

Relationships between work and HIV/AIDS status

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The aim of this study was to assess reasons contributing to a cessation of occupational activities in HIV-infected persons. One hundred patients were studied, 55 of whom were working at the time of the study while 45 were unemployed. Twenty of the patients had been diagnosed as having AIDS and the remaining patients were HIV-positive. The main causes of work cessation were psychological, not physical, symptoms. Disclosure of HIV status to work colleagues or employers does not seem to have an effect on employment.

Key words: AIDS; employment; epidemiology; HIV.

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INTRODUCTION

During the past decade HIV infection has become a pandemic, affecting millions of workers. HIV/AIDS in the workplace has made a decided impact on business and will continue to do so for years.

The objectives of the study were to evaluate the impact of HIV/AIDS on work and to assess the reasons behind cessation of occupational activities among HIV-infected persons.

METHODS

The epidemiological method used in the study was descriptive. The study population consisted of persons over 16 years of age, living in the Champagne-Ardenne area of France who had been diagnosed as HIV-positive and received regular consultation from an hospital-based HIV-specialist between 1 April 1994 and 31 May 1996. Subjects were informed about the aims of the investigation and their agreement to participate was solicited. They completed a brief anonymous, self-administered questionnaire. If necessary they could be assisted with completion of the questionnaire by a trained physician. Most of the questions required 'yes' or 'no' answers. Patients were interviewed about their age, gender, socio-economic status, loss of or change to their occupational

activities related to HIV status and disclosure of their disease status to members of their workplace. Patients' HIV status was classified according to The 'Control Disease Center' (CDC) classification of Atlanta as determined by a specialist physician.

A comparison with the French general HIV-positive population was conducted. The data were edited and analysed using an EPI-INFO System.

RESULTS

All subjects agreed to complete the questionnaire, and 114 patients were included in the study. Five questionnaires could not be used, leaving a total of 109 questionnaires available for analysis. The following percentages concern the entire study population and were rounded to the nearest whole number.

Of the respondents, 83% were men and 17% were women. The mean age was 36 years. One fifth of the study group had AIDS and the remainder of the population had HIV status.

Employment categories in the study group were as follows: 36% skilled workers, 33% middle managers, 24% employees and 7% senior executives. Fifty-five per cent of the subjects were employed and 45% were unemployed. Reasons for unemployment or inactivity were disability (15%); unable to find job (13%); ill-defined status including patients with incurable diseases (12%) and retired or student (5%). There was no significant excess of unemployment among the subjects with AIDS as

compared with subjects with HIV status, in regard to state 'C' of the CDC classification.

Thirteen per cent of the subjects had taken another job because of their disease. There was no significant relationship with state of illness. Sixteen per cent stated that they were out of work because of concerns about HIV contamination. All of these subjects were classified in the same three CDC classes. The primary reasons for unemployment included one or more of the following: psychological reasons (11 cases); physical symptoms (nine cases); security reasons (four cases) and ejection from work area by collaborators because of HIV discrimination (three cases). AIDS status was not correlated with a particular cause of unemployment.

Patients had divulged their HIV status to working colleagues (22%), their employers (17%) and their occupational practitioners (13%).

DISCUSSION

Work is central to the lives of most individuals and we all have an obligation to ensure that the working environment is an informed and safe area in which issues relating to an increasing number of HIV-infected employees can be addressed.¹

A major innovation in this study was to estimate effects of HIV status on employment by patients themselves, independent of external influences. However, the questionnaire did not allow differentiation between subjects who were trying to obtain work and those who were not fit to work. Generally speaking, this will always be a difficult distinction to make in a general population of unemployed workers.

The studied population was similar to the National French data in regard to gender, HIV/AIDS ratios and mean age.²

The socioeconomic status of the subjects studied differed from that of the general population. Middle managers were more numerous, but seniors executive were fewer than in the general population. There were no significant differences regarding skilled workers. This disparity could be the result of a selection bias, since all participants came from hospital with a relatively low representation of the higher socioeconomic classes.

The results showed an increase in the incidence of unemployment as compared with the French working population. Most persons with HIV or AIDS are between the ages of 25 and 49 years and should be active members of the workforce. The low rate of unemployment is in part a consequence of HIV infection. But some HIV-infected patients including, for example, regular drug users, were more highly represented in the study group than in the general population. The rate of unemployment in the study population prior to HIV-infection was probably higher than in the general working

population, but did not reach 40% [45% (unemployed people) less 5% (retired or student)].

There is no significant excess of unemployment of persons with AIDS compared with those carrying HIV. This study does not support the hypothesis of strong relationship between unemployment and importance of physical symptoms in regards to the course of illness. But it provides some support for an association between low state of mind of the patients and unemployment. Sixteen per cent of subjects are stated to be out of work because of HIV contamination consequences. These causes are mainly psychological reasons, like nervous breakdown. Thirteen per cent lost their job as a result of HIV disease. Employers not only are forbidden to discriminate in hiring, promotion and termination practices, they are also required to provide reasonable adjustments for disabled employees. One example is granting employees time off from work either to go the doctor or because they are too weak or sick to come to work.³

Three patients were unemployed because of HIV discrimination in the workplace. This number was low, but people are still hesitant to work with people with HIV-infection or AIDS. This attitude is paradoxical since the risk of contracting HIV through normal social contact is extremely low and likely to be zero.⁴

One fifth of the studied population disclosed their HIV/AIDS status in the workplace — a relatively low number. Most of the patients felt that disclosure would not be handled in a proper manner by colleagues, employers or occupational health practitioners. In the study, the percentage of the subjects who divulged their HIV status was the same for working and unemployed people. Consequently disclosure of HIV status did not seem to have an effect on level of unemployment, although the results must be interpreted with caution due to the low number of people concerned.

In conclusion, this study of 109 HIV-infected workers showed a high level of unemployment. The primary cause of unemployment was psychological reasons. Physical symptoms did not have a major influence on working capabilities. Consequently a patient with AIDS status and a health psychological outlook is more likely to be able to continue working than an asymptomatic HIV-infected person affected by numerous psychological symptoms.

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