EVALUATING ATTITUDES AND PERCEPTION OF HIV AND AIDS RELATED STIGMA AMONG HEALTH CARE PROFESSIONALS IN VHEMBE DISTRICT OF LIMPOPO PROVINCE

BY

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DECLARATION

I declare that the mini-dissertation hereby submitted to the University of Limpopo, for the degree of Master of Public Health has not previously been submitted by me for a degree at this or any other University; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

DR Ramaano P.N — **07 June 2011**

Surname, Initials (title) — **Date**

[redacted]

DEDICATION

To my family and my parents who offered me unconditional love and support throughout the preparation of this thesis.

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This work would not have been possible without the approval from the department of health (Limpopo) to conduct my research at Tshilidzini Hospital.

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I cannot end without thanking my husband, Fhatuwani Ramaano, and son, Pfariso, for their wonderful support and encouragement throughout my studies. They are my sense of inspiration. May the Almighty Lord richly bless you all.

DEFINITION OF CONCEPTS

STIGMA

Refers to people who believe that a particular illness or something a person has done or feels is shameful and brings disgrace on them. It is found in the thoughts of people and community (Campbell, 2005).

INTERNAL STIGMA

It is the shame associated with HIV and AIDS and people living with HIV and AIDS. It is the fear of being discriminated against. It inhibits people living with HIV and AIDS from seeking treatment (Policy project, Centre for the study of AIDS, USAID & Department of health, 2003).

EXTERNAL STIGMA

Refers to actual experiences of discrimination. This may include oppression, harassment, accusation, blame and resentment. It may sometimes lead to violence against people living with HIV and AIDS (Policy project, Centre for the study of AIDS, USAID & Department of health, 2003).

ATTITUDES

The tendency to act in a certain way towards persons and situations or the way a person views something or tends to behave towards it often in an evaluative way (Gordon, 1996).

PERCEPTION

The way in which people think and the impression they have about something (Collins, 2003).

ABBREVIATIONS

HIV:	Human Immunodeficiency virus
AIDS:	Acquired Immune Deficiency Syndrome
PLWHA:	People living with HIV and AIDS
ANOVA:	Analysis of variance
NGO:	Non governmental organization
SPSS:	Statistical Package for Social Science
HSRC:	Human Science Research Council
HCP:	Health Care Professionals

ABSTRACT

Objectives: To assess the extent of HIV and AIDS related stigma among health care professionals, to identify factors that cause attitudes and perception towards HIV and AIDS related stigma and to determine if HIV and AIDS influence stigma.

Study design: A descriptive cross sectional survey.

Settings: Tshilidzini Hospital in Limpopo Province, South Africa.

Subjects: A total of two hundred and sixty five health care professionals participated in the study. The study employed convenience sampling, when collecting data. The majority of health care professionals were females (77.7%). The average age of participants was 39.5 years with a standard deviation of 9.6.

Outcome measures: Subject's demographic information was determined by use of questionnaire. Age, gender educational level and race were included. Attitudes and perception towards HIV and AIDS patients were also assessed.

Analysis: Data were analyzed by SPSS windows version 15.0. Means and frequencies were calculated. ANOVA and T test were employed to assess the comparison of attitudes between health care professionals.

Findings: The results showed that the majority of health care professionals do not have negative attitudes towards people living with HIV and AIDS. Out of 265 health care professionals, 69% agreed that they needed to eliminate shame and rejection associated with HIV and AIDS, and 84% indicated that they needed more training to be more sensitive to the needs of people living with HIV and AIDS.

Conclusion: Findings from the study showed high positive attitudes and perception among health care professionals towards people living with HIV and AIDS. Government should make provision of protective clothing a priority to reduce the perceived risk of HIV infection. Government should also introduce HIV and AIDS education at the primary level of health care.

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CHAPTER 1

1.1 INTRODUCTION

South Africa is reported to be having the largest number of people living with HIV and AIDS in the world. The figure was estimated by UNAIDS and WHO to be five million people at the end of 2001. The estimate shows that HIV and AIDS have been increasing since 1991 (Rehle & Shisane, 2003).

Since the discovery of HIV and AIDS, social responses of fear, denial, and discrimination have accompanied the epidemic. Discrimination has spread rapidly to those who are affected as well as those living with HIV and AIDS. There are many factors that contribute to HIV and AIDS stigma. It is associated with behaviour such as sex between men and injecting drug use. Religious or moral belief leads some people to believe that having HIV and AIDS is the result of moral fault that deserve to be punished (Fredriksson & Kanabus, 2008).

Stigma towards people living with HIV and AIDS can be internal or external. Internal stigma is felt by people living with HIV and AIDS from their thoughts, while external stigma is from surrounding people or community (Campbell, 2005).

This disease has triggered response of compassion, solidarity and support to bring out the best in people, but it is also associated with stigma, repression and discrimination as people living with HIV and AIDS have been rejected by their family, loved ones and their community. In December 1998 for example Gugu Dhlamini was stoned and beaten to death by neighbours in her township near Durban after disclosing publicly about her HIV status on World AIDS Day (Fredriksson & Kanabus, 2008).

Human immunodeficiency virus and AIDS stigma has an impact on prevention and treatment. Most people perceived no risk to themselves, and do not take necessary

measures to protect against acquiring HIV. Stigma interferes with the ability of individuals to discuss condom use and to consult for treatment. Condoms have acquired a strong stigma through their association with HIV in the press and health promotion campaigns. Human immunodeficiency virus and AIDS stigma is preventing people from seeking treatment to infection closely related to HIV or for HIV and AIDS treatment (Ogden & Nyblade, 2005).

Human immunodeficiency virus and AIDS stigma is a public health concern in many communities and health care sectors. Discrimination towards people living with HIV and AIDS discourage them from seeking treatment, counseling and testing (Irwin, 2003).

There is a need to understand stigma and its determinants in order to overcome this problem by coming up with relevant intervention programmes. This study will explore more on the nature of HIV and AIDS stigma in the health care sector. Lack of studies on health care professionals towards HIV and AIDS related stigma let the researcher in to conducting the study.

1.2 PROBLEM STATEMENT

Discloser of patients who are HIV positive to health care professionals invites stigma and discrimination. This is a serious public health issue which is being debated world-wide. In some cases where patients disclose their status, health care professionals tend to change their attitudes and perception towards them. For example, if patients disclose their status health care professionals tend to put more protective clothing. Other health care professionals would not even touch the patients at all and just suggest diagnosis.

1.3 RESEARCH QUESTION

What attitudes and perception do health care professionals have towards people living with HIV and AIDS at Tshilidzini Hospital?

