*IOSR Journal of Nursing and Health Science (IOSR-JNHS)*
*e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 1, Issue 6 (Jul – Aug 2013), PP 44-50*
*www.iosrjournals.org*

# Patterns of Discriminatory Practices of Health-Care Providers towards People Living HIV/AIDS in Osun State, Nigeria.

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***Abstract:***
***Introduction:*** *The HIV pandemic is the greatest health and human rights issue of our time, an estimated so million people are currently infected with HIV. Therefore this study was aimed at assessing the health workers discriminatory practices toward people living with HIV/AIDS.*
***Methodology****: This was a descriptive study among PWHA selected through multistage sampling technique. The sample size consisted of 250 respondents. Data were collected using self-designed instrument with the reliability of 0.89 using crombach coefficient alpha.*
***Results:*** *56% of the respondents were female while the male was 44% and the mean age was 32. 9.6% were single while 67.2% were married. 113(45.2%) of respondents have been denied admission 33(29.2%) of them by doctors, 49(43.4%) by nurses while 31(27.4%) by other heath workers.*
***Conclusion:*** *It was concluded that all clinical staff should be adequately educated about HIV/AIDS, modes of transmission of the virus, universal precaution and the rights of PLWA.*
***Key words:*** *Pattern, Discriminatory, Practices, PWHA, Medical personnel.*

## I. Introduction

Since the beginning of the HIV epidemic, stigma and discrimination have been identified as the major obstacle in the way of affective, responses to HIV.

Hiv-related stigma and discrimination is a complex social process that interacts with, and reinforces, the pre-existing stigma and discrimination associated with sexuality, gender, race and poverty (1-4) HIV/AIDS – related stigma and discrimination occur everywhere, but they may have more serious consequences in health care settings (5).

In 1985, Scientists discovered the human immunodeficiency virus (HIV) and alongside the discovery another question "what is AIDs" was answered (6) Hiv is a virus that is transmitted from person to person through the exchange of body fluids such as sexual contact in the most common way to spread Hiv but it can also be transmitted by sharing needles when injecting drugs, during child-birth and breast feeding whereas Acquired immune deficiency syndrome (AIDs) is a condition that describes the advanced state of HIV infection when all immune system in the body are damaged leaving the individual highly susceptive to infection (7) A disadvantage stemming from stigma goes beyond what are often understood as discriminatory actions. These can include the perception that they are not at risk of the disease for those who do not know their HIV status. And for PLHA, they can include internalized stigma, lowered self-esteem, depression, and changes in behavior (e.g; not using the available services) because of the fear of stigma (8,9). It was indicated that higher perceived HIV stigma scores amongs clients with HIV were significantly and negatively correlated with the quality of life (10). Stigma reduced participation in programmes to prevent mother-to-child transmission of HIV (11-14). It also affects the attitudes of providers who deliver HIV-related care [15,16,17]. Discrimination is a critical factors in the spread of HIV/AIDS. It undermines efforts to provide effective prevention education, diagnosis and treatment, thereby impending efforts to reverse the trend in the pandemic. It also robs the people affected by this life threatening illness of fundamental respect of their dignify and their right to health, many people lives with AIDs in Nigeria may be subjected to discriminatory behavior and practices in the health sector. Nigeria health professionals are part of a Society in the early phases of comprehensive approach to prevention, treatment and care of HIV/AIDS that often attaches Stigma and moral judgment to HIV/AIDS, the prevalence, and character of and factors contributing the discrimination with HIV/AIDS are however largely unknown and undocumented (18) service providers in health care institutions are expected to provide social and psychosocial support to persons living with HIV. However, HIV/AIDS-related stigma and discrimination have been extensively documented amongs health care providers. There have been many reports from health care settings of HIV testing without consent, breaches of confidentiality, labelling, gossip, verbal harassment, differential treatment and even denial of treatment(13). People who feel stigmatized by health care providers face problems getting tested for HIV and accessing optimal health care services. The fear of stigma impedes prevention efforts,

including discussions of safer sex and PMTCT (18). Effectively addressing stigma removes what still stands as a roadblock to concerted action, whether at local, community national or global level. Efforts to reduce stigma and discrimination related to HIV/AIDS will not only help countries reach key targets for universal access and Millennium Development goal 6, they will also protect and promote human right, foster respect for PLHIV and other affected groups, and reduce transmission of HIV. The reduction of the HIV/AIDS – related stigma and discrimination amongst healthcare providers will be helpful not only to the marginalized groups, PLHIV and their associates, but also for the health care providers themselves. Studies indicate that health care providers delay from accessing health care services because of the fear of stigma and discrimination[19,20]. Understanding the magnitude of and causes underlying HIV related stigma and discrimination among health workers is necessary for developing anti-stigma strategies and programmes (18-19) Access to care is therefore sine qua non as outline in the constitution and in various national policies and international agreement to which Nigeria is a signatory. In an attempt to control the menace of this deadly disease, there is need to investigate while people living with HIV/AIDS (PLWA) are denied access to health care based on the discriminatory attitude of health care workers.

