

## **CHAPTER V**

### **Presentation**

In this chapter, the presentation comprises of three parts, as follows :

In the first part, the relevant definitions and the conceptual frame of AIDS related stigma is presented followed by the focus on the problem gap in the health care and its causal web. Then the significance of the study through the literatures and its relevance to the Bhutan situation is presented.

In this second part on explanatory study of the situation at NRH, Thimphu, Bhutan is presented through rapid appraisal:

- ❖ Purpose
- ❖ Objectives
- ❖ Method
- ❖ Instruments
- ❖ Sampling
- ❖ Findings and
- ❖ Lessons learned

In the third and final part, the proposed project is presented as :

- ❖ Objectives
  - General
  - Specific
- ❖ Method
  - Conceptual frame for PAR
- ❖ Operation Plan
- ❖ Budget
- ❖ Limitation of study

**“Outline of Presentation Slides”**

**TITLE**

A Participatory Problem Solving Approach to Increase Willingness Among Doctors and Nurses to Manage HIV/AIDS Patients at The National Referral Hospital, Thimphu, Bhutan.

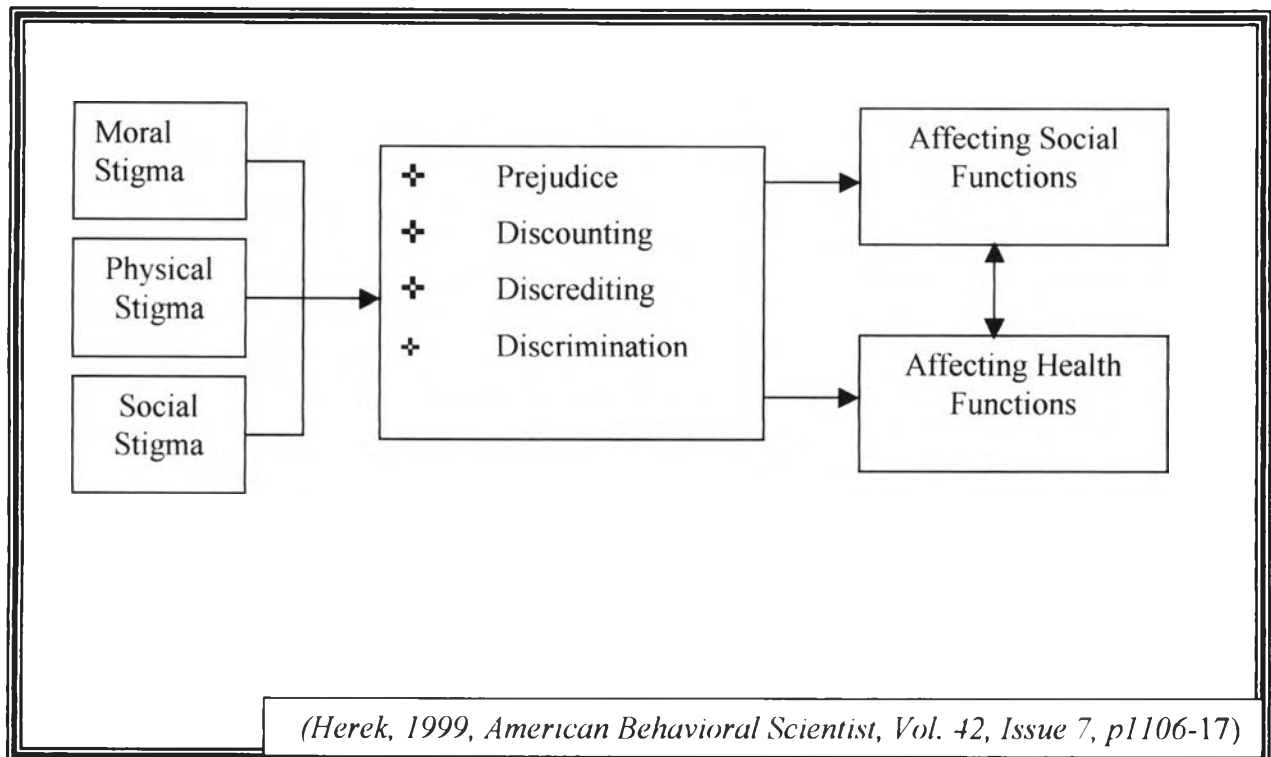
**DEFINITIONS**

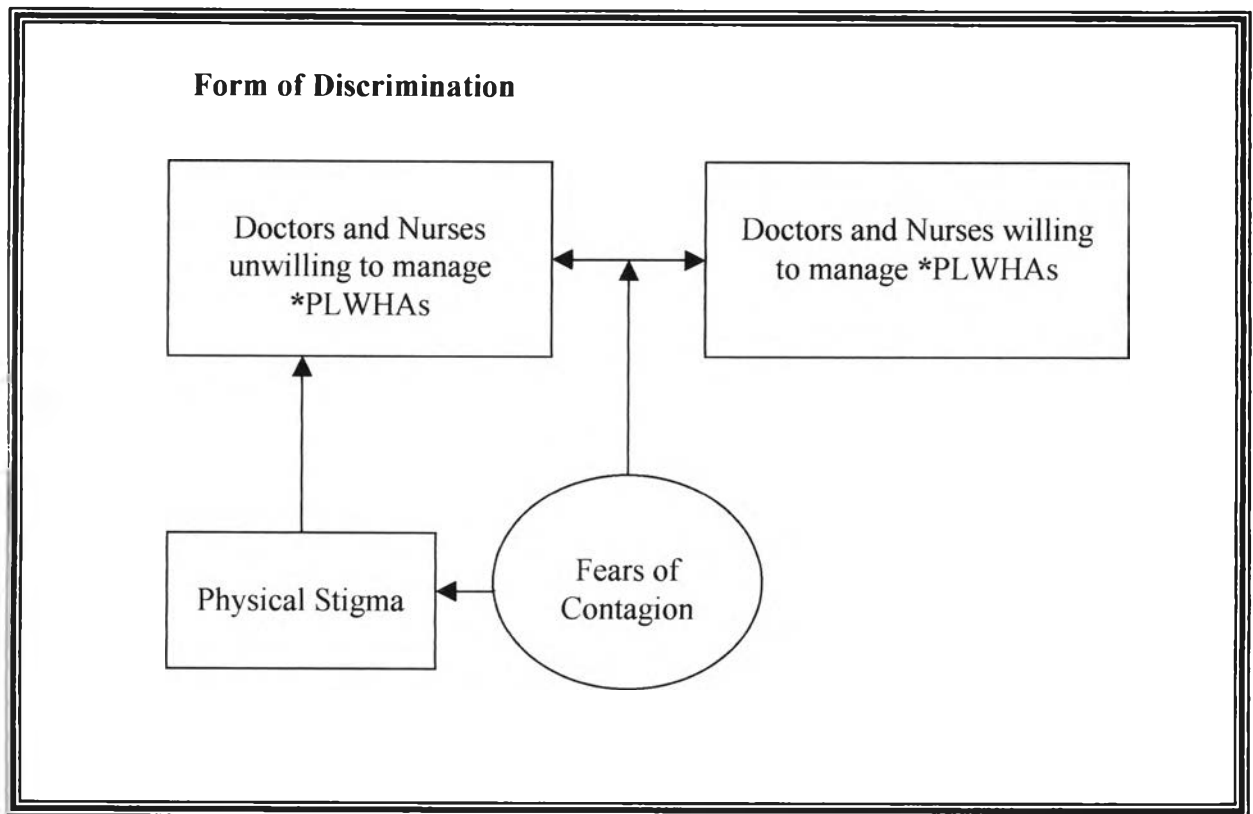
AIDS Related Stigma is defined as Prejudice, Discounting, Discrediting and Discrimination directed at people perceived to have AIDS or HIV, and the individuals, groups and communities with which they are associated. (*Herek, American Behavioral Scientist, April 1999, Vol. 42, Issue 7, p1106-17*)

**DEFINITIONS**

Within health care, AIDS Related Stigma is defined as fear for HIV/AIDS infection risk that lead to unwillingness among doctors and nurses to manage HIV/AIDS patients.

