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THE RISKS IN SOCIO-PROFESSIONAL INTEGRATION OF YOUNG PEOPLE SUFFERING FROM AIDS

Empirical
study

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Statistics,
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Abstract

The intention in writing this article is to provide a general presentation relating to Romanian HIV infected young people social-professional integration. It will speak in particularly about Iassy.

The topics are: teenage, respectively youth as a stage in human being development, general aspects related to AIDS/HIV infection, statistics that include general information about Romanian (Iassy) HIV infected youth, legislation about HIV infected people rights, HIV infected young people discrimination in the social-professional integration and preventive measures against discrimination.

HIV/AIDS infection should not be a barrier in socio-professional integration way, and if a person is qualified and prepared in the field he/she wants to work, than that person should have all the benefits to be accepted in that job.

We consider that employers mentality is based on the lack of information, which generates prejudice, fear against infected people, they are afraid to get HIV or to lose the rest of employees. We think that this fact must be changed.

INTRODUCTION:

The motivation of this theme is based on the experience of working with young people, residents in a placement centre and the discontent with regard to situations of discrimination that I found, where this category of workers is exposed, assisted when they tried to integrate from a socio-professional point of view.

1. HIV/AIDS

1.1. Concepts relating to HIV/AIDS

One of the most challenging and at the same time, troubling social phenomenon facing Romanian society is youth with HIV/AIDS infection (Iftimoaei, 2004).

HIV is the human immunodeficiency virus which is located in the T4/CD4 cells, where it also multiplies, decreasing the ability of the body's defence against infection and disease.

AIDS (deficient acquired syndrome) is the most serious form of infection with HIV. AIDS is a syndrome, characterized by the Polymorph repeated infections and opportunistic infections, called rebel, arising and developing in patients whose immune system is heavily affected (Ursaci, 2003).

If the infection were initially treated as strictly as a medical problem it is unavoidable that the consequences of psycho-social, educational, economic and cultural existence of children in HIV/AIDS and their families would lead to the involvement of other professionals besides doctors and social workers, psychologists and sociologists. They should make possible the mediation between the medical staff and the community of the infected youth and to raise awareness among the community. AIDS is the problem of the entire society, not just of those infected or affected by it. HIV infection is the cause of a crisis which can be described as urgent and which has an undermining long-term effect in human development (Buzducea, 2008).

In the case of HIV/AIDS infection, just as it is with any other disease, it is easier to prevent than to treat, so I will list the ways in which infection is possible (table no. 1).

The most important risk groups are: drug users, poly-transfusants, people who have casual or unprotected sexual intercourse, people who practice commercial sex, homosexuals, immigrants returning in their own country after a long period of time, emigrants, people suffering from TB, inmates, people who already suffer from other sexually transmitted diseases, people who do not have access to education in general (Buzducea, 2007, 2010).

1.2. The extent of the phenomenon

Despite of increasing funding for prevention and treatment of real political commitment and wider access to antiretroviral drugs – capable of slowing down the progress of disease without a cure – the epidemic continues to be stronger than the efforts put in and people from all regions of the world are affected by HIV/AIDS (Buzducea, 2011).

In Europe, Romania ranks first in terms of the number of children and young people affected by AIDS, but judging by the total number of cases, it is closer to Western countries than to those from Central and Eastern Europe (table no. 2).

According to the same source in our country the counties with the highest percentage of the population infected with HIV/AIDS at 30th June 2012 are: Constanta (940 cases), Galati (787), Bacau (334).

But, in the area of Moldova on the 30th of June 2012 statistics show that in Bacau County had 335 people infected with HIV/AIDS, in Galati County 300 cases, in Neamt County 257 cases and in Iassy County 253 cases.

1.2.1. Data on HIV/AIDS in Regional Centre Iassy

In the Regional Centre of HIV / AIDS Iassy the Infectious Diseases Hospital has currently in the dispensary,

over 1,300 patients. In 2012, scientists found 53 people infected with HIV-AIDS. In 2013, specialists have diagnosed 70 patients coming from all districts of Moldova. In the records of HIV-AIDS in Regional Centre of Iassy are currently 1400 people (DSP, 2013).

The statistics also reveal that in the County are approximately 253 individuals suffering from AIDS and around 86% of them are young people (above 18 years old) and physically able to work. So the risk is represented by young (who are older than 18), who have been infected during 1989-1992 and who are seeking for a job.

1.3. The legislation concerning the right to work of people suffering from HIV/AIDS

To law or medicine, AIDS is a disease like any other.

The rights of people living with HIV/AIDS are recorded in the national and international regulations which have both a general and special character.

International legislation:

a) The Declaration of human rights: article 1 shows that all human beings are born free and equal in dignity and rights and in article 23 stipulates that every person has the right to work, to free choice of work, to fair and satisfactory conditions of work and guarantees protection against unemployment.

b) International Covenant on Civil and political rights: article 6 shows that the countries part of the pact recognize the right to work which includes the right of every person to have the possibility to living through a freely chosen or accepted working place and guarantees this right.

