

The Study of Stigma and Discrimination toward People who Living with HIV in Health Service Settings of Chachoengsao Province

Philailuk Sripradit¹ and Nawasanan Wongprasit^{2*}

¹ Family Nursing Practitioner, Chacheongsao Provincial Public Health office.

Email: philailuk.sripradit@gmail.com

² Faculty of Nursing, Rajabhat Rajanagarindra University, Chacheongsao, Thailand.

*Corresponding Author's Email: nawasanan@gmail.com

Abstract

The objectives of this quantitative research were to: 1) study stigma and discrimination in HIV patient service at the healthcare services in Chachoengsao province; 2) compare outcomes of stigma and discrimination in HIV patient service at the healthcare services of Chachoengsao, based on general information; and 3) recommend policy guidelines for HIV patient services at the healthcare services in Chachoengsao province. According to Krejcie and Morgan's table, the sample, selected by using the simple random sampling method, included 297 public health personnel who were involved in caring for HIV patients in Chachoengsao province. The tool of data collection was the five-point rating scale questionnaire with the 0.89 of reliability value. The statistics for data analysis were frequency, percentage, mean, standard deviation, t-test, and f-test. The research results were found as follows: 1) The stigma and discrimination in HIV patient services at healthcare services in Chachoengsao province overall was high. 2) Based on general information provided by respondents, no differences of the stigma and discrimination in HIV patient services in Chachoengsao province were found despite their differences in sex, age, education level, division/ workgroup, position, work duration and being trained on reducing stigma and discrimination. However, it was found that while their marital status and types of organizations were different, there were differences of stigma and discrimination in services for HIV patients at healthcare services in Chachoengsao province. 3) The important issues in formulating policies to reduce the stigma and discrimination in HIV patient services in health care services of Chachoengsao were addressed in the following: policy for management development, policy for health service system development, and policy for monitoring and evaluation development. The suggestion was that the health service system should be organized in both policy and environmental aspects which could facilitate reducing stigma and discrimination in the services provided to HIV patients. There should be a training program to promote a positive attitude, motivation, morale, and encouragement among personnel working with HIV patients.

Keyword: Stigma, Discrimination, People who Living with HIV, Health Care Service, Chachoengsao Province

BACKGROUND AND SIGNIFICANCE OF THE PROBLEM

HIV infection is a chronic illness caused by a virus called HIV. When the virus enters the body, it destroys white blood cells resulting in lowering the body's immune system. The disease is transmitted through sexual contact, blood transfusion/contamination, and placental route -from mother to fetus. People who living with HIV must not get more infections and not pass HIV to others by using a condom every time when they have sex, not share needles and syringes with others when they have needle-injection. (Bureau of AIDS, Tuberculosis and Sexually Transmitted Diseases, 2011). The disease has affected health and socio-economic development, as well as national security. HIV is also associated with the basic social problems, including disgust and deprivation, unfair discrimination, and human rights violations against people living with HIV (National Committee on

AIDS Prevention and Alleviation, 2017). It also directly and indirectly affects mental health conditions because it could induce anxiety, stress, depression, loneliness, discouragement, boredom, suicide, and affecting people's daily life. Therefore, it is necessary to enhance people's knowledge and ability to manage their mind to survive the mental health which would be affected by various obstacles arisen in everyday life (Kannikar Dalodom, 2018), causing stigma and discrimination from those working in healthcare services. These would pressure those infected with HIV to avoid accessing health services (UNAID, 2017) or delay access to health services. This is due to fear of stigma and discrimination from those working in healthcare services (Center NAM, 2016). Stigma and discrimination towards people living with HIV becomes a major obstacle to controlling the HIV epidemic and affects the entry into health service system and health status of people living with HIV (Kalayanee Chanthima, Siwayut Singhapru, and Weeraphon Chanthima, 2022). Therefore, the stigma and discrimination occurred in healthcare services is an important reason why the overall problem of HIV patients is not successful. Stigma and discriminatory attitudes due to HIV among people in society affect their thoughts. As a result, when people are sick, they are afraid to go for a diagnosis even though they have symptoms that are compatible with HIV.

