



## Call to action for clinical undergraduates in addressing stigma towards people living with HIV: A cross-sectional study from Chennai, South India

Sree T. Sucharitha<sup>1</sup>, Janani RajaGopal<sup>2</sup>, Ravi Siriki<sup>3</sup>

1- Fellow in HIV Medicine, Assistant Professor, Department of Community Medicine Tagore Medical College and Hospital, Chennai. 2- Second Year MBBS, Department of Community Medicine, Tagore Medical College and Hospital, Chennai. 3- Data Manager and Analyst, Consultant, Hyderabad

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### Corresponding Author:

Dr. Sree T. Sucharitha, MD, Fellow in HIV Medicine, Assistant Professor, Department of Community Medicine Tagore Medical College and Hospital, Chennai email: [sucharithat2@gmail.com](mailto:sucharithat2@gmail.com)

### Abstract:

**Background:** People Living with HIV (PLHIV) experiencing stigma when accessing care will diminish their confidence in the healthcare system and may adversely affect the efforts for the prevention and halting of the HIV epidemic. This study aimed to assess the knowledge, attitudes and perceived practices (KAP) towards stigma of PLHIV among clinical undergraduates of a private medical college in South India. **Materials and Methods:** A cross-sectional study on clinical undergraduates aged between 18-20 years was undertaken in 2013 to evaluate the KAPs. The study sample of 200 was selected using purposive sampling method and a pre-tested structured questionnaire was used. **Results:** The mean age of the study participants was 19 years. The definition of stigma as per UNAIDS was correctly identified by 43% and concept of QQR-quality of virus, quantity of virus and route of transmission as determinants of acquiring HIV infection by only 17% of participants. Thirty-three percentage of participants mentioned fear of contagion and lack of correct knowledge about HIV transmission risks, judgmental behaviors and myths and misconceptions-17% each among health care workers (HCW) as the reasons for stigma towards PLHIV in healthcare settings. Participants stated provision of separate beds and wards-93%, mandatory HIV testing without consent for surgeries-68%, and 7% expressed they would be ashamed to be identified as HIV care providers. **Conclusions:** Clinical undergraduates demonstrated very poor knowledge and alarming negative attitudes about stigma towards PLHIV in healthcare settings. Educational programs are to be included urgently in the medical curriculum to promote non-stigmatizing attitudes towards PLHIV in healthcare settings.

**Key words:** Discrimination; Health Care Settings; People living with HIV; Stigma

### Introduction

Globally, with 2.5 million new infections, around 34.0 million people were living with HIV at the end of 2011 [1]. The Millennium Development

Goals (MDG) 6 set to Combat HIV/AIDS, Malaria and other diseases has the target 6A as, to have halted by 2015 and begun to reverse the spread of HIV/AIDS and Target 6B as to achieve by

2010, universal access to treatment for HIV/AIDS for all those who need it [2]. India has an estimated 23.9 Lakh people living with HIV/AIDS in 2008-09, the third largest country in the world with adult prevalence of 0.31 percent in 2009 [3]. The complex and dynamic epidemic of HIV infection is making an uneven progress in India [4]. The theme for World AIDS Day 2012 is 'Getting to Zero: Zero new HIV infections. Zero deaths from AIDS related illness. Zero discrimination' [5]. Stigma towards People living with HIV (PLHIV) is defined by Joint United Nations Program on HIV/Acquired Immune-Deficiency Syndrome (UNAIDS) as a process of devaluation of people either with or associated with HIV and AIDS. Discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status [6]. Stigma and Discrimination against people living with HIV remains widespread in Asia [7]. Stigma towards people living with HIV operates at multiple levels throughout the society: within individuals, families, educational institutions, media, government policies and practices [8]. This causes prejudice, negative attitudes, abuse and maltreatment of PLHIV thereby causing violation of human rights, denial of education and jobs, psychological damage. In Indian hospitals, stigma and discrimination manifested as health workers informing family members of a patient's HIV status without his or her consent, and doing the following only with HIV-positive patients: burning their bedding upon discharge, charging them for the cost of infection control supplies, and using gloves during all interactions, regardless of whether physical contact occurred [9]. The stigma and discrimination experienced by PLHIV in the healthcare settings will discourage them to access HIV counseling, testing and disclosure of HIV test results to family, utilization of preventive and treatment services in hospitals. This also leads to, loss of hope, confidence and faith in health care delivery system and has an adverse effect on the success of HIV treatment and follow-up of PLHIV resulting in uneven success against HIV epidemic in the country.

The current medical school curriculum's focus on acquiring clinical skills and knowledge to treat HIV infected cases provides limited scope for in-depth understanding of HIV related stigma and discrimination experienced by people living with HIV. A key lesson that has emerged from recent research [10,11] and field experiences is that to combat stigma in the health care setting, interventions must focus at the individual level along with environment and policy levels. This research

aims to understand the knowledge and attitudes about HIV stigma and discrimination among clinical medical undergraduates of a private medical college in Kancheepuram district of TamilNadu.

### **Aims and objectives:**

To find out the current knowledge attitudes and perceived practices of stigma and discrimination towards people living with HIV (PLHIV) in health care settings among group of clinical undergraduates.

### **Materials and Methods**

It was a cross sectional study conducted among 200 clinical medical students of Tagore Medical College and Hospital, Kancheepuram district, Tamil Nadu. A survey was conducted to assess the current knowledge, attitude and perceived practices of stigma and discrimination towards PLHIV. A purposive sampling methodology was adopted for the operational feasibility of the study. After verbal consent, a pre-tested structured questionnaire was self-administered to clinical undergraduates during their leisure hours in canteens and hostels. Questionnaires were filled on the spot and received by the investigators. Checking the accuracy of the data on a random sample of 20% of questionnaires the researchers did data cleaning. All discrepancies in data entry are resolved by referring to the original questionnaire forms. The finalized database is used for statistical analysis using Microsoft Excel and SPSS statistical package student version.