1.4 HYPOTHESIS

Health care professionals do not have negative attitudes towards people living with HIV and AIDS.

1.5 AIM OF THE STUDY

The aim of the study was to evaluate the attitudes and perceptions of HIV and AIDS related stigma among health care professionals in the health care facility at Tshilidzini Hospital in Vhembe district of Limpopo Province.

1.6 OBJECTIVES OF THE STUDY

- To assess the extent of HIV and AIDS related stigma among health care professionals;
- To identify factors that cause attitudes and perception of health care professionals towards HIV and AIDS related stigma, and
- To determine if HIV and AIDS influence stigma.

The data were collected by use of a self-administered survey questionnaire. Questions were adapted from a questionnaire developed by Human Science Research Council

(HSRC), PENNSTATE University and the University of Limpopo. The questionnaire was divided into two sections. The first section contained demographic information followed by details of attitudes and perception of health care professionals towards HIV and AIDS related stigma.

CHAPTER 2

2. LITERATURE REVIEW

2.1 INTRODUCTION

This chapter will integrate and summarize what is already known in the area of this research topic. It will help the researcher acquire new ideas and find out what has been done in this field (Neuman, 1997). Previous studies related to this topic have been done internationally and nationally.

2.2 INTERNATIONAL PERSPECTIVE

A study was conducted in India to assess HIV related knowledge and attitudes among Indian health care workers. Data were collected using a questionnaire. Demographic information, HIV related knowledge, attitude and previous experience of caring for HIV positive patients were gathered and the data obtained were analyzed. Positive attitudes were found towards HIV positive patients. It was concluded from the study that knowledge on how HIV and AIDS is transmitted was incomplete. Ninety-one percent perceived their risk of occupational infection with HIV as high, 78% believed that HIV positive patients should be nursed separately from other patients, and 95% felt that surgical and obstetric patients should be routinely tested for HIV infection before procedure (Kermode, 2005).

Zunyou (2007) conducted a study on Chinese service providers (Nurses, Doctors and laboratory technicians) working in a public health care facility to explore how institutional and individual factors affect discrimination towards people living with HIV and AIDS. An anonymous survey questionnaire was conducted, assessing participants' demographics, medical training, experience and attitudes and behaviour towards patients with AIDS and people living with HIV and AIDS in general. Findings of the study were that more service providers were perceived to have less discrimination intent towards

people living with HIV and AIDS. Access to resources for preventive measures such as sterile rubber gloves, autoclaves and access to free HIV testing for providers enabled health providers to feel more comfortable with HIV and AIDS patients, less anxious about HIV infection and tended to have less discriminatory attitudes towards people living with HIV and AIDS. It was concluded from the study that older service providers reported less discriminatory attitudes at work than their younger counterparts. This can be the result of experience of older health care providers (Zunyou, 2007).

A study was conducted in Hong Kong to examine the level of discriminatory attitudes towards people living with HIV and AIDS. Results from the study indicated that about 42% avoided making physical contact with people living with HIV and AIDS. Thirty-five percent believed that all infected medical staff should be dismissed and 43, 7% agreed that the majority of people living with HIV and AIDS are promiscuous (having sex with different people). Some participants 20, 7% thought that people living with HIV and AIDS were merely receiving the treatment they deserve. About 30% said they would give people living with HIV and AIDS the lowest priority in resource allocation among five groups of patients with chronic disease. It was concluded that the general public in Hong Kong has formed some negative perception of people living with HIV and AIDS (Lau & Tsiu, 2005).

Angelillo (1994) conducted a study on dentists. Findings from the study indicated that 70, 7% knew the main risk of HIV transmission. Only 21, 1% knew the oral manifestation of HIV and 65% of dentists indicated that they would treat HIV positive patients or those with AIDS. Only 24, 4% used protective clothing. It was concluded that routine use of protective clothing were done by specialists who encounter high blood contact during procedures (Angelillo, 1994).

Another study was done in Poland to assess the impact of stigmatization on HIV positive patients by health care workers. Data were collected by means of a self administered questionnaire. Results of the study indicated that 37, 4% experienced refusal from specialized treatment. About 64, 2% experienced refusal of treatment from dentists, 10,

8% by gynecologists and 8,3% by general practitioners. More than half of the patients experienced disrespect and in more than 30% of cases confidentiality was violated. Family members were told about the HIV status of patients without their consent (Rogowska-Szadkowska, 2008).

Gachigo & Naidoo (2001) conducted a study on the knowledge, attitudes and behaviour of dentists in Nairobi. Findings from the study indicated that 98% knew that the main mode of HIV and AIDS transmission was heterosexual contact. More than 85% of the respondents reported the use of gloves during clinical procedures and use of an autoclave for sterilization of instruments. Nearly half of the dentists felt that the risk of HIV transmission was high in dental clinics. Results from this study also show that there is a fair level of knowledge as far as HIV is concerned (Gachigo & Naidoo, 2001).

Bassey (2007) conducted a qualitative survey in a rural community of Nigeria on knowledge and attitudes about AIDS among traditional birth attendants. Findings from this study indicated that 69, 3% of the respondents did not see the importance of knowing the HIV status of their clients before delivery while 2, 1% saw the need and 27, 1% thought it was not necessary, and 1, 4% did not answer. The importance of wearing protective clothing was registered by 41, 1%. Only 10, 7% wore protective clothing and 61% sterilized cord cutting blades. The findings also indicated that only 2, 1% of the respondent sought to know the HIV status of their clients before delivery (Bassey, 2007). The conclusion was that there was a need to train and support traditional birth attendants working in rural communities (Bassey, 2007).

Reis (2005) conducted a study on Nigerian health care professionals including nurses, midwives and physicians. They used multi-stage sampling technique using cluster and systematic sampling to select the sample. Findings from this study showed that 9% of the professionals reported refusal to care for HIV and AIDS patient and 9% indicated that they refused to admit HIV and AIDS patients. About 59% of the professionals agreed that people with HIV and AIDS must be in a separate ward and 91% agreed that staff and

health care professionals should be informed when the patient is HIV positive so that they can protect themselves. About 40% believed that health care professionals who are HIV positive should not be allowed to work at any area that requires patient contact. A further 20% agreed that many people with HIV and AIDS behaved immorally and deserved the disease. The findings also showed that there was no difference in negative attitudes among different health specialties. Providers with less adequate training in HIV treatment and ethics were also more likely to report negative attitudes towards patients with HIV and AIDS (Reis, 2005).

A study was conducted in Botswana by Sabone (2005) on the perception of undergraduate students not participating in HIV and AIDS prevention activities. Findings from this study were that students looked at HIV and AIDS as the third person problem unless one of their own family members had suffered from the disease (Sabone, 2005).

