

## Knowledge, Attitude and Perception Relating to HIV-Stigma and Discrimination Among Doctors and Nurses in Public and Private Health Facilities in Maiduguri-Nigeria

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### ABSTRACT

*HIV related stigma and discrimination take different forms and are manifested at different levels and context in the society including the health care set up. This study was conducted to examine Knowledge, Attitude and Perception of Doctors and Nurses in Public and Private Health Facilities in relation to stigma and discrimination towards People Living with HIV in Maiduguri-Nigeria. A structured interviewer-administered questionnaire was used to collect information on knowledge, attitudes and personal risk perception of HIV/AIDS and related issues among doctors and nurses in private and public health facilities. Findings from this study showed that majority (>70%) of the healthcare workers across the facilities demonstrated good knowledge of HIV/AIDS except <20% that believed that HIV could be transmitted through hand shaking and sharing of towels and clothing. On capacity building through training, more doctors in tertiary health facilities (71.7%) when compared to their counterparts in secondary (66.7%) and private (40.0%) facilities had been trained on HIV/AIDS-related services. This observation was similar for nurses. Some nurses (10.7%) and doctors (15.2%) in the tertiary health facilities expressed fear of contracting HIV while attending to PLWH while only a few doctors (6.5%) and nurses (3.6%) in the tertiary health facility, and 16% of nurses in private hospitals admitted to have denied or refused HIV services to PLWH. Less than 50% of doctors and nurses in all the health facilities admitted being overstretched, stressed and suffered burn-out while managing HIV-related cases because of shortage of trained staff. Self-risk perception among the respondents was generally high especially the aspect of recapping used needles and handling of patient blood samples except for some respondents in the private facilities. Majority of doctors (60%) and nurses (92%) in the private facilities indicated adequacy of disposable hand gloves and infection prevention tools at all times contrary to experiences in the public facilities where >50% of all the respondents attested to inadequacy. Relevant trainings and special attention to health workers' needs are key to a successful HIV/AIDS programming and reduction of stigma and discrimination among health care workers in Maiduguri, Nigeria.*

**Keywords:** *Stigma and Discrimination, HIV patients, Health professionals, Maiduguri*

### INTRODUCTION

Health care professionals have a tremendous influence on the physical and emotional welfare of people living with or affected by HIV infection. Hence, people living with HIV (PLWH) are highly sensitive to the attitudes and behaviour of health workers. A study carried out in the 1990s in the United Kingdom reported that 96% of HIV/AIDS patients interviewed reported that, the attitude of health professionals were more important to them than their competency or the effectiveness of the treatment<sup>1</sup>.

Stigma and discrimination related to HIV and AIDS are almost as old as the pandemic itself, and regrettably, often exist in health care settings. Discrimination and stigmatization of HIV infected people and people with AIDS and population groups undermine public health. This has been reiterated by many international bodies including the World Health Assembly, the Commission on Human rights<sup>2</sup> and the United Nations General Assembly special session on HIV/AIDS held in 2001<sup>3</sup>.

Unfortunately, people living with HIV/AIDS have frequently described feelings of stigmatization, social rejection and discriminatory behaviour from health personnel. This reality crosses frontiers and continents. A study carried out in Zambia reported that people living with HIV/AIDS or were suspected to have HIV/AIDS were greatly stigmatized in health care settings<sup>4</sup>. This included the following “denial of drugs and treatment, being left on the corridor waiting, being attended to last, being labeled or

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called names, being subjected to degrading treatment and breaches of confidentiality". Similar attitudes were reported from Burkina Faso, India and Ukraine<sup>4</sup> in the health care setting. In Bangladesh, 80% of nurses and 90% of physicians' behaviour toward PLWH were reported as discriminatory<sup>5</sup>. For instance, patients were being talked to at a distance by these health professionals. Moreover, these health professionals were being pressurized by their spouses to desist from attending to PLWH.

HIV/AIDS related stigma affects men, and women, young and old, rich and poor. It affects people known to have contracted the virus; people suspected of having contracted it or being vulnerable to the virus such as sex workers, and homosexual men and their families; and caregivers of those who are ill. This has been observed to occur in every country, irrespective of the extent and impact of the epidemic itself<sup>6</sup>.

