

Investigating The Development Of Perceptions Towards People Living With Human Immunodeficiency Virus Among Pre-clinical Medical Students In A Malaysian Public University

Calvin Christopher Willims Fernandez¹, Hong Wei-Han², Foong Chan Choong³
 Medical Education and Research Development Unit, Faculty of Medicine,
 University of Malaya, Malaysia

Background

- Discriminatory attitudes towards people living with HIV (PLHIV) occur in various contexts including healthcare.
- PLHIV face humiliation, are socially isolated and in some cases, are denied treatment.
- As a result, PLHIV develop fear towards healthcare workers, resulting in poor health outcomes.
- Stigmatizing perceptions towards PLHIV are also prevalent among future doctors - pre-clinical medical students are more likely to discriminate than clinical medical students.
- Exploring how these perceptions develop over time can provide insights on factors that influence them, before & after joining medical school.

Research Objectives

- To investigate the different perceptions towards PLHIV among pre-clinical medical students, and how they develop over time.

Methods & Participants

- Maximum variation purposive sampling was used to recruit six pre-clinical medical students - 3 boys and 3 girls were recruited; 2 Indians, 2 Chinese, 2 Malays; 3 from Year 1 and 3 from Year 2
- Inclusion criteria: A Year 1 or Year 2 medical student; 18 and above; Can communicate in either English or Malay.
- One-on-one, semi-structured interviews were held between March 2021 and April 2021

Results

Theme 1: Perceptions and behavioural intentions towards PLHIV at different phases of life

Before medical school



HIV is a form of punishment



PLHIV are dirty & unsafe to be around

“ I remember thinking – oh my god, this is what happens when I am around someone who has HIV. How can they have jobs and all that (F) ”

“ ...the only association is that if you are gay or had sex with men, you get these diseases as a form of punishment (D) ”

As pre-clinical medical students



Developed sense of empathy



Able to identify health challenges among PLHIV



Aware of real factors & methods behind HIV transmission

“When we interact with them, you realise they are just another human being that has the disease ... and unfortunately, a lot of people have a lot of stigma towards PLHIV, and you learn why they go down this route (C)”

Behavioural intentions towards different groups of PLHIV



Will never turn down a PLHIV patient



Will try to provide mental health support



Might unintentionally judge based on source of infection



Would establish separate food arrangements due to paranoia

“I wouldn't, or never in my life, say that “I don't want to treat certain patients... I believe nobody wants to see people suffering (B)”

“I will be honest and be constructive, and try to understand this friend. And give him boundaries if he wants too (A)”

“I think the history will make me judge, like if he takes drugs (C)”

Theme 2: Possible factors that influence the development of perceptions and behavioural intentions over time

Education



Sociocultural beliefs & misinformation among family members



Friends were open to talk about safe-sex & STDs



Inadequate coverage & expertise in school.



HIV/AIDS awareness campaigns in medical school.



Patient-doctor interaction with HIV-positive patients

Media



Representation of PLHIV in movies and television shows.



The modelling of forgiveness by religious leaders on YouTube

“Then I watched the movie, I realized it's about the HIV epidemic in the 1980s among the gay community. That movie was the one that really impacted me. It was really, really sad (F)”

“The changing point is not when I entered medical school, but it was a TV show about a medical nurse who got infected, and he got all those stigma and prejudice and stuff like that (E)”

Personal values and beliefs



Establishing boundaries to feel safe and comfortable around PLHIV.



Higher literacy allowed for the debunking of misconstrued religious beliefs from before



Meeting PLHIV developed sense of forgiveness and enhanced cognitive and affective empathy.

“...If you yourself is not in a comfortable situation, then you would be selfish or start to put yourself, some point being narcissistic. So, to have this thought, you need to make sure you are in comfortable situation (B)”

“The other thing that I am fortunate about is that my mother is a counsellor, so she has always taught me the importance of validating feelings. So, this is how I was taught the importance of giving people space (A)”

“So, it is more so we are learning their stories and how they get this disease and all that. In a way, we are learning the stories of another human being and that make me more accepting of them, for who they are (D)”

Conclusion

- Main factors that influence the development of stigmatizing perceptions among pre-clinical medical students:
 - ✓ Sociocultural beliefs and low HIV/AIDS literacy among family members
 - ✓ Marginalisation of at-risk population groups in society
 - ✓ Lack of adequate coverage & expertise in primary and secondary education systems
- Factors that influence shift in perceptions, from negative to positive:
 - ✓ Representation of PLHIV in the media
 - ✓ Patient-doctor interactions in medical school reinforced empathetic thoughts.
 - ✓ Open discussions with friends & in medical school also cultivated the self-initiative to unlearn HIV stigma

Research Implications

- Regulate traditional and social media content to include more positive representation of PLHIV
- Provide adequate and relevant HIV/AIDS training to school teachers and community leaders
- Incorporate intersectional discourse between sociocultural norms & HIV/AIDS as a social issue into the medical school curriculum
- Introduce patient-doctor clinical postings in the pre-clinical years of medical school

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