THE IMPACT OF STIGMA AND DISCRIMINATION PARTICIPATORY TRAINING IN HEALTH CARE FACILITIES

OCTOBER 2019

Department of Disease Control,
Ministry of Public Health

THE IMPACT OF STIGMA AND DISCRIMINATION PARTICIPATORY TRAINING IN HEALTH CARE FACILITIES

KEY POINTS

- Thailand is committed to the goal of "AIDS Zero" (i.e., zero new HIV infections, zero AIDS-related deaths, and zero stigma and discrimination [S&D] against people living with or affected by HIV [PLHIV]).
- Thailand's National AIDS strategy set an ambitious goal of reducing S&D by 50% in health care facilities by 2021.
- Training health care providers about S&D is essential to reducing S&D.
- Thailand's S&D reduction interventions using participatory training techniques, called the Thailand's 3 by 4 facility-based HIV related S&D reduction intervention package, is effective in reducing S&D among health care providers.
- Thailand has conducted baseline and endline and follow up surveys among recipients of S&D interventions to measure the impact of S&D interventions.
- These activities provide the foundation for tailoring health facility S&D-reduction activities and can easily be adopted for other countries to use.

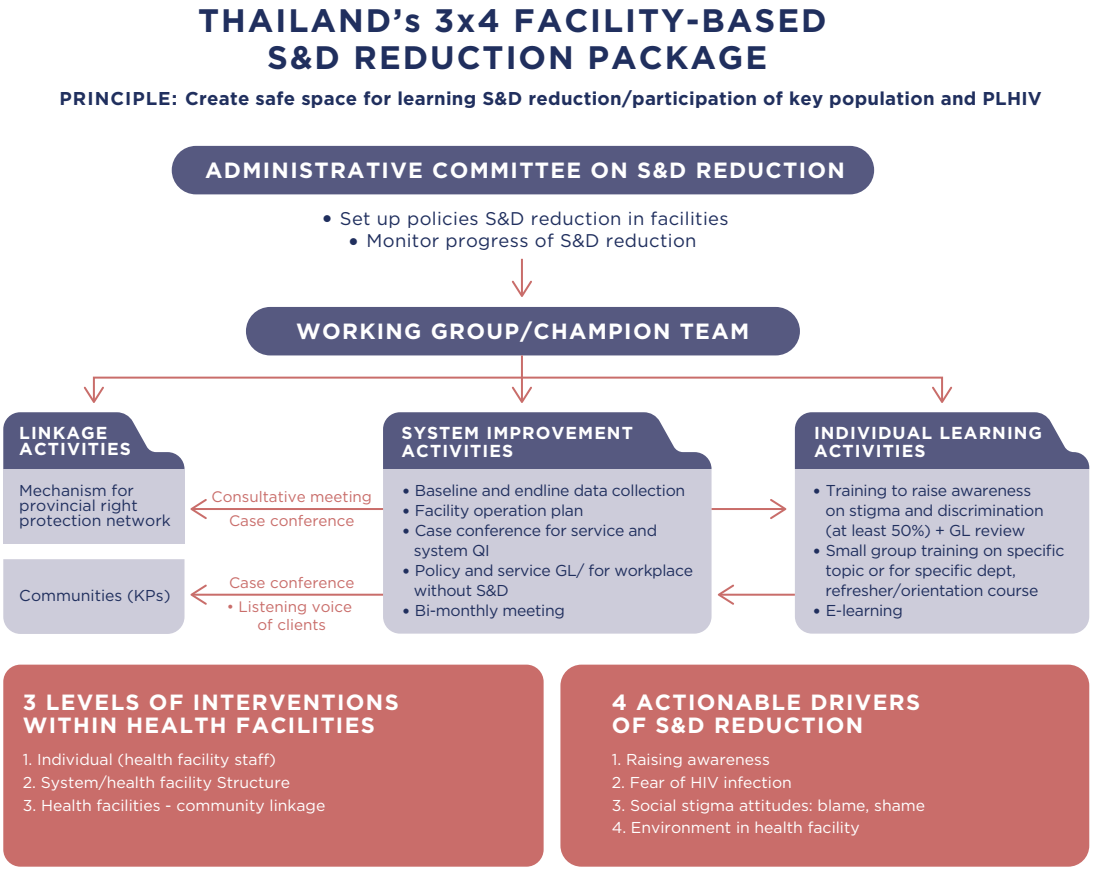
WHY IS S&D A PROBLEM?

