

Stigmatising Attitudes Among Healthcare Providers Towards People Living With HIV/AIDS (PLWHA) Attending A Tertiary Hospital In Southwest Nigeria

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ABSTRACT

Aim: To determine the presence and predictors of stigmatizing attitudes among healthcare providers towards PLWHA in Abeokuta, Nigeria.

Methods: A cross-sectional design was made to include consented 100 healthcare providers at the Federal Medical Centre, Abeokuta. Stigma was assessed using Health Policy Initiative (HPI) questionnaire for the assessment of HIV/AIDS-related stigma in health facilities. The mean differences of healthcare provider stigma indicators were computed using independent t-tests and one-way analysis of variance (ANOVA). Logistic regression analysis of factors affecting level of stigmatization was computed.

Results: 52% of the respondents were males. The mean age was 35.96 ± 7.14 years. Moderate stigmatizing attitudes among health-care providers towards PLWHA was observed. Working in HIV clinic and gender were independent predictors of whether health care providers will stigmatize. In multivariate analysis, female healthcare providers were sixteen times more likely to stigmatize (OR = 15.50, CI 2.84 – 84.56, $p = 0.002$), doctors were 13 times more likely to stigmatize (OR = 12.86, CI 1.51 – 109.79, $p = 0.02$) and workers in HIV clinic were five times more likely to stigmatize (OR = 4.70, CI 1.10 – 20.04, $p = 0.04$).

Conclusion: The presented study revealed healthcare providers had moderate stigmatizing attitudes towards PLWHA. There is a need to provide regular training for health care providers in Abeokuta on HIV-related stigma and universal precautions.

Keywords: Healthcare providers, HIV/AIDS-related Stigma, PLWHA

Introduction

Stigmatizing attitudes among healthcare providers towards People Living With Human Immunodeficiency virus/Acquired Immunodeficiency Syndrome (PLWHA) can hinder effective healthcare delivery as regards their treatment, care, and support. Globally, the presence of HIV/AIDS-related stigma among health-care providers towards PLWHA have been

widely documented.¹⁻⁴ In Sub-Saharan Africa, studies have corroborated these findings.⁵⁻¹⁰ In a mixed-method study conducted in South Ethiopia, high level of stigma and discrimination against PLWHA was observed, and predictors of HIV-related stigma included extra precaution scale and fear of work-related HIV transmission.⁶ In Nigeria, earlier studies carried out on the subject though few demonstrated high level of stigma against



PLWHA.⁷⁻⁹ In a recent study, however, by Doka *et al.* in North-Eastern Nigeria, a prevalence of 15.4% was documented for HIV/AIDS-related stigma among health-care providers.¹⁰

It is of note that not many scales have been developed to measure HIV-related stigma among health-care providers, and there are no standardised measures yet.³ The absence of tools makes the comparison of findings across contexts difficult. Similarly, the professional designation of the health-care providers being assessed and the health-care setting might influence the level of stigma observed. The Health Policy Project recently developed a globally tested tool for measuring HIV/AIDS-related stigma in health facilities and among health facility staff.^{11,12} The Health Policy Project questionnaire assesses HIV-related stigma among healthcare providers from three domains; fear-related stigma, value-driven stigma, and experienced stigma. Fear-related stigma has been found to be the most implicated among these domains.^{12,13}

Although, few studies have been done on Health-related stigma among health workers in Nigeria, the wide regional variations and culturally diverse ethnic groups in Nigeria could influence their values and beliefs. The impact on value-driven domain may affect the assessment of perceived stigma displayed towards PLWHA. Therefore, the present study aimed at determining the presence, extent, and the predictors of HIV-related stigma among healthcare providers.

Methods

Consecutive health-care providers working at the Federal Medical Centre, Abeokuta Southwest Nigeria, who gave consent for the study were recruited until the sample size of 100 was attained in a cross-sectional design.

The recently developed USAID/Health Policy Initiative (HPI) questionnaire for the assessment of HIV/AIDS-related stigma in health facilities and among health provider was utilized in this study.¹¹ The HPI questionnaire consist of questions that assesses the facility's policies on protection of PLWHA, availability, and implementation of HIV policies /guidelines, and regular training of its staff

on HIV care and management. It also measured fear domain (feelings of safety when working with PLWHA, comfort around people living with HIV and work-related HIV exposure), value-driven stigma (attitudes associated with shame and blame towards PLWHA), and experienced stigma (perception of stigma because of working with PLWHA) among health providers.¹¹

Pilot testing was done on clients that were not involved in the study in order to assess usability of the questionnaire and feasibility of study. Following the pilot testing of instruments, necessary modifications were done. Internal reliability of the questionnaire was 0.77. Ethical clearance was obtained from the online research ethics committee (OREC) of University of Roehampton and the hospital research ethics committee (HREC) of Federal Medical Center, Abeokuta before commencement of study.

