



HIV/AIDS-related Stigma and Discrimination among Health-care Providers in a Tertiary Health Facility

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Aim: This study was aimed at assessing dispositions, attitudes, and behavioral tendencies for HIV/AIDS-related stigma and discrimination among health-care providers in Specialist Hospital Gombe, Northern Nigeria. **Materials and Methods:** Out of a total of 397 health personnel of the hospital, a sample of 201 health-care providers of various professional backgrounds was drawn using quota sampling technique. A descriptive exploratory survey method was adopted. Using a structured questionnaire, relevant data were collected from the subjects. Reliability test on key segments of the instrument yielded alpha Cronbach's internal consistency test values of not <7.0. The significance level for findings was set at 0.05. **Results:** The subjects were aged between 18 and 59 years with a mean of 39.11 ± 10.60 years. There were more females (123, 61.2%) than males (78, 38.8%), and majority (113, 56.2%) of them were diploma certificate holders, whereas a good number (62, 30.8%) had degree education. Seventy-two (35.8%) of them opined that "A person who contract HIV should be ashamed" and another 31 (15.4%) of them believe that such a person should be rejected. Although this tendency appeared to be more among doctors (31, 15.4%) and laboratory workers (4, 25.0%) than others, this was not statistically significant ($P > 0.05$). If given the choice, 34 (16.9%) of the personnel would not treat a patient with HIV. **Conclusion:** A prevalence rate of HIV/AIDS-related stigma of 15.4% among the health personnel is quite worrisome. Stigma reduction seminars and workshops would go a long way toward mitigating this trend.

Key words: HIV/AIDS, stigma, discrimination, healthcare providers, attitudes

INTRODUCTION

According to the Nigerian Federal Ministry of Health, Gombe State grapples with an HIV prevalence rate of 3.4% which actually equals the National rate.¹ Moreover, despite the fact that these figures appear to be an improvement on the previous ones, they still remain unacceptably high and an indication that HIV and AIDS is yet a serious public health problem to contend with in the study area. HIV/AIDS-related stigma and discrimination, especially as is obtainable among health-care providers in low and middle resource countries, has been considered to be a major contributing factor to the high burden of the disease.²⁻⁴ Stigma is a social process of devaluing persons, beginning with marking or labeling of differences, attributing negative connotations or values to those differences, leading to distancing and separation of the person

and culminating in discrimination; whereas discrimination means the unfair and unjust treatment of an individual on the basis of a real or perceived status or attribute.⁵ A study in the Cameroun, a neighboring country revealed that, "Patients encounter several difficulties and those related to stigma and discrimination experienced in a hospital milieu can particularly constitute obstacles to better health seeking and therapeutic adherence." This was reported to have resulted in some patients avoiding going to the hospital because of past experience of stigma and discrimination.⁶ The attitudinal disposition of caregivers toward the expression of discrimination and stigma toward people living with HIV/AIDS (PLWHA) has been variously reported in Nigeria.^{4,7} HIV/AIDS-related Stigma and discrimination among health workers have been usually

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measured across certain individual constructs such as blame and responsibility, shame, empathy, and other institutional level drivers such as the lack of institutional support to health-care facility staff in caring for people living with HIV; this was most evident in the lack of institutional-level policies on universal precautions, informed consent, and clients' rights to care and the lack of supplies and materials.^{5,8}

The National Population Commission in a population-wide survey/Nigeria Demographic and Health Survey, 2013, of cross-cutting sociodemographic and health issues, estimated the proportion of women expressing accepting attitudes regarding some stigma related situations to be highest in the North East (18%).⁹ Another survey by HIV leadership through accountability program (GNP + and NEWHAN) reported different degrees of denials of health services because of HIV status. Overall, 7.2% of the study subjects indicated denial "once," 9.3% "a few times" while 4.1% said "often."¹⁰

CONCLUSION

And in spite of the fact that anecdotal evidence keeps pointing to the existence of this menace in the study area, there is no published work in all literatures reviewed; thereby justifying the need to quantify and document the magnitude of the problem in the area.

