

HIV/AIDS related stigma and discrimination in health institutions of Assam

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ABSTRACT

HIV/AIDS related stigmatisation and discrimination within health care settings threaten the effectiveness of HIV prevention, care and treatment. It helps in creating the ideal condition for HIV virus to spread and resulting HIV positive patients to live with a very pathetic condition. This study mainly focuses with the objective to assess availability of the HIV/AIDS related Stigma and Discrimination in Health institutions of entire Assam.

Methodology: This study was conducted in four ART Centers of Assam Medical College and Hospital, Gauhati Medical College and Hospital, Silchar Medical College and Hospital, and Fakhruddin Ali Ahmed Medical College and Hospital. Among these four units researcher collected data from 588 respondents proportionately through interview schedule, observation and unstructured interview methods.

Results: Out of 588 respondents 177 (30.10%) HIV positive patients experienced Stigma and Discrimination from health care staff. Among the 177 respondents 109 (61.58%) were male and 68 (38.42%) were female. 30.10% PLHIV faced from health care worker like bad react, gossip, label as a sinner, looser, immoral character when go to health care centre. 15.14% faced mistreated by doctors, nurses and other health staffs when admitted in hospital.

Conclusion: It is seen that various forms of HIV/AIDS related stigma and discrimination exist in health sector in Assam. Such behaviour stand as a big barrier for HIV/AIDS infected people, which hinder them from accessing health care services.

Key Words : Stigma, Discrimination, People living with HIV/AIDS, Health institutions

INTRODUCTION

HIV/AIDS is highly pandemic in nature and has become a most serious public health problem and a challenge to the modern civilized human world for the last 30 years. HIV/AIDS has emerged in every country in the world and infections currently being reported in all states and united territories of India (Kumari, 2010 and Beeju, 2011).

Global has revealed that the HIV/AIDS is a life threatening disease. Many people have been becoming victim of this devilish disease. As per UNAIDS in 2016, globally 36.7 million [30.8 million–

Cite this Article: Kalita, Pranjyoti, Kotokey, Ratan Kr., Dutta, Lipika and Borah, Dhruva Jyoti (2018). HIV/AIDS related stigma and discrimination in health institutions of Assam. *Internat. J. Appl. Home Sci.*, **5** (3) : 525-432.

42.9 million] and in India 21 lakh people are living with HIV/AIDS (UNAIDS Data, 2017). As per National AIDS Control Organization (NACO Report 2015) the prevalence of HIV rate in our country is 0.27% which ranks as the third largest number of people living with HIV in the world (NACO Report 2016-17).

The first case of AIDS in Assam was reported in the month of September 1990. Assam is categorized as a low HIV prevalence state *i.e.* 0.07%, which is lower than the national prevalence of 0.27%. Adult HIV prevalence in the state has increased from 0.04% in 2007 to 0.07% in 2011. Recently Assam has estimated 14, 244 HIV positive cases (NACO Technical Report 2015). Transmit route through heterosexual mode is higher than other routes. However, in the North-East India, injecting drug use is the major cause of this virus transmission (HIV Fact Sheet of Assam, 2015 and HIV/AIDS Epidemic in Assam, 2018).

Statement of the problem :

HIV/AIDS related Stigma and Discrimination is public health concern as it can negatively or adversely affect the physical health, mental health and overall wellbeing of the people living with HIV/AIDS (PLWHA) (Duru *et al.*, 2017). Stigma is common towards PLWHA. Stigma is a social process of devaluing persons, beginning with marking or labeling of differences, attributing negative connotations or values to those differences (Doka *et al.*, 2017).

As a consequence of stigma, discrimination is said to be occur, which is an unfair act or unjust treatment given to an individual based on his/her real or perceived status or attribute (Duru *et al.*, 2017).

HIV/AIDS related stigma and discrimination has been described as a devaluing process of people living with HIV/AIDS (PLWHA). It occurs in multiple settings including the family, society, workplace, educational institution and health care institution (Khalil *et al.*, 2015). Among these the health care setting is particularly conspicuous context for HIV/AIDS-related stigma and discrimination (Mahendra *et al.*, 2007). Because in health care institution PLWHA discover their HIV status, can get information about themselves, prevent transmission to others and receive care and treatment. Therefore, it is particularly important to study HIV/AIDS related Stigma and Discrimination faced by PLWHA in this setting (Khalil *et al.*, 2015).

