# Layered Stigma Among Staff Members of Clinics and Social Services in Jamaica: Implications for Capacity Strengthening

**Rogers S.J.[1], Brown A.[2], Bailey A., Tureski K.[3], & Cushnie A.[4]**

## BACKGROUND

- People who are most at risk of acquiring HIV — including men who have sex with men (MSM) and sex workers (SW) — are heavily stigmatized.
- The stigma is a result of hostilities and fears that are based on many factors, including:
  - societal perceptions of gender roles
  - cultural, religious and social taboos
  - a lack of knowledge
  - misconceptions
  - stereotypes
- Layered stigma — HIV-related stigma combined with stigma toward marginalized groups — is a major social driver of the HIV epidemic.
- Health care workers are often the professionals who most directly address HIV and AIDS-related prevention, testing, treatment, and care. Stigma and discrimination (S&D) in this sector has a direct impact on access, utilization, and quality of care.

## MATERIALS AND METHODS

Study questions were adapted from Nyblad and MacQuarrie (2006)(1) that focused on three S&D constructs (fear, values, and enacted S&D) and from Kelly et al.'s (1987)(2) prejudicial scale. The study was conducted in Kingston, Montego Bay, and Ocho Rios.

### PARTICIPANTS

- 165 health-facility workers from 23 health-facility settings (primarily public sector), representing both clinical and non-clinical professions.
- 63 workers of social-service organizations, representing 12 social-service agencies serving people most at risk of acquiring HIV, and a cross-section of job functions.

**LITERATURE CITED:**

(1) Nyblade L. and K. MacQuarrie. 2006. Can We Measure HIV and AIDS-Related Stigma and Discrimination? Current Knowledge About Quantifying Stigma in Developing Countries. United States Agency for International Development (USAID). <http://www.policyproject.com/pubs/generalreport/Measure%20HIV%20Stigma.pdf.>

(2) Kelly J., J. Lawrence, S. Smith, H. Hood, and D. Cook. 1987. Stigmatization of AIDS Patients by Physicians. American Journal of Public Health 77(7):789–91.

**FIGURE 1.** Jamaica


## RESULTS

### TRAINING EXPOSURE

The majority of staff members in health facilities and social-services organizations had not received training about HIV prevention, interpersonal communication, or working with people who are most at risk.

### INFLUENCE OF TRAINING ON FEAR OR "AVOIDANCE DESIRE" WITH PEOPLE AT RISK OF ACQUIRING HIV

- Significant association found between health facility staff members who received HIV-prevention training and "no reported HIV-transmission fears"; "no desire for avoidance of sweat/saliva (PLHIV, MSM, SW)" and for "comfort in sharing a bathroom with a colleague (PLHIV, MSM)."
- Significant association (p≤.05) found between training for clinical staff and "no fear of performing medical procedures for PLHIV." About 62.5% (n=25) of trained staff members reported "no fear of giving an injection/IV drip" compared with 32.0% (n=8) untrained staff members. About 61.1% (n=22) of trained staff members reported "no fear in dressing wounds of PLHIV" compared to 34.6%(n=9) of untrained staff members.

**Table 1.** Relationship between exposure to HIV-prevention training and "no fear of HIV transmission/no desire for avoidance of nonmedical interactions"

| | Health facility staff trained | | Health facility staff untrained | | |
|---|---|---|---|---|---|
| | % | (n) | % | (n) | P Value |
| **No fear of HIV transmission or desire to avoid sweat or saliva of person suspected to be:** | | | | | |
| PLHIV[a] | 76.4 | (55) | 51.0 | (25) | .004** |
| MSM[b] | 66.2 | (45) | 37.3 | (22) | .001*** |
| SW[b] | 70.1 | (47) | 50.9 | (27) | .032* |
| **Comfort sharing bathroom with colleague suspected to be:** | | | | | |
| PLHIV | 78.5 | (62) | 55.6 | (45) | .002** |
| MSM | 80.0 | (64) | 47.5 | (38) | .000*** |
| SW | - | - | - | - | - |

[a] Data presented represents no fear of HIV transmission from PLHIV.

[b] Data presented represents no desire for avoidance of MSM or SW, respectively.