HIV-related stigma and discrimination remains an enormous barrier to effectively fight against the virus and AIDS epidemic<sup>5,7</sup>. For example, the fear of discrimination often prevents people from seeking treatment for AIDS-related sicknesses or from admitting their HIV status publicly. People with (or suspected to having) HIV may be turned away from health care facilities, employment, and refused entry to some foreign countries. In some cases, people with HIV may be forced out from the home by their families, rejected by their friends and colleagues or their wards, and refused admission in schools. A study conducted in Maiduguri reported that about 10% of PLWH had experienced denied treatment and hospital admission, breach of confidentiality, stigma and discrimination from healthcare workers, while 21% had suffered rejection by family members and friends<sup>7</sup>. The stigma attached to HIV/AIDS can extend into the next generation placing an emotional burden on those left behind<sup>2</sup>. This study was conducted to examine knowledge, attitude and perception relating to HIV-stigma and discrimination among doctors and nurses in healthcare facilities in Maiduguri-Nigeria.

## **MATERIALS AND METHODS**

### ***Study Population***

This study was carried out among doctors and nurses in public (tertiary and secondary) and private healthcare facilities in Maiduguri. Public health facilities used in the

study were: University of Maiduguri Teaching Hospital, Maiduguri and the two available secondary health care facilities: State Specialist Hospital and Nursing Home, Maiduguri. Private healthcare used were randomly selected by balloting technique and they included Nakowa Specialist Hospital, Kanem Hospital and New foundation Hospital all in Maiduguri, Borno State. Health care professionals interviewed include medical doctors and nurses and the study was conducted between February and March 2011. Total sample size was 189 comprising Doctors, 69 (Tertiary=48, Secondary=10, Private=11) and Nurses, 120 (Tertiary=59, Secondary=35, Private=26).

### ***Study Design and Data Analysis***

This was a cross sectional study that involved consenting health care professionals in the above health facilities. A structured interviewer-administered questionnaire was used as the quantitative survey instrument in this study. The quality of the survey instrument was evaluated by pilot testing and validating its consistency before administering to the respondents. The questionnaire consisted of closed ended questions for yes, no or don't know responses on different aspects of HIV/AIDS and related issues to assess knowledge, attitude and personal risk perception of HIV and issues relating to stigma and discrimination as well as availability of personal protective equipment/materials in each facility assessed. Data generated from study were entered into Excel Microsoft Office Professional 2010 software workbook and presented in frequency tables and percentages for descriptive analysis.

### ***Ethical Considerations***

The purpose of the study was explained to all health workers recruited and informed consent obtained from those willing to participate in the study. Ethical approval was granted by the institutional review board or authorities of the respective health facilities that were assessed in this study.

## **RESULTS**

Of a total of 189 health professionals comprising doctors (n=69) and nurses (n=120) interviewed, 178 comprising 65 doctors and 113 nurses responded to the questionnaire with an attrition rate of 6%.

Data on assessment of knowledge of HIV/AIDS among the health care professionals in various health facilities in Maiduguri are presented in table 1. On the issue of capacity building through training, more doctors in tertiary health facilities, 33/46 (71.7%) enjoyed trainings on HIV/AIDS services than their counterparts in secondary, 6/9 (66.7%) and private health facilities, 4/10 (40.0%). Similarly, more nurses in the tertiary health facility 34(60.7%) were trained than their colleagues in the secondary, 19 (59.4%) and private facilities 10 (40.0%). In assessing the

level of knowledge of HIV prevention and transmission, majority of the healthcare professionals across the facilities demonstrated good knowledge. However, majority of nurses in both secondary, 28/32 (87.5%) and private, 22/25 (88.0%) health facilities demonstrated low level of knowledge by accepting that HIV can be found in high concentrations in some body fluids like saliva, tears and urine. Also, many doctors (60%) and nurses (64%) especially in the private health facilities admitted that HIV can be transmitted by ordinary kissing.