**Study Objectives of the Study:** The study was carried out to pre-empty the underlisted objectives.

(1) To assess the demographic variable of people living with HIV/AIDS.
(2) To determine the respondents source of information on HIV/AIDS.
(3) To evaluate the respondents on informed consent for screening, reasons for screening and whose the screening was carried out.
(4) To evaluate the interaction of PLWA with their family members and significant others.
(5) To assess the respondents experience with Medical personnel.

**Statement of Problem**

People living with HIV/AIDS (PLWA) in Nigeria have been found to be subjected to discrimination and stigmatization in the work place and by family and community, they face discrimination from those employed in the health sector. Discriminatory and unethical behavior by health care, an atmosphere that interface with effective prevention and treatment by discouraging individual from being tested or seeking information on how to protect themselves and others from being infected[4].Combating HIV discrimination is no easy feat, more than 3 decades into HIV pandemic, discrimination is still prevalent around the world. And as a recent report outlines in vivid detail, even health care setting are rife with HIV stigma and discrimination particularly in resource poor countries. The report written by researchers at the international centre for Research on Women illustrates exactly how common HIV stigma and discrimination is among health care provider in developing world. The report also shows how this attitude among providers can dramatically improve the quality of care given to their HIV patients (Hereck & Mitrick) In order to combat stigma and discrimination, it is important to quantity them, to understand their magnitude to explore their associated factors and to explore how they vary across groups, setting and cultural setting contexts within a country (10). This study was conducted to explore discriminatory attitudes of Health Care Providers Toward People living with HIV/AIDS (PLWA) in Osun State Nigeria.

## II. Methodology

**Study Design –**

A cross sectional descriptive design using a combination of qualitative and quantitative approaches was adopted for the study. It was conducted across health centre in Osun State between December, 2012 and February, 2013.

**Study Population:** - A total of 250 clients were interviewed, respondents were drawn from across Osun State through a support group. It has 30 local government and one area office. It is located in the South West of the Country Nigeria. The state capital is Osogbo. It shared boundaries with Oyo, Kwara, Ondo and Ogun States. It was created out of old Oyo State in August, 1991.

**Sample Size and Sampling Technique:** Multistage Sampling Technique was employed for the study. All the local government areas were first clustered through which three local government areas were selected through simple random technique from the sampling frame. Eventually, two hundred and fifty respondents were finally selected to take part in the research. The selected respondents were both males and females with their ages ranging from 18 to above 42 years.

**Method of Data Collection** – The questionnaire and structured interview were the method used for the collection of data. This was based on the respondents' level of education. The items on the instrument were

simplified for easy understanding and all items were equally explained to the researcher assistants to ensure accurate of information. The researcher and the assistants.

Sought for appropriate permission from all eligible respondents and confidentiality of information gathered was assured. Study instruments were distributed amongst respondents and used between 30 and 45 minutes to complete them and returned to the researcher and the assistants.

**Instrumentation –**

Based on the nature of the study, the researcher made use of questionnaire and structured interview as the instrument for the research. The instrument was inform of open and closed ended questions. The questionnaire consisted of thirty three (33) items divided into four (4) sections – A-D.

Section A – Information on demographic variable.
Section B - Information related to HIV testing informed consent and counseling.
Section C – Family and social interaction of PLWA.
Section D – Interaction of PLWA with health workers

**Validity And Reliability of Instrument –**

The face and content validity of instrument was done through the scrutiny by the expert in the field of epidemiology and medical practitioners in the field of immunology. The reliability was determined among 10 PLWA in one of the local governments that was not selected for the study. The cronbach coefficient alpha revealed 0.89. The showed 89% of reliability.

**Method of Data Analysis** – The Data collected were analsysed using descriptive analysis of frequencies, and percentages.

