

Module 3

HIV testing and counselling and ethics

HIV basic knowledge and stigma reduction in health care settings

Module goals

Module 3: HIV testing and counselling and ethics

Module 1

Participants will be able to:

- offer an insight into the epidemiological situation in the country and worldwide
- present the HIV transmission modes and the broad approaches to prevention
- implement post-exposure prophylaxis for HIV in the health care environment.

Module 2

Participants will be able to:

- describe the natural history of the HIV infection
- expose the main circumstances in which the HIV infection is discovered
- describe some of the clinical manifestations of the HIV/AIDS infection.

Module 3

Participants will be able to:

- name the techniques used for the biological diagnosis of the HIV infection
- argue the need to comply with ethical and confidentiality imperatives in the health care environment
- name the interventions to reduce HIV stigma and discrimination in health care settings.

Module 4

Participants will be able to:

- inform a PLHIV about how care is organized in the country
- inform a PLHIV about the principles of care
- inform parents about the care available for a newborn baby, infant or child infected by HIV
- argue the need for optimal adherence to antiretroviral therapy.

Module 3: HIV testing and counselling and ethics

Module 1

Participants will be able to:

- offer an insight into the epidemiological situation in the country and worldwide
- present the HIV transmission modes and the broad approaches to prevention
- implement post-exposure prophylaxis for HIV in the health care environment.

Module 2

Participants will be able to:

- describe the natural history of the HIV infection
- expose the main circumstances in which the HIV infection is discovered
- describe some of the clinical manifestations of the HIV/AIDS infection.

Module 3

Participants will be able to:

- name the techniques used for the biological diagnosis of the HIV infection
- argue the need to comply with ethical and confidentiality imperatives in the health care environment
- name the interventions to reduce HIV stigma and discrimination in health care settings.

Module 4

Participants will be able to:

- inform a PLHIV about how care is organized in the country
- inform a PLHIV about the principles of care
- inform parents about the care available for a newborn baby, infant or child infected by HIV
- argue the need for optimal adherence to antiretroviral therapy.

Stigma and discrimination in health care settings

Objectives

- After completing the session, the participant will be able to:
 - Identify HIV-related stigma and discrimination in health care settings
 - Discuss the impact of stigma and discrimination on people living with HIV
 - Discuss strategies to address stigma and discrimination in the delivery of HIV testing and counselling

Stigma and discrimination

- HIV is one of the greatest human rights challenges of our time
- People living with HIV are burdened not only with the disease but also stigma and discrimination
- Stigma and discrimination are major barriers to preventing HIV transmission and providing treatment, care and support

Stigma

- **Stigma:** unfavourable attitudes and beliefs directed towards someone or something
- **HIV-related stigma:** unfavourable attitudes and beliefs directed towards people living with HIV, their family and friends, social groups and communities

HIV-related stigma

- Particularly pronounced when behaviour causing disease is perceived to be under individual's control (sex work or injecting drug use)
- Certain groups bear heaviest burden of HIV-related stigma:
 - People who are HIV-infected are often assumed to be members of these groups, whether they are or not.

Examples of stigma

- Believing HIV is divine punishment for moral misconduct
- Thinking women are responsible for transmitting HIV and other STIs in the community
- Feeling "dirtied" by a contact with PLHIV
- Stigma in language
 - "that disease"
 - "walking corpses" or "those expected to die"

Causes of HIV-related stigma

- Research conducted all around the world has revealed *3 key causes* of HIV-related stigma in the community setting:
 - lack of awareness of what stigma looks like and why it is damaging
 - fear of casual contact stemming from incomplete knowledge about HIV transmission (with high levels of fear of contagion among health workers) (related to fear of death)
 - values linking people with HIV to improper or immoral behaviour.