This study was aimed at assessing dispositions, attitudes and behavioral tendencies for HIV/AIDS-related stigma and discrimination among health care providers in Specialist Hospital Gombe (SHG), North Eastern Nigeria.

MATERIALS AND METHODS

Study area and setting

This research was conducted in the SHG, a tertiary health facility located in the city of Gombe, the capital of the Nigerian Northern state of Gombe. The Hospital is meant to cater for referral cases from other secondary (general hospitals) and primary health facilities scattered over the 11 local governments of the state. Hence, it has a large client turnout with different services being rendered. The metropolis has a projected population of 344, 804 inhabitants and experiences two major seasons; rainy season (April–October) and dry season (November–March).

Research design

The research was an exploratory, descriptive cross-sectional survey on the dispositions and attitude of HIV and AIDS-related stigma among health-care professionals in the study area. This method was considered appropriate for the

study because according to Abdella and Levine descriptive survey is primarily concerned with obtaining an accurate and meaningful description of phenomena under study.¹¹ They further explained that a survey is meant to be an orderly collection, analysis and interpretation and report of pertinent facts and information about a current situation or event as far as condition and circumstances permits.

Population of the study

The population of study consists of different cadre of health-care professionals that were currently serving in the SHG. The various professional groups of the hospital consisted of 242 nurses, 35 doctors, 13 pharmacists, 33 laboratory workers, 9 dentists, and 65 allied professionals, thus, making an overall a total of 397 health-care workers.

Sample size and sampling technique

Out of a total of 397, a convenient quota sample of 201 health professionals from various cadres was drawn such that about 50% from each group were selected in the state SHG. The breakdown includes 121 nurses, 18 doctors, 7 pharmacists, 17 laboratory workers, 33 from allied professions, and 5 dentists.

Validity and reliability of instrument

The instrument used was questionnaire that was adopted to collect the relevant data for the study. The reliability of the instrument was tested. The questionnaire was subjected to a free test, questions were also increased and answers were provided, corrections were made, supervisors and other researchers also made their observation to test for the validity of the instrument.

Data collection

After securing approval of the hospital management to conduct this study, the corresponding author visited the various units where the different cadres of health professionals work in the SHG. Respondents were detailed and guided on how to fill the questionnaires. Out of the 230 questionnaires distributed, 201 were completed and retrieved for analysis. Data collection was conducted in the second quarter of the year 2014.

Data analysis techniques

All survey responses were captured using Microsoft Excel. The Excel file was then imported to Statistical Package for Social Sciences Window Version 16.0 (Chicago, SPSS Inc) for analysis. Descriptive statistics and numerical summaries and frequency presentations were used to present findings. Associations were tested using Chi-square with a significance level (*P* value) set at 0.05.

RESULTS

The bulk of respondents lie within the age group of 26–40 (45.8%) and 41–55 (40.8%) and have the mean of 39.11 ± 30.60 years as depicted in Table 1. The male:female ratio of respondents is male 78/38.8 to female 123/61.2 equivalent to 1:1.58. Majority of the subjects were Christians (122, 60.7%) whereas the rest were of Islamic faith (79, 39.3%). Overwhelming majority of respondents had either diploma (113, 56.2%) or degree (62, 30.8%) educational level. Nurses took the main chunk (121, 60.2%) of subjects, followed by allied professions (33, 16.4%), doctors (18, 9.0%), laboratory personnel (17, 8.5%), pharmacists (7, 3.5%), and least were dentists (5, 2.5%).

The remaining result [Tables 2-5] were HIV/AIDS-related stigma attitudinal profiles and cross tabulations of different variables to assess relationships among them. Table 2 is a cross tabulation of key stigma variable (a person who contract HIV should be rejected) by profession of respondents. The proportion of professionals that subscribed to stigma varied; doctors (6, 28.6%), lab personnel (4, 25.0%), nurses (17, 14.2%), and allied professions (5, 15.6%) whereas none existed among the others. The observations were not significant ($\chi^2 = 14.305$, $df = 10$, $P = 0.503$).

