



Stigma and Discrimination: the undoing of universal access: *a health care provider's perspective*

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What is stigma?

“Stigma is a complex social phenomenon or process that results in a powerful and discrediting social label and/or radically changes the way individuals view themselves and are viewed by others. Stigma can be experienced internally (self-stigma) or externally (as in discrimination). Internal stigma can lead to person’s unwillingness to seek help or to access resources. External stigma can lead to discrimination based on one’s perceived or actual HIV status or on one’s association with someone else with perceived or actual HIV + status”

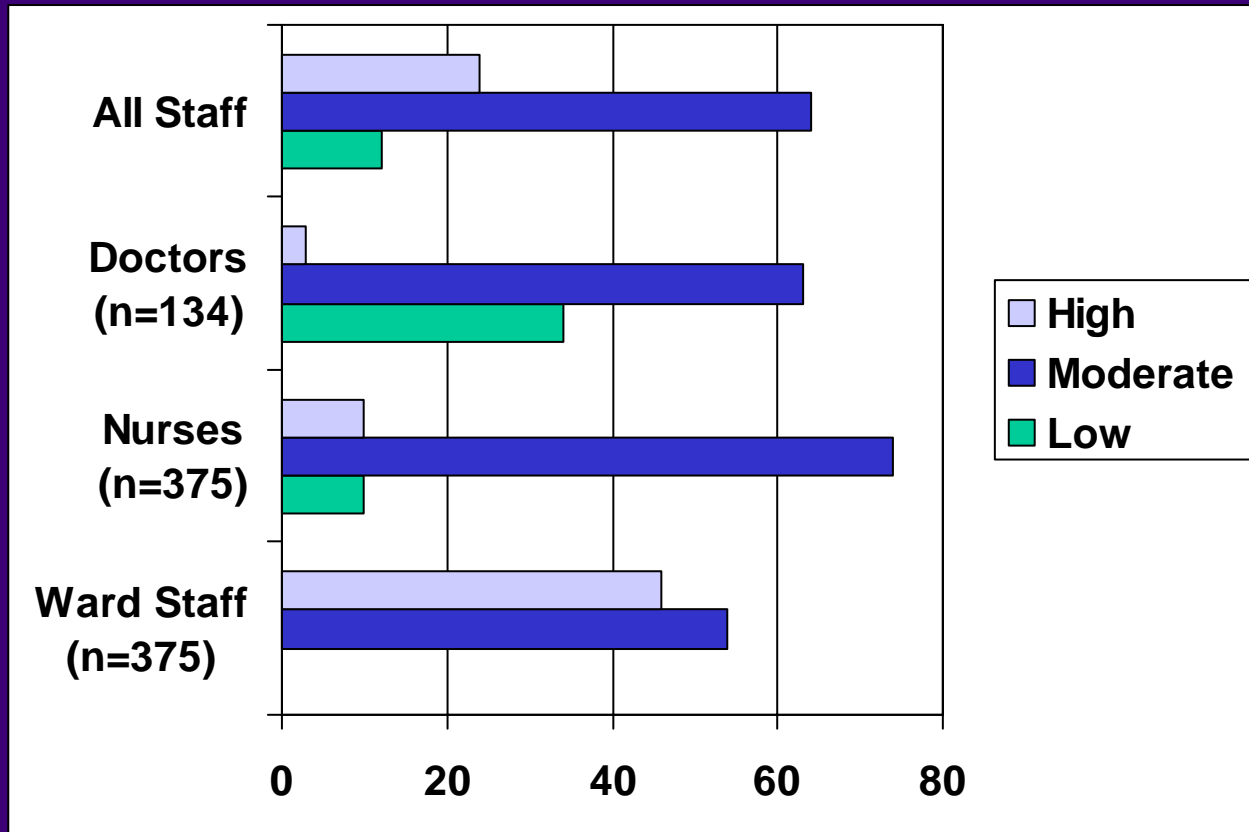
Policy Project/RSA, 2003

Stigma & Discrimination in the Health Care Facility

- Are there discriminatory practices in the health care setting?
- What contributes to discrimination in the health care setting?
- Do discriminatory practices impact on access to care?
- Can health care workers change their attitudes



Levels of stigmatizing attitudes of HCW at baseline in Indian Hospitals



Mahendra VS, 2006

Association between HCW HIV transmission knowledge and mean stigma index

Mahendra VS, 2006

	Mean Stigma index scores (higher score=greater stigma)		
	Yes (Incorrect Response)	No (correct Response)	Sig
HIV can be transmitted by			
Touching PLHA	50.28	42.20	p<0.05
Breath of PLHA	48.48	41.79	p<0.05
Saliva/Sputum of PLHA	44.14	40.93	p<0.05
Mosquito Bite	45.94	40.93	p<0.05
In Hospital setting, HIV can be transmitted by			
Handling dry linen without gloves			
Blood splash on intact skin	47.76	41.73	p<0.05
Serving food to HIV+ patient	47.36	40.93	p<0.05
Coming close to HIV+ patient	45.83	42.63	NS
HIV has a greater risk of transmission to HCW than Hep C	49.77	42.25	p<0.05
	45.61	40.31	p<0.05

