

HIV Infection versus Viral Hepatitis B and C: Stigma and Discrimination Experienced by HIV/AIDS Patients in Public Hospitals, Sindh Pakistan

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Human immunodeficiency virus (HIV) impairs the immune system and causes Acquired Immunodeficiency Syndrome (AIDS) - an advanced stage of HIV infection. HIV/AIDS is a global health problem. To date, 43 million persons have died due to AIDS-related illnesses, and 40 million persons are living with HIV/AIDS worldwide. There is no cure, but with antiretroviral therapy (ART), HIV infection has become a manageable chronic health condition¹.

HIV versus Viral Hepatitis B/C: Hepatitis B/C retroviruses attack human liver cells. Each year, 1.5 million persons die due to Hepatitis B virus disease, and HIV/AIDS claim 665,000 lives². HIV and Hepatitis B/C are spread via the same routes, (I) direct contact with body fluids, including blood, semen/vaginal secretions, breast milk; (II) High-Risk Sexual Contacts; (III) exposure to contaminated syringes, surgical and beauty equipment; (IV) Mother-to-Child; (V) unsafe blood transfusion³. Hepatitis B virus is more contagious than HIV because (i) it can survive on dry and wet surfaces for 7 days; (ii) Hepatitis B virus is 100 times more concentrated in infected blood hence more infectious than HIV. Hepatitis B virus is treated via vaccination, and HIV is treated with antiretroviral therapy (ART). Hepatitis B virus is more widespread, resilient, contagious, and kills more people annually worldwide than HIV⁴.

Please Note: In Hyderabad, Sindh, Pakistan, some public hospitals allow highly infectious Hepatitis B patients to get treatment, care and share Inpatient ward facilities with general patients. However, HIV/AIDS patients are NOT allowed to have access to treatment for AIDS-related illnesses nor admittance in Inpatient wards. What is the reason behind this discriminatory attitude towards HIV/AIDS patients?

HIV/AIDS Stigma / Discrimination

HIV/AIDS Stigma is negative beliefs about HIV/AIDS, for example, (I) the belief that only certain groups of people can get HIV; (II) Make moral judgments, (III) Feel that infected persons deserve to get HIV because of their choices.

HIV/AIDS Discrimination is the negative behavior in which someone is unjustly treated, for example, (I) Healthcare staff refusing to provide services, (II) Family or friends refusing casual contact, (III) Socially

isolate / outcast a community member due to HIV positive status.

HIV/AIDS stigma / discrimination affects the physical, emotional and mental health of HIV/AIDS patients. It is a significant barrier to prevention and treatment. The lack of awareness about HIV/AIDS prevention and transmission, fear of social ramifications, and stereotypes lead public to fear HIV. HIV/AIDS-related stigma and Discrimination are prevalent worldwide and result in prejudice against HIV/AIDS Patients⁵. *In 2019, 48 countries have imposed HIV-related restrictions and mandatory HIV testing. Legally, HIV/AIDS patients cannot enter, transit or reside in such countries*⁶. International agencies, including WHO and UNDP, have made "Combating HIV/AIDS stigma and discrimination" a top priority, as this phenomenon undermines public health efforts to combat the HIV/AIDS pandemic.

HIV/AIDS patients in Pakistan also face stigma and Discrimination in multiple forms, including home settings, community, workplace, and healthcare facilities. Stigma and Discrimination experienced by HIV/AIDS patients at Healthcare Facilities in Karachi have been reported^{7,8}.

Stigma / Discrimination cases in Hyderabad, Sindh, Pakistan - September 2024: In a Public Healthcare Hospital, various forms of Discrimination towards HIV/AIDS patients by medical workers have been observed: (I) Doctor refused to provide treatment (II) HIV/AIDS patients experience very long wait outside Out-Patient Department with no response; (III) Doctors refused to perform biopsy or any surgical procedure on HIV/AIDS patients; (IV) HIV/AIDS patients admitted in Hospital Ward are expelled when patient's HIV status becomes known; (V) Informed consent is not obtained from Out-Patients before HIV / TB / HBV / HCV tests are performed (personal communication).

Recommendations

Lack of Infectious Diseases Ward for the treatment of HIV/AIDS / STI/STD patients – A Major Concern

In a public hospital and state-of-the-art health universities in Hyderabad / Jamshoro, Sindh, "Infectious Diseases" is not a priority. Hence, there is no ward for HIV/AIDS patients.

Several HIV patients suffering from AIDS-related illnesses visit Civil OPD Hyderabad / Jamshoro daily and require admission to a ward for urgent treatment, but access is denied.

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Urgent attention and appropriate actions are needed from the Hospital MS and Sindh Health Secretariat.

Stigma / discrimination against HIV/AIDS Patients
Hospital management must acknowledge the presence of stigma in their facilities and build support for stigma-reduction activities.

HIV/AIDS - related stigma / discrimination - free environment will require interventions such as education and training of medical and nonmedical hospital staff, formulation of new regulation/policy tailored for HIV/AIDS to protect the well-being of both HIV/AIDS patients and healthcare facilities staff.

Continuing professional education for healthcare workers must also address the importance of ethics and an understanding of human rights.

HIV infection is a treatable, preventable chronic condition. With the help of ART Medications, HIV-positive persons can enjoy healthy, everyday life for decades. Lack of knowledge about HIV/AIDS prevention and spread has resulted in fear, stigma and Discrimination against HIV/AIDS patients in healthcare professionals. There is an urgent need to understand the causes of HIV/AIDS-related stigma and take action to reduce the impact of stigma on the prevention and care of HIV/AIDS patients in Sindh, Pakistan. It is essential to understand how HIV/AIDS related discrimination/stigma is occurring in public hospitals, in order to address institutional drivers of Discrimination towards HIV/AIDS patients; this will enable the management to take appropriate action to educate or challenge persons engaging in unprofessional behavior against HIV/AIDS patients. Inappropriate treatment of HIV/AIDS patients including unnecessary referrals to other facilities, segregation and labeling of HIV/AIDS patients, excessive use of barrier precautions, unconsented HIV testing, inadequate pre- and post-test counseling, withholding of HIV test results from the patient, unconsented disclosure of HIV test results to family and staff, and denial of treatment must be put to an end.

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