In hospital after knowing about status of infection of HIV/AIDS, most of the patients face Stigma and Discriminatory behaviour from the physicians, health professionals (Saki *et al.*, 2015). Stigma and discrimination is formed in such a way where HIV testing can be done without consent or appropriate counselling, health care providers minimize contact, push the patients away from themselves, isolate the patient, deny treatment or show unwillingness in giving services, hospital facilities or increase the payment or even violate their right to privacy and confidentiality (Duru *et al.* 2017 and Khalil *et al.*, 2015).

The major reasons of HIV/AIDS related Stigma and Discrimination in healthcare are lack of in-depth knowledge; often hold negative views of people with HIV, the perception of incurable natures of HIV, fear of being infected with HIV, the notion that HIV is transmitted through sexual intercourse, and lack of orientation regarding policy against HIV (Doka *et al.*, 2017 and Hassen *et al.*, 2017). Health care workers have judgmental attitudes and believe that the disease is self-inflicted. This moral judgments, socially conservative beliefs, and level of education may be important foundations for stigma and discriminatory attitudes toward PLWHA in health care settings (HIV Fact Sheet of Assam 2015).

HIV-related Stigma & Discrimination in a health care setting discourages persons living with

HIV/AIDS from seeking care and treatment and have negative impact on the quality of life of PLWHA. HIV/AIDS related stigmatisation and discrimination threaten the effectiveness of HIV prevention, care, treatment and it helps in creating the ideal condition for HIV virus to spread (Khalil *et al.*, 2015; Wu *et al.*, 2007 and Carr *et al.*, 2015).

Stigma and discrimination in healthcare settings are paying less attention in HIV related policy and programs because their voices of PLWHA remain unheard (Khalil *et al.*, 2015). This issue cannot be comprehensively and effectively tackled without sound of the PLWHA. Therefore it is needed to assess; and identify availability of the '*HIV/AIDS related Stigma and Discrimination in Health Institutions of Assam.*

METHODOLOGY

This is an observational and cross sectional study. This study was conducted in four Antiretroviral therapy Centres (ART) of (i) Assam Medical College and Hospital, Dibrugarh, (ii) Gauhati Medical College and Hospital, Guwahati, (iii) Silchar Medical College and Hospital, Silchar, and (iv) Fakhruddin Ali Ahmed Medical College and Hospital, Barpeta. Among these four units researcher proportionately collected data from 588 respondents through interview schedule, observation and unstructured interview methods. Researcher selected respondents through simple random sampling, purposive and accidental sampling methods and used explanatory and exploratory research designs. SPSS (Statistical Package for the Social Sciences) was used for the analysis the data.

Ethical consideration:

The Assam State AIDS Control Society (ASACS) under the guidance of NACO has provided approval for the collection of necessary data from the ARTC patients. Patients are informed and written consent was taken from each patient at the time of enrolment who had agreed to use their information for this research purpose.

RESULTS AND DISCUSSION

This study explores the HIV/AIDS Related Stigma and Discrimination in Health Facility of Assam.

Table 1 : Socio-demographic characteristics of the participants (N=588)

	Characteristics	Respondent	Percentage
Gender	Male	373	63.4
	Female	212	36.1
	Transgender	3	.5
Age Group	<20	19	3.2
	21-30	144	24.5
	31-40	242	41.2
	41-50	132	22.4
	>50	51	8.7
Marital Status	Married	392	66.7
	Single	97	16.5
	Divorced/Separated	22	3.7
	Widow/Widower	77	13.1

Table 1 contd....

Contd... Table 1

Religion	Hindu	408	69.4
	Islam	155	26.4
	Christian	23	3.9
	Sikh	2	.3
	Other	0	0
Educational Status	No Formal Education	49	8.3
	Up to Primary School	287	48.8
	Up to HSLC	137	23.3
	Up to HS	69	11.7
	College/University	46	7.8
Residential Status	Rural	353	60.1
	Semi Urban	46	7.83
	Urban	189	32.16
Family Type	Nuclear	337	57.3
	Joint	236	40.1
	Broken	15	2.6
Working Status	Unemployed/House wife	150	25.5
	Business	110	18.7
	Service(Govt./Private)	129	21.9
	Artesian	35	6.0
	Other	149	25.3
	Student	14	2.4
	Student cum Service	1	.2
Monthly Income	1,000-3,000	44	7.5
	3,001-5,000	126	21.4
	5,001-10,000	148	25.2
	Above 10,001	270	45.9
Periods of living with HIV	<1 Year	121	20.6
	1-3 Years	214	36.4
	4-6 Years	118	20.1
	Above 6 Years	135	23.0
Risk factor for HIV	Heterosexual	490	83.4
	Man Sex with Man(MSM)	36	6.1
	Injecting Drug User (IDU)	5	.9
	Mother to Child	13	2.2
	Blood Transfusion	12	2.0
	Probable unsafe injection	3	.5
	Unknown	21	3.6
	Both Heterosexual and MSM	4	.7
	Other	4	.7

