

Final report form

Date of sending out the form:

Tuesday, February 18, 2020

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Russia

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Title of the granted project

Stigma and discrimination of Siberian people living with HIV(PLHIV) by Ob&Gyn specialists and discrimination-reduction programming.

Amount granted by the ESC (in euro)

6400

Project number:

P-2017-B-03

Allocated mentor:

Dr. Paula Baraitser

Date project actually started:

Monday, March 12, 2018

Date of completion:

Saturday, November 30, 2019

Please provide a report of your findings and data.

Introduction. A number of studies have shown that many people living with HIV (PLHIV) require adequate assistance regarding their reproductive health including consulting on contraception and infertility issues. At the same time HIV- related stigma and discrimination (S&D) by medical care providers are recognized as key factors preventing patients from receiving medical and counseling services. Currently, there is an increase of PLHIV number in the Russian Federation, the most

significant among women of young reproductive age. Irkutsk Region, as well as all Eastern Siberia, are characterized by the extremely high prevalence of HIV infection, however, there was no data regarding HIV- stigmatizing attitudes within local Ob&Gyn service providers.

The objective of the project was to decrease the stigma and discrimination of PLHIV by Ob&Gyn specialists in Eastern Siberian health care settings.

Methods. Our project was designed as operations research, which can be defined as a continuous process with the following basic steps: problem identification and diagnosis, strategy selection, strategy testing, and evaluation, information dissemination and utilization. To identify HIV-related S&D we assessed HIV stigmatizing attitudes among 305 Ob&Gyn doctors and nurses, during 2018-2019, in Irkutsk Region's healthcare service settings (Eastern Siberia, Russian Federation). All participants underwent a survey, based on the adapted and validated for the Russian-speaking audience versions of the "Questionnaire for doctors and nurses' views on people living with HIV/AIDS (QV-PLHIV)" (Vorasane S et al, 2017) and "Comprehensive Health Staff Questionnaire (for sentinel surveillance) (CHCQ) (Srithanaviboonchai et al., 2017). 80 participants from random health care settings were recruited to educational programs (with pre-test and post-test to estimate the efficacy of interventions), provided by a psychologist (program 1) or trained Ob&Gyn specialist (program 2).

The primary and secondary outcomes were as follows: levels of healthcare professional's HIV-related stigma, measured by a score-based system, using the questionnaires (primary outcomes), stigma-related demographic factors including age, education; professional factors including years of practice, levels of stigma before and after educational programs implementation (secondary outcomes).

The local ethics committee approved the study. All participants provided informed consent. Statistical analysis was performed using descriptive statistics, χ^2 and z tests, Fisher's exact test, Mann Whitney test, and Spearman r criteria. In the paired sample we used the McNemar test and Wilcoxon test. To assess the level of consistency of issues, the Cronbach coefficient α was used. p-value < 0.05 was considered as statistically significant.

Results. As a 1st step, we have carried out an adaptation of the QV-PLHIV and CHCQ as well as a

validation of its versions for the Russian-speaking audience. On the pilot sample of 250 medical specialists (doctors and nurses), we performed the procedures to investigate compliance with the content validity, criteria validity, reliability, and reproducibility. The results suggest that the levels of reliability of the Russian language versions of the QV-PLHIV and CHCQ were sufficient with Cronbach's alpha estimated as 0.72 and 0.77, respectively. The high levels of the validity of both methods were also confirmed by means of correlation of the results obtained using these methods. All the above has allowed us to use these methods in the study.

As a second step, 305 healthcare workers (mean age 34.4 ± 12.5 years), predominantly female (83.6%), mainly doctors (59.9%), have been interviewed. The level of awareness of a significant part of health workers regarding HIV issues was estimated as low. Up to 20% of health workers either believed HIV is curable or were not sure about it. 12.5% were unaware of mother-to-child transmission of HIV. Up to 7.2% considered mosquitoes to be HIV carriers. Up to 4.2% suggested that HIV can be transmitted through domestic contact. The level of awareness was similar among doctors and nurses and did not depend on the length of work. When analyzing the level of awareness of medical workers with different experiences in interacting with HIV-infected patients, the following trend was revealed. The more (in months) the experience of medical workers interacting with HIV-infected people was registered, the more competent they were regarding HIV transmission during childbirth and breastfeeding ($r = 0.28, p < 0.01$), as well as HIV transmission through food products ($r = 0.21, p < 0.01$). When answering a question "How worried HIV Infection and Immunosuppressive Disorders you be about getting HIV infection if you did the followings?", the majority of respondents "worried" and "very worried" regarding blood sampling from a patients living with HIV or AIDS patient (52%) or dressing the wounds of such patients (40%).