The Ministry of Public Health is the main agency in providing public health services to people in the country, both in public health, disease prevention, medical treatment, and rehabilitation at the primary, secondary, and tertiary levels. In 2012, Ministry of Public Health launched the plan for development of health service system (Service Plan) under the principle of "Seamless Health Service Network", aiming to benefit people's health; that is, reducing the morbidity rate, reducing the death rate, reducing the waiting time, and reducing crowd (Kawalin Chuencharoensuk et al., 2016).

According to a report of the World Health Organization in 2020, it was found that around the world there were 37.7 million people infected with HIV, of whom 1.5 million were new patients and 680,000 people died. For Thailand, the HIV-Infected and still alive based on the epidemic model in December 2020, it was estimated that there would be approximately 501,105 people living with HIV, 283,340 males and 217,765 females. There were 6,628 new cases and 12,115 deaths; of which 3% of new HIV infections were due to unsafe substance abuse. The other 97% were caused by unprotected sex (Thailand HIV Information Center, 2021). Stigma and discrimination related to HIV appears everywhere in every unit of society, from communities, families, and workplaces to healthcare settings, where experiences of stigma and discrimination occurred among people living with HIV or those suspected of being infected with HIV, especially the main population or specific groups at risk of HIV infection. Therefore, reducing HIV-related stigma and discrimination in health care facilities/hospitals was considered an important part to help reduce problems and obstacles in accessing HIV prevention services including receiving appropriate care and treatment services (National Center for AIDS Management, 2017).

The Thai government has made efforts to reduce stigma and discrimination against people living with HIV and key population groups. The National Strategy for Ending the AIDS Problem in 2017-2130 has set goals for achieving the end of the AIDS problem to be achieved by 2030, with one of the three important goals of being the reduction of stigma and discrimination related to HIV and gender to decrease by 90 percent from before (National Center for AIDS Management, 2017). Therefore, the stigma and discrimination associated with HIV disease is considered one of the important reasons to deter the achievement of the solving problems of HIV disease. This is because stigma and discrimination could delay the rate of diagnosis for entry into HIV treatment and poor treatment results. The causes of stigma and discrimination regarding HIV include the lack of accurate knowledge and understanding about HIV, namely awareness and perception of people in society in that HIV is contagious but preventable.

In 2022, Chachoengsao Province had approximately 3,557 people infected with HIV. From the first CD4 level test of newly infected people with HIV, it was found that 34 percent of those infected with HIV new HIV cases had CD4 levels less than 200 cells/mm³ and the number of HIV patients died was 1,901 (Thailand HIV Information Center, 2022), which reflects viewed that most new HIV patients had late entered the healthcare system. This might cause a direct negative impact on health of HIV patients themselves and might eventually cause infection and death. It would be possible that stigma and discrimination affected the quality of health services provided to people living with HIV. It would also affect the exclusion of service recipients from receiving various health services, including fear of being ostracized and excluded. As a result, people who knew they had HIV did not dare to go to receive health services. And were afraid that their HIV status would be revealed as well.

The researchers are registered nurses working in the provision of services for people who living with HIV in a healthcare service setting of Chachoengsao Province. In addition, no review of relevant literature has previously studied the stigma and discrimination of services for people who living with HIV in healthcare setting of Chachoengsao Province. We are interested in studying the stigma and discrimination of services among people who living with HIV in healthcare settings of Chachoengsao Province. The results of this research would provide guidelines for developing and promoting the reduction of stigma and discrimination for services of people who living with HIV in healthcare settings of Chachoengsao Province and be a good role model for behavioral change to reduce stigma and discrimination associated with patients with HIV. This would be a part that would help Thailand achieve the goal of ending the AIDS problem by the year 2030.

RESEARCH OBJECTIVES

1. To study the stigma and discrimination of services among people who living with HIV in health services, Chachoengsao Province.
2. To compare the effects of stigma and discrimination on services of people who living with HIV in health services, Chachoengsao Province, based on general information.
3. To recommend a service policy for people who living with HIV in the health services, Chachoengsao Province.

RESEARCH CONCEPTUAL FRAMEWORK

This study is quantitative research, defined conceptual framework through which researchers have analyzed and synthesized documents, researches, and data related to stigmatization and discrimination in providing services to people who living with HIV. The research framework is defined as follow.

