

HIV-related stigma in healthcare settings

Introduction

HIV-related stigma acts as a barrier to positive health outcomes for people living with HIV and is further recognised as a key driver of the HIV epidemic. HIV remains a pressing global public health challenge. Consequently ending the HIV epidemic is included as a target in the Sustainable Development Goals (SDG) and as such requires a robust and earnest policy response in Ireland and Europe. Addressing HIV-related stigma is a fundamental aspect to any such response and policy-makers need to implement active measures to reduce HIV-related stigma. This policy brief summarises research conducted into HIV-related stigma in healthcare settings in Ireland and makes recommendations for policy and practice underpinned by evidence.

What is the issue?

Stigma remains a significant problem for people living with HIV in Ireland and elsewhere. Approximately 7200 people live with HIV in the Republic of Ireland. HIV-related stigma is recognised as a social and structural determinant of health and significant driver of the HIV epidemic globally.ⁱ HIV diagnoses in Ireland have been increasing steadily since 2015, with the highest number of new diagnoses recorded in 2019.ⁱⁱ These increases have occurred in a context of considerable social stigmatisation of HIV in Ireland, where 30% of people living with HIV report feeling stigmatised by family, 27% by health professionals and 23% by friends.ⁱⁱⁱ

Why is this issue important?

Negative impacts of HIV-related stigma include worsened mental health outcomes,^{iv} reduced adherence to antiretroviral treatment,^v as well as lower quality of life.^{vi} Experiences of stigma in healthcare settings are associated with worsened psychosocial and health outcomes, including viral non-suppression.^{vii} This has implications both for the health of the individual person living with HIV and for wider public health.

What did this research explore?

Qualitative interviews were carried out with 10 men and 4 women living with HIV in the Republic of Ireland in order to explore their experiences of stigma in healthcare settings. Experiences of stigma were separated out to explore enacted (or direct) stigma, perceived (or anticipated) stigma and internalised (or self) stigma.

What were the main findings?

- Of the 14 participants, 11 reported directly experiencing enacted stigma in a healthcare setting, including in dental care, general practitioner care and a hospital setting
- Experiences of enacted stigma in a healthcare setting included: difficulties obtaining appointments after disclosure of status, healthcare professionals implementing precautionary measures in excess of standard protocols, inappropriate questions regarding a patient's acquisition of HIV, altered conditions of service and, in a very small number of cases, refusal to treat a patient
- Participants who used drugs reported experiencing hostile treatment by healthcare staff
- The fear, expectation or perception that one would be stigmatised (anticipated stigma) deterred participants from disclosing their status to healthcare professionals
- Some participants articulated a sense of spatial stigma in clinic surroundings that were perceived as unwelcoming to people living with HIV
- Internalised stigma sometimes elicited avoidant coping behaviours that affected adherence to medication.

What are the implications?

The research showed how stigma in healthcare settings is a significant issue experienced by many people living with HIV in Ireland. Participants articulated how different types of stigma mediated their health choices and engagement with care in distinct ways. Anticipated and internalised stigma affected disclosure of status, engagement with services, adherence to medication and accessing testing. Enacted stigma created explicit barriers to care with participants reporting difficulties obtaining appointments and, occasionally, denial of service. Experiences of stigma were compounded by the perception of spatial stigma which made some people living with HIV feel unwelcome in clinical spaces.

Key policy recommendations

1. Healthcare professionals should be aware of the different ways in which stigma can affect health behaviours and health outcomes for people living with HIV.
2. In order to meaningfully address HIV-related stigma in healthcare settings, interventions are needed at the individual, environmental and policy levels.^{viii}
3. Research to develop HIV-related stigma interventions appropriate to the Irish context is needed. Any such research should use a participatory approach involving both people living with HIV and healthcare professionals.

4. Education and training are necessary for healthcare professionals in order to alleviate out-dated fears and misconceptions about HIV transmission and to increase healthcare professionals' knowledge about the impact of HIV-related stigma.
5. All healthcare providers should implement a rights-based approach to care for all patients. Training on rights-based approaches to care in Ireland is currently available on HSE-land and all staff should be encouraged to take this up.
6. All healthcare providers should have a clearly articulated anti-discrimination and anti-stigma policy, of which all staff should be aware. Routine evaluation of such policies is necessary.

References

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