



## Original Research Article

# Comparison of attitude of health care professionals and experience of HIV patients towards HIV/AIDS related stigma and discrimination

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## ABSTRACT

### Keywords

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Stigma  
and  
Discrimination

To elicit the attitude of health care professionals towards HIV related stigma and discrimination and to assess the experience of HIV patients towards HIV related stigma and discrimination. A questionnaire survey was conducted among doctors (n=100), nurses/laboratory technicians (n=100) in rural teaching hospital and people living with HIV/AIDS (n=50). Three Different self-assessed questionnaires were set for doctors, nurses/laboratory technicians and people living with HIV/AIDS. Participants were directly approached by investigators and the data obtained were correlated and analyzed statistically using SPSS software. 78% of doctors accepted that they had fear over touching sweat/saliva whereas 63% of nurses accepted that they had fear over dressing the wounds of HIV patients. 84% of HIV patients experienced that they have not been treated in time. Delivery for HIV positive women were refused by 62% of the doctors and 80% of the patients were referred to other institutions. People living with HIV were experienced that 88% of the doctors refused to conduct surgery and 85% of doctors were also accepted about rejection of surgery. Only 3% of doctors accepted that they had performed surgeries/Invasive procedure for HIV patients. We recommend that seminars, workshops should be organized on a continuous basis for health care workers on universal precautions, stigma and discrimination reduction. The institution should also make available materials needed to protect workers against the risk of acquiring pathogenic infection in the course of providing health services to their patients.

## Introduction

HIV-related stigma and discrimination defined as: “a process of devaluation that significantly discredits an individual either living with or associated with HIV/AIDS (The Joint United Nations Programme on

HIV/AIDS, 2011). HIV-infected people are discriminated rather than an infection but their character because the mode of transmission of HIV among high-risk group such as a person who is having

multiple sexual partners, homosexual men and injection drug users is highly reached among public. But, the knowledge of other modes of transmission such as blood transfusion, sharing contaminated razors, needles, syringes and tattooing are low. People living with HIV have faced violent attacks and loss of jobs. Also they were rejected by family members, spouse and communities. They are discriminated in the school, offices, healthcare settings and other work places. Even beauty salons refuse to provide their services for a customer who is HIV positive.

A study analyzed that the discrimination in the health care settings against HIV-infected people is overt, such as refusing to provide treatment or making derogatory statements (Gostin *et al.*, 1999; Herek *et al.*, 2002; Shapiro and Webber, 1997; Norton *et al.*, 1990). In 2006, Disability Discrimination Act makes it unlawful for those not providing goods, facilities or services to the public to discriminate against an individual living with HIV for a reason related to their HIV status. To determine effectiveness of this law, assessment of the real situation against HIV/AIDS related stigma is necessary.

Though HBV infection is equivalent to HIV, HBV may not be seen as life-threatening. People believe that the HIV is strongly associated with death and also that HIV-related stigma (vs. HBV) is more strongly associated with already socially marginalized groups such as homosexual men, injection drug users and sex workers (Li *et al.*, 2007).

Stigma and discrimination against patients living with HIV/AIDS is widened globally. A study conducted in New Delhi, they have highlighted attitudes of professionals towards hospital practices

such as informing family members of a patients' HIV status without consent, burning the linen of HIV-infected patients, charging HIV-infected patients for the cost of infection control supplies and the use of gloves only with HIV-infected patients. Stigma scores varied by type of health care providers - physicians reported that the least stigmatizing attitudes as compared to nursing and ward staff in the hospitals (Mahendra *et al.*, 2007).

So, WHO announced, the theme for the AIDS day 2011 as —Getting to Zero —. After 30 years of the global fight against HIV/AIDS, the global community has committed to focus on achieving three targets. 1.Zero New HIV Infections, 2. Zero Discrimination and 3.Zero AIDS related deaths.