Through the HPI questionnaire, sociodemographic characteristics such as the age, gender, marital status, religion, education level and nationality were documented. The designation of each healthcare provider, number of years at the designated post, department of work, type of work, and number of HIV positive clients cared for were also documented. The HCPs subjective awareness of availability and implementation of HIV/AIDS policies, guidelines, and protocols in the health facility were also assessed in yes, no or don't know questions.

The knowledge of healthcare providers on HIV was assessed mainly through yes, no or don't know questions. Lastly, fear domain, value-driven stigma, and experienced stigma were assessed with 22 questions using the Likert scale options of strongly agree, agree, disagree and strongly disagree. The level of stigma was graded based on quartiles where mild stigma was scores of the first quartile (0-25%), moderate stigma (25-75% quartile) and severe stigma (76-100% quartile).

Data Analysis

Descriptive statistics was done for work-related variables, Chi-square test was used to determine factors affecting level of stigmatization, and subsequently, logistic regression was carried out

for factors affecting level of stigmatization among healthcare providers. The mean differences of health-care provider stigma indicators (fear domain, value-driven stigma, and experienced stigma) were computed including its mean scores, using independent t-tests and one-way analysis of variance (ANOVA). The severity of stigmatizing attitudes towards PLWHA by healthcare providers was graded based on quartiles.²

Results

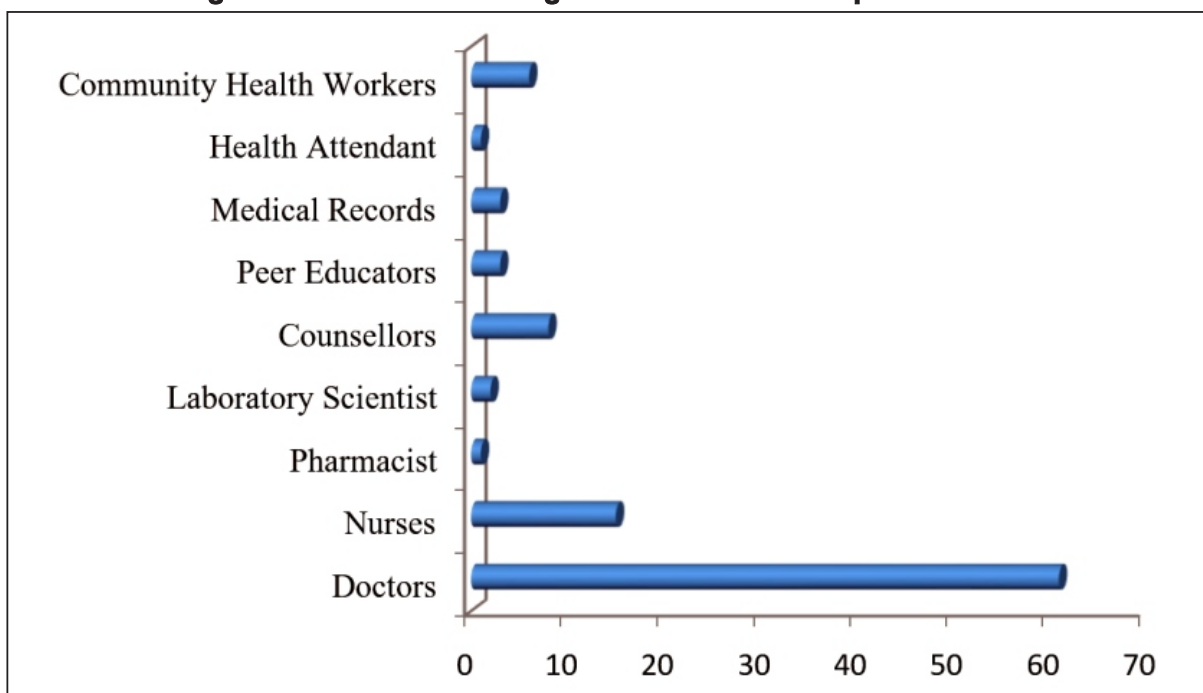
3.1 Sociodemographic characteristics of Health-care providers

Table 1 showed the socio-demographic characteristics of 100 health-care providers that consented to participate in the study. Of these, 48(48.0%), were females and 52 (52.0%)were males. The mean age of all the participants was 35.96±7.14years with age range of 27-59 years. For the professional designation, majority were doctors 61 (61.0%) and 15% were nurses. The other health care providers accounted for the remaining 24 (24.0%), as shown in Figure 1.

