

Stigma in health care settings

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Stigma and Discrimination

- Changed focus in Health Care Management
- Reducing HIV-related stigma and discrimination

Three main Challenges

- Recognizing Stigma
- Insufficient capacity to address stigma
- Stigma as a social problem

Defining stigma

UNAIDS defines HIV-related stigma and discrimination as:

"HIV-related stigma refers to the negative beliefs, feelings and attitudes towards people living with HIV...

Discrimination refers to the unfair and unjust treatment of an individual based on his or her real or perceived HIV status."

Stigma in Health Facilities in low-income countries

- Discriminatory and stigmatizing practices
- Keeping people from adopting HIV preventing behaviors, and accessing treatment
- Health care workers themselves

Reducing stigma in health facilities

Combatting stigma focus must be on three levels:

- Individual level
- Environmental level
- Policy level

Reducing stigma in health facilities

Individual level:

- Increase awareness about stigma
- Allow for critical reflection
- Education of health care workers

Reducing stigma in health facilities

Environmental level:

- Information, supplies and equipment to practice universal precautions

Policy level:

- Policies to protect patients and health care workers

Case: Eastern Europe

HIV-AIDS Stigma and discrimination in health care sector in Belarus, Vera Ilyenkova et al. 2012

Background for investigating stigma among Health care workers:

- 40.5% of PLHIV experienced disclosure of their diagnosis and confidentiality breach
- 15.5% of PLHIV were refused medical care

Case: Eastern Europe

Findings among Health care workers (n=40):

- 25% not willing to provide services to PLHIV
- > 50% inclined to violate patients' rights
- Majority revealed negative empathy
- Approx. 66% would isolate PLHIV

Case: Eastern Europe

Possible reasons:

- Don't realize what stigma is
- Lack of knowledge of HIV
- Negative empathy regarding PLHIV

Case: Denmark

2016 update on the Danish survey on
"Quality of life in the HIV+ community".

1. Survey in 2005-06, n = 1,212

2. Survey (update) in 2013-14, n = 364
- preliminary data

Case: Denmark

Disclosure of HIV-status

Q: How many persons have you told that you are HIV-positive?

	2005-06	2013-14
No disclosure of any kind	5 %	1,6 %
1-2 persons	14 %	9,1 %
3-5 persons	16 %	15 %
6-10 persons	19 %	17 %
More than 10 persons	46 %	35 %
Open about HIV-status	-	23 %
Total: More than 10 and being open		
	46 %	58 %

Case: Denmark

Worried about gossip/rumors

Q: Are you worried about gossip in your circle of friends, that you are HIV-positive?

	2005-06	2013-14
Yes	36 %	40 %
No	50 %	54 %
Don't know	14 %	6,5 %

Case: Denmark

Discrimination within the last 5 years

Q: Have you in the last 5 years experienced discrimination as a result of being HIV-positive?

	2005-06	2013-14
Workplace	5,5 %	1,9 %
Educational institutions	0,6 %	0,3 %
In connection with leisure activities	1,2 %	3,3 %
Health care settings (dentist, specialist, hospital)	-	14 %
In various other circumstances	9,9 %	10 %
NO	73 %	70 %
Don't know/Do not wish to answer	10 %	4,1 %

UNAIDS and Global Health Workforce Alliance

“Non-discrimination in health-care settings is urgent in order to end the AIDS epidemic, and it is possible to achieve. Member-states have a legal obligation to ensure non-discrimination. It is also a precondition for sound public health. It is possible to eliminate discrimination through an actionable agenda, with joint efforts and the right scope and scale of programmes. The time to act is now.”

Luiz Loures, UNAIDS Deputy Executive Director

Thanks for your attention