents drawn from six sampled secondary schools across the three senatorial zones of Cross River State. Data were collected and analyzed using two-way analysis of variance statistics. The two hypotheses were tested at a  $p < .05$  level of significance. The finding revealed that adolescents' attitude to HIV/AIDS prevention was significantly influenced by peer group pressure and age. The findings also revealed that despite the knowledge gained about HIV/AIDS and its prevention, adolescent's perception of HIV/AIDS prevention was not influenced by peer group pressure and age.

In a study done by Norman (2006) in Jamaica, the results indicate that significant proportions of persons still hold less sympathetic attitudes toward various groups of PLWHAS. Less than half of the students were sympathetic to

homosexual male or female prostitutes living with HIV/AIDS. Majority of them reported sympathetic feelings towards heterosexual males and non-prostitute female living with the disease. However, when illness was believed to be the result of 'immoral behaviour', being infected with HIV/AIDS reinforces pre-existing sexual stigmas. This can result in blaming members of these marginalized groups for their own disease and as such decreases the level of sympathy articulated for them.

In a study done by Kahn (2002), workers that were HIV/AIDS positive acknowledged that their colleagues did not want to eat with them, use the same toilets or even using the same cups and plates. As a result, they felt angry and stressed. In a study done in Hong Kong by Lau and Wong (2001), it was found that perceptions of the co-workers of an HIV-positive employees give a portrait of fear and misunderstanding (panic, resignation and deterioration of work performance). It is a manifestation of the frequent misconceptions about the functional capacities of the HIV-positive workers, as well as misconceptions related to the mode of HIV transmission.

In the study by Ogden and Nyblade (2005) as cited by Parker and Birdsmall (2005), perceptions of morality were linked to promiscuity, moral transgression, choosing to engage in 'bad' behavior and punishment from God. This is contrasted with social values to do with what is considered normative, appropriate or 'good' behavior. Perceptions of relative guilt or innocence in relation to HIV infection were also referred to for example, babies who were infected maternally or health workers who were infected with HIV during the course of their work were seen as 'innocent victims' whereas people who were infected through sexual intercourse were perceived as being guilty as a product of having brought the disease upon themselves. A study undertaken by the Human Research Council (2006) showed some degree of negative attitudes and perceptions about marrying a person with HIV/AIDS, sadly some care givers who are supposed to show concern to HIV/AIDS positive people are reportedly to have negative attitude towards them.

According to Cole and Slocumb (1999) some nurses manifest negative attitudes towards patients suffering from HIV/AIDS. These negative attitudes may often be amplified by nurses' perception of how the patient contracted HIV making a distinction between those patient who are innocent victims (such as those who contracted the disease through birth or blood transfusions) and deserving victims (those who contracted the disease as a result of their lack of social responsibility, such as intravenous drug users and those who do not practice safe sexual intercourse). However, in a research done in Kenya by Juma (2001), it was found that pupils had positive attitudes towards their fellow pupils who had been affected with HIV/AIDS, with regards to statement that 'HIV/AIDS' victims should be shunned or avoided, 32.2% said 'yes', 51.7% said 'no', and 16.1% were 'not sure'.

### **Statement of the Problem**

HIV/AIDS has caused countless physical and emotional suffering amongst bankers. People with HIV/AIDS may feel isolated, guilty, dirty and full of shame. As far as past researches on HIV/AIDS are concerned, little has been done to uncover the perceptions of bankers toward working with infected co-workers. However, other researchers focused on policies of managing HIV/AIDS in the workplace and support programmes for the infected workers. The present study seeks to investigate the perceptions of bankers towards working with HIV/AIDS infected co-workers at selected commercial bank in Asaba, Delta State, Nigeria.

### **Significance of the Study**

1. The study will contribute to literature on the workplace behaviour concerning being HIV/AIDS-positive employee.
2. Understanding the perceptions of workers towards infected co-workers will help workplace reorientation, so as to create atmosphere of respect and dignity in the organization.
3. The management must remember that it is the perception of workers that results in certain favourable or unfavourable behaviours. In order to get rid of unfavourable behaviours, the

management must understand the perceptions of the workers.

### **Hypotheses**

1. There will be a significant difference between male and female bankers on their perception of coworkers living with HIV/AIDS.
2. There will be a significant difference between older and younger bankers on their perception of coworkers living with HIV/AIDS.
3. There will be a significant interaction between gender and age on bankers' perception of coworkers living with HIV/AIDS.

