

# Reducing stigma to improve engagement in HIV care among men who have sex with men

The Humsafar Trust

## CASE STUDY

Men who have sex with men (MSM) are particularly vulnerable to HIV as well as to other physical and psychological health concerns. MSM experience multi-layered stigma and discrimination as a result of their perceived or real HIV status and their same-sex behaviour. Because of social and cultural non-acceptance of their sexuality and fear of being ridiculed, MSM experience internalized stigma, which manifests as guilt, depression, lack of confidence and unwillingness to discuss their sexual lives. This not only influences their mental health but also, combined with enacted or perceived stigma by health care providers, can impede the utilization of health services by MSM. Through a process of research and joint discussion of findings, this project created a foundation for combating stigma at both the individual and institutional levels. It was part of a larger effort to adapt and pilot test a global stigma reduction framework to the Indian context.<sup>1</sup>

### Implementation

The study was conducted by The Humsafar Trust (HST), a community-based organization in suburban Mumbai devoted to male sexual health. Its objectives were to:

- Review existing hospital policies that have a bearing on stigma and discrimination
- Determine attitudes and practices of health workers with regard to MSM and people living with HIV
- Understand the nature of internalized stigma among MSM and how that acts as a barrier to health seeking behaviour
- Initiate a consultative process to combat stigma in the health care setting as well as internalized stigma among MSM.

### Methods

The study used qualitative and quantitative methods to collect data, as shown in the table below

| METHODS AND SAMPLE  | PURPOSE   |
|---|---|
| <ul style="list-style-type: none"> <li>• Survey interviews with health workers in one private (n=95) and one public hospital (n=100)</li> </ul>   | <ul style="list-style-type: none"> <li>• Understand the gaps between hospital policies and workers' attitudes and behaviours toward MSM and PLHIV</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Interviews with Dep. Heads of Dermatology, Medicine, Preventive Social Medicine, Psychiatry and Surgery in one private and one public hospital</li> <li>• Observation of hospital practices</li> </ul> | <ul style="list-style-type: none"> <li>• Understand existing policies and practices to protect minorities from stigma and discrimination and health workers from nosocomial infection</li> </ul>                        |
| <ul style="list-style-type: none"> <li>• 1 focus group discussion with 7 HST staff</li> <li>• 1 focus group discussion with 6 MSM</li> </ul>  | <ul style="list-style-type: none"> <li>• Understand the nature of internalized stigma and other factors leading to low access to health services by MSM</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Consultation involving 28 participants (4 Dep. Heads, 8 health workers, 5 members of a PLHIV network; 10 MSM and 1 transgender from the community)</li> </ul>  | <ul style="list-style-type: none"> <li>• Review and discuss the findings in order to develop an action plan for combating institutionalized stigma in health care settings and internalized stigma among MSM</li> </ul> |

### Project highlights

- The project identified important gaps in knowledge about HIV transmission among health workers.
- Fear of getting infected through casual contact was common among paramedical staff, particularly among those in a private hospital.
- Many health workers held attitudes of 'blame and shame' towards people living with HIV (PLHIV) and MSM.
- Reported support for enacted stigma was much higher among staff in the private hospital than the public hospital.
- Health workers acknowledged the existence of stigmatizing and discriminatory practices in their hospital.
- Structural barriers to stigma reduction were identified (e.g. materials needed to practice Universal Precautions were not readily available).

### Characteristics of the survey sample

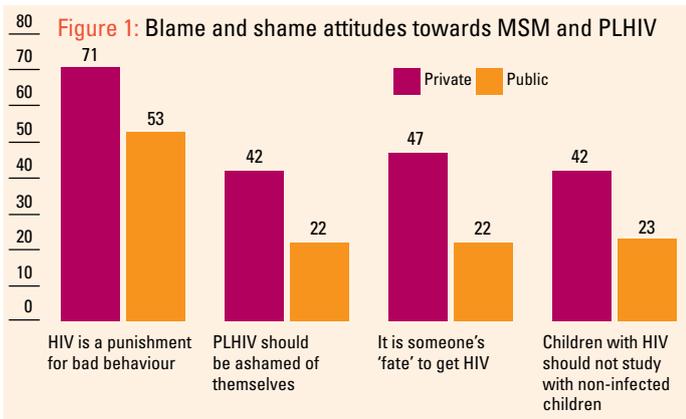
The sample in each hospital consisted of four cadres of staff: doctors, nurses, housekeeping and lab staff. The sample for each cadre was drawn using random sampling and reflected its proportion in each hospital. About half of the private hospital sample was housekeeping staff, 30% were doctors and the rest were nurses and lab technicians. In the public hospital there were more doctors and nurses and fewer housekeeping staff. The sample in both hospitals consisted of slightly more men than women. The public hospital sample was older and had about four times as many years of experience as those in the private hospital.