National legislation:

a) General national legislation:

1. The Romanian Constitution in article 41 guarantees the right to work and shows that the choice of profession, job, occupation or of working place is free.

2. The labour code in article 13 stipulates that a person acquires the ability to work when reaching the age of 16. Also the

individual may conclude a labour contract as a paid employee when reaching the age of 15 with the agreement of the parents or legal representatives, for activities that overlap with the development of his/hers skills and knowledge, only when their personal development, health and professional training are not endangered. After reaching the age of 18 the individual may choose to exercise harmful or dangerous jobs. These jobs will be established by decisions of the Government.

b) Exceptional national legislation:

1. Law 589/29 from October 2002 concerning measures of prevention and eradication of AIDS and protection of people living with HIV the 3rd article (first chapter) requires that people infected with HIV or suffering from AIDS benefit from social protection, non-discriminatory treatment regarding the right to education, the right to work and to professional promotion. The health condition cannot be a criterion for redundancy or dismissal. In article 7, chapter III is shown that, depending on the stage of the infection, persons infected with HIV or suffering from AIDS can receive professional guidance.

2. Law 448/2006 concerning the protection of individuals with disabilities in Chapter II Article 6 shows that people with disabilities (people with HIV are considered disabled) are entitled to employment and workplace adaptability and professional guidance and orientation. Article 8 shows that the National Authority for people with disabilities and other central and local public authorities are obliged to ensure conditions for integration and social inclusion of persons with disabilities.

3. Law 324/2006 amending and supplementing Government Ordinance no. 137/2000 on preventing and sanctioning all forms of discrimination guarantees non-discriminatory treatment of people suffering from AIDS.

Under this law by discrimination is meant any form of exclusion, restriction or preference based on race, nationality, ethnicity, language, religion, social class, belief, sex, sexual orientation, age, disability, non-contagious chronic disease, HIV infection, belonging to a particular disadvantaged group and any other criterion that has as a purpose or effect the restriction of the human rights and fundamental freedoms and rights recognized by law in the political, economic, social and cultural or in any other areas of public life.

4. The privacy law makes reference to confidentiality of data on people suffering from AIDS, which is mandatory for health network employees, the employers of these persons and civil servants who have access to information during the time they are working.

2. Research

Under the legislation, all citizens, including those with HIV-AIDS should enjoy all human rights without discrimination. The questions that derive from this are:

- Why are these people discriminated?
- What are the main risks that arise in socio-professional integration of HIV infected youth?
- What steps should we take to eliminate discrimination?
- How can the socio-professional integration of the young suffering from AIDS influence their lifestyle?

To give a clear answer to these questions, we conducted a **qualitative research**, (comprehensive and descriptive). Gathering information for it was possible because of the work I carried out in the „Gulliver”, Hospice Placement Centre and through collaboration with various foundations and associations whose beneficiaries are people infected or affected by HIV / AIDS (ADV, ARAS).

The objectives of the research were:

a) General objectives:

- Evaluating the implementation of the right to work of young people infected with HIV.

b) Specific objectives:

- Identify and analyse the elements of law in which right to work of young people infected with HIV is recorded;

- Identify and analyse situations and ways in which the right to work is respected and valued;

- Identify different obstacles in the labour law compliance and exploitation of young people infected with HIV;

- Identify measures necessary to remove barriers in the area of the right to work of young people infected with HIV.

The individuals who participate to the study were:

a) HIV infected youth (above 18 years old) part of „Gulliver” Placement Centre and from Iassy County;

b) Specialists working with the group.

In this research, we used the techniques of documentary analysis, participant observation, individual interviews and group interviews.

It was easy for me to use participant observation for at least 8 hours per day because I lived and worked with these people. From interviewing them and the specialists working with them I had the opportunity to gather important information strictly related to their problems and regarding their daily life.

You cannot truly understand the life of an ill person unless you are in the same position as him/her, but you can get a broad idea of their feelings when they talk about special medical needs or about the way in which they have been discriminated and excluded from some social groups.

The tools used were:

a) legislative documents;

b) observational guides;

c) interview guides.

Conclusions:

In Romania, although there are laws that support and protect non-discriminatory access to employment for people suffering from AIDS (Romanian Constitution, Law 448/2006, Law 584/2002, Law no. 53/2003), they are not entirely and properly applied. Generally, HIV infected people who get a job are forced to hide the fact that they are ill in order to avoid the discriminatory practices.

Forms of discrimination against HIV-positive youth in the socio-professional integration can be:

- refusal of employment due to a person's HIV-positive status;
- putting pressure on people suffering from AIDS;
- firing people suffering from AIDS by the employer when finding out about the employee's disease.

