Viral Hepatitis & HIV

Stereotyping, Stigmatisation and Discrimination in Health Care Settings

Stigma and discrimination towards people with hepatitis C, hepatitis B (viral hepatitis) and HIV has been associated with negative health outcomes for affected populations both within Australia and internationally.

Negative impacts on health and wellbeing

Research consistently confirms that stereotyping, stigma and discrimination impact on;
- psychological and physical health
- increased feelings of despair
- increased rates of depression
- decreased self-esteem
- increased mental health issues

Higher levels of stigma are consistently and significantly associated with low social support, poor physical health and poor mental health.

Who is affected?

Research routinely highlights the need to address stigma and discrimination in order to provide better care to stigmatised groups, which include;
- People who inject drugs (PWID)
- Men who have sex with men
- Aboriginal people
- Sex workers
- People involved in the criminal and justice systems
- Women

Attitudes and discriminatory practices of health care workers

Research consistently suggests that health care workers often hold negative views towards people living with viral hepatitis and/or HIV.
Ways in which stigmatising attitudes of Health Care workers are transformed into discriminatory practices and behaviours, include;
- lack of eye contact
- clipped or brusque speech
- and differential precautions being taken

More overt forms of discrimination, include;
- blaming patients for their status
- physical abuse and the denial of care
- many of the patients reported being very upset and even emotionally scarred

Patients have also reported experiencing substandard care, including;
- an inadequate time spent on their needs
- being left in extreme pain for an extended period of time

Stigma and discriminatory practices within the health care sector can have a major impact on the receipt of care and may act as an impediment to disclosure, testing, and treatment. They can lead to;

- less frequent Health Care visits
- negative relationships between doctors and patients
- lower levels of adherence to medical regimes

There is a large body of evidence indicating that Health Care workers lack knowledge about hepatitis C.

Perceived discrimination

It is often difficult to ascertain what is actual discrimination and what is perceived discrimination, but the impact of both types of discrimination on people living with viral hepatitis and HIV is powerful, and can lead to negative effects on personal health and reduced effectiveness of public health programs.

Being part of a stigmatised group may influence people living with viral hepatitis and HIV perceptions of Health Care workers.

For example, people living with viral hepatitis and HIV may expect to be stigmatised by Health Care workers because of previous unpleasant experiences and therefore change their behaviour towards the Health Care worker.

This change in behaviour in turn modifies the behaviour of the Health Care worker, which may be perceived by the patient as related to their condition, rather than the result of the patient's own change in behaviour.

Disclosure

Some people choose to avoid disclosing their positive viral hepatitis or HIV status to prevent discrimination from healthcare workers, family and friends. In particular, they had avoided disclosure of their hepatitis C status, because of its link to injecting drug use and the stigma associated with it.

Incidents of breaches of confidentiality, discrimination in the work place and social ostracism have all been reported following disclosure of a positive viral and hepatitis status.

Testing for viral hepatitis and HIV

People who have experienced, or who worry about experiencing, discrimination or stigmatisation will be less likely to be tested for viral hepatitis or HIV.

This presents an obvious health concern for unidentified positive individuals and suggests that stigma is a central issue in preventing people from being tested.

There are several personal and institutional barriers that could explain the poor uptake of testing for hepatitis B, hepatitis C and HIV, including;

- lack of knowledge about viral hepatitis and/or HIV
- lack of awareness about the test procedure,
- and concerns about confidentiality and stigma

Individual understanding of stigma and discrimination

People report their understandings of stigma and discrimination in various ways. The most common in relation to stigma is a form of labelling people, making assumptions, and applying prejudices.

Definitions of stigma include;

- a mark of something, a difference, usually associated with deviance or things that are not liked by the general community
- being classed as someone outside the normal group
- social disapproval
- the unwarranted labelling of a group based on misconceptions
- negative or unfounded connotations
- misconceptions, preconceived attitudes or ideas by a person or organisation

Intrinsic discrimination

Intrinsic discrimination can be described as a manifestation of subconscious attitudes, sometimes with the aim of assisting the client or patient to see that their lifestyle is socially unacceptable and something they should change.

Intrinsic discrimination is challenging to address because the Health Care worker may not recognise that they are being stigmatising or discriminatory. They may believe that they are acting in the best interest of the client or patient.

Addressing intrinsic discrimination is key to providing quality non-discriminatory services.

Quality health services

There is general consensus that a quality services is one that is:

- accessible and affordable
- patient-centred
- non-judgemental
- and does not discriminate on any level

A quality health service should be seen as providing;

- a welcoming environment
- a nurturing atmosphere
- able to recognise and be prepared for diversity
- a range of services that meets the needs of a range of different people
- service without making judgments based on factors such as ethnicity, sexuality and/or profession

Negative incidents in a Health Care setting should not overshadow the fact that many people with viral hepatitis and/or HIV do have positive experiences in Health Care environments.

A constant and vigilant attention to providing quality non-assumptive and non-judgemental health services to diverse communities is needed to ensure the best possible outcomes for already stigmatised and marginalised communities.

Victorian information and support

Hepatitis Victoria: www.hepvic.org.au (03) 9380 4644
Hepatitis Infoline: 1800 703 003
Suite 5, 200 Sydney Road, Brunswick. 3056

Living Positive Victoria: www.livingpositivevictoria.org.au (03) 9863 8733
HIV Sexual Health Connect: 1800 038 125
Suite 1, 111 Coventry Street, Southbank, 3006

Harm Reduction Victoria : www.hrvic.org.au (03) 9329 1500
123 Peel Street, North Melbourne, 3051
Pharmacotherapy, Advocacy Mediation and Support Service, (PAMS): 1800 443 844

Office of the Health Services Commissioner (Victoria) www.health.vic.gov.au/hsc
Complaints and Information: 1300 582 113
Level 26, 570 Bourke Street, Melbourne, 3000

Victorian Equal Opportunity and Human Rights Commission (VEOHRC)
www.humanrightscommission.vic.gov.au
Enquiry Line: 1300 292 153
Level 3, 204 Lygon Street, Carlton, 3053

My Choice, My Rights Booklet
Produced by Hepatitis Australia for people living with hepatitis C
www.hepatitisaustralia or call Hepatitis Infoline: 1800 703 003 to order

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The full research report is available at: www.ashm.org.au