



INTRODUCTION

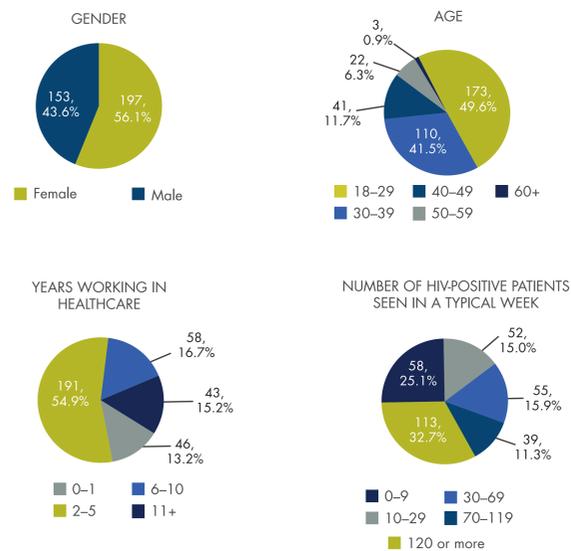
- HIV-related stigma and discrimination on the part of healthcare providers pose barriers to accessing HIV testing and treatment services, and stigma in healthcare settings can be especially damaging for people living with HIV (PLHIV).
- The Health Policy Project (HPP), a global effort funded by USAID and PEPFAR, convened experts to develop a brief questionnaire for measuring HIV-related S&D in health facilities.¹ The result was a questionnaire that was field tested in south Nyanza Province, Kenya, during May and June 2012.

METHODS

- Anonymous questionnaires were implemented with a convenience sample of 350 health workers at 13 sites in rural Nyanza Province, Kenya.
- The psychometric properties of the sub-scales and associations of stigma variables with provider characteristics were examined using chi-square tests.
- Multivariate logistic regression was used to examine the relationships of gender, education, years working in healthcare, and health worker job category with a key indicator of HIV-related values and attitudes: the perception of being infected with HIV as shameful.

RESULTS

- Internal consistency reliability of sub-scales in this population was good—Cronbach's alphas were 0.92 for transmission worry, 0.68 for excessive precautions, 0.76 for observations of discrimination, 0.70 for attitudes and value-driven stigma, and 0.85 for key population stigma.
- Characteristics of healthcare worker participants:



Observed Stigma:

Some health workers reported observing stigma-related events (once or twice, several times, or most of the time) at their health facility during the past 12 months (Table 1).

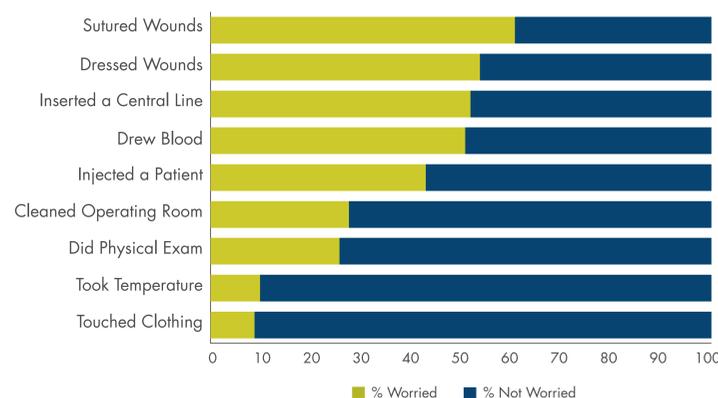
Table 1. Stigma Observed by Health Workers at Facilities in Nyanza Province (N=350)

In the past 12 months, how often have you observed the following at your health facility?	% Never	% Observed
Healthcare workers using extra infection control precautions (like wearing extra gloves) when caring for a person living with HIV	42.7	57.3
Healthcare workers disclosing a patient's HIV status without the patient's permission	70.9	29.1

Transmission Worry:

Health workers reported being worried about getting infected with HIV on the job, especially during invasive procedures (Figure 1).

Figure 1. Transmission Worry among Health Workers in Nyanza Province



Experienced Stigma:

Health workers also experienced stigma-related events themselves, related to their jobs providing services for PLHIV (Table 2). This led to the observation that health workers themselves are hesitant to be tested for HIV (67%).

