PERCEPTIONS OF STIGMA EXPERIENCED BY PLHIV AT A HEALTH FACILITY IN KHAYELITSHA SUB-DISTRICT, CAPE TOWN

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Outline

• INTRODUCTION AND BACKGROUND
• DESIGN AND METHODS
• RESULTS
• RECOMMENDATIONS
• CONCLUSION
INTRODUCTION and Background

- Stigma defined
- Stigma in PLHIV
- Types of Stigma experienced by PLHIV
- Stigma in Health Facilities
- Impact of Stigma on PLHIV
- Impact of stigma on the health system and communities
Research problem and Research question

- Research Problem
- Health facility related stigma has been reported to contribute to the stigma experience of PLHIV.
- This has led many people to seek testing and treatment services late in the progression of their disease.

- Research Question
What are the perceptions of PLHIV regarding stigma at a health facility in Khayelitsha Sub-District?
Conceptual Model

- Model of dynamic HIV/AIDS stigma (Holzermer et al., 2007), guided the development of the study objectives.
Research Objectives

• Explore and describe the perceived triggers of stigma experienced by PLHIV at a health care facility;
• Explore and describe the various stigmatizing behavior experienced by PLHIV at a health care facility;
• Explore and describe the various types of stigmas experienced by PLHIV at a health care facility;
• Describe the outcome of stigma and its influence on PLHIV and their health in general.
Study Setting

• A health facility in a high HIV burdened Khayelitsha Sub-District.
• This health care facility provides integrated primary health care services to the community including HIV, TB and STIs
• Selected because it services the highest number of PLHIV as far as headcount is concerned and has one of the highest numbers of ‘loss to follow up’ of PLHIV on ART
• Carries one of the highest burdens of HIV in the Cape Metro
• Predominantly low socio-economics: Many households rely on casual jobs and government grants.
Design and methods

• Study Design
  ▪ A qualitative approach using an exploratory and descriptive design was followed.

• Population and Sampling
  ▪ Purposively sampling of patients living with HIV attending Khayelitsha clinic was undertaken with Saturation achieved at 14 participants (9 Females and 5 Males).

• Inclusion criteria
  ▪ All races and gender;
  ▪ Capable of making informed decisions;
  ▪ 18 years and above and able to communicate in English, isiXhosa or Afrikaans.
Cont...

- **Data Collection**
  - Unstructured individual interviews lasting between 45-60 minutes
  - Use of Probes [e.g. Tell me more about..]
  - Use of Audio Tape with participant permission

- **Data Analysis**
  - Thematic Analysis
  - Atlas. ti version 8.1
  - Use of independent coder for consensus
Results
• Theme 1: Existence of stigma triggers
  • 1.1. Overt markers of stigma
  • 1.2. Quality of service as a trigger

• 1.1.1 Different cards for HIV patients
• 1.1.2 Different HIV medication packaging
• 1.1.3 Physical demarcation of space
• 1.2.1 Focus on numbers as compared to the quality of service
• 1.2.2 Inadequate support service
• 1.3.3 Lack of feedback about raised concerns regarding stigma
Results cont…

• Theme 2: Direct stigmatizing behavior
  • Nurses’ negative attitudes towards HIV patients
  • Peers’ (PLHIV) behaviors towards newly diagnosed PLHIV
  • Community members’ behavior towards PLHIV

• Lack of respect
• Rudeness to patients
• Disclosure without permission to colleagues
• Punitive service associated with one’s HIV status
• Mocking behavior
• Discerning body language
• Provocative behavior
Results cont..

• Theme 3. PLHIV’s characterization of stigma types
  • Personal induced stigma
  • Peers (PLHIV) induced stigma
  • 4.3 Stigma from health providers
  • 4.4 Stigma from the community members at the clinic

• Choose Not to access the health care within their immediate community.
• Mocked by other PLHIVs during first support clubs visit
• Negative attitudes and behavior of nurses towards PLHIV
• Gossiping, back chatting, mockery and laughter
Results

• **THEME 4: IMPACT OF STIGMA**
  
  • Generated negative feeling from PLHIV
  
  • Impact on the quality of PLHIV health
  
  • Economic Impact on PLHIV
  
  • Anger, rebellious and unhappiness
  
  • Feeling disrespected
  
  • Unfairly treated
  
  • Dissatisfaction with the service
  
  • Strong inclination to stop treatment
  
  • Inability to cope with the stigma
  
  • Traveling costs due to changing of health facilities
Results cont…

THEME 5: Activism as an indirect health outcome

• Health workers directed propositions
• Infrastructure directed proposition
• Continuous involvement of PLHIVs in HIV care

• Need for improvement in nurses’ attitudes at the clinic
• Nurses’ continuous training regarding HIV management
• Need to improve the general clinic set up
• Involvement in a research study on stigma
• Continuous feedback on the outcome of research and decision made on HIV
RECOMMENDATIONS

• HIV stigma reduction programs should be prioritized at all level of health delivery;

• Strategic workshops and intervention programs for PLHIV to facilitating trust relations with the health care providers including nurses and management;

• Deterrent strategies should be developed for those who are employed in the health sector. Approaches in the management and care of PLHIV, including structural issues, should be reviewed frequently;

• Continuous training and workshops on HIV management and stigma to create awareness;

• Continuous messages to the public on HIV stigma and its related impact;

• Presentations of strategies that demystify HIV and reduce HIV stigma should be made regularly at health facilities; AND

• Ongoing engagement with PLHIV and the creation of platforms where health managers and clients could exchange views.
CONCLUSION

• Stigma perpetuated by health workers is real and the impact thereof is not only felt by patients but the health system and communities at large.
• This is due to poor access to health services thus further spread of the virus.
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References

