

# Workshop 2:

La stigmatisation du VIH en santé publique – Stratégies de résilience

HIV Stigma im Gesundheitswesen – Strategien zur Resilienz

**«Stigma remains – Interventions in health care systems»** 

30 Januar/Janvier 2015 Sigrid CJM Vervoort



#### **Content**

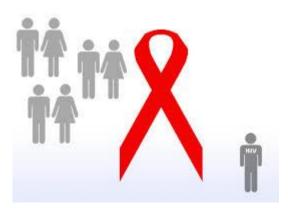
- Stigma
- Hiv stigma and healthcare
- Problem definition
- Needs assessment
- Possible strategies



# **Stigma**

Brand/mark -> avoidance

Social characteristic -> objectionable/inferior





#### **Definition**

'the situation of the individual who is disqualified from full social acceptance' and any 'attribute that is deeply discrediting'

Goffman, 1963



# **Determinants of hiv stigma**

Infectivity

Severity of the disease

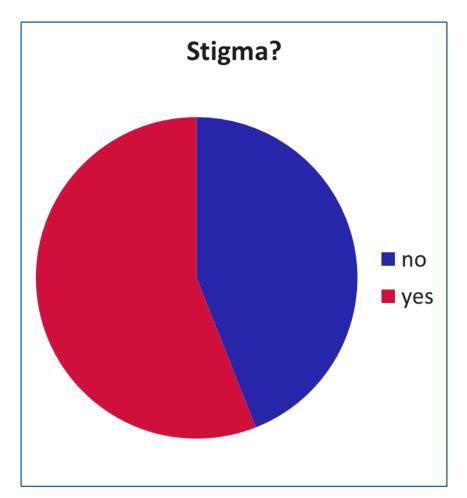
Own responsibility

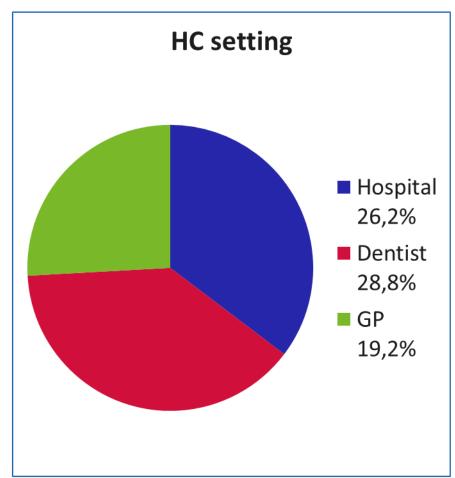
Norm trespassing behavior





# **HIV stigma in the Netherlands**





# Hiv stigma experiences in health care (in the Netherlands)

Exaggerated precautions	21%
Physical distance	20%
Unequal treatment precautions	17%
Awkward social interaction	17%
Blaming about hiv	10%
Rude or overly nice	10%
Reiecting care	7%



# **HIV stigma in HCP Problematic**

Dependency of healthcare -> treatment/care Feeling the requirement of disclosing hiv HCP are seen as sensible persons



# Consequences

- Postponing hiv test and treatment
- Avoiding health care settings
- Negative effect on wellbeing
  - Dissatisfaction
  - Psychological problems
  - Low self esteem
  - Having the idea not needing care
  - Less motivation staying healthy



## What to do about it?

Why now?

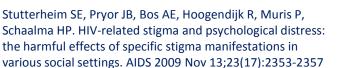


#### **Problem definition**

- Stress/ unwell being
- Quality of life↓
- Adherence
- Avoidance of care

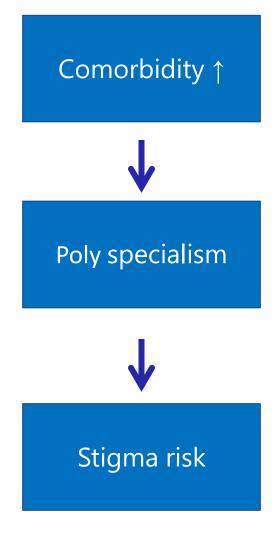
Quality of care↓

Nyblade L, Stangl A, Weiss E, Ashburn K. Combating HIV stigma in health care settings: what works? J Int AIDS Soc 2009 Aug 6;12:15-2652-12-15.





# **Problem definition**





## **Intervention**

Health care providers

#### People living with hiv/aids





# Being prepared on stigma experience in Health care settings

#### What is needed?

Targeted strategies/interventions to limit stigma experiences in health care settings



#### Literature review

Not on health care settings.