Quality assurance project in Tanzania conducted a cross-sectional study to assess knowledge, attitudes and practices of health care providers towards HIV positive patients in Tanzania. The findings of the study indicated that 31% of respondents were men and 69% women. No significant difference was found in the knowledge of transmission of HIV and AIDS. Only 12% of providers said that most people with AIDS deserved it and 67% believed that people with many sexual partners deserved AIDS, while 72% were more sympathetic towards people infected by blood transfusion than those infected through promiscuity. Most providers said that they would work with HIV positive colleagues (98%) while 10% said they would hire someone who was HIV positive. It was concluded from the study that on average, males have significantly lower stigma scores (24.9%) than females (28.1%), as did doctors compared to other provider types (Quality assurance project, 2007).

2.3 NATIONAL PERSPECTIVE

Smith (2005) conducted a study on perception of nurses at public hospitals in Gauteng Province. Seven themes were identified on the findings of the study: helplessness, emotional stress, fatigue, fear, anger, frustration and occupational health related concerns. It was concluded from this study that, it is important to provide continuing education and support for nurses working in the field of HIV and AIDS.

Another study was conducted by Mabunda (2004) to assess HIV knowledge and practices among rural South Africans. Results indicated that all the participants were members of support group and they had basic knowledge of HIV and AIDS. They indicated that they lacked basic knowledge of HIV before they joined the support group. It was concluded from this study that support groups were effective in educating people about HIV and AIDS.

A study was conducted to assess HIV and AIDS knowledge, risk perception, stigma and support among staff in tertiary institutions of the Eastern Cape Province, South Africa. Findings from the study indicated that approximately 61, 1% of the participants knew someone who was infected with HIV and AIDS or died from AIDS. About 28, 5% indicated that there was a stigma attached to HIV and AIDS in the workplace. Risk perception was found to be low and 14, 8% were afraid of infecting others while 84% of participants from the study believed that HIV positive people must not have children. About 22% believed that compulsory testing should be done before employing people and 15% said that HIV and AIDS positive people should discontinue to work. Low levels of receiving any form of support in taking care of orphans were reported. The findings revealed moderate knowledge of HIV and AIDS, low levels of perception of HIV risk and experience of stigma from colleagues and community (Phaswana-Mafuya & Peltzer , 2006).

Mavhunda-Mudzusi (2007) conducted a study on nurses in Limpopo Province to explore and describe the experiences of professional nurses rendering voluntary counseling and

testing. The criteria for sample selection included nurses who were trained as voluntary counsellors in public hospitals for a period of two years.

Findings from the study were shortage of resources, no proper counseling rooms, inadequate human resource to render pretest, testing and post counseling. Emotional drain associated with stress and burn-out was found. Participants mentioned that they were not comfortable giving out results and that there was no support from other staff members and supervisors. Participants also mentioned that there was still fear of discrimination. For example if a drip of the patient was out no one wanted to reinsert it and if the nurse decided to reinsert it the tendency was to put more protective clothing (double gloves and plastic apron on top of uniform). It was concluded that participants experienced struggles on their daily work, and they described them as emanating from inadequate resources, emotional drain and frustration as a result of behaviour and practices of clients (Mavhandu-Mudzusi, 2007).

2.4 CONCLUSION

From the above studies, perceived risk of HIV and AIDS infection remained high, while the level of discriminatory attitudes had improved from the past years. This may be due to inadequate provision of adequate clothing and proper equipment. It also shows that more education on HIV and AIDS modes of infection should be taught, not only to the general public, but also to hospital workers. In order to combat the spread of this pandemic, people's attitude towards the disease must change, and education and training might give the people the knowledge they need.

CHAPTER 3

3. RESEARH METHODOLOGY

3.1 INTRODUCTION

This chapter explains the approach that was taken by the researcher when conducting this research. It also covers the study site, design, sampling, ethical consideration, data collection, analysis and utilization of results.

3.2 STUDY SITE

The study was conducted at Tshilidzini Hospital in the Vhembe district of Limpopo Province. Vhembe District is bordered by the Republic of Zimbabwe to the north, Mopani District to the east, Capricon District to the south west and Waterberg District to the west. Vhembe District has four municipalities under one administration: Thulamela, Makhado, Musina and Mutale.

Tshilidzini Hospital falls under Thulamela Municipality and the hospital has an HIV clinic which offers Anti-Retroviral drugs to HIV and AIDS patients from the surrounding communities. Tshilidzini Hospital was selected to ensure reasonable representation on the basis of population distribution in the district.

3.3 ETHICAL CONSIDERATION

The researcher got approval from the Higher Degree Committee before submitting the proposal to the Ethics Committees of the University of Limpopo and the Department of Health. The two ethics committees reviewed the research proposal before data collection.

Permission to collect data was obtained from the office of the superintendent general of the Limpopo provincial Department of Health, chief executive officer, and ethics committee and clinical manager of Tshilidzini Hospital.

Research participants were told about the nature of the study to be conducted and were given the choice of either participating or not. Participation was voluntary. The researcher

obtained consent from participants before the study was conducted. Results of the study were anonymous. No names of participants were used during data collection or when reporting results. The information gathered in the study was confidential and not used outside the scope of this study.

3.4 STUDY DESIGN

The study was a descriptive cross-sectional survey to evaluate attitudes and perception of HIV and AIDS related stigma. The researcher used post positivist claims for developing knowledge and employed survey as a strategy of enquiry (Creswell, 2003).

3.5 SAMPLING

Total population distribution was approximately 850 for all health care professionals in Tshilidzini Hospital. Using Morgan & Krejcie's (1999) table, the sample size derived from the 850 population was 265. Convenience sampling was the preferred method of selecting participants. All doctors, dentists and Allied health workers were included in the study. A total of 265 health care professionals were recruited and volunteered to participate in the study.

3.6 DATA COLLECTION

The data were collected by use of a self-administered survey questionnaire. Questions were adapted from a questionnaire developed by Human Science Research Council (HSRC), PENNSTATE University and the University of Limpopo. The questionnaire was divided into two sections. The first section contained demographic information followed by details of attitudes and perception of health care professionals towards HIV and AIDS related stigma. Closed ended questions were used to collect data to provide a greater uniformity of response and easy processing (Babbie, 2001). The questionnaires were presented in English. Data were collected over two weeks and the researcher gave instructions on how to complete the questionnaire. Questionnaires were given to the participants to complete in the absence of the researcher due to demanding work schedules. The average time taken to complete the questionnaire was one hour.

