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Full Length Research Paper

Discriminatory practices of health workers towards people living with HIV/AIDS in Sokoto, Nigeria

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People living with HIV/AIDS (PLWHA) in Nigeria have been found to be subjects of discrimination and stigmatization in the work place and by family and communities. PLWHA may also face discrimination from those employed in the health sector. This study is aimed at assessing the discriminatory practices of doctors and nurses towards people living with HIV/AIDS in Sokoto. The study was a cross-sectional descriptive involving 108 health workers made up of 38 doctors and 70 nurses selected through a systematic sampling technique. Data was collected using a structured self-administered questionnaire. The questionnaires sought information on socio-demographic characteristics, attitude and practices towards people living with HIV/AIDS. Data collected was analysed using EPI info version 3.4.3. Almost all (87%), the respondents had satisfactory knowledge about HIV/AIDS. At least half of the respondents' exhibited discriminatory practices towards patients with HIV/AIDS as they would insist on knowing the serostatus of patients before attending to them and disclose the HIV status of patients to other health workers and patients. Only professional cadre demonstrated significant statistical association (P = 0.0298) influencing respondents behaviour to PLWHA. Although the doctors and nurses in this study showed satisfactory knowledge of HIV/AIDS, the study however revealed the existence of many barriers that could constitute impediments to the proper care of patients with HIV/AIDS by these health care providers. There is therefore the need to institutionalize stigma reduction strategies in all health care settings.

Key words: Discrimination, stigmatization, health care providers, people living with HIV/AIDS (PLWHAS).

INTRODUCTION

The spread of HIV has increased significantly in Nigeria since the official report of the first case in 1986.The results of periodic national surveys showed a progressive increase in the adult HIV sero-prevalence rate from 1.8% in 1991 to 4.6% in 2008 (NPC and ICF Macro, 2009).

Currently, there are a total of 3.6 million people living with HIV/AIDS (PLWHA) in Nigeria (UNICEF, 2012) and have been found to be subjects of discrimination and stigmatization in the health facilities, and work place and by family and communities (Alubo et al., 2002). These discriminatory or unethical behaviors by health care practitioners against PLWHA have been documented in some countries and may create an atmosphere that interferes with effective prevention and treatment by discouraging individuals from being tested or seeking information on how to protect themselves and others from HIV/AIDS (Tirelli et al., 1991; Danziger, 1994; Aisien and Shobowale, 2005; Sadob et al., 2006).

Persons testing positive for HIV infection or showing evidence of AIDS provoke revulsion and fear from health workers. These reactions often arise from a general knowledge that the diagnosis of AIDS is synonymous to a death sentence. For many patients, the hospital settings are their last stopping place on a dismal journey of stigmatization as patients with AIDS are driven from their communities by fearful neighbors, pushed from one

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Table 1. Characteristics of respondents.

Respondents characteristic	N (%)
Age (years)	
21 - 30	36 (33.3)
31 - 40	51 (47.2)
41 - 60	21 (19.5)
No. of years of practice	
< 5 years	42 (38.9)
≥ 5 years	66 (61.1)
Attended on job training on HIV/AIDS	
less than a year ago	31 (28.7)
More than a year ago	51 (68.2)
Never attended	26 (17.0)

hospital to another by doctors and nurses.

Regardless of what the society does or say about HIV positive patients, the attitude of health workers should be in line with the Association of the American Medical Association code of 1847 which says, "And when pestilence prevails, it is the duty of the doctors (Health workers) to face the danger and to continue their labors for the alleviation of suffering even at the jeopardy of their own lives" (Mann et al., 1994).

More than any other profession in the society, health care workers are engaged in the caring and nursing of PLWHA. Doctors and nurses are care givers who come into regular and prolonged contact with patients, but that these care givers' attitude to PLWHA has been anything but positive, probably due to perceived fear of the risk of HIV transmission from accidental needle injury to exposure to HIV infected body fluids (Parker and Aggleton, 2002).

It is in recognition of the role doctors and nurses play in ameliorating the plight of PLWHA that this study was undertaken to determine the underlying factors which may contribute to discriminatory practices by health workers against PLWHA. This study was therefore aimed at assessing the attitudes and discriminatory practices of doctors and nurses towards PLWHA in Sokoto, Nigeria. The data obtained could form baseline information for further effective interventional measures that will stem these discriminatory practices.

