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HIV/AIDS - Related Stigma and Discrimination amongst Healthcare Providers, Aden, Yemen

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ABSTRACT

Background: Despite global efforts, HIV/AIDS-related stigma and discrimination continues to negatively impact the health and well-being of people living with HIV/AIDS (PLHIV/A) and recognized as key barriers both to the delivery and utilization of quality health services.

Objectives: The purpose of this study is to assess the occurrence of HIV/AIDS-related stigma and discrimination towards PLHIV/A amongst healthcare providers in Aden, Yemen.

Method: A cross sectional survey study conducted between January and March 2015 with 50 healthcare providers at the two main Teachings Hospitals in Aden: Al-Gamhuria (with 25 General Surgeon) and Al-Sadakah (with 25 Gyneco-obstetricians). Healthcare providers profile and attitude including the factors related to stigma and discrimination towards PLHIV/A were collocated through using pre-structured questionnaire. Results were presented in the form of percentages and proportions.

Results: Male were (counts 28, 56%) and (22, 44.0%) were female with Female to male ratio of 1:1.27. Age ranged from 35 to 58 years of which the majority were married (43, 86%) and had more than five years of work experience (28, 56%). Only (11, 22%) out of the total were satisfied with the occupational exposure protection system offered by the hospitals. Fear of AIDS more than other disease and risk of getting HIV and/or transmitting HIV to their family member associated with higher levels of stigmatizing attitude were mostly reported. While the most frequent discriminating attitudes were discomfort working around PLHIV/A, and not to perform surgery for AIDS patients.

Conclusion: The high rates of stigma and discrimination attitudes among healthcare providers in Aden, Yemen appear to be driven primarily by negative feelings towards PLHIV/A, and fear of casual transmission. Stigmatizing attitudes contribute to missed opportunities for prevention, education and treatment, along with the undermining efforts to manage and prevent HIV transmissions.

Keywords: HIV Stigma, Discrimination, Fear, Healthcare workers

INTRODUCTION

Since the beginning of the HIV/AIDS epidemic, stigma and discrimination have been identified as the major obstacles in the way of effective responses to HIV management and prevention. [1,2]

HIV/AIDS-related stigma and discrimination a complex social process that interacts with, and reinforces, the pre-existing stigma and discrimination associated with sexuality, gender, race and poverty. [3] Despite the global progress in the treatment and care for HIV positive individuals and community education. [4] This stigma and discrimination occur everywhere, in about 35% of countries with available data, over 50% of people report having discriminatory attitudes towards people living with HIV/AIDS (PLHIV/A) [5] however, it has a serious consequence in healthcare settings [6] and well recognized as key barriers both to the delivery of quality services by health providers and to their

utilization by community members and health providers themselves [7].

Discrimination by healthcare provider towards PLHIV/A is manifested in the form of feeling discomfort associated with increased unwillingness to provide services to the patients [6] negligence, breaches of confidentiality, gossip, excessive or differential precautions, poor support, delay or denial of treatment, early discharge from hospital; judgemental attitudes of hospital workers; physical isolation in the ward; restrictions on movement around the ward or room; restricted access to shared facilities; [1. 8]

Unfortunately, the health sector is one of the main settings where HIV-positive individuals and those perceived to be infected experience stigma and discrimination [1,7]. To combat stigma and discrimination, it is important to explore their associated factors within a country [6].

HIV related stigma and its consequences in Yemen not appear in national and international peer reviewed journals, To the best of the our knowledge, this is the first study conducted to assess the occurrence factors related to stigma and discrimination against people living with HIV/AIDS amongst healthcare providers in Aden Yemen. Therefore, this study is intended to fill such informational gap that exists in Yemen medical literature.

METHOD

This was a cross sectional survey study conducted between the period of January and March 2015 in the two main teaching hospitals at Aden, Yemen i.e. Al-Gamhuria and Al-Sadakah conveniently targeted the general surgeon and gyneco-obstetricians of those two hospitals respectively.

A pre structured questionnaire was developed by the researchers listing: Personal data and occupational health history includes age, gender, marital status, specialization, years of experience, and work environment included questions availability of protective supplies and procedures at workplace, existence and implementation of policies to protect PLHIV/A.

