

# HIV/AIDS and Discrimination in Access to and Maintenance of Employment: The Case of PLHIV<sup>1</sup> in the Localities of Abidjan and Bouaké, Ivory Coast

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## Abstract

Faced with the difficulties of access to employment and the discrimination suffered by Person Living with HIV (PLHIV) in the world of work, the Ivorian legislator took measures in the mid-2010s to protect them. And yet, these practices persist. Based on a case study of two localities (Abidjan and Bouaké), the article attempts to uncover these discriminations and at the same time grasp the root causes of these practices. The aim is to establish a relationship between the discrimination experienced by PLHIV in the world of work and that in society. The text is based on a literature review and a qualitative survey carried out with 41 key informants through 4 focus groups and 9 individual interviews with PLHIV workers (focus groups), Non-Governmental Organizations (NGOs), workers' organizations (unions) and employers (OE) and heads of Government Services (SG). The article concludes that discrimination in access to and maintenance of employment against People Living with HIV (PLHIV) in the world of work is the extension of current practices in society. They are accentuated when it comes to specific vulnerable groups. Key populations, in particular LGBT face double discrimination: one related to their sexual orientation and another to their HIV status.

## Keywords

HIV/AIDS, PLHIV, Discrimination, Key Populations, Ivory Coast

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<sup>1</sup>Person living with HIV.

## 1. Introduction

Since the emergence of HIV in the mid-years, many African countries have been affected by the pandemic, including Cote d'Ivoire. This country experienced high prevalence before starting to decline from the beginning of the 2000s. In fact, this rate fell from 12.5% in 1997 to 2.4% in 2019 (PNLS<sup>2</sup>, 2021). Such results have been made possible thanks to various initiatives aimed at mitigating the effects of this scourge.

International solidarity could not be more prompt. At the bilateral level, northern states have created specialized agencies or relied on their international development structures to help southern states contain the pandemic. At the multilateral level, UNAIDS was created in 1995 to coordinate activities related to the fight against HIV in the world. The Millennium Development Goals (MDGs) drawn up at the start of the 2000s have made it possible to strengthen this fight. The objective was to stem the spread of the pandemic and thus reverse the trend at the time of the development of the MDGs (United Nations, 2014).

Also at the national level, actions have been taken to give substance to international solidarity. In the world of work in particular, measures have been taken to limit the effects of the pandemic and thus protect workers. The National Policy for the Fight against HIV/AIDS in the Workplace in Côte d'Ivoire was developed in 2006 for this purpose. It aimed to strengthen the fight against AIDS in the world of work.

In public services, Order No. 40 MLS/CAB of December 18, 2003 establishing Sectoral Committees for the Fight against HIV/AIDS (CSLS) in Côte d'Ivoire has made it possible to set up focal units responsible for and state institutions to fight the pandemic there. In the private sector, an employers' organization dedicated to the fight against HIV and called the Coalition des Entreprises de Côte d'Ivoire (CECI) was created in 2006 for the same reasons at the company level. The Guide for the response to HIV and AIDS in the workplace in Côte d'Ivoire was developed in 2004 to support the actions of actors in the process of the fight in the world of work.

However, at the scientific level, the pandemic, its effects, as well as the relationships between healthy actors and those affected by HIV in public services and private companies have received very little attention. In general, the authors are interested in the factors explaining the variations in prevalence from one region to another in Côte d'Ivoire (Essis et al., 2022) or the factors linked to the transmission of HIV between the infected mother and the new born (N'guessan et al., 2017). Other work focuses on the low adherence of adolescents to Anti-Retroviral (ARV) treatments among young people (Eboua et al., 2018). In the professional environment, the work deals with the mixed contribution of companies to the fight against the pandemic (Bekelynck, 2014) which could be explained by the constraints suffered by them due to deaths and also the lack of care appropriate for Workers Living with HIV (PLHIV) (Aventin, 1998).

<sup>2</sup>Programme national de lutte contre le Sida.

Whether at the general level or in the world of work, the work seems to have passed over in silence the issue of access to and retention in employment of People Living with HIV (PLHIV). However, this is a reality experienced by workers. Moreover, in 2014, Law No. 2014-430 of July 14, 2014 on the prevention, protection and repression regime in the fight against HIV and AIDS was taken to protect PLHIV extends the principle of no discrimination against all sectors of the world of work and against all workers, in particular with regard to access to and maintenance of employment. In 2015, Law No. 2015-532 of July 20, 2015, on the Labor Code reaffirms this principle of non-discrimination based on the supposed or real HIV serological status of workers in employment or seeking employment.

