

HIV STIGMA REDUCTION IN INDIA

SUMMARY

Stigma remains a major barrier to HIV prevention and treatment. The Asia Regional Office of the International Center for Research on Women (ICRW-ARO) adapted a global framework for understanding and addressing stigma in five different population settings in India and evaluated its impact.

Through engagement with local and national stakeholders, supported by accessible summaries of the findings, ICRW-ARO and partners achieved significant and ongoing impact on structural stigma-reduction. At local level, this led institutions (for instance hospitals, sex-worker collectives and local government) to establish new guidelines, policies and training to continue and expand steps to reduce stigma. Centrally, the National AIDS Control Organisation (NACO) established a Stigma Technical Resource Group and appointed ICRW-ARO director, Dr Ravi Verma, to chair it.

NACO continues to invite ICRW-ARO to contribute guidance on stigma reduction and ways to address the structural drivers of HIV more broadly, for example in the drafting of the National AIDS Control Programme (2017–24).

WHAT IS THE ISSUE?

Stigmatising attitudes in the general population and discriminatory treatment by actors, ranging from healthcare providers to local policy-makers, intensify the marginalisation of vulnerable groups at highest risk of HIV, including sex workers, men who have sex with men (MSM), transgender people and people who use drugs. Stigma is a barrier to services for these already hard-to-reach groups. While the prevalence of HIV in India is declining overall, ongoing HIV stigma and discrimination towards these groups persist, fuelling ongoing HIV risk. While stigma has long been recognised as a barrier to effective HIV prevention and treatment services, there has been a lack of concrete guidance about how to tackle HIV stigma, stigma against marginalised and vulnerable groups and intersecting stigmas (for example, those who are stigmatised because of both HIV and sex work). While previous NACO strategies included media campaigns to address stigma, they did not include holistic stigma-reduction programming.

ADDRESSING THE ISSUE

ICRW developed a global stigma reduction framework to identify and tackle stigma operating at individual, interpersonal, organisational, community and policy levels. The Asia Regional Office of ICRW worked with five organisations in three states (Gujarat, Maharashtra and Karnataka) to adapt and implement this framework with five populations in India:

- human resources managers in the corporate sector
- healthcare workers providing services to MSM and transgender clients
- students in higher education
- sex worker collectives
- local governments (gram panchayats)

Evidence from ICRW-ARO's evaluation suggested that it is possible to address stigma at multiple levels and in sectors other than health. The experiences of the five organisations confirmed that national guidance on implementing the framework should emphasise two elements: using a multi-level approach to stigma reduction and incorporating contact strategies (in-person exchange with stigmatised groups). Findings are outlined in more detail in the summary report.

OUTPUTS

To support research uptake efforts, STRIVE produced:

■ A summary report

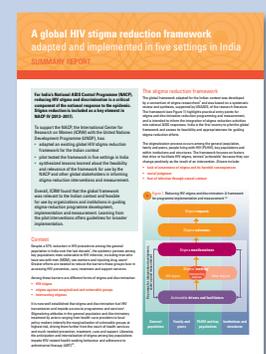
<http://strive.lshtm.ac.uk/resources/global-hiv-stigma-reduction-framework-implemented-india>

■ A short video about the impact of stigma reduction on students

<http://strive.lshtm.ac.uk/resources/reducing-hiv-stigma-india>

■ Five case studies, describing stigma reduction activities and impact on each of the five populations (see table on page 2)

<http://strive.lshtm.ac.uk/resources/stigma-reduction-case-studies>

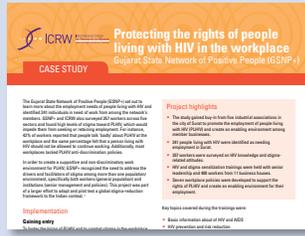


IMPLEMENTING ORGANISATION

Gujarat State Network of Positive People (GSNP+)