S&D are globally recognized as key barriers to an effective HIV response. S&D by health care providers towards PLHIV, as well as populations at higher risk of HIV exposure, such as people who inject drugs (PWID), men who have sex with men (MSM), female sex workers (FSW) and Transgender persons (TG), can impact whether people feel comfortable accessing services for HIV related testing care and treatment.

WHAT IS HIV-RELATED S&D REDUCTION INTERVENTION IN THAILAND?

The Thailand's 3-by-4 package for stigma-free health facilities is proven to be effective (Figure 1). The cost is manageable by focusing on three levels of S&D: individual, institutional and linkage with communities; and, focusing on four key actionable drivers of S&D: fear of HIV infection, stigmatizing attitudes, S&D awareness and facility environment and policies. This successful model is grounded in the core principles of putting those experiencing S&D at the core of the response and fostering partnership between those experiencing S&D with those who are in different positions of power.

FIGURE 1 THAILAND FRAMEWORK OF STIGMA AND DISCRIMINAITON REDUCTION IN HEALTH CARE FACILITIES



WHAT IS PARTICIPATORY TRAINING?

A key component of Thailand's framework of S&D reduction in health care facilities is to provide participatory training among health care providers to raise awareness on S&D. Participatory training is an interactive learning process enabling individuals to develop skills, knowledge and attitudes, and to share lessons learnt, so that they actively contribute to change. One participant of the participatory training for S&D provided the following feedback:

> *"The training on S&D allows me to participate in the discussion, experience sharing, and move around all the time... When I went back to my unit, my colleagues asked what I did and what it is about. I told them that it was very good, a lot of discussion and exchanging opinions. I get to listen to what others think as well."*

WHAT TOPICS ARE COVERED IN THE S&D TRAINING?

The S&D training addresses themes that are considered essential in reducing S&D in health care facilities, including:

- health care provider fear of work-place HIV transmission.
- negative or hostile attitudes towards clients who are living with HIV or are from key populations.
- lack of policies and protocols committed to a stigma-free health facility environment, including anti-discrimination policies and their enforcement.
- limited presence of standards of practice and resources to keep health care providers safe from workplace exposure to HIV.

The comprehensive S&D training conducted in Thailand included a 10-module, 12-hour participatory training curriculum designed for delivery over the course of either two consecutive days or three consecutive half-days, covering:

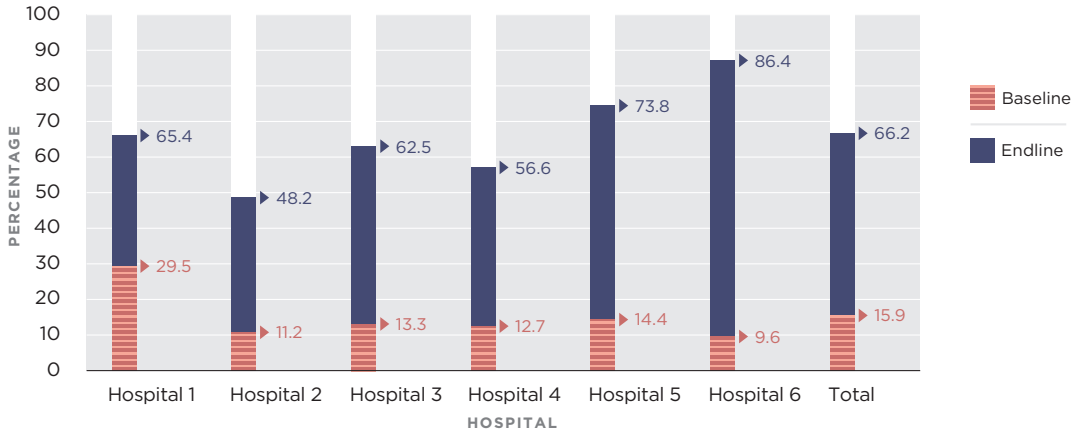
1	**NAMING S&D IN HEALTH FACILITIES THROUGH PICTURES AND MUSIC VIDEO.**
2	**HOW STIGMA FEELS:** An individual reflection exercise to understand the feeling of being stigmatized.
3	**THE BLAME GAME:** Understanding the things people say about PLHIV and members of key populations.
4	**NAMING S&D IN OUR HEALTH FACILITY:** Discussing cases of observed S&D in the health facility.
5	**LIFE TESTIMONY:** Learning about the impact of S&D firsthand from a panel made up of PLHIV and members of key populations.
6	**FEARS ABOUT GETTING HIV AND KEY POPULATIONS:** Discussing concerns about acquiring HIV.
7	**FEARS ABOUT GETTING HIV IN HEALTH FACILITIES AND STANDARD PRECAUTIONS:** Revisiting concerns around providing services to PLHIV and members of key populations and how these fears can be overcome through standard precautions.
8	**REFLECTION:** Self-review of negative practices and committing to change.
9	**HUMAN RIGHTS (HR):** Introduction of HR principals as they relate to health, PLHIV, and members of key populations.
10	**WRITING CODE OF PRACTICE AND ACTION PLAN:** Developing written materials committing health facility staff to reduce S&D.

