



Living with HIV: A Social Perspective

Susan Mundt
Social Worker
Community HIV Team



Community HIV Team

- 3 part-time Adult Nurse Specialists
 - 1 part-time Paediatric Nurse Specialist
 - 1 full-time Social Worker
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- 1,500 (approx) living with HIV in NZ
 - Over 800 patients at Infectious Diseases clinic at ACH (Northland to Bombay Hills)



Community HIV Team

- Work for ADHB under Infectious Diseases Team
- Free & confidential service Monday – Friday
- Care for HIV-infected people in hospital, outpatient clinic (including nurse led clinics) and the community
- Client-directed service



Aims of Service

- Provide link between specialists and patients
- Prevent unnecessary hospital admissions
- Monitor adherence of HIV medication
- Assist with WINZ, HNZ and immigration
- Refer for counselling, peer support, mental health, etc.
- Provide HIV education to family, friends, healthcare professionals, community organisations
- Support patients who are newly diagnosed



New HIV diagnosis

- Support GP giving diagnosis
- Provide emotional support
- Educate re transmission of HIV
- CD4 count/HIV viral load/clinic appointments
- Legal responsibilities – use condom if no disclosure
- Support disclosure to partner
- Contact trace other current/previous partners
- Refer to counselling at Burnett Centre (NZAF) and Body Positive
- Refer for peer support at Positive Women and Body Positive



Challenges of a new diagnosis

- Disclosing to partner
- Disclosing to family/friends
- Contact tracing
- Starting HIV medication
- Having a negative partner
- Meeting a new partner
- Pregnancy
- Applying for jobs/telling employer
- Immigration
- Stigma and discrimination



Disclosing to partner

- Important to get them tested
- Encourage to do this sooner rather than later
- Issues of infidelity
- Offer to support them with disclosure



Disclosing to family/friends

- Advised to wait before disclosing – can't untell
- NZ Europeans – tend to tell family and/or friends for support
- Refugees/migrants – refuse to disclose to anyone
- We offer support and HIV education



Contact Tracing

- Anonymously done to protect patient's identity
- Some patients prefer to do themselves
- Many patients don't have any contact details
- Difficult if contact trace has only had sex with your patient
- Contact trace asks 2 questions: who and when
- GP/practice nurses become upset



Starting HIV medication

- Often start soon after being diagnosed
- No time to come to terms with diagnosis
- Remind them that many illnesses require daily meds (diabetes, high blood pressure)
- if feeling unwell for long time, may view as good thing
- Main focus is medication adherence



Having a negative partner

- Easier when both are positive
- Worried will infect partner
- Worried partner will leave
- Negative partner may suspect infidelity
- Family violence
- Difficult to end bad relationship



Meeting a new partner

- If disclose right away, chance of rejection
- If wait to disclose, angry response
- Chance person will tell others
- Best to disclose before having sex
- If using condoms, no legal requirement
- Moral obligation?



Pregnancy

- Worried will never be able to have children
- Long-term prognosis
- Judged by those who think they shouldn't have a baby
- Expectations re breastfeeding
- Finding out HIV diagnosis through ante-natal testing



Applying for jobs

- No legal obligation to disclose
- Right not to be discriminated against
- Standard precautions should be used
- Only a few jobs (midwife, surgeon, dentist/dental technician/hygienist) off limits
- Employer drug testing can be problem for people on Efavirenz (false-positive for marijuana and benzodiazepines)



Immigration

- Testing for HIV since end of 2005
- HIV meds approximately \$18,000 per year
- If less than 2 yr work visa, not eligible for funded healthcare
- Positive test result can result in decline of renewed work visa or residency application



HIV Stigma and Discrimination

- Stigma often first felt in hospital or GP practice - feel different, looked down upon, inferior.
- People with HIV perceived to have done something wrong, that they deserved it.
- Blame, shame, fear
- Even if perceived stigma, effect on patient is the same (especially from African countries)
- This carries on at home - ostracised from community, shunned by neighbours and family, talked about behind their backs



Effect of Stigma and Discrimination

- Problems with clinic attendance
- Affects drug adherence
- Lack of support – some refuse to disclose HIV status to anyone
- Refuse to attend counselling or support groups
- Leads to secrecy, isolation and depression



Case Study – Mrs H

- East African Muslim woman diagnosed through antenatal testing at GP
- Negative test on immigration medical in Africa
- Husband immigrated to NZ as refugee in 2001
- Mrs H and two older children arrived in NZ in 2008
- Worked as a nurse in home country
- Denied any risk factors (no other sexual partners, no blood transfusion, no needle stick injury, no IV drug use)



Case Study – Mrs H

- CHIVT supported GP with diagnosis
- Husband informed at same appointment
- Claimed previous negative test in 2006
- He was retested that day
- Mrs H disclosed that husband had girlfriend when she arrived in NZ



Assumption

- Husband is HIV positive
- Husband infected Mrs H after she arrived in NZ



Challenge #1- Husband is negative!

- He doesn't believe wife's positive result because:
 - Negative test on immigration medical in 2008
 - Unprotected sex and he's still negative

- Response
 - HIV test in Africa could have been wrong
 - Educated about transmission
 - Agreed to retest Mrs H after baby is born



Assumption

- Mrs H was unfaithful

OR

- Infected through post-miscarriage surgery or dental surgery after immigration medical in 2008



Challenge #2 – Family Violence

- What if husband did think wife was unfaithful?
- Mrs H denied past family violence
- Mrs H denied husband accusing her of infidelity
- Husband never mentioned it

Response:

- Focus on surgery as likely mode of transmission



Challenge #3: Medication Adherence

- CD4 count 152 – start HIV meds
- Lack of appetite - morning sickness and depression
- Needs food for meds
- Hospital admissions for reflux, dizziness, pain, etc.
- Threatened to stop meds twice

Response:

- Emotional support during hospital admissions
- Explained importance of taking meds



Challenge #4 – Mental health

- Mrs H isolated at home since arrival in NZ
- Husband doesn't communicate/never home
- Doesn't allow her to have friends
- Very depressed and too much time to think

Response:

- Provide reassurance and extra support
- Try to talk to husband
- Referred to Positive Women



Importance of relationship

- CHIVT has time to develop trust
- After 4th meeting, Mrs H disclosed:
 - 3 instances of physical abuse by husband (prior to pregnancy)
 - Circumcised when 5 yrs old so sex very painful

Concerns:

- Worried about violence after baby born
- Told Mrs H will support her if she wants to leave
- He may disclose her HIV status if she leaves



How to reduce stigma

- Show acceptance
- Assure patient that HIV is a chronic illness
- Standard precautions – treat everyone the same
- Don't wear gloves for casual contact
- Don't need to double glove if HIV positive



How to reduce stigma

- Don't put HIV on big letters across chart
- Maintain confidentiality – don't presume family and friends know
- Don't use friends or family to be interpreters
- Educate GP reception staff re need for confidentiality and discretion



To Conclude

- Chronic illness, not a death sentence
- Ignorance, stigma, and discrimination still causing secrecy, isolation and depression.
- It's up to all healthcare workers to provide non-judgemental care to your patients