In order to meet the challenges of “Getting to Zero” the global community must work together to achieve universal access to HIV prevention, treatment and care. Hence this study is designed to compare the attitude of Healthcare professionals and experience of HIV patients towards HIV / AIDS related stigma and discrimination. Aim of the study is to elicit the attitude of health care professionals towards HIV related stigma and discrimination and to assess the experience of HIV patients towards HIV related stigma and discrimination.

## **Materials and Methods**

A questionnaire survey was conducted in a rural teaching hospital. Study period was April-July 2012. A whole of 100 Doctors, 100 Nurses/ laboratory technician working in rural teaching hospital willing to participate in the survey was addressed and the 50 people living with HIV/AIDS were approached directly by investigators

through ART Centre, Trichy, Tamilnadu. Three different set of self-assessed questionnaire was used for the survey, comprised of 9 questions for the doctors, 8 questions for nurses/laboratory technicians and 9 questions for HIV patients. The survey was conducted after obtaining Institutional ethical committee clearance. The data obtained from health care workers and HIV patients were correlated and they were analyzed statistically using SPSS software.

## **Result and Discussion**

All the Doctors, Nurses/Lab technicians and the HIV Patients returned the given questionnaire. Hence the respond rate was 100%. 78% of doctors accepted that they had fear over touching sweat/saliva whereas 63% of nurses accepted that they had fear over dressing the wounds of HIV patients. 84% of HIV patients experienced that they have not been treated in time.

It was found that only 23% of doctors and 10% of Nurses had awareness to get the consent (Pretest counseling) from the patient before they underwent the HIV tests. But 84% of patients accepted that they have been counseled before HIV tests. Only 3% of doctors accepted that they had performed surgeries/Invasive procedure for HIV patients and 88% of HIV patients registered that their surgical procedure has been refused. 28% of HIV patients have thought of spreading the disease when they are discriminated.

Though 92% of nurses know that the HIV is not contracted while taking universal precautions, 88% had fear over touching blood/body fluids of HIV patient. Detailed questionnaire analysis for doctors, nurses/lab technicians and HIV patients are presented in fig 1, fig 2 and fig 3 respectively.

AIDS related stigma and discrimination remain a pervasive problem in Healthcare settings worldwide. The concept of —Discrimination (action) is often equated with stigma (attitudes) i.e. discrimination is described as enacted stigma which refers to the real experience of discrimination(Brown *et al.*, 2003).

In the Ethiopia, common forms of stigma in healthcare facilities were gossiping about patients' status, verbally harassing patients, avoiding and isolating HIV-positive patients and referring patients for HIV testing without counseling. The lack of knowledge about universal precautions or clear guidance related to the care of patients with HIV reinforces discriminatory behavior among healthcare workers. Healthcare facilities need to enact policies that protect the safety and health of patients as well as healthcare workers, to prevent discrimination against people living with HIV (Banteyerga *et al.*, 2004).

A study in a Nigeria showed 87% of Healthcare workers are involved in discriminatory practices(Chen Reis *et al.*, 2005). This is in concordance to our study which we have found that 85 % of Healthcare workers refused to treat the HIV patients. This may be due to risk of occupational exposure to HIV infection. Mostly occupational transmission of HIV infection is by needle stick injury, infective blood splashing into mucous membrane or transient contact with non-intact skin.

Among the physicians in Barbados, 65% were not scared of occupational exposure while 10% were scared and 25% were uncertain if they were at risk. Physicians