METHODOLOGY

This was a cross-sectional descriptive study conducted in Sokoto metropolis. The study subjects comprised of health workers (nurses and doctors) who were randomly selected from two hospitals in Sokoto. These hospitals serve both urban and rural communities and registration for any ailment is unrestricted. Patient or clients are charged fees according to services rendered.

A total of 108 health workers comprising of 38 medical doctors and 70 nurses were recruited into the study. Those who do not handle patients and are not exposed to blood and body fluids such as those on administrative position were excluded.

A structured self-administered questionnaire was used to collect data (Horizons, Population Council and Sharan, 2003). The questionnaire sought information on bio data, knowledge, and attitude of health workers towards PLWHA. The questionnaire sought participant's willingness to participate in the study and the response was appropriately marked in the space provided on the questionnaire. A 'yes' response led to the full administration of the questionnaire, while a 'no' response automatically resulted in the termination of questionnaire administration.

The questionnaires were sorted out for completeness and accuracy, data entry and analysis were done using EPI Info version 3.4.2 (2008) computer software program. Ten questions were used to assess the respondents' knowledge on HIV/AIDS, each question attracted one mark and zero was awarded for a wrong answer. A score of 50% and above was considered good knowledge while a score of 50% or below as poor knowledge (Fisher et al., 1998). Five questions were used to assess discriminatory behavior towards PLHWA with each correct answer attracting a point and respondents who scored three or more marks are deemed discriminatory. Association between dependent and independent variables was determined using chi-square and level of significance set at p less than 0.05.

RESULTS

A total of 108 questionnaires were administered, filled correctly and returned (100% response rate). Almost all, 94(87%) the respondents had good knowledge of the cause, mode of transmission and presentation of HIV/AIDS. However, majority of respondents 91(84.3%) have not read the policy concerning HIV testing and maintaining patient confidentiality. The level of knowledge was not found to be significantly associated with on the job training such as workshops/seminars on HIV/AIDS and the duration of practice as a health care provider (Tables 1 and 2).

All the respondents agreed to the existence of HIV/AIDS in Sokoto. About 15(13.9%) of the respondents were of the opinion that patients with HIV/AIDS deserved their fate as it was the result of their immoral behaviors, 82(75.9%) were more sympathetic to their plight while 11(10.2%) were undecided (Table 3).

Some of the respondents, 29(26.9%) believed HIV/AIDS patients should be isolated from other patients in the hospital as mixing them together would instill fear of contracting the infection to the patients without it. Similarly, 91(84.3%) of the study subjects were of the opinion that health care professionals with the HIV infection should be barred from attending to patients; this they believed was to forestall any accidental transmission of the infection to the patients. Majority, 94(87%) of the respondents agreed they would treat persons with HIV/AIDS provided materials were made available for strict compliance with universal precautionary measures in all health facilities they practiced. Sixty (55.5%) of respondents agreed knowing that HIV patients have been tested in the past without their consent. More than half, 58(53.7%) of the respondents would insist on knowing

Table 2. Factors associated with the level of respondents knowledge of HIV/AIDS.

Variable	Level of Knowledge		Chi square value	P value
	Good	Poor		
Age (years)				
21 – 30	31	5		
41 – 50	46	5	$\chi^2 = 1.168$	df = 2 P = 0.5578 (not significant)
51 – 60	17	4		
No. of years of practice				
< 5 years	33	9	$\chi^2 = 3.224$	df = 1 P = 0.0726 (not significant)
≥ 5 years	61	5		
Attended on job training on HIV/AIDS				
less than a year ago	29	2	$\chi^2 = 2.097$	df = 2 P = 0.3505 (not significant)
More than a year ago	44	7		
Never attended	21	5		
Professional cadre				
Doctors	33	5	$\chi^2 = 0.001975$	df = 1 P =0.9646 (not significant)
Nurses	61	9		

Table 3. Attitude of respondents to PLWHA.