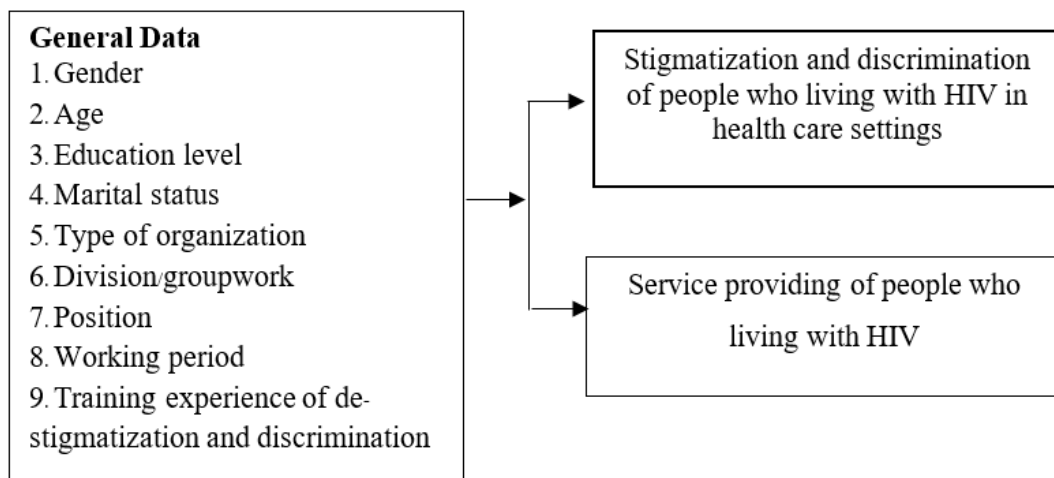


Figure 1: Research Framework

RESEARCH METHODOLOGY

This research is quantitative research.

Population and Samples

1) Population

The population used in this study were 1,300 health workers involved in providing services for those co-living with the HIV infected in Chachoengsao Province.

2) Sample

The studied sample included 297 public health staff involved in the service of persons living with HIV in Chachoengsao Province. The size of studied sample was determined by applying the sample calculation formula according to Krejcie and Morgan's table (Krejcie & Morgan, 1970, p. 608). The confidence level was set at .05. Once the sample size was determined, researchers applied simple random sampling for selecting each individual target sample into the studied group until the specified number of samples was reached.

Inclusion Criteria: The criteria for selecting volunteers to participate in the project can be divided into the following steps:

1. The sample must be a public health personnel involved in caring for HIV patients in Chachoengsao Province.
2. No gender limit.
3. Willing to provide information.
4. Be able to communicate with researchers through Thai language.

Exclusion Criteria:

1. Non-public health worker involved in caring for HIV patients in Chachoengsao Province.
2. Do not agree to cooperate in providing information.
3. Unable to communicate in Thai at the understandable level.

Tools for data collection

The tools used to collect research data were questionnaires on the study on stigma and discrimination on services of people living with HIV in health services, adapted from tools from the National AIDS Management Center, Department of Disease Control, Ministry of Public Health, 2019.

The content validity tool was determined by taking questionnaires for 3 experts to consider the completeness, accuracy, and consistency of the questionnaire and calculate the Index of Item Objective Congruence (IOC). The content validity was 0.83 and then selected questions with IOC value of 0.5 or higher. Then, the questionnaires were modified as recommended by the experts before being used for a try out in another group like the sample. The try-out sample included 30 people.

The set of questionnaires was tested for reliability by using the alpha coefficient method according to the method of Cronbach (1990); its overall reliability value was of 0.89. It was considered that the questionnaire was reliable. Then, the reliable questionnaire was compiled as the complete set for collecting data.

Data Collection

Data were collected from 297 health staff providing services for people living with HIV, by using the questionnaires created by the researchers, according to the conceptual framework of stigma and discrimination in health services. The questionnaires were divided into 3 parts: Part 1 General information of respondents consisted of sex, age, education level, marital status, type of work organization, department/workgroup, position, work duration, and the attended training on reducing stigma and discrimination. Part 2: the questionnaires about stigma and discrimination in providing services people living with HIV. The standardized questions were designed with five-point-rating scale based on Likert (1967) method. Part 3: the questionnaires on services for people living with HIV. The standardized questions were designed with five-point-rating scale based on Likert (1967) method.

DATA ANALYSIS

The researchers analyzed the obtained data by statistical methods, processed through a computer program to perform the following operations.

1. Analyze the general information of the respondents by calculating the frequency and percentage.
2. Analyze data of opinion questionnaires, The mean (\bar{X}), standard deviation (S.D.), t-test, and f-test were analyzed.