### **Result**

A total of 200 clinical medical undergraduates participated in this study. The mean age of the study participants was 19 years and 50% were female students.

Forty eight percent (48.5%) of the participants answered unscreened blood/blood products/body fluids and surgical procedures-4.9 % as the mode of transmission of HIV for health care providers in healthcare settings. Twenty seven percent (27.4%) mentioned adoption of universal work precautions (UWP) while attending patients, availability pre and post exposure prophylaxis anti-retroviral drugs -5.4% as the modes of preventing HIV transmission in healthcare settings. Regarding universal work precautions 30.9% mentioned about wearing double gloves, masks-20.4%, hand-washing practices-13.5%, aprons and headcaps-9.1% to be

practiced during patient care in the health care settings.

The types of stigma as identified by the participants are perceived/self stigma 14.6%, vicarious stigma 2.4%. The participants identified that Leprosy patients TB patients, intra venous drug abusers and others including people infected with skin disease, physically challenged, alcohol addicts also as experiencing stigma apart from PLHIV. About the impact of HIV related stigma and discrimination on PLHIV, 7.2% mentioned denial of jobs and educational opportunities, 6.6% as loss of hope/faith and confidence in treatment, 4.6% that the PLHIV will resort to plotting revenge, 2% as hesitancy to seek care at hospitals and 16.1% as effecting marital issues, childbirth related issues etc.

The responses from study participants regarding stigma specific questions are summarized in Table 1 as below:

**Table 1: Responses from participants about stigma specific components**

Sl No	Parameter	N=200	%
1	Expansion of *QQR	17	8.5
2	Definition of Stigma	143	71.5
3	Consultancies the end is stigma	115	57.5
4	Charging more for PLHIV is stigma	111	55.5
5	Not be friends with PLHIV	48	24
6	Ashamed to be identified as HIV care providers	14	7
7	Separate wards and beds for PLHIV	95	47.5
8	Mandatory HIV testing before surgeries	168	84
9	No informed consent for HIV Testing	73	36.5
10	Double gloves only for PLHIV	91	45.5
11	Linen of PLHIV to be burned	57	28.5
12	PLHIV be denied of health services	11	5.5
13	All providers should know HIV status of PLHIV	138	69

The reasons for stigma and impact of stigma on PLHIV and the measures for addressing stigma towards PLHIV in health care settings are summarized in Table 2.

## Discussion

These results indicate that clinical undergraduates possess poor knowledge about stigma and discrimination towards PLHIV. There are no similar studies in India among medical undergraduates to draw the comparison, but in Indian hospitals stigma and discrimination towards PLHIV has been reported by Mahendra et al [9]. Globally studies [12-15] from South Africa and Mexico [16] reported widespread stigma and discrimination towards PLHIV in health care settings. Studies [17-19] also documented the impact of stigma on under utilization or non-utilization of HIV counseling and testing services by clients, continuation of ART treatment, disclosure to partners, regular follow-up at ART centers. This is similar to the impact of stigma and discrimination on PLHIV as listed by our study participants. The fears and misconceptions of health workers have to be addressed at individual level to bring change in their attitudes. Among health care workers fear of contagion, related with poor knowledge on transmission risks for HIV in health care setting are main causes for enacting stigma at health care settings. This has been highlighted in studies from India [9] and elsewhere [20-25]. The findings from this study also reflect the similar reasons for perpetuating stigma in health care settings by health care workers. The poor knowledge among clinical undergraduates is deeply reflective of the stigmatizing attitudes presented by them such as twenty four percentage of them are against friendship with PLHIV, 7% participants admitting they would be ashamed to be identified as care providers for PLHIV, 84% subjects supporting mandatory HIV testing for surgeries, and 35% participants mentioning informed consent for HIV testing as not a requisite. This trend is deeply alarming as it represents the violation of human rights of PLHIV and signals the unfavorable future environment of health care for PLHIV in the country. Unless these attitudes are addressed by continuous medical education targeting young professionals it will not bring a positive change in their attitudes, as they become the future care providers for PLHIV. Research identified that equipping the health care workers with correct knowledge and also ensuring constant access to universal precautions at workplace, availability of post –exposure

**Table 2: Reasons impact and measures to address stigma towards PLHIV in health care settings**

Reasons for stigma	N=200	Impact of stigma	N=200	Measures of stigma	N=200
	N (%)		N (%)		N (%)
Fear of contagion	66 (33)	Discrimination	27 (13.5)	Training for health care providers	64 (32)
Judgmental behaviors	30 (15)	Depression	20 (10)	Awareness session for public	76 (38)
No cure for HIV	22 (11)	Suicidal tendencies	24 (12)	Mass media ads against stigma and discrimination	23 (11.5)
Lack of awareness on modes of transmission of HIV	53 (26.5)	Hesitancy to seek care at hospitals	14 (7)	HIV results should be disclosed only with patients consent	2 (1)
Myths and misconceptions	20 (10)	Denial of education and jobs	15 (7.5)	Changes in attitudes of public	37 (18.5)

prophylaxis anti-retro viral drugs will slowly pave for attitudinal shift [13]. Along with trainings, using PLHIV-friendly checklist [26] at health settings, supervised by senior physicians and nursing matrons will bring positive changes in attitudes of various cadres of health workers.

### Conclusion

This study highlights the urgent need to educate the clinical undergraduates about stigma and discrimination towards PLHIV in health care settings. The service provision for PLHIV in a stigma-free and non-discriminatory environment in a health care setting is essential to achieve the reversal of HIV epidemic in the country.

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