Table 1: Knowledge of HIV/AIDS among Doctors and Nurses in Health facilities in Maiduguri

Item/Response	Tertiary facility		Secondary facility		Private facility	
	Doctor	Nurses	Doctor	Nurses	Doctor	Nurses
	n=46 Yes(%)	n=56 Yes(%)	n=9 Yes(%)	n=32 Yes(%)	n=10 Yes(%)	n=25 Yes(%)
Training on any HIV/AIDS services	33(71.7)	34(60.7)	6(66.7)	19(59.4)	4(40.0)	10(40.0)
Correct and consistent use of condom can prevent HIV	40(87.0)	48(85.7)	9(100)	28(87.5)	9(90.0)	19(76.0)
PLWH can infect their partner(s)	44(95.7)	46(82.1)	8(88.9)	26(81.3)	9(90.0)	19(76.0)
HIV infected person can lead a normal life	46(100)	54(96.4)	8(88.9)	26(81.3)	10(100)	23(92.0)
STIs can increase risk of HIV infection	46(100)	53(94.6)	8(88.9)	29(90.6)	10(100)	22(88.0)
HIV can be found in high concentrations in saliva, tears & urine	4(8.7)	10(17.9)	2(22.2)	28(87.5)	3(30.0)	22(88.0)
HIV can be transmitted from mother to child in-utero	41(89.1)	33(58.1)	7(77.8)	24(75.0)	10(100)	22(88.0)
HIV can be transmitted during breast feeding	46(100)	53(94.6)	9(100)	26(81.3)	9(90.0)	19(76.0)
HIV can be transmitted by kissing	22(47.8)	28(50.0)	3(33.3)	5(15.2)	6(60.0)	16(64.0)
AIDS patients with certain coinfection may be isolated	35(76.1)	42(75.0)	8(88.9)	22(68.8)	7(70.0)	10(40.0)

PLWH: Persons Living With HIV

Data on attitude of health care professionals toward PLWH in public and private health facilities are shown in table 2. Doctors and nurses interviewed responded variedly to questions concerning attitude exhibited while attending to PLWHs. None of the nurses in both secondary and private facilities indicated having fear of contracting HIV while attending to PLWH whereas few of their colleagues, 6/56 (10.7%) and doctors, 7/46 (15.2%) in the tertiary health facilities responded in the contrary. One half of doctors in tertiary, secondary and private health facilities admitted being overstretched and stressed while managing HIV related cases. Consequently, they admitted shouting on HIV patients even though they enjoyed attending to

them when they do not suffer burn-out. However, less than 50% of nurses in tertiary, secondary and private health facilities (35.7%, 34.4% and 48.0% respectively) indicated showing similar attitude to PLWH only when stressed. Despite being overstretched by work and having difficulty attending to some HIV patients, majority (68% - 100%) of the doctors and nurses across the health facilities indicated willingness to render services to PLWH. This is buttressed by the indication of majority of the health workers that they have never refused or denied services to HIV patients, exception of few doctors, 3/46 (6.5%) and nurses, 2/56 (3.6%) in the tertiary facility for reasons not clearly stated.

Table 2: Attitude of Doctors and Nurses toward PLWH in Private and Public Health Facilities

Item/Response	Tertiary facility		Secondary facility		Private facility	
	Doctor n=46	Nurses n=56	Doctor n=9	Nurses n=32	Doctor n=10	Nurses n=25
	Yes(%)	Yes(%)	Yes(%)	Yes(%)	Yes(%)	Yes(%)
Fear of contracting HIV while attending to PLWH	7(15.2)	6(10.7)	1(11.1)	0	0	0
Ever shouted at HIV patients?	23(50.0)	20(35.7)	3(33.3)	6(18.8)	0	0
Are PLWH easy to deal with?	17(37.0)	18(32.1)	4(44.4)	8(25.0)	2(20.0)	4(16.0)
Are you overstretched by attending to HIV/AIDS patients?	44(95.7)	40(71.4)	5(55.6)	11(34.4)	0	6(24.0)
Do you like assisting PLWH?	44(95.7)	54(96.4)	9(100)	26(81.3)	10(100)	17(68.0)
Do you enjoy attending to HIV patients?	33(71.7)	40(71.4)	5(55.6)	20(62.5)	5(50.0)	12(48.0)
Have you ever refused/denied providing services to HIV patients?	3(6.5)	2(3.6)	0	0	0	4(16.0)

PLWH: Persons Living With HIV

In figure 1, data on personal risk perception of HIV/AIDS issues by Doctors and Nurses in health facilities in Maiduguri show that more nurses than doctors across the health facilities perceived as risky recapping needle after use, especially those in the secondary health facilities (84.3% and 33.3% respectively). Similar levels of risk perception were observed concerning holding patient blood samples with

bare hands, except in the secondary facilities where more doctors, 7/9 (77.8%) than nurses, 19/32 (54.4%) perceived the act as risky. All doctors in both secondary and private health facilities and few in tertiary, 3/46 (6.5%) perceived as risky paying close attention to patients infected with HIV. Majority of the nurses, 18/25 (72.0%) in the private facilities had a contrary views.