Table 3 showcases health-care professionals' HIV/AIDS-related stigma dispositions in SHG – on “A person who contract HIV should be ashamed” question, more than half of the respondents (115, 57.2%) disagreed; however, another significant proportion of them (72, 35.8%) did agree; whereas 31 (15.4%) felt “Such a person should be rejected.” A good majority (116, 57.7%) subscribed to the opinion that “A person who contract HIV through sex should be ashamed.” And in various degrees, the health workers exhibited various discriminatory dispositions – “A person who contract HIV through intravenous blood should be ashamed” (92, 45.8%), “I believe the shame associated with HIV is because it is associated with sex” (125, 62.2%), “I believe the rejection associated with HIV is because it is associated with sex” (84, 41.8%), and “Men are to be blamed for the spread of HIV” (80, 39.8%).

Table 4 depicts various health-care professionals' behaviors and attitudes of HIV/AIDS-related discrimination and stigma in SHG. These include; “I am afraid of taking care of patients that are diagnosed HIV positive” (59, 29.4%), “If I am given a choice I will not treat a patient with HIV” (34, 16.9%), “I don't think I have enough training to take care of patients with HIV” (90, 44.8%), “HIV and AIDS patients are a waste of medical resources” (40, 19.9%), “I don't believe that HIV and AIDS patients deserve special treatment” (69, 34.3%), “As health-care providers we should not discuss the status

Table 1: Sociodemographic characteristics of subjects (n=201)

Variable	Frequency (%)
Age group	
≤25	18 (9.0)
26–40	92 (45.8)
41–55	82 (40.8)
56+	9 (4.5)
Total	201 (100)
Sex	
Male	78 (38.8)
Female	123 (61.2)
Total	201 (100.0)
Religion	
Christianity	122 (60.7)
Islam	79 (39.3)
Total	201 (100.0)
Qualification	
SSCE	11 (5.5)
Diploma	113 (56.2)
HND	8 (3.9)
Degree	62 (30.8)
Masters	6 (2.98)
PhD	1 (0.5)
Total	201 (100.0)
Profession	
Doctor	18 (9.0)
Nurses (all categories)	121 (60.2)
Laboratory personnel (all categories)	17 (8.5)
Pharmacist	7 (3.5)
Dentist	5 (2.5)
Allied profession	33 (16.4)
Total	201 (100.0)

Source: Field work June 2014, Mean age=39.11, SD=10.60

of HIV positive patients with people not involve in their care” (176, 87.6%), and “As health-care providers we need to eliminate shame and rejection associated with HIV and AIDS” (184, 91.5%).

In Table 5, some selected variables were cross-tabulated with an anti-stigma variable. The key anti-stigma used was “As health-care providers there is need to eliminate shame and rejection associated with HIV/AIDS.” When this key variable was cross-tabulated against other eleven variables it yielded various levels of association, viz., sex ($P = 0.104$), religion ($P = 0.369$), educational level ($P = 0.399$),

Table 2: A person who contract HIV should be rejected (stigma) by profession ($n=201$)

Profession	Agree (%)	Disagree (%)	Neutral (%)	Total (%)
Doctor	6 (28.6)	14 (66.7)	1 (4.8)	21 (100.0)
Nurse (all categories)	17 (14.2)	100 (83.3)	3 (2.5)	120 (100.0)
Laboratory personnel (all categories)	4 (25.0)	12 (75.0)	0	16 (100.0)
Pharmacist	0	7 (100.0)	0	7 (100.0)
Dentist	0	4 (80.0)	1 (20.0)	5 (100.0)
Allied profession	5 (15.6)	26 (81.2)	1 (3.1)	32 (100.0)
Total	32 (15.9)	163 (81.1)	6 (3.0)	201 (100.0)