### **METHOD**

**Participants:** The participants for this study were one hundred and forty (140) workers drawn from different banks (Guarantee Trust Bank, UBA, Union Bank, First Bank Plc and Access Bank) in Asaba, Delta State. The participants consist of 74 (52.9%) males, while 66 (47.1%) were females. The ages of the participants ranged from 25 to 50 years, with a mean age of 29.71 years and standard deviation of 5.68. They also consisted of 35 bankers derived from Guaranty Trust Bank, 20 from Skye Bank, 25 from Union Bank of Nigeria, 25 from United Bank of Africa and 35 from First Bank of Nigeria Plc.

**Instrument:** A 7-items questionnaires on perception of co-workers with HIV/AIDS developed by Kanengoni, Mazorodze and Haruavamwe (2011) were used in the study. The response option for the scale was based on 5-point Likert format ranging from: 1-Strongly disagree, 2-Disagree, 3-Neutral, 4-Agree and 5-Strongly Agree.

**Procedure:** The researcher went to different banks in Asaba, Delta State to get approval to conduct the research. The approval was granted after proper introduction to the managers of the various banks. On the agreed day, the researcher went to the bank to share the questionnaires. Incidental sampling was used to administer the questionnaire. A total of 170 questionnaires were administered, but 140 were returned. One of the problems encountered was some of the bankers

did not fill their own because of the nature of their job.

**Design/Statistics:** The study had cross-sectional design. Two-Way analysis of variance was used as a statistical tool for data analysis.

## RESULTS

**Table 1: Summary Table of Mean and Standard Deviation of Gender and Age on Bankers' Perception of Co-workers with HIV/AIDS.**

Gender	Mean	N	STD Deviation
Male	35.70	74	9.19
Female	30.24	66	8.69
Total	33.13	140	9.34
Older	34.95	74	8.92
Younger	31.09	66	9.44
Total	33.13	140	9.34

**Table 2: Summary Table of Two-Way ANOVA on the Effect of Gender and Age on Bankers' Perception of Co-workers with HIV/AIDS.**

Source	Type III sum of squares	DF	Mean square	F	Sig
Gender	1119.23	1	1119.23	16.34	.000
Ages	640.06	1	640.06	14.46	.000
Gender & Age	990.49	1	990.49		.000
Error	9316.37	136	68.50		
Total	165770.00	140			
	12119.69	139			

The table 2 above indicated that the first hypothesis which stated that there will be a significant difference between male and female bankers on their perception of co-workers living with HIV/AIDS was accepted  $F(1,136)=16.34, P<.000$ . Also, the second hypotheses which stated that there will be a significant difference between older and younger bankers on their perception of co-workers living with HIV/AIDS was accepted,  $F(1, 136) = 9.34, P<.000$ . Finally, the result showed that there was a significant interaction between gender and age of bankers on their perception of co-workers living with HIV/AIDS  $F(1,136)= 14.46, P<.000$ .

## DISCUSSION.

The first hypothesis which stated that there will be a significant difference between male and female bankers on their perception of co-workers living with HIV/AIDS was accepted. This indicated that gender is the one of the contributory factors to bankers' perception of colleagues living with HIV/AIDS. In addition, the second hypothesis which stated that there will be a significant difference between older and younger bankers on their perception of colleagues living with HIV/AIDS was accepted. This means that age is a factor in perception of bankers/workers living with HIV/AIDS. The relation between the present study and that of Akpama, Ayang and Denga (2012) was that both indicated that demographic factor like age can influence one's perception of HIV/AIDS. Finally, the result also showed that there was a significant interaction between gender and age on bankers' perception of co-workers living with HIV/AIDS. This is also supported by Akpama, Ayang and Denga (2012).

## Conclusion.

The study concludes that demographic factors such as age and gender significantly influenced bankers' perception of their colleagues living with HIV/AIDS. The older adults that were sampled had relatively heightened perception of risk when compared with results reported for younger samples.

## Limitations

1. Firstly, the bankers met in the organizations were not disposed to respond to the research items. This resulted in the small sample size used in this study.
2. Secondly, the number of participants selected for this study were very small. More effort should be made in future to have larger samples than as used in this study.

## Recommendations

1. Effort should be intensified in eradicating the persisting misconceptions about HIV/AIDS in the workplace.
2. Co-workers living with HIV/AIDS should be given social support not discrimination.

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