

Fear of Workplace HIV Transmission: An Unrecognized and Actionable Driver of Stigma and Discrimination in Health Facilities in Jamaica

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Background

HIV-related stigma and discrimination are barriers to uptake and retention in HIV prevention, care, and treatment programs and are particularly damaging within health systems. Addressing health system stigma and discrimination can accelerate reaching the "90-90-90" targets while improving quality of care. Measuring key actionable stigma and discrimination drivers is a critical first step to reducing stigma and discrimination and improving testing, linkage, and retention in HIV services and ultimately viral load suppression.

One of the key actionable drivers of stigma and discrimination in the health facility is worry about HIV transmission in the workplace, which can lead to unnecessary infection control behaviors. These behaviors are not only stigmatizing but can lead to breaches of confidentiality, signaling to others that a client is different in a dangerous way.

Methods

Quantitative survey data was collected July–September 2017 in three facilities in Jamaica (1 large hospital, 1 medium-sized hospital, and 1 health center) among all levels of public sector healthcare workers (medical and non-medical) (n=446) and 292 clients living with HIV linked to care.

- Healthcare workers were selected using a multi-stage sampling approach; questionnaires were largely self-filled.
- Clients were selected using convenience sampling among clients who were enrolled in HIV care and treatment; questionnaires were interviewer-administered.

Measures

A range of measures were collected from healthcare workers and clients living with HIV. Table 1 highlights the measures focused on worry about HIV transmission and associated stigmatizing avoidance behaviors.

Table 1. Selected Measures for Healthcare Workers and Clients Living with HIV

Healthcare Worker Measures

Domain: Worry about HIV transmission when conducting five routine activities within the purview of their occupational requirements

- Measured using Likert-type scale and grouped into binary response categories: not worried, a little worried, worried, and very worried were collapsed into two categories: "worried" or "not worried"
- Auxiliary/cleaning staff and admin/support staff were only asked about their fear of HIV transmission from touching clothing since it is the only interaction they would engage in

Variables:

- Touching the clothing of a client living with HIV
- Dressing the wounds of a client living with HIV
- Drawing blood from a client living with HIV
- Taking the temperature of a client living with HIV
- Giving an injection to a client living with HIV

Domain: Self-reported stigmatizing avoidance behaviors used with clients living with HIV

Variables:

- Using extra precautionary measures not used with other clients
- Using gloves during all aspects of client's care
- Avoiding physical contact
- Using double gloves

Clients Living with HIV Measures

Domain: Observed discrimination

Variable: Health facility staff wearing double gloves when providing care to other clients living with HIV in the last 12 months

Domain: Experienced discrimination

Variable: Health facility staff wearing double gloves when providing you care in the last 12 months

Composite indicators consist of the percentage of respondents reporting yes on at least one of the variables within a domain

Results

Healthcare workers of all levels reported worry about contracting HIV in the health facility through routine activities while caring for clients living with HIV (see Table 2). This ranged from worry about touching clothing (9.6%) across all levels of staff to over 50% of medical staff expressing worry about HIV infection while drawing blood.

Worry about HIV transmission is further illustrated by the high levels of self-reported stigmatizing avoidance behaviors like routine use of double gloves and using extra precautionary measures only for clients living with HIV (see Figure 1). Over 75% of doctors, other medical staff and auxiliary and cleaning staff reported routinely engaging in at least one of the four avoidance behaviors (see Figure 2). However, much lower numbers of clients reported experiencing health workers using double gloves with them in the past six months (8.2%), or observing it happening to other clients living with HIV (6.8%).

There is an overall general pattern of a statistically significant association between reporting worry about transmission and reporting use of unnecessary stigmatizing avoidance behaviors. For example, respondents who report worry about HIV transmission when touching the clothing or bedding of clients living with HIV are significantly more likely to report that they routinely wear double gloves when providing care for clients living with HIV (p=.000).

When examining the aggregate picture (comparing composites), the same pattern holds. Of all respondents who indicate worry about transmission when conducting at least one of the five routine activities (composite variable for worry), 17.6% of respondents reported no worry, compared to 82.4% of respondents who reported worry, indicated that they routinely engaged in at least one of the four avoidance behaviors (aggregate for avoidance behaviors) (p=.035).