Association between HCW discriminatory practices and mean stigma index at baseline

Mahendra VS, 2006

	Mean Stigma index scores (higher score=greater stigma)		
	Yes	No	Sig
Reported practices of all HCW (n=884)			
To protect themselves from HIV infection, in the hospital, staff			
.....avoid going near HIV+ patients	45.40	42.53	*
.....avoid touching HIV + patients	46.18	42.46	*
Reported practices of docs & nurses (n=509)			
Share HIV+ status of patients with ward staff	39.73	35.43	*
Reported practices of docs			
Informed family members of HIV+ result	36.14	34.90	NS
Of those,informing family members, did not obtain IC	36.94	35.08	NS
Wear gloves for external exam of HIV+ patients	37.17	35.08	*
Reported practices of nurses			
Wear gloves to give medicine to HIV+ patients	41.67	34.90	*
Always inform relatives about HIV+ patients	47.20	42.60	*

* p<0.05

Practice	Number (%)
Have refused to care for a patient with HIV/AIDS (n=1017)	
Yes	103 (9)
No	904 (90)
Don't know	10 (1)
Have refused a patient with HIV/AIDS admission (n=1018)	
Yes	97(9)
No	911 (90)
Don't know	10 (1)
Have observed others refusing to care for a patient with HIV/AIDS (n=1018)	
Yes	657 (66)
No	343 (32)
Don't know	18 (2)
Have observed others refuse a patient with HIV/AIDS admission to hospital (n=1016)	
Yes	413 (43)
No	583 (56)
Don't know	20 (2)

Does lack of knowledge impact on discriminatory practices in the health care setting?

	Nigerian HCW ^{Aisen A, 2005}	Nigerian Surgeons Adebamowo, 2002	SE Nigerian Surgeons ^{Obi, 2005}	Madagascar Hentgen, 2002
Knowledge regarding transmissibility	fair	poor		V poor
Adherence/availability of universal precautions	poor	Poor/not aware of CDC guidelines	good	poor
Perception of risk HIV acquisition via occupational exposure	overestimated	Risk assessed as moderate		80%
Stigmatizing Attitudes & Behaviour	40% exhibited discriminatory attitudes	++ Test all surgical patients Doctors same as nurses	83% had reservations re treating 13% Viewed with fear	Quarantine Doctors no better than paramedicals
Actual occupational exposure			40%	

Use of Universal Precautions in an inappropriate fashion

- Sisters wear double gloves for HIV patients Nurse
- While going near the HIV patient, we wear gloves and we wear masks Ward Staff
- The doctors and nurses wear gloves when they come to me. They keep my sheets separately from the other sheets. While changing my bed sheets, the nurse wears a mask. PLHA
- We burn the linen of the patient. Even utensils of AIDS patients are thrown away. Ward Staff

HCW perceptions and ARV access in PMTCT

225 HCW surveyed in Zambia Chi BH, 2004 :

- 84% believed that the diagnosis of HIV was associated with negative images such as prostitution and marital infidelity
- 47% said they personally felt that HIV was something to be ashamed of
- 60% of HCW had chosen not to be HIV tested (they would rather not know if they were HIV infected)



Vietnam Brickley DB, 2006 :

- HIV- related stigma a major hurdle to access care
- Non-medical staff identified as perpetrators of discrimination



Attitudes of Health Care Workers

‘ High risk population means lower class people-they live in slums in unhygienic conditions. One sleeps with anybody and everybody; extramarital affairs are common and also drug users and sex workers come in this category’

Doctor

‘We are often refused treatment in....hospitals. They tell us “we have no bed, we have no empty bed” Another thing they say is “we don’t have facilities for treating HIV.” They often then refer us to other hospitals’

PLHA

‘The doctor refused to examine me for almost two months. Even stopped doing my dressing. He just told me to continue with my medicines. He also referred me to another hospital for an operation that he wouldn’t do as it would be very costly for me’

PLHA



How does stigma affect treatment?

HIV+ persons may not seek treatment or delay going to doctors due to a real or perceived discrimination against them.

