

# Assessment of Stigmatization Patterns among Clients Attending HIV/AIDS Clinic in Kitagata Hospital

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### Brief overview

HIV/AIDS epidemic has been accompanied by stigma and discrimination since its inception thus limiting access to testing, treatment and care, and decreasing support and quality of life

stigma and discrimination are acknowledged as one of the greatest challenges hindering the management of the desease and a major roadblock to the goal of universal access to treatment, care, and support



Stigma is "a real or perceived negative response to a person or persons by individuals communities or society," and it is characterized by exclusion, rejection, blame, and devaluation of such persons

(Dlamini, 2013).

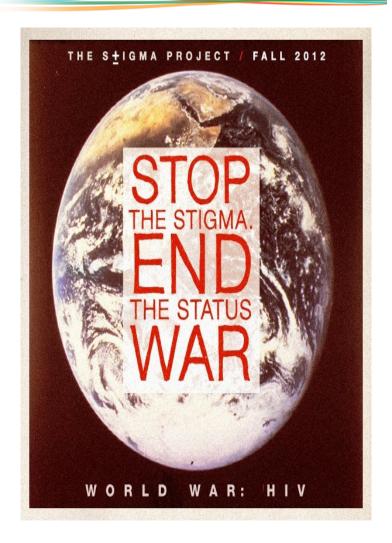
### Stigma in HIV...

## Five factors have influenced the evolution of HIV/AIDS-related stigma and discrimination

- ✓ The life threatening nature of the disease,
- ✓ Fear of infection
- ✓ Association of infection with behaviours that are already stigmatized, such as homosexuality
- ✓ Blame placed on infected individuals and the belief that people infected with HIV/AIDS are being justifiably punished for immoral behaviour
- ✓ Traditional and cultural beliefs

(Goffman, 2011).

### **Overview**



### Stigma in HIV...

### Disadvantages

- ✓ Poor access to medication
- ✓ more difficult for people trying
  to come to terms with HIV
- ✓ Reduces access to treatment
- ✓ Limits the attempts to fight AIDS in all levels
- ✓ Disrupts normal family life
- ✓ Disrupts social settings
- √ Negative moral baggage

(UNAIDS, 2008).

# EAK

### Stigma in HIV...

### The case of health workers

Negative attitudes, beliefs and practices of healthcare workers toward individuals who are HIV-positive compounded by fear of infection in the workplace, perpetuate HIV/AIDS-related stigma and discrimination.



Evidence shows that health workers would avoid treating HIV patients if given a choice

(Rosasco Dulato AM 1992).

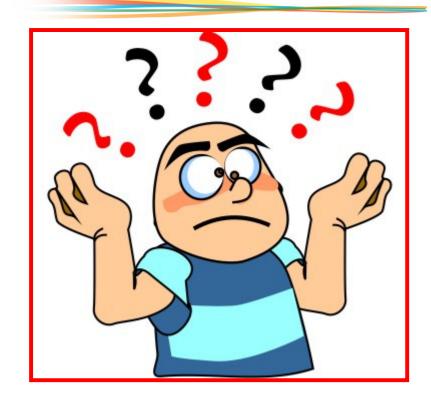
### STIGMA IN HIV...

Stigma and discrimination towards those affected by AIDS are visible at all levels of society from families, local communities, private sectors, churches and government sectors.

However; It becomes a more serious problem when it involves the health care providers

This would be a major hindrance to prevention and treatment efforts.

### Problem statement



### STIGMA IN HIV...

### Significance of the study

Learning the source and patterns of discrimination and stigma within health facilities may provide useful information aimed at improving access to treatment of HIV





The study will provide baseline information that can be used by other researchers.

### **Objectives**

- 1)To establish the existence of negative attitudes and beliefs (stigma) towards HIV patients.
- 2)To assess fears and perceived risks with regard to getting treatment and counselling received from heath care workers in hospitals.
- 3) To find out the common practices and relationships among health providers that discriminate against HIV-positive patients.



### **MATERIAL & METHODS**

**Design** = A cross sectional retrospective study

Area = Kitagata Hospital, Bushenyi

**Cohort** = HIV Patients and Health providers

Sample size = 100 respondents "Fishers et al 1990"

Data collection tool = Open & Closed questionaires

**Analysis** = SPSS Version 20.01

Ethics BEC = KIU9861



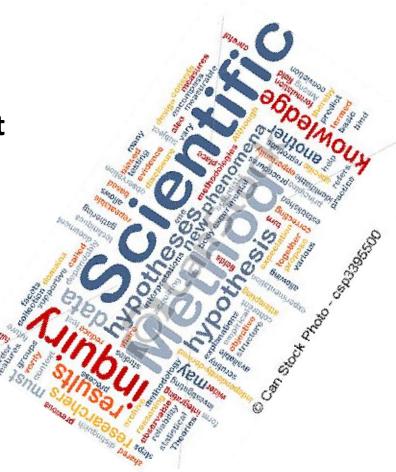
### **MATERIAL & METHODS**

Informed consent was obtained.