Study results demonstrated that 61.9% of medical workers believe that people living with HIV (PLHIV) are irresponsible and do not care that they can infect others. Up to a quarter of health workers believe that PLHIV should be embarrassed about their status, and HIV infection is associated with immoral behavior, 9.6% support sterilization of women with HIV and 11.7% think that PLHIV should not have children. At the same time, there were significant differences between doctors and nurses: doctors, unlike nurses, most likely were disagree that PLHIV do not care about the possibility of infecting others ($z = 2.9, p < 0.03$) and believe that they should not be ashamed of their status ($z = 3, 1, p < 0.02$).

In general, controversial answers were given by subjects to questions reflecting their attitude towards PLHIV. On the one hand, the interviewed doctors and nurses do not refuse to help PLHIV, but, on the other hand, they rather do not want to interact with PLHIV outside of the professional context.

Therefore, we have found the stigma and discrimination of PLHIV by Ob&Gyn specialists in regional health care settings as a significant problem to solve. It was also shown that health care practitioners previously trained in PLHIV care are unlikely to demonstrate negative attitudes. Thus, we suggested, that additional training of health workers is a promising strategy and can prevent stigmatization of PLHIV or, at least, reduce its level.

To compare the efficacy of the educational course, provided by different trainers (psychologist or Ob&Gyn specialist), we performed the next step of our research. After reviewing current strategies to reduce stigma and discrimination, we had created a training course for doctors and nurses, consisted of pre-test, introduction with a presentation of previously obtained S&D of PLHIV study results, a training block itself, including cases, the most often mistakes handling, and post-test. The total time of training, excluding pre- and post-tests, was 1 hour.

80 participants from 4 health care settings were randomly distributed for two groups: 40 health care practitioners attended a course, provided by an experienced psychologist (group 1), 40 of them were in the group, with Ob&Gyn specialist as a trainer (group 2). It was shown that at the baseline the participants from both groups demonstrated comparable results of the pre-test (all $p > 0,05$). After education, the proportions of correct answers regarding general issues of S&D and S&D in medical settings significantly increased and this finding did not depend on the group of training. At the same time, the results of education using practical cases, estimated as a difference between pre/post-test proportions of correct answers, were better in the group with an experienced psychologist as a trainer with a 20% increase in the proportion of correct answers vs only 3% in the group of comparison ($p = 0.01$).

Conclusion. Our project realized to decrease the stigma and discrimination of PLHIV by Ob&Gyn specialists in Eastern Siberian health care settings has shown a lack of knowledge and controversial attitudes of respondents towards PLHIV. In general, the interviewed doctors and nurses did not refuse to help PLHIV but preferred not to interact with PLHIV outside of the professional context. The training course has improved knowledge

about HIV/AIDS and attitudes towards PLHIV. We have also found that not only the education program is important, but also the specialist provided it as a trainer. In general, the course provided by the psychologist was more effective due to better results in the practical part of education. Unfortunately, we did not evaluate the long-term effect of our education program, and this is the main limitation of our research. An education program was implemented into a schedule of postgraduate education of Ob&gyn specialists and psychologists and study results were disseminated among regional specialists dealing with PLHIV.

Please provide a final detailed budget on how much you have spent. Was any money not spent? Receipts may be requested.

Budget:

Development of the study protocol: € 500
Development of a RedCap database and statistical analysis: € 2.000
Expenses for interviewing: € 900
Project management and coordination: € 1.400
Costs associated with a training course: € 1.600

TOTAL: € 6400

How will your findings be presented?

Publication in journal

Was your paper published? Indicate journal and acceptance date

1. The manuscript entitled " The adaptation of "Questionnaire for doctors and nurses' views on people living with HIV/AIDS" and "Comprehensive Health Staff Questionnaire (for sentinel surveillance) for Russian speaking audience of health care providers" is accepted to the "HIV Infection and Immunosuppressive Disorders".
2. We are going to submit a manuscript to the "The European Journal of Contraception & Reproductive Health Care" as well.

Please let us know whether having a mentor has been helpful or not

Yes, it was helpful to have a mentor and supervision of the ESCRH team.

Full Name

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Date

Tuesday, February 18, 2020

Questions? ESC Central Office: info@escrh.eu

Type a question

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