This observation, born of a reality that has led the legislator to take measures to protect workers and the lack of scientific interest in this issue, raises our research question: what explains discrimination in access or maintaining employment of PLHIV in Côte d'Ivoire and more particularly in Abidjan and Bouaké? To answer this question, we formulate the following hypothesis: these discriminations constitute the reproduction of those practiced in society in general. Otherwise, discrimination against PLHIV in the world of work is an extension of current practices in society.

## **2. Materials and Methods**

The article is based on a survey carried out between July and September 2022 in Abidjan and Bouaké. These localities were identified for the study because of the importance of economic activity and therefore the importance of the number of workers. The article attempts to analyse the practices of discrimination in access to and maintenance of employment, in order to grasp the explanatory factors underlying these facts. This is a qualitative study based on documentary research, in-depth interview (IDI) and focus groups (FG).

Regarding data collection, a qualitative survey was conducted with 41 key informants. There are 32 participants in 4 focus groups and 9 individual interviews, including 2 leaders of Non-Governmental Organizations (NGOs), one head of Employers' Organization (OE), 3 trade union leaders and 3 heads of Government Structures (SGs). The analysis of the data brings to light the difficulties of access to and maintenance of employment faced by PLHIV in the world of work as well as the root causes of these facts. Four interview guides were required for data collection. The first (Focus group) is intended for PLHIV workers. The second is addressed to Non-Governmental Organizations, The third to Unions and Employee's Organizations ((EO). The fourth is intended for heads of Government Services (SG).

Qualitative data from individual interviews and focus groups were transcribed into the Microsoft Word application. They were then processed and analysed using the QDA Miner software. A content analysis of the discourse delivered by the respondents made it possible to exploit the data by identifying themes re-

lated to the discrimination of PLHIV in the localities studied. The software used made it possible to identify the key messages delivered by the respondents; to make comparisons to highlight convergences and divergences and to illustrate the key messages with verbatim statements that reflect the perception expressed by respondents. The theory of social representations is mobilized to account for this problem.

### 3. Results

#### 3.1. Progress and Inclusion of HIV-Positive People

Since the beginning of the pandemic, numerous awareness-raising and prevention activities have been carried out in public services and in private companies as well as in the informal sector in order to protect workers. These initiatives have made it possible to record satisfactory results, because people living with HIV are in a friendly environment, without pressure, without constraints and without stigmatization. Their economic and social rights, as well as their right to decent work, are respected. They work in harmony with their colleagues and benefit from the attention of companies and public services even when their HIV status is known. This is reflected in the testimony of this respondent:

*“There’s a lady we had an affair with. She is PLHIV and it is known at work. She has no problem with that. Those around him know it. She is even in an organization of PLHIV. Her family, including her husband and children, her friends... Everyone knows but they have no problem with her HIV status”* (IDI, NGO leader, Abidjan).

In the public and private sectors, the measures taken as part of the response, in particular the establishment of sectoral committees to fight the pandemic, have in some cases yielded the expected results; the actors have sufficiently appropriated the directives issued for this purpose to ensure protection for people living with HIV against discrimination in access to employment and stigmatization in the workplace:

*“PLHIV. Well, we are watching. I can even tell you that in some companies there are charters that have been signed by employers and workers. So these charters say to make sure that the workers do not have to worry even if he has HIV. So these charters, we make sure that they are applied and if they are not applied, of course, that is one of the demands that we will present to this employer. But I do not believe that today this is the real object of dismissal in our ranks”* (FG, Union official, Abidjan).

These participatory measures involving all players in the world of work have been supplemented with texts making it possible to repress people who discriminate against and/or stigmatize people living with HIV. This is reflected in the words of this interviewee:

*“This question is now at the heart of the Ivorian legal system in terms of labor legislation since the law on the labor code of 2015 in its article 4, has specifically taken care to settle this question. For all forms of discrimination, in particular*

*discrimination linked to the serological status of the worker, constitutes an offense and is punished as such. I think it is a fairly important mechanism which takes up the various conventions ratified by Côte d'Ivoire and which invites the country to pay particular attention to the issue of the protection of people with HIV. I believe that you can refer to article 4 of the labor code which is quite broad on the issue"* (IDI, Head of SG).