## III. Results

**Table 1 Demographic Data**

| **Sex** | | |
|---|---|---|
| **Variable** | **Frequency** | **Percentage** |
| Male | 110 | 44% |
| Female | 140 | 56% |
| Total | 250 | 100% |
| Age | Frequency | Percentage |
| 18-25years | 45 | 18 |
| 26-25years | 18 | 7.2 |
| 34-41years | 117 | 46.8 |
| 42 & above | 70 | 28 |
| Total | 250 | 100 |
| Marital Status | | |
| Variable | Frequency | Percentage |
| Singe | 24 | 9.6 |
| Married | 168 | 67.2 |
| Widow | 32 | 12.8 |
| Divorce | 26 | 10.4 |
| Total | 250 | 100 |
| Educational Status | | |
| Primary | 64 | 25.6% |
| Secondary | 62 | 24.8 |
| Tertiary | 113 | 45.2 |
| No formal education | 11 | 4.4 |
| Total | 250 | 100 |
| Employment status | | |
| Casual Worker | 11 | 4.4 |
| Students | 34 | 13.6 |
| Public | 72 | 28.8 |
| Unemployment | 40 | 16 |
| Self employment | 93 | 37.2 |
| Total | 250 | 100 |
| Reason for unemployment | | |
| No job Available | 12 | 30% |
| Poor Health | 11 | (27.5) |
| Dismissed because of status | 04 | 10 |
| No money for business | 13 | 32.5 |
| Total | 40 | 100 |

Considering the table 1 on Demographic data 44% of respondents were males while 56% were males 18% were between age of 18 and 25 years, 7.2% between 26-33years, 46.8% between 34 and 41years while 28% were above 42years. In term of marital status, 9.8% of the respondents were single, 67.2% married, 12.8% widows while 10.4% were divorced. On the educational level, 4.4% of the respondents had no formal education, 25.6% had primary education, 24.8% had secondary education while 45.2% were graduate from tertiary institution. In term of employment status, 4.4% of the respondents were casual workers, 16% unemployed, 37.2% self employed, 28.2% were public servants while 13.6% were students.

From those that were not employed, 30% reasoned that there was no job, 27.5% could not be employed because of poor health, 10% were dismissed due to their status while 32.5% could not get money to start any business.

**Table 2: Source of Information About HIV/AIDS**

| Variable | Frequency | Percentage |
|---|---|---|
| Radio | 74 | 29.6% |
| Television | 30 | 12 |
| Newspaper | 140 | 56 |
| Others | 06 | 02.4 |
| Total | 250 | 100 |

With reference to the table 2 on the source of information about HIV/AIDS, majority of respondents 56%(140) had newspapers as their source of information about HIV/AIDS, 29.6% from radio, 12% television while 2.4% from other sources.

**Table 3:** Year of informed consent, where and reasons for carrying out the test.

| **Variable** | | |
|---|---|---|
| **Year diagnosed** | **Frequency** | **Percentage** |
| Before 2010 | 72 | 28.8 |
| After 2010 | 178 | 71.2 |
| Where were you tested and diagnosed | Frequency | Percentage |
| General Hospital | 49 | 19.6% |
| Teaching Hospital | 162 | 64.8 |
| Private Hospital | 0 | 0% |
| Private Laboratory | 5 | 02% |
| Health Centre | 34 | 13.6 |
| Total | 250 | |
| Reasons for undergoing the test | Frequency | Percentage |
| Sick at all time | 73 | 29.2% |
| Spouse tested positive | 39 | 15.6% |
| Voluntary | 24 | 09.6% |
| Antenatal | 82 | 32.8% |
| Blood donation | 14 | 05.6% |
| Tested unknowing | 18 | 07.2 |
| Total | 250 | |
| Whose idea was of for you to be tested | Frequency | Percentage |
| Health workers | 164 | 65.5 |
| Mine | 24 | 09.6 |
| Was not aware being tested | 12 | 07.2 |
| Spouse/Partner | 04 | 04.8 |
| Friend | 28 | 01.6 |
| Total | 250 | |

With reference to table 4 above, 28.8%(72) of the respondents were aware of their HIV status before 2000 while 178 (71.2) became aware after year 2000. In terms of the facility type, 196% of the respondents were tested and diagnosed at general hospital, 64.8% in teaching hospital, 2% at private laboratory, 13.6% at the health centres while none was diagnosed at a private hospital. On the reason for undergoing the screening, 7.2% of the respondents were tested unknowingly, 29.2% due to frequent sickness, 32.8% during antenatal care, 5.6% when attempting to donate blood while only 24 (9.6%) of the respondents voluntarily walked into health centres for testing. It was observed from the table 4 that 164 (65.5%) of the respondents were advised by health workers to undergo the screening, 9.6% decided on their own, 4.8% by their spouse, employers requested for it 1.6%, 11.2% of respondents were advised by friends while 18(7.2%) were not aware they were being screened for HIV.