 $\chi^2=14.305$, $df=10$, $P=0.503$ Table 3: Health-care professionals HIV/AIDS-related stigma dispositions in Specialist Hospital Gombe ($n=201$)

Variables	Agree	Disagree	Neutral
A person who contract HIV should be ashamed	72 (35.8)	115 (57.2)	14 (7.0)
Such a person should be rejected	31 (15.4)	150 (74.6)	20 (10.0)
A person who contract HIV through sex should be ashamed	116 (57.7)	47 (23.4)	38 (18.9)
A person who contract HIV through intravenous blood should be ashamed	92 (45.8)	71 (35.3)	38 (18.9)
I belief the shame associated with HIV is because it is associated with sex	125 (62.2)	38 (18.9)	38 (18.9)
I belief the rejection associated with HIV is because it is associated with sex	84 (41.8)	113 (56.2)	4 (2.0)
Men are to be blamed for the spread of HIV	80 (39.8)	78 (38.8)	43 (21.4)

Source: Field work June 2014

profession ($P = 0.027$), staff should feel comfortable when taking care of HIV patients ($P = 0.000$), show respect to clients with HIV/AIDS ($P = 0.000$), more sympathetic with people who contract HIV through blood transfusion than those who contract it through sex ($P = 0.004$), I don't think I have enough training to take care of HIV patients ($P = 0.000$), I believe our hospitals have all protections needed to safeguard us from infections ($P = 0.003$), as health care providers we should use universal precautions with all patients ($P = 0.000$) and should not discuss the status of HIV positive patients with persons not involved in their care ($P = 0.000$).

DISCUSSION

The sociodemographic data of the respondents in this study shows that most of them lie within the age group of 26–40 (45.8%) and 41–55 (40.8%). A study on Chinese service providers (nurses doctors and laboratory technicians)

Table 4: Health-care professionals' behavior's and attitudes of HIV/AIDS-related discrimination and stigma in Specialist Hospital Gombe ($n=201$)

Variables	Agree (%)	Disagree (%)	Neutral (%)
I am afraid of taking care of patients that are diagnosed HIV positive	59 (29.4)	138 (68.7)	4 (2.0)
If I am given a choice I will not treat a patient with HIV	34 (16.9)	164 (81.6)	3 (1.5)
I don't think I have enough training to take care of patients with HIV	90 (44.8)	109 (54.2)	2 (1.0)
HIV and AIDS patients are a waste of medical resources	40 (19.9)	157 (78.1)	4 (2.0)
I don't belief that HIV and AIDS patients deserve special treatment	69 (34.3)	129 (64.2)	3 (1.5)
As healthcare providers we should not discuss the status of HIV positive patients with people not involve in their care	176 (87.6)	23 (11.4)	2 (1.0)
As health care providers we need to eliminate shame and rejection associated with HIV and AIDS	184 (91.5)	16 (8.0)	1 (0.5)

Source: Field work June 2014

Table 5: Key anti-stigma variable (as healthcare providers we need to eliminate shame and rejection associated with HIV/AIDS) against some selected variables ($n=201$)

Variables	Likelihood ratio	df	P
Sex	7.674	4	0.104
Religion	4.283	4	0.369
Educational level	20.967	20	0.399
Profession	33.878	20	0.027
Staff should feel comfortable when taking care of HIV patients	49.495	16	0.000
Show respect to clients with HIV/AIDS	63.480	16	0.000
More sympathetic with people who contract HIV through blood transfusion than those who contract it through sex	35.113	16	0.004
I don't think I have enough training to take care of HIV patients	41.513	16	0.000
I believe our hospitals have all protections needed to safeguard us from infections	35.430	16	0.003
As health care providers we should use universal precautions with all patients	83.820	16	0.000
Should not discuss the status of HIV positive patients with persons not involved in their care	121.680	16	0.000

working in a public health-care facility showed that older service providers reported less discriminatory attitudes at