Sample Right Protection

The researchers chose voluntary samples and invited them to join the project. The right protection process began with clarifying the purpose of the study, potential effects, or benefits of participation in the study. All data were confidential and anonymous. The samples had their right to accept or decline or the right to quit from the project. The research team requested approval for research ethics certification from the Human Research Protection Institute (HRPI), Ministry of Public Health, and the main agency for research ethics consideration.

RESEARCH RESULTS

In research on stigma and discrimination and services for people living with HIV in health services in Chachoengsao Province, the results of research could be summarized according to the objectives of the research as follows.

- 1) Analysis results of stigma and discrimination levels of services for people living with HIV in health services in Chachoengsao Province found that the overall level was at a high level. When considering each item, it was found that the item with the highest mean was “not worried about being infected with HIV when treating wounds for the infected with HIV or AIDS.” It was followed by “wearing double gloves when caring for HIV infected people to prevent other patients or colleagues to fear. Health service personnel do not feel uncomfortable/difficult to work with HIV-positive personnel. The item with the lowest average was never refusing to provide health services or refusing to treat HIV-infected patients or patients suspected of being infected with HIV which is consistent with the set hypothesis.
- 2) Analysis result of service levels of people living with HIV in health facilities Chachoengsao Province was revealed that the overall level was at a high level. When considering each item, it was found that the item with the highest mean was “not avoiding talking to health service recipients who were HIV-infected,” followed by “having a positive attitude towards people with HIV,” “providing services to HIV-infected patients as an earlier or later queue than the usual queue.” The item with the smallest score was “having creative thinking in changing or adapting new service methods in reforming the service for the better,” which was consistent with the set hypothesis.
- 3) Results of comparing stigma and discrimination on services for people living with HIV in health services in Chachoengsao Province according to the general data classification of the respondents found that sex, age, education level department/workgroup, position, length of work and training on reducing stigma and discrimination, the stigma and discrimination of services for people living with HIV in health services had no statistically significant difference. This result is in line with hypothesis set. However, differences among marital status and types of organization showed different degrees of stigma and discrimination of services for people living with HIV in health services in Chachoengsao Province.

The result was not consistent with the hypothesis set.

- 1) The results of comparing opinion levels on the stigma and selection of operations for HIV patients in health services, in Chachoengsao Province, found that the average opinion level among men was higher than the opinion level of women, Sig. value $> .05$. Therefore, although gender was different, stigma and discrimination of HIV services in health services, Chachoengsao Province, had no statistically significant difference.
- 2) Age differences: Results of comparing opinion levels on stigma and discrimination on services for people living with HIV in health services in Chachoengsao Province, overall, it was found at Sig. value $> .05$, that is, in age difference, the stigma and discrimination in the service of people living with HIV in health services had no difference. Therefore, it was consistent with the hypothesis set.
- 3) Different educational levels: The results of comparing opinion levels on stigma and discrimination on services for people living with HIV in health services, in Chachoengsao Province, were found at Sig. $> .05$. That is, different levels of education, stigma, and discrimination of services for people living with HIV in health services, in Chachoengsao Province, had no difference. Therefore, it was consistent with the hypothesis set.

