# REDUCING HIV STIGMA & DISCRIMINATION (S&D) TOWARDS PEOPLE LIVING WITH HIV (PLHIV) AMONG HEALTHCARE WORKERS AT TANGLIN HEALTH CLINIC

# Tanglin SeRaSI

(Stigma Reduction Strategic Initiative)

Tanglin Health Clinic Lembah Pantai District Health Office Federal Territory of Kuala Lumpur & Putrajaya Health Department

# **Group Members**

Name	Position
Dr Fatimah Zahrah binti Mohd Zaidan	Family Medicine Specialist, Tanglin Health Clinic
Dr Nor Faizah Ghazali	Family Medicine Specialist, Tanglin Health Clinic
Dr Raudah Abd Rahman	HIV/ STI Unit, Federal Territory of Kuala Lumpur & Putrajaya Health Department
Dr Ismawati Ismail	AIDS Officer, Federal Territory of Kuala Lumpur & Putrajaya Health Department
En Mohd Nasiruddin bin Naim	Assistant Medical Officer, Tanglin Health Clinic
Ms Amy Azahari	Persatuan Kebajikan dan Kesihatan Umum Malaysia (PKKUM)





No.	Problems	Problem verification				
1.	Increased stigma and discrimination (S&D) among Healthcare Worker (HCW) towards People Living with HIV (PLHIV)	Baseline survey in 2020: 19% PLHIV experienced S&D when coming to clinic				
2.	Increased incidence of prescription error	In 2021: 0.1% (81/80043) incidence of prescription error detected before medication dispensing				
3.	Reduced pre-pregnancy care enrollment among female diabetes patients in reproductive age group	In 2021: only 13.9% diabetic women in reproductive age was enrolled into PPC				

<sup>\*</sup>Using nominal group technique



#### STOP HIV STIGMA

# **S**eriousness

- Complaints received regarding staff acts of discrmination while attending to PLHIV
- Survey among PLHIV showed~20% PLHIV experience discrimination from our HCW. The survey also confirmed HCW have S&D upon contact with PLHIV.

# Measurable

 Baseline survey was done in July 2020 and repeated after remedial measures completed

# **A**ppropriate

Reduction of S&D can help to maintain client adherent to treament and follow-up

#### Remediable

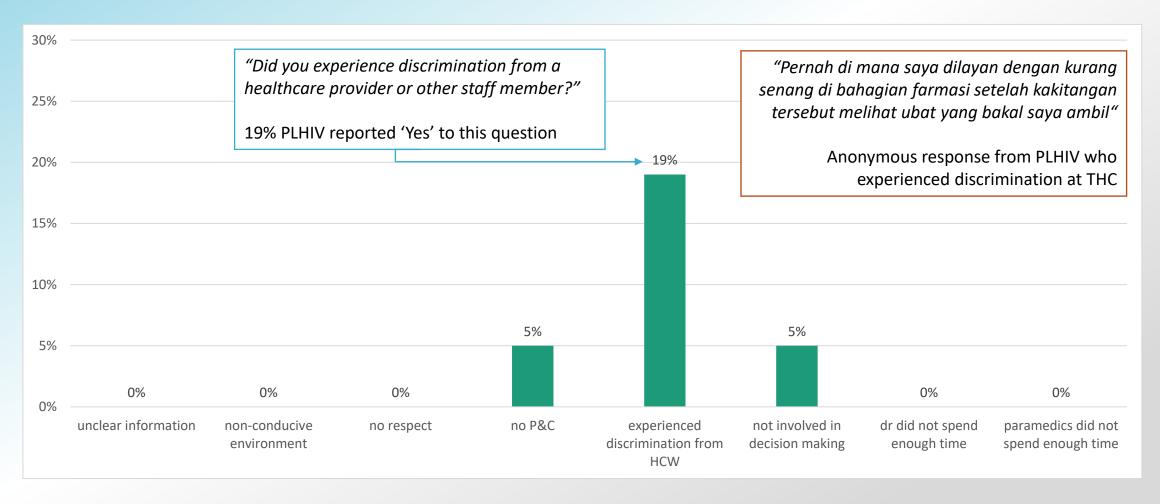
 Received support from HIV Sector Ministry of Health (MOH) and Malaysia AIDS Council to conduct intervention

#### Timeliness

 Data was gathered, analyze and results was obtained timely after the intervention was carried out



#### PLHIV S&D Indicators (baseline in 2020), n=21



Survey on PLHIV using questionnaire from: Srithanaviboonchai, K., Stockton, M., Pudpong, N., Chariyalertsak, S., Prakongsai, P., Chariyalertsak, C., Smutraprapoot, P. & Nyblade, L. (2017) Building the evidence base for stigma and discrimination-reduction programming in Thailand: development of tools to measure healthcare stigma and discrimination. BMC Public Health, 17, 245.

4 https://doi.org/10.1186/s12889-017-4172-4



#### HCW S&D Indicators (baseline in 2020), n=111



Survey on HCW using questionnaire from: Nyblade, L., Jain, A., Benkirane, M., Li, L., Lohiniva, A.L., McLean, R., Turan, J.M., Varas-Díaz, N., Cintrón-Bou, F., Guan, J., Kwena, Z. & Thomas, W. (2013) A brief, standardized tool for measuring HIV-related stigma among health facility staff: results of field testing in China, Dominica, Egypt, Kenya, Puerto Rico and St. Christopher & Nevis. Journal of the International AIDS Society, 16(2), 18718. https://dx.doi.org/10.7448%2FIAS.16.3.18718



#### **Literature Review**

- 1. Stigma & discrimination (S&D) is a major limiting factor in HIV/AIDS care.<sup>1</sup>
- 2. Discrimination of HCW prevents individuals from getting tested and seeking treatment and care due to stigma associated with HIV positive.<sup>1</sup>
- 3. In other part of the world, several reports note that some HCW are likely to discriminate against PLHIV and deny services to population groups at higher risk.<sup>2</sup>
- 4. A study done in **Malaysia** in 2020 showed that only 40% of HCW had positive attitude towards PLHIV, and majority of them are doctors.<sup>3</sup>
- 5. The study also showed that a quarter of nurses and medical assistants and a third of pharmacist and pharmacist assistants have positive attitude towards PLHIV.<sup>3</sup>
- 6. Studies among medical and dental students also showed majority of them had stigmatizing attitude towards PLHIV.<sup>4-5</sup>