SETTING/ POPULATION

Corporate sector: human resources (HR) department employees



INTERVENTION STRATEGIES

Trained HR managers and top management on stigma and HIV; reviewed and revised HR policies to be inclusive of people living with HIV

Humsafar Trust, Mumbai, Maharashtra

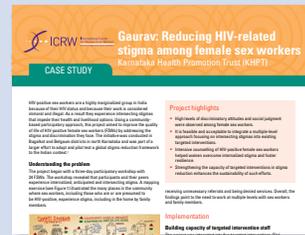
Healthcare sector: healthcare workers providing services to MSM and transgender clients



Surveyed more than 200 hospital staff on HIV stigma and stigma towards men who have sex with men (MSM); conducted a policy review with hospital heads of departments and MSM to reduce stigmatising practices

Karnataka Health Promotion Trust, Bagalkot and Belgaum, Karnataka

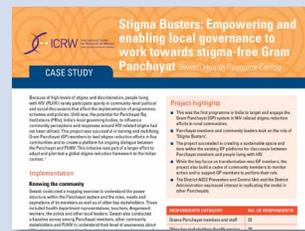
Sex-worker collectives: rural female sex workers organised into collectives



In 75 villages, conducted community mapping to identify locations of stigma both as PLHIV and as sex-workers; ran workshops with sex workers, their families and community members to identify and address stigma and discrimination; provided individual counselling and planning sessions

St Xavier's College, Ahmedabad, Gujarat

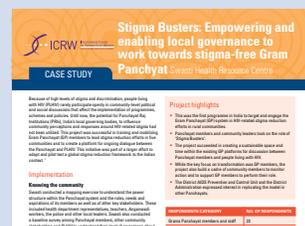
Education sector: undergraduate students



Trained faculty to deliver stigma reduction curriculum; organised visits of students to community-based organisations (CBOs) run by MSM, female sex workers and people living with HIV to facilitate dialogue and understanding of stigma faced by marginalised groups; conducted reflective discussion to process insights from interaction with marginalised groups and learning from stigma reduction curriculum

Swasti Health Resource Centre, Nandi, Karnataka

Gram panchayats: local government officials, plus other stakeholders including police and teachers



In five communities, facilitated dialogue between panchayat officials and local people living with HIV; conducted sensitisation workshops and leadership training; designed a stigma-reduction campaign in each community

HOW DID STRIVE ACHIEVE IMPACT?

STRIVE contributed to impact at three levels:

1. ICRW-ARO increased its capacity to undertake effective research uptake.
2. Local institutions addressed stigmatising practices and, in some instances, established stigma-reduction guidelines and protocols.
3. NACO established a Stigma Technical Resource Group and integrated guidance on structural approaches to HIV prevention in the draft for NACP strategy for 2017–24.

1. Research uptake capacity

ICRW-ARO are a well respected organisation with considerable influence in India. Historically, they have used a 'research dissemination' model to promote findings from their work. By working with STRIVE from 2012 onwards, they adopted a 'research uptake' approach. Using this model, ICRW-ARO developed a research uptake strategy, engaged from the start with potential end-users of the research, summarised the findings and their implications in lay language for a non-academic audience and planned effective dissemination. This approach helped maximise the impact of their studies.

2. Changes at local level

As the case studies describe, the framework achieved significant impact in each setting at the time. Four years after completion of the research project, at least two of the five partners – the Gujarat State Network of Positive People and Humsafar Trust – reported that they had achieved ongoing influence on policy and practice in local institutions. (Follow up is underway with the other three implementing organisations.)

Impact on healthcare

As part of the ICRW-ARO's study, the Humsafar Trust conducted a survey about health practitioners' beliefs and practices around HIV-positive MSM and transgender individuals with over 200 healthcare workers and administrators in a Mumbai hospital. They provided feedback on the results of the survey and training to the hospital staff. Humsafar Trust developed action plans to address stigma and discrimination, which the hospital continues to use to date.