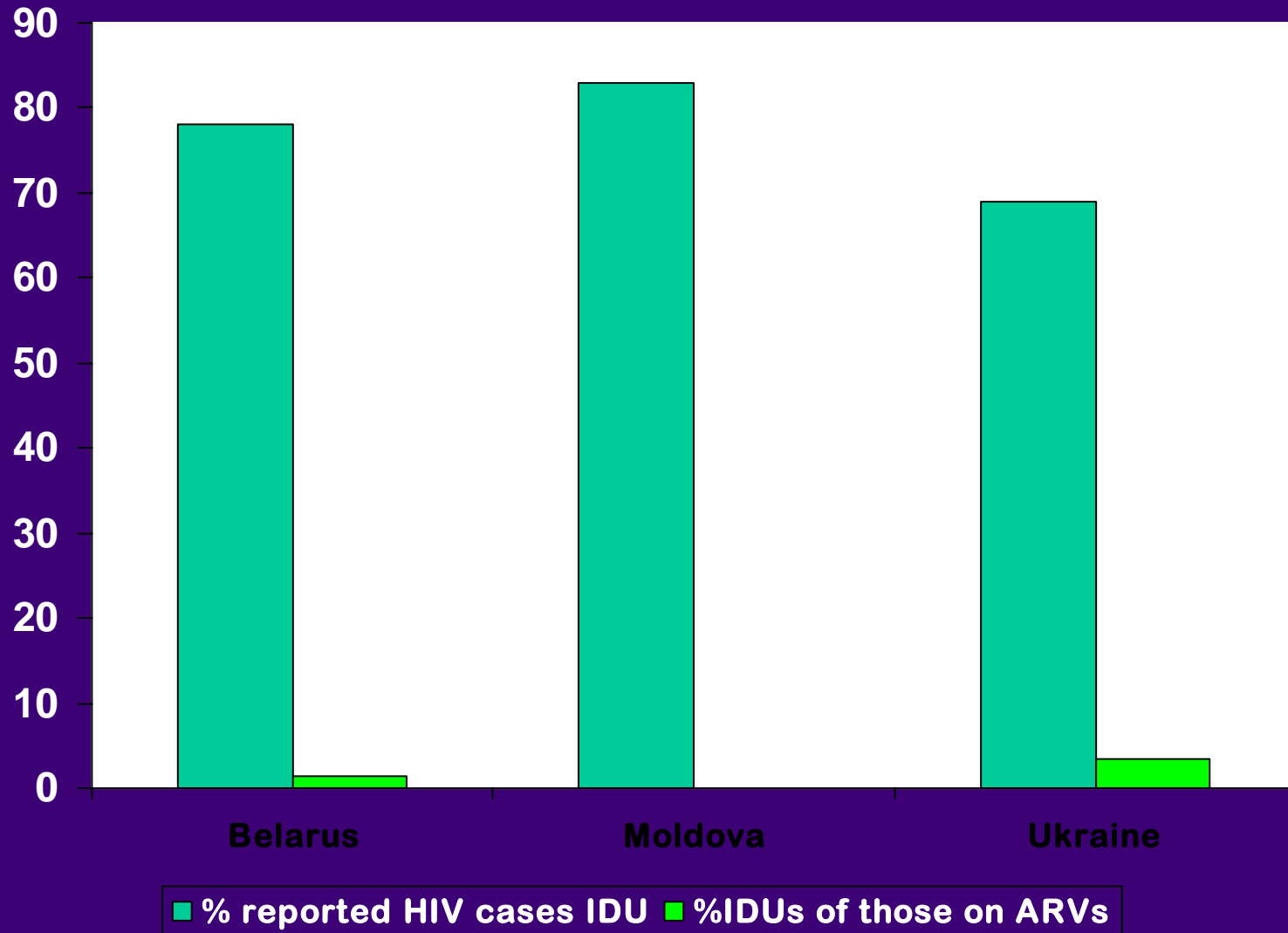
- In a national survey in the US, 36% reported experiencing discrimination by a HCW, including 8% who had been refused medical service ^{Shuster 2005}
- Those who have experienced stigma were also more likely to miss HIV clinic appointments and lapse in adherence to their medication ^{Vanable 2006}
- Actual Denial of Care
- Access to ART reduces stigma in Botswana ^{Wolfe,2006}

“Why didn’t you tell us you’re a hemophiliac?”
a nurse in downtown Toronto teaching hospital
asked activist James Kreppner when he was in
hospital with an AIDS related illness in the
1990s.

“We would have treated you much better.”

Ann Silversides, 2003

ARV Access IDU (CIS) 2005



What contributes to discrimination in the health care setting?

- Low morale and lack of resources
- Lack of understanding of how HIV is transmitted in the health care setting
- Lack of adequate HIV/AIDS policies and training programs
- Lack of access to materials to augment universal precautions and protect HCW against occupational exposure to HIV



Can health care workers change their attitudes:

Can you teach an old dog new tricks?

	Baseline n=77 (%)	Endline n=100 (%)	Sig
Sought IC for VCT	40	59	*
Always seek IC	33	53	*
Arrange pre & post-test counselling	56	80	*
Using gloves to draw blood in patients of unknown status	64	93	*
Change in access to PEP	29	40	*

* $p < 0.05$



CONCLUSIONS

- Stigma and discrimination can impact on effective prevention, care, support and mitigation of HIV & AIDS
- People living with HIV/AIDS have identified stigma and discrimination amongst HCW in VCT and STI facilities as a major deterrent to use these services
- HCW appear to play a role in exacerbating stigma and discrimination
- With support and training, HCW can position themselves as true partners to improve the health care environment for PLHA



It is an elemental matter of human decency,
and history will judge where decency was wanting.
(Nelson Mandela)