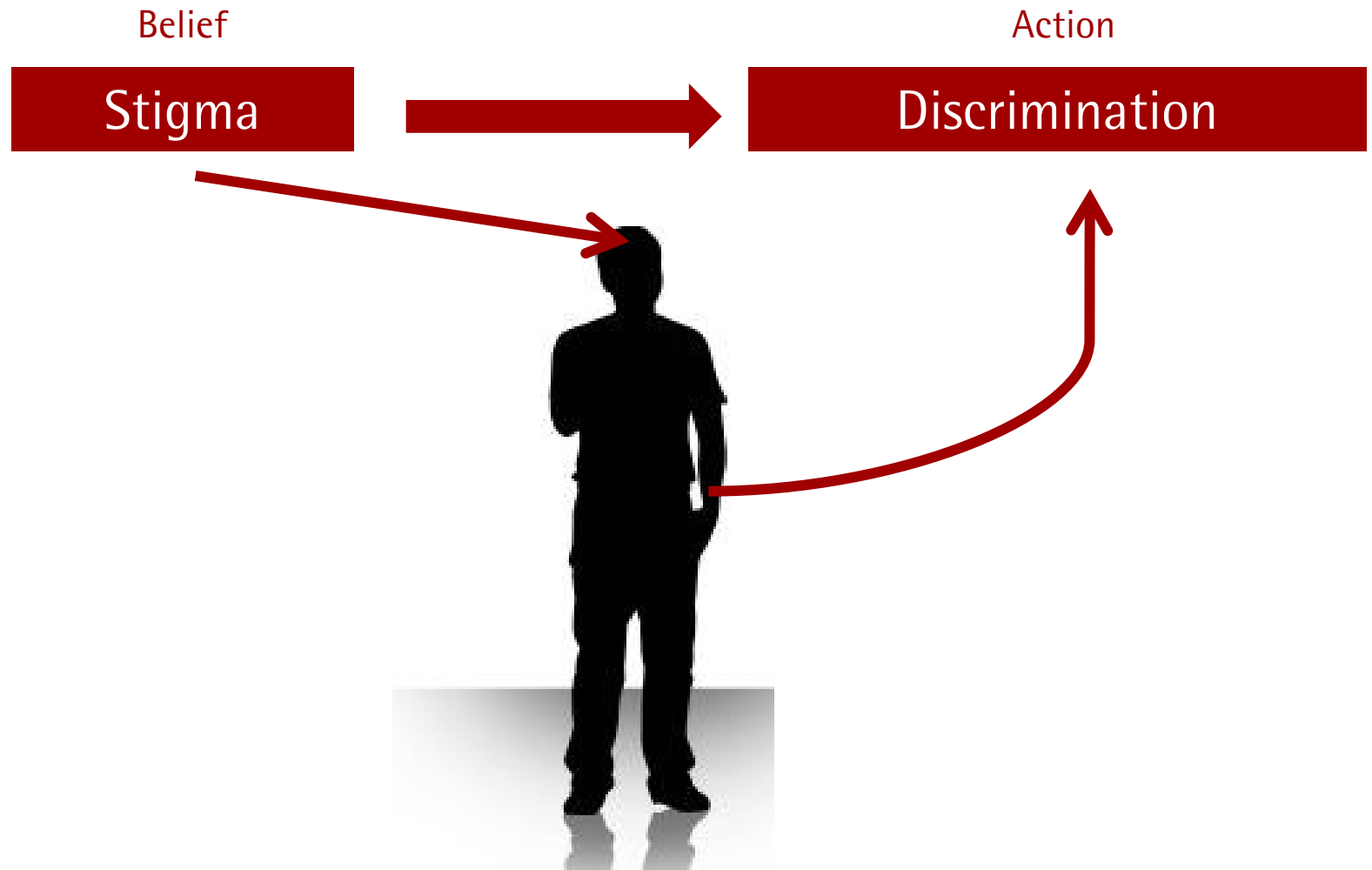
Discrimination

- **Discrimination:** the treatment of an individual or group with prejudice
- Discrimination includes the denial of basic human rights such as health care, employment, legal services and social welfare benefits

Examples of discrimination

- Health care worker denies services to person who is HIV-infected
- Family or village rejects wife and children of man who died from AIDS
- Man loses job because people learn he is HIV-infected
- Community rejects woman who decides not to breastfeed because they assume she is HIV-infected
- HIV-infected clients receive poor care at a clinic because of health care workers' fears about caring for people infected with HIV

Stigma and discrimination are linked



International human rights and HIV stigma and discrimination

- According to United Nations Human Rights Council, *discrimination against people living with HIV or thought to be infected is a clear violation of human rights*

Human rights in relation to HIV

- All people have a right to make decisions about their sexual and reproductive health
- People have the right to HIV testing and counselling and to know their HIV status
- People have a right to choose not to be tested or to choose not to be told their test result

What are the aspects of stigma and discrimination in health care settings?

