4. HEALTH CARE SETTINGS: LATIN AMERICA AND THE CARIBBEAN

Studies and reports of HIV/AIDS-related stigma and discrimination in the health services in Latin America and the Caribbean that use similar methodologies suffer from the same defects and portray a similar situation as in the rest of the world. Extreme forms of discrimination, such as calls for isolation, are rare, but discriminatory attitudes and behavior continue in many communities, with a negative impact on the psychological and physical wellbeing of people living with HIV/AIDS.

Because most of the surveys reviewed below took place at a time when antiretroviral therapies were not widely available and the disease still had strong associations with death, they do not necessarily reflect the current situation. Furthermore, anecdotal evidence suggests that while the stigma of HIV/AIDS is indeed diminishing in some communities, sex between men remains highly stigmatized, with the result that some individuals are more concerned to hide their sexuality than their HIV-positive status (see below). While homophobia is recognized by some organizations as an issue, stigmas associated with injecting drug use and women sex workers are almost certainly widespread but have not been the subject of investigation.

Transvestites are particularly vulnerable to homophobia. One Argentinean study points out that transvestites consider hospitals and other health centers as extremely discriminatory and a place only to visit in extreme need: "I prefer to die in a hotel surrounded by gay men than alone in a hospital bed." Gender identity is often a source of experienced stigma: "Once I was in a waiting room and they called me by my masculine name and surname. … I almost died of shame. … I didn't get up, I waited until they called someone else and then I left." (Barreda & Isnardi 2003)

Regrettably, this review identified only a handful of studies in the region. It is certain that many other surveys of stigma and discrimination in the health services in Latin America and the Caribbean have been undertaken and so conclusions here must be taken as preliminary.

Homophobia

Despite the emergence of gay rights organizations and some acceptance of openly gay men in liberal social circles, homophobia remains widespread throughout Latin America and the Caribbean and is a major factor in HIV/AIDS-related discrimination.

In many sectors of Latin American society, homosexual activity is acceptable if the man only penetrates his partner. Men who are penetrated or perceived as being penetrated are considered "less-than-men" and therefore "legitimate" subjects of stigma.

Violence against men known or suspected of having sex with other men is common in the region and includes rape and murder. Cases have been most documented in Brazil but are reported from almost every country. HIV/AIDS is often a rationale for attacks, with the victim being accused of spreading the virus, whether or not he is HIV-positive. Violence often occurs in sexual situations and is fueled by the attacker's fear and anger that he is being accused of being a man who is penetrated. (Mott et al 2002)

Although sexual activity between two men is legal in most countries in the region[14], the police use laws referring to public morality to prevent men from congregating or to restrict their behavior in public or

[14] Unusually, Nicaragua criminalized sex between men in 1992.

semi-public places such as bars. Police violence against homosexual men is also widely reported.

Homophobia in the health services in the region is widely reported (see Chile, Guatemala and the Caribbean) but the extent to which it is a factor in HIV/AIDS-related discrimination has not been statistically researched. Such research is essential in the construction of an appropriate response to stigma and discrimination.

Legislation

The American Convention on Human Rights (Additional Protocol) contains an article on "Right to Health", which compels countries to ensure "satisfaction of the health needs of the highest risk groups and of those whose poverty makes them the most vulnerable".

A 1991 survey of HIV/AIDS-related legislation in Latin America noted the wide range of factors influencing the drafting of legislation, including the attitudes of health workers, the effectiveness of government bureaucracy in addressing the issue, the role of the Catholic Church and the mass media. Three approaches were identified: restrictive, "based on the perception that the AIDS epidemic can and should be controlled by restrictive laws and regulations" and humanistic, stressing "the need to respect the human rights of AIDS patients and persons who are HIV positive, as well as those of their families and friends", and pragmatic, based on the rationale that "only regulations which address specific, concrete situations can accomplish the goal of preventing and controlling spread of the disease". The survey pointed out that several countries adopted more than one approach, such as a Costa Rican decree that prevents discrimination against prison inmates on grounds of sexual orientation or HIV/AIDS status, and a law in the same country requiring HIV tests for foreigners seeking permanent or temporary residence. (Linares 1991)

More recent reviews of legislation have been less comprehensive. The Pan American Health Organization published a brief report on legislation and access to treatment in 2003 (PAHO 2003), and a review of Central American legislation is discussed in Section 4.3.