3.7 RELIABILITY AND VALIDITY OF THE STUDY

The researcher conducted a pilot study to rectify any problems with the questionnaire. The self-administered questionnaire was handed to 10 nurses from a different hospital to pretest the questionnaire. These nurses were not part of the study. The pilot study was used to validate the research tool.

3.8 RESULTS OF THE PILOT STUDY

The total number of health care professionals who participated in the study was 10 nurses, all of them females. The mean age was 33.9 years. All the participants were African and Christian. The majority of the participants were Swazi speakers (80%), 10% Zulu and 10% Xhosa. No other changes were made on the questionnaire.

3.9 DATA ANALYSIS

All survey responses were captured using Microsoft Excel. The Excel file was then imported to SPSS (Statistical Package for Social Science) Windows Version 15.0 for analysis. Descriptive statistics such as numerical summaries (means, standard deviations), frequency distributions and graphical presentations were used to provide demographic characteristics, educational level, profession and HIV and AIDS training experience and other variables. Further, one way analysis of variance (ANOVA) and t-test were employed to assess the comparison of attitudes between health care professionals.

3.10 UTILIZATION AND REPORTING OF THE RESULTS

- The results of the study will be utilized for the purpose of writing a mini dissertation;
- For presentation at seminars or workshops, and
- For publication.

3.11 SIGNIFICANCE OF THE STUDY

The findings of study will enable health care professionals to treat people living with HIV and AIDS in the same way they treat patients who are not infected by HIV and AIDS. It will also reduce stigmatizing behaviour by health care professionals and will encourage people living with HIV and AIDS to go to hospital or health centers for treatment. The findings of the study will further improve the quality of treatment and health care. It will also assist in recommending alternative strategies that can be used to solve HIV and AIDS related stigma.

3.12 CONCLUSION

The data collected will assist health care professionals with the management and treatment of people living with HIV and AIDS.

CHAPTER 4

4. RESULTS

4.1 INTRODUCTION

The survey was conducted at Tshilidzini Hospital in the Vhembe District of Limpopo Province. The respondents were asked to complete the questionnaire on attitudes and perception of health care professionals towards people living with HIV and AIDS. The aim was to evaluate attitudes and perception of health care professionals in the health care facility at Tshilidzini Hospital.

A total of 265 health care professionals participated in the study. The researcher used convenience sampling to select participants. All participants who were present and not committed at that time participated in the study. Participants were required to indicate the extent to which they agreed or disagreed with statements by marking their responses on six points scale using an "X". The following keys were used to guide participants;
Strongly agree, agree, neutral, disagree, strongly disagree, don't know
"Strongly agree" and "agree" were summed up as agree and indicate positive response to attitudes, perception and experience of participants. "Disagree" and strongly disagree were summed as disagree and indicated negative response to knowledge attitudes and perception. "Neutral and "don't know" were summed as neutral. Descriptive statistics involving frequency and percentages were used to compare knowledge attitudes and perception. *t*-test and analysis of variance were used to compare attitudes and perception among health professionals. The response rate was 100%. One of the respondents did not specify gender, three did not indicate race group, two their home language and three the religious group they belong to.

Findings of the study are presented according to the section of questionnaire
Section 1: Demographic information of participants
Section 2: HIV related attitudes, perception and knowledge

4.2 DEMOGRAPHIC INFORMATION

This section explains the demographic information of participants, which included age, gender, race, educational qualification, and religious group of respondents. The average age of participants was 39.47 years with a standard deviation of 9.62.

4.2.1 Gender

Tables 4.1 below, shows that 22.3% of the respondents were males and 77.7% were females. One of the respondents did not specify his/her gender.

Table 4.1

Gender of respondent

Gender	Frequency	Percentages
Male	59	22,3
Female	205	77,3
Total	264	100

4.2.2 Population group

Table 4.2 shows the population distribution of respondents.

Table 4.2

Population group of respondents

Population group	Frequency	Percentages
African	257	98.1
White	2	0.8
Indian	1	0.4
Other	2	0.8
Total	262	100

Figure 4.1: Population group of respondents

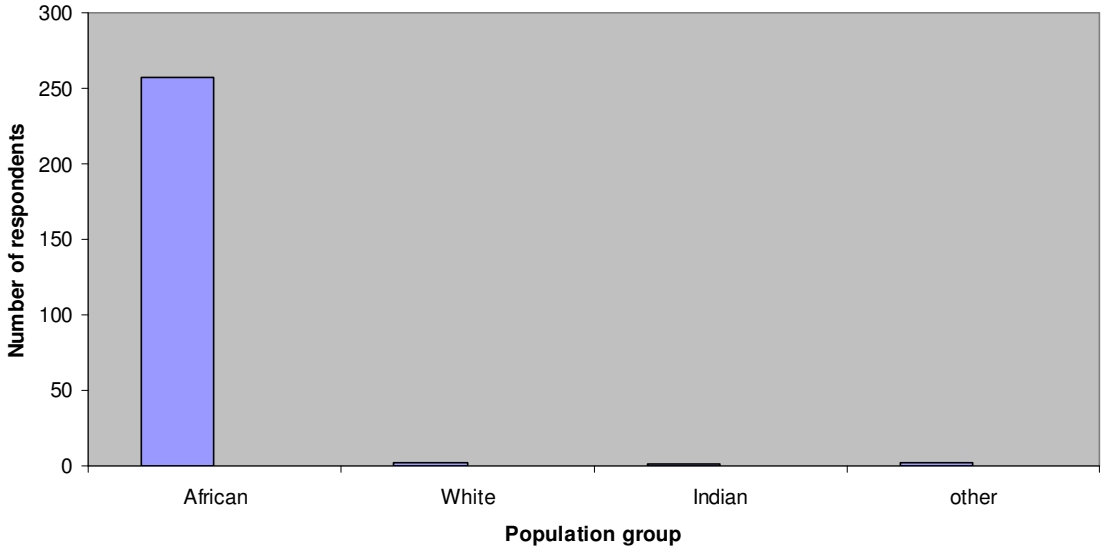

Figure 4.1 shows the population group of respondents. Africans were 98.1%, Whites 0.8%, Indian 0.4% and other population groups were 0.8%. The majority of the respondents were Africans because the study was conducted in a rural hospital of South Africa (see also table 4.2).

