‘They are not responsible enough to use protection’: The blind spot of stigma and discrimination towards young people in healthcare settings

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Background

Efforts to scale up ART to reach adolescents and young people living with HIV (AYPLHIV) are lagging, with HIV testing, treatment and viral suppression rates worse than age-matched adults. However, AYPLHIV are not receiving linked prevention, care and treatment (PCT) services. Inadequate service delivery has been linked to lack of support and a lack of experience in working with these age groups. globals

UNAIDS calls for urgent action to eliminate HIV-related stigma. Towards achieving 95-95-95, therefore critical to ensuring service access and positive treatment outcomes for AYPLHIV. The WHO consolidated guidelines for global standards for responsive adolescent- and youth-friendly health services provide recommendations on sexual and reproductive health and rights that are youth sensitive, privacy, confidentiality, youth-friendly and violence and bullying.

Methods

In 2016-2017, PATA, a network of frontline health providers, conducted cross-sectional, descriptive statistics and thematic coding to describe central tendencies and identify themes. Participating AYPLHIV were predominantly female (59%), with a mean age of 22 years. Eighty-seven percent of providers were training in care and support for AYPLHIV, and most providers (85%) reported having received training in care and support for AYPLHIV, and most providers (85%) reported that AYPLHIV do not receive inferior care. Ninety-eight percent of providers reported having received training in care and support for AYPLHIV, and most providers (85%) reported that AYPLHIV do not receive inferior care. Ninety-eight percent of providers reported that AYPLHIV do not receive inferior care.

Results

The majority group of health providers completing the survey were nurses (41%) and doctors (17%), predominantly female (67%), and had a mean age of 38 years. Participating AYPLHIV were predominantly female (59%), with a mean age of 22 years. Eighty-seven percent of providers reported having received training in care and support for AYPLHIV, and most providers (85%) reported having received training in care and support for AYPLHIV, and most providers (85%) reported that AYPLHIV do not receive inferior care. Ninety-eight percent of providers reported that AYPLHIV do not receive inferior care.

Conclusions

Health workers’ sensitivity is a powerful starting point and requires accessible resources, time and buy-in at all levels. Key to this is supported by practical policy and structural plans. These include recommendations and strategies that can leverage the power of policymakers, implementers and other stakeholders to strengthen guiding principles, strategies plans and programmes.

What suggestions can you provide in order to make those services better (like making those more acceptable or accessible)?

‘Health workers should be friendly and confidential with youth friendly services’. 

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Recommendations

Health workers’ sensitivity is a powerful starting point and requires accessible resources, time and buy-in at all levels. Key to this is supported by practical policy and structural plans. These include recommendations and strategies that can leverage the power of policymakers, implementers and other stakeholders to strengthen guiding principles, strategies plans and programmes.

References


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