Figure.1 Questionnaire analysis for doctors

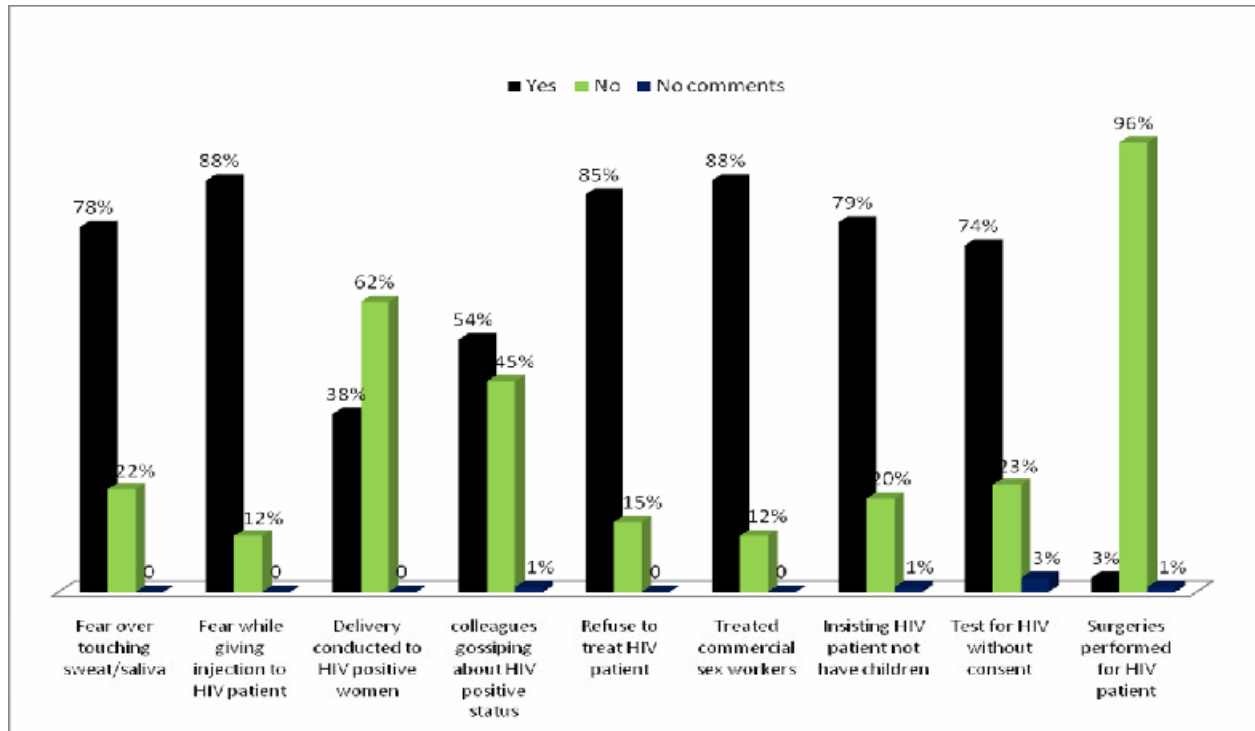


Figure.2 Questionnaire analysis