PILOT FINDINGS ARE PROMISING

As part of a pilot process to measure successes and challenges, baseline data were collected through surveys from health care providers in mid-2016 and endline data were collected in early 2017, immediately following S&D participatory training. Below are some of the findings from the baseline and endline surveys.

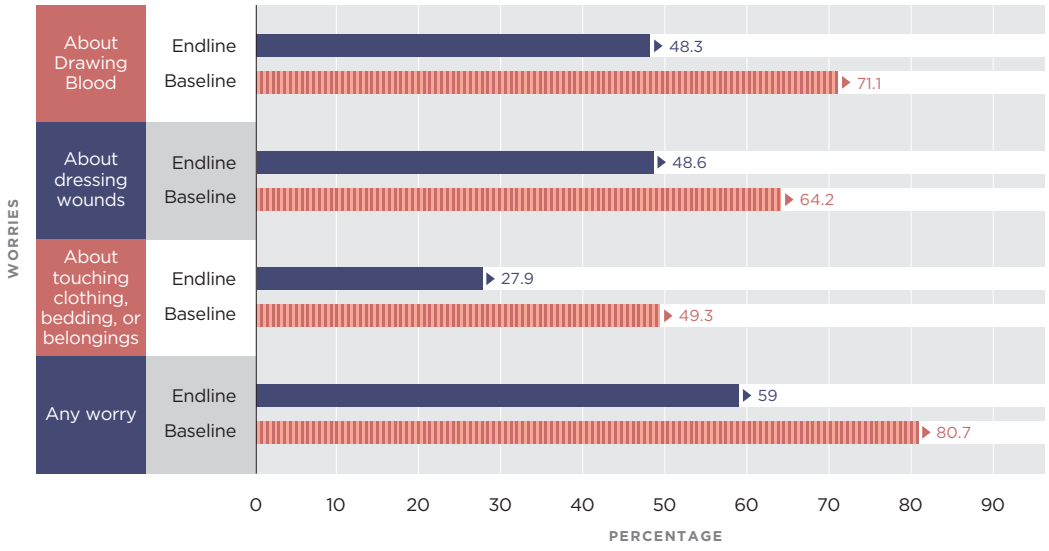
Findings indicate that low percentages of health care providers in all facilities sampled had ever received training on S&D reduction at baseline (Figure 2).