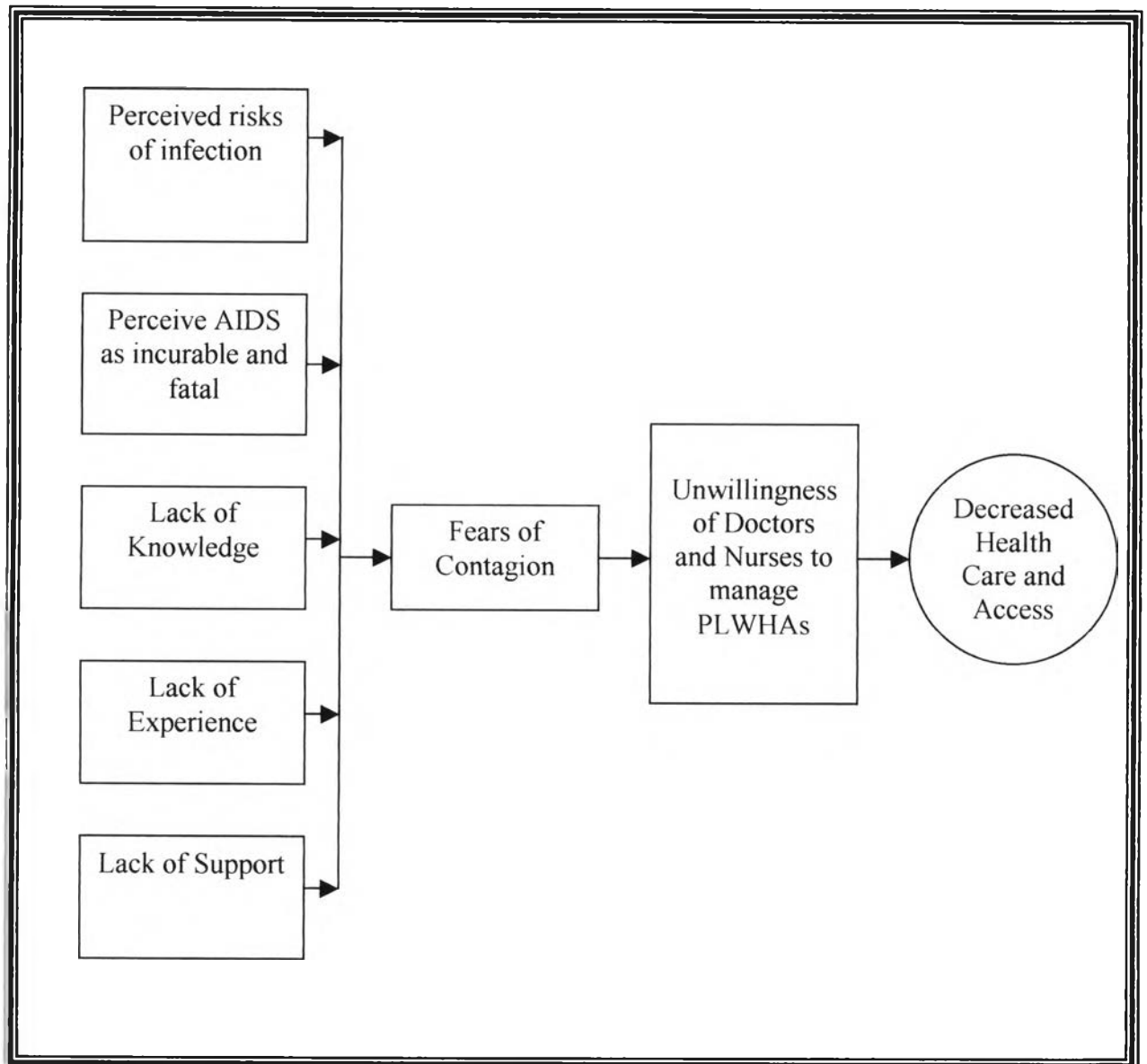
### A Conceptual Frame on AIDS Stigma



**Focus on the Problem Gap in Health Care**

**\*PLWHAs : People Living with HIV/AIDS**

### Causal Web of Fear in HIV/AIDS Care



### **SIGNIFICANCE**

- Literature reports AIDS stigma in health care throughout the world since the onset of the pandemic.
- Today there are 34.3 million people living with HIV/AIDS in the world. (AIDS update 1999).

### **SIGNIFICANCE**

- The literature reports that stigmatizing attitudes among health professionals are strongest at the onset of a local epidemic.
- Bhutan at the initial phase of the epidemic and the recent experience of stigmatizing attitude of doctors and nurses at National Referral Hospital, Thimphu, a need to explore further.