HIV/AIDS-related stigma and discrimination attitudes domains which were developed based on the standardized, field tested tool for measuring HIV-related stigma and discrimination among healthcare providers [9] and stigma and discrimination technical brief prepared by Stangl AL in 2012 [10] covering the domains of fear of casual transmission and refusal of contact with PLHIV/A domain that includes questions such as fear or worry of contracting HIV while working with PLHIV/A and discrimination questions measures agreement with different attitudinal actions (items) such as extra infection precautions taken with PLHIV/A but not with other patients.

The researchers were trained intensively, which included pre-testing of tools through role plays. Thereafter, pre-testing was done with ten healthcare providers to ensure feasibility of the study, validity and reliability of the study tools. After the training and based on the pre-testing result, necessary adjustment in the tool were done.

Immediately after data collection, data cleaning and checking was done for human errors at first by visual method and entered to Microsoft Office Excel 2013 for final data cleaning process. Upon completion, data were installed in IBM Statistical Package for the Social Sciences (SPSS) program version 20. Range and consistency of data were checked and missing values were identified. Descriptive statistics such as frequency, percentage, mean and standard deviation were utilized to analyze data pertinent to the study.

The purpose of the study, risk and benefit were explained to all participants prior to the interview and it was informed to them that their participation is voluntary. Confidentiality and anonymity were strictly maintained. All the respondents were given opportunity to avoid any question or to withdraw themselves at any time of the

interview. No financial benefit was given to any respondent in order to avoid conflict of interest.

Operational definition

HIV Stigma: refer to attitudes or behavior indicated by ear or misinformation

Discrimination: refers to behavior that results from these attitudes or behavers indicators- health provider's refusal with causal contact or providing services with someone living with HIV or providing

Living with HIV- someone positively diagnosed with HIV

RESULTS

A total of 50 healthcare providers of which 25 were General Surgeon and 25 Gyneco-obstetricians were surveyed at Al Gamhuria and Al Sadakah teaching hospitals respectively. Male were (counts 28, 56%) and (22, 44.0%) were female with Female to male ratio of 1:1.27. Age ranged from 35 to 58 years with mean average 44.58 ± 7.06 years Std. Deviation of which the majority (24, 48.0%) were belong to age group of 35-40 years, married (43, 86%) and (28, 56%) had more than five years of work experience. Moreover, (39, 78.0%) reported that the universal precaution measures for preventing HIV infection was not sufficient in both hospitals and (27, 54.0%) were believed that wearing Latex Glove cannot protect against HIV infection (Table 1).

Fear of AIDS more than other disease and feeling unsafe while working with PLHIV were the most common responses indicated by (39, 78%) and (30, 60%) of study participants respectively. More than 80% were worried from the risk of getting HIV and/or transmitting HIV to their family member (Table 2).

Table 1: Frequency distribution of sufficiency of occupational exposure protection system for preventing HIV infection at the hospital in view of the 50 participants, Aden, Yemen

Item	Yes		No	
	n	%	n	%
Precaution measures for preventing HIV infection	11	22.0	39	78.0
Latex Gloves can prevent HIV infection	23	46.0	27	54.0

Table 2: Frequency distribution of the 50 participants response to the fear domain while working with people living with HIV and AIDS (PLHIV/A), Aden, Yemen.

Item	Yes		No	
	n	%	n	%
Fear of AIDS more than other disease	39	78.0	11	22.0
Do not feel safe when working with PLHIV/A	30	60.0	20	40.0
Worried about getting HIV infection at work	41	82.0	09	18.0
Fear the risk of transmitting HIV to your family	44	88.0	06	12.0

Table 3: Frequency distribution of the 50 participants response to the discrimination domain while working with people living with HIV and AIDS (PLHIV/A), Aden, Yemen.