Analysis of the data collected suggests that these repressive measures have made it possible to limit stigmatization in the access to employment of People or workers living with HIV: *"To our knowledge, not at all. We were not notified that such a person was discriminated against because of his status, he was fired or he was deprived of such and such a job, to our knowledge no"* (IDI, Head of EO).

Despite these advances, the field survey and the documentary review have highlighted many cases of discrimination in access to, maintenance and promotion of employment due to the real or supposed positive serology of certain people.

### 3.2. Persistence of Discrimination in Access to Employment for People Living with HIV

Several people have been denied jobs because of their HIV status since the start of the pandemic around the world. The same is true for Côte d'Ivoire (MFPERA<sup>3</sup> and MLCS<sup>4</sup>, 2006). According to a study carried out in 2016 by the Non-Governmental Organization (NGO) RIP plus (2016) on a sample of 1299 individuals, 111 HIV-positive people representing 8.5% of the workforce missed job opportunities because of their HIV status (Table 1).

The analysis of the data collected highlights the persistence of discrimination against PLHIV with regard to access to employment. Due to the strengthening of the protection of this category of people by Law 2014/430, discrimination has become, according to respondents, more subtle and concealed. The regulatory medical examinations required before competitions or recruitment in public services and private companies are sometimes used as a pretext to eliminate candidates:

*"In practice, it must be said that even when this discrimination must manifest*

**Table 1.** Distribution of respondents according to access to employment opportunities.

	Male		Female		Total	
	Frequency	%	Frequency	%	Frequency	%
Yes	44	10.9	67	7.5	111	8.5
No	360	89.1	828	92.5	1188	91.5
Total	404	100	895	100	1299	100

Source: RIP plus, 2016: p. 76.

<sup>3</sup>Ministère de la fonction publique, de l'Emploi et de la réforme administrative.

<sup>4</sup>Ministère de la Lutte Contre le Sida.

*itself, the employer always finds an alibi. I had a case where the HIV-positive lady worked for a company. Having blown it to one of her colleagues in whom she confided, the confidence leaked. When the information reached the employer, he found a subtle way to prevent it from showing up on the official dismissal document. Just to say that even if it exists, the fact remains that it is hidden”* (FG, Head of SG, Abidjan).

With regard to the Gendarmerie, the Police, the army and paramilitary bodies, respondents note that extensive physical training is used as an alibi to discriminate against PLHIV. The managers of these structures would highlight the risk of contamination and treatment incompatible with training to justify these inequalities in access to employment:

*“There have been cases like that. We had people who wanted to take the Gendarmerie and Police competition, but when they left, there were people who were declared unfit given their status. These are cases that come back to us”* (IDI, Head of NGO PLHIV, Abidjan).

Because of these difficulties in accessing employment, PLHIV generally find themselves in the informal sector doing small jobs. Respondents met as part of the study are sex workers, because they cannot find decent employment in the formal sector. This is reflected in the words of this respondent in the informal sector and who subsequently migrated to sex work!

*“The work there we do that because I lost my husband very early, the children go to school, now I do nothing oh, I don’t know anything. I started selling oranges and then peanuts. In that there, there are two children who go to school, you have to say three, the third is in college, now there is no one to help me. There is the post-election crisis and I have to pay for the house.*

*Orange that you sell we do not pay. This is how one day there is a sister there, she is already doing this in secret, I didn’t know, she goes to the ALAXA<sup>5</sup> hotel; so she says come and do her hair, I went I braided it, her friend saw too. They were in a group, so they made me go back there”* (FG, PLHIV sex workers, Bouaké).

In addition to the difficulties of access to employment, people living with HIV also lose their jobs or promotion opportunities.

### **3.3. Loss of Jobs or Opportunity for Promotions Due to HIV/AIDS Serology**

Analysis of the survey data revealed that people living with HIV are losing their jobs because of their HIV status. Others miss promotion opportunities for the same reasons. Recent technological and scientific advances allow individuals to live with HIV and to have a professional occupation provided they follow their treatment.

However, people living with HIV continue to lose their jobs, as these respondents point out:

<sup>5</sup>Alexa is an assumed name to remain anonymous.

*“I had one of my colleagues living with HIV like me, he even worked at La Gonfreville before. He was fired because of his situation. And we did everything possible so that he could have his right. People are unfairly fired”* (IDI, Head of NGO PLHIV, Bouaké).