- 4) Marital status differences: The results of comparing opinion levels on stigma and discrimination on services for people living with HIV in health facilities, in Chachoengsao Province, overall, were found at Sig. value $< .05$. That is, the marital status was different. Stigma and discrimination of services for people living with HIV in health services, in Chachoengsao Province, was different. So, it was not consistent with the hypothesis set.
- 5) Different types of organization: The results of comparing opinion levels on stigma and discrimination on services for people living with HIV in health services of Chachoengsao, overall, were found at Sig. value $< .05$. That is, different types of organization showed different levels of opinion on stigma and discrimination of services for people living with HIV in the health services. So, it is not consistent with the hypothesis set.
- 6) Different divisions/workgroups: The results of comparing opinion levels on stigma and discrimination on services for people living with HIV in health services of Chachoengsao as a whole found at Sig. value $> .05$. That is, different divisions/ workgroups showed no different levels of opinion on stigma and discrimination of services for people living with HIV in health services of Chachoengsao. Therefore, it is consistent with the hypothesis set.
- 7) Different positions: The results of comparing opinion levels on stigma and discrimination on services for people living with HIV in health services of Chachoengsao as a whole were found at the value Sig. $> .05$. That is, different positions showed no different levels of opinion on stigma and discrimination of services for people living with HIV in health services of Chachoengsao Province. Therefore, it was consistent with the hypothesis set.
- 8) Different working periods: The results of comparing opinion levels on stigma and discrimination on services for people living with HIV in health services of Chachoengsao, overall, were found at Sig. value $> .05$. That is, age difference showed no difference of opinion levels on stigma and discrimination in the service of people living with HIV in health services of Chachoengsao. Therefore, it is consistent with the hypothesis set.
- 9) Difference between being trained and untrained experience on reducing stigma and discrimination: The results of the comparing levels of opinion on stigma and discrimination of services for HIV patients in health services of Chachoengsao as a whole were found that the average opinion level of those who had never been trained about stigma and discrimination was less than the average opinion level of those who had been trained on stigma and discrimination, with Sig. $> .05$ value. That is, difference in training on reducing stigma and discrimination of HIV services in health services of Chachoengsao had no statistically significant difference.
- 10) Policy on services for people living with HIV in health services in Chachoengsao: it was found that the results of the quantitative analysis on stigma and discrimination in HIV patient services allowed researchers understand that the situation of stigma and discrimination still exists in society which is an obstacle to ending HIV infection, especially among health workers who also expressed their concerns or fear of infection while providing services to people with HIV. This affects services to HIV-infected patients. To provide appropriate services to HIV patients, health personnel must consider the patient's problems in all dimensions. They must have equal service mind, be coordination between professionals, and get patients involved in managing and solving the problem to have adherence to antiretroviral medication. It also improves health literacy for HIV patients, resulting in effective and safe treatment for patients.

Health services in the area should formulate guidelines and services which help reduce stigma and discrimination, caused by staff, in the organizations. Personnel competency development to have knowledge and understanding of stigma and discrimination which emphasizes safety of service

providers, sympathy, understanding and willing to serve, and respect the rights of HIV patients. These could be addressed as key issues to guide policy formulation to reduce stigma and discrimination in providing services for people living with HIV in health services of Chachoengsao as follows: management development policy, policy on the development of the health service system, and policy on development, monitoring and evaluation.

DISCUSSION OF RESEARCH RESULTS

- 1) Levels of stigma and service discrimination towards people who living with HIV in health services of Chachoengsao in overall were at a high level. The finding was consistent with Somyot Charoensuk (2022) who studied on de-stigma and non-discrimination services for people living with HIV/AIDS by healthcare providers in community hospitals of Phichit province. It was found that most healthcare service providers had awareness in reducing stigma and discrimination of services for HIV patients. Therefore, they could implement their services to the patient without being worried of catching HIV. When dressing the wound of a person infected with HIV or AIDS, or when caring for a person infected with HIV, they wore two layers of gloves to prevent other patients or colleagues are afraid. They had no distress/discomfort working with people with HIV-infected. The causes of stigma and discrimination mostly were out of fear, being worried or concerned that HIV infection might cause stigma and discrimination against those living with HIV or those suspected of having HIV, societal attitudes that summarize, judge, and condemn stereotypes. These affect thoughts, beliefs, and actions that stigmatize and discriminate against people with HIV. The results were consistent with Noppadon Paibulsin, Nimanon Thaicharoen and Natthaphon Chua-arun (2017); they stated that stigma and discrimination in services for HIV patients. Most health services respect the rights of people living with HIV, no testing for HIV without the consent of those living with HIV. Service providers were not concerned about HIV infection from providing services from handling the clothing or belongings of people living with HIV, which was consistent with Suradet Duangthipsirikul, Supawat Permphonksuk, Jitti Wisaiprom and Suthasinee Khamluang (2018) stated that the main factors causing stigma and discrimination consist of lack of awareness or ignorance of stigma and discrimination. This could be both unknowing that what you think and do become a cause of stigma and discrimination. The effects of stigma and discrimination were not aware. Fear and concern of contracting HIV might lead to stigma and discrimination against those living with HIV or those suspected of having it. HIV-related social attitudes were generalized, judged, and blamed in general. This results in thoughts, beliefs, and actions that were stigmatizing and discriminatory and environmental conditions in the organization that result in or cause stigmatization and discrimination, such as various rules, regulations, and practices.
- 2) From a study of the level of service for people who living with HIV in healthcare service settings of Chachoengsao Province, in overall, it was at a high level. The result was consistent with Somyot Charoensuk's (2022) study on services that did not stigmatize and discriminate against people living with HIV/AIDS by health care providers in community hospitals, Phichit Province. It was found that most health service providers had a service mind, overall, at a high level, which was consistent with Sitthaya Phonpaengkaw and colleagues (2021); it was found that the service on mental behavior of professional nurses in Somdet Phra Yupparaj Ban Dung Hospital, Ban Dung District, Udon Thani Province at a high level. This might be due to that healthcare personnel provided services without avoiding talking directly to healthcare recipients living with HIV. There was also a positive attitude towards people living with HIV, providing services for HIV-infected patients in a usual queue in equal treatment without discrimination. This is consistent with Somyod Charoensuk (2022) who stated that health service providers, working in specialized HIV clinics and other

