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Stigma and discriminatory attitudes towards people living with HIV among ward staff at Teaching Hospital, Jaffna

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Background and objective: HIV remains a critical global health issue, with a significant rise in cases observed recently in Sri Lanka. Stigmatizing and discriminatory attitudes of healthcare workers are barriers to service utilization among people living with HIV (PLHIV). This research aims to describe stigma and discriminatory attitudes towards PLHIV among ward staff (House Officers-HO, Nursing Officers-NO and Health Attendants-HA) at Teaching Hospital Jaffna (THJ).

Methods: A hospital-based descriptive cross-sectional study was conducted at THJ. All HO, NO and HA providing in-ward care were invited to participate. A self-administered questionnaire containing the internationally-validated 'Standardized Brief Questionnaire' measuring stigma/discriminatory attitudes among health workers was used to collect data. A stigma score (min 9, max 45) was computed based on responses to Section 05 ("Opinions about PLHIV") of the Brief Questionnaire. A higher score indicated more stigma. Data were statistically analyzed using SPSS (v27); independent t-test and one-way ANOVA were used to test differences in stigma scores (significance level 0.05).

Results: In total, 41 HO, 113 NO and 24 HA participated with response rates of 74.5%, 86.9%, and 51.0%, respectively; 53.4% were Sri Lankan Tamil, 41.6% Sinhalese, 4.5% Moors, and 0.5% Indian Tamil; 11.3% had prior experience caring for PLHIV. HA had the highest stigma score (mean 22.8, SD 3.3), followed by NO (mean 22.2, SD 3.0) and HO (mean 19.8, SD 3.3; $p<0.001$). Over two-thirds (72.8%) strongly agreed/agreed that "people get infected with HIV because they engage in irresponsible behaviors" (HO 63.4%, NO 73%, HA 87.5%); 66.1% strongly agreed/agreed that "most PLHIV do not care if they infect others" (HO 63.4%, NO 64.9%, HA 77.2%). Stigma scores significantly differed by ethnicity, with Sri Lankan Tamils showing higher scores (mean 22.3, SD 2.3) compared to Sinhalese (mean 21.4, SD 3.7) and Moors (mean 19.1, SD 3.7; $p=0.018$), although this result may be influenced by confounding based on staff category. There were no significant differences in stigma score based on whether participants had training in HIV-related stigma.

Conclusion: This study highlights prevailing stigma and discriminatory attitudes towards PLHIV among healthcare staff at THJ. We recommend strengthening HIV education, incorporating anti-stigma/discrimination content early in training, in in-service training, and adopting equity-oriented policies to safeguard the rights of PLHIV in healthcare.

Keywords: HIV/AIDS, stigma, discrimination, healthcare workers, inpatient care