*“The cases I am talking about now are not in the public service. This is the private sector including liberal activities. A person who works in a hairdressing salon and the owner has been informed that the person is HIV positive. Since the boss is a friend of the health service provider, the latter informs the boss of the hairdressing salon that this girl is taking HIV drugs at home. This is how the boss fired her. We have a lot of this kind of case, but not in the civil service”* (IDI, NGO leader).

These testimonies corroborate the results of the NGO [RIP plus \(2016\)](#). It emerged from the study that 3.68% of the workforce made up of 897 PLHIV lost their jobs because of their HIV status and/or other reasons during the last 12 months preceding the survey. This reflects the existence of job loss due to the serological status of workers.

These discriminations also affect key populations, particularly LGBT people. These people are daily victims of discrimination in access to employment. They are stigmatized in their workplace because of their sexual orientation. Some are forced to leave their jobs. This is reflected in the testimony of this respondent:

*“When you see the vast majority of MSM, LGBT people opened small businesses despite having an intellectual level. This is because they are LGBT. We have had several responses like this for people who have not been taken on by companies or auditioned because of their LGBT orientations”* (IDI, Head of LGBT NGOs, Abidjan).

They experience double discrimination: the first is linked to their serological status and the second to their sexual orientation. These practices are little known in Africa and strongly repressed at the social level and even sometimes at the judicial level. However, [Gueboguo \(2006\)](#) takes the opposite view of these theses, affirming that it is a cultural product introduced into Africa by colonization and shows that they existed long before the arrival of Westerners.

Analysis of the data collected shows that progress has been made in including PLHIV in the world of work. However, discrimination persists. People are having difficulty accessing employment because of their HIV-positive status. Others lose their jobs for the same reasons.

## **4. Discussion**

### **4.1. Perverse Effects of the Fight against the Pandemic**

Since the beginning of the pandemic, many actions have been taken to reduce the impact of HIV on populations and States. In Côte d'Ivoire, these actions have achieved significant results. As a result, the prevalence has dropped considerably in recent years. The same is true for new HIV infections and AIDS-related deaths. According to the [PNLS \(2021\)](#), the prevalence of HIV rec-

orded a drop of around 80.80%, from 12.5% in 1997 to 2.4% in 2019. Similarly, the number of new infections by HIV has decreased by 54% from 26,784 in 2010 to 12,187 in 2019. The number of AIDS-related deaths has also decreased. It fell from 26,683 in 2010 to 12,893, a reduction of 52%. These data show that the pandemic is no longer deadly as in the past.

However, these results were accompanied by discrimination against those infected or suspected to be infected. According to the Index stigma study by the NGO *RIP Plus* (2016), during the last 12 months preceding the survey, 23.1% of PLHIV surveyed, i.e. 305 individuals, had experienced one or more forms of discrimination related to their serological status:

- “5.2% of PLHIV are victims of exclusion from social activities or events, including 3.5%, due to serological status alone or combined with other reasons.
- 1.8% of PLHIV are victims of exclusion from religious activities or places of worship, including 1.6%, because of their serological status alone or combined with other reasons.
- 6.3% of PLHIV are victims of exclusion from family activities, including 5.2%, because of their serological status alone or associated with other reasons.
- 17.0% of PLHIV are victims of gossip, of which 12.3% because of their serological status alone or associated with other reasons.
- 11.8% of PLHIV have been insulted, harassed or victims of threats, of which 8.0% because of their serological status alone or associated with other reasons.
- 7.1% of PLHIV have been victims of physical harassment, of which 4.4% because of their serological status alone or associated with other reasons.
- 7.5% of PLHIV have seen a member of their family suffer discrimination because of their HIV status” (*RIP Plus*, 2016: p. 60).

Similar results have been recorded in studies in other countries, particularly in Togo where 37.9% of PLHIV surveyed also experienced episodes of discrimination, including 1) exclusion from family activities (9.2%), 2) exclusion from social activities (7.0%) and 3) exclusion from religious activities (1.7) (Saka, Tchounga, Ekouevi et al., 2013). In Burkina Faso, 88 PLHIV respondents representing 40.2% of the workforce (219) declared having experienced one or more forms of stigmatization at the family, social or professional level (Ky-Zerbo, Odette, et al., 2014). In France, Marsicano, Hamelin and Lert (2016) highlight discrimination against PLHIV, particularly in the health sector [8.4% (n = 30,156)] and at family level [10.8% (n = 2996)].