organizations, provided services by considering the rights of patients and respect humanity, including providing services to all patients equally based on professional ethics. Providing friendly and non-discriminatory services to people living with HIV/AIDS in line with the Bureau of AIDS Tuberculosis and Sexually Transmitted Diseases (2017) states that the basic principle of human rights is that everyone has equal value; treating others must be equal as human beings, in particular, human rights related to HIV/AIDS which is recognized internationally, such as the right to receive information about AIDS to be able to protect oneself from AIDS, the right to receive HIV prevention equipment that is appropriate to their lifestyle.

- 3) Study results of comparing stigma and discrimination in services for people who living with HIV in healthcare services of Chachoengsao province according to classifying the general information of respondents, it was found that among the differences of gender, age, education level, division/workgroup, position, work duration, and training on reducing stigma and discrimination, the stigma and discrimination of services for people living with HIV in healthcare services of Chachoengsao had no statistically significant difference. However, among the marital status and different types of organizations, the levels of stigma and discrimination of services for people living with HIV in healthcare services of Chachoengsao were different. This might be because personal factors were one of the factors indicating stigmatization and discriminatory behavior in services for people living with HIV. Or stigmatizing and discriminating behavior in services for people living with HIV might come from the environment in the organization or healthcare service settings, perceptions, and attitudes of individuals. It would be better if the environment is improved, the training for better perception is organized, and having a positive attitude fosters personal change. Since people are under the organizational environment that affects the actions or expressions of service behavior of individuals in health services, it is consistent with the concept of Pender, Murdaugh, and Parson, M.A. (2002) that states that the factors Personalization is one of the factors that predict a person's behavior directly and indirectly and is linked to perceptions of one's abilities. Future behavior would be influenced by the success or failure of similar actions in the past, which was consistent with Wannee Jiewpanya (2021) saying that the environment in health service settings and organizational policies affected stigma and discrimination attitudes among service providers who were living with HIV/AIDS in health service settings.
- 4) Policy on services for people who living with HIV in healthcare services of Chachoengsao was found that the situation of stigma and discrimination problem still exists in society which is an obstacle to ending HIV infection especially among health workers who still expressed concern or fear of HIV infection while providing services to people with HIV. This affects services to HIV-infected patients. To provide appropriate services to HIV patients, health personnel must consider the patient's problems in all dimensions, must have equal service mind, and must have coordination between professionals and involving patients in managing and solving the problem of adherence to antiretroviral medication. It also creates health literacy for HIV patients, resulting in effective and safe treatment for patients. Health services in the area should establish guidelines and services that help reduce stigma and discrimination in the organization caused by operators. It should also have personnel competency development to enhance knowledge and understanding on stigma and discrimination which emphasizes the safety of service providers, sympathize, understand, and have willing to serve with respect the rights of HIV patients. These could be addressed as key issues to guide policy formulation to reduce stigma and discrimination in the provision of services for people living with HIV in healthcare services of Chachoengsao province. There are as follows: Policy on development management, policy on development of health service system and policies for developing monitoring and evaluation. When personnel work with HIV patients, they still were afraid, worried, and concerned about HIV infection. Therefore, policies must be established to