The socio-demographic characteristics of respondents are provided in Table 1. As seen, out of the 588 participating PLWHA, 63.4% were male and 36.1% female and .5% transgender. Majority (41.2 %) were in the age range of 31 to 40 years, 66.7% were married and 69.4% believed in Hindu religion. Among them, 48.8% had highest education level up to primary school. The majority of respondents (60.1%) were from rural area and living with nuclear families (57.3%). Most reported their occupation as Unemployed/House wife (25.5%) and nearest 25.3% engaged in different other sectors (Other Retd. Service, Driver, Daily wage worker, Anchoring, Contractor, farmer, Driving helper, Panchyat Member). Highest 45.9% respondent’s monthly family income was above 10,001.00. Mostly (36.4%), of the participants were living with HIV since 1 to 3 years and the way of transmission through heterosexual mode is higher (81.3%) than others routes.

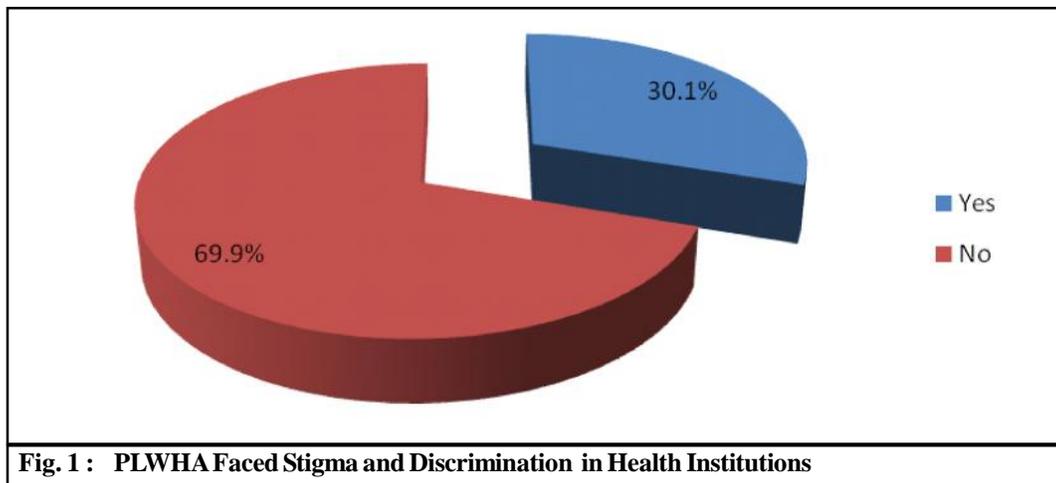


Fig. 1 : PLWHA Faced Stigma and Discrimination in Health Institutions

Above (Figure 1) shows that among the 588 respondents total 177 (30.10%) PLWHA faced Stigma and Discrimination in health facilities of Assam.

Table 2 : HIV positive patients faced Stigma and Discrimination in Health Institution (N=588)		
Characteristics	Respondent	Percentage
Nurse, Pharmacist and counsellors do not make understand regarding the use of medicine	9	1.53
The laboratory technician behaves rudely when go for blood or other test or refers to other technician.	54	9.18
Health care worker bad react, gossip, label as a as a sinner, looser, immoral character when go to health care centre	177	30.10
Mistreated by doctor, nurse and other health staff when admitted in hospital	89	15.14
In the hospital mentally tortured by other patients	4	.68
Nurse deny to push injection, dressing, not come near him/her and refer to other nurse to provide service	22	3.74
Health workers give separate bed/give isolated room	6	1.02
Clean everything by PLHIV or family member after delivery	3	.51
Doctor/Nurse/The laboratory technician/Health worker ask non motivated word	57	9.69

Table 2 contd...

