

**PSYCHOSOCIAL PERSPECTIVES OF STIGMATIZATION AND
DISCRIMINATION OF PERSONS LIVING WITH HIV AND AIDS: THE CASE OF
WINNEBA MUNICIPAL HOSPITAL**

Antwi-Danso Stephen¹, Okai-Anti Rose¹ and Awudu Salaam Mohammed²

¹University of Education, Winneba, Ghana

²College of Distance Education Cape Coast

ABSTRACT: *The study explored the psychosocial perspectives of stigmatization and discrimination of Persons Living with HIV (PLWHA) in the Effutu Municipality with Winneba Municipal Hospital in focus. The research design employed was the descriptive survey using the explanatory mixed method approach which utilized questionnaire and interview as the research instruments for data collection. Two (2) research questions and two (2) hypotheses guided the study. Fifty-three (53) participants comprising fifty-one (51) PLWHA and two (2) HIV counsellors were sampled using the convenience, purposive, and snowball sampling techniques. Data were analyzed using inferential statistics (t-test & regression) to test the hypotheses while the qualitative data were analysed thematically with verbatim quotations from participants to support issues as they emerged. The study revealed that stigmatization and discrimination against PLWHA are not significant even though there was evidence of their existence in the areas of employment and workplace, community contexts, family contexts, and access to healthcare. It was, therefore recommended that the local authorities together with the District Ghana AIDS Commission should strengthen the awareness creation on the need for harmonious living with PLWHA in the community and the District Ministry of Health should employ more health personnel to engage in follow up services to PLWHA patients.*

KEYWORDS: Stigmatization, Discrimination, Psychosocial, HIV/AIDS

INTRODUCTION

Human Immunodeficiency Virus (HIV) as an infection, affects the person first and foremost, at the biological level in the form of an aggressive virus that compromises immunity and is associated with a profound and authentic psychological engagement of patients themselves and the significant people in their lives (Vaillant, 1977). People Living with HIV/AIDS (PLWHA) face not only medical problems but also psychosocial problems associated with the disease. Because of the misconception that ‘bad people’ acquire the disease and the fear associated with it, many people stigmatize and discriminate against those who have been infected and affected by HIV/AIDS. As a result PLWHA suffer from great ordeals of rejection, ostracism, moral judgments, in addition to the daily traumatizing burden of their physical and psychological experience and triggering feelings of isolation, despair and a variety of reactions from others such as family members, significant others, employers, co-workers, and rehabilitation counsellors and other helping professionals (Chijioke, Preko, Baidoo, Bayard, Ehiri, Jolly & Jolly, 2005).

According to Goffman (1963), stigma is an interactive social process that marginalizes and labels those who are different. It is the negative acts that result from stigma and that serve to devalue and reduce the life chances of the stigmatized in society (Campbell, 2005).

Discrimination occurs when distinction is made against a person that results in being treated unfairly and unjustly on the basis of being infected with the HIV virus (Campbell, 2005).

Many people avoid having anything to do with people living with the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). As a result, some infected persons conceal their HIV-positive condition because of the stigma associated with the virus. Some of them continue to have unprotected sex, thereby infecting more people with the dangerous virus (Oheneba-Sakyi, Addo-Adeku, Tagoe, Benneh, Anibra, & Obeng, 2010).

Research on HIV stigma has described the psychosocial experiences of PLWHA who have been stigmatized (Alonzo & Reynolds, 1995). Stigma has been shown to be associated with stress, depression, and lower perceived quality of life among PLWHA (Wingood, DiClemente, Mikhail, McCree, Davies, & Hardin, 2007). Some researchers also focused on how stigma affects HIV prevention and treatment efforts (Ogden & Nyblade, 2005), including the use of condoms (Roth, Krishnan, & Bunch, 2001), HIV testing uptake (Obermeyer & Osborn, 2007), and uptake of prevention of mother to child transmission programs (Varga, Sherman, & Jones, 2006). The World Health Organization (WHO) cites fear of stigma and discrimination as the main reason why people are reluctant to be tested, to disclose their HIV status or to take antiretroviral drugs (WHO report, 2008). Among those who agree to be tested, stigma has been identified as a factor contributing to the refusal to return for the results (Worthington & Myers, 2003) and low HIV disclosure rates (Derlega, Winstead, Greene, Servoich, & Elwood, 2002). Researchers have also described how stigma can negatively affect people's uptake of and adherence to antiretroviral therapy (ART) (Sayles, Wong, Cunningham, 2006). Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world (Ki-Moon, 2008; The International Centre for Research on Women, (2005). Stigmatization and discrimination are channels that fuel the epidemic, raising obstacles to prevention and treatment (Herek, Capitano, & Widaman, 2002). One study by Sayles (2009) found that participants who reported high levels of stigma were more than four times more likely to report poor access to care. All these factors contribute to the expansion of the epidemic (as a reluctance to determine HIV status or to discuss or practice safe sex means that people are more likely to infect others) and a higher number of AIDS-related deaths. Research by the International Centre for Research on Women (ICRW) in the year 2005, also found the possible consequences of HIV-related stigma to be: (a) Loss of income/livelihood, (b) Loss of marriage and childbearing options, (c) Poor care within the health sector, (d) Withdrawal of caregiving in the home, (e) Loss of hope and feelings of worthlessness, and (f) Loss of reputation.

