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Perception of Stigma Experienced PLHIV at a Health Facility in Khayelitsha Sub-District, Cape Town

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HIV stigma is still affecting People Living with HIV (PLHIV) despite biomedical and structural interventions to reduce this phenomenon. Stigma, particularly health facility related stigma experienced by PLHIV is reported to fuel poor access to services. As a result, considerable interventions to reduce the stigma among PLHIV have been proposed. However, poor HIV indicators are still reported. Little is reported about PLHIV’s lived experiences of stigma, especially at health facilities, which might be the contributor to poor health outcomes. Hence, this study sought to explore and describe the stigma experienced by PLHIVs at a health facility in Khayelitsha sub-district, Cape Town, South Africa.

A qualitative approach using an exploratory design was followed. Participants were purposively selected, and unstructured interviews were conducted. In total, 15 participants were anticipated to be interviewed. However, saturation occurred at 12 participants, but the researcher went further to interview 14 participants. Audio-taped interviews were transcribed verbatim by the researcher (those in English) and assistant researchers (isiXhosa and Afrikaans). Data was then organised and entered it into ATLAS.Ti version 8, a Computer-assisted qualitative data-analysis software (CAQDAS) used for analysis of large data. An independent coder was given raw data, and the two outcomes were discussed to reach a consensus on generated themes. The analysed data was reviewed by the supervisor.

Rigor was ensured through the criteria of credibility, dependability, transferability and conformability. The ethical clearance for this study was obtained from the biomedical research ethics committee (BMREC) at the University of the Western Cape and the Western Cape provincial research committee. Six themes emerged from the data because of participants’ experience of stigma at the facility. These include: Existence of stigma triggers, participants’ experience of stigma at the clinic, direct stigmatizing behaviour, PLHIV’s characterization of stigma types, PLHIV’s directed health outcomes, and activism as an indirect health outcome. The results of the study revealed that stigma was perpetuated in the health facility in numerous forms. These were: physical demarcation of the facility, negative behaviour of nurses toward People living with HIV and incompetence of the nurses. This gave raise to recommendations in nursing practise, to policy makers and a need for further research on the topic.

Title:  
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Abstract Summary:

The participants will learn about HIV stigma and its impact on health care provision. In addition, the importance of the PLHIV’s perspectives on received care could assist in development of patient centred care models and inclusion thereof in the nursing curriculum as a way to sensitize nurses about HIV stigma.

Content Outline:

1. Introduction
- Stigma defined

2. Body
2.1 Background
- status of HIV stigma
- The adopted African stigma framework

2.2 Research Problem statement and study significance
2.3 Research design and methods
- Research design
- Population and sampling
- Data Collection
- Data Analysis
- Rigor
- Ethics

2.4 Results and Discussion

3. Conclusion
- Recommendation
- Study Limitation
- Recommendations
- Study limitations

First Primary Presenting Author

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