The **negative attitudes** and **beliefs** about people with HIV. It is the prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable.<sup>6</sup>

The **behaviors** that result from those attitudes or beliefs. HIV discrimination is the act of treating people living with HIV **differently** than those without HIV.<sup>6</sup>

Stigma



**Discrimination** 



#### **Problem Statement**



#### **Problem**

There is S&D towards PLHIV among HCW at Tanglin Health Clinic as evidence by HCW discriminative attitude and perceived discrimination by the PLHIV from a baseline survey done in July 2020

#### **Effects**

The act of discrimination towards PLHIV among HCW will stigmatize PLHIV and push them away from getting treatment. This will also invite complaints among clients and may bring bad image to the organization as HCW themselves are not aware about the latest guideline in managing and treatment of PLHIV

#### **The Possible Causes**

Likely poor knowledge and training on the work process in blood taking and medication dispensing and counselling. It is also possible that staff have outdated knowledge on related standard operating procedure

#### The Aims of Study

To improve the work process and educate HCW about S&D towards PLHIV through a continuous sensitization about the issues, compulsory routine training or workshop carry out at the clinic

#### **OBJECTIVE**



#### **GENERAL**

To reduce HIV-related stigma and discrimination toward PLHIV among healthcare worker in Tanglin Health Clinic

#### **SPECIFIC**

- 1. To measure the magnitude of S&D among PLHIV
- 2. To identify and verify the contributing factors
- 3. To formulate appropriate remedial measures to reduce the S&D
- 4. To evaluate the effectiveness of the remedial measures

# **Problem Analysis**



What

High S&D among HCW towards PLHIV in KK Tanglin

Who

Pharmacist, Paramedics (nurses and medical assistants)

When

During medication dispensing and blood taking

Where

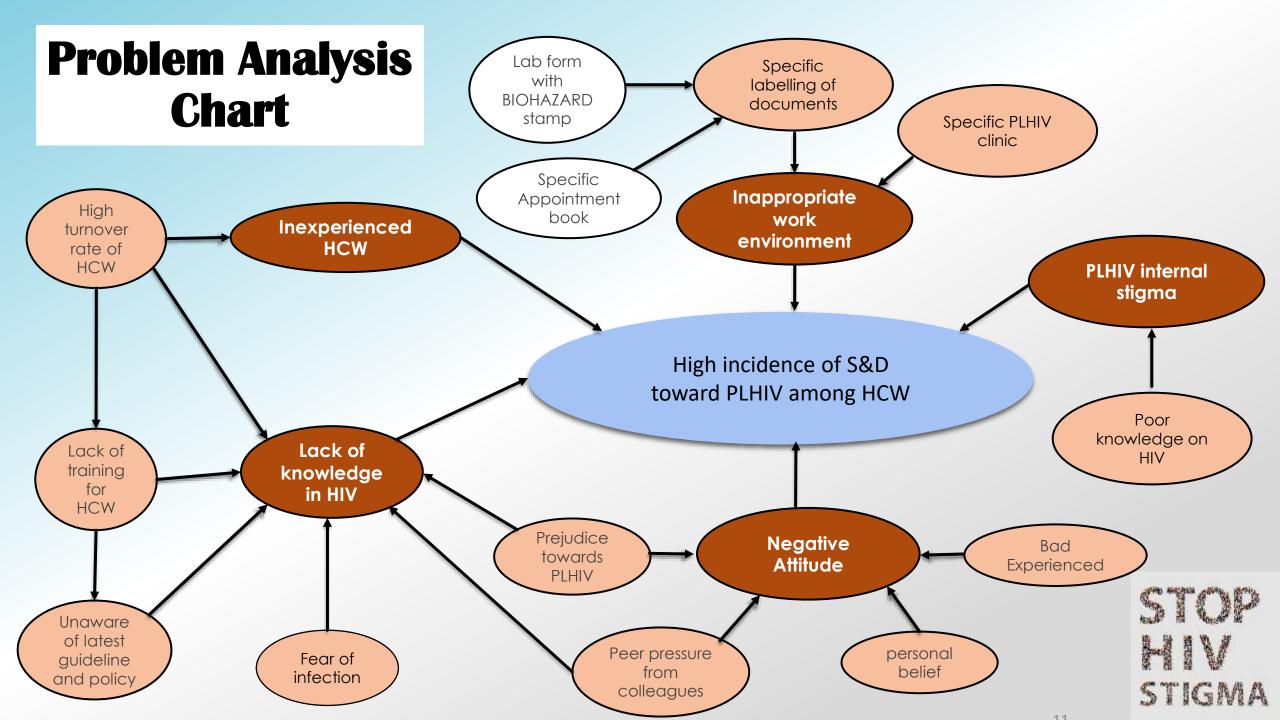
Pharmacy and blood taking room

Why

Work process weakness, lack of knowledge among staff and negative attitude towards PLHIV, inexperience staff

How

Unaware of latest guideline and SOP on infection control, patients C&P



#### **Process of Care**





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Reason for coming to clinic

Collect medication at pharmacy Submit prescription at pharmacy; queue no given Clients being call for medication dispensing **HIV** treatment adherence New client yes counselling no END

Blood taking

Registration at main counter; queue no. given

Proceed to Room9 to collect lab form

Clients being called for bleeding procedure

Blood taking procedure

END



#### **Model of Good Care**

Bil	Critical Steps	Criteria	Standard
1	HIV Treatment Adherence Counseling	<ol> <li>Make sure dispensing for HAART carry out by train staff</li> <li>To ensure P&amp;C maintain throughout the procedure</li> </ol>	100%
2	Preparation of lab form	1. No 'BIOHAZARD' stamping on lab form	100%
3	Calling name	<ol> <li>Use the given queue number produce by the registration counter</li> <li>Ensure privacy maintain during identity verification</li> <li>During system failure, provide a manual numbering system for clients</li> </ol>	100% 100% 100%
4	Using double glove	<ol> <li>Make sure all paramedics adhere to infection control SOP</li> <li>No double gloving</li> </ol>	100% 100%