for nurses/lab technicians

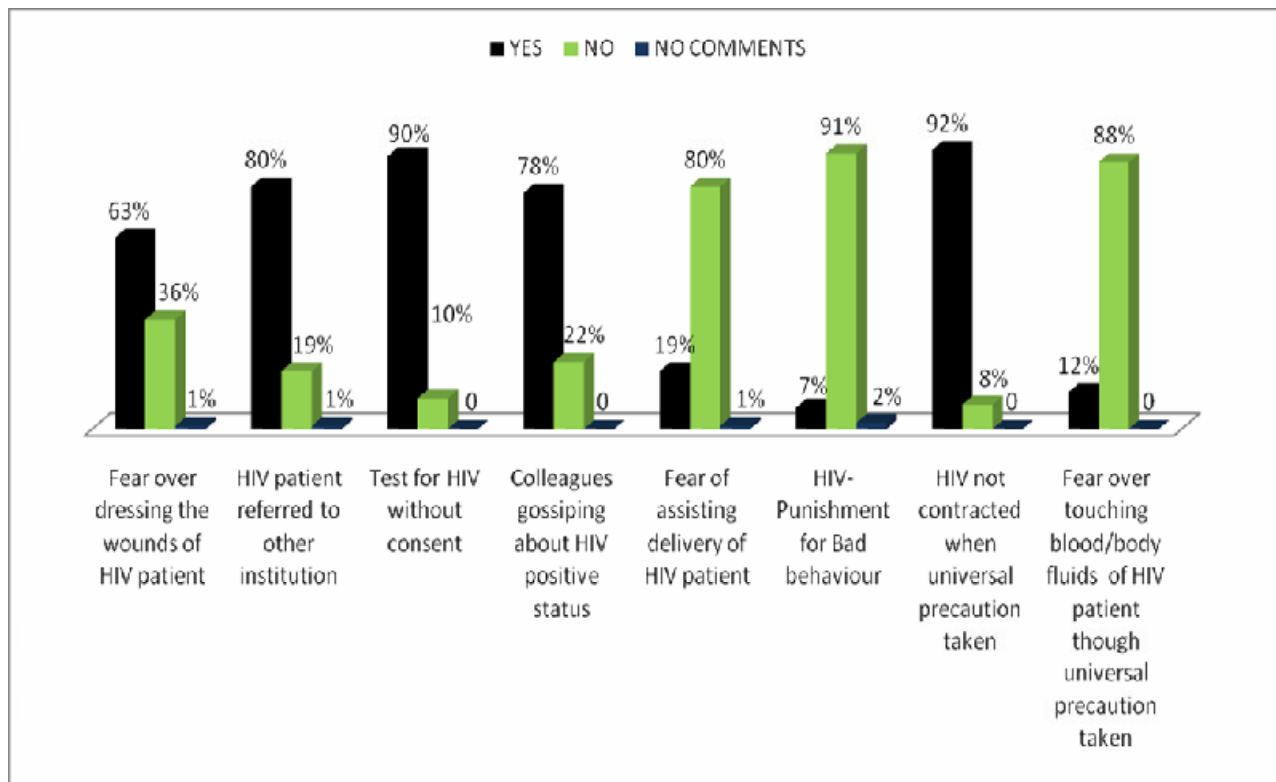
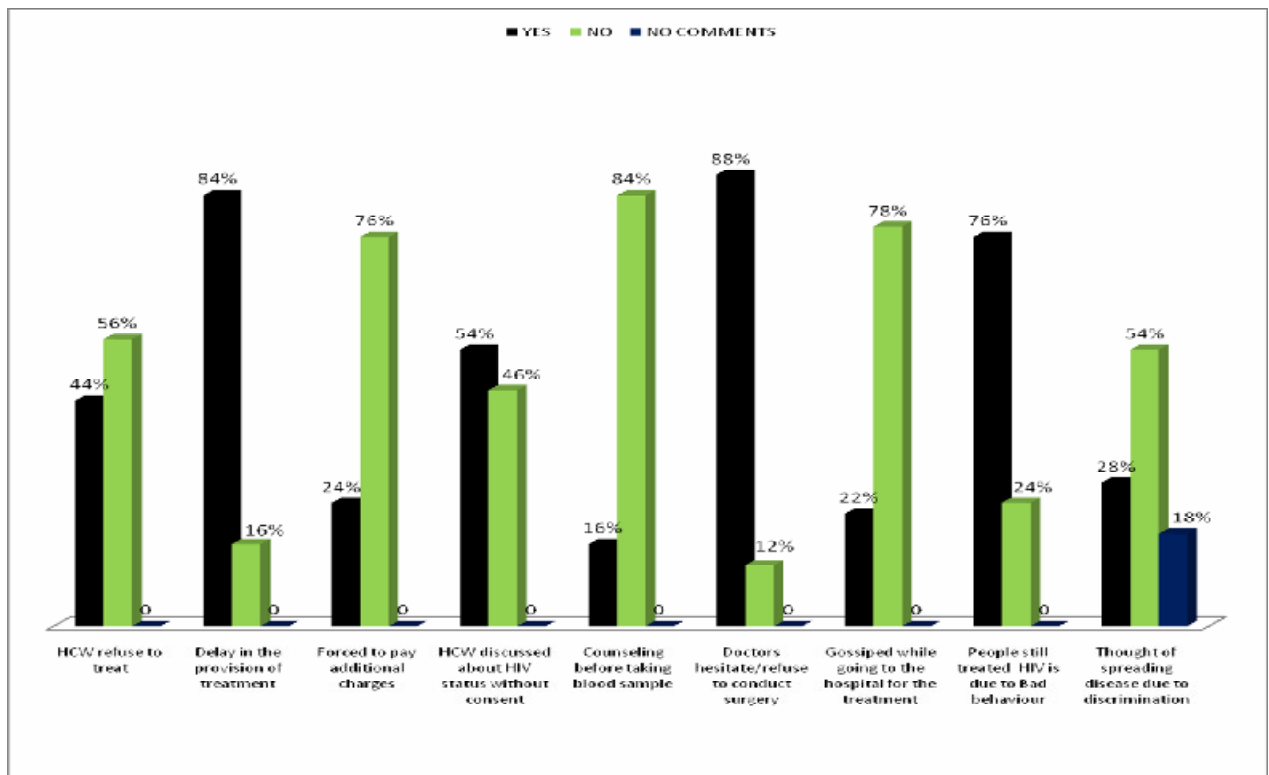