### Key outcomes

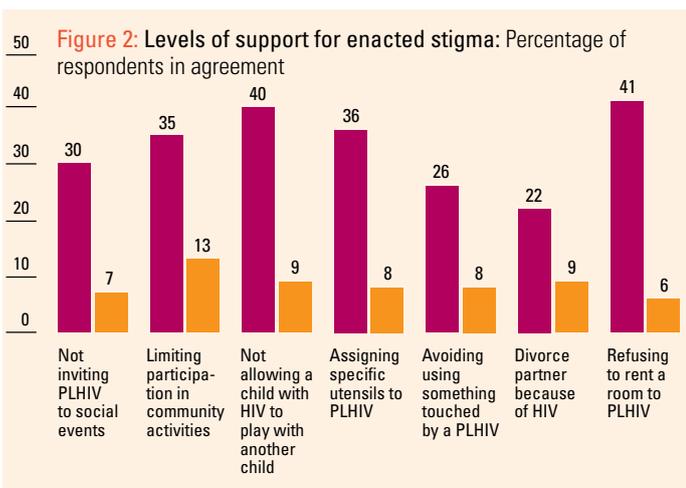
- **Important gaps in knowledge about HIV transmission exist among paramedical workers.** More than 90% of all respondents recognized blood as a transmission route. For other bodily fluids, however, there were sharp differences between the medical and paramedical staff. Over 90% of the medical staff in both hospitals had correct knowledge of HIV transmission through semen, vaginal fluid and breast milk. Yet far fewer paramedical staff in both sites correctly identified semen (56%), vaginal fluid (62%) and breast milk (55%) as transmission routes.
- **Fear of getting infected through casual contact is common among paramedical staff, particularly among those in the private hospital.** About half (47%) of paramedical staff from both hospitals feared touching the sweat of an HIV-positive person. Many paramedical staff in the private hospital were also fearful of taking blood pressure (25%), changing bed pans (30%) and changing the clothes of an HIV-positive patient (32%). Among the medical staff (private hospital), fear was greatest when sharing utensils with an HIV-positive person and touching his/her sweat (20%).

1. ICRW, UNDP and STRIVE, 2013. A global HIV stigma reduction framework adapted and implemented in five settings in India. 2013. Summary Report. ICRW.

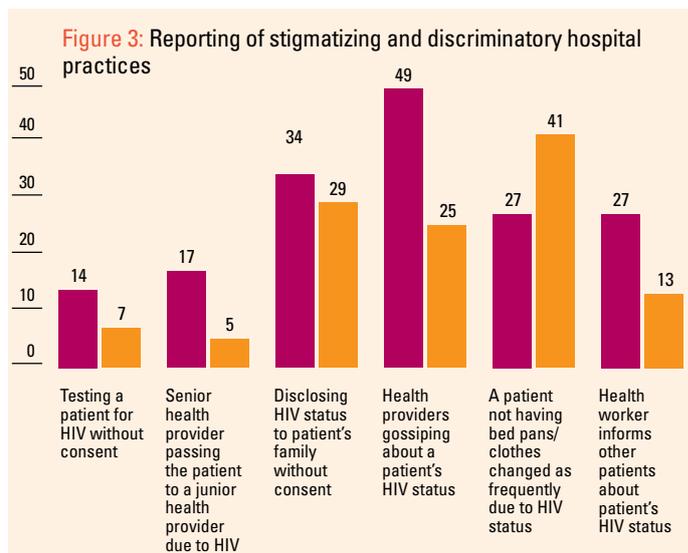
- **Many health workers hold attitudes of 'blame and shame' towards PLHIV and MSM.** Overall, the statements of attitudes of blame and shame were endorsed more by paramedical than by medical staff in both hospitals. See Figure 1.



- **Support for enacted stigma behaviours was much higher among staff in the private hospital than the public hospital.** The survey assessed how reasonable or unreasonable different behaviours were toward people living with HIV. Across all the indicators shown in Figure 2, a much greater proportion of respondents from the private hospital supported enacted stigma towards toward PLHIV than from the public hospital.



- **Health workers acknowledged the existence of stigmatizing and discriminatory practices in their hospital.** See Figure 3. For all of the indicators except changing bed pans/clothes, the stigmatizing and discriminatory practices were reported more often by health workers in the private hospital than the public hospital. Doctors and nurses, as well as paramedical staff, reported observing stigmatizing and discriminatory behaviours. Observation in hospital wards revealed other examples. In both hospitals, files were marked 'UP' (Universal Precaution), 'positive' or 'sero-positive' and the beds



of patients infected with HIV were kept in separate locations. Staff used double gloves, masks and goggles for extra precaution while handling infected patients.

### Sharing findings

A half-day consultation was conducted to share the findings of the study with staff at both study sites in the presence of members of the MSM community as well as an MSM PLHIV network. Overall, health workers found it difficult to accept the level of prevailing stigma as documented in the study, whereas the MSM and PLHIV representatives confirmed most of the results and elaborated on some of their own health-seeking experiences. After a good deal of debate and discussion, the hospital staff admitted the need to address their stigmatizing attitudes and behaviours, such as markings on files and wards. The senior administrator of the public hospital ordered the removal of such markings following the consultation. There was agreement on the need for capacity building of health workers to include content on sexuality and sexual minorities and on the involvement of members of the MSM community as trainers on these issues.

### Lessons learned

- Addressing values and judgments around morality, gender and sexuality should be an integral part of HIV training of hospital staff.
- Work is needed at an institutional level in order to create an enabling environment for MSM and PLHIV to seek care and treatment.
- Working with health care providers requires a good knowledge of the health care system's protocols and procedures along with buy-in from top management.
- A consultative approach to disseminate the findings helped in creating ownership of the results and pressure to enact change at an institutional level.
- Contact strategies, like the one used in the consultation, can be applied in the health setting to help health providers change negative attitudes towards key populations such as MSM.

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