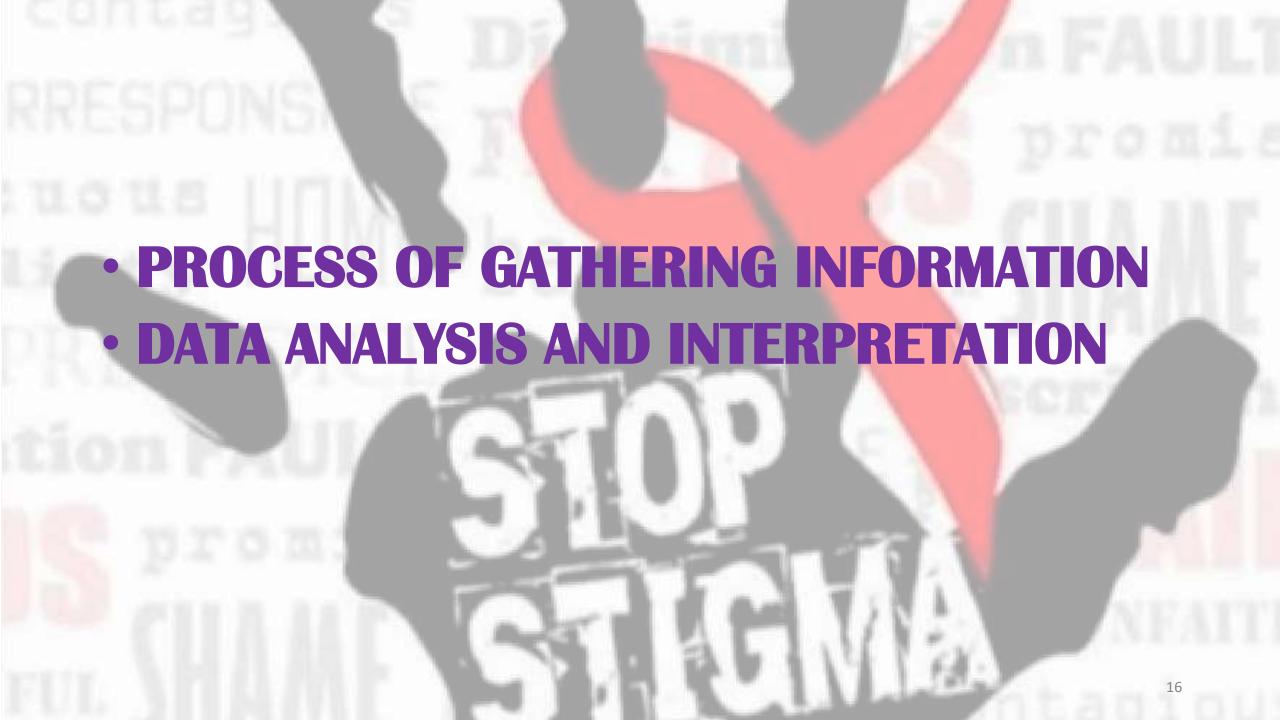




INDICATOR	FORMULA		STANDARD	
% PLHIV	No. of PLHIV without S&D		100%1	
without S&D	Total no. of PLHIV responded to survey	x 100%	10070	

#### **Gantt Chart**

	JUL- 20	AUG- 20	SEPT -20	OCT- 20	NOV- 20	DEC- 20	JAN- 21	FEB- 21	MAR- 21	APR- 21	MAY- 21	JUN- 21	JUL- 21	AUG- 21	SEPT -21	OCT- 21	NOV- 21	DEC- 21	JAN- 22	FEB- 22	MAR- 22	APR- 22
Verification Study																						
Data Collection																						
Analysis of Data																						
Remedial Measures																						
Re-evaluation 2nd Stage																						
Zha Stage																						
Report Writing																						
Continues Remedial																						
Measures																						
Re-evaluation 3 <sup>rd</sup> Stage																						
2																						

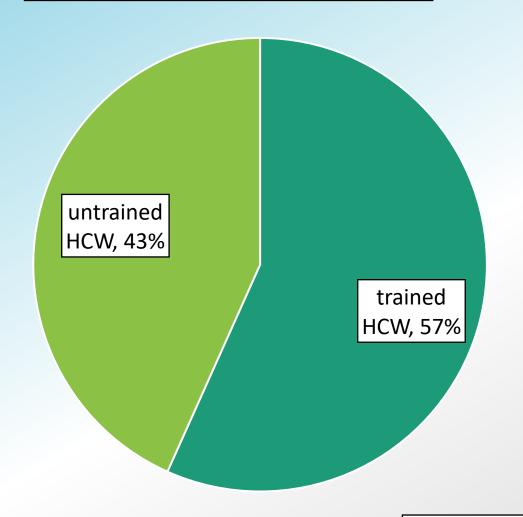


Study Design	Sampling	Data Collection Techniques	Inclusion (I) and exclusion (E) criteria
Cross-sectional study	Universal sampling All HCW	Using data extracted from the baseline questionnaire carried out on our HCW using: A brief, standardized tool for measuring HIV-related stigma among health facility staff: results of field testing in China, Dominica, Egypt, Kenya, Puerto Rico and St. Christopher & Nevis. Journal of the International AIDS Society, 16(2), 18718.	I: all HCW in Tanglin Health Clinic E: nil

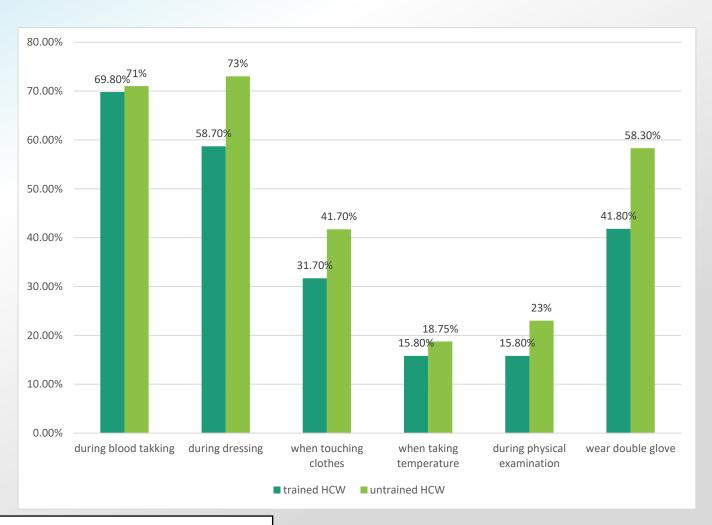




#### **HCW** with training



#### Fear of contracting HIV



Response rate = 78.7% (111/141)