4.2.3 Home language

Figure 4.2: Home language of respondents

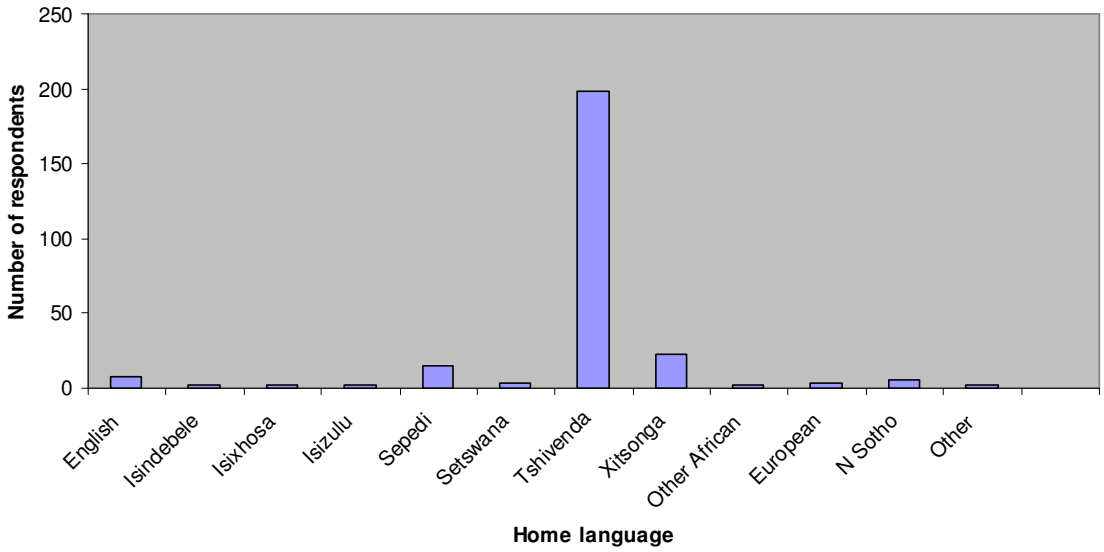

Figure 4.2 shows that 75.3% of the respondent were Venda, 5.7% Pedi, 2.7% English, 8.4% Tsonga, 0.8% Ndebele, 0.8% Xhosa, 0.8% Zulu, 1.1% Tswana, 1.1% European, 19% Sepedi, 0.8 other and 0.8% people who are from other African language groups.

4.2.4 Religion

Figure 4.3: Religious group

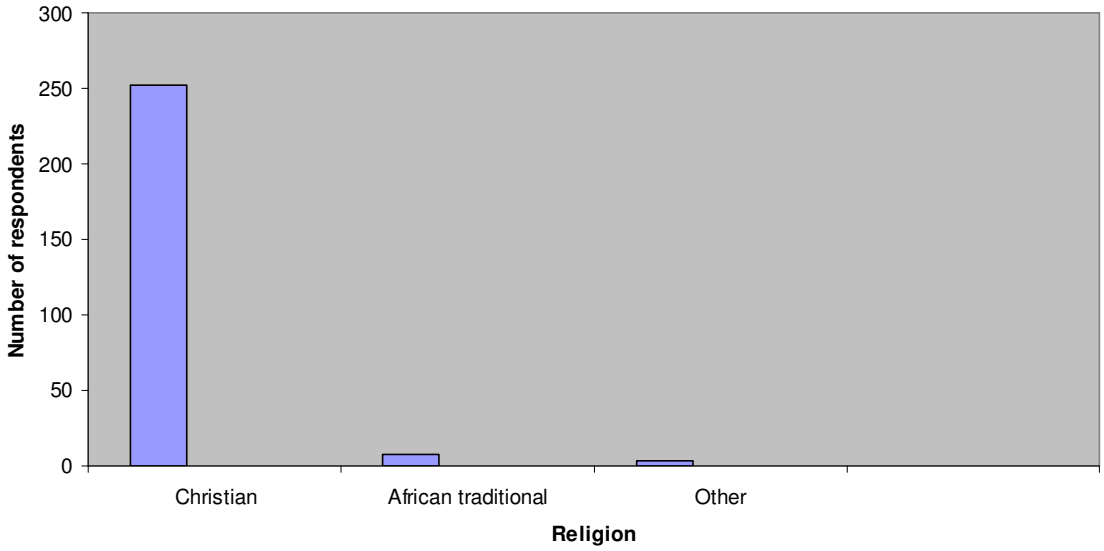

Figure 4.3 above shows that the majority of respondents were Christian (96.2%), 2.7% follow African traditional religion and 1.1% did not specify their religion.

4.2.5 Profession in the health sector by gender

Figure 4.4: Profession in the health sector by gender

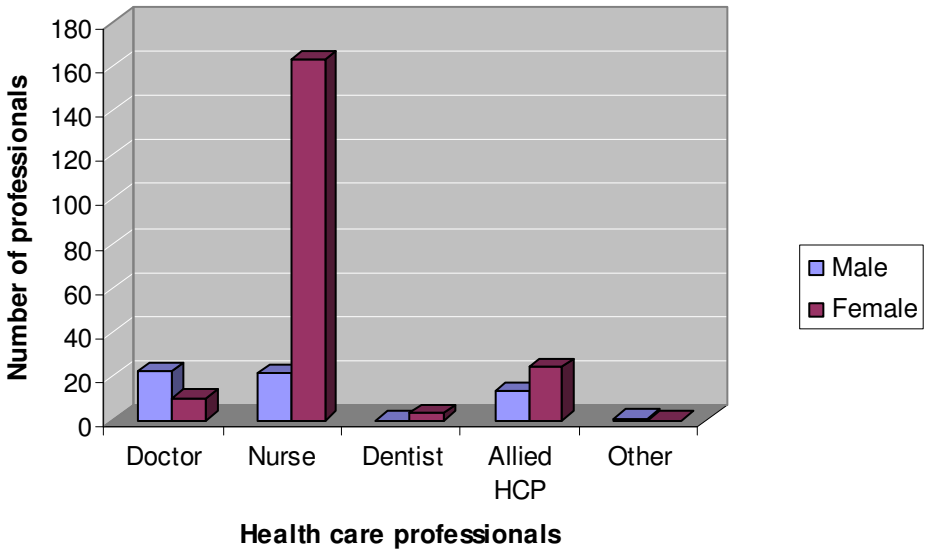

Figure 4.4 shows that the majority of health care professionals were female nurses. Out of 265 health care professionals only 257 specified their profession. Most of the respondents were nurses (71.6%), 14.4% were Allied health care professionals, 12.5% were doctors, 1.2% dentists, and 0.4% Psychologists.