Figure.3 Questionnaire survey for HIV patients



are advised to focus on all aspects of HIV/AIDS care, including clinical as well as emotional factors and the attendance at periodical training programs on HIV/AIDS should be mandatory (Ernest Massiah *et al.*, 2004). Hence the fear of occupational exposure to HIV/AIDS varies from region to region.

A Nigerian study, analyzed the three reasons which are concerned about treating HIV patients such as fear of becoming contaminated, contamination of materials or instruments and not having adequate materials or equipment to treat HIV patients (10%). The lack of protective materials is the main reason for not applying the universal precautions. In our study, 24% of HIV patients felt that they are forced to pay additional charges to

treat and prevent the spread of HIV infection. This is because during surgery/invasive procedures instruments also play a vital role in transmission of infection. So, the institution should also provide adequate materials required to protect Health care workers (Chen Reis *et al.*, 2005).

This study is specially designed for analyzing the attitude of Health care workers in dealing of HIV patients. In our study, only 3% of the Doctors have performed surgery/ invasive procedures for HIV patients. In contrary to our report, most orthopedic surgeon in Nigeria agreed to treat the HIV/AIDS patient, despite their concern about occupational risk of acquiring HIV from patient (Obalum *et al.*, 2009).

Aversion may be related to HIV may be due to the perception of risk of infection, the non-availability of equipments to comply with universal precautions, inadequate training and the high seroprevalence of HIV and their level of awareness (Clement *et al.*, 2002).

Many researchers recommended that Stigma and Discrimination can be reduced by conducting seminars, workshops for Healthcare workers to create awareness on Universal precautions.

This study concludes that the Healthcare workers discriminated the HIV patients due to the fear of occupational risk of acquiring HIV. If they would have acquired the infection, they are concerned about their families, social status and long time treatment with side effects. And the insufficient knowledge on universal work precautions and the lack of adequate protective materials also play an important role in the fear of handling HIV patients among Healthcare workers and fear has lead to discrimination.

Our study shows 28% of the patients thought of spreading the diseases to healthy persons when they were discriminated. To overcome this problem, Healthcare workers should attend the periodical training programs, seminars and workshops regarding the HIV/AIDS and about universal precautions.

After 30 years of the global fight against the HIV/AIDS, WHO announced the three targets for AIDS Day, 2011. One of its targets is —Zero Discrimination□. In order to achieve this challenge, the survey has been conducted among Healthcare workers in the rural teaching hospital and also the HIV patients who attend the ART Centre regularly. The attitudes of

Healthcare workers towards stigma and discrimination and the knowledge on universal precautions in HIV infection have been elicited and also the experience of HIV patients towards stigma and discrimination were analyzed as well as the impact of stigma on the effectiveness of HIV prevention and treatment programs were assessed. The data obtained from Healthcare workers and HIV patients were compared which confirms discrimination.

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