Study Design	Sampling	Data Collection Techniques	Inclusion (I) and exclusion (E) criteria
Cross Sectional study	Universal Sampling of all nurses, paramedics and pharmacist	KAP questionnaire for staff in key area	I: all paramedics and staff working during the study period  E: nil



Good

Moderate

Moderate for paramedics

Low for pharmacist

Practice

Respondents, N= 68 (Paramedics, n=44; Pharmacist, n=24)



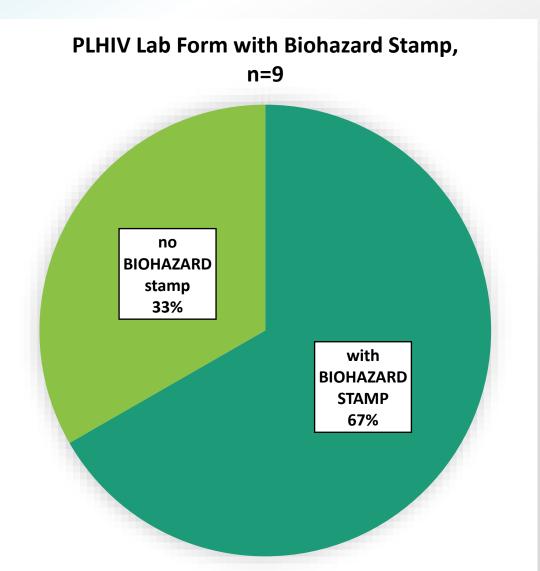
Study Design	Sampling	Data Collection Techniques	Inclusion (I) and exclusion (E) criteria	Results
In-depth interview	Convenient sampling	In-depth interview using semi-structured interview guide	I: Pharmacist from Tanglin Health Clinic E: nil	<ul> <li>Respondents: 10 pharmacists in KK Tanglin Aim: To further explore knowledge, attitude and practice towards PLHIV.</li> <li>KEY FINDINGS: <ol> <li>All respondents know what is HIV, how it spreads and what are the risk factors and should be treated equally</li> <li>Most of respondents have good practice.</li> <li>All respondents believe that a special dispensing counter for PLHIV is not necessary as this indicates discrimination towards HIV patients.</li> <li>However, most of respondents think that a designated counselling area / room is important to protect HIV patients' confidentiality.</li> </ol> </li></ul>



Study Design	Sampling	Data Collection Techniques	Inclusion and exclusion criteria
Cross sectional study	Universal sampling	Audit all the forms for the presence of biohazard stamp	I: all lab form use for PLHIV during the 2 weeks study period

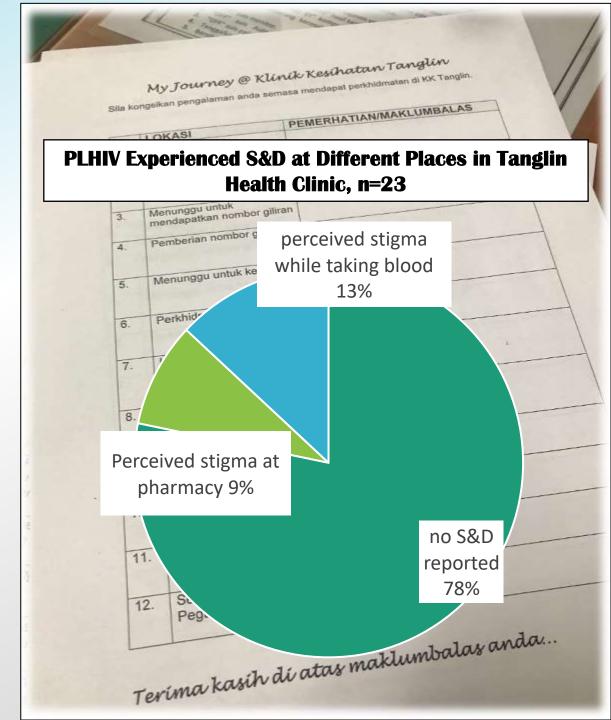


E: nil

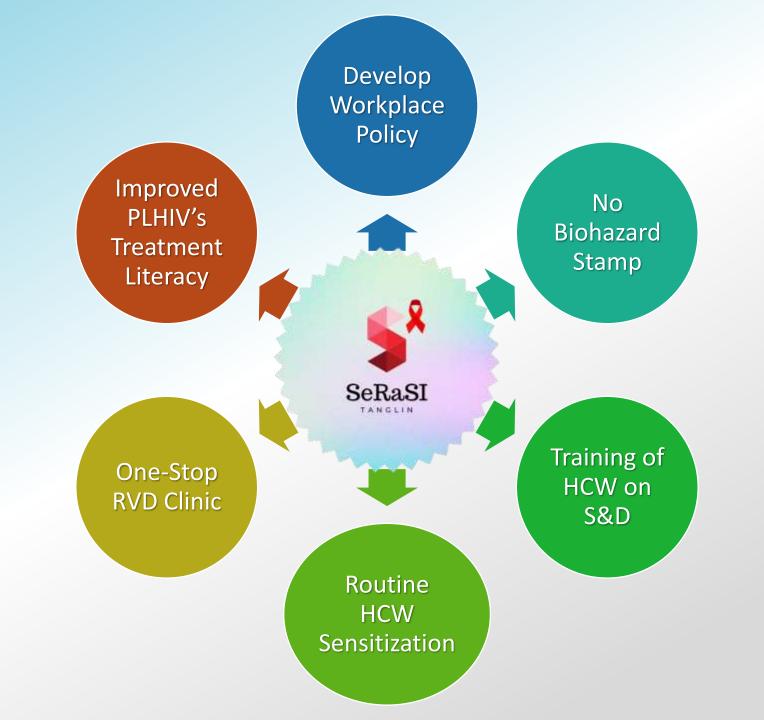


Study Design	Sampling	Data Collection Techniques	Inclusion (I) and exclusion (E) criteria
Cross sectional study	Convenient sampling	Self administered, open-ended questionnaire, respondents write their answers anonymously	I: PLHIV who has come to the clinic past 1 year during the study period  E: nil





