

Abstract – Group n°39

State of Perceptions and Stigma among Healthcare Providers and Stakeholders about HIV+ Patients in the Region of Mangalore (India)

Océane Jacquemoud, Shadya Soltane, Paul Camille Genton, Yann Renaud

Introduction

HIV is a major public health issue in India. In 2013, 2.1 million Indian citizens were infected by the virus (1). Discrimination and stigma of HIV in the Indian society is documented as still important, even among healthcare providers (2). Literature reports the impact of these perceptions on the management of HIV+ patients (2). Examples of discrimination mentioned in the literature include: minimizing contact with People Living with HIV (PLHIV), useless “protective measures” in order to avoid contamination (double pair of gloves, labelling of the belongings of HIV positive patients) and geographical isolation of PLHIV in the healthcare settings (3). This stigma makes HIV even more difficult to accept for patients. (2). Three main drivers of stigma were highlighted by literature: knowledge deficit about HIV, values judgement and lack of experience with HIV+ patients (3,4). Through the National AIDS Control Program (NACP), the government implemented pre-graduated and continuous formation about HIV for healthcare providers, increasing their knowledge about the infection.

Perception and stigma are main health determinants, as they preclude HIV screening and complicate access to medicine (3). Through NACP, important changes happened in the management of HIV+ patients in a short period of time (3). As we noticed a lack of recent studies about perceptions and stigma among healthcare providers, our study aims to understand these points. To achieve this objective, we explored the present situation of HIV, the perceptions and stigma among healthcare providers and stakeholders about HIV+ patients and their management in the region of Mangalore.

Methodology

We conducted an exploratory qualitative research study. A total of 13 semi-structured interviews and 7 informal discussions were conducted among healthcare providers and stakeholders from a private hospital (Father Müller's Charitable Institutions), an Anti-Retroviral Therapy (ART) center, NGOs and politics in the region of Mangalore, India. For ethical reasons patients were not interviewed. A two-step qualitative analysis was applied as follow:

- Direct content analysis (5): codes were pre-established according to literature review (6,7). Questions were categorized and codes were ranked, allowing to discriminate stigmatizing and non-stigmatizing answers, as assessed in literature (6,7). Finally, by grouping codes, perception ranking (the less stigmatizing, the better the ranking) and management ranking (the more beneficial for the patient, the better the ranking) were established.
- Summative content analysis (5): opened questions allowed participants to answer freely and redundant concepts in all interviews were summed, ideally up to data saturation. The purpose was to sketch the actual situation of HIV (prevention, prevalence, health system, management of HIV+ patients).

In addition, data collection was completed with integration of field notes obtained during informal discussions with local healthcare providers, regarding India's health care system, and the managing of HIV+ patients. This allowed to contextualize the study in Indian health system and society.

Results

Participating healthcare providers and stakeholders evoked a relative absence of stigmatizing perceptions of HIV+ patients. Indeed, 8/13 participants showed a complete absence of stigma in their answers. Most of the healthcare providers declared a well-done professional management of HIV+ patients, as 4/6 participants described an identical management of HIV+ and HIV- patients. Professionals with an increased risk of infection such as surgeons and delivery room nurses admitted having a different approach of HIV+ patients, by implementing additional protective measures, such as allocation of particular beds in the ward, wearing two pairs of gloves and limitation of the hospitalization time.

NGOs' members expressed a contrasting vision of the one described previously. They reported significant differences in the management of HIV+ patients for common health problems and an increased difficulty to access surgery after disclosing their serostatus. NGO respondents also described different approaches between private hospitals and public hospitals. They explained that private hospitals were less stigmatizing compared to public hospitals based on patients' experiences.

Regarding prevention, respondents agreed on the importance of prevention strategies and acclaimed the efforts made by the government. Half of the respondents spontaneously requested for more education about HIV and sexuality, mainly focused on young people.

Informal discussions confirmed that HIV still is an issue and a challenge for the Indian society and healthcare system. Stigma of HIV+ patients is still a public health determinant with a considerable impact on the HIV patients' lives and access to common healthcare. Indeed, many respondents explained that stigma is a barrier to HIV voluntarily screening and access to Anti-Retroviral Therapy (ART) centers to get their treatment.