Table 1: Sociodemographic Characteristics of Health-Care Providers (HCP)

Variable	HCP N(%)	Variable	HCP N(%)
Age		Marital Status	
≤ 30	24 (24.0)	Single	26 (26.0)
31 – 40	50 (50.0)	Married	73 (73.0)
41 – 50	24 (24.0)	Divorced	-
≥ 51	2 (2.0)	Widowed	1 (1.0)
Nationality		Religion	
Nigerian	100 (100)	Christianity	80 (80.0)
Sex		Islam	19 (19.0)
Male	48 (48.0)	Traditional	1 (1.0)
Female	52 (52.0)	Education	
		Tertiary	61 (61.0)
		Postgraduate	39 (39.0)

Figure 1: Professional Designations of Healthcare professionals



The care provided, extent of involvement in care and knowledge of clients about HIV is as shown in Table 2.

Table 3 shows the extents of the distribution of HIV/AIDS-related stigma among health-care providers towards PLWHA. The moderate stigma score was the commonest in the study and was prevalent among Doctors 36 (59.0%) and least with the Nurses 5 (33.3%), $p=0.003$.

Table 2: Care Provided, Extents of Involvement in care and Knowledge of Clients about HIV

VARIABLES	N = 100	%
Duration at Designation (years)		
Median (Range)	3 (1-19)	
≤ 2	30	30.0
3 - 7	46	46.0
≥ 8	24	24.0
Department		
HIV Clinic	44	44.0
Non-HIV Clinic	56	56.0
Type of Care Provided		
Refer HIV-Positive patients for all care	15	15.0
Refer when initiating ART	10	10.0
Provide non-HIV care and treatment to HIV-positive patients	17	17.0
Provide all care to HIV-positive patients	58	58.0
No of HIV Clients Cared for in the last one month		
Median (Range)	2 (0-800)	
≤ 2	51	51.0
3-10	28	28.0
≥ 11	21	21.0
No of HIV Clients cared for receiving ART		
Median (Range)	1 (0-700)	
≤ 1	52	52.0
2-6	25	25.0
≥ 7	23	23.0
Knowledge about HIV		
Median (Range)	9 (5-16)	
Average (0-10)	60	60.0
Optimal (11-16)	40	40.0
Awareness about HIV Policies in the Health Facility		
Aware	85	85.0
Not aware	15	15.0

Table 3: Distribution of Stigma scores displayed by Health-Care Providers towards PLWHA

Designation	LEVEL OF STIGMA			Total	P value
	Mild (n, %)	Moderate (n, %)	Severe (n, %)		
Doctors	10 (16.4)	36 (59.0)	15 (24.6)		0.03
Nurses	5 (33.3)	5 (33.3)	5 (33.3)		
Others	11 (45.8)	11 (45.8)	2 (8.3)		
Total	26	52	22	100	

Table 4 shows the mean differences between health care providers stigma indicators by sociodemographic variables. The higher the mean score, the higher the level of stigma for that indicator. Healthcare providers that were not working in the HIV clinic had higher mean score for value-driven stigma compared to those working in the HIV clinic ($p < 0.05$). Regarding age, the age range 31-40 years had higher mean scores for fear-driven and value-driven stigma ($p < 0.05$).