FIGURE 2 EVER RECEIVED TRAINING ON S&D REDUCTION



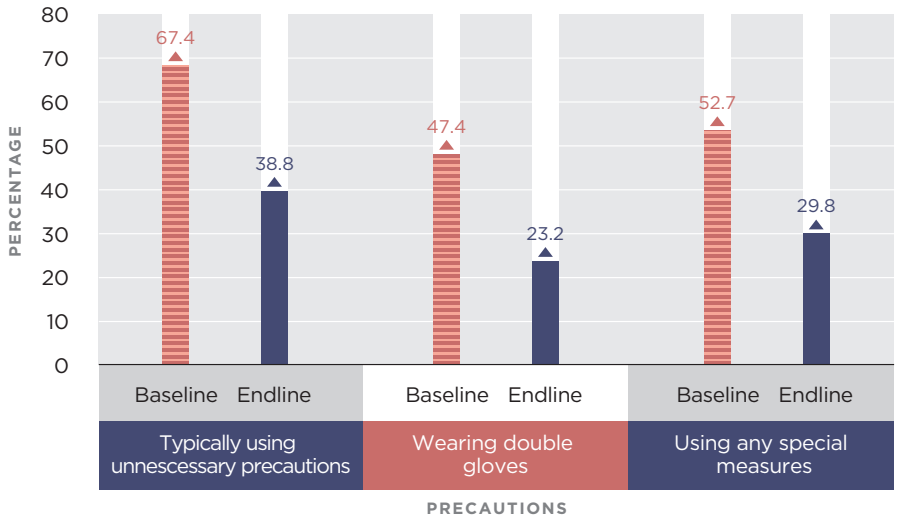
Health care providers showed overall decreases in fearing the acquisition of HIV infection from PLHIV after receiving S&D training (Figure 3). This was especial so with health care providers' worries about touching clothing, bedding or belongings of PLHIV (76.7% absolute decrease from baseline to endline).

FIGURE 3 FEAR OF HIV INFECTION AMONG HEALTH FACILITY STAFF



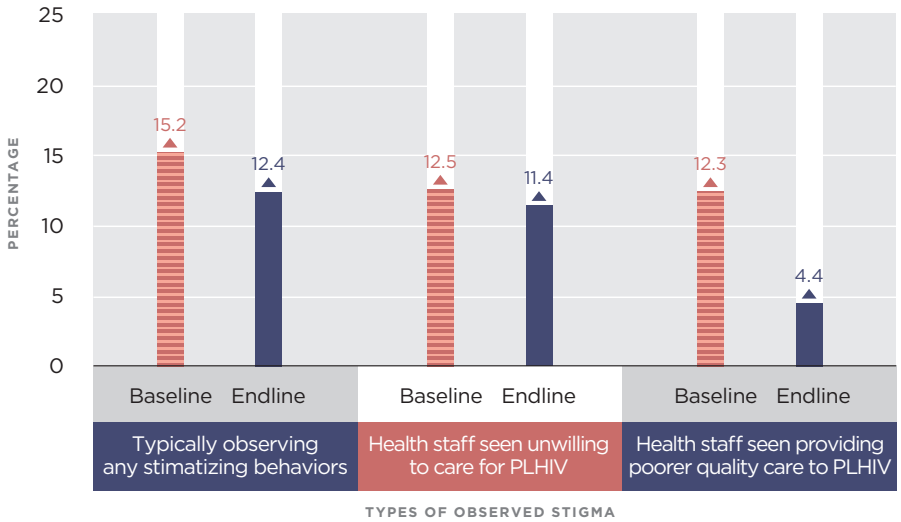
Health care providers reduced their use of unnecessary precautions when providing care for PLHIV after receiving S&D training (Figure 4). Wearing double gloves when caring for PLHIV was reduced by half between baseline and endline.

