

# HIV-Related Stigma/Discrimination among Nigerian Dental Patients

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## ABSTRACT

**Objective:** To examine the HIV-related discrimination toward people living with HIV/AIDS (PLWHA) among dental patients.

**Methods:** This cross-sectional study was conducted among adult male and female dental patients attending University of Benin Teaching Hospital, Benin City between August, 2016 and October, 2017. A pretested HIV stigma/discrimination scale was the data collection tool.

**Results:** PLWHA were characterized by the participants as people that engage in irresponsible behaviours (19.4%), have many sexual partners (24.4%), do not care if they infect other people (26.3%), promiscuous (13.8%), dirty people (2.5%) and cursed people (1.3%). Shaming (11.3%) and blaming (10.0%) of PLWHA were noted among the participants. Participants agreed that PLWHA should not be allowed to have babies (11.3%), must have their freedom restricted (13.1%) and should not be allowed to work (4.4%). Social interaction/contact inhibition were observed as fifteen percent (15.0%) dislike having contact with them, 11.3% do not want to be friends with them, 11.9% were reluctant to live in the same community, 3.8% would pack out of the compound their neighbor is living HIV/AIDS positive and 3.8% agreed that PLWHA should be isolated. Moderate to severe stigma/discrimination was reported by 22.5% of the participants. Awareness of PLWHA was statistically significant with stigma/discrimination ( $P=0.006$ ) (Table 3).

**Conclusion:** This study showed a quarter (22.5%) of the participants had moderate to severe discrimination towards PLWHA which was significantly associated with awareness of the status of PLWHA. Efforts to improve HIV status disclosure will necessarily decrease related stigma/discrimination

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## INTRODUCTION

HIV epidemics in Nigeria is second largest epidemic globally, affecting all population groups and geographic areas of the country exerting obvious impact in terms mortality and morbidity (UNAIDS, 2017). It is estimated that 3.2million people were living with HIV/AIDS in Nigeria as at 2016 with 160,000 AIDS-related deaths and 220,000 new HIV infections reported that same year. New HIV infections have decreased by 21% and AIDS-related deaths have decreased by 6% since 2010 but much more could have been

achieved with a decrease in HIV related stigma/discrimination (UNAIDS, 2017).

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Discrimination, which is a component of stigma is considered as a form of exclusion, expression restriction, marginalization, or prevention from access to something/services (Gilmore et al. 1994). HIV-related stigma/discrimination which is principally rooted on socially shared ignorance,

fear, misinformation and denial, constitutes a major obstacle to effective HIV/AIDS prevention and care globally (Valdiserri, 2002; Parker et al., 2007; Kipp et al., 2007). It exists everywhere in the world with varied characteristics across countries, communities, families, religions and individuals and hinders positive efforts to address the HIV epidemic by maintaining the wall of silence and shame surrounding the virus. Myths and misinformation increase the stigma/discrimination surrounding HIV/AIDS and thereby making more people vulnerable to HIV and worsening the impact of infection. HIV-related stigma/discrimination HIV prevention, treatment, care and support barriers (Bond, 2002; Kalichman & Simbayi, 2003). It is known to impede prevention efforts by hindering safer sex discussions and PMTCT (Calin et al., 2007; Sayles et al., 2009). The consequences of HIV-related stigma/discrimination are seen in PLWHA and their interactions in their families, workplace, healthcare settings, etc and also in the PLWHA's families and caregivers (Castro et al., 1998a; Castro et al., 1998b). The effects of stigma/discrimination on affected individuals include impaired quality of life, lowered self-esteem, depression, nervousness, restlessness, hopelessness, sadness, poor physical and mental health, emotional pain and suffering, behavioural changes and chronic health problems (Castro et al., 1998a; Castro et al., 1998b; Kessler et al., 1999; Bierman, 2006; Edwards, 2008). PLWHA are shunned by family, peers and the wider community, face ill or poor treatment in educational and workplace and have their rights eroded (Andrade et al., 2015). Discrimination occurring in health care settings prevent people from seeking and enjoying quality health services because of breakdown of confidence. The consequences of HIV-related stigma/discrimination have been outlined by International Centre for Research on Women as loss of income and livelihood, loss of marriage and childbearing options, poor care within the health sector, withdrawal of caregiving in the home, loss of hope, feelings of worthlessness and loss of reputation (International Center for Research on Women, 2005).