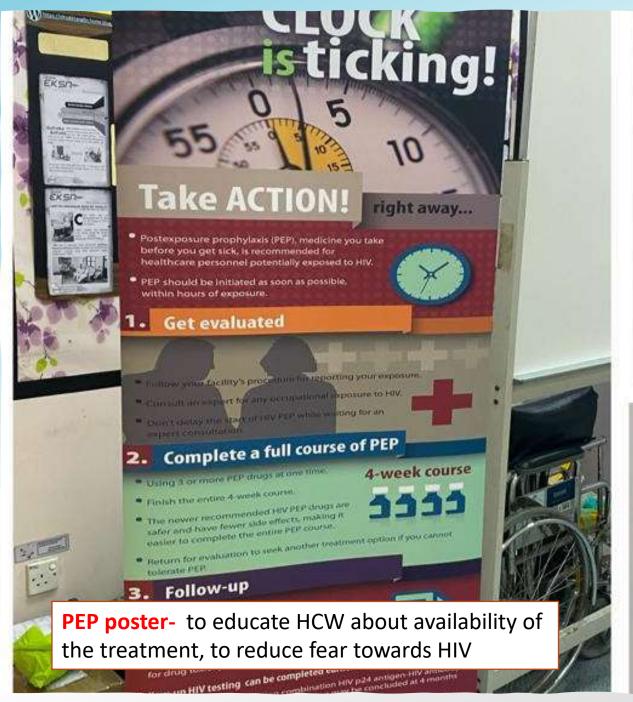


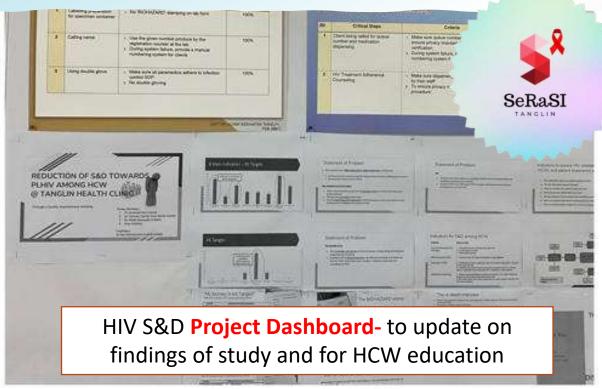


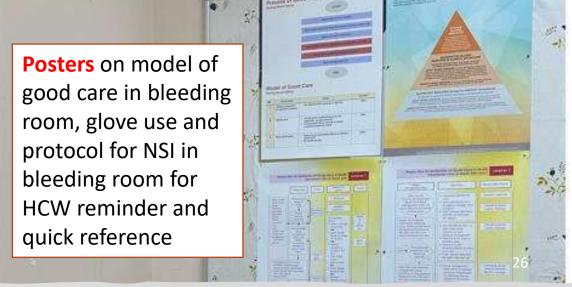




N	Name of intervention / strategy	Brief explanation of intervention conducted	Contributing factor(s) addressed by the intervention
		Posters about the model of good care were put up in strategic area in the clinic	<ol> <li>Inappropriate Work environment</li> <li>Lack of knowledge and training</li> </ol>
2	2. Demolished biohazard stamp on lab form	The clinic has shifted towards using system generated lab form from TPC OHCIS starting early 2021	1. Inappropriate Work environment











No.	Name of intervention / strategy	Brief explanation of intervention conducted	Contributing face addressed by the intervention
3.	Training on Stigma & Discrimination reduction for all HCW For existing staff and new staff	Workshop on reducing S&D towards PLHIV among HCW was conducted on 10th April 2021 and 20 Nov 2021- total of about 100 HCW at KK and KP Tanglin was trained.  HOPE module was use to facilitate the workshop	<ol> <li>Lack of knowledge and training</li> <li>Negative attitude</li> <li>Inappropriate practice</li> </ol>
4.	To routinely educate and sensitize HCW regarding S&D	<ol> <li>Posters about appropriate glove usage, availability of PEP and NSI management was made available at strategic area in the clinic to educate HCW about HIV.</li> <li>Videos and infographic will be provided to staff on their Whatsapp group intermittently to improve their knowledge</li> </ol>	<ol> <li>Lack of knowledge and training</li> <li>Negative attitude</li> <li>Inappropriate practice</li> </ol>
			27

