HIV infected youth has limited access to the labour market, one of the reasons being the low quality of their educational training. Quitting school or taking a course designed for people with special needs may be some of the reasons responsible for poor educational preparation of young people suffering from AIDS.

HIV positive youth do not have the knowledge and skills necessary to participate in competitions for the selection of a particular job.

From 2008 to 2012 no economic agent from Iassy, except the ones working in protected units and workshops employed any person suffering from AIDS.

The graduated youth who live at 'Guliver' Hospice Placement Centre were employed in „UTIL-DECO" sheltered workshops of ADV Foundation. These workshops were created by a project developed by ADV in partnership with DGASPC Iassy.

Removing barriers to socio-professional integration of young HIV is now a priority, given the large number of cases of HIV infected youth (~7000) who have the right age for entering the labour market.

The youth believes that the illness should not constitute a barrier for socio-professional integration. If a person is competent in the field and is qualified/trained for the job they should have every chance to be accepted by the employer. In other words the ability, skills, and educational background must represent real advantages and opportunities in accessing the labour market.

Recommendations for achieving socio-professional integration (when suffering from AIDS):

- Programs to reduce educational handicap of young suffering from AIDS;
- Building confidence and improving self-esteem of HIV infected youth;
- Availability of realistic educational and vocational guidance programs;
- Counselling HIV infected young people for preparing them to get employed;
- Support for HIV-positive youth in choosing jobs according to their personal skills and health condition;
- Organizing job fairs;
- Modification of legal regulations concerning mandatory HIV test performed before employment;
- Enrolment of the young into the database of County Agency EMPLOYMENT and THE NATIONAL AGENCY FOR EMPLOYMENT (condition of information on training courses);
- Providing facilities for training courses for HIV infected youth. Most of the youth were oriented towards educational programs for children with special needs, although their level of intelligence was in co-ordinance with the one in institutions of mass education. Thus their qualifications do not meet the requirements of the current labour market. Marginalization, stigma and exclusion from mainstream education is cannot be justified by invoking various aspects and contravenes the fundamental right of social categories (the right to education). Access to public schools of HIV infected children is often considered a relevant indicator of awareness and

knowledge of the community on matters of HIV/AIDS;

- Providing adequate information on HIV/AIDS to employers;
- Awareness campaigns for employers, informing about employment opportunities of HIV infected youth;
- Facilities for employers who employ individuals suffering from AIDS;
- Mechanisms to challenge discriminatory dismissal;
- Creating protected working places for those who are able to work;
- Creating the opportunity of starting their own business by offering loans;
- Collaboration with various governmental and non-governmental organizations in order to ease the process of finding a job;
- Informative materials that include law articles regarding the rights as employees and the obligations of employers (they should be addressed to both employers and employees); they will be distributed by NGOs at job fairs and at meetings with employers;
- Changing the mind-set of employers, which is often characterized by the lack of information, prejudice or fear of contacting the virus and not losing their other employees; replacement of the moral beliefs that lead to the view that HIV infection is the result of moral mistakes, of promiscuity, deviant behaviour or simply the fact that HIV infected people come from poor communities or have low access to education.

People must realize the fact that the disease is not spread as easily anyway and those infected with HIV must be understood and accepted in the society.

I wish that the measures proposed help the young suffering from AIDS in their socio-professional integration, stepping towards an independent life. I believe that these individuals are a major human resource to be valued and I think it is time for the rest of the people to see them from this perspective as well.

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Appendices

Appendix A

Table No. 1

The ways in which HIV-AIDS infection is possible to be transmitted

1.	Ways of transmission	Biological products involved in transmission
2.	Sexual	Sperm, vaginal secretions
3.	Parental	Blood or biological products containing blood
4.	Vertical	Maternal milk

Note: (Iftimoaei, 2004)

Appendix B

Table No. 2

General data for the infection HIV/AIDS in Romania in the period 1985 - June 30, 2013

Total no. of cases (Cumulative 1985 - 2013) of which:	18797
HIV/AIDS Cases in children (0-14 years at date of diagnostic)	9931
HIV/AIDS Cases in adults (> 14 years at date of diagnostic)	8866
Total number of AIDS deaths	6219
Total no. of cases (Cumulative 1992 - 2013) of which:	18797

Note: <http://www.cnlas.ro/date-statistice>, Compartimentul pentru Monitorizare i Evaluare a infec iei HIV/SIDA în România [Department for Monitoring and Evaluation of HIV / AIDS in Romania] – IBI „Prof. Dr. M. Bals” .

Abbreviations

ADV – Funda ia Al turi de voi România [Foundation *Close to You* Romania].

ARAS – Asocia ia Român Anti-Sida [Romanian Association Against AIDS].

DGASPC – Direc ia General de Asisten Social i Protec ie a Copilului [General Directorate of Social Assistance and Child Protection].

DSP – Direc ia de S n tate Public Ia i [Department of Public Health Iassy].