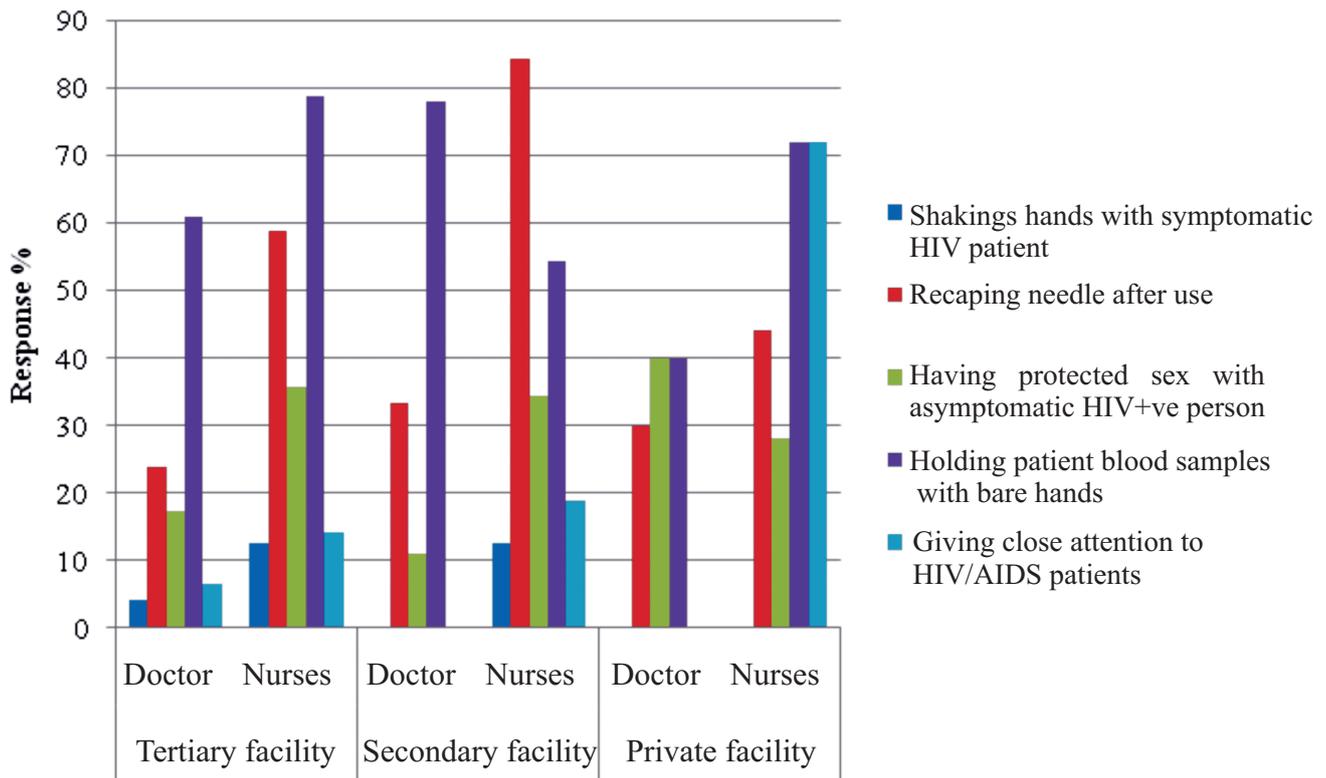


Fig. 1: Risk perception of HIV/AIDS among Doctors and Nurses in Maiduguri

The adequacy and availability of some basic personal protective equipment and materials for infection control in health facilities were also assessed (Figure 2). In the public health facilities (tertiary and secondary), less than 50% of all the respondents (doctors and nurses) attested to availability and adequacy of disposable hand gloves at all times, unlike in the private facility where majority of doctors, 6/10 (60%) and nurses, 23/32 (92%) indicated their adequacy. Disposable syringes were fairly available in the wards in both tertiary and secondary facilities but were almost always available in adequate quantity in the private

facility as indicated by both doctors (90%) and nurses (92%). Majority of doctors in the private facilities reported disinfectants and antiseptics as readily available as against those in the tertiary facilities (80%)(45.7%). However, eye goggles and eye washing solutions in the wards were reported as either not available or inadequate in all the health facilities. Generally, concerning availability and adequacy of infection prevention and control materials, less than one half of all the respondents in the public health facilities gave negative responses whereas majority of those in the private facility admitted their availability.

