

# Addressing Stigma and Discrimination in Tanzania: The Missing Piece to Make a Health System Work for Youth

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## Background

- Stigma and discrimination are barriers to every aspect of the HIV response.
- Youth ages 15–24 years make up 20% of Tanzania's population,<sup>1</sup> but account for 30% of new HIV infections.<sup>2</sup>
- Youth living with HIV demonstrate lower rates of adherence to ART and higher virologic failure than adults (globally and in Tanzania).
- HP+ included youth (ages 15–24) living with HIV in a study on stigma in health facilities to:
  - Determine the prevalence and actionable drivers of HIV-related stigma and discrimination in the health system from the perspective of health facility staff and clients
  - Inform the design of a tailored stigma-reduction intervention
  - Support evaluation

## Methods

Survey data collected from 233 health facility staff (148 female, 83 male, 2 not stated), 243 adults living with HIV (166 female and 77 male), and 88 youth living with HIV (40 female and 48 male) in two district hospitals in Tanzania's Morogoro region (July–September 2017), measuring:

- Presence and levels of stigma and discrimination key drivers (fear, attitudes, health facility environment) and observed discrimination among staff
- Anticipated, observed, and experienced stigma and discrimination in health services (youth clients)
- Avoidance/delay of seeking health services among youth clients

## Measures

### Observed Discrimination (Health Facility Staff)

#### Behaviors observed in other health facility staff

- Unwilling to care for persons living with or thought to be living with HIV
- Providing poorer quality of care to persons living with or thought to be living with HIV
- Talking badly about persons living with or thought to be living with HIV
- Disclosing client's HIV status without consent, in a situation that was not medically required

#### Categories of youth (for observed discrimination)

- Young people living with HIV who did not acquire HIV perinatally
- Young people living with HIV who acquired HIV perinatally
- Unmarried pregnant adolescents
- Sexually active adolescents

### Stigmatizing Attitudes toward Youth (Health Facility Staff)

- Adolescent girls who are sexually active are promiscuous
- Adolescent boys engaging in sexual activity is normal (*disagree*)
- Adolescents living with HIV should not have sex
- Young people living with HIV should receive counseling and support to make informed decisions on becoming pregnant (*disagree*)

### Experienced Discrimination (Clients)

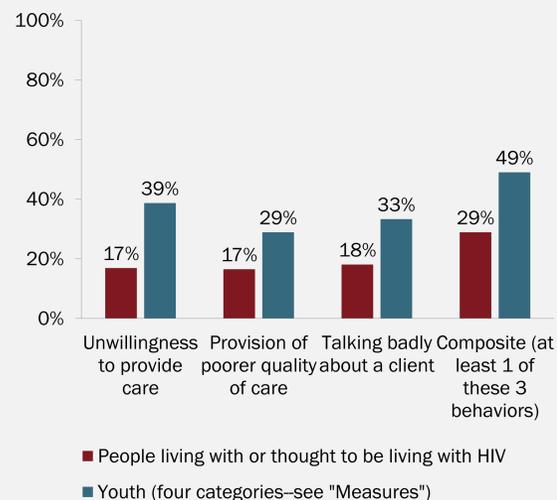
#### Health Facility Staff Behaviors

- Talking badly or gossiping about you
- Yelling, scolding, or being otherwise verbally abusive toward you
- Advising you not to have sex
- Pushing, hitting, or being otherwise physically abusive
- Avoiding physical contact with you
- Wearing double gloves when providing you care
- Telling other people about your HIV status without your consent
- Judging you morally, spiritually, or religiously
- Providing you poorer quality of care than they provide to other patients

## Results

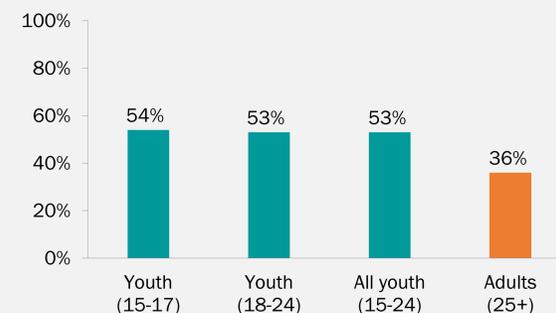
- Youth living with HIV reported routinely receiving supportive care and high satisfaction with HIV services. However, over 50% reported having experienced discrimination in the past three months, more than all other age groups, with little variation by sex.
- Health facility staff reported high observed discrimination toward all categories of youth, greatest toward unmarried pregnant youth (41%).
- Stigmatizing attitudes toward youth were prevalent among staff:
  - Over 90% reported a least one of four stigmatizing attitudes—highest among medical staff (93%)
  - 46% believed that youth living with HIV should not have sex
  - More staff reported negative attitudes towards sexually active girls (69%), than toward their male counterparts (46%)
- 34% of medical staff expressed a preference not to provide sexual and reproductive health services to youth ages 15–17.
- Only 64% of youth clients living with HIV, compared with 74% of adult clients, believed health facility staff are not allowed to test clients for HIV without consent.

### Figure 1. Observed Discrimination (Adults and Youth Living with HIV)



## Conclusions

### Figure 2. Experienced Discrimination



HP+ has used these data to inform the design of health facility-based stigma-reduction interventions. An endline assessment will be used to evaluate the effects of these interventions (data available in September 2018).

Youth living with HIV have been actively involved throughout, starting with questionnaire development. Measuring and addressing stigma and discrimination toward youth in health facilities is essential to reach and retain youth in HIV services, ensure equitable access to high-quality of care for youth, and improve adherence and viral suppression rates among youth living with HIV.

## References

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- Barker, Bowsky, Zapfel, and Gibbs. 2016. "HIV Trends among Adolescents and Young Adults Ages 15-24 in 23 High-burden Countries." Poster presented at the 21st International AIDS Conference in Durban, South Africa, July 18-22, 2016.

### Partnered With



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## STIGMA-REDUCTION INTERVENTIONS

Survey data discussed here has informed development of facility-led stigma-reduction interventions, beginning with participatory capacity development for facility staff of all levels and cadres. Topics included stigmatizing attitudes and behaviors toward youth. Youth living with HIV co-facilitated these workshops alongside facility staff and adults living with HIV. Participants have gone on to design and implement a variety of stigma-reduction interventions in their health facilities, including codes of conduct, suggestion boxes, radio announcements, and integration of stigma reduction into facility management responsibilities.