provide equal services in various areas such as management service system along with tracking and evaluating the success of various activities according to the policy set for improvement, change, or development for the better. Personnel are encouraged to have trained in health literacy to protect themselves when providing services to HIV patients and could protect themselves from HIV infection. In addition, a positive attitude towards HIV patients was formed. This is important to enable personnel to fully perform their duties and be happy with their work. This could also correspond to the International Health Policy Development Office (IHPP), Ministry of Public Health Thailand (2014). It stated that reducing stigma and discrimination among people living with HIV and main population groups could be done by developing strategic data sets and monitoring and surveillance systems at the local level. There has not yet had a cooperative approach to monitor the continuous progress in solving problems in a systematic way with emphasis on health service providers. The health service management is the primary goal of reducing HIV-related stigma and discrimination. The organization of various operational activities to reduce stigma and discrimination within health facilities is more manageable than in the community. Health care providers themselves could be good role models for behavior change. That would help further reduce stigma and discrimination related to HIV in the country. It is in line with Kalyanee Chanthima, Siwayuth Singpru and Weerapol Chantima (2022), stating that the operation to reduce stigma and discrimination to achieve the goal of ending stigma and discrimination in healthcare services by starting at a governmental healthcare setting. First make the matter of AIDS as common. Health workers must adjust their operational activities to suit the context of each area to end the AIDS problem. Regular examination of stigma and discrimination among health workers and people infected with HIV is an important tool in providing actionable evidence for decision-making, planning operations in health services. Because it is an agency which provides services close to people living with HIV, it would be a good example to provide a service free from stigma and discrimination. Reducing stigma and discrimination would have a positive effect on service recipients, and it also has a good effect on working people to be able to work happily. There were no concerns about complaints of violation of the rights of service recipients. It should establish a system for monitoring and monitoring the situation of stigma and discrimination to be able to measure the degree of change in the situation including monitoring and evaluating the progress of implementing activities to reduce stigma and discrimination in the area as well. It corresponded to Panarat Wiswathepnimit and Kamonrat Turner (2017) stated that the development of health service settings must be systematically developed in the same direction, from setting health service policy and developing the health workforce, being a role model and monitoring executives and development of organizational culture. The purpose is to focus on health outcomes in all dimensions and good quality of life for service users and the public.

SUGGESTIONS

1. Suggestions based on this research

- 1.1 Regarding the stigma and discrimination of people who living with HIV in health services in Chachoengsao Province, the lowest mean item was “never refusing to provide health services or refusing to treat HIV-infected patients or patients suspected of being infected with HIV.” This item still had some score; albeit rather low, it should be given priority to resolve it. Health services and authorities should provide an orientation training about minimizing stigmata for all newly health staff and develop additional training courses on concerns and attitudes towards people co-living with HIV and HIV patients via online system. It should also include an annual monitor and evaluation of the results.

- 1.2 Regarding services for people who living with HIV in health services in Chachoengsao Province, the item with the lowest average score was “being enthusiastic about providing services to HIV-infected patients or general patients.” Therefore, health services should organize initiative activities to motivate and induce morale and spirit-enhancement for health staff in working together with people living with HIV.
- 1.3 It should promote or maintain a condition for personnel to continue having service-minded in working at a high level, including encouraging or promoting all aspects. This would benefit both the service provider itself, the service recipient, and the agency, as well as affecting the efficiency of the service increase. It is to reduce stigma and discrimination for people living with HIV in health services in Chachoengsao Province.
- 1.4 Health service system should be organized both policy and environment conducive to the reduction of stigma and discrimination against people with HIV/AIDS continuously.

2. Suggestions for further research

- 2.1 It should have a study about the health service system in which health providers treat the service with de-stigmatization and non-discrimination against people HIV/AIDS. The study should be integrated both quantitative and qualitative approaches including perspectives of service recipients.
- 2.2 It should expand the operational area for developing the key elements of stigma and discrimination continuously along with training to improve the quality-of-service delivery, being able to be applied by the key population groups to reduce stigma and promote the right to greater access to protection and maintenance.