This discrimination is even more vivid when PLHIV belong to minority groups and/or are already discriminated against for other reasons. With regard to key populations, in particular LGBT<sup>6</sup>, Gueboguo (2009) shows that these people are left behind in programs and projects related to the response to the pandemic in Africa even though they would be recognized as vulnerable groups

<sup>6</sup>Lesbiennes, gays, bisexuels et transgenres.



by various institutions. and organizations.

In fact, the numerous actions aimed at limiting the effects of the pandemic have built negative social representations concerning HIV. In the Democratic Republic of Congo (DRC), for example, Schoepf (1991) shows that the increasing number of deaths resulting from HIV infection as well as the increase in knowledge on the subject have created fears among the population. They have in turn generated fears and fears that have led to attitudes of rejection towards PLHIV. These negative attitudes have in turn generated behaviors that stigmatize these people. According to Koka, Ahorlu and Agyeman (2013), in the medical sector in Ghana, this discrimination stems from 1) erroneous information as well as poor knowledge about AIDS and HIV 2) fear of HIV and 3) conditions for the provision of care to PLHIV by health providers.

These attitudes and behaviors at the origin of discrimination in society are reproduced in the world of work.

#### **4.2. Discrimination in the World of Work: A Social Reproduction**

The work of Friedmann and Naville (1961) brought to light the interdependence between the social environment and the work environment. All things considered, it is a microcosm of society. Thus, the experiences lived in society are transposed to work. Under these conditions, the discriminations experienced in the world of work by people living with HIV are only the continuity of those present in society in general.

Discrimination in access to employment for PLHIV, the refusal to grant promotions to PLHIV constitute in the final analysis the reproduction of practices with regard to these people in society, in particular excluding an individual from a demonstration social and/or religious because of his proven or supposed serology. Lascoumes (1994) identifies three dimensions of the pandemic, namely 1) medical 2) public health and 3) social. He notes that each of these dimensions is accompanied by practices of exclusion and discrimination. He emphasizes that the social level arouses fears.

These fears at the social level will generate widespread discrimination in the world. They will find themselves *mutatis mutandis* in the professional environment. A study carried out in 50 countries by the ILO (2021) reveals that nearly 40% of individuals surveyed say that PLHIV "...should not be allowed to work directly with other people who do not have HIV (35.6%) or offer a conditional response ('it depends') (2.8%)" (OIT, 2021: p. 3). The study also reveals that perceptions change positively with the level of education and knowledge about the pandemic. The more respondents have adequate education and knowledge about HIV, the more likely they are to agree to work with PLHIV.

In fact, negative social presentations about HIV have aroused the same fears in business (Grégoire, 1994). Between fears of contracting the disease and the associated costs for the employer, there is a range of factors that maintain this discrimination. In these conditions, fighting against discrimination in access to

and keeping PLHIV in employment means intervening in society as well as in companies and public services.

This section above reveal that discrimination stems, in part, from the perverse effects of the fight against the pandemic. Messages and other negative stereotypes to awareness have engendered fears that have, in turn, led to negative attitudes towards PLHIV and rejection behaviours towards them. These practices are found, *mutatis mutandis*, in the world of work.

## 5. Conclusion

At the end of the study, it emerges from this that discrimination in access to and retention in employment of PLHIV is a reality in the localities studied, particularly in Abidjan and Bouaké in Côte d'Ivoire. The study also brought to light the existence of cases of good practices for integrating people living with HIV in companies and public services. But this progress is being tested by the persistence of practices towards people affected by HIV.

The study helped to understand the construction of negative social representations concerning the disease. These representations associated with the increase in knowledge have generated fears and fears that have led to the rejection of infected people through attitudes of rejection. These attitudes have in turn generated stigmatizing and discriminating behavior towards PLHIV.

Also, the article has highlighted the relationship between the discriminations observed in society and those present in the world of work and has thus made it possible to confirm our initial hypothesis. Discrimination encountered in the world of work against people living with HIV is an extension of that practiced in society in general. These discriminations are accentuated when it comes to specific vulnerable groups. Key populations, in particular LGBT DDHIV face double discrimination: one related to their sexual orientation and another to their HIV status.

In the localities studied as well as in Côte d'Ivoire, this problem has been very little addressed. It goes without saying that this is an open field that would benefit from further exploration. Thus, the working conditions of people living with HIV, their access to appropriate care, their psychosocial care, etc. These are all topics that should be the subject of in-depth research.

## Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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