4.2.6 Educational level

Figure 4.5: Educational qualification of respondents

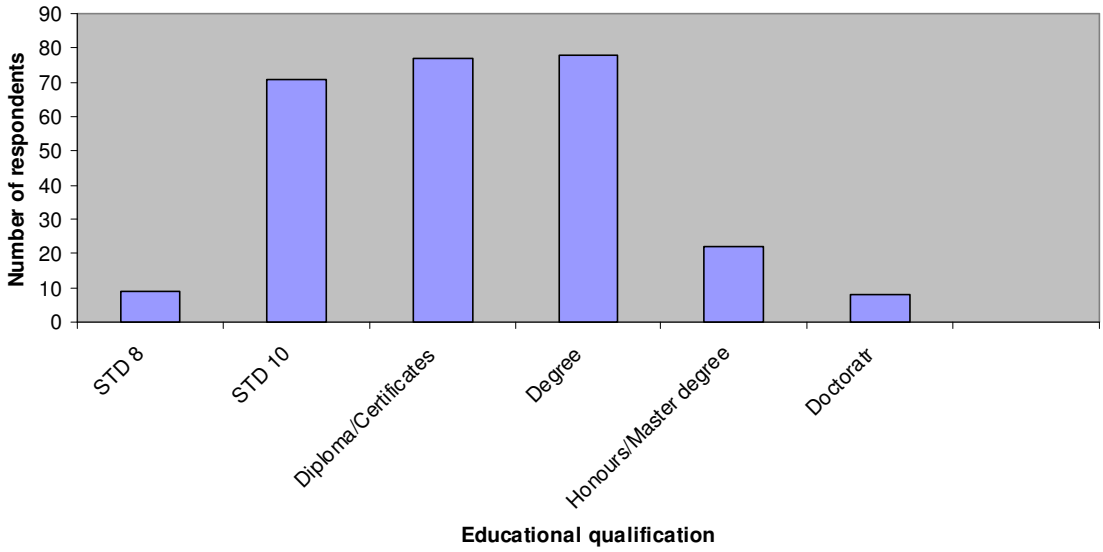

Figure 4.5 shows educational qualification of respondents, 29.4% of respondents had degree, 29.1% diplomas, 26.8% STD 10 certificate, 8.3% honours or master's degree, 3% doctorate while 3.4% had STD 8.

4.3 HIV RELATED ATTITUDES, PERCEPTION AND KNOWLEDGE

Attitudes towards people living with HIV and AIDS

Table 4.3 shows that majority of health care professionals generally have positive attitudes towards people living with HIV/AIDS. Only 3.1% of health care professionals agreed that a person who contracts HIV should be rejected, and 4.2% agreed that they waste too much time treating AIDS patients. Almost all participants believed that people who contract HIV should not be rejected and that too much time is not wasted while treating AIDS patients. The majority of health care professionals (69.9%) showed willingness to eliminate shame and rejection, while 25.1% disagree.

For the most part, the results indicate that HIV and AIDS do not have a major influence on stigma however, 36.9% of health care professionals agreed that they had seen their fellow health care professionals being rude to patients they suspected may be HIV positive, while 19.5% of health care professionals openly discussed the status of people living with HIV and AIDS in front of other patients. The results also revealed that the majority of health care professionals do not have negative attitudes towards people living with HIV and AIDS (table 4.3).

TABLE 4.3: Attitudes of health care professionals towards people living with HIV and AIDS

Questionnaire item	No of respondents	% agreeing
1. PLWHA who are poor are treated the same as PLWHA who are rich	263	55.2% n=145
2. People who are HIV positive are a financial drain on our national economy	262	40,1% n=105
3. I treat PLWHA who has a job better than the one who does not have a job	263	9.5% n=25
4. A person who contracts HIV should be rejected	263	3.1% n=8
5.I believe that the shame associated with HIV is because it is associated with sex	263	55.1% n=145
6. I should be given a choice not to treat patients With AIDS	260	8.9% n=23
7. I believe we waste too much time treating AIDS patients	260	4.2% n=11
8. I do not believe that AIDS patients deserve special treatment	260	23.1% n=60
9. I have observed my fellow health care professionals being rude to patients they suspect may be HIV positive	258	36.9% n=95
10. As health care provider we need to eliminate shame and rejection associated with HIV and AIDS	259	69.9% n=181

Perception towards people living with HIV and AIDS

Risk perception was found to be high as 55.7% of health care professionals agreed that they were afraid of being infected by their patients with a significantly higher proportion

being males (67.3%), rather than females (52.8%), and 34.7% agreed that they will be ashamed to disclose their status if they ever tested positive. More than 60% of the respondents showed positive perception towards HIV and AIDS.

Table 4.4: Perception of health care professionals towards people living with HIV and AIDS

Questionnaire item	No of respondent	% agreeing
1. I would be ashamed to disclose my status if I ever test positive for HIV	263	34.7% n=91
2. HIV is more of a problem for other racial/ethnic group than mine	264	22% n=58
3. A person who contracts HIV should be ashamed	263	6.9% n=18
4. It is more shameful to get HIV from consensual sex Than to get it from rape	263	23.6% n=62
5. It is more shameful to get HIV from a spouse in a marital sex than from a non-marital sexual partner	263	28.9% n=76
6. A person who contracts HIV through sex aught to be ashamed	263	12.6% n=33
7. Men are to be blamed for the spread of HIV	264	23.5% n=62
8. I am afraid of being infected by my patients	262	55.7% n=146
9. I believe that AIDS patients are rude	260	15.8% n=41
10. AIDS patients are a waste of medical resources	261	5.7% n=15

HIV and AIDS related knowledge

The majority of health care professionals (84.6%) indicated that they need more training on HIV and AIDS to be more sensitive to the needs of their patients. Only 7.6% agreed that a thin person is more likely to get HIV than a heavy person, which shows that few respondents lack knowledge on the modes of HIV transmission (see table 4.5 below).

Table 4.5: HIV and AIDS related knowledge of health care professionals

Questionnaire item	No of respondents	%agreeing
1. People who lose weight are probably HIV positive	265	12.8% n=34
2. A thin person is more likely to get HIV than a heavy person	265	7.6% n=20
3. I need more training to be more sensitive to the needs of people living with HIV and AIDS	260	84.6% n=219
4. I do not think I have enough training in caring for HIV and AIDS patients	260	68.1% n=177

Difference in attitudes between males and females

Table 4.6 shows significant difference in the perception and attitudes between males and females, (probability value less than 0.05). Most questions that are not included in table 4.5 show equal mean between males and females. Probability value was greater than 0.05.

Table 4.6: Difference in attitudes and perception between males and females

Questionnaire item	P value	Mean difference	F
People who are poor are treated the same as people who are rich	0,003	0,548	.001
Men are to be blamed for the spread of HIV	0.006	0.460	0.021
I am afraid of being infected by my patients	0.003	-0,626	8.046
As a health care provider we need to eliminate shame and rejection associated with HIV and AIDS	0.037	-0,493	8.918
I have observed my fellow health care providers openly discuss the status of people living with HIV and AIDS in front of other patients.	0.022	-0,311	1,749

Table 4.7 shows significant difference in the mean of nurses, doctors, dentists, allied health professionals and others towards people living with HIV and AIDS. The probability value is less than 0.05.

