

# **HIV infection risk groups and their possibilities to integrate into labour market**

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### **Abstract**

Economic changes affect the whole society, but especially social risk exclusion groups. It is very important to unite and to coordinate cooperation of social actors purposefully, particular attention paying to these groups, also to the one new social risk exclusion group growing in the last years in the whole world - HIV/AIDS affected part of population. The whole global society is facing now with the challenge of spreading of HIV/AIDS and consequences of that. "HIV infection risk groups and their possibilities to integrate into labour market in Latvia" is the first complex research of possibilities of persons belonging to HIV infection risk group to integrate into labour market, their barriers and problems in Latvia.

## **HIV infection risk groups and their possibilities to integrate into labour market in Latvia**

Not only Latvian society but also the whole global society is facing now with the challenge of spreading of HIV/AIDS and consequences of that. According to Joint United Nations Program on HIV/AIDS, Latvia has the third highest estimated HIV/AIDS prevalence rate in Eastern Europe (0.6% of adult population, 15-49 years old) after Estonia and Portugal. European Commission has evaluated Latvia as the potentially most endangered country from HIV/AIDS in European Union now.

Research of integration of HIV infection risk groups is a new research field in Latvia. "HIV infection risk groups and their possibilities to integrate into labour market in Latvia" is **the first complex research** of possibilities of persons belonging to HIV infection risk group to integrate into labour market, their barriers and problems in Latvia. **The aim of the research** is to find out possibilities of persons belonging to social risk exclusion group - HIV infection risk group to avoid discrimination, to become active citizens, and to integrate into labour market.

The **target group** of the research is HIV infection risk group, that is:

- Drug users;
- Sex workers;
- Ex-prisoners.

**Research methods** are:

- expert interviews in the preparation phase of the research;
- survey of the target group; face-to face interviews with 320 respondents;
- Focus Group Discussions and expert interviews with decision makers from governmental institutions, local authorities, NGO sector, social partners and employers.

In Latvia the first HIV infection case was registered in 1987, but the first AIDS case – in 1990. Until March 31, 2008 there are 4052 registered HIV cases and 497 registered AIDS cases in Latvia (<http://www.sva.gov.lv/aids/statistic/kumulativie.php>), but other data is showing that the number of cases is even higher. The number of HIV/AIDS cases and death cases in different infection phases in Latvia is growing. Specific for Latvia is that 70 % of infected persons are drug consumers and that means that their living conditions are under critical line.

Persons of social exclusion risk groups have defective socialization, low skill level, low social capital and limited access to information, that is creating problems to integrate into civil society and labour market and this is reason why they can suffer from social exclusion risk. HIV – infection risk group is facing with discrimination, poverty, exclusion and intolerance and, as this group is growing, it is important to search

solutions for solving this conflict in society and to help this marginalized group to integrate into society and labour market, and to oppose social inequalities.

Now in Latvia the number of infection cases of women in age 20 – 29 is increasing more than men infection cases. It means that now infection is spreading faster in heterosexual transmission way and that women in this age group are the highest risk group. The most endangered group of women is sex workers. Prevalence research of sex workers in Riga and Riga region shows that sex workers do not have enough knowledge about HIV transmission ways and that 13% sex worker's last HIV test result was positive.

Legislation of Latvia does not impose any restrictions and any restricted professions for HIV- infected persons. Answers of HIV - infection risk groups to the question "Have you ever taken interest about legislation linked to HIV infected person's rights to work, education etc.?" show that 77 % of HIV – infection risk groups have never taken interest about legislation linked to HIV infected person's rights to work, education. Interviewed employers have never taken interest about legislation linked to HIV infected person's rights, because they have no time and there have not been cases with HIV infected persons in their enterprises.

Survey of AIDS prevention Center in 2002 shows that employers have good knowledge about HIV infection and its transmission ways. 95 % employers think that HIV-infected person is able to work, but only 24 % employers think that HIV- infected person is allowed to work in all professions. Expert interviews with employers certify results that knowledge of employers about HIV infection and its transmission ways is good, but knowledge about legislation regarding HIV/AIDS infected persons is not enough good. But employers think that it is necessary to learn more about these questions. That means that there is need to educate employers about these questions. Taking account labour shortage in Latvia now, employers would employ also HIV – infected persons, but only in professions, that are not connected with injuries and can not constitute a menace to other employees. By the opinion of employers the most important factors that do not allow HIV/AIDS infected persons to integrate into labour market is not connected with HIV infection, but with their addictions, qualification and motivation.

Survey of HIV - infection risk groups (drug users, sex workers, ex-prisoners) shows that the most of them are in working age, but they are out of labour market and they do not have not looked for a job, because they do not want to work and many of them are getting their income by criminal activities. Promotion of the employability of the target group could also decline criminality.

Survey of HIV - infection risk groups shows that 71 % of HIV – infection risk groups are not working, but officially are working only 14%. 20 % of HIV - infection risk groups has not tried to apply for a job in the last year, but many persons who have applied for a job have got refusal. The largest part of HIV - infection risk group have tried to find a job using informal networks that means that social capital is very important for this group, but the problem is that they have networks in the same social group as they come from. Answers to the question if his/her has ever made a HIV test mainly are positive. But answers to the question if he/she thinks that HIV infected person has to inform employer about the results of HIV test, almost 70 % think that no. But interviewed employers think that employees have to inform employer about positive HIV status, because an employers has to know in what post it is possible to employ a person. Results of Focus Group Discussions with influentials and decision makers of local and state institutions show opinion that promotion of employability of HIV infection risk group is possible only in combination with therapy from addiction that is reason why HIV infection group do not have motivation to work and that an addicted person is not able to work a regular job. Social inclusion and integration into labour market is possible by showing example of other – qualitative – life model. Integration of HIV/AIDS infection risk group into labour market and their social inclusion is very expensive and could be achieved only in little number of cases. This process could be more successful in case of coordination of cooperation of state and local authorities, NGOs and a private sector. NGOs, private sector, state and local authorities are willing to cooperate in integration of HIV/AIDS infection risk group. Civil participation is important precondition for development of stable long-term policy and controlling of HIV/AIDS' spreading. It is particularly important to motivate social risk exclusion groups for activities that are not directly connected with satisfaction of primary necessities. Cooperation of different social partners is necessary to search and develop the most successful mutual aid models of society with aim to oppose social inequalities.

**Main conclusions:**

- Persons belonging to HIV risk group not only do not have enough education and skills to integrate into labour market, but they are also not motivated to integrate into legal labour market, that in many cases is explainable with consequences of using drug.
- Employers would employ also HIV – infected persons, but only in professions that are not connected with injuries.
- As a part of target group is drug users, promotion of their employment is an **integrated** problem and could be solved by development of

cooperation among the state institutions, municipalities and NGO and organizing social support network.

- Employment of target group could be possible merging it with treatment and rehabilitation of target group from drug using as a work therapy. **Subsidized work places** are the best solution in this situation.
- There is a low awareness level among employers on HIV infection risk and, by the experts mind, in the society in general. Serious and intensive education of society is necessary in this field and it must put as be put as one of the state priorities, considering the explosion of HIV/AIDS in Latvia.