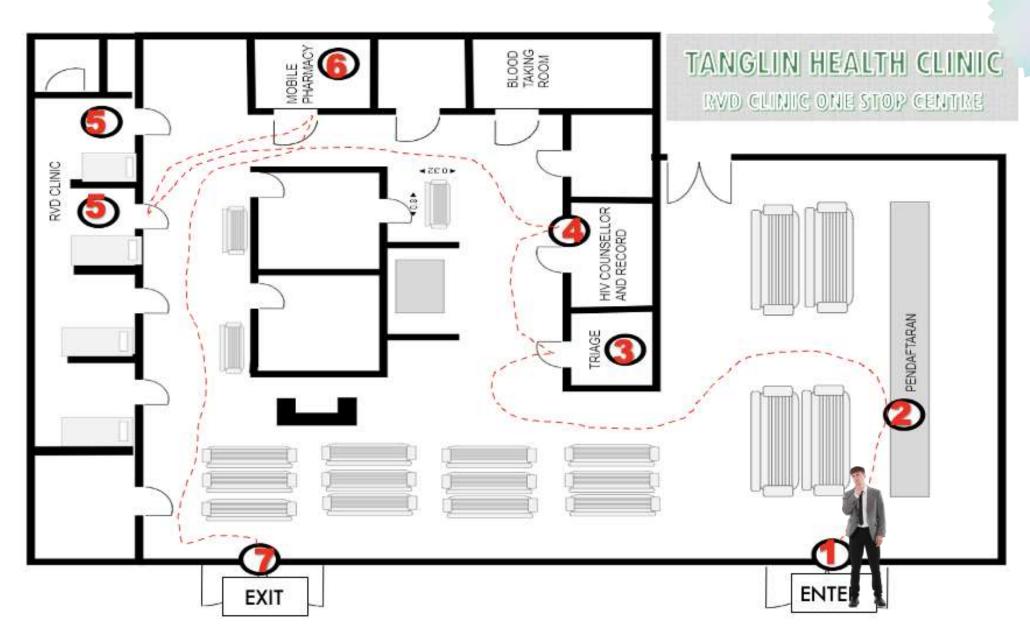




# **Strategies For Change**

No.	Name of intervention / strategy	Brief explanation of intervention conducted	Contributing factor(s) addressed by the intervention
5.	To set up a one- stop-centre for RVD clinic	The clinic include pharmacy, doctor and counselling sitting nearby each other to reduce PLHIV movement and improve their waiting time  RVD clinic was changed to Monday to give way for our pharmacy to sits-in, in one of the room near the doctors, HIV counsellor; thus client able to complete their visit in clinic faster.	1. Inappropriate Work environment







# **Strategies For Change**

No.	Name of intervention / strategy	Brief explanation of intervention conducted	Contributing factor(s) addressed by the intervention
6.	To improve treatment literacy among PLHIV	<ol> <li>Launched of the telegram channel "Infomasi kesedaran HIV Klinik Kesihatan Tanglin", in line with World's AIDS days 2020- for PLHIV to provide relevant general medical information about HIV and improve their literacy towards treatment and HIV management</li> <li>Use of flipchart to facilitate and emphasize on patients' education and experience while attending the RVD clinic</li> </ol>	1. PLHIV internal stigma
			31

Use of Flipchart and Telegram **Channel** to educate PLHIV and improve treatment literacy



◎ 88 12:54

TAHUKAH ANDA? Pesakit HIV hari ini dapat menjalani kehidupan yang sihat dan panjang.

Diagnosis HIV adalah seperti hukuman mati 25 tahun yang lalu. Tetapi ini bukan lagi isu pada masa kini, terima kasih kepada rawatan antiretroviral canggih yang

paras virus HIV positif yang tidak dapat dikesan disebabkan keberkesanan rawatan HAART/ ARV. Betul atau salah? Anonymous Quiz

100% Betul

0% Salah

26 answered

alegram wemastikan beban virus

alegram

and the state of the state of

# Klinik Kesihatan

Berapa kerapkah bacaan HIV vir perlu dilakukan bagi PLHIV yang stabil dalam rawatan

Anonymous Quiz

23% Setahun sekali

67% 6 bulan sekali

Megang lagi.. pastikan bekalan ubatan pi. Boleh guna aplikasi ini tkan bekalan ubat dengan cepat sama ada melalui pos atau sistem temujanji farmasi.

Stay safe dan semoga semua komited untuk membantu negara mengurangkan kadar iangkita COVID19!





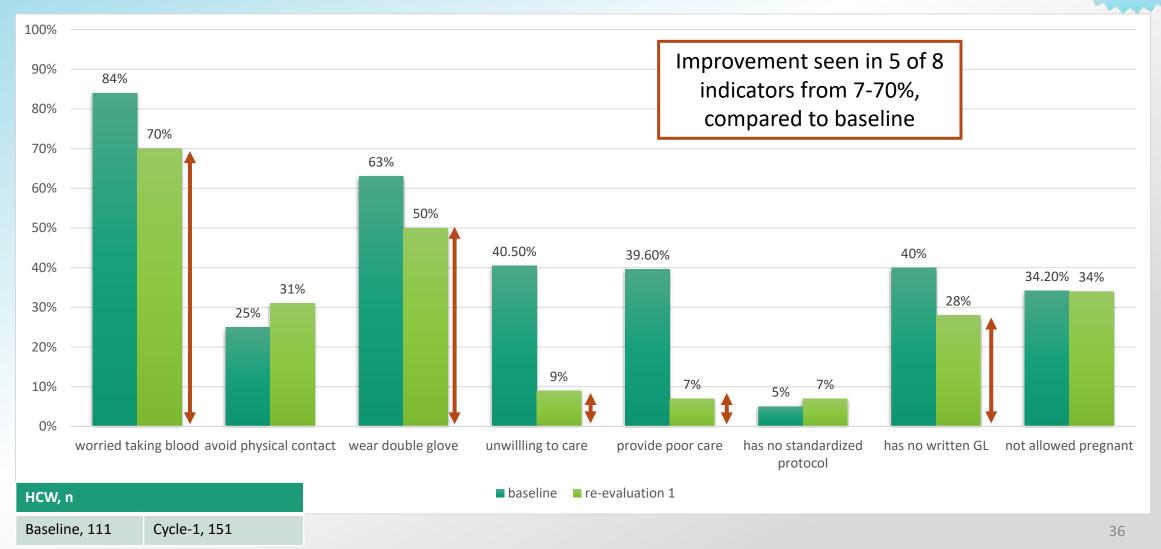


# Effects on contributing factors

Factor addressed	Strategy	Pre-remedial result	Post remedial result
1. Inappropriate work environment	Develop a workplace policy for a stigma-free facility	No posters available, and guideline were outdated	More posters and guideline available for HCW to refer
	2. Demolished biohazard stamp on lab form	67% lab form have biohazard stamping	0% biohazard stamp on lab form
	3. RVD clinic one stope center	Clinic usually open on Tuesday, client have to go to pharmacy at another building to collect meds	Clinic operate on every Monday where pharmacist, counsellor and doctors sit near each other
<ul><li>2. Lack of training</li><li>3. Negative attitude</li></ul>	<ol> <li>Workshop on Stigma &amp;         Discrimination reduction for         all HCW</li> <li>To routinely educate and         sensitize HCW regarding         S&amp;D</li> </ol>	57% HCW trained on infection control and universal precautions, HIV stigma and discrimination and patient consent, private and confidentiality	65% of HCW were now trained on HIV S&D topics  Fear of contracting HIV reduced throughout all
4. Inappropriate practice			domains from baseline (refer to graph on reassessment HCW)
5. PLHIV internal stigma	To improve treatment literacy among PLHIV	Nil	Significant reduction in S&D among PLHIV towards HCW as seen in the main indicator