Table 2. Stigma Health Workers Experienced at Facilities in Nyanza Province (N=350)

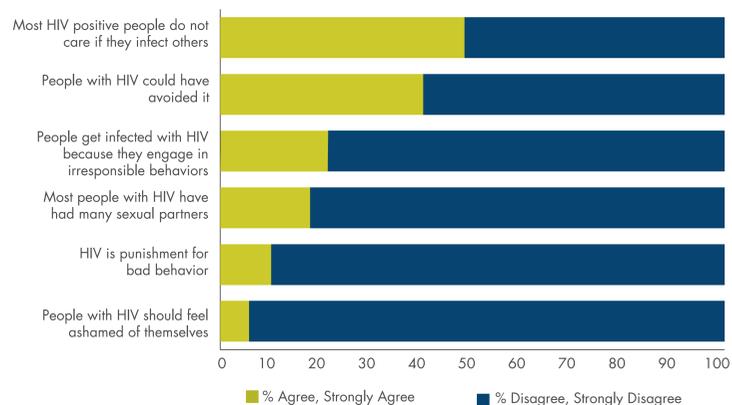
In the past 12 months, how often have you...	% Never	% Experienced
Been assumed to be HIV-positive because of your work caring for patients living with HIV?	50.0	50.0
Experienced people talking badly about you because you care for patients living with HIV?	65.3	34.7
Been avoided by friends and family because you care for patients living with HIV?	90.6	9.4
Been avoided by colleagues because of your work caring for patients with HIV?	94.8	5.2

Attitudes and Values:

Some health workers expressed stigmatizing values and attitudes related to PLHIV (Figure 2).

Figure 2. Attitudes and Values Regarding PLHIV

Do you strongly agree, agree, disagree, or strongly disagree with the following statements?

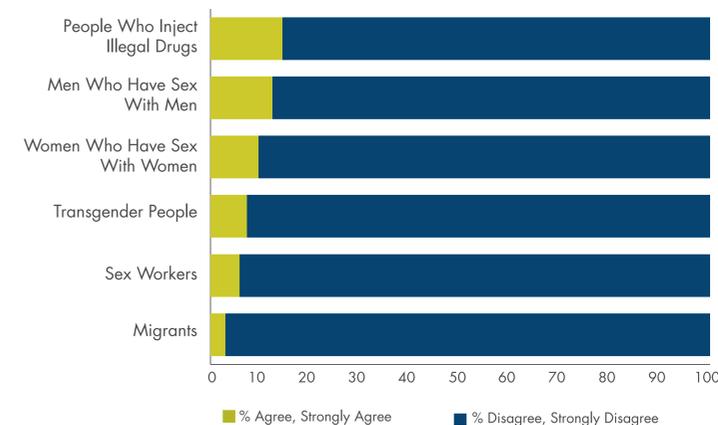


Key Population Stigma:

Some health workers reported that they would prefer not to provide services to some key populations, ranging from around 3 percent who said they would prefer not to provide service to migrants, to 14 percent who would prefer not to provide services to people who inject illegal drugs (Figure 3).

Figure 3. How Health Workers in Nyanza Province Feel about Providing Services to Members of Key Populations

I would prefer not to provide services to....



Other Results

- Lay health workers and counselors tended to have less stigmatizing views than clinicians, administrative staff, and technicians.
- In the multivariate model, lower educational level and male gender were significantly associated with the perception of HIV as shameful. College-educated health workers were less likely to see HIV as shameful (vs. not shameful) compared with health workers who had lower levels of education (Adjusted OR=0.24, p=.0008, 95% CI [0.0822, 0.6914]). Female health workers were also less likely to see HIV as shameful compared with male health workers (Adjusted OR=0.47, p 0.027, 95% CI [0.2434, 0.9196]).

DISCUSSION AND CONCLUSION

- The brief tool was easy to implement and sub-scales had good reliability in this sample of rural Kenyan health workers. The results revealed the persistence of stigma in health facilities and can be used to advocate for the incorporation of stigma-reduction interventions in healthcare settings.
- A substantial proportion of health workers participating in this survey still worry about getting infected with HIV on the job, especially when carrying out invasive procedures.
- The practice of "universal precautions" has not become routine, as a considerable proportion of health workers feel the need to take extra infection control precautions when caring for patients living with HIV, such as doubling up on gloves.
- Health workers themselves experienced stigma and discrimination due to their work providing services for PLHIV, and many are reluctant to be tested for HIV themselves.
- Although all types and levels of health workers must be addressed in stigma-reduction interventions, special efforts should be made to include those groups who may have more stigmatizing views and practices related to PLHIV.

Reference:

1. Nyblade, L. et al. 2013. *Journal of the International AIDS Society* 16(Suppl 2):18718

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