

Measuring Stigma and Discrimination in Ghana's Health Facilities for Intervention Design: Fear of HIV Status Disclosure and Lack of Confidentiality are Key Actionable Factors

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Background

Health facility stigma and discrimination undermine access to and retention in HIV services for both clients and health facility staff who are living with HIV or need HIV testing. Experienced or anticipated (fear of) stigma in the form of HIV status disclosure and breaches of confidentiality, can deter clients and health facility staff from seeking HIV testing, disclosing their HIV status, adopting prevention behaviors, accessing care, and adhering to treatment. Understanding stigma and discrimination in health facilities is essential to tailoring evidence-based stigma and discrimination-reduction interventions and catalyzing action to achieve "90-90-90" targets.

Methods

A baseline quantitative survey was conducted of all levels of health facility staff (medical and non-medical) (n=2,836) and clients living with HIV linked to care (n=260) in 20 high-HIV-caseload facilities in five regions in Ghana (Ashanti, Brong Ahafo, Eastern, Greater Accra, and Western).

- Health facility staff were randomly selected within job strata; questionnaires were largely self-administered
- Clients living with HIV were selected using a convenience sampling approach at HIV clinics



Banner hanging at the entrance of St. Martins de Porres Hospital in Agomanya as part of the stigma and discrimination-reduction intervention designed and implemented by the facility.

Results

Concern about disclosure of HIV status and breaches of confidentiality were measured in different ways.

30%

of client respondents (33% of female respondents and 23% of male respondents) did not believe medical records related to HIV status were kept confidential at the facility where they usually go for HIV care.

23%

of all levels of staff were not confident that if they took an HIV test in their facility, the results would remain confidential. Medical staff were less confident than administrative and support staff that their results would be kept confidential.

7%

of clients (9% of female and 3% of male clients) experienced health facility staff disclosing their HIV status without their consent in the past six months, while 9% (10% female and 6% male) observed health facility staff disclosing other clients' HIV status without consent in the past six months.

27%

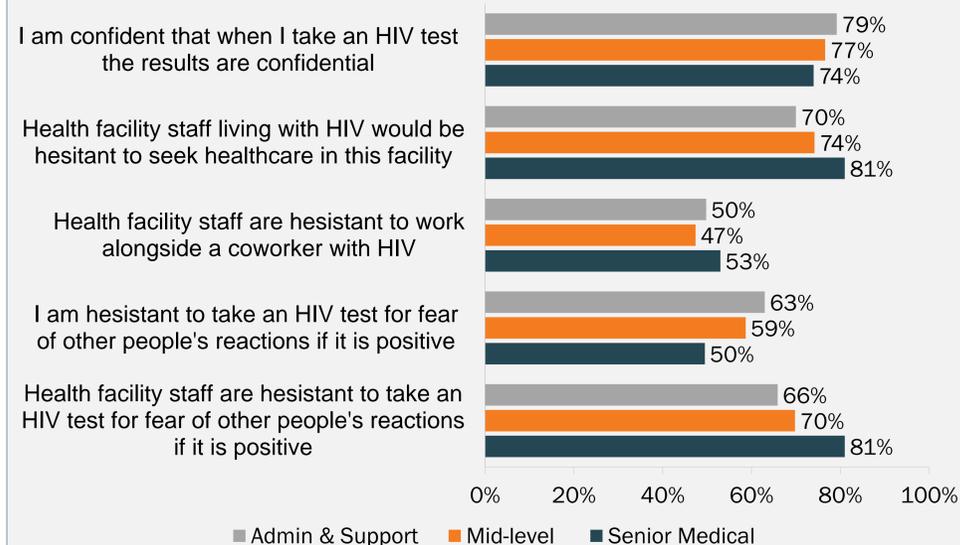
of health facility staff respondents observed breaches of client confidentiality, either of HIV or other status, in a situation that was not medically warranted, in the past six months.

Results (continued)

Table 1. Percent of Respondents Not Using Nearest Health Facility for HIV Services and Reasons for Not Using Closest Facility, by Sex

	Female (n=192)	Male (n=68)	Total (n=260)
Do not use the nearest facility with HIV services for HIV care	34.9% (67/192)	38.2% (26/68)	35.8% (93/260)
Reasons for not using the closest facility: (n=93)			
1. Fear of HIV status disclosure	70.2% (47/67)	50.0% (13/26)	64.5% (60/93)
2. Fear of discrimination or poor treatment	47.8% (32/67)	30.8% (8/26)	43.0% (40/93)
3. Had a previous negative experience at this healthcare facility	16.4% (11/67)	7.7% (2/26)	14.0% (13/93)
4. Fear will be denied services	7.5% (5/67)	11.5% (3/26)	8.6% (8/93)
Composite indicator (at least one of the four stigma-related scenarios, items #1-4)	76.1% (51/67)	69.2% (18/26)	74.2% (69/93)
5. Logistical concerns	28.4% (19/67)	30.8% (8/26)	29.0% (27/93)

Figure 1. HIV-Related Health Facility Environment for Health Facility Staff



Discussion

- Fear of status disclosure and lack of confidentiality emerged as key areas to address for stigma and discrimination reduction to improve the environment for both clients and health facility staff.
- The stigma and discrimination observed and experienced by the staff in their own facilities influence their perceptions and behaviors toward clients living with HIV, and their own willingness to seek HIV testing and treatment.
- Data from this study were used to tailor whole-facility stigma and discrimination-reduction interventions designed and implemented by the health facilities.
- Intervention elements to address confidentiality included:
 - Clearly written, distributed, and enforced policies on confidentiality and disclosure, non-discrimination, and universal applications of standard precautions
 - Human resource tools to incentivize positive behavior and sanction non-compliance
 - Development and implementation of facility-level complaint and complimentary systems

Conclusion

Ensuring confidentiality is critical to reducing both anticipated and experienced stigma and discrimination and improving service access for and retention of clients living with HIV. Facility administration need to ensure that their facility has a confidentiality policy, that all staff are aware of it and that the policy is enforced. In addition, clients need to be made aware of the policy and encouraged to report if their confidentiality is breached.

Partnered With



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