Attitudinal issues	Agree, N (%)	Disagree, N (%)	Undecided, N (%)
Belief HIV/AIDS cases are due to their fault	15 (13.9)	82 (75.9)	11 (10.2)
Counseling must be conducted before HIV sero test	55 (50.9)	45 (41.7)	8 (7.4)
Must know Sero status of patients prior to invasive procedures	58 (53.7)	47 (43.5)	3 (2.8)
Need hand gloves for HIV/AIDS cases but not all contagious diseases	33 (30.6)	70 (64.8)	5 (4.6)
Share sero status of patient with other health workers	67 (62)	41 (38)	-
HIV status can be disclosed to some other patients	8 (7.4)	97 (89.8)	3 (2.8)
Do you think HIV/AIDS couple should have children	29 (26.9)	70 (64.8)	9 (9.3)
HIV patients should be isolated	29 (26.9)	65 (60.1)	14 (13)
HIV/AIDS Health care workers should continue working	91 (84.3)	9 (9.3)	8 (7.4)
Will treat HIV/AIDS with universal precaution materials	94 (87)	14 (13)	-
Aware HIV test being conducted without patient consent	60 (55.5)	48 (45.5)	-
PLWHAs should have children	47 (43.5)	35 (32.4)	26 (24.1)

the sero status of their patients before attending to them (Table 3). Reasons given for this insistence include: to protect one-self from contracting the infection 67(62%), to counsel the patients 31(28.7%) and to avoid contact with the patients completely 10(9.3%). About a third 35 (32.4%) of the respondents are of the opinion couples with HIV/AIDS should not have children (Table 2). The reasons given were to avoid having infected children (51.9%), avoid additional financial burden (19.4%), and might not live long to look after their children (4.6%). More than half of the respondent had discriminatory behaviour to PLWHA with professional cadre being the only factor that demonstrated significant statistical association (P = 0.0298) influencing respondents behaviour to PLWHA (Table 4).

DISCUSSION

The challenges to the care of people living with HIV/AIDS (PLWHA) have continued to increase, largely as a result of ignorance on the part of care givers and also to the associated stigma. Lack of adequate knowledge and training has been identified as barriers to treating HIV and AIDS patients. The respondents in this study exhibited good knowledge of HIV/AIDS. The satisfactory

Table 4. Factors influencing discriminatory behaviour of respondents to PLWHA.

Variable	Behaviour to PLWHA		Chi square value	P value
	Discriminatory	Not discriminatory		
Age (years)				
21 - 30	25	11		df = 2 P = 0.1181
41 - 50	33	18	$\chi^2 = 4.273$	(not significant)
51 - 60	9	12		
No. of years of practice				df =1 P = 0.5269
< 5 years	24	18	$\chi^2 = 0.4003$	(not significant)
≥ 5 years	43	23		
Attended on job training on HIV/AIDS				
less than a year ago	17	14	$\chi^2 = 1.831$	df = 2 P = 0.4003
More than a year ago	35	16		(not significant)
Never attended	15	11		
Professional cadre				
Doctors	28	8	$\chi^2 = 4.723$	df =1 P =0.0298
Nurses	39	33		(significant)

knowledge on AIDS is in line with the findings of previous studies that reported good or high knowledge among US, Canadian, Thai, Indian and Chinese physicians (Brachman et al., 1996; Yedidiya et al., 1996; Fournier et al., 1997; Buskin et al., 2002). However it is in contrast to a survey amongst doctors in the U.S. in 1991 that showed 83% of the respondents lacking adequate knowledge of AIDS (Gerbert et al., 1991). The high knowledge of AIDS observed in this study might have been influenced by knowledge acquired through personal effort, attending seminars and workshops on HIV/AIDS.

More than half of the respondents blamed patients with HIV/AIDS on their immoral behaviors and were of the opinion that they deserved their fate. This observation is in consonance with findings from similar studies in Nigeria and Ukraine (Reis et al., 2005; USAID, 2007a). Some (27%) of the respondents in this study believed that HIV/AIDs patients should be isolated from other patients. This figure is about 3 to 7 fold higher when compared to figures obtained from studies in Tanzania (USAID, 2007b) and India (Mahendra et al., 2007). Similarly, the respondents believed that health care professional with HIV infections should not be allowed to work in any area of health care that requires contact with patients and this finding is in agreement with previous studies (Reis et al., 2005; Aisien and Shobowale, 2005). This is quite surprising given the given the fact that the respondents exhibited good understanding of the cause and mode of transmission of HIV/AIDs.