**Table 4: Family And Personal Interaction of PLWA.**

| | | | | No | Yes |
|---|---|---|---|---|---|
| | | Freq. | Percentage | Freq. | Percentage |
| 1. | Are your sexual partners aware of your status. | 92 | 40.8 | 148 | 59.2 |
| 2. | How did they know? Nurse | 92 | 40.8 | 34 | 13.6% |
| | Doctor | 92 | 40.8 | 59 | 23.6 |
| | Self | 92 | 40.8 | 63 | 25.2% |
| | Relative | 92 | 40.8 | 02 | 0.8% |
| 3. | Has anyone notified anybody of your status Without your permission | 208 | 83.2% | 42 | 16.8% |
| 4. | If yes, by who? Doctor | 208 | 83.2% | 4 | 9.5% |
| | Nurse | 208 | 83.2% | 7 | 16.6% |
| | Other Health Workers | 208 | 83.2% | 29 | 69.04 |
| | Relative | 208 | 83.2% | 02 | 4.76% |

Table 4 showed that 148(59.2%) of the respondents claimed that their partners were aware of their status while 92 (40.8%) claimed their partners were not. Of the 148 who claimed their partners were aware, 59(23.6%) of them were through doctors, 13.6% through nurses, 25.2% informed their partners themselves, only 2 (0.8%) through relations. Only 42(16.8%) of the respondents reported that their status were disclosed without their permission while 208 (83.2%) reported nothing of such. Of the 42 respondents who claimed their status was disclosed without permission 4 (9.5%) of them indicted doctors; 16.6% nurses, 69.04% from other health workers while only 4.76% was through relations.

**Table 5: Experience with Medical Personnel**

| | | | | No | Yes |
|---|---|---|---|---|---|
| | Variables | Freq. | Percentage | Freq. | Percentage |
| 1. | Have you ever been refused medical care | 187 | 74.8% | 63 | 25.2% |
| 2. | If yes to 1 above, in which of the listed facilities? (a)Teaching Hospital | 32 | 17.7% | 63 | 25.2% |
| | (b)State / General Hospital | 61 | 32.6% | 63 | 25.2% |
| | (c)Princing health centre | 29 | 15.5 | 63 | 25.2% |
| | (d)Private hospital | 65 | 34.6% | 63 | 25.2% |
| 3. | Who refused you care (personnel)? | | | | |
| | (a) Doctor | 16 | 08.56% | | |
| | (b)Nurse | 23 | 12.30% | | |
| | (c)Other health personnel | 148 | 76.14% | | |
| 4. | Have you ever been refused admission into hospital | 113 | 45.2% | 137 | 54.8% |
| 5. | If yes to 4 above, by who? | | | | |
| | (a)Doctor | 33 | 29.2% | 137 | 54.8% |
| | (b)Nurse | 49 | 43.4% | 137 | 54.8% |
| | (c)Other health personnel | 31 | 27.4% | 137 | 54.8% |
| 6. | Has anyone verbally maltreated you | 214 | 85.6% | 36 | 14.4% |
| 7. | If yes to 6 above, by who? | | | | |
| | (d)Doctor | 83 | 38.8% | | |
| | (e)Nurse | 92 | 42.9% | | |
| | (f) Other health personnel | 39 | 18.3% | | |
| 8. | Which of these special precautions have you observed being used by health workers when attending to you? | | | | |

On the experience with Medical Personnel of PLWHA, table 5 showed that 187 (75.8%) have been refused medical care by Medical Personnel while 63(25.2) were not of the 187 respondent who have experienced refusal of medial care, 32 (17.2%) occurred in teaching hospital, 32.6% in state hospital, 15.5% primary health centre while 34.7% experienced refusal in private hospital 16 (8.56%) of the 187 respondents were refused care by doctors, 23(12.3%) by Nurses while 79.14 were refused by other health care works 85.6% of the respondents reported verbal maltreatment from the head of health care personnel while 14.4% reported nothing of such. As a mean of discrimination toward PLWHA, 28(11.2%) of them noticed used of extra gloves, changing protective wears more often, 84(33.6%) reported separation from other patients while 86 (34.4%) noticed clear indication of their status on their files, although 52(20.8%) claimed they were treated like others.

On why they think health personnel discriminate 48(19.2%) for fear of being infected, 14.4% for lack of knowledge about the disease, 13.5% for lack of materials to work with while 52.8% believe PLWHA are indecent and should be allowed to pay wages of their sin. However, 137 (54.8%) have never been denied admission. Can what PLWHA think could be done to reduce discrimination (table 5), 115(45%) of them advocated more fund to HIV/AIDS programme by Government, 18.8% advocate for adequate training for health care provider, 16.8% requested for permission of materials needed to practice safe medicine while 18.4% called for changes in societal attitude.