3 reviews and 2 pilot studies-> hiv stigma

- Counseling en psycho-education (coping strategies)
- Telephone support
- Support group
- Emotional writing
- Workshops offered by peers



# **Problem analysis**

What are the experiences of people living with hiv with hospitalization on a non-hiv ward within the UMC Utrecht?

Method

Qualitative study

Interviews on experiences with hospitalizaion



#### Results

- 'Being avoided'
- 'Awkward social interaction'
- 'hygiene measures (redundant and non redundant) "
- 'Unnecessary warnings'

&

Role of acceptance / coping with being hiv positive



#### **Needs assesment**

What is required from the patient's perspective to be resilient to stigmatizing experiences?

Method

Qualitative study

Individual interviews (3)

Focus group interview (6)



Influences on resilience

#### Time after diagnosis

Rf2: no, than I was not resilient. After a year you become resilient and than you dare to ask questions back. I've had done about a over a year, before I became more assertive. After a year, then you feel yourself stronger.

Rf1: I think, how more relaxed you deal with it, the less you have to relate it to yourself: Am I such a leper or am I surely not



Influences on resilience

#### Being sensitive

I think it has to do with how you feel.

Maybe, you also have a certain sensitivity, to which you interpret things differently.

Eh, interpret negatively, however they not all are not really meant to be (that) negative.



Influences on resilience

#### Assumptions on the relation with hiv

I needed to fill in a health questionnaire. She has not said it (that all clients have to). Not that I've actually asked... now you say so.



Influences on resilience

#### Ongoing vulnerability

That's hard on.

Rf4: If someone push you with it into a corner, that you're bad, dirty or contagious, all scary things, whatsoever, that hurts, of course it hurts. It remains hurting

.

Rf5 Sometimes just the overwrought reaction of another. You're shocked by the reaction of the other. And than you realize yourself, I'm so dirty? That remains



Influences on resilience

#### Unexpected situations/being perplexed

It is mainly an unexpected confrontation. By saying that you have hiv, and then you get a kind of weird response. You really do not know what to say than.

It just happens at such a moment. And in retrospect you think (\*)



What can increase resilience to stigma experiences





What can increase resilience to stigma experiences

#### Assertiveness/being empowered

Maybe you should go in there with it. You shouldn't be angry with someone, but to confront someone with it. And saying: are you afraid you also get hiv? That kind of things.

Just ask them.



What can increase resilience to stigma experiences

#### Taking perspective

RF 1: I am thinking, as I myself had a nursing job, I would appreciate it if someone said it to me. So that's also a reason for me to say, hey, I try to replace my self in the situation or perspective of the other and for me that is also a reason to say it.

RF3: I myself was very long ... Have been terrified for hiv. So I can also understand the other.



What can increase resilience to stigma experiences

#### Being understandable

Oh yes, I would understand. I have no ongoing problems with it. It could only be at an awkward moment, for me than

Sure. We are all human.



What can increase resilience to stigma experiences

#### **Stigma-experiences**

If it has happened to you you're more armed.



What can increase resilience to stigma experiences

#### **Peers**

because you can exchange experiences with each other, what should you do in my situation. I have, what would you say. Oh, I have not had that. You know then. And it is also very nice.



What can increase resilience to stigma experiences

#### Being prepared

If you don't have experienced it, and you want to arm yourself, you can exercise with a role play.



# What do you?



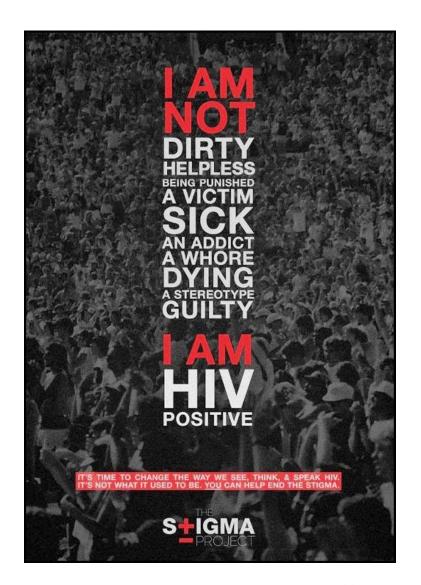
# **Clinical implications**

#### **Theoretical framework**

Empowerment (Miller)

Social Cognitive Theory (Bandura)

Pro-active coping (Gollwitzer)





#### **Tools and interventions**

A brochure/website: preparation/insight

Counseling information on stigma in healthcare settings

'if-then' situations

Peer learning(modelling) Experiences of peers

Video recording

Learning from each other

Workshop/role playing Learning skills



# Website





#### Merci

# Thank you!



**Danke** 

Dank je wel