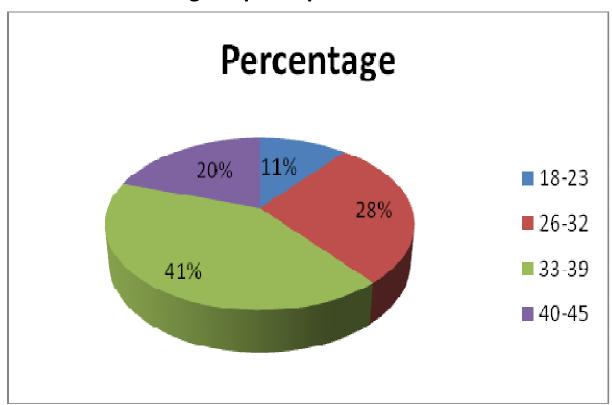
The interviewer in private location at the health facility.

Un-biased interviewer.

All process of ethical protocol was followed

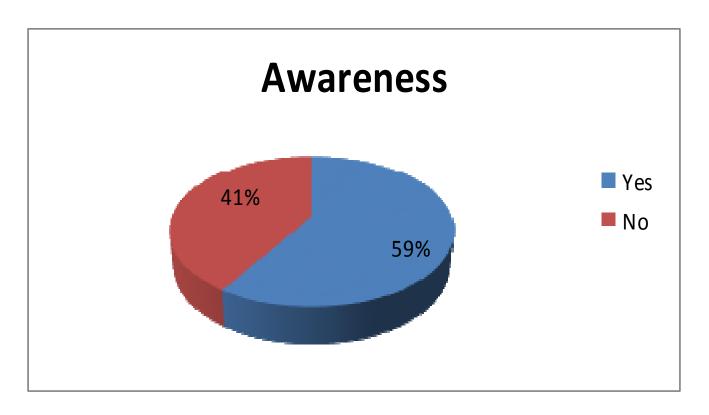


Age of participants

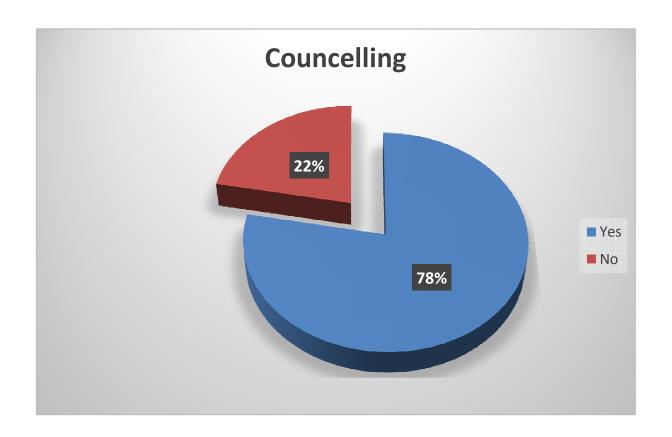


Mean age = 33-39 who were 41(41%),

### **HIV/AIDS** stigmatization awareness



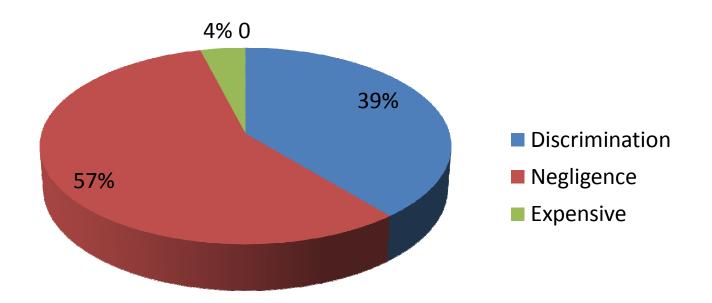
### **Problem during counselling/treatment**



Results.....