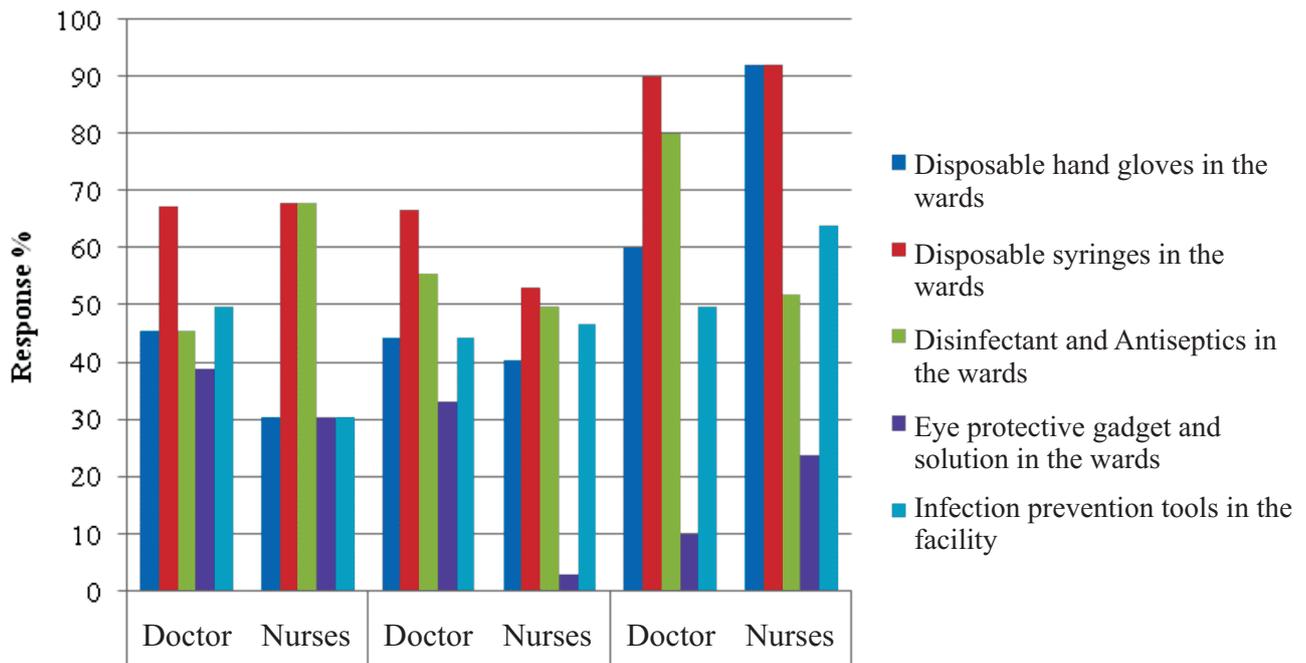


Fig. 2: Availability and adequacy of personal protective equipment and materials in the facility

## DISCUSSION

The social stigma and discrimination associated with HIV infection has made it difficult for health care workers to effectively provide treatment or quality services to HIV infected persons thereby making nonsense of the intervention programmes geared toward reduction in the spread of HIV. The need to combat stigma and discrimination against people infected or affected by HIV/AIDS is as important as developing the medical cures in the process of preventing and controlling the pandemic.

