

Reducing AIDS stigma among health professionals in South India (The DriSti Study)

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Project Description

This study brings together researchers from the University of California, San Francisco; Research Triangle Institute in Washington DC; St. John's National Academy of Health Sciences in Bangalore, India; and the All India Institute of Medical Sciences in New Delhi, India to evaluate the efficacy of a promising intervention designed to reduce HIV stigma among Indian health professionals. The intervention builds on results of our previous research, identifying prevalence and drivers of stigma and discrimination in Indian healthcare settings among PLHIV, health care providers and uninfected patients.

Specifically, the study will:

1. Adapt our pilot-tested 3-session stigma reduction intervention for partial tablet-based delivery to increase its long-term sustainability in health care settings. The two tablet-administered sessions of the intervention use interactive touch screen methodology and video vignettes tailored to situations likely to be encountered by Indian nurses and ward attendants. The third session focuses on skills-building in a group format and is co-facilitated by a PLHIV.
2. Evaluate the efficacy of the intervention in 24 hospitals in North and South India on:
 - a) *behavioral manifestations* of HIV stigma, including endorsement of coercive policies, behavioral intentions to discriminate, and non/stigmatizing provider-patient interactions.
 - b) *the factors underlying stigma* proposed by our conceptual model and targeted in the intervention modules, including fears and misconceptions regarding casual transmission (*instrumental stigma*), and negative attitudes toward marginalized, vulnerable groups (*symbolic stigma*).

Significance

Across the globe, HIV stigma inflicts hardship and suffering on people with HIV and has been found to reduce the likelihood of seeking HIV counseling and testing and PMTCT. Stigma also deters infected individuals from disclosing their status, seeking timely medical treatment for HIV-related problems, reduces ART adherence, and leads to delays in clinic appointments and prescription refills, which can lead to virologic failure and the development and transmission of drug resistance.

Medical professionals unfortunately constitute a significant source of stigma for PLHIV. The study will yield valuable information on the efficacy of the intervention strategies in reducing stigma and improving patient-interaction skills among ward staff and nursing students. We expect this knowledge will inform the development and implementation of future AIDS stigma reduction programs efforts in India and similar settings.

Project End Date: June 2018