HIV/AIDS-related stigma and discrimination

work than their younger counterparts. This can be the result of experience of older health-care providers.¹² And together with other sociodemographic variables such as sex, religion, educational (qualification), and ethnicity have been shown in other literatures to have somewhat to do with stigma and discrimination.¹³ When the key stigma variable of “a person who contracted HIV should be rejected” was considered across various professional cader, the proportion of doctors that agreed to the statement were more (6, 28.6%), followed by laboratory personnel (4, 25.0%), then allied professions (5, 15.6%) and nurses (17, 14.2%). This could possibly be due to the fact that these constitute the first-line of personnel that come into contact with the HIV clients. This observation was however found not to be statistically significant ($P = 0.503$). A survey conducted in four Nigerian states by Reis *et al.*, among some 1000 physicians, nurses and midwives, one in ten doctors and nurses admitted to have refused to care for or admit to a hospital, an HIV/AIDS patient.¹⁴

Looking at the health workers' tendencies and disposition of HIV/AIDS-related stigma and discrimination [Table 3], 72 (35.8%) of them affirmed that, “A person who contracts HIV should be ashamed,” 31 (15.4%) bluntly prescribed, “Such a person should be rejected.” More than half (116, 57.7%) of the subjects were of the opinion that, “A person who contracts HIV through sex should be ashamed.” A remarkable proportion (125, 62.2%) said, “I believe the shame associated with HIV is because it is associated with sex.” All these concur with some findings from other parts of the world.¹⁵⁻¹⁷ Another 80 (39.8%) of the respondents belong to the school of thought that, “Men are to be blamed for the spread of HIV.” All of these smack of dispositions to stigma and discrimination by the health workers.

Certain behaviors and attitudes of HIV/AIDS-related discrimination and stigma among the health personnel were also investigated [Table 4]. Some of these include, “I am afraid of taking care of patients that are diagnosed HIV positive” which was indicated by 59 (29.4%) of the respondents. Thirty-four (16.9%) of the personnel said “If I am given a choice I will not treat a patient with HIV,” while another 90 (44.8%) of them confessed “I don't think I have enough training to take care of patient with HIV.” About one-fifth of the respondents (40, 19.9%) believe that “HIV and AIDS patients are a waste of medical resources” and another 69 (34.3%) of them declared, “I don't believe HIV and AIDS patients deserve any special treatment.” Ironically, an overwhelming majority (184, 91.5%) also believe that “As health care providers we need to eliminate shame and rejection associated with HIV and AIDS.” However, it is known fact that knowledge at best does not always translate to change in behavior and attitude. Other studies reported stigmatizing and

discriminating tendencies among health-care workers. In one study, different shades of stigmatization and discrimination were found to be exhibited by doctors and nurses against PLWHA.¹⁸ While doctors showed more stigmatization attitudes on other variables; nurses were more likely to give differential care to patients based on their HIV status.

When a key anti-stigma variable (need to eliminate HIV/AIDS-related shame and rejection) was examined against a number of other independent variables, no significant relationship was observed with sex ($P = 0.104$), religion ($P = 0.369$), educational level ($P = 0.399$), and profession ($P = 0.027$) [Table 5]. However, significant relationship was observed between the need to eliminate shame and rejection, and “Staff should feel comfortable when taking care of HIV patients” ($P = 0.000$), “Show respect to clients with HIV/AIDS” ($P = 0.000$), “More sympathetic with people who contract HIV through blood transfusion than those who contract it through sex” ($P = 0.004$), “I don't think I have enough training to take care of HIV patients” ($P = 0.000$), “I believe our hospitals have all protections needed to safeguard us from infections” ($P = 0.003$), “As health-care providers, we should use universal precautions with all patients” ($P = 0.000$) and “Should not discuss the status of HIV positive patients with persons not involved in their care” ($P = 0.000$).