## IV. Discussion Of Findings

From the demographic data, it was revealed that majority of the respondent 56% were females while 44% were males. In terms of age, majority 46.% fall between age range of 34-41yrs while only about 7.2% fall within 26-33yrs, 67.2% of the respondents were married while only 9.6% were single, 45.2% of them were graduate of various tertiary institution while only 4.4% did not have any formal education. Majority of the respondents 37.2% were self-employed while only 4.4% were casual workers, 16% were unemployed due to unavailability of job(30%), poor health (27.5%) while 10% were dismissed due to poor health [17, 18, 19, 20]. In terms of the source of knowledge, Newspapers/magazines were the major source of information about HIV/AIDS (56%), 29.6% on radio and 12% on television(20).

On awareness of their status, 71.2% of the respondents were aware of their status 2010, 64.8% of the respondents were diagnosed at teaching hospitals, 24% voluntarily went for screening, 32.8% detected during antenatal care, blood donation (5.6%), 92.8% of respondents were screened were not aware they were being screened[10,11,20]. Majority of the respondents (81.6%) were not asked to sign consent forms while those who signed consent forms had the test explained them by nurses. 87.8% of respondents were given post test counseling on meaning of being HIV positive, 855% were counseled on how to live positively with the virus and they were advised on where to seek help[20]. It was discussed that sexual partners of about 59% of the respondents were aware of their spouse status, about 23.6% were informed by doctors while 25% were briefed by the respondents themselves, 42(16.8%) of the respondents had experienced their status being disclosed without permission and 29% of this were from other health personnel other than Doctors and Nurses(12,13,20).

Majority of the respondent (74.8%) have been refused medical care at one time or another, especially at the private hospital (34.7%), 17.7% in the teaching hospitals while 32.6% in the State hospital, majority (79.14%) of the respondents who have been refused care experienced it in the hand of health personnel aside from doctors and nurses. About 45% of the respondents have been denied admission into the hospital, majority of them (42.9%) indicted Nurses of being the brain behind the denied, 34.4% of the respondents were not happy and viewed the practice as discriminatory for their status to conspicuously written on their case files, 33.6% noticed separation from other patients as discriminatory in nature while others viewed frequent change of protective wears and gloves more than with others patients as a way of discrimination against PLWHA[17,14,20].

Also, fear of discrimination accounted for 54.8% of PLWHA not accessing health facility, 25.2% of them believed health care personal will not help while only 4.4% could not access health facility due to lack of financial means 52.8% of the respondents were of the opinion that health workers discriminated because of their belief PLWHA are indecent and deserve to be punished, 19.2% fear being infected while 13.6% due to lack of adequate materials to practice safe medicine. (14,19,20). On the way out of discriminatory attitude, 46% of the respondents advocated allocation of more fund to HIV/AIDs programme, 18.8% believed adequate training could reduce the menace of indiscrimination while 18.4% advocated changes in societal attitude (20).

## V. Recommendation

- These was high level of discrimination suffered before people living with HIV/AIDs in the hand of medical persona, therefore, health education and information should be intensified.
- People living with HIV/AIDs could not access health facility for fear of discrimination, stringent penalty should be imposed on the health institutions that dent the PLWHA access to help.
- Adequate training on HIV/AIDs should be on a continuous process.

## VI. Conclusion

The study concludes that all clinical staff should be adequately educated about HIV/AIDs, modes of transmission of virus, universal precautions and the rights of PLWA. Such education is likely to reduce discriminatory practices toward PLWA and may improve these patients care and access to health services. The study also asserts that a lack of protective materials and other materials needed to treat and prevent the spread of HIV, documented in several health facilities and reported by professionals themselves, contribute to discriminatory behaviour among health professionals.

**Health Implication of the Study.**

The fact that some health workers have discriminated against PLWA in the past suggests that health-care professionals serving PLWA should urgently be educated about HIV/AIDs so that they fully understand how HIV can and cannot be transmitted. Also, there is a dire need to strengthen the information, education and communication component of HIV/AIDs prevention efforts in order to dispel misconception that people lend to hold.

## Acknowledgement

We appreciate the permission granted for the realization of this study by the Osun State Health management board, the Chairman of the Local government used for the study, the Nurses and Doctors in the various health centres and the chief medical officers of the various hospitals and teaching hospital.

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