FIGURE 4 **REPORTED USE OF UNNECESSARY PRECAUTIONS WHEN PROVIDING CARE FOR PLHIV**



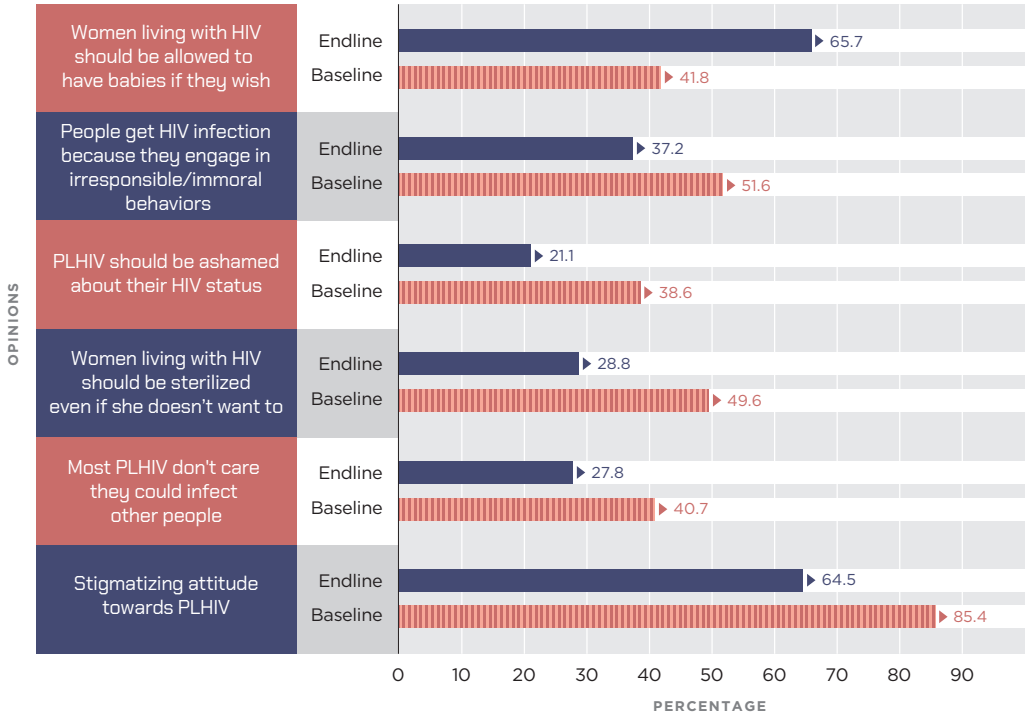
Although percentages of observed stigma among health staff were low at baseline, they were even lower after receiving S&D training (Figure 5). The biggest percentage decrease was for health staff being seen by other health care staff as providing poorer quality care to PLHIV (64.2% absolute decrease between baseline and endline).

FIGURE 5 **OBSERVED STIGMA AMONG HEALTH STAFF DURING THE PREVIOUS 12 MONTHS**



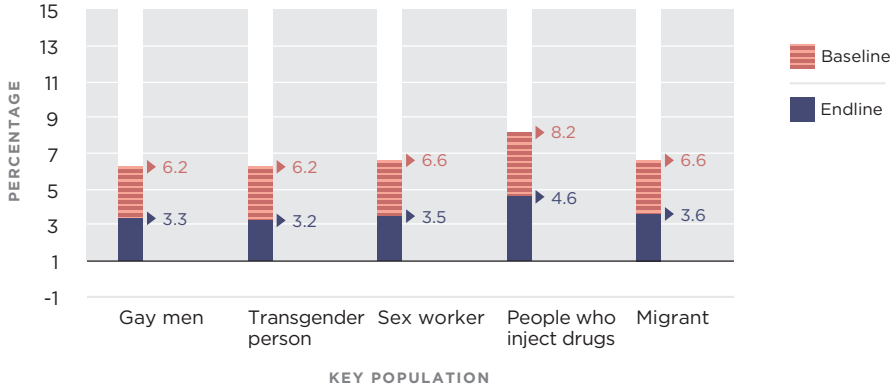
Stigma related opinions by health staff about PLHIV improved after receiving S&D training (Figure 6). Overall stigma attitudes towards PLHIV decreased from 85% at baseline to 64% at endline (23.6% absolute decrease). Nevertheless, more work is needed to reduce S&D even more, especially given that only 37% of health care workers still believed that people acquire HIV because they engage in irresponsible and immoral behaviors and over one quarter still believed that women with HIV should be sterilized and that most PLHIV do not care that they could infect someone else.

FIGURE 6 **OPINION OF HEALTH STAFF ABOUT PLHIV**



Although under 10% of health care providers reported preferring not to provide health services to different types of key populations at baseline, these percentages dropped to below 5% after receiving S&D training (Figure 7).

FIGURE 7 **PREFERRING NOT TO PROVIDE HEALTH SERVICES TO DIFFERENT KEY POPULATIONS**



LONG TERM MEASUREMENTS ARE NEEDED IN HEALTH CARE CENTERS

Data were again collected in hospitals in Chiang Mai, Songkla (two hospitals) and Chonburi in 2018 to measure longer-term progress in reducing S&D in health care settings (Figures 8-11). Negative attitudes towards PLHIV decreased over the three data points for all hospitals but remains high. Moderate decreases were found in all hospitals for health care providers fearing HIV infection and using unnecessary precautions when providing care for PLHIV. Small or no decreases were found for three hospitals observing any stigmatizing behaviors in hospitals, however, one hospital (Chonburi) had an increase in observing any stigmatizing behaviors. Almost no change was found in two of the hospitals for health care providers feeling uncomfortable working with health staff living with HIV; unfortunately two hospitals showed an increasing trend for feeling uncomfortable working with health staff living with HIV (Jana Hospital, Songkla and Chonburi).