The Humsafar Trust used the findings of the study to engage further with the Mumbai hospital administration. With support of the administration staff, the Humsafar Trust held a meeting to disseminate the study findings with the hospital Dean, heads of department (HODs) from Microbiology, Paediatrics, Gynaecology, Medicine and Community and other senior staff members. They were able to demonstrate from their research that, in the Mumbai hospital, files of PLHIV were marked differently from those of other hospitalised patients, and that

Impact on industry

The Gujarat State Network of Positive People (GSNP+) achieved the following impact as a result of its work with the corporate sector:

- gained buy-in from five industrial associations to promote the employment of people living with HIV (PLHIV) and create an enabling environment among member businesses
- developed a curriculum and trained over 400 employees and top managers across 11 companies
- reviewed seven workplace HR policies

GSNP+ worked with HR teams to revise their HR policy to ensure inclusion of employees living with HIV and protection of PLHIV rights in the workplace, in accordance with the International Labour Organisation's recommendations for a safe working environment. Corporations and industries continue to ask GSNP+ to recommend PLHIV to conduct sensitisation programmes on issues of HIV and workplace discrimination. GSNP+ have now digitised their training curriculum to make it accessible electronically.



Still from video 'Reducing HIV Stigma in India', available at: <http://strive.lshtm.ac.uk/resources/reducing-hiv-stigma-India>

this led to differential treatment towards PLHIV. Similarly, beds occupied by PLHIV were segregated from other patients. The presentation initiated discussions of practices and policies at the public hospital and ways they could reduce stigma and improve care for HIV-positive patients. As a result of the meeting, the hospital Dean issued a circular requiring all HODs to stop any form of marking on patients' files that might disclose the HIV status of the patients and to make no distinction in the wards in terms of location and marking of beds for HIV-positive patients. HODs used their departmental funds to carry out sensitisation exercises for the hospital staff on stigma related to HIV and sexual and gender orientation.

The result of the research and research uptake activities has been increased sensitisation to HIV-related stigma in the provision of care to MSM and transgender people. The Humsafar Trust have also expanded stigma-reduction projects in large public and private hospitals providing services to MSM and transgender people across Mumbai.

3. ICRW-ARO influence in NACO and NACP

In January 2013, ICRW-ARO invited NACO to chair a national dissemination meeting in Delhi. Here, ICRW-ARO and the five implementing organisations presented findings from the stigma-reduction studies and provided them with outputs developed by STRIVE which included a set of non-academic case studies and a short video summarising the findings.

In September 2013, NACO established a Technical Resource Group on Stigma and invited the ICRW-ARO regional director, Dr Ravi Verma, to chair the group. In March 2017, the TRG reviewed the 2017 HIV and AIDS (Prevention and Control) Bill which protects the rights of people living with HIV against acts of discrimination by states or any person and establishes penalties for discrimination and breach of confidentiality.

At NACO's request and with support from STRIVE members at the London School of Hygiene & Tropical Medicine (LSHTM), ICRW-ARO drafted a section on the structural drivers of HIV for the draft of NACP's fifth HIV strategy, which will run from 2017 to 2024.

WHAT DID STRIVE AND ICRW-ARO LEARN ABOUT RESEARCH UPTAKE?

- Research uptake is a non-linear process that requires resources, skills and regular review. While influence on national policies is important and highly valued, changes at local level are vital too, with the potential for immediate and direct benefit by primary stakeholders such as key populations.
- Focused, strategic and continuous engagement with stakeholders is necessary. Where this extends beyond the funding cycle of research – as with the stigma-reduction studies – assuring effective long-term impact remains a challenge.

Acknowledgements

This case study was developed by Priti Prabhughate with input from Ravi Verma, Annie Holmes and Mitzu Gafos.

Suggested citation

Prabhughate, P., Verma, R., STRIVE Impact Case Study: HIV stigma reduction in India; International Center for Research on Women–Asia Regional Office, Delhi, India; 2017

STRIVE is supported by UKaid from the Department for International Development. However, the views expressed do not necessarily reflect the department's official policies.