References

- 1) Kannika Dalodom. (2018). *Social Support, Depression, Mental Health Power, and Behavior, Self-Care of HIV-Infected Patients Attending a Clinic*. (Thesis for Master of Public Health). Bangkok: Thammasat University.
- 2) Kanlayanee Chanthima, Siwayuth Singpru and Weeraphon Chantima. (2022). The Situation of Stigma and Discrimination among HIV-Infected Patients and Health Workers in the 9th Area Health, 2019. *Journal of Disease Control*, 48 (3), 505 – 513.
- 3) Kevalin Chuencharoensuk *et al.* (2016). *Health Service System Development Plan 2018-2022*. Bangkok: The Agricultural Cooperative Assembly of Thailand Limited.
- 4) National Committee on AIDS Prevention and Alleviation. (2017). *National Strategy on Ending the AIDS Problems 2017-2030*. Bangkok: NC Concept Company Limited.
- 5) Noppadon Phaiboonsin, Nimanong Thaicharoen, and Natthaporn Chuarun. (2017). The Study of Stigma and Discrimination among the Service Providers and People Co-Living with HIV Patients in the Southern-most Region. Lower southern region. *AIDS Journal*, 29(2), 85 – 95.
- 6) Panarat Wisawathepnimit and Kamolrat Turner. (2017). Holistic Care and Health Service with Health and Humanity: A Case Study of People with HIV and AIDS at Bamrasnaradura Institute. *Journal of Health Systems Research*, 11(3), 401 – 413.
- 7) Wannee Jiwpanya. (2021). Factors Affecting Concerns and Attitudes towards Stigma and Discrimination of People Providing Services for People Living with HIV/AIDS in Nakhon Sawan Health Facilities. *Journal of Diseases and Health Threats Office of Disease Prevention and Control 3, Nakhon Sawan Province*, 15(1), 30 – 40.

- 8) Sithaya Pholpangkwa, Kittiporn Naosuwan, Atchara Kamathit and Naphatsaphon Devaseksan. (2021). Factors influencing psycho-service behaviors of professional nurses in Somdet Phra Yupparaj Ban Dung Hospital, Ban Dung District, Udon Thani Province. *Journal of Public Health and Science Health*, 4 (1), 16-26.
- 9) Thailand HIV Information Center. (2022). *Demonstrating the important operational data indicators at the current year or the year of interest to see the overview quickly*. Retrieved from <https://hivhub.ddc.moph.go.th/dashboard/province.php>.
- 10) Somyod Charoensuk. (2022). Non-stigmatization and non-discrimination services for people living with HIV/AIDS of health service providers in community hospitals, Phichit Province. *Journal of Community Public Health*, 8(4), 24 – 34.
- 11) International Health Policy Development Office (IHPP), Ministry of Public Health, Thailand. (2014). *Pilot Research Report on Development of Tools and Methods to Explore Stigma and Discrimination, Issues Related to HIV/AIDS in the Health Facilities of Thailand*. Nonthaburi: Graphico Systems Company Limited.
- 12) Bureau of AIDS Tuberculosis and Sexually Transmitted Diseases. (2017). *Organizational Operation Guidelines "Taking care, Attentive Caring AIDS Prevention in the Workplace."* Bangkok: J. S. Printing.
- 13) Bureau of AIDS, Tuberculosis and Sexually Transmitted Diseases. (2011). *Knowledge Set of Treatment for HIV-Infected and AIDS Patients through Direct Learning Process, HIV/AIDS Treatment Literacy*. Nonthaburi: JS Printing.
- 14) Suradej Duangthipsirikul, Supawat Permpholsuk, Jitti Wisaiprom and Suthasinee Khamluang. (2018). *Comprehensive Report on Cost Analysis of Health Promotion Service with Stigma-and-Discrimination-Free Project*. Health Technology and Policy Assessment Program (HITAP). Ministry of Public Health.
- 15) Center NAM. (2016). *Stigma and discrimination among health care providers, people living with HIV and key populations in Thailand*. Extrapolation process for national estimates.
- 16) Cronbach, L. J. (1990). *Essential of psychological testing*. (5th ed.). New York: Harper Collins.
- 17) Krejcie, R.V. & Morgan, D.W. (1970). *Educational and Psychologicrl Measurment*. New York: Minnisota University.
- 18) Likert R. (1967). *The Method of Constructing and Attitude Scale*. In *Reading in Fishbeic, M (Ed). Attitude Theory and Measurement*. New York: Wiley & Son.
- 19) Pender, N.J., Murdaugh, C.L., and Parson, M.A. (2002). *Health Promotion in Nursing Practice*. (4thed.) Upper Saddle River, N.J.: Prentia Hall.
- 20) UNAIDS. (2017). *Global AIDS Monitoring Report Indicators for monitoring the 2016*. United Nations Political Declaration on HIV and AIDS.