HIV-related stigma/discrimination is poorly understood, particularly in developing countries. Understanding HIV related stigma/discrimination

against PLWHA as a barrier to all the essential components of good HIV prevention programme and developing strategies to reduce them, is necessary among relatively understudied groups such as dental patients. The objective of the study was to examine the HIV-related stigma/discrimination towards PLWHA among Nigerian dental patients.

## MATERIALS AND METHODS

This cross-sectional study was conducted among adult male and female patients attending the dental outpatient clinic of University of Benin Teaching Hospital, Benin City between August, 2016 and October, 2017. A total of 160 participants were recruited which exceeded minimum sample size 131 calculated using formula for epidemiological studies.  $n = Z^2pq/d^2$  where  $n$  = minimum sample Size,  $Z$  = standard normal deviate set at 1.96,  $p$  = prevalence = 90.6%, being the prevalence of those with a positive attitude towards HIV/AIDS in the university of Ibadan population (Oladejo & Brieger, 1994),  $q = 1 - p$ ,  $d$  = acceptable degree of error set at 0.05. Informed consent was obtained from the participants. A pretested interviewer-administered questionnaire, which elicited information on demographic characteristics and stigmatization /discrimination, was the data collection tool. Stigmatization /discrimination scale containing nineteen questions scored 3 for agree, 2 for not sure and 1 for disagree for each question. Hence minimum score was 19 and maximum was 57. The higher the score, the more severe the stigmatization /discrimination. The stigmatization /discrimination was graded as mild (19-31), moderate (32-44) and severe (45-57). The obtained data were subjected to univariate analysis in form of frequencies, percentages and means and bivariate analysis in form of cross-tabulations using SPSS version 20.0. The stigmatization /discrimination was dichotomized into mild and moderate/severe for the purpose of bivariate analysis. The test for significance was done with Chi-square statistics and statistical significance was set at  $P < 0.05$ .

## RESULTS

The majority of the participants were aged 21-30 years (56.9%), females (55.6%), single (80.0%) and low monthly income earners (71.3%),

students (56.9%), more religious (80.6%) and unaware of someone living with HIV/AIDS (75.0%) (Table 1). Some participants agreed that PLWHA engaged in irresponsible behaviours to get infected (19.4%), have many sexual partners (24.4%) and do not care if they infect other people (26.3%). A few participants agreed that PLWHA are promiscuous (13.8%) dirty people (2.5%), cursed people (1.3%), cannot be trusted (5.0%), should be ashamed of themselves (11.3%) and should be blamed for bringing disease to the community (10.0%). About one-tenth (11.3%) of the participants reported that PLWHA should not be allowed to have babies and 13.1% of the participants agreed that PLWHA must expect

freedom restrictions. A total of 16.3% of the participants stated that PLWHA should lose their respect and 4.4% of the participants reported that PLWHA should not be allowed to work. Some participants that agreed that PLWHA should be isolated (3.8%) and deserve to die (0.6%). Less than one-fifth (15.0%) of the participants disliked having contact with HIV people, 11.3% of the participants do not want to be a friend of someone who has HIV, 11.9% of the participants were reluctant to live with people who have HIV in the same community and 3.8% of the participants would pack out of the compound if they find out that their neighbor is HIV positive (Table 2).

Table 1: Demographic characteristics of the participants

Characteristics	Frequency (n)	Percent (%)
<b>Age (years)</b>		
≤20	32	20.0
21-30	91	56.9
>30	37	23.1
<b>Gender</b>		
Male	71	44.4
Female	89	55.6
<b>Marital status</b>		
Single	128	80.0
Married	32	20.0
<b>Monthly income earners</b>		
Low	136	85.0
Medium	15	9.4
High	9	5.6
<b>Occupation</b>		
Non student	69	43.1
Student	91	56.9
<b>How often do you attend religious service/activity in your community?</b>		
Less religious	31	19.4
More religious	129	80.6
<b>Is this your first time of visiting the dentist?</b>		
Yes	80	50.0
No	80	50.0
<b>Do you know someone who has or is suspected of having HIV?</b>		
Yes	40	25
No	120	75
<b>Total</b>	<b>160</b>	<b>100.0</b>