Manifestations of stigma in health facilities

- *Documented by many studies*
- Tanzania
 - neglect
 - differential treatment
 - denial of care
 - testing and disclosing HIV status without consent
 - verbal abuse/gossip

Tanzania stigma-indicators field test group. Measuring HIV stigma: results of a field-test in Tanzania. Washington DC: Synergy; 2005.

Manifestations of stigma in health facilities

- Ethiopia
 - designating patients as HIV positive on charts or in wards
 - verbally harassing patients
 - avoiding and isolating HIV-positive patients
 - referring patients for HIV testing without counselling

Banteyerga H, Kidanu A, Nyblade L, MacQuarrie K, Pande R, Yichalaliko. Exploring HIV and AIDS stigma and related discrimination in Ethiopia: causes, manifestations, consequences, and coping mechanisms. Addis Ababa: Miz-Hasab Research Center; 2004.

Manifestations of stigma in health facilities

- India (in hospitals)
 - informing family members of a patient's HIV status without his or her consent
 - doing the following only with HIV-positive patients:
 - burning their bedding upon discharge
 - charging them for the cost of infection control supplies
 - using gloves during all interactions, regardless of whether physical contact occurred.

Mahendra VS, Gilborn L, Bharat S, Mudoi R, Gupta I, George B, Samson L, Daly C, Pulerwitz J. Understanding and measuring AIDS-related stigma in health care settings: a developing country perspective. *Journal of Social Aspects of HIV/AIDS*. 2007, 4(2):616–25.

Manifestations of stigma in health facilities

- Even loving and supportive caregivers may stigmatize and discriminate against people with HIV (e.g. blaming, scolding, saying "those people")
 - May not recognize behaviour as stigmatizing
- Stigmatizing happens even among health care workers opposed to HIV-related stigma

Reducing stigma in health facilities

- Interventions must focus on:
 - Individual level
 - Environmental level
 - Policy level.

Individual level

- Increasing awareness among health care workers:
 - stigma and its consequences (reduced quality of care, unwillingness to disclose its HIV status and adhere to treatment regimens)
 - benefits of reducing stigma.

Individual level

- Addressing health care workers' fears and misconceptions about HIV transmission
 - Complete information about how HIV is and is not transmitted
 - Universal precautions

Individual level

- Addressing the issues of the association of HIV and AIDS with assumed immoral and improper behaviours
 - Helping health care workers to disassociate PLHIV from the behaviours considered improper or immoral often associated with HIV infection
 - Providing health care workers with a safe space to reflect on the underlying values that lead to the shame and blame

Individual level

Health care workers should serve as role models

- Treat PLHIV same as clients assumed to be HIV-negative
- Be aware of own feelings, thoughts, attitudes about HIV
- Ensure feelings, thoughts, attitudes do not have negative effect on care provided