FIGURE 8 **LONG TERM S&D TRAINING IMPACT, CHAING DAO HOSPITAL, CHAING MAI**

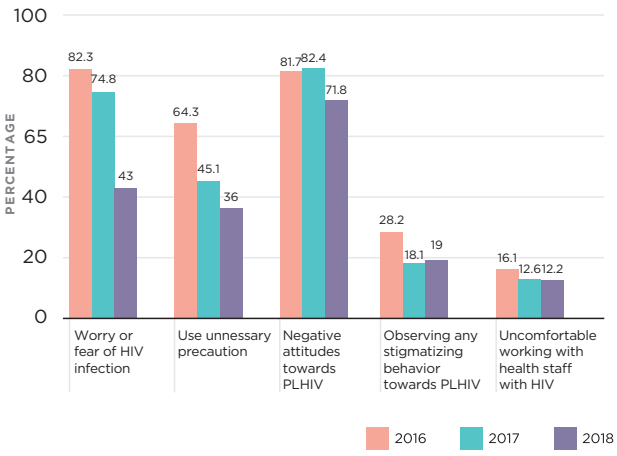


FIGURE 9 **LONG TERM S&D TRAINING IMPACT, JANA HOSPITAL, SONGKLA**

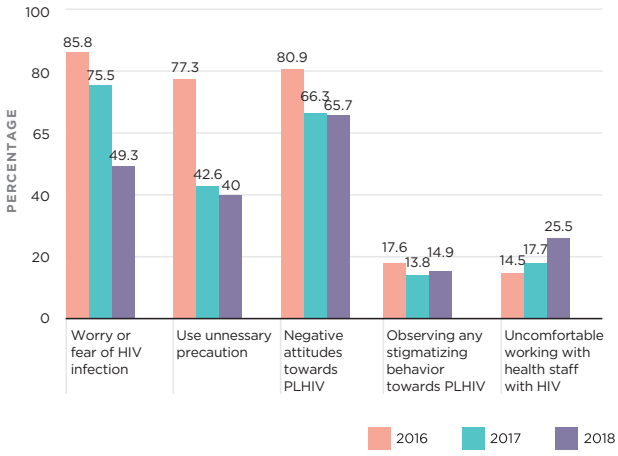


FIGURE 10 **LONG TERM S&D TRAINING IMPACT, SATINGPRA HOSPITAL, SONGKLA**

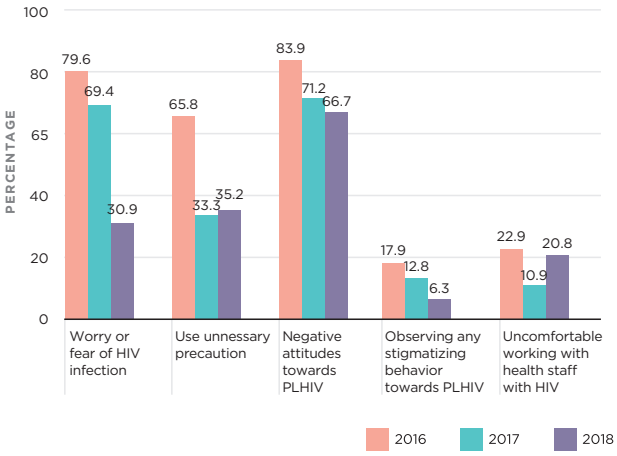
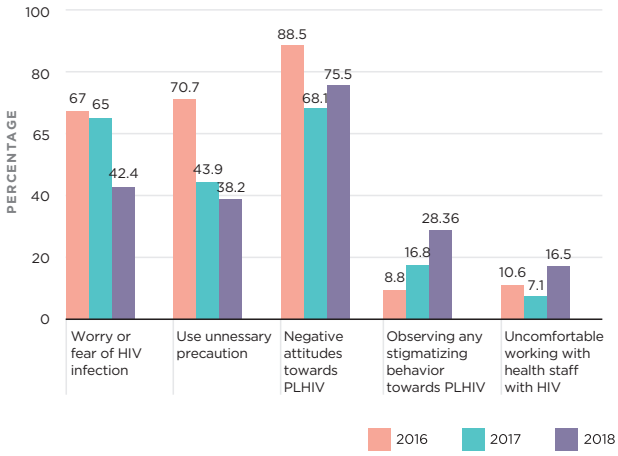


FIGURE 11 **LONG TERM S&D TRAINING IMPACT, NONGYAI HOSPITAL, CHONBURI**



HOW MUCH DOES THE 3X4 STIGMA AND DISCRIMINATION REDUCTION PACKAGE IN HEALTH CARE SETTING COST?