Table 2: HIV-related stigma/discrimination among the participants

Statement	Agree	Not sure	Disagree
People with HIV are promiscuous	22 (13.8)	38 (23.8)	100(62.5)
People who have HIV are dirty.	4 (2.5)	18 (11.3)	138 (86.3)
People who have HIV are cursed.	2 (1.3)	12 (7.5)	146 (91.3)
People who have HIV cannot be trusted.	8 (5.0)	24 (15.0)	128(80.0)
People who have HIV should be ashamed of themselves.	18 (11.3)	21 (13.1)	121 (75.6)
People living with HIV should be blamed for bringing disease to the community.	16 (10.0)	17 (10.6)	127 (79.4)
People get infected with HIV because they engage in irresponsible behaviours	31 (19.4)	34 (21.3)	95 (59.4)
People living with HIV should not be allowed to have babies.	18 (11.3)	29 (18.1)	113 (70.6)
People who have HIV must expect restrictions on their freedom	21 (13.1)	32(20.0)	107 (66.9)
People who have HIV should not be allowed to work.	7 (4.4)	17 (10.6)	136 (85.0)
People living with or thought to be living with HIV lose their respect.	26 (16.3)	34 (21.3)	100 (62.5)
People with HIV deserve to die.	1 (0.6)	11 (6.9)	148 (92.5)
People with HIV should be isolated.	6 (3.8)	17 (10.6)	137 (85.6)
Most people living with HIV do not care if they infect other people.	42(26.3)	68(42.5)	50 (31.3)
Most people living with HIV have had many sexual partners.	39 (24.4)	53 (33.1)	68 (42.5)
I dislike having contact with HIV people.	24 (15.0)	48 (30.0)	88 (55.0)
I do not want to be a friend of someone who has HIV.	18 (11.3)	48 (30.0)	94 (58.8)
I am reluctant to live with people who have HIV in the same community.	19 (11.9)	54 (33.8)	87 (54.4)
If I find out that my neighbor is HIV positive, I will pack out of that compound.	6 (3.8)	40 (25.0)	114 (71.3)

The majority (77.5%) of the participants had mild stigma/discrimination, 21.9% moderate and 0.6% severe. Moderate to severe stigma/discrimination was reported by 22.5% of the participants. Participants who were aware of the status of PLWHA had 10.0% moderate to severe stigma/discrimination while those unaware of the status of PLWHA had 26.7% moderate to severe stigma/discrimination and this was statistically significant ( $P=0.029$ ) (Table 3).

## DISCUSSION

This study with set object to examine the HIV related stigma/discrimination among dental patients attending seen in university of Benin Teaching Hospital found that about a quarter

(22.5%) of the participants had moderate/severe discrimination towards PLWHA which is lower than over 50% reported from multi-country data (UNAIDS, 2015). HIV related stigma/discrimination in this study, though small, creates an environment that fuels the epidemic and so needs to be urgently reduced to the barest minimum. Participants who were aware of the status of PLWHA significantly reported lower moderate to severe stigma/discrimination than those unaware of the status of PLWHA. This could be attributed to the fact that knowing PLWHA helps to bring the condition to reality diminishing untoward reaction and emphasizes the role of HIV status disclosure plays in HIV preventive efforts.

Table 3: Relating demographics characteristics with HIV stigma/discrimination among the participants

Characteristics	Mild n(%)	Moderate/ Severe n(%)	P-value
<b>Age (years)</b>			0.595
≤20	23(71.9)	9(28.1)	
21-30	73(80.2)	18(19.1)	
>30	28(75.7)	9(24.3)	
<b>Sex</b>			0.992
Male	55(77.5)	16(22.5)	
Female	69(77.5)	20(22.5)	
<b>Marital Status</b>			0.394
Single	101(78.9)	27(21.1)	
Married	23(71.9)	9(28.1)	
<b>Monthly income</b>			0.170
Low	107(78.7)	29(21.3)	
Medium	9(60.0)	6(40.0)	
High	8(88.9)	1(11.1)	
<b>Occupation</b>			0.125
Non student	57(82.6)	11(17.4)	
Student	67(73.6)	24(26.4)	
<b>Religiosity</b>			0.990
Less religious	24(77.4)	7(22.6)	
More religious	100(77.5)	29(22.5)	
<b>Is this your first time of visiting the dentist?</b>			0.449
Yes	60(75.0)	20(25.0)	
No	64(80.0)	16(20.0)	
<b>Do you know someone who has or is suspected of having HIV?</b>			0.029
Yes	36(90.0)	4(10.0)	
No	88(73.3)	32(26.7)	
Total	124(77.5)	36(22.5)	