Table 4.7: Analysis of variance

Questionnaire item	P value	F value
I believe that the shame associated with HIV is because it is associated with sex	0.035	2.636
I believe our hospital has all the protection needed to protect us from infection	0.010	3.423
I do not think I have enough training in caring for HIV and AIDS patients	0.005	3.778
I have observed my fellow health care professionals being rude to patients they suspect may be HIV positive	0.001	4.633
I have observed my fellow health care professionals become rude towards a patient as soon as they realize he/she is HIV positive	0.001	4.859

CHAPTER 5

5. DISCUSSION AND CONCLUSIONS

5.1 ATTITUDES TOWARDS PEOPLE LIVING WITH HIV AND AIDS

The findings of the study show that only 4.2% of the respondents agreed that they waste too much time treating HIV and AIDS patients. The level of discrimination towards people living with HIV and AIDS was low compared to the study conducted on dentists where Angelillo (1994) found that over 65% of dentists indicated that they would treat HIV patients.

The majority of health care professionals (69.9%) in the current study agreed that they needed to eliminate shame and rejection associated with HIV and AIDS. This is supported by the results found by Reis (2005) who reported that 87% of the respondents indicated that health care professionals who engaged in discriminatory practices should be educated and counselled. These findings indicate that health care professionals have less negative attitude towards people living with HIV and AIDS.

The level of negative attitudes was found to be low in the current study. Only 3.1% of the respondents agreed that a person who contracts HIV should be rejected and 36.9% agreed that they had seen their fellow health care professionals being rude to patients they suspected were HIV positive. Provision of protective clothing (gloves and mask with eye shield) increase willingness of health care professionals to care for HIV and AIDS patients. This practice seems to reduce negative attitudes.

This is also supported by the results that were found when assessing fear of being infected by HIV and AIDS. The majority of health care professional showed fear of being

infected by HIV and AIDS, influencing their attitudes towards people living with HIV and AIDS.

HIV and AIDS knowledge also play a major role in the attitudes of health care professionals. A number of health care professionals in this study lacked knowledge on HIV and AIDS, resulting in discrimination and negative attitudes towards AIDS patients.

The results of the study also indicated that 40.1 % of the respondents agreed that people who are HIV positive are a financial drain to the national economy and are a waste of medical resources. Similar result were found by Lau & Tsiu (2005) where 30% of the respondents said they would give people living with HIV and AIDS the lowest priority in resource allocation amongst five groups of patients with chronic diseases.

The results showed some form of discriminatory attitudes within HIV positive patients. Few respondents (9.5%) agreed that they treated a person living with HIV and AIDS who has a job better than the one who does not have a job, 38.2% said that people who are rich are not treated the same as people who are poor, meaning that the ones who are rich receive better treatment.

5.2 PERCEPTIONS TOWARDS PEOPLE LIVING WITH HIV AND AIDS

The findings of the study show that the majority of health care professionals (55.7%) are afraid of being infected by their patients. This may be due to inadequate protective clothing in the hospital. However 48.2% of health care professionals believe that the hospital has all the protection needed to protect them from infection. Similar results were found where 91% of health care professionals in India perceived risk of HIV infection as high Kermode (2005).

The big difference in the results may be due to HIV and AIDS continuing education and provision of protective clothing in the health sector. Zunyou (2007) reported that access

to preventive measures results in health care professionals being less anxious about HIV and AIDS infection and tend to have less discriminatory attitudes towards patients. Protective clothing cause health care professionals to feel more comfortable when rendering service to people living with HIV and AIDS.

In the current study 23.5% of respondents said that men are to be blamed for the spread of HIV and AIDS (while forgetting that women are also to be blamed for the spread of HIV). It is the responsibility of both men and women not to have unprotected sex and to go for voluntary counselling and testing for HIV and AIDS.

Previous studies showed high perceived risk of HIV and AIDS infection. Mavhunda-Mudzusi & Netshandama (2007) reported that if an HIV patient's drip is out, nobody wants to re insert it, and if the nurse wants to put it back he/she makes sure that more than required protective clothing is worn. This leaves the patients uncomfortable and having a feeling of being discriminated against.

The negative attitudes and perception towards people living with HIV and AIDS is a great challenge to the prevention and management of HIV and AIDS. This reduces the effectiveness of service provision.

Lau and Tsui (2007) found that 12.7% of study participants reported that people living with HIV and AIDS should be ashamed of themselves. Similar results were found in the current study, as 12.6% agreed that a person who contracts HIV through sex should be ashamed of himself/herself. This clearly shows that there is still a need to educate health care professionals and community to enable them to understand that contracting HIV does not mean that one is promiscuous.

Some of the respondents (55%) agreed that they felt comfortable taking care of people living with HIV and AIDS. Similar results were found by Kermode (2005) who found that 77% of respondents said they felt worried when caring for people living with HIV and AIDS and 23% agreed that they would prefer not to care for patients with HIV and AIDS.

Shame and rejection associated with HIV were still high. Less than 50% of the respondents agreed that they would be ashamed to disclose their status if they ever tested positive. In the current study 19.5% of the respondents have seen their fellow health care professionals openly discuss the status of people living with HIV and AIDS in front of other patients.

Risk perception was found to be high as most health care professionals were afraid of being infected by their patients. As has already been pointed out provision of adequate protective clothing may assist in reducing the fear of being infected by HIV and AIDS.

5.3 HIV AND AIDS KNOWLEDGE

In the current study HIV and AIDS knowledge was relatively fair. Only 12. 5% believed that people who lose weight are probably HIV positive while 7.6% believe that a thin person is more likely to get HIV than a heavy person. This clearly indicates that knowledge about HIV transmission is incomplete. These results were congruent with what Angelillo (1994) found, when they reported that 70.7% of respondents knew the main risk of HIV transmission.

The majority of health care professionals (84.6 %) agreed that they needed more training to be more sensitive to the needs of people living with HIV and AIDS while 68.1% agreed that they did not have enough training in caring for HIV and AIDS patients. This supports the findings by Rogowska (2007) who pointed out that doctors receive insufficient training on HIV and AIDS during their studies.

5.4 LIMITATIONS

There are some limitations to the study as it employs convenience sampling which uses research respondents that are readily available. This was the preferred method of sampling due to the fact that health care professionals work in shifts and the work is demanding. According to Brink (2006), this method is biased as some of the respondents are over-represented or under represented, e.g. the ratio of males to females. Generalization based on this sample is extremely risky although the sample chosen is convenient to the researcher in terms of cost and time.

