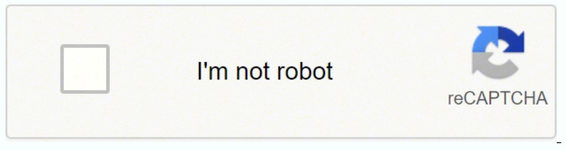

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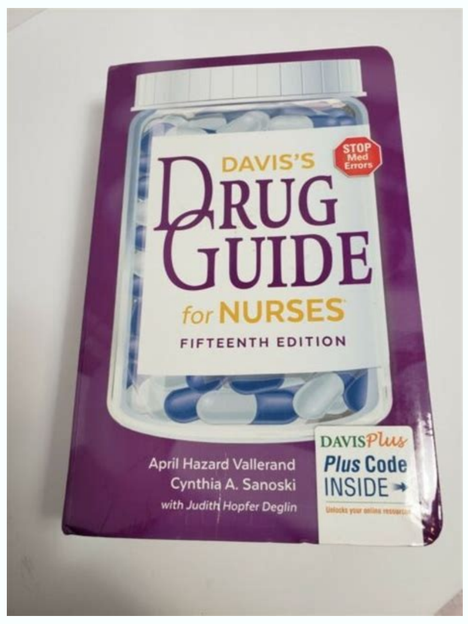

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Stigma in health facilities: why it matters and how we can change it

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Abstract

Stigma in health facilities undermines diagnosis, treatment, and successful health outcomes. Addressing stigma is fundamental to delivering quality healthcare and achieving optimal health. This correspondence article seeks to assess how developments over the past 5 years have contributed to the state of programmatic knowledge—both approaches and methods—regarding interventions to reduce stigma in health facilities, and explores the potential to concurrently address multiple health condition stigmas. It is supported by findings from a systematic review of published articles indexed in PubMed, PsycInfo and Web of Science, and in the United States Agency for International Development's Development Experience Clearinghouse, which was conducted in February 2018 and restricted to the past 5 years. Forty-two studies met inclusion criteria and provided insight on interventions to reduce HIV, mental illness, or substance abuse stigma. Multiple common approaches to address stigma in health facilities emerged, which were implemented in a variety of ways. The literature search identified key gaps including a dearth of stigma reduction interventions in health facilities that focus on tuberculosis, diabetes, leprosy, or cancer; target multiple cadres of staff or multiple ecological levels; leverage interactive technology; or address stigma experienced by health workers. Preliminary results from ongoing innovative responses to these gaps are also described.

The current evidence base of stigma reduction in health facilities provides a solid foundation to develop and implement interventions. However, gaps exist and merit further work. Future investment in health facility stigma reduction should prioritize the involvement of clients living with the stigmatized condition or behavior and health workers living with stigmatized conditions and should address both individual and structural level stigma.

Keywords: Stigma, Discrimination, Reduction, Intervention, Programs, Health facilities

Background

Stigma defined

Stigma is a powerful social process that is characterized by labeling, stereotyping, and separation, leading to status loss and discrimination, all occurring in the context of power [1]. Discrimination, as defined by the Joint United Nations Programme on HIV/AIDS (UNAIDS), is the unfair and unjust action towards an individual or group on the basis of real or perceived status or attributes, a medical condition (e.g., HIV), socioeconomic status, gender, race, sexual identity, or age [2]. It has also been described as the endpoint of the stigmatization process [1]. Stigma is brought to bear on individuals or groups both for health (e.g., disease-specific) and non-health (e.g., poverty, gender identity, sexual orientation, migrant status) differences, whether real or perceived.

Health condition-related stigma is stigma related to living with a specific disease or health condition. Such stigma may be experienced in all spheres of life; however, stigma in health facilities is particularly egregious, negatively affecting people seeking health services at a time when they are at their most vulnerable. In health facilities, the manifestations of stigma are widely documented, ranging from outright denial of care, provision of sub-standard care, physical and verbal abuse, to more subtle forms, such as making certain people wait longer or passing their care off to junior colleagues [3–6]. As a result, stigma is a barrier to care for people seeking

