ASHM/OSSHHM Technical Brief

HIV stigma and discrimination: a guide for health care workers in the Pacific

All Pacific Island countries and territories have an enabling and empowering social, economic, environmental and legal environment that promotes and protects good sexual health, well-being, and rights, free from violence and discrimination.

Goal of the Pacific Sexual Health and Wellbeing Shared Agenda 2015–19,
endorsed by Pacific Health Ministers in 2014

Unreasonable fears of HIV infection and negative attitudes and judgements towards people living with HIV (PLHIV) persist in the Pacific, despite many years of public information campaigns. This stigma and discrimination discourages people from accessing health-care services including HIV prevention, learning their HIV status, enrolling in care and adhering to HIV treatment.

The evidence shows that the establishment of people-centred service delivery models and sensitisation training for health-care workers can promote inclusion and increase access to health services.[1]

HIV stigma and discrimination in health care settings

It is important to understand the subtle distinction between stigma and discrimination.

- **Stigma** is being perceived as different from others and often is the cause the feelings of despair, shame, guilt, distress and hopelessness and the most dangerous effect of stigma occurs when stigma changes the way a person views himself. This is known as self-stigma.
- **Discrimination** is being treated differently. Being treated equally, no matter what their race, gender, sexual orientation or religion is a fundamental human right. Many countries have laws against discrimination in order to protect their citizens from its adverse effects. Discrimination can be either direct or indirect.

In the context of a health care setting, stigma and discrimination can include such things as:

- Disclosing HIV status or other personal details without patient consent
- Failing to disseminate HIV-related information or provide testing and counselling
- Obstructing access to medical services
- Performing forced HIV testing
- Failing to provide treatment to those eligible, or delaying treatment
- The use of unnecessary additional precautions to prevent infection

[1] Confronting discrimination: Overcoming HIV-related stigma and discrimination in healthcare settings and beyond, UNAIDS 2017

HIV stigma and discrimination in the Pacific

A study published in 2012[2] examined the attitudes and behaviours of health care workers in Fiji towards PLHIV. The study found high levels of stigmatising attitudes among its 369 participants:

- 35% believed that HIV and STIs were a punishment for immoral behaviour
- 46% believed that sex workers were responsible for the spread of HIV and STIs
- 9% believed that those who acquired HIV or an STI through illegal behaviour should be refused treatment

The same study also found clear evidence that PLHIV were discriminated against in health care settings:

- 14% had witnessed PLHIV receiving reduced care and attention
- 7% had witnessed PLHIV being made to wait longer than other patients
- 10% had witnessed PLHIV being verbally mistreated
- 24% had witnessed other workers segregate, isolate or quarantine PLHIV
- 73% had witnessed other workers using extra precautions when sterilising equipment
- 49% were aware of suspected PLHIV being forced to undergo testing before surgery would be scheduled
- 61% had seen other workers using gloves to perform noninvasive examinations on PLHIV
- 13% had observed other workers refusing to care for PLHIV

The Pacific Multi-Country Mapping and Behavioural Study[3] surveyed people who identified as being transgender or men who have sex with men (MSM) in nine small Pacific countries in 2015–6. Respondents reported significant levels of stigmatising and discriminatory behaviour toward PLHIV:

	Denied access to health services (%)	Denied access to community events (%)	Experienced verbal abuse etc (%)
Cook Is	5.1	5.1	3.4
FSM	7.7	0.0	0.0
Kiribati	14.6	12.5	8.3
Palau	7.7	0.0	8.3
RMI	0.0	0.0	0.0
Samoa	5.7	8.0	11.4
Tonga	19.3	6.9	8.8
Tuvalu	3.3	63.3	73.3
Vanuatu	15.4	10.3	12.8

[2] Paraniala Silas Lui et al, 'Knowledge, Attitudes and Behaviours of Health Care Workers towards Clients of Sexual Health Services in Fiji' (2012) 9(4) *Sexual Health* 323

[3] UNDP, UNICEF, UNSW (2016) *Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations* <http://www.pacific.undp.org/content/pacific/en/home/library/DG/pacific-multicountry-mapping-behavioural-study-key-findings.html>

The People Living with HIV Stigma Index in Fiji was conducted in 2010.[4] Out of 45 people living with HIV, 42% were male and the rest (58%) were female. Over 80% of respondents were between the ages of 25 and 49. The study found significant levels of stigma and discrimination:

- 13% of PLHIV had been denied a health service due to being HIV positive
- Negative beliefs of blame (21%), guilt (19%) and low self-esteem (17%) are common and suicidal ideation was also expressed
- Respondents indicated that their greatest concerns were being gossiped about (30%), verbally assaulted or threatened (27%), while harbouring a significant fear of physical assault (21%).
- 25% reported a significant adverse event due to their HIV status in the past 12 months including being forced to submit to a medical procedure.
- 67% had confronted, challenged or educated someone who had been stigmatizing or discriminating against them.

Self-stigma

Overwhelmingly the form of HIV stigma that exists among people living with HIV is 'self-stigma' – the internalised sense of shame and self-limitation that people living with HIV apply to themselves. All experiences of stigma (real or perceived) come from the outside but are experienced internally. This burden of self-stigma can have profound effects on the health-seeking behaviour of the individual, and when compounded by stigmatising or discriminatory attitudes encountered in health care settings, may be a barrier to accessing health care.

Members of key populations, especially transgender people and MSM, are likely to already carry a burden of stigma associated with their sexuality or gender identity. In the Pacific Multi-Country Mapping and Behavioural Study, many participants reported a feeling of shame about their sexual/gender identity, ranging from 9% (Samoa) to 89% (Kiribati).

In a health care setting, feelings of self-stigma are heightened as the patient must disclose and make choices where they may feel disabled, disempowered or lack the knowledge to make informed decisions. As a sensitive and aware health care provider, your ability to be patient, non-judgemental, supportive and compassionate is vital and central to achieving quality care in both the short and long term.

Combatting HIV stigma in health care settings

The primary objective of every health care service should be to provide quality care that enhances the well-being of the community. For quality of care to be maintained, all users of the service (both staff and patients) need to feel safe. A key aspect of this is ensuring that

[4] http://www.stigmaindex.org/fiji

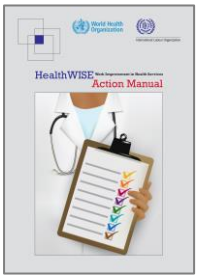
members of key populations and those living with HIV are able to access the service without fear of stigma and discrimination.

Additional to what you can do in your practice, there are the issues that must be addressed at a society and community level. The health of the whole community is enhanced when societies and governments create an 'enabling environment' for people to access health care without discrimination. The steps that need to be taken at the macro level include:

- Empower community-based health workers
- Decriminalise sex work
- Decriminalise same-sex sexual activity
- Decriminalise drug use
- Remove or adapt parental consent law
- Introduce protective legislation for PLHIV

Further resources

There are many resources that can be obtained to reduce stigma and discrimination in your workplace. For example, an online repository of policies, resources and awareness tools on discrimination in health care—available at www.zeroHIVdiscrimination.com, provides practical resources for those working to eliminate discrimination.



HealthWISE is a tool developed jointly by the International Labour Organization and WHO to guide healthcare institutions in improving occupational health and safety conditions for health workers and the quality of health services.[5] The tool has a dedicated module on discrimination issues, including discrimination and staff–patient and staff–staff violence and has been deployed successfully across both resource poor and resource rich countries.

[5] HealthWISE. Work improvement in health services. Action manual. World Health Organization, International Labour Organization; 2014 http://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/instructionalmaterial/wcms_237276.pdf