Discussion and conclusion

Literature documents a general stigmatized perception among healthcare providers about HIV+ patients in the Indian community and healthcare system (3). Our exploratory study doesn't confirm this stigmatized perception of HIV+ patients among the healthcare respondents. A majority of them developed a normalized perception of HIV, considering it as every other disease. Literature review also reports limited contact with HIV+ patients and lack of knowledge about HIV as major determinants of stigma (3,2). Half of our respondents are often in contact with HIV+ patients and all respondents expressed good knowledge about HIV's transmission modes. This may contribute to the positive perception of People Living with HIV (PLHIV) observed in this study. However, the health system is still considered as a major source of stigma by NGOs, corroborating the literature (2). The heterogenous information was a major burden to assess modifications in the perceptions of HIV among healthcare providers.

Regarding the management of HIV+ patients, in opposition to the literature who described significant gaps (2,4), our study only observes differences among healthcare providers at high risk for contamination. Respondents reason for excluding HIV+ patients is reducing the risk of contamination of medical staff members and patients. A second reason consists of preserving the confidentiality of the patient's HIV diagnostic. These findings were described in previous studies (2,6) and some precaution could be considered as justifiable.

Our study corroborates with the literature review by suggesting that HIV is still a health issue (7). However, respondents mentioned a substantial progress in HIV approach compared with the past 10 years. They mentioned that more attention is spend on non-communicable diseases. As described in the literature, our findings confirm that considerable efforts are done by NGOs and the national government to decrease the spread of HIV (8). Multidimensional HIV prevention strategies are developed such as health education programs, condoms distribution in healthcare centers, free screening and specialized training programs for healthcare providers. Regarding treatment, respondents explained that screened positive patients are referred to an ART center, where the free of costs treatment is provided by the government, if the CD4 <350cells/mm³.

Our study presents some limits. Healthcare respondents were recruited in only one health care setting for availability reasons. A second limit concerns the selection of the respondents done by the supervisors of the healthcare setting respondents. Moreover, many respondents were specialized in the care of HIV+ patients, impacting on their perception of PLHIV. Social desirability and translation could have created bias of data collection. Finally, the study should be interpreted with caution while data saturation is not guaranteed.

To conclude, the study shows a non-stigmatizing perception and management of HIV+ patients among the healthcare providers interviewed. In contrast, NGOs describe a different situation, in which access to medicine and surgery is complicated for HIV+ patients. Social isolation, especially of children, was also described. Note that we should interpret our results with precaution, taking into account that our data is limited to the perceptions of some local healthcare facilities.

Key words: HIV, India, stigma, perception, management, healthcare providers, healthcare system

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HIV Stigmatization in Health System: Still an Issue in the Region of Mangalore (India)?

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Introduction

HIV is a major health issue in India. Indeed, in 2013, **2.1 million people** were infected by HIV and 130'000 patients died because of comorbidities associated to this infection [1]. **Stigmatization and discrimination** of people living with HIV occurs all around the world, particularly among the Indian community [2, 3]. Studies also suggest that this directly **impacts on the management** of HIV+ patients [2, 3, 4]. Stigma is therefore considered as a **key health determinant**.



«If the patient is reassured, I am happy. If he is worried, I am too» HIV counsellor

Objectives

- ◆ Explore the present situation of HIV in the region of Mangalore, according to healthcare providers and stakeholders
- ◆ Explore the perceptions among healthcare providers and stakeholders about HIV-positive patients
- ◆ Explore the management of HIV-positive patients

