Human immunodeficiency virus stigma reduction among patients and healthcare provider in India

Presented by : Alfa Khan

MBA-HM(0875)

Under Guidance : Dr. Sunil Rajpal

Research Question:

- Is HIV related stigma being a potential barrier to achieve the target of eradicating AIDS as a public health threat by 2030?

Objectives:

- To understand the intricacies pertaining to HIV-related Stigma in India and its effect on accessing HIV healthcare.
- To outline possible solutions for mitigating HIV-related Stigma in India.

Methodology

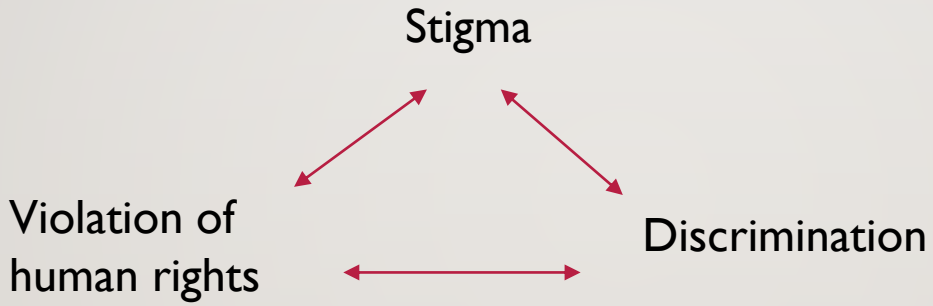
Type of Study: Literature Review

Method: Reading Article, Case studies

Duration of study: 2 months

What is Stigma?

Stigma is a belief and discrimination is an action which comes after belief.



Types of Stigma

1. Interpersonal form of stigma.

- Enacted stigma : Discrimination
- Vicarious : Hearing stories

2. Intrapersonal form of stigma

- Felt normative : perception of stigma prevalence.
- Internalized stigma : personal support of stigma beliefs.

Disclosure avoidance is a primary outcome of stigma and physically distress is the primary outcome of disclosure avoidance.

Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3075869/

COMPONENTS OF STIGMA

- Labeling
- Stereotyping
- Devaluing
- Discriminating
- Ignorance

Cause of stigma and discrimination

- Lack of Knowledge about HIV transmission
- Fear–based public messaging, and fear of death
- Role of value ,norms, and moral judgement
- Blame , shame

Effects of stigma

- Social isolation
- Limited rights
- HIV/AIDS related stigma create new HIV infection
- Virologic failure
- Avoiding and delaying treatment

Interventions

Interventions addressing HIV-related stigma can take place at all levels:

National :- Support – Human rights legislation

National efforts to scale up ARV treatment

Funding for PPTCT services, and training and research

Community and social :- Promote HIV awareness and knowledge

Awareness of MTCT interventions

HIV/AIDS prevention treatment

Stigma & health services

- Discourage access to ANC services
- Prevent access to counselling, HIV testing and MTCT service
- Discourages disclosure of HIV test results to partner.
- Discourages acceptance of MTCT interventions
- Confer secondary stigmatization on child
- Avoiding or delaying treatment seeking for STI/HIV infections
- Virologic failure by living medical regimen

Literature review

Maria L Ekstrand(2013 Nov), **Prevalence and drivers of HIV stigma among health providers in urban India**

Objectives: to examine rates and driver of stigma among doctors, nurses, and ward staff in urban healthcare settings in high prevalence states in India.

Methods: one-hour long interview focused on knowledge .

Sample: 1012

Result: high level of stigma reported by all group.

greater no of transmission misconception ,blame ,instrumental and symbolic stigma.

Literature review

Wayne T. Steward(2012), Stigma Is Associated with Delays in Seeking Care among HIV-Infected People in India

Objective: to examine whether the 4 stigma manifestations : enacted, vicarious, felt normative and internalized were linked with delay in seeking care among HIV infected people in India.

Methods: A cross-section al study with 196 PLHIV

Result: Enacted and internalized stigmas were correlated with delays in seeking care after testing HIV positive. Depression symptoms mediated the associations of enacted and internalized stigmas with care-seeking delays, whereas efforts to avoiding disclosing HIV status mediated only the association between internalized stigma and care-seeking delays.

Conclusion

It is vital to develop stigma reduction interventions

- to ensure timely receipt of care and
- to achieve the target of eradicating AIDS as a public health threat by 2030.

Source: https://journals.sagepub.com/doi/pdf/10.1177/1545109711432315

Part 2

eHEALTH: More than Just an Electronic Record

The University of Sydney

E-learning platform: Coursera

Methodology

- **Type of study**: e-learning
- **Methods:** video, reading article, case study, quiz, assignment
- **Duration of study**: 3 weeks

What is eHealth?

The World Health Organization defines eHealth as "the combined use in the health sector of electronic communication and information technology for clinical, education and administrative purpose, both at the local site and at a distance".

eHealth includes:

- Electronic Medical Records
- Telemedicine
- Decision support system in healthcare
- Evidence based medicine
- Citizen – oriented information provision
- Specialist – oriented information provision
- Virtual healthcare team

The 10 e’s in eHealth

- Increase **Efficiency** – Reducing cost
- **Enhancing quality** – Providing quality of care
- **Evidence based** – effectiveness and efficiency should be proved
- **Empowerment of consumers and patients** – by making the knowledge based medicine and personal electronic records accessible to consumers over the internet
- **Encouragement** – relationship between patients and health professional
- **Education of physician**

10 e’s in eHealth

- **Enabling information exchange and communication in a standardized way**.
- Extending the scope of healthcare beyond its conventional boundaries – eHealth enables consumers to easily obtain health services online from global providers.
- Ethics – such as informed consent, privacy and equity issues.
- Equity

It also easy-to-use, entertaining and exciting.

Why eHealth is important?

- Increase patient's safety and reducing errors.
- Supporting patients to become informed consumers who take an active role in their own health.
- Easily access healthcare to the aged population and the chronic patients like TBI,Cancer patients.
- By ignoring all the healthcare access issue people can visit virtually anywhere any time to access care.

Challenges of eHealth

- Cost is a big challenge in implementation
- Privacy concern
- Fastest internet speed.
- Health app accuracy

Thank You