

CHAPTER I

Introduction

The main issue of my thesis is unwillingness of the doctors and nurses to manage patients perceived to have HIV/AIDS at the National Referral Hospital in Thimphu and a participatory problem solving approach to address this issue.

An AIDS case who was hospitalized and died in the month of December 1999 at NRH, Thimphu, resulted in an alarming level of anxiety, causing numerous disruptive incidents on the treating doctors, the nursing unit, and throughout the hospital in Thimphu. This brought the hospital administration, the National AIDS Program and the doctors and nurses together in a meeting in late December 1999. During this group discussion in relation to this case, lack of experience with many other unforeseen problems related to caring for an AIDS patient, exposed the gaps in knowledge and practices among hospital staff. On further discussion, it became clear that one of the major concerns of the doctors and nurses was fear of getting infected at the work place by HIV/AIDS. This fear for contagion caused certain levels of unwillingness among the doctors and nurses towards the decision to care for HIV/AIDS patients in general. Like, some of the health workers did not want to attend and give the medicines and nursing care. Some threw everything that the patient had used or touched. After the patient died, no one really wanted to come forward and take care for the body. The bed and place

occupied by the AIDS patient was washed and disinfected more than what is usually done. All these incidences prompted a closer look at the readiness to serve HIV/AIDS patients in the NRH, Thimphu.

These discriminatory acts of health professionals could lead to the decreased care for, and access to health services to a group of people who are already suffering from HIV/AIDS disease. Also a discriminatory attitude would influence other health professionals to develop an attitude of unwillingness to manage HIV/AIDS patients. And also when a condition or disease is associated with such discriminatory acts, a vicious circle can develop that can deter prevention and care for the patients perceived to have HIV/AIDS and further transmission and spread of the disease can occur (WHO/HRB/98.3, 1998). Therefore it is important to address this issue to increase the willingness of the doctors and nurses to manage HIV/AIDS patients to ensure care and access of health services to this group of people perceived to have HIV/AIDS and prevent further spread of this epidemic.

An attempt has been made in this study, firstly to explore AIDS related stigma aspects in general and then focusing on its affect in the health care, observing its causes and the consequences and the coping mechanisms in the various countries already affected. The experiences and studies done in other countries helped to create a body of knowledge, on which I would like to reflect my country's situation especially at the National Referral Hospital in Thimphu among the doctors and nurses based on the recent

disruptive incidences that occurred during the hospitalization of a HIV/AIDS patient. I would than like to draw from the existing body of knowledge on AIDS related stigma aspects, the possible causes and consequences reflecting on my country situation and plan a future course of actions to address the problem.

In Chapter II, an exploratory study on AIDS related stigma aspects reveals that AIDS stigma is comprised of moral stigma, physical stigma and social stigma that evokes prejudice and discrimination directed to people perceived to have HIV/AIDS and their associates. (Herek, 1999). It affects the social and the health functions of the people perceived to have HIV/AIDS and also individuals, groups, and organizations associated with this group of people. And this is observed world wide since the onset of the pandemic. (Herek, 1999; UNAIDS, 1996; Louise Hanvey, 1994; Panos, 1990). The physical stigma defined as fears of contagion evokes unwillingness among the health professionals to treat HIV/AIDS patients. (Louise Hanvey, 1994; Panos, 1990). This stigmatizing attitudes among the health professionals are observed more strongly at the start of the local epidemic. (Panos, 1990; Edgar J. Love, 2000).

Further, in exploring the coping mechanisms of other countries affected early in their health care by AIDS related stigma aspects, I found that no one blue-print solution is applicable to this varied complex problem but requires an examination of the local needs and situation and more so, involve local health professionals in this process to come up

with their plan of action to address the problem. (Louise Hanvey, 1994; Porter, 1993; Eakin and Taylor, 1990; Gallop et al., 1989; Hartnett, 1987).

In Chapter III, I reflect on the existing body of knowledge on coping mechanisms, and based on the situation among the doctors and nurses at NRH, and their willingness to participate, a participatory problem solving approach has been chosen to address the problem. Through a participatory approach, a strategic plan of action focusing on the priority needs defined through a rapid appraisal as universal precautions, education on HIV/AIDS, and establishing focal points/groups at the hospital shall be the key areas. This plan of action will be developed by involving the doctors and nurses of NRH, Thimphu and coordinated on a regular basis by a core team of members comprising of five doctors, five nurses, one representative each from the Health Department, National AIDS Program, Health School, and the Logistic Division. This developed plan of action should help to address unwillingness among the doctors and nurses to manage HIV/AIDS patients at NRH, Thimphu to increase their willingness to manage these patients. A monitoring mechanism shall be developed focusing on the actual implementation of the plan of action. The project evaluation will assess the effectiveness of the plan of action. And also in the process of undertaking this study, I hope to stimulate the interest among the health professionals on this participatory problem solving approach to build capacity and use it for future problem solving at their work places.

In Chapter IV, I explore and assess the situation of AIDS related stigma aspects at the NRH, Thimphu, among the (23) doctors and (87) nurses through a rapid appraisal using a KAP survey, one day workshop and focus group discussion as data exercise for this study. The purpose was to explore perceptions on HIV/AIDS management, assess nature of unwillingness to provide care and its causes.

The findings of the rapid appraisal co-related with the physical stigma in the health care in general that evokes stigmatizing attitude of doctors and nurses, - unwillingness to treat HIV/AIDS patients. (Louise Hanvey, 1994). And the doctors and nurses expressed a keen interest to participate in addressing this problem.

This early finds of physical stigma and a keen interest to participate in addressing this problem among the doctors and nurses of NRH, Thimphu, prompted me to explore for possible solutions to address the problem.

The annotated bibliography deals with the literature consulted for this study in relation to the perception of the people in different countries affected by the aspects of AIDS related stigma, its causes and consequences and the coping mechanisms and the effectiveness in addressing this issue in the health care. It therefore presents a selection of publications on issues such as AIDS related stigma aspects in the health care, various approaches used in addressing stigma aspects in the health care, the participatory

approaches to help address complex problem and expected roles and responsibilities of health professionals in a HIV/AIDS epidemic situation.

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