The average cost to train one trainer on S&D reduction package was 23,793 THB based on economic cost and 21,374 THB per staff in terms of financial cost. The unit cost to train staff in health facility was 2,690 THB per staff based on economic cost and 1,256 THB per staff based on financial cost. In addition, cost will be reduced to 925 THB if supervision and coaching conducted at the site. On staff burden aspect, staff spent only 5% of their time in managing S&D reduction at the hospital level.

LESSONS LEARNED

1

Training on S&D is not universal and more efforts are needed to reach more health care providers in Thailand. However given the time and cost to reach all health care providers in Thailand, optimal training efforts are needed. One such training method focusses on identifying "popular opinion leaders" guided by the Diffusion of Innovation theory. This method has shown that by identifying and training up to 20% of health care providers who are popular opinion leaders, key messages about S&D will eventually reach most health care providers[1].

2

As demonstrated in the long-term progress in specific hospitals, more work is still needed to attain zero S&D in health care facilities. Hospitals should be monitored independently since each hospital observed showed different rates of progress. For those hospitals that showed no progress or a worsening situation, additional training activities should be considered.

3

Continuing engagement and strong partnerships by involving communities including community service organizations, PLHIV and key populations in delivering S&D reduction packages is a good practice and vital to success.

- Linkages with communities allows for safe spaces for health care providers to directly interact with infected and affected populations to voice their concerns and opinions. Health care providers can hear the concerns of PLHIV and key populations, as well as concern of colleagues, to find appropriate solutions together to mitigate barriers, solve problems and promote a human rights approach to health care.
- In the pilot project, provincial trainer teams comprised of 6-8 members, of which 50% were PLHIV and members of key Populations and non-governmental organizations

4

Interventions, in addition to participatory training, are needed to expand the impact of S&D reduction. To supplement participatory training, e-learning should be developed to increase S&D training to all health care providers.

1 Li L, Lin C, Guan J, Wu Z. Implementing a stigma reduction intervention in healthcare settings. J Int AIDS Soc. 2013; 16 (3 Suppl 2): 18710. Available from: http://www.ncbi.nlm.nih.gov/pubmed/24242261;
Li L, Guan J, Liang L-J, Lin C, Wu Z. Popular Opinion Leader Intervention for HIV Stigma Reduction in Health Care Settings. AIDS Educ Prev. 2013;25(4):327–35. Available from: http://www.ncbi.nlm.nih.gov/pubmed/23837810

CONCLUSIONS

Thailand continues to lead the way forward in addressing S&D in health care facilities and serves as a model for other countries. Early lessons demonstrate that the participatory training approach is needed, acceptable, and feasible. Bringing together all levels of health care facility providers in participatory activities through partnerships with PLHIV and key populations, is shown to encourage a non-judgmental and safe learning environment focused on individual and collective action for change to improve the quality of health services. Although S&D interventions using participatory training techniques was shown, in most cases, to be effective in reducing S&D towards PLHIV and members of key populations in health care settings, more work is needed to achieve the goal of zero S&D. Given the time and costs involved in providing participatory training, creative supplementary training efforts are needed (i.e. training popular opinion leaders, e-training) to ensure progress and sustainability.

ACKNOWLEDGEMENT

This effort was possible with the strong leadership from the Thailand Department of Disease Control, Ministry of Public Health, and partnership from Foundation for AIDS Rights (FAR), ACCESS Foundation, Thai Network of People Living with HIV (TNP+), the Research Institute for Health Sciences (RIHES), Chiang Mai University, technical support from RTI International, the United States Agency for International Department (USAID), UNAIDS and UN Joint Team on AIDS Thailand.

We thank all health care providers and Provincial Health Offices that participated this effort. Preparation of this document supported by UNAIDS.

THE IMPACT OF STIGMA AND DISCRIMINATION PARTICIPATORY TRAINING IN HEALTH CARE FACILITIES