Item	Yes		No	
	n	%	n	%
Discomfort working around PLHIV/A	39	78.0	11	22.0
Staff will be upset if PLHIV/A were treated in your hospital	29	58.0	21	42.0
Provider should have right to refuse to work with PLHIV/A	19	38.0	31	62.0
Provider should have right to not perform surgery on PLHIV/A	24	48.0	26	52.0

Amongst the 50 participants (39, 78.0%) reported feeling discomfort working around PLHIV/A, and (29, 58.0%) indicated that hospital staff will be upset if HIV patient were treated in their hospital. Whereas, (19, 38.0%) indicated that healthcare provider should have right to refuse to work with AIDS patient, and (24, 48.0%) to not perform surgery on AIDS patient (Table 3)

DISCUSSION

Healthcare providers should able to protect themselves through universal precautions which is important not only in preventing patient to health worker transmission but also in reducing healthcare providers stigma and discrimination towards PLHIV/A [4,11] Unfortunately, in this study, healthcare providers reported that universal precaution measures for preventing HIV

infection was not sufficient and believed that wearing Latex Glove cannot protect against HIV infection. In this regard, Feyissa in 2012 [1] reported that, lack of personal protective equipment (PPE), specific policies or clear guidance related to the care of clients with HIV reinforces discriminatory behavior amongst healthcare providers. This underscores the need to focus on equipping all healthcare facilities with PPE and clearly communicating anti-stigma and anti-discrimination regulations [1].

Fear of AIDS more than other disease in our study is much higher than the results of Doka et al [12]. In addition, feeling unsafe while working with PLHIV/A and risk of getting HIV and/or transmitting HIV to their family member were the most common responses. Studies in Ethiopia, Nigeria, Korea, Iran [1 12 13 14] have found high levels of fear of contagion among health workers. Institutional level support should include gloves for invasive procedures, sharps containers, soap and water or disinfectant for hand washing, and post exposure prophylaxis, in case of work-related potential exposure to HIV [11 15].

Dong et al [6] reported that fear of occupational exposure was a key factor in the occurrence of medical discrimination. The study of Zarei et al [14] also confirms this fact that fear was the most dominant state that health care providers had in contact with patients with HIV/AIDS. Other studies have also shown that worry about infection at work favors discriminatory attitudes [6,16]

Our study revealed that feeling discomfort working around PLWHIV/A, and refusal to treat of HIV patient were most prominent discriminatory attitudes. The study of Doka, et al [12] also confirms this fact but at a lower rate of the personnel said "If Iam given a choice I will not treat a patient with HIV". The results of the study by Ekstrand et al [16] reported large majority of participants responded 89% of doctors that they would refuse if they were asked to treat an HIV positive patient. A study in Bangladesh found the similar kind of findings that some doctors deny providing medical supports whenever patients disclose their positive status. [17]

A study done by Ahsan Ullah [18] revealed that the spouses of the physicians and nurses in charge of the HIV-positive individuals put pressure to stop serving the patient or even quit the job. Such discriminatory treatment and inequality of personnel dealing with people with HIV versus other patients can affect the service delivered by the personnel and may deprive the patients from their minimum health rights [14]. This can be an important incentive for people to hide their disease [19] which might widen the vulnerability of spreading the virus, and often prevents people from seeking treatment publicly. [18]

Further, it is worth to mention that this study is the first to report on HIV/AIDS-related stigmatization and discrimination among healthcare providers in Aden Yemen however, the small sample size of participants may influence the precision of the estimates, in addition, the study was done in public hospital and the view of healthcare providers at private hospitals were not assessed.

CONCLUSION

The high rates of stigma and discrimination, among healthcare providers in Aden Yemen appear to be driven primarily by negative feelings towards PLHIV/A, and fear of casual transmission. Stigmatizing attitudes contribute to missed opportunities for prevention, education and treatment, undermining efforts to manage and prevent HIV. Alongside this, health professionals need to be enabled to enact universal precautions and prevent occupational transmission of HIV.

Recommendations

HIV/AIDS training programmes and practical experience working with known HIV patient positively influenced doctors' attitudes. The wider implementation of infection control procedures, as wearing

gloves for every procedure involving contact with blood, should be more effective in reducing occupational risk of HIV. Finally, more in-depth study and further elaboration is highly recommended.

Competing Interests: The authors have indicated that they have no competing interests

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