Contd.... Table 2

Doctor/Nurse/health disclose to wife/Husband or Family member/ society people/other patients without his/her consent	13	2.21
Doctor/Nurse deny to doing a delivery, caesarean	29	4.93
Doctor deny operation	22	3.74
Deny to cut teeth stitch	2	.34
Deny to admission in hospital	9	1.53
Doctor deny to do laparoscopic Sterilization/ Insertions IUCD	7	1.19
Operation kits bought by patients himself/herself	7	1.19
Doctor/Nurse/health worker don't keep physical contact when provide care/ use extra precaution(used double gloves)	22	3.74

Above (Table 2) show that PLWHA faced multiple Stigma and Discriminatory attitude in Health Institutions of Assam. Among this majority (30.10%) PLWHA faced from health care providers like bad react, gossip, and label as a sinner, looser, immoral character when go to health care centre. Secondly 15.14% faced mistreated by doctors, nurses and other health staffs when admitted in hospital. Thirdly 9.69% respondents were asked non motivated words by Doctors, Nurses, the laboratory technicians, Health workers.

Discussion :

Present study has revealed that stigma and discrimination towards PLWHA exist in health care sector in Assam. This deprives them from achieving quality base health services. Study found that out of 588 respondents total 177 (30.10%) PLWHA faced stigma and discrimination in Health facility of Assam. Among the 177 respondents 61.58% were male and 38.42% females. Patel *et al.*, (2016) in their study revealed that 36.7% respondents experienced stigma and discrimination from health care staff. In Human Rights Law Network report in Odisha, 65% male and 12% female PLWHA reported that they had faced discrimination at health facilities (Human Rights Law, 2015).

In health institution 30.10% respondent faced gossip, label as a HIV positive, insult, humiliation, devaluation, mistreatment and Judgment (as a sinner, looser, immoral character person) behavior from the Doctors, Nurses, laboratory technicians and health care providers . In such type of situation research study reported that, 14% faced mistreated by doctors, nurses and other health staff when admitted in hospital (Saki *et al.*, 2015 and Human Rights Law, 2015). Doctors, Nurses, laboratory technicians and Health care workers used non motivated words (You did something wrong so this happened, How long do you survive?, HIV causes death very soon) towards PLHIV (9.69%) and also did not maintain confidentiality regarding positive status of the PLWHA and disclosed to wife/ husband, family members, society peoples without his/her consent (2.21%).

Study reported that doctors and nurses (50%) had high level of stigmatizing attitude towards PLWHA, 30% were abused and teased and 25% were either refused medical treatment or were referred to another health facility (Human Rights Law, 2015 and Vorasane *et al.*, 2017).

Doctors didn't keep physical contact with 22 (3.74%) respondent when provided care/ Service and used extra precaution (used double gloves) which they did not generally practice with others patients. This type of extra precautions can lead to increase curiosity of other patients and it may result reveal of patients' positive status. Study revealed that 13.3% respondents were charged extra by private practitioners (Patel *et al.*, 2016) but in present study not found taking extra charges,

patients only buy operation kits during his/her operation periods.

Solomon *et al.* (2016) mentioned that Stigma and Discrimination are very common in healthcare sector. Such Stigma and discrimination towards PLWHA by healthcare staff prevent from disclosing their HIV status and seeking treatment (Vorasane *et al.*, 2017). But nurses and doctors who had provided care to HIV patients and who were involved in more HIV/AIDS cases for a longer duration, and had received HIV/AIDS training were less likely to report stigmatizing attitude towards PLWHA (Vorasane *et al.*, 2017).

Suggestions and Conclusion :

The findings of this research study have showed that stigma and discrimination persists in health care setting towards the people living with HIV/AIDS. Due to receiving Stigma and Discrimination behaviour from family, society mainly in health institution PLWHA feel inferior or marginalize and fear to give sound against their injustices. So it needs to be addressed for prevention and better management of HIV/AIDS. Government and Non Government authorities should consider this HIV/AIDS issue and frequently arrange sensitization and proper training programs to health care staff for enhancing their understanding on the transmission, control of HIV and tackling this problem with proper programme and planning. Moreover government should strictly do monitoring, vigilance and evaluation of the health related programmes and policies so that it benefits the people living with HIV//AIDS and they can live with a quality and dignified life.

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