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Federal Ministry of Health (FMOH), Nigeria. National human immunodeficiency virus and acquired immunodeficiency syndrome and reproductive health survey 2012 (plus II): Human immunodeficiency virus testing. *J HIV Hum Reprod* 2014;2:15-29.
2. Ahsan Ullah AK. HIV/AIDS-related stigma and discrimination: A study of health care providers in Bangladesh. *J Int Assoc Physicians AIDS Care (Chic)* 2011;10:97-104.
3. Feyissa GT, Abebe L, Girma E, Woldie M. Stigma and discrimination against people living with HIV by healthcare providers, Southwest Ethiopia. *BMC Public Health* 2012;12:522.
4. Dahlui M, Azahar N, Bulgiba A, Zaki R, Oche OM, Adekunjo FO, *et al.* HIV/AIDS related stigma and discrimination against PLWHA in Nigerian population. *PLoS One* 2015;10:e0143749.

5. Jain A, Nyblade L. Scaling up policies, interventions, and measurement for stigma-free HIV prevention, care, and treatment services. Working Paper #3. Washington, DC: Futures Group, Health Policy Project; 2012.
6. Essomba EN, Kollo B, Ngambi MK, Assomba L, Etang K, Mapoure Y, *et al.* Stigma and discrimination associated with HIV/AIDS in health care settings: A comparative study in two hospitals of different categories in Douala-Cameroon. *J Med Biomed Sci* 2014;3:14-22.
7. Farotimi AA, Nwozichi CU, Ojediran TD. Knowledge, attitude, and practice of HIV/AIDS-related stigma and discrimination reduction among nursing students in Southwest Nigeria. *Iran J Nurs Midwifery Res* 2015;20:705-11.
8. Health Policy Project. Measuring HIV Stigma and Discrimination among Health Facility Staff: Comprehensive Questionnaire. Washington, DC: Futures Group, Health Policy Project; 2013. Available from: <http://www.healthpolicyproject.com>. [Last accessed on 2014 Jul 06].
9. National Population Commission (NPC) [Nigeria] and ICF International. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, Rockville, Maryland, USA: NPC and ICF International; 2014. Available from: <http://www.population.gov.ng>. [Last accessed on 2014 Sep 01].
10. HIV Leadership through Accountability Programme: GNP+, NEPWHAN. PLHIV Stigma Index Nigeria Country Assessment, Amsterdam: GNP+; 2011. p. 32. Available from: <http://www.nepwhan.com>. [Last accessed on 2014 Sep 03].
11. Abdellah FG, Levine E. Better Patient Care through Nursing Research. United States of America: Macmillan Publishing Co.; 1965.
12. Li L, Wu Z, Wu S, Zhao Y, Jia M, Yan Z. HIV-related stigma in health care settings: A survey of service providers in China. *AIDS Patient Care STDS* 2007;21:753-62.
13. Parker R, Aggleton P. HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. *Soc Sci Med* 2003;57:13-24.
14. Reis C, Heisler M, Amowitz LL, Moreland RS, Mafeni JO, Anyamele C, *et al.* Discriminatory attitudes and practices by health workers toward patients with HIV/AIDS in Nigeria. *PLoS Med* 2005;2:e246.
15. Lau JT, Tsui HY. Discriminatory attitudes towards people living with HIV/AIDS and associated factors: A population based study in the Chinese general population. *Sex Transm Infect* 2005;81:113-9.
16. Letamo G. The discriminatory attitudes of health workers against people living with HIV. *PLoS Med* 2005;2:e261.
17. Rogowska-Szadkowska D, Oltarzewska AM, Sawicka-Powierza J, Chlabicz S. Medical care of HIV-infected individuals in Poland: Impact of stigmatization by health care workers. *AIDS Patient Care STDS* 2008;22:81-4.
18. Andrewin A, Chien LY. Stigmatization of patients with HIV/AIDS among doctors and nurses in Belize. *AIDS Patient Care STDS* 2008;22:897-06.