4.1. Spanish-speaking South America

4.1.1. Argentina

Health workers' attitudes

A 1996 survey of health professionals working in HIV/AIDS confirmed high rates of fear in treating injecting drug users (57%), homo/bisexual men (26%), the children of HIV-positive mothers (12%), hemophiliacs or blood product recipients (12%) and heterosexual patients (5%). (Frieder 2003)

A 2000 study in five hospitals in Buenos Aires showed reduced rejection of people with HIV/AIDS; however, a strong link between stigmatized behaviors – focusing on sex and injecting drugs – continues to produce difficulties in the relationship between doctor and patient. (Biagini 2000)

Experiences of people with HIV/AIDS

Patricia Pérez of the Latina branch of the International Community of Women living with HIV/AIDS comments that discrimination has fallen as health workers have more information about the disease and have more contact with people who are HIV-positive as an increasing number of people are diagnosed. She points out that a minority of VIH positive people have been helped by greater knowledge of their rights. ICW Latina is working with the Anti-discrimination Office to reduce stigma and discrimination in hospitals, self-help groups and schools. (Personal communication)

4.1.2. Bolivia

Health workers' knowledge

An undated (believed to be 1998) study revealed very high rates of ignorance among 305 health workers in Cochabamba regarding HIV/AIDS diagnosis and treatment (79.4% were unaware of the need to confirm a positive ELISA test; 72.1% were unfamiliar with drugs used to combat HIV/AIDS) and low rates of confidence regarding working with patients with the disease (30.3% considered they had the skills to

work with HIV/AIDS patients; 33.8% were afraid of the patients and believed they should be isolated). These figures crossed all aspects of the profession, including doctors, nurses, nursing assistants and laboratory assistants. (Valdez Carrizo & Saudan nd)

4.1.3. Chile

General population

According to a speech made by a Chilean government delegate to the United Nations in November 2000, 75% of the population "is willing to share social spaces, such as places at work and at school with persons living with HIV/AIDS" while the "number of those surveyed who declared that we are all vulnerable increased from 6.9 per cent in 1991 to 28.2 per cent in 1994. It is believed that this figure has increased significantly since then." Since then anti-discrimination legislation has been passed that promotes prevention and non-discrimination against persons living with HIV/AIDS had been approved by the Chamber of Deputies was being considered in the Senate.

Health workers' attitudes

A 1997 study showed that 48.5% of nurses in the health services in Concepción were favorable to working with patients with HIV/AIDS, 41.6% were indecisive and 10.1% had negative attitudes. (Ortíz & Del Carmen 1997)

Experiences of people with HIV/AIDS

A 70-page report on "Situations of discrimination affecting people living with HIV/AIDS in Chile", including health care settings, collected data and interviews from 13 cities was made in 2002. The document describes in detail "the situations of discrimination which people living with HIV experience in health settings, particularly in the lack of access to antiretroviral treatments, discrimination in health services as well as the infringements of medical ethics which occurs in these clinics. (Vivo Positivo 2002)

"Informants reported the fewest positive experiences in health settings. Even when, in general, people recognize that they have noticed a change in [health] professionals' attitudes towards patients, particularly within HIV programs, this change does not match the requirements and needs of people living with HIV/AIDS." (Vivo Positivo 2002)

The report notes underlying causes of discriminatory behavior, including lack of staff, training and information and carries extensive criticism as well as recommendations.