Note: Analysis excludes those that responded that "they do not know" or "do not do this kind of work."

A similar but insignificant trend was found with social services staff.

* p≤.05 level; ** p≤.01 level; *** p≤.001 level

### INFLUENCE OF TRAINING ON VALUES MEASURES

Trained health facility staff members reported fewer value judgments toward PLHIV and people at risk of acquiring HIV.

**Table 2.** Relationship between exposure to HIV-prevention training and value judgment indicators among staff members of health facilities

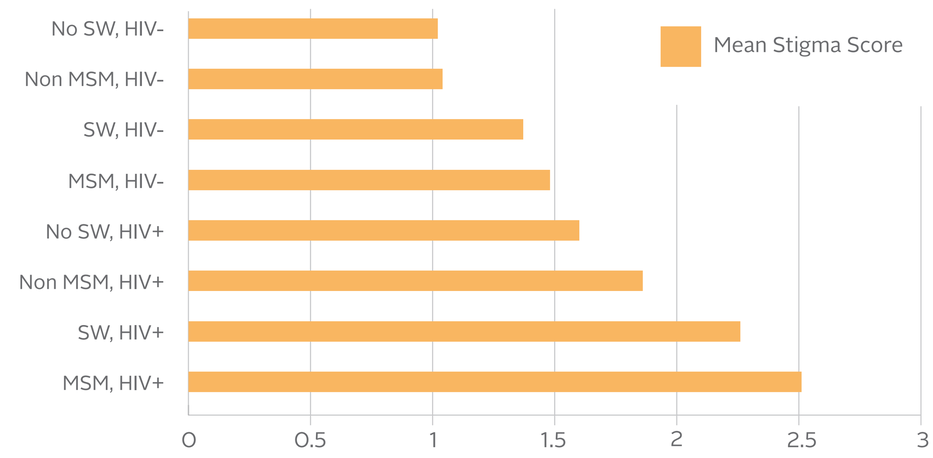
| | Health facility staff trained | | Health facility staff untrained | | |
|---|---|---|---|---|---|
| | % | (n) | % | (n) | P Value |
| **Agreement with statement:** | | | | | |
| **"Client deserves same level/quality of care as other clients."** | | | | | |
| PLHIV | 98.8 | (79) | 93.9 | (77) | .102 |
| MSM | 97.4 | (76) | 81.9 | (68) | .001*** |
| SW | 98.8 | (79) | 91.7 | (77) | .035* |
| **Disagreement with following statements:** | | | | | |
| HIV and AIDS spread due to immoral behavior | 57.7 | (45) | 36.6 | (30) | .007** |
| Homosexuality is immoral | 23.7 | (18) | 11.0 | (9) | .034* |
| Sex work is immoral | 35.5 | (27) | 14.8 | (12) | .003** |

* p≤.05 level; ** p≤.01 level; *** p≤.001 level

### VIGNETTE FINDINGS

- Respondents were read 10 identical questions for eight different vignette characters. The respondents' level of agreement was sought for a series of statements. In each vignette, the primary character either had HIV or another illness, was either a sex worker or MSM or neither.
- An overall positive relationship between training and reduced stigma was found for the vignette questions.

**Figure 2.** Mean stigma score by character type for vignettes




## CONCLUSIONS

- In clinical and nonclinical settings the study found widespread fear of casual contact with PLHIV as well as a desire to avoid contact with SW and MSM.
- Value judgments were normalized across providers toward PLHIV, SW, and MSM.
- Layered stigma was most strongly evident in the vignette responses directed toward MSM and SW.
- Training in HIV prevention was positively associated with reduced stigma scores.
- Clinical and nonclinical staff members need training in HIV prevention and interpersonal communication, with an emphasis on S&D.
- Training needs to be ongoing to address staff turnover and to address new and emerging issues related to HIV and S&D.

**Download report at http://www.c-changeprogram.org/resources/research-vulnerable-populations-jamaica**

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**AUTHOR AFFILIATIONS**

1 FHI 360, New York, NY, USA
2 Independent consultant, Mandeville, Jamaica
3 Independent consultant, Kingston, Jamaica
4 FHI 360, Washington, DC, USA
5 FHI 360, Kingston, Jamaica

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