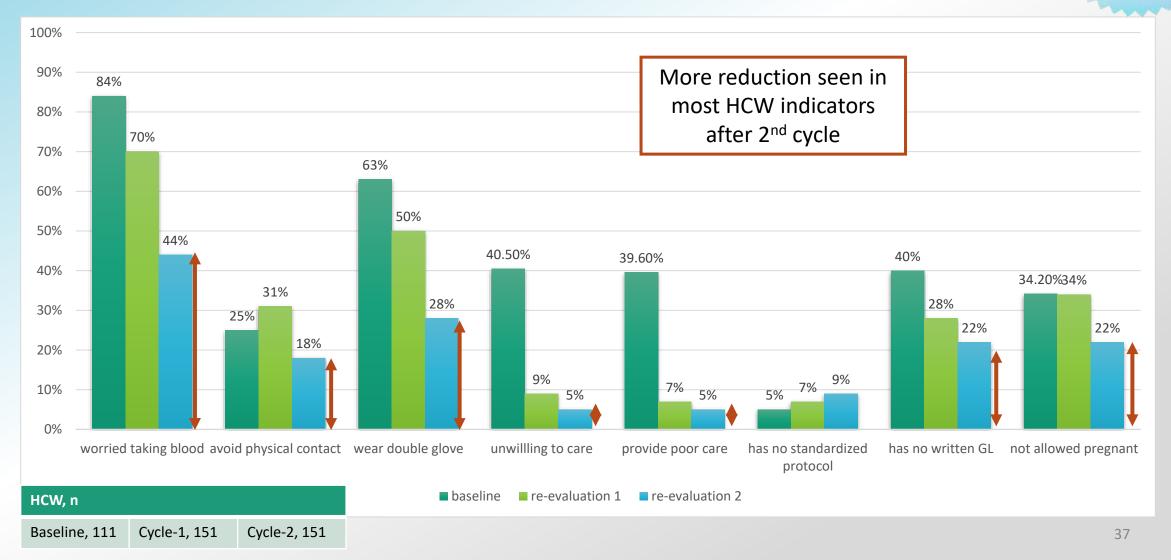


# Effect of Changes on HCW- cycle 1



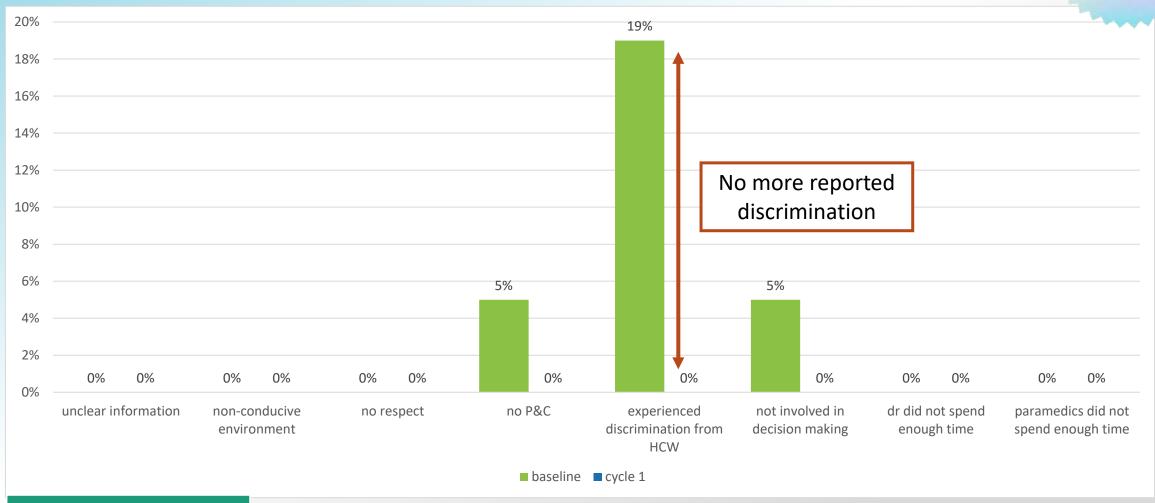


# Effect of Changes on HCW- cycle 2





# Effect of Changes on PLHIV- cycle 1



PLHIV, n

Baseline, 21 cycle-1, 22

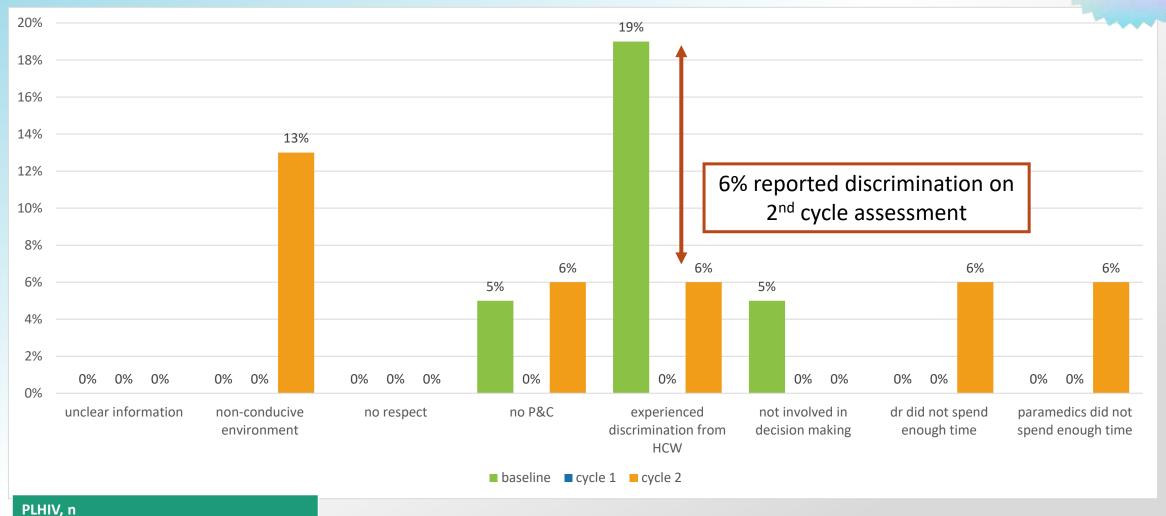


# Effect of Changes on PLHIV- cycle 2

Baseline, 21

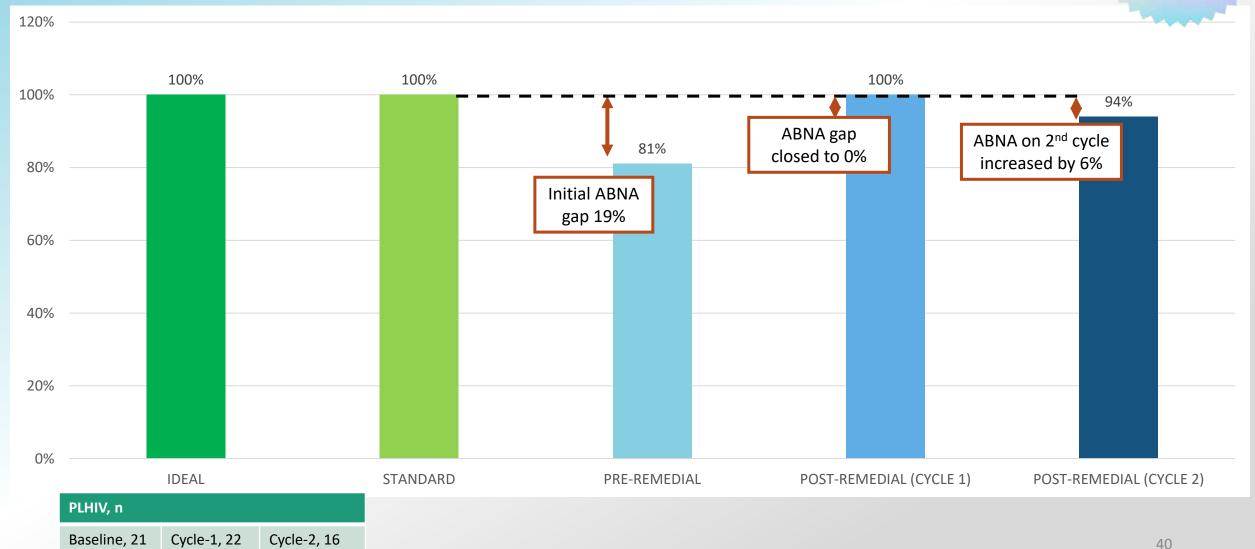
Cycle-1, 22

Cycle-2, 16



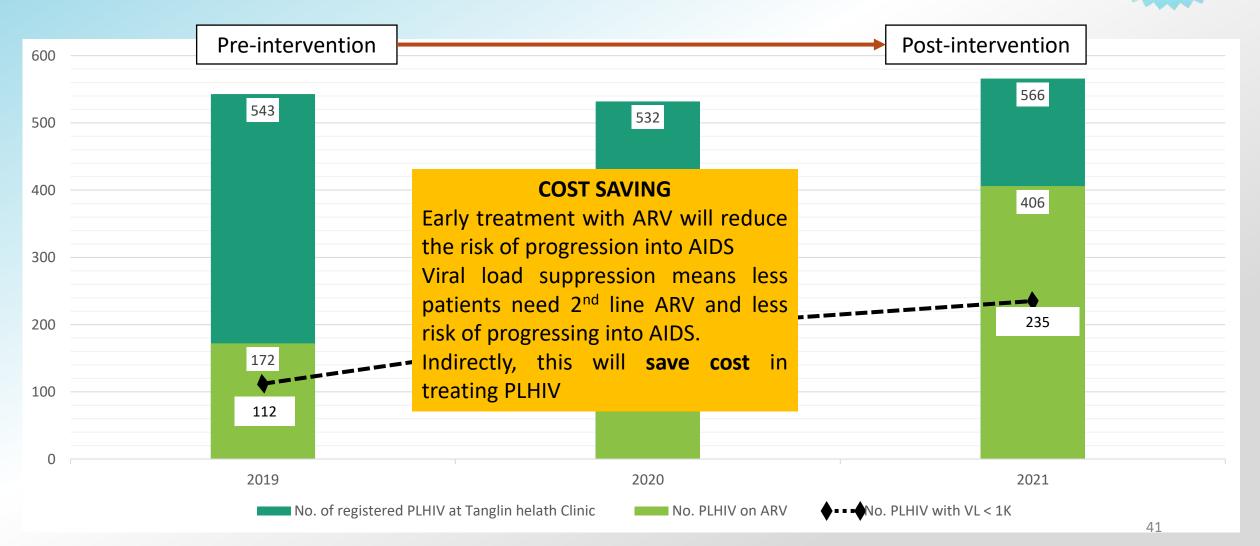
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# **Effect of Changes on ABNA**



#### What have we achieved?

#### Clinical outcomes: Viral Load Suppression among PLHIV @ Tanglin Health Clinic





#### Conclusions



The verification studies identified contributing factors towards S&D among our HCW and this was used to effectively formulate remedial measures (Tanglin SeRaSI package) to improve the problem.



We found that small changes in S&D among our HCW has markedly improve the magnitude of S&D among PLHIV.



The effectiveness of the Tanglin SeRaSI package was further proven by improvement in the patient clinical outcome whereby more patients in THC had achieved viral load suppression.



This improvement activity should be continued to improve HCW S&D towards PLHIV to achieve zero discrimination and eventually ends the AIDS epidemic by 2030



#### **Lessons and Limitation**

#### Lesson Learnt

- HCW have internal stigma and exhibit discrimination towards PLHIV
- Addressing the contributing factors have tremendously improve this act

#### Strength

- The interventions include all HCW, including dental staffs in Tanglin Health Clinic
- Support from the NGOs and Malaysia AIDS Council has made it easier to reach out to the key population for their input and feedback on this issue

#### Limitation

- COVID19 pandemic has delayed the progress of the study on few occasions
- High turn over of staff thus require frequent training and sensitization to achieve zero S&D



## **The Next Steps**

To organize regular HIV S&D workshop at the clinic and district level to ensure sustainability of the program in the long run.

To strengthen treatment literacy among PLHIV- engaged NGOs, using social media platform

The "Tanglin SeRaSI" package is used as a reference for other health facilities specifically in Federal Territory of Kuala Lumpur and Putrajaya in order to reduce HIV related S&D in their facility.



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# **THANK YOU**