Table 4: Mean Differences of Healthcare Provider Stigma Indicators by Sociodemographic Variables

	<i>Fear driven stigma domain</i>		<i>Value-Driven stigma domain</i>		<i>Experienced Stigma domain</i>	
	Mean	Valid Resp	Mean	Valid Resp	Mean	Valid Resp
Sex						
Male	17.65	48	13.81	48	8.08	48
Female	18.42	52	13.11	52	6.96	52
Working in the HIV Clinic						
Yes	17.45	44	12.50*	44	6.89	44
No	18.52	56	14.20*	56	7.98	56
HIV Knowledge						
Average	18.00	60	13.11	60	7.28	60
High	18.13	40	13.95	40	7.83	40
Age						
31 – 40	19.70*	27	14.85*	27	7.70	27
41 – 50	17.34*	47	13.28*	47	7.72	47
≥ 51	17.61*	26	12.30*	26	6.88	26
Number of HIV Cases Cared for in the last one month						
≤ 2	18.62*	51	14.27*	51	7.61	51
3 – 10	18.32*	28	13.43*	28	7.89	28
≥ 11	16.29*	21	11.47*	21	6.71	21

*Statistically significant at $p < 0.05$

Table 5 shows the factors affecting graded level of stigma among health-care providers. Younger healthcare providers are more likely to have stigmatizing attitudes towards PLWHA compare to the older HCPs. Similarly, the prevalence of moderate to severe stigmatization reduces with increasing number of client attended to in the last one month ($p = 0.003$) and PLWHA on ART cared for ($p = 0.02$). The prevalence of moderate and severe stigma is significantly lower among HCP in HIV speciality clinic than those working elsewhere, $p = 0.002$.

A logistic model was constructed to accommodate professional designation, gender, age, type of clinic, and knowing someone personally who had HIV. After adjusting for confounders, professional designation, working in HIV clinic and sex were independent predictors of whether health care providers will stigmatize PLWHA. Female healthcare providers were sixteen times more likely to stigmatize (OR = 15.50, CI 2.84 – 84.56, $p = 0.002$), doctors were 13 times more likely to stigmatize (OR = 12.86, CI 1.51 – 109.79, $p = 0.02$) and those who work in HIV clinic were five times more likely to stigmatize (OR = 4.70, CI 1.10 – 20.04, $p = 0.04$) Table 6.

Table 5: Factors Affecting the Level of Stigma among Health-Care Providers Variables Level of Stigmatization

	Mild	Moderate	Severe	X ²	p-value
Age					
≤ 30	-	16 (30.8)	11 (50.0)	16.72	0.002
31 – 40	16 (61.5)	25 (48.1)	6 (27.3)		
≥ 41	10 (38.5)	11 (21.2)	5 (22.7)		
Sex					
Male	13 (50.0)	29 (55.8)	6 (27.3)	5.09	0.08
Female	13 (50.0)	23 (44.2)	16 (72.7)		
Marital Status					
Married	24 (92.3)	36 (69.2)	13 (59.1)	8.33	0.08
Single	2 (7.7)	15 (28.9)	9 (40.9)		
Widow	-	1 (1.9)	-		
Education					
Tertiary	15 (57.7)	31 (59.6)	15 (68.2)	0.64	0.73
Postgraduate	11 (42.3)	21 (40.4)	7 (31.8)		
Designation					
Doctor	10 (38.5)	36 (69.2)	15 (68.2)	10.96	0.03
Nurse	5 (19.2)	5 (9.6)	5 (22.7)		
Others	11 (42.3)	11 (21.2)	2 (9.1)		
Duration at work					
≤ 2	5 (19.2)	15 (28.8)	10 (45.5)	6.06	0.20
3 – 7	12 (46.2)	24 (46.2)	10 (45.5)		
≥ 8	9 (34.6)	13 (25.0)	2 (9.0)		
Knowledge of HIV					
Average	20 (76.9)	27 (51.9)	13 (59.1)	4.52	0.10
Optimal	6 (23.1)	25 (48.1)	9 (40.9)		
No of HIV subject cared for in the last one month					
≤ 2	7 (26.9)	29 (55.8)	15 (68.2)	15.94	0.003
3 – 10	7 (26.9)	15 (28.8)	6 (27.3)		
≥ 11	12 (46.2)	8 (15.4)	1 (4.5)		
No of HIV subjects cared for receiving ART					
≤ 1	8 (30.8)	30 (57.7)	14 (63.6)	11.88	0.02
2 – 6	6 (23.1)	13 (25.0)	6 (27.3)		
≥ 7	12 (46.2)	9 (17.3)	2 (9.1)		
Do you work in an HIV Specialty Clinic?					
Yes	18 (69.2)	22 (42.3)	4 (18.2)	12.73	0.002
No	8 (30.8)	30 (57.7)	18 (81.8)		

Table 6: Logistic Regression of Factors Affecting Level of Stigma among Health-Care Providers

