



Stigma, Personal Attitude and Type of ART Service System (ARTSS): Potential Barriers toward the Access to HIV/AIDS Treatment Under Universal Coverage (UC) in Thailand.



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Background:

Since 2007, according to Thai Government policy, ART and treatment for OI has been provided to Thai PLHIV under UC for free. Access or barriers to ARTSS was an important factor to determine the coverage and success of this policy. The aim of this study were 1. to describe ARTSS in Thailand 2. to explore potential barriers accessing to HIV/AIDS treatment and care 3. to identify the relationship between barriers to ARTSS and stigma, personal attitude and weaknesses of ARTSS.

Methods:

From January to July 2009, a cross-sectional study was conducted in 9 public hospitals in 3 provinces of 3 regions in Thailand. Using qualitative methods, data were collected from hospital managers, doctors, health personnel and PLHIV by interviews. Focus group discussions were conducted among health personnel and 115 HIV co-ordinators.

Results:

The different context and service among PLHIV in 9 hospitals had been identified and types of ARTSS were described. From views of providers and PLHIV, one-stop service was preferred to conventional health service that had separate service units e.g. registration, screening, physical examination, pharmacy and counseling. The potential barriers accessing to HIV/AIDS treatment and care were stigma and discrimination from people in communities who still had negative concepts and attitudes. (The stigma and discrimination depend on HIV Epidemic in region and HIV period in community because longer period of HIV/AIDS epidemic established more understanding and the acceptance to PLWHA than those with shorter period that had less understanding.) This would lead PLHIV to be neglected from other social activities and PLHIV would be reluctant to disclose themselves to society. PLHIV Network was important for helping service deliver in hospitals, sharing information on ART and laboratory issues as well as providing ambulatory care and visits as well as psychosocial support in the communities.

Conclusions:

By type of ARTSS, one-stop service was preferred to conventional health service. The potential barriers accessing to HIV/AIDS treatment and care were stigma and discrimination. To reduce barriers accessing to HIV/AIDS treatment and care, people in communities should be delivered positive information in proper channel using health education. Processes to encourage PLHIV to open themselves to the society should be considered. PLHIV Network should be strengthened to help service deliver in hospitals as well as in communities.



Key words:

- stigma and discrimination
- access to treatment and care
- ART service system
- one-stop service
- PLHIV Network



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