In this study, data generated from doctors and nurses' responses in both public (tertiary and secondary) and private health facilities were very revealing. Findings in this study showed existence of high level of knowledge of HIV/AIDS issues by both doctors and nurses across the health facilities with the fact that majority (66-72%) of them have been duly trained on HIV related activities, even though fairly in the private health facilities (40%). The importance of training and retraining cannot be over-emphasized going by the novelty and dynamic state of HIV/AIDS. A report from China<sup>8</sup> indicated that 46% - 62% of health workers who had not received HIV/AIDS training were misinformed on the mode of transmission and non-transmission of HIV compared to about 11% who had received training. Similarly, only 11% of Moroccan health workers who had been trained

were uncertain of the means of HIV transmission<sup>9</sup>. Apart from training on general knowledge of HIV/AIDS and patient management, training must be fashioned to capture health worker-patient relationship such that can erode any iota of stigma and discrimination in the face of the global epidemic.

Studies have shown that PLWH have been suffering some form of maltreatment by health care providers in several ways. This include withheld treatment, non-attendance of hospital staff to patients, carrying out HIV testing without obtaining consent, breach of confidentiality, inappropriate comments, inability to disclose HIV positive result and denial of hospital facilities and medicines<sup>10-12</sup>. Any of these acts is capable of having significant physiological and psychological impact on any patient particularly PLWHs. Findings in this study shows that only a handful of doctors and nurses in tertiary health facilities exercised fear of contracting HIV while attending to PLWH which could implicitly create discriminatory tendencies. In Bangladesh, a high proportion of doctors (80%) and nurses (90%) exhibited behaviors that were regarded as discriminatory toward PLWH<sup>5</sup>. However, in this study, only a few doctors (6.5%) and nurses (3.6%) in the tertiary health facility and 16% of nurses in private health facilities exhibited discriminatory attitude by refusing or denying services to HIV infected patients. This attitude

could be compounded by inadequacy of trained healthcare professionals to cope with demands of patient management and care as currently experienced in many health care facilities in Nigeria<sup>13</sup>. This observation was accentuated by about one-half of doctors and nurses interviewed in this study who identified burn-out syndrome due to stress as the main cause of negative attitude exhibited by staff. The situation may be worsened going by the current increase uptake of PLWH who visit the hospitals daily to access the ongoing free medical care offered by government and non-governmental agencies. An earlier report in Maiduguri<sup>6</sup> indicated that 5% to 8% of PLWH reported some unfriendly attitude from health personnel. They described these attitude as discriminatory and being stigmatized upon owing to the nature of their illness which according them should attract empathy rather than apathy. Before the availability of antiretroviral drugs, health care workers had reportedly suffered frustration, depression, anger and anguish while attending to HIV/AIDS patients due to the stress they usually undergo<sup>14,15</sup>. The long term effect of health care workers experiencing burn-out and consequently developing negative attitude toward their patients could inadvertently affect organizational functions and job performance<sup>16</sup>.

Findings in this study also reveals that unavailability of basic personal protective equipment and materials in hospitals could compromise adequate care and attention required by PLWH. It was reported in this study by 30-45% of doctors and nurses in both public health facilities that personal protective equipment such as hand gloves are not always available for use while attending to patients. The hand gloves situation was reportedly better in private health facilities except for the provision of eye goggles which was almost not heard of by majority of doctors and nurses. Knowing the protection offered by hand gloves, eye goggles and other personal protective gears in health care settings, it is obvious that the lack of them may result in a perceived negligence of care and may bring about some discriminatory tendencies. Notwithstanding, since health is a right of every individual whether HIV infected or not, health care providers should do all that is necessary to discourage denying any person living with HIV/AIDS his/her right to access health care services.

In conclusion, majority of doctors and nurses in health facilities in Maiduguri have good knowledge of HIV/AIDS and their attitude towards caring for PLWH could be rated as above average. There is no doubting the fact that HIV/AIDS-related stigma and discrimination exist in health care facilities in Maiduguri even though such behaviours were exhibited by a few health professionals, but the degree and extent remain largely unknown. The need for more training of health care professionals in both public and private health facilities on medical ethics, issues concerning HIV/AIDS particularly as it relates to stigma and discrimination toward PLWH cannot be overemphasized. It is hoped that this study findings will go a long way to help policy makers, proprietors of private health institutions and health care professionals address the challenges of providing qualitative and efficient health care services to PLWHs and to reduce stigma and discrimination to its barest minimum. It is also expected that information from this study will help PLWHs have confidence on health care providers and live a positive life despite their status. All these are geared toward attainment of the millennium development goal as it affects better health care delivery.

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