**Counselling** 

### Types of problem during counselling/treatment

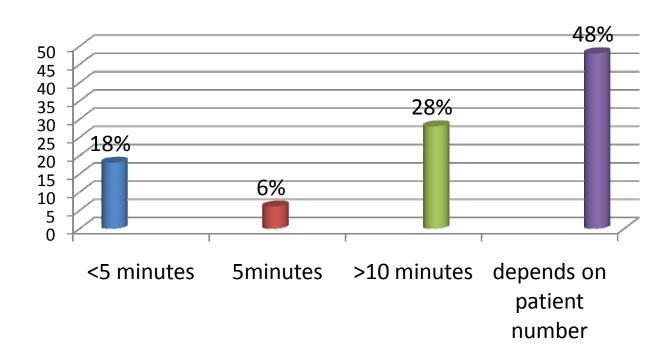


### Results..... Staff-Patient ratio

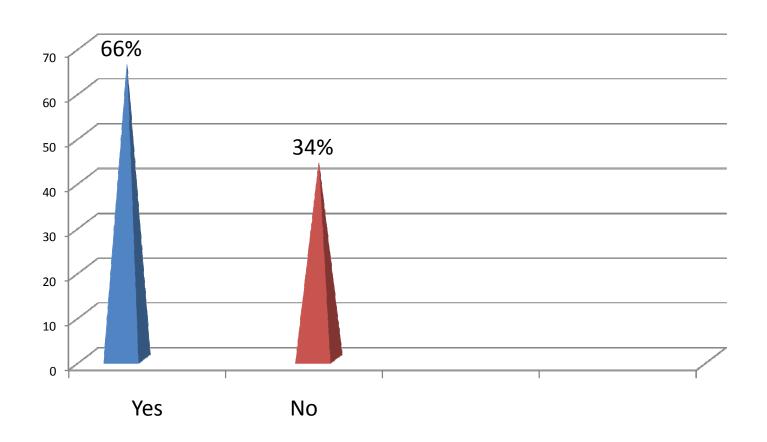
### **Staff- patient ratio**

Ratio	Frequency	Percentage
Low	83	83
Equal	12	12
High	4	4
Extremely	1	1
high		
Total	100	100

### Allocated time for each patient



### Rejection/discrimination towards of patients in the hospital



### **DISCUSSION**

### **Demographic characteristics**

- ✓ Common age group was Btwn 33-39. CDC 2012 = 13-29
- ✓ Married people 51%. Were et all., = 46%
- ✓ Tertiary education 52(52%), Currently more educated group are infected.

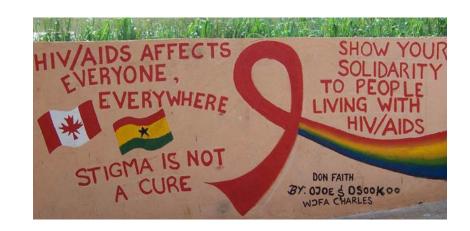


### **DISCUSSION**

59% were aware of stigma in HIV/AIDS. Sayles 2009 reported 82%- This group is 4 times not likely to go for treatment

67% stigmatized/discriminated while seeking hospital services

In our study, respondents diagnosed within the last 5 years reported higher levels of stigma than those currently leaving with the disease, suggesting that stigma may attenuate over time.



### **DISCUSSION**

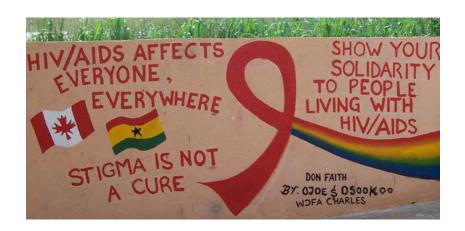
57% felt neglected wile seeking for medical services

83% said that the patient staff ratio is low

Ross and Seeger's study (1988) suggests that there are significant stresses and burnout associated with caring for AIDS patients;

. From a study of oncology and AIDS nurses, Bennett et al. (1991) concluded that the longer the time spent in either treatment situation, the greater the likelihood of stress and discrimination.





### **CONCLUSION**

Based on this study the majority of the participants have;-

- ✓ Noted high incidences of stigma due to their HIV status
- ✓ feared accessing health care due to stigma
- ✓ Believes that they may not be attended to in the hospital due to their status

Public attitudes toward AIDS represent primarily a social issue.

However, physician attitudes concerning AIDS patients carry important health care ramifications.

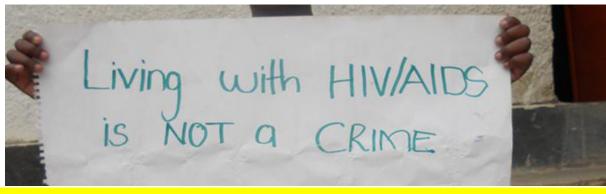
knowledgeable about lifestyle issues that influence the health of HIV patients, and be sensitive to the stigmatization that AIDS patients too often

face.

### **RECOMENDATION**

Stigma -reduction programs and training for HW

Future longitudinal studies should examine how HIV stigma changes over time and with disease progression



### References

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# Thank you