In sub-Saharan Africa where heterosexual sex is the main route of infection, HIV-related stigma/discrimination is mainly focused on infidelity and sex work (UNAIDS, 2017). In this study, about one-quarter (24.4%) of the participants reported that most PLWHA have many sexual partners, got infected because they engage in irresponsible behaviours (19.4%) and are promiscuous (13.8%). This may be related to the fact that sex, which is a taboo subject in many Nigerian cultures, is a main mode of HIV transmission in our environment.

HIV is associated with behaviours that many cultures consider unacceptable such as homosexuality, drug use, prostitution or infidelity

which may have led some of the participants (11.3%) to state that PLWHA should be ashamed of themselves and should be blamed for bringing disease to the community. Blaming is an expression of the community's lack of solidarity in providing necessary care (Castro & Farmer, 2005; Mahajan et al., 2008).

HIV infection is erroneously considered to be a result of personal irresponsibility or moral fault thus deserves punishment and this may have made a small proportion of the participants to report that PLWHA are dirty people (2.5%), cursed people (1.3%) and deserve to die (0.6%). This amounts to prejudice, devaluing and

punishment, which are forms of stigma/discrimination.

In this study, 3.8% of the participants agreed that PLWHA should be isolated and this social exclusion may be due the fact that they dislike having contact with PLWHA (15.0%), do not want to be a friend of PLWHA (11.3%), are reluctant to live in the same community with PLWHA (11.9%) and would pack out of the compound if they find out that their neighbor is HIV positive (3.8%). Obvious stigma/discrimination can force people to leave their home, change their daily activities and can lead to identity crises, isolation, loneliness, low self-esteem and lack of interest in containing HIV-AIDS (Valdiserri, 2002). The isolation that social rejection brings has been reported to cause low self-esteem, depression, and even thoughts or acts of suicide (The Well Project, 2016). The International Center for Research on Women reports that in Bangladesh, more than half of women living with HIV have experienced stigma from a friend or neighbour and one in five feel suicidal (The Well Project, 2016).

About one tenth (11.3%) of the participants agreed that PLWHA should not be allowed to have babies and this may be because of unsubstantiated fear that they will give the infections to the babies who will be subjected to untold hardship. Research by the International Centre for Research on Women outlined loss of marriage and childbearing options as possible consequences of HIV-related stigma/discrimination (International Center for Research on Women, 2005). However, PLWHA can have uninfected babies with appropriate counseling and medical care.

HIV infected individuals may face job termination, hostility, denial of employment, forced resignation or retirement (UNAIDS, 2000). Discrimination towards PLWHA in workplace in form of unfair dismissal, non-selection for employment and promotion denial, which are components of major experiences of discrimination scale was evident in this study. In this study, 4.4% of participants agreed that people who have HIV should not be allowed to work which will lead to denying them their source of livelihood and consequently worsen the prevention efforts. HIV-related stigma/discrimination has been cited as a frequent cause

of unemployment or a denial of work opportunity as ill health (GNP+, ILO, 2012). A multi-regional multicounty study reported that 27% of PLWHA in Nigeria were refused the opportunity to work (GNP+, ILO, 2012).

Loss of respect, which is a component of everyday discrimination scale was captured here. As much as 16.3% of the participants reported that people living with or thought to be living with HIV lose their respect. About one-quarter (26.3%) of the participants agreed that most PLWHA do not care if they infect other people. This is high but is considered as a faulty assumption and that may have triggered 13.1% of the participants to agree that PLWHA must expect freedom restrictions. It can be stated that PLWHA are also increasing interested in protecting uninfected people but the stigma/discrimination hinders status disclosure. and other human rights violations. Nyblade and MacQuarrie (2006) reported that it is the stigma/discrimination that leads to lack of motivation to practice prevention.

## CONCLUSION

Data from this study revealed that a quarter (22.5%) of the participants had moderate to severe discrimination towards PLWHA which was significantly associated with awareness of the status of PLWHA. Efforts to improve HIV status disclosure will necessarily decrease related stigma/discrimination.

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