Patient: *"Doctor, what's the result of my exam, what's wrong with me?"*

Doctor: *shouting in a crowded waiting-room "What you've got is AIDS, now you're going to die." (Bolivia: Fundación Mas Vida, nd)*

Nurse: *"The young man who had the biopsy is bleeding, the wound needs stitching and dressing."*

Doctor: *"I'll see them all except the sidoso[15]." (Bolivia: Fundación Mas Vida, nd)*

"When I entered the program I did it as a heterosexual; my wife and children came. But two years passed and my homosexuality emerged. Then the treatment changed immediately. Here they discriminate against you, the treatment they give heterosexuals is different from the treatment they give homosexuals. … I'm on rescue therapy. The doctor told me that the only way to get on it was to enter my family group, since I had a wife and children." (Chile: Vivo Positivo 2002)

"It's very important to be informed, to acquire the terminology, to know what a protease inhibitor is, what a transcriptase inhibitor is. When you go to the doctor and use the terminology, the treatment changes." (Chile: Vivo Positivo 2002)

[15] sidoso: insulting Spanish term for someone with AIDS.

4.1.4. Uruguay

Doctors' knowledge and attitudes

A nationwide study in 1995 surveyed physicians' knowledge and attitudes on such questions as when an HIV test should be recommended, whether the doctor should give the patient a positive result, whether others (family, spouse, medical staff, work colleagues) should be informed of a positive result (i.e. breach of confidentiality), what recommendations should be given to an HIV-positive patient. It concluded that discriminatory practices were rare but existed, and that confidentiality remained a controversial subject. (CEIPV 1998)

4.1.5. Venezuela

Health workers' attitudes

A 1996 study of 322 health workers revealed higher consistent negative attitudes among dentists (36% rejection; 45% discrimination) and nurses (26% rejection; 46% discrimination) than among doctors (27% rejection; 42% discrimination) and students (23% rejection; 42% discrimination). This was "[p]robably due to the higher risk of contagion present in the clinical activities of these professionals". (Prieto Belisario 1996)

4.2. Brazil

Health workers' attitudes

A 1995 study of 21 nursing professionals in Campinas, State of São Paulo, confirmed that the primary issues for respondents were fear of contracting the virus, emotional involvement, aspects of sexuality and drug addiction, continuous contact with death and burnout. (Figueiredo & Turato 1995) A 1997 study of 17 São Paulo health workers (including doctors, a psychiatrist, nurses, assistants and sociologists), 14 of whom had worked with HIV/AIDS patients for at least 5 years, revealed very high levels (more than 50%) of frustration, depression, anger and anguish. (Malbergier & Stempliuk 1997) Both these studies, however, have been superseded by the availability of antiretroviral drugs, which, anecdotal evidence suggests, has significantly reduced the stigma of HIV/AIDS.

Experiences of people living with HIV/AIDS

Two studies of women living with HIV/AIDS revealed relatively little experience of discrimination. In 1997, 7% respondents reported incidences of discrimination, of 1,068 women surveyed. (Gaspar Tunala 2002) in 1999-2000, 14.4% reported indifference, 5.1% discrimination and 2.0% criticism from the health worker who gave them the positive test result. Women who were tested at maternities or private health services were more likely to have felt discriminated, criticized or been treated with indifference. Only 42.1% of the women reported receiving pre-test counseling, and 62.5% post-test counseling. Other areas where respondents considered that insufficient services were provided included psychological support, nutrition care and oral health. (Cotrim Segurado et al 2003)

In 2002, the government launched a national campaign intended to promote diversity and to reduce discrimination against homosexual men.

4.3. Mexico, Central America and Spanish-speaking Caribbean

According to a 2001 study of HIV/AIDS-related laws in Central America, post-1990 legislation in the region has moved significantly towards protecting the rights of people living with the virus or associated with it. This includes laws prohibiting discrimination and confirming that the human rights of people with HIV/AIDS should be respected. However, some discrepancies between the law and human rights remain, such as compulsory testing of sex workers in some countries.