**EXPLORING THE SITUATION IN BHUTAN**  
**“A RAPID APPRAISAL”**

- Conducted among the practicing 23 Doctors out of 35 and 87 Nurses out of 110 at the National Referral Hospital, Thimphu in the months of September - October 2000.

**Purpose**

- Explore perceptions on HIV/AIDS management.
- Assess nature of unwillingness to provide care and its causes.

**Objectives**

- General -** To explore the situation in the NRH, Thimphu in terms of AIDS related stigma aspects among doctors and nurses that affect patient care.



**Specific -**

- a) To conduct KAP survey to assess ;
- ❖ Level of knowledge on HIV/AIDS.
  - ❖ Attitude towards HIV/AIDS patients.
  - ❖ Practice of Infection Control.
- b) To explore interest among doctors and nurses to participate in problem solving.
- c) To familiarize with the different research tools and techniques and their applications.

**Method**

- ❖ Rapid appraisal (Annett H. Rifkin, 1990)
- ❖ Quantitative & Qualitative Approaches

**Instruments**

- ❖ Workshop – one day
- ❖ Interviews – Structure Questionnaire
- ❖ Focus group discussion – semi-structured guidelines.

## Sampling

- ◆ Site – At the National Referral Hospital, Thimphu, Bhutan.
- ◆ Study population – Practicing doctors (23) and nurses (87) of NRH, Thimphu.
- ◆ Purposive sampling – To include practicing doctors and nurses at NRH.
- ◆ Workshop – 150 participants (30 Doctors + 110 Nurses + 5 Public Health + 5 Health Department).
- ◆ Interview – 23 Doctors + 87 Nurses.
- ◆ FGDs –
  - 10 Doctors (5 Specialists + 5 Medical Officers).
  - 10 Nurses (5 Senior Nurses + 5 Junior Nurses)

## Findings

### One day workshop

- ◆ Keen interest in participating to address the issue.

### KAP survey

◆ Knowledge -	Moderate	60.3%
	Low	24%
	High	15.7%
◆ Attitude -	Negative	83.5%
	Positive	16.5%
◆ Practice -	Unsafe	81%
	Safe	19%

### FGD (on fear)

- ◆ Lack of Knowledge
- ◆ Lack of Experience
- ◆ Perceived risks of infection
  - ⇒ No clear guidelines
  - ⇒ Irregular Supplies
- ◆ No focal point to clarify doubts

### **Lessons Learned :**

- ❖ Developing questionnaire and conducting interviews is a complex process.
- ❖ Attitude is difficult to measure.
- ❖ Good preparation for FGD is important.
- ❖ Field notes on data need to be well maintained.
- ❖ Need for research reference point.