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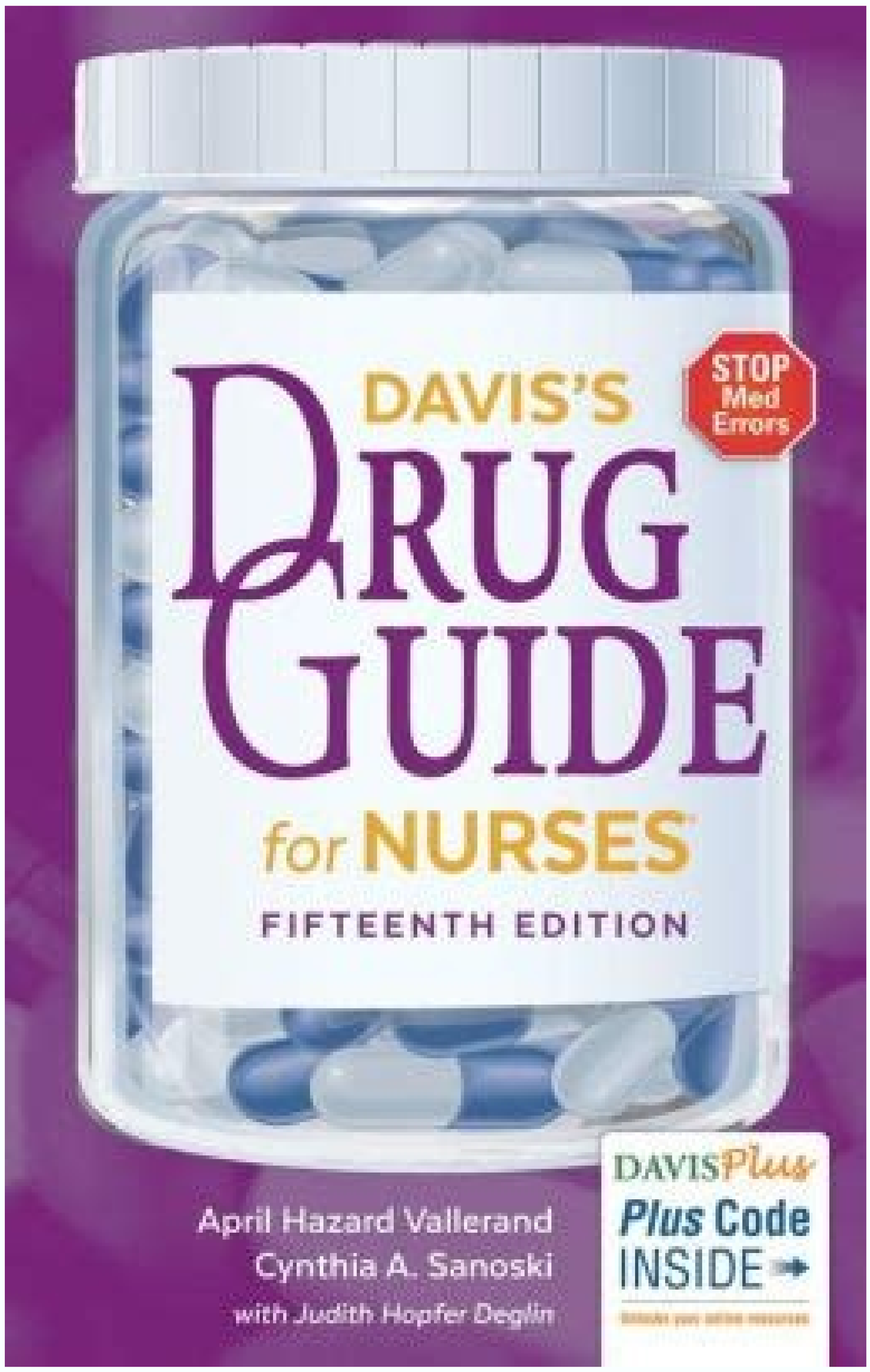

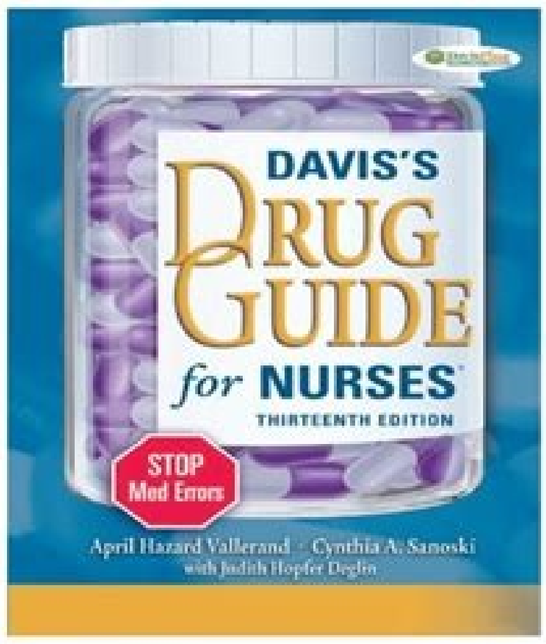

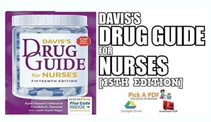

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