«To me, HIV is like any other infectious disease.»
Physician, private hospital

«Some people still believe that HIV is God's punishment!» Priest, NGO

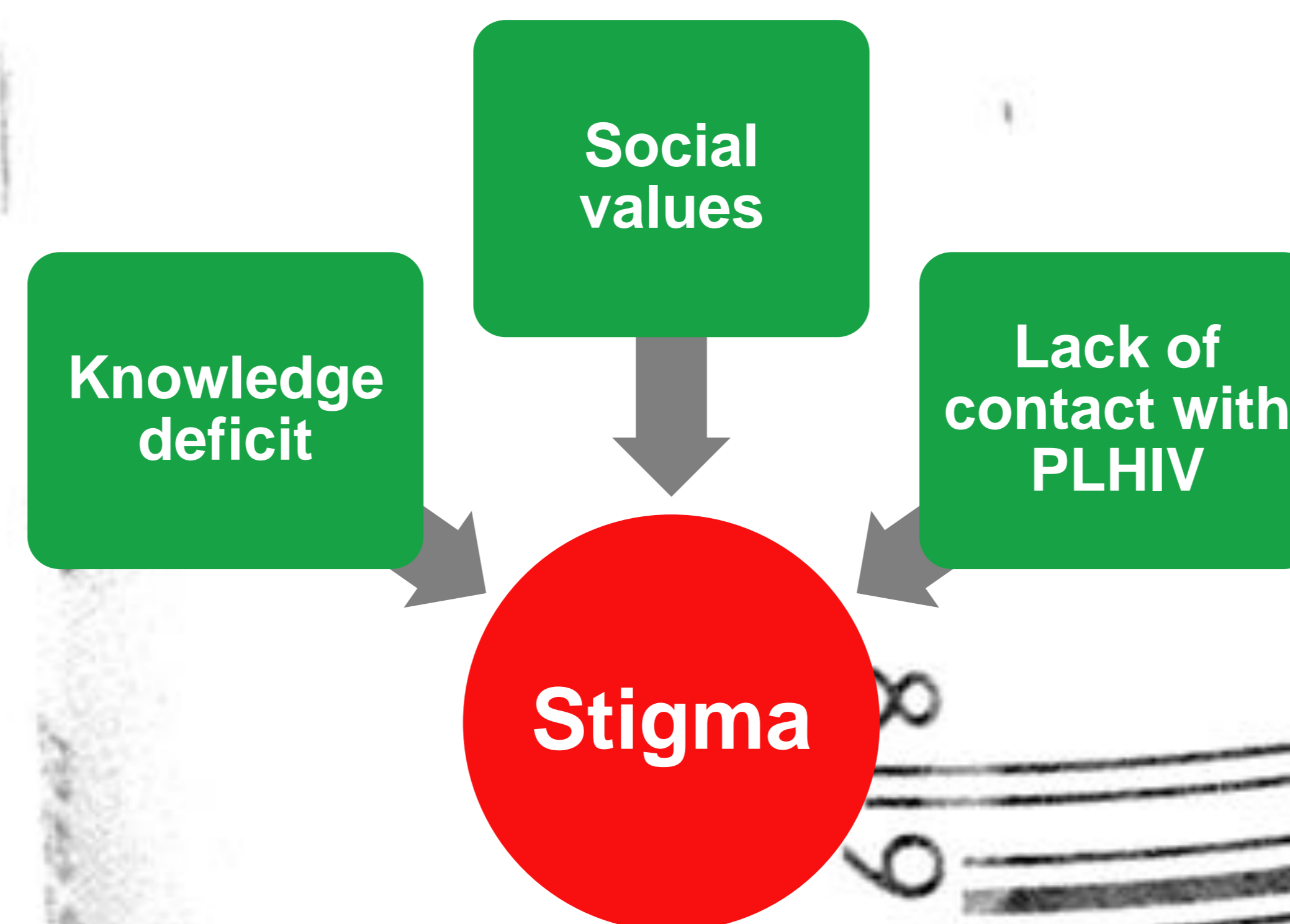


Fig. 1: Main drivers of stigmatization.

Methods

This is an exploratory qualitative study, based on **13 semi-structured interviews** with healthcare providers (nurses and physicians from a private hospital) and stakeholders (NGO members, HIV counselor and city politicians). The answers were analyzed by **direct content analysis** and **summative content analysis** [5]. Moreover, **7 informal discussions** were conducted, in order to understand the general health situation in Mangalore.

«At school, other kids refuse to play with them!» Nurse, NGO

Results



- + **Low stigmatization** among healthcare respondents
- + 8/13 healthcare providers and stakeholders have no stigmatizing perception of HIV+ patients
- + 4/6 healthcare providers **treat HIV+ and HIV- equally**
- + Major implication of the government and NGOs

- **Highly stigmatizing perception and management** of HIV+ patients among healthcare providers described by NGOs
- Additional measures taken by some professionals with increased infection risk
- **Surgery and delivery may be refused** to HIV+ patients in some hospitals

- ◆ Stigma is more present in public hospitals
- ◆ More education for young people is needed, for example through sexual education at school