### **PROPOSED PROJECT**

#### **Objectives**

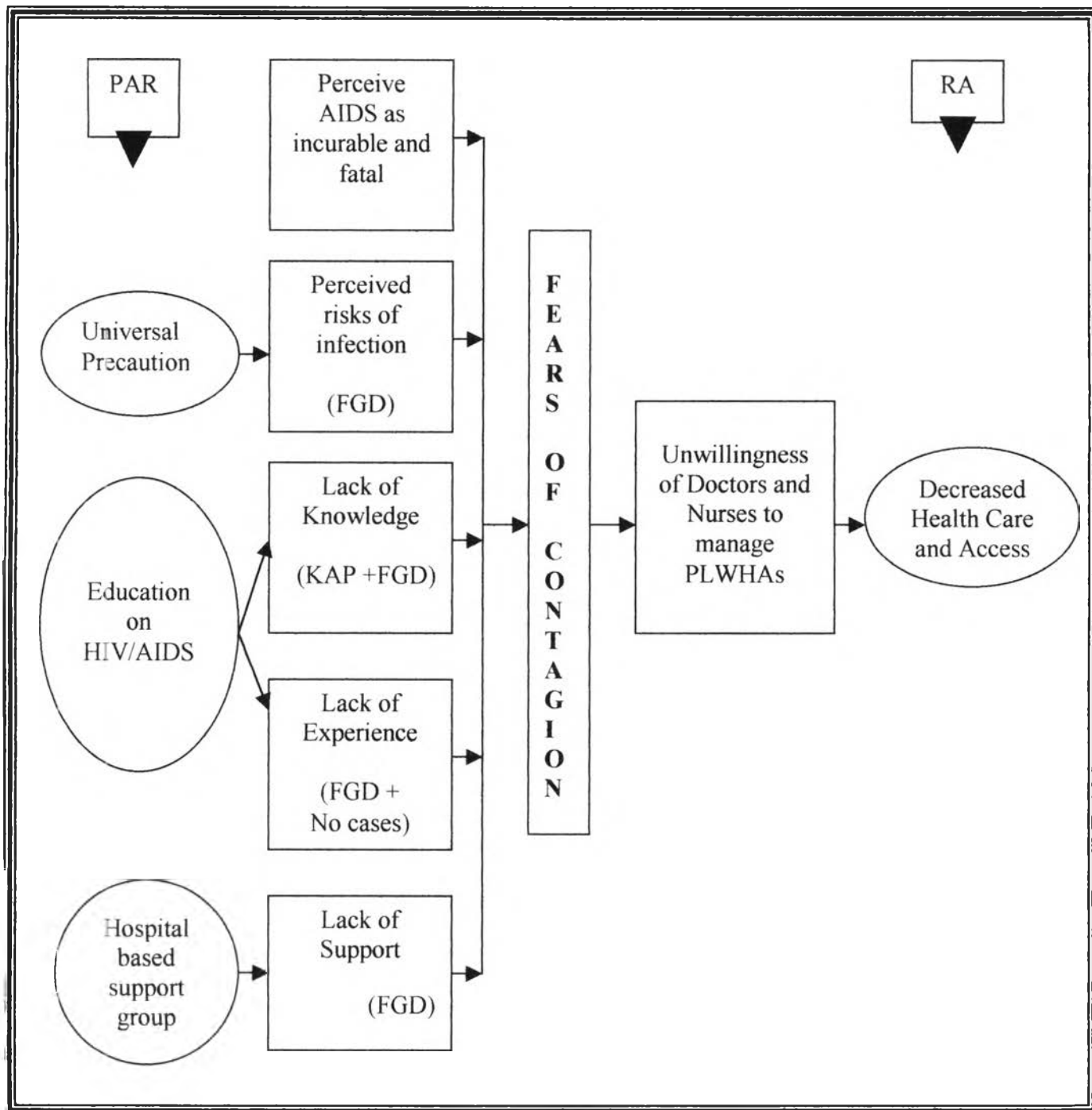
**General -** To increase willingness among the doctors and nurses in the management of HIV/AIDS patients.

**Specific -** To define the magnitude of unwillingness among the doctors and nurses of NRH, Thimphu by the 2<sup>nd</sup> month of PAR study period.

To develop a plan of action to increase willingness to manage HIV/AIDS patients by the doctors and nurses of NRH, Thimphu by the 10<sup>th</sup> month of the PAR study period.

To implement and monitor the plan of action from the 11<sup>th</sup> month to the 22<sup>nd</sup> month of the PAR study period.

### A Conceptual Frame for a Participatory Approach



## Method

A participatory approach through formation of a core team of doctors, nurses and a representative each from logistics, health school and AIDS program based at NRH, Thimphu:

- ↪ To conduct a ten point scale of self rating on willingness to manage HIV/AIDS patients among the doctors and nurses of NRH, Thimphu,
- ↪ To develop a plan of action on,
  - Universal precaution
  - Education on HIV/AIDS, and
  - Hospital based support group
- ↪ To monitor implementation of plan of action every two months among the core team members to compare notes and make necessary modifications, if needed,
- ↪ To Monitor :
  - ✱ Implementation in terms of activity plan and time frame.
  - ✱ Implementation of universal precaution in terms of supply system, frequency of accidents, frequency of errors, disposal system.

(Details to be worked out by the core team).

To evaluate

- Effectiveness of plan of action by repeating the ten point scale of self rating on willingness to manage HIV/AIDS patients and repeating the KAP survey among the doctors and nurses of NRH, Thimphu.
- Implementation process of the plan of action in terms of difficulties, unexpected events, comments of the beneficiaries to help in improving the next process.

#### **LIMITATION OF THE STUDY**

- ❖ Actual HIV/AIDS cases are very few
- ❖ Leadership
- ❖ Motivation
- ❖ Capacity
- ❖ Information System