Results (continued)

Table 2. Areas of Worry about HIV Transmission by Staff Classification

Areas of Worry	Doctors % (N)	Other Medical % (N)	Admin/Support % (N)	Aux/Cleaning % (N)	Total % (N)
Touching the clothing of a client living with HIV	4.6% (5/108)	6.2% (11/178)	14.0% (6/43)	20.5% (88)	9.6% (40/417)
Dressing the wounds of a client living with HIV	51.1% (46/90)	42.1% (64/152)	N/A	N/A	45.5% (110/242)
Drawing blood from a client living with HIV	54.6% (53/97)	55.8% (67/120)	N/A	N/A	55.3% (120/217)
Taking the temperature of a client living with HIV	0.0% (0/86)	2.5% (4/157)	N/A	N/A	1.6% (4/243)
Giving an injection to a client living with HIV	39.8% (35/88)	50.3% (76/151)	N/A	N/A	46.4% (111/239)
Composite indicator	60.2% (65/108)	57.9% (103/178)	14.0% (6/43)	20.5% (18/88)	35.9% (192/417)

Figure 1. Self-Reported Stigmatizing Avoidance Behaviors toward Clients with HIV by Staff Classification

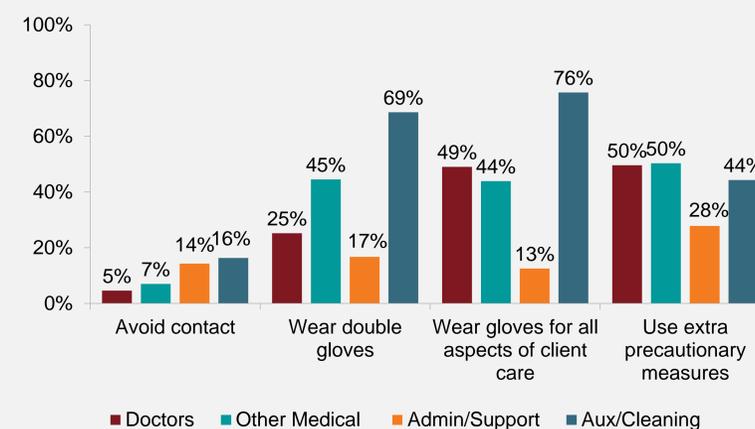
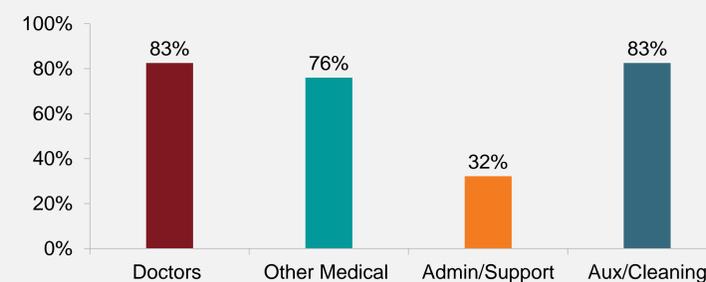


Figure 2. Stigmatizing Avoidance Behaviors by Staff Classification—Composite Indicators (reported at least 1 out of 4 stigmatizing avoidance behaviors)



Discussion

- Healthcare workers reported worry about workplace HIV transmission and engaged in associated stigmatizing avoidance behaviors.
- Data are being used to tailor whole-facility stigma and discrimination-reduction interventions, designed and implemented by the health facilities themselves.
- Intervention components to address worry about HIV transmission and stigmatizing avoidance behaviors:
 - Participatory trainings focusing on strengthening knowledge on (1) HIV transmission, (2) standard precautions, and (3) the link between worry about HIV transmission, unnecessary stigmatizing behaviors, and inadvertent disclosure of a clients' HIV status
 - Enforcement of the universal application of standard precautions

Conclusions

It is important to recognize and address worry about workplace HIV transmission among health facility staff to reduce stigmatizing avoidance behaviors and improve quality of care for clients living with HIV. Strengthening understanding of the actual risk of HIV transmission during routine work encounters, building trust in standard precautions, ensuring availability of personal protection equipment, and enforcing the universal application of standard precautions should be routine standards of practice in health facilities that will help reduce stigmatizing avoidance behaviors and unwanted disclosure of HIV status.

Partnered With



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