Health services in the region are obliged to provide treatment and maintain confidentiality, although this may be subject to exception; in Guatemala and Panama, people living with HIV/AIDS must inform any contacts that might be at risk of infection; if they do not do so, the health authorities are instructed to do so. (PASCA 2001)

4.3.1. Dominican Republic

Health workers' attitudes

A 1994 study of surgeons revealed that 30.3% of respondents experienced anxiety over treating HIV-positive patients; other responses included insomnia (6.6%), tachycardia (7.6%) and migraine (7.9%). 82.9% said they treated HIV+ patients, but with extra precautions; 10.5% said they did not treat HIV-positive patients and 6.6% said they treated them in the same manner as HIV-negative patients. (Nuñez et al 1995)

4.3.2. El Salvador

Health workers' attitudes

A 1999 paper reports that counseling for HIV-positive patients improved after the Ministry of Health recognized that "most [health workers] did not know how to counsel or even recognize the need for counseling". (Calderón 1999)

4.3.3. Guatemala

Experiences of people living with HIV/AIDS

In 1997, parliamentarian Zury Ríos Montt notified the National Assembly that discrimination against people with HIV/AIDS was widespread, including lack of confidentiality in health centers and laboratories and medical professionals refusing to treat patients with the virus. (PASCA 2001)

.Anecdotal evidence suggest that while HIV/AIDS-related discrimination in the health services has fallen, stigma related to men who have sex with men remains high. According to Rubén Mayorga, executive director of the non-governmental organization Oasis, it is relatively common for men to admit they are HIV-positive but to remain silent on the fact that probably contracted the virus through sex with men.

4.3.4. Mexico

Experiences of people living with HIV/AIDS

In the early 1990s, it was reported that most of accusations regarding violations of human rights of people living with HIV were attributed to health workers. (Panebianco et al 1993)

Health workers' knowledge and attitudes

A survey of 204 health workers in Ciudad Juarez showed that on average respondents gave correct answers to 82% questions on knowledge of HIV/AIDS. 81% were willing to provide AIDS care; 87% were worried about contracting HIV; 72% had positive or neutral attitudes towards homosexual men; and 44% had negative attitudes towards injecting drug users. (Fusilier et al 1998)

A 1999 study of 124 family physicians in Mérida showed that specialized doctors and those who had recently graduated were more willing to care for HIV-positive patients. Thirteen percent would prefer not to have HIV/AIDS patients if possible, and 33% agreed with the statement that "taking care of a patient with HIV/AIDS is dangerous", 10% recommended isolation and 4% preferred not to have homosexual patients, whether or not they were HIV-positive. (Barrón Rivera et al 2000)

4.3.5. Nicaragua

Health workers' knowledge

A 2003 survey of health workers in Managua about knowledge, attitude and practices found that 41% of the nurses had important knowledge gaps about HIV/AIDS. (Sequeira Peña et al, 2003)

4.4. English-speaking Caribbean

Health workers' attitudes

Interviews carried out in 1996 with nurses working with HIV/AIDS patients in Jamaica (before the advent of antiretroviral therapies) revealed some sympathy,

but more discomfort and rejection. This behavior appeared partly as the result of many patients being brought in at terminal stage of the illness, disorientated and unable or unwilling to control their body functions. "Some patients with AIDS are very problematic. I don't know why some of them, even when they are oriented and able to walk to the bathroom, like to go around the ward dropping feces on the floor." The attitudes of many nurses were influenced by the presumed source of infection." To me, being sympathetic with a patient [with AIDS] depends on the way he contracted the disease." "We can be more sympathetic with children [with AIDS], or with somebody who got infected through a transfusion." Very strong antipathy towards homosexual men was recorded. Misconceptions about means of HIV transmission were common and some nurses were aware that they lacked sufficient knowledge and training. Scarcity of protective materials sometimes led to patients being given insufficient care and attention. (Ramirez 1996)

Experiences of people living with HIV/AIDS

Workshops in 2002 on stigma and discrimination organized by the Caribbean Epidemiology Center (CAREC) confirmed that the phenomenon was widespread and identified poverty, attitudes towards sex between men and substance abuse as major underlying factors. Health workers were reported as overworked, scared and ill prepared to deal with the disease, while people with HIV/AIDS in health facilities felt dirty, ashamed and fatalistic. The workshop also laid out priorities for action to tackle stigma and discrimination in a number of social settings, including the health services.