The study used closed ended questions which restrict the respondent from expressing themselves fully on HIV and AIDS stigma. It is either they agree, disagree or don't know. When responding to questions on attitude and perception most of the respondents might have felt more at ease giving a response which is socially acceptable. The questionnaire was given during the day; night duty staff members were not involved in the study. The perception and attitudes of night shift workers might differ from those of day workers.

5.5 RECOMMENDATIONS AND CONCLUSION

HIV and AIDS related stigma need to be addressed at individual and institutional level. The results of the study show positive attitudes, perception and willingness to treat people living with HIV and AIDS. The results also highlight the need for training and provision of protective clothing to eliminate shame and rejection associated with HIV and AIDS at the hospital. HIV and AIDS education should be introduced at a primary level to increase knowledge and positive attitudes towards HIV and AIDS patients.

Government should make provision of protective clothing to health care professionals a priority to reduce chances of being infected with HIV and AIDS. From the data it can be concluded that the majority of health care professionals do not have negative attitudes towards people living with HIV and AIDS. They are ready to help and provide maximum

care to their patients, but as has been pointed out earlier, these professionals would like to be sure that as they provide the necessary services, they themselves are protected from being infected.it should also seek further financial assistance from NGOs for funding to strengthen the management and treatment of HIV and AIDS. Presently the Department of Health is failing to provide adequate resources due to limited funds.

Previous studies have indicated that education alone cannot eliminate discriminatory attitudes; they found that health care professionals should be provided with adequate supply of protective clothing in order for them to do their job safely and effectively. Job satisfaction is also an important factor (Reis, 2005), while others reported that health care professionals' satisfaction with the working conditions and environment influenced their attitudes towards their patients (Zunyou, 2007).

In order to eliminate shame and rejection and discriminatory attitudes towards HIV and AIDS patients, government should provide protective clothing such as gloves and goggles as these increase willingness to care for AIDS patients. It is also important to support health care professionals working with HIV patients by providing them with adequate resources.

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APPENDIX 1

QUESTIONNAIRE

1. PARTICIPANTS BIOGRAPHICAL DATA

How old are you? (Age in years)

sex of participant

male	female
1	2

race/population group

African	White	Coloured	Indian	Other
1	2	3	4	5

what is your home language?

Afrikaans	01	Setswana	09
English	02	Tshivenda	10
Isindebele	03	Xitsonga	11
Isiswati	04	Other African	12
Isixhosa	05	Other European	13
Isizulu	06	Indian language	14
Sesoth sa borwa	07	Northern sotho	16
Sepedi	08	Other	

what is your highest educational qualification

Std 8	01
Std 10	02
Diploma/occupational certificates	03
First degree/higher diploma	04
Honours/masters degree	05
Doctorate	06

religious group

Christian	01
Islam	02
African traditional	03
Buddhism	04
Other specify	05

QUESTIONNAIRE

2. HIV related attitudes, perception and knowledge

What is your opinion about the following statements?

Read each statement	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
1. Give a choice between well qualified applicants for a job; I will prefer hiring an HIV negative person.	1	2	3	4	5
2. PLWHA who are poor are treated the same as PLWHA who are rich.	1	2	3	4	5
3. People who are HIV positive are a financial drain on our national economy.	1	2	3	4	5
4. I treat a PLWHA who has a job better that I treat one who does not have a job.	1	2	3	4	5
5. police officers should protect persons living with HIV and AIDS from abuse and violence	1	2	3	4	5
6. I would be ashamed to disclose my status if I ever test positive for HIV.	1	2	3	4	5
7. HIV is more of a problem for other racial/ethnic group than mine.	1	2	3	4	5
8. Men are to be blamed for the spread of HIV	1	2	3	4	5
9. People who lose weight are probably HIV positive	1	2	3	4	5
10. A thin person is more likely to get HIV than a heavy person	1	2	3	4	5

2.1. HIV MODE OF TRANSMISSION

What is your opinion on the following statement?

Read each statement	Strongly agree	Agree	Disagree	Strongly disagree	don't know
1. A person who contracts HIV should be ashamed.	1	2	3	4	5
2. A person who contracts HIV should be rejected.	1	2	3	4	5
3. It is more shameful to get HIV from consensual sex than to get it from rape.	1	2	3	4	5
4. It is more shameful to get HIV from a spouse in a marital sex than from non-marital sexual partner.	1	2	3	4	5

5. A person who contracts HIV through sex is to be ashamed.	1	2	3	4	5
6. A person who contracts HIV through intravenous drug use should be ashamed.	1	2	3	4	5
7. I believe that the shame associated with HIV is because is associated with sex.	1	2	3	4	5
8. I believe that the rejection associated with HIV is because it is associated with sex.	1	2	3	4	5
9. Men are to be blamed for the spread of HIV.	1	2	3	4	5

2.2. Health care professional's attitudes and perception with people living with HIV and AIDS.

2.1. What is your profession in the health care sector?

1. Doctor	01
2. Nurse (all categories)	02
3. Dentist	03
4. Allied health care professionals	04
5. other please specify _____	05

2.2. As a health care professional

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
1. I am afraid of being infected by my patients.	1	2	3	4	5	6
2. I feel comfortable taking care of PLWHA.	1	2	3	4	5	6
3. I need more training to be more sensitive to the needs of PLWHA.	1	2	3	4	5	6
4. I believe our hospital has all the protection needed to protect us from infection.	1	2	3	4	5	6
5. I do not think I have enough training in caring for HIV and AIDS patients.	1	2	3	4	5	6
6. I should be given a choice not to treat patients with AIDS.	1	2	3	4	5	6
7. I believe we waste too much time treating AIDS patients.	1	2	3	4	5	6

8. I do not believe that AIDS patients deserve special treatment.	1	2	3	4	5	6
9. I believe that AIDS patients are rude	1	2	3	4	5	6
10. AIDS patients are a waste of medical resources.	1	2	3	4	5	6
11. As a health care provider, we need to eliminate shame and rejection associated with HIV and AIDS.	1	2	3	4	5	6

2.3. I have observed my fellow health care professionals

Statement	Always	Sometimes	Never	N/A	Don't know	Refuse
1. Being rude to patients they suspect may be HIV positive.	1	2	3	4	5	6
2. Become rude toward a patient as soon as they realize he/she is HIV positive.	1	2	3	4	5	6
3. Openly discuss the status of people living with HIV and AIDS in front of other patients.	1	2	3	4	5	6

Thank you for participating in this research.