HIV Stigma Toward People Living With HIV and Health Providers Associated With Their Care: Qualitative Interviews With Community Members in Egypt

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*We explored perceived HIV stigma by community members in a low-HIV-prevalence setting toward people living with HIV (PLWH) and physicians associated with HIV in order to develop operational stigma reduction recommendations for HIV referral hospitals. In-depth interviews (*N = *30) were conducted with educated and less-educated men and women in Egypt. Thematic analysis was applied to identify drivers, manifestations, and outcomes of stigma. Stigma toward PLWH was rooted in values and fears, manifesting in reluctance to use the same health facilities as PLWH. Stigma toward physicians providing care for PLWH was caused by fear of infection and developed into unwillingness to use those physicians' services. Stigma toward physicians who refused to provide care was linked to perceptions of unethical behavior. HIV referral hospitals in low HIV prevalence settings could benefit from stigma reduction interventions with a special focus on addressing moral-based stigma and fear of casual transmission.*

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HIV stigma and discrimination have been identified as major barriers to prevention, care, and treatment of people living with HIV (PLWH) worldwide (Grossman & Stangl, 2013). Previous studies highlight that HIV-related stigma results in refusal of HIV testing, serostatus disclosure, and nonadherence to antiretroviral therapy (ART; Byakika-Tusiime et al., 2009; Turan et al., 2011).

HIV-related stigma is particularly damaging in health care settings where PLWH seek care and treatment (Nyblade et al., 2013). It has been identified as a key barrier to the delivery of quality services (Mahendra et al., 2007; Reis et al., 2005; Turan, Miller, Bukusi, Sande & Cohen, 2008). Studies have indicated that stigma in health care settings manifests in different ways, including breach of confidentiality, verbal abuse, differentiated care, overuse of infection control measures, and even denial of care (Mahendra et al., 2007; Stein & Li, 2008).

Health facilities and their ability to provide care for PLWH has become an issue of increasing interest in recent years as access to ART has led to improved survival rates for PLWH worldwide (Viard, 2014). There is a growing need to provide care for PLWH related to opportunistic infections, illnesses caused by other infections, and diseases typically associated with aging (Hasse et al., 2011), including cancers, cardiovascular diseases, osteoporosis, and neurocognitive disorders (Viard, 2014).

Health care for PLWH in low HIV prevalence settings such as Egypt poses additional challenges because health care workers are rarely exposed to PLWH, may lack knowledge of HIV, and have misconceptions regarding provision of health services for PLWH (Abdelrahman et al., 2013). The overall HIV prevalence in the general Egyptian population is 0.1%. The Ministry of Health/Joint United Nations Programme on HIV/AIDS (2015) estimated the number of PLWH in Egypt in 2014 to be 7,200 (range = 4,400–12,000). The epidemic in Egypt is clearly concentrated in men who have sex with men and injecting drug users. The latest integrated biobehavioral survey in 2010 measured HIV prevalence in men who have sex with men in Cairo at 5.7%, and in injecting drug users at 6.8% (Ministry of Health/Family Health International, 2010). In 2014, from the known 4,631 HIV cases, approximately 37% were on ART (Ministry of Health/Joint United Nations Programme on HIV/AIDS, 2015).

The Egyptian health care system is highly complex and pluralistic, relying on various public and private providers and financing agents including government, private sector, and quasi-governmental providers, including health insurance organizations and teaching hospitals. However, the Ministry of Health is the major provider of both preventive and curative care in Egypt. The government is also working to provide universal coverage of basic health services for all of its citizens through the expansion of the national health insurance program (Ministry of Health and Population [Egypt], El-Zanaty Associates, and ORC Macro, 2003). The National AIDS Program (NAP) provides ART and assessment of disease stages for all Egyptians at designated health facilities. ART is provided free of charge, CD4+ T cell counts and other laboratory tests are available for a small fee; some essential services such as resistance testing are not available in Egypt. PLWH in need of additional health care services such as treatment for opportunistic infections are usually referred to governmental infectious disease hospitals, as denial of care in other health facilities is common. However, these infectious disease hospitals have a limited number of specialties leading the NAP to negotiate on a case-by-case basis with various hospitals to receive patients with HIV infection. The process is time consuming and difficult (Waleed Kamal, personal communication, May 2010).

To improve access to care for PLWH, NAP launched a pilot project to establish referral hospitals from existing acute care general hospitals. The project activities included sensitizing and training health care workers at these hospitals to provide care to PLWH. Administrators at the first pilot hospital raised concerns regarding possible stigma against the hospital and its staff if the hospital provided care for PLWH. The administration anticipated that stigma would result in the loss of regular patients and that a number of physicians would deny care for PLWH out of fear of stigma (Mahdy Abdelrahman, personal communications, May 2010).

Studies have shown that health care providers associated with PLWH experience stigma from colleagues, the community, and family, which can