

An AIDS challenge

Health-care workers in South Africa who specialize in HIV/AIDS often contemplate leaving their jobs. The reason is not just the laborious work or the low wages, but also the stigma associated with caring for people living with HIV/AIDS.

Scarce: So found second-year DMS student Daniel Haber in a study published in *Health and Social Care in the Community*. He became interested in the subject when he was an undergraduate at Brigham Young University. He learned that the HIV/AIDS epidemic in rural areas of South Africa—where nurses, doctors, and other caregivers are already scarce—is demanding a larger health-care workforce than ever.

“As I read more and more, I noticed that there were not many studies done which aim to understand some of the hardships faced by AIDS care providers,” says Haber. “I wanted to understand maybe if there was a link between the shortage of health-care staff and stigma in general.” So he developed a study to look at that question, in collaboration with several Brigham Young professors. In 2008, Haber traveled to Eastern Cape Province, South Africa, to begin his research.

There, he recruited a local advisory board that suggested which population to target and that directed Haber’s team to local public and private institutions for HIV/AIDS care, including government-run hospitals. Recruiting participants by hanging up signs in hospitals and making persistent phone calls to local clinics led to few results at first. But “once people understood what we were trying to [do],” says Haber, “they were pretty anxious to voice their experiences and feelings about their work.”

Jobs: Using a 17-item questionnaire, Haber surveyed 100 nurses, doctors, and other certified health-care providers at public and private HIV/AIDS centers. The participants were asked, for example, how often they had been stigmatized and if they had considered



Haber, in the blue t-shirt, is pictured with some of the HIV/AIDS health-care workers he surveyed in 2008. He put together the study as an undergraduate and finished the paper about his findings after enrolling at DMS.

leaving their jobs. All of the questions offered scaled responses, such as “never,” “rarely,” “occasionally,” “frequently,” and “constantly.” Many of the questions requested that participants explain their choices, too.

Stigma: The results of Haber’s study showed a correlation between stigmatization and thoughts of leaving HIV/AIDS work; 39% of participants felt people have a “negative” or “very negative” reaction to those who work with HIV/AIDS patients, and 74% said they themselves had been suspected of having HIV/AIDS “occasionally,” “frequently,” or “constantly.”

“People despise us for the work we are doing,” stated one participant. “When they find out, they will stop talking to me, or they think I’m HIV-positive,” wrote another.

When asked if they ever think about doing HIV/AIDS work outside of South Africa, 57% of respondents chose “occasionally,” “frequently,” or “constantly,” citing the lack of support and the inadequate pay.

A doctor in the study confessed to feeling unappreciated, burned out, and discouraged by colleagues’ negativity towards HIV/AIDS work. “Coworkers, relatives, and patients label you as HIV-positive,” the doctor said.

Furthermore, 78% of respondents said they are paid less than other types of health-care workers. “Management doesn’t care a lot,” wrote one nurse. “There is an increasing number of patients. . . . We are emotionally drained.” Some said that many HIV/AIDS care centers depend mainly on donations, due to decreasing financial support from the government.

Haber recognizes that his study was too small to draw broad conclusions. Just 100 health-care workers from one province cannot represent the whole of South Africa, he admits. But their pleas are worth paying attention to, he believes, because in them lies hope for better retention and recruitment in the field.

“This was a new concept to research,” Haber says. “There had not been any other preliminary studies prior to ours . . . on HIV/AIDS health-care provider stigmatization in Sub-Saharan Africa.”

Proud: But, to his surprise, 61% of the study’s participants “never” or “rarely” thought about leaving HIV/AIDS work for other sectors of health care. In fact, many are proud of their work, says Haber, and, in spite of the stigma, they want to stand up and say, “This is what I do!” NILU NURINOVA