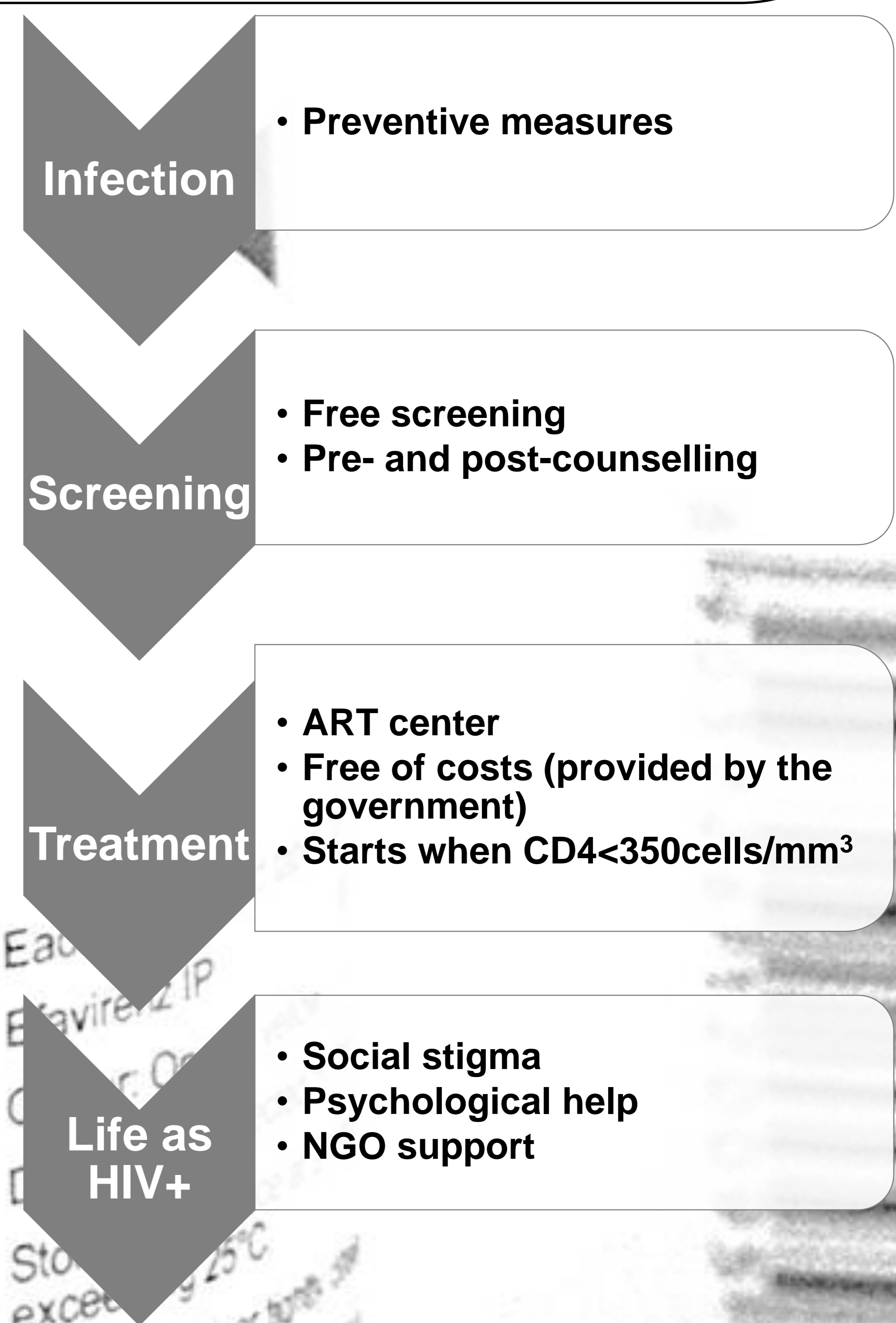


Fig. 2: Journey of an HIV+ patient in India.

Discussion & Conclusion

- ◆ HIV is still an important health issue in India, but the **situation has improved**
- ◆ In opposition to literature [2, 6], most of healthcare respondents have a **non-stigmatizing perceptions and management** of HIV+ patients
- ◆ NGOs still describe **important stigma among healthcare providers**
 - ◆ Unjustified isolation, surgery refusal, delivery refusal, social isolation
- ◆ **Dichotomous vision** of the issue
 - ◆ Positive perceptions among healthcare respondents
 - ◆ Important stigma described by NGOs
- ◆ However, it should be noted that a **social desirability bias**, a **selection bias** (most healthcare respondents were coming from one healthcare setting) and a **translation bias** are possible

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