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A QUALITATIVE EXPLORATION OF HIV STIGMA AMONG GENERAL PRACTITIONERS



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PROBLEM



HIV is now a manageable chronic health condition, as people are living and aging with HIV they begin to experience a range of co-morbidities that occur with age.



Resulting in people living with HIV (PLWH) needing to access more primary care services, particularly general practice.



HIV-related stigma continues to be a problem across various healthcare settings, impacting quality of life.



There is little qualitative research examining HCPs attitudes and experiences of HIV stigma.

As more PLWH are living longer and need more access to primary care it is important to identify and address potential stigma.

STUDY AIM

Explore attitudes towards HIV among general practitioners, identifying how stigma may manifest and how it could be overcome.

APPROACH



Semi-structured interviews were conducted virtually. Four GPs from across South Wales were interviewed. Underpinned by Health Stigma and Discrimination Framework.

ANALYSIS

Reflexive thematic analysis was the approach adopted:



CODING

THEMES

“There is a reluctance [...] to take up on or accept involvement in projects that encourage testing and offer widespread testing.” GP1

“I can't honestly tell you the last time I said, “Do you think you should have, you know, you are at risk of HIV, do you think you should have an HIV test?”. [...] So it's been awhile.” GP3

“I still have some reservations about [discussing HIV], it's still not the easiest topic to discuss.” GP4

“There is still a belief that suggesting to somebody that they might have HIV could be construed as offensive. And so I think that there is still are reluctance to offer timely testing “. GP1

“... but I can't remember from my medical training whether that [saliva] is a method of transmission.” GP3

FINDINGS

Three main themes were identified, (see Figure 1):

Prevalence of Stigma

- All GPs recognised HIV stigmas continued existence within healthcare.
- Acknowledged that HIV testing is not offered as widely across primary care due to concerns of causing offence.
- A lack of awareness of HIV was described to potentially lead to overtly cautionary behaviours (such as double gloving) and cause lapses in confidentiality.

Drivers of Stigma

- Reported limited knowledge of HIV with uncertainty around medication interactions impacting GPs confidence in providing care.
- There was reservations around raising HIV as a topic, being concerned it would cause offence. With perceptions that the public held stigmatising views of HIV.

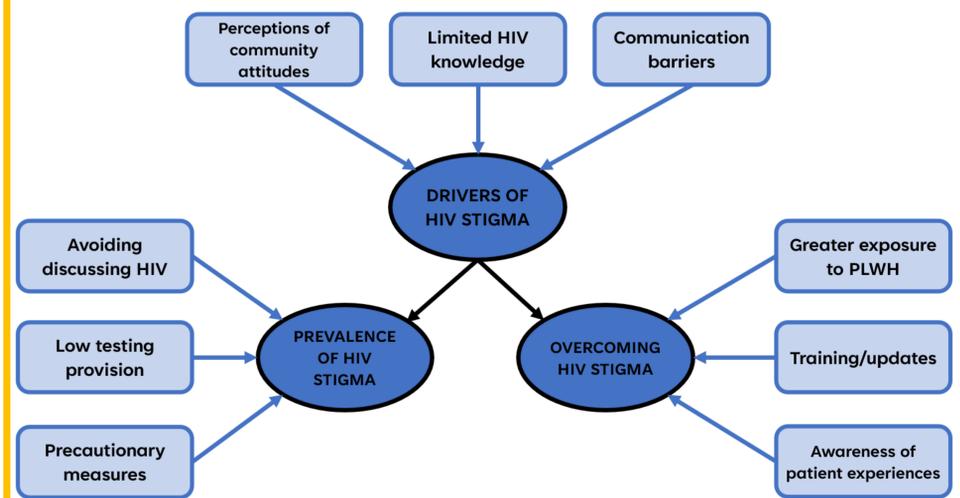


Overcoming Stigma

- Consulting PLWH was considered a valuable approach to improving understanding. Acknowledging the expertise of individuals living with HIV about HIV.
- GPs voiced a desire for more training around HIV, with increased awareness of the correct and stigma-free terminology.
- As HIV is normalised among the population, GPs feel a greater confidence for discussing HIV with patients.



FIGURE 1. Simplified thematic map



TAKEAWAYS

GPs are calling for more training and updates around HIV, focusing on transmission, medication interactions and language.

The barriers to HIV communication within primary care need to be addressed and this is best done through exposure.

Improving openness around discussing HIV will increase testing and assist in meeting the aims of Wales' HIV Action Plan.

Work is required to better align GP perspectives of public attitudes of HIV and the reality.

CONCLUSION

As PLWH engage more with primary healthcare for routine health care needs it is important that HIV stigma in this setting is addressed to improve the experience of accessing health care and quality of life.