Variable	Odds Ratio	Confidence Interval	p-value
Sex			
Female	15.50	2.84 – 84.56	0.002
Male	1		
Age			
≤ 30	2.31	0.43 – 12.52	0.33
31 – 40	0.21	0.04 – 1.19	0.08
≥ 41	1		
In your personal life do you know anyone with HIV			
Yes	0.21	0.12 – 2.41	0.21
No	0.65	0.05 – 8.45	0.74
Don't know	1		
Do you work in an HIV Specialty Clinic?			
Yes	4.70	1.10 – 20.04	0.04
No	1		
Designation			
Doctors	12.86	1.51 – 109.76	0.02
Nurses	8.42	0.77 – 91.36	0.08
Others	1		

Discussion

This study showed that health care providers had moderate level of stigmatizing attitudes towards PLWHA. Fear-driven stigma and value-driven stigma are predominant, and the stigmatizing attitude towards PLWHA is significantly associated with female gender, being a medical doctor and working in the designated HIV clinic. The findings of this study corroborate other studies that have reported stigmatizing attitudes towards PLWHA by health-care providers.^{2,6-8,14} Moderate level of stigmatizing attitudes was also noted by Zarei et al.¹³ It is believed that the health care system and health care providers can be “source” of stigma to PLWHA.^{15,16} Our finding of predominant fear-driven stigma and value-driven stigma is similar to other studies.^{6,13} Significant factors that contributed to the stigmatizing attitudes of health care providers that were observed in this study included working in the HIV clinic, being a female healthcare provider, being a doctor and non-regular training on stigma and discrimination.

Ledda *et al.* in a recent study documented greater discrimination and fear among physicians, midwives, and nurses when compared to other healthcare workers in the health facilities; however, being a female healthcare provider was associated with a decreased level of stigmatization in their study in contrast to our findings.¹⁷ The need for regular training of healthcare providers on HIV-related stigma and discrimination is pertinent in stigma reduction.¹⁸ The moderate severity observed in this study when compared to previous studies that reported higher stigmatizing attitudes among healthcare providers towards PLWHA might be attributed firstly, to integration of some individuals living with HIV into the HIV care and support program and services of the health facility that the PLWHA can further relate with concerning their care;² Secondly, about two-thirds of the health care providers had at least above average knowledge about HIV and stigma, and this is well-documented as a factor that reduces stigma.^{6,18,19} Thirdly, presence of a comprehensive antiretroviral treatment (ART) services at the health facility of

study also contributed to the lessened severity observed in this study.⁶

In the present study, fear-driven stigma and value-driven stigma are predominant. A significant aspect of fear in HIV care service is the fear of transmission of the virus. Study has shown that misperception of transmission could fuel fears of infection with consequences on care discharge to PLWHA that found expression in excessive precautionary measures while caring for HIV infected patients^{13,20}. Societal values also go a long way to affect health workers' perception of PLWHA. Health workers are viewed by PLWHA as social judges in hospital environment. An association between social stigmatized attitude of HCP and their knowledge of transmission routes, with their willingness to provide services has been established¹³.

The delivery of efficient medical services has been hinged on core principles of medical ethics. Trust, which is compromised by the stigmatization of patients by Health care provider as observed in this study have recently been described as an evolving concept in medical ethics.²¹ Eroding trust between health care provider and people living with HIV could influence the extent of patients' disclosure of private information to Health Care giver, thereby compromising the quality of service offered to these patients.

The study is pertinent in its evaluation of stigmatizing attitudes among health care providers towards PLWHA as such has not been carried out in the study environment before for comparisons. The present study observes the following limitations. First, it was cross-sectional, and its findings can only confirm association of variables and not causation. Also, larger sample size and been multicentre might have made our findings more robust and generalizable. Lastly, stigma was not examined in relation to care outcome.

Conclusion and Recommendation: This study showed that health care providers had moderate stigmatizing attitudes towards people living with HIV/AIDS. Both fear-driven stigma and value-driven stigma were statistically significant. Predictors of stigmatizing attitudes included being

a female healthcare provider and working in the HIV clinic. Healthcare providers' knowledge about HIV and HIV-policies available at the health facility might have played a decisive role in reducing the level of stigma observed.

The remarkable level of stigma demonstrated by healthcare workers towards PLWHA, as shown in this study reinforces the need to extend the focus of the campaign on stigma eradication beyond the general public to include health care providers. Stigma eradication will improve the wellbeing of PLWHA and the public health indices by limiting HIV transmission and emergence of resistant strains.

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