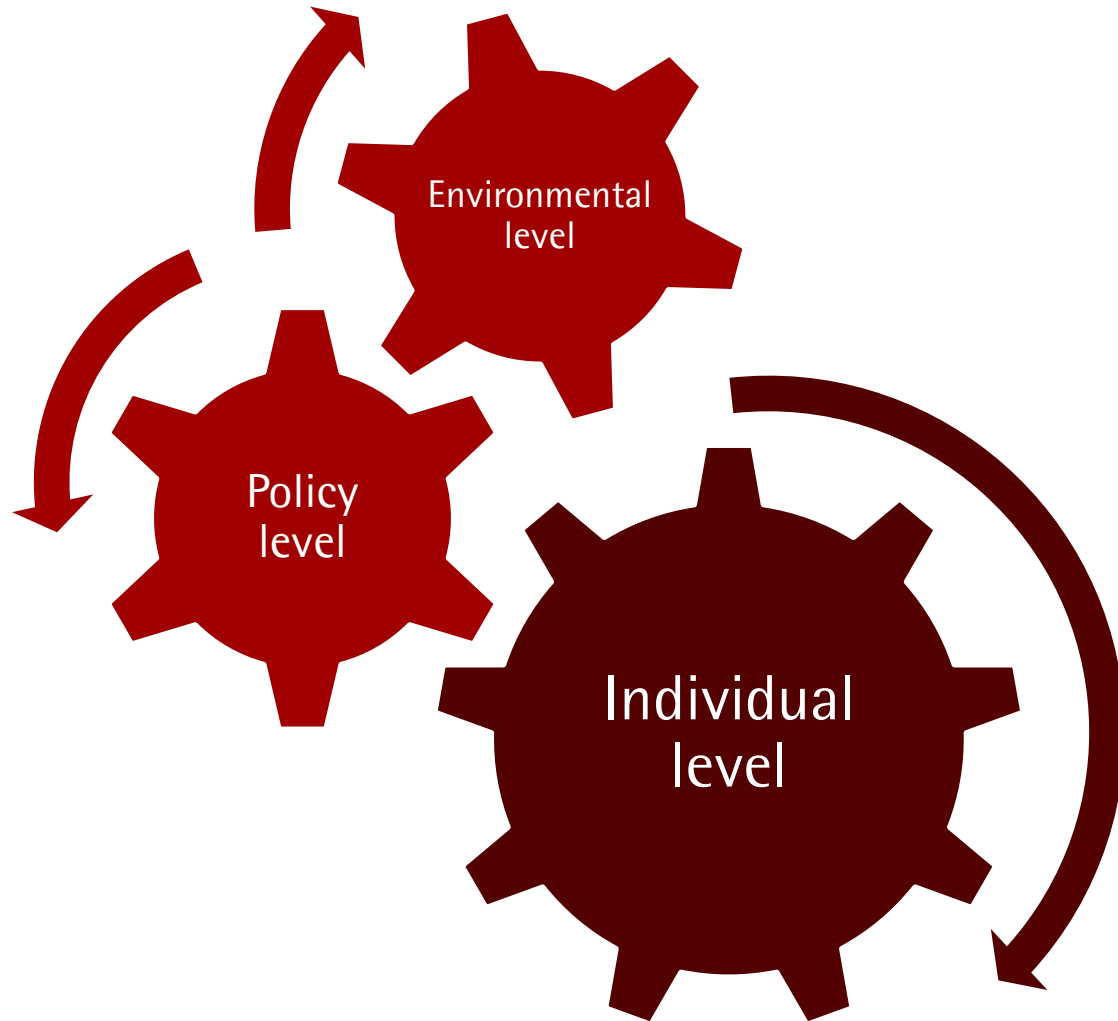
Environmental level

- Ensure availability to health workers of the **information, supplies and equipment** necessary to practice universal precautions and prevent occupational transmission of HIV:
 - gloves for invasive procedures
 - sharps containers
 - adequate water and soap or disinfectant for handwashing
 - post-exposure prophylaxis.

Policy level

- Enact policies that protect the safety and health of patients, as well as health workers, to prevent discrimination against PLHIV
 - developed in a participatory manner
 - clearly communicated to staff
 - routinely monitored after implementation
- Involve all staff members, not just health professionals: doctors, nurses, guards, cleaners and administrative staff
- Provide training on both stigma and universal precautions

Addressing stigma and discrimination



State whether these actions are discriminatory and stigmatizing

- Refusing to provide treatment to PLHIV
- Providing poor quality of care for PLHIV
- Breaking confidentiality
- Providing care in specialized settings
- Segregating PLHIV in specific locations
- Using gloves only with clients thought to be HIV-infected rather than with all clients
- Insisting that a PLHIV undergo a procedure (e.g. abortion or sterilization) not routinely suggested for women who are not HIV-infected
- Isolating HIV-positive patients in specific rooms
- Referring patients for HIV testing without counselling