As observed in this study, majority (87%) of the respondents opined that they would attend to PLWHA and this is in conformity with findings from other studies (Taylor et al., 1990; Letamo, 2005). Although majority of the respondents in this study opted to attend to HIV/AIDS patients, this may not be unrelated to the experience gathered from attendance of seminars and workshops on HIV/AIDS and their adherence to universal precaution. This attitude is underscored by the fact that most of the respondents (62%) indicated that they must know the sero status of patients before conducting an invasive procedure. This fear of contagion has been observed as the most common barrier preventing doctors and nurses from treating HIV infected patients and has persisted even into the 21st century (Owotade et al., 2003). This fear was also reported in Uganda, Zambia and Taiwan as affecting practice and attitudes (Dielema et al., 2007; Juan et al., 2004). The chance of occupation exposure though not impossible but is far less likely (<0.5%) based on the reported study by the U.S. Center for Disease Control (CDC) on the of risk of HIV infection and AIDS among physicians after a single accidental exposure to HIV at work which is between 20 to 40 fold lower than the risk of contracting Hepatitis B (Taylor et al., 1990). With the current HIV/AIDs trend, it has become imperative for health care providers to confront this scourge and provide quality care devoid of variables of exclusion and discrimination (Sharp, 1988). Inadequate or non-availability of basic items for protection can promote a climate of fear of contracting infections among health care workers as reported in a previous study (Awusabo–Asare and Marfo, 1997; UNICEF, 2012). It was also observed in this study that majority (87%) of the respondents would attend to and treat persons with HIV/AIDS provided adequate materials to ensure full compliance with universal precautionary measures were provided. In a similar study in Nigeria, 65% of health care

workers in a tertiary health facility cited lack of materials as the main reason for not practicing universal precautions and among them, 81% expressed concerns of becoming infected through their work with HIV/AIDS patients (Reis et al., 2005).

Voluntary counseling and testing (VCT) has been found useful as a gateway to most HIV related services including early detection of HIV positive persons and the provision of antiretroviral drugs (Voluntary HIV Counseling and Testing Study group, 2000; UNAIDS, 2002). Some treatment programmes have reported high early mortality and failure rates in patients receiving antiretroviral therapy because of failure to present early for VCT, which could have prevented further infections (Lawn et al., 2005). Testing HIV/AIDS patients without VCT emerged as a common practice among the respondents as most (74%) of them agreed knowing that patients were tested without their consent. Testing a patient without consent invariably traumatizes them psychologically and in most cases they are afraid or shy to come out for treatment for fear of being stigmatized. While most health care providers are aware of procedures for carrying out counseling and testing for HIV, it surprising that they still go ahead without counseling. This practice of testing patients for HIV withouttheir consent and sometimes without their knowledge has been documented in previous studies (Danziger, 1994; Mahendra et al., 2007). Findings from this study revealed that almost all the respondents were not aware of any written policy concerning HIV testing and maintaining patients' confidentiality in the study center. This is in consonance with findings from Tanzania (USAID, 2007). Hospitals providing care foe PLWHAS need to have written policies to protect the interest of patients and also prevent health care providers from refusing to attend to PLWHAS. For this to succeed there is the need to have adequate manpower, as a major impediment to clinical care for PLWHAS presently and in the future, especially in developing countries to provide the necessary support (Naidoo, 2006). Consequently training, supporting and retraining of health workers of all types and at all levels will go a long way in reducing impediments to care (Friedland, 1995). What were the limitations of this study and any suggestions for further study?

Conclusion

Although the knowledge of the doctors and nurses appeared satisfactory, several gaps that could lead to discriminatory practices were identified. This underscores the need for continuous education on AIDS for all health care providers. There is also the need to institutionalize stigma reduction strategies in all health care settings. One of the weakness and limitation of this study is the lack of objective assessment tool to record the day to today inter-personal communication between the Health workers and PLWHA. Moreover, there is the need for assessing the perceived quality of care by PLWHA. This raises the need for qualitative studies to address these gaps in order to have a holistic understanding of the perspectives of both the health care provider and PLWHA. This will go a long way in strengthening services for PLWHAS.

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