Barnett (2000) asserts that stigma and discrimination also occur in the health care setting. Sometimes HIV-infected people are denied appropriate care or are segregated from the general hospital population. Health care workers may selectively use universal precautions only with HIV-infected patients. Reasons may include a lack of medical resources, but health care workers' ignorance and stigmatization of HIV can also be a factor. Stigma is thus associated not only with psychosocial distress but also with a reduction in prevention efforts and practices. It is essential that stakeholders make effort to minimize the effects of stigmatization to improve prevention and treatment efforts. In Ghana, HIV positive persons hide their HIV-seropositive status to reduce HIV/AIDS-related stigma and discrimination and to retain the care and support of family members (Mill, 2003). This is because people who feel stigmatized or discriminated against are more likely to have poor health outcomes, socio-psychological problems and suicidal thoughts (Katz & Nevid, 2005).

The study takes a look at the psychosocial perspectives of stigmatization and discrimination of PLWHA at the Winneba Municipal Hospital and how it affect them and their relationship with their immediate families and communities.

Statement of the Problem

There have been renewed concerns raised by stakeholders about the increasing rate of HIV/AIDS in the country as new infections have risen especially between 2010 and 2016. Latest figures released by the 2017 Ghana AIDS Commission report on HIV/AIDS infection shows an alarming 80% increase in new cases around the country with the Volta and Brong Ahafo Regions (2.7%) having the highest prevalence to 0.7% in the Northern Region, the lowest. The Central Region recorded a prevalence rate of 1.8% which is the third lowest in the country. The report indicated that though the country over the past decade has seen a significant decrease in transmission of the disease yet the trend according to government and stakeholders had taken a turn for the worse. This rising trend in new infections calls for a renewed national strategy and commitment to HIV prevention. To us, as researchers, one of the key areas to focus on HIV prevention is the issue of stigmatization and discrimination which according to Herek, Capitanio, & Widaman, (2002) are channels that fuel the epidemic and raise obstacles to prevention and treatment.

Data available from the 2014 Ghana Demographic and Health Survey (GDHS) indicate that though 75% and 79% of both women and men respectively would be willing to care for a family member sick with AIDS in their home, only 8% of women and 14% of men aged between 15-49 expressed accepting attitudes on all indicators of stigma associated with HIV/AIDS. This accepting attitude are least common in Central and Brong Ahafo regions. This indicates that though stigma is increasing, more work would be required in this area to facilitate access to prevention and treatment services.

During television news bulletin on the screen of one of the media houses in Accra (*TV Africa*) on World AIDS Day (1st December, 2017), it was observed that all the PLWHA had their faces covered. This was a clear expression of fear of being stigmatized, rejected and/or isolated by their friends, family and former well-wishers if they were exposed.

Preliminary investigations and observations made by the researchers prior to this study at the Winneba Municipal Hospital indicated that 84 HIV/AIDS positive cases were recorded in 2017 (Winneba Municipal Hospital Report, 2017). Out of these, a majority had lost contact with their families and are languishing in their quarantined state at the hospital. The question is, 'why have their families rejected them'? 'How do such patients feel in such a situation'? How do they cope in this stigmatizing and discriminatory condition'? These and other psychosocial aspects of PLWHA are what the research sought to unveil at the Winneba Municipal Hospital. Ironically, in Ghana the treatment of PLWHA in the hospitals and clinics has, for many years, tended to ignore these psychosocial crises that profoundly affect them. The Winneba Municipal Hospital, HIV/AIDS unit for PLWHA also seem to operate without taking cognizance of the psychosocial challenges such as the stigmatization and discrimination these patients go through. According to Byamugisha (2002) "in HIV and AIDS patients, it is not the condition itself that hurts most, but the stigma and the possibility of rejection and discrimination, misunderstanding and loss of trust that the HIV-positive people have to deal with" (pp. 12-17). Suggestively, this statement means that the stigma associated with HIV and AIDS, have major consequences for the individual, his family and community. Although there is widespread knowledge of HIV and modes of transmission, fear and stigmatization of HIV-

positive persons remain high. It is believed that exploring the psychosocial perspectives of stigmatization and discrimination of PLWHA at the Winneba Municipal Hospital would yield strategies that would help health practitioners to address this problem of stigma and discrimination toward people living with HIV/AIDS and thereby mitigate the psychological effects of HIV/AIDS on individuals, communities, and the nation as a whole.

Research Questions

The study was guided by the following research questions:

1. To what extent are PLWHA in Winneba Municipal Hospital stigmatized and discriminated against?
2. What are the psychosocial effects of stigmatization and discrimination on PLWHA in Winneba Municipal Hospital?

Hypotheses

Two hypotheses were formulated and tested at 0.05 significant level:

H_{01} There is no significant difference in stigmatizing behaviours of people towards PLWHAs by gender

H_{02} There is no significant difference in discriminating behaviours of people towards PLWHAs by gender

H_{03} Stigmatizing and discriminating behaviours of people will have no significant psychosocial effect on PLWHA.

METHODOLOGY

The study utilized the explanatory mixed method approach which offered the researcher adequate opportunity of going into sufficient details to unravel the complexities of the psychosocial perspectives of stigmatization and discrimination of PLWHA. The decision to use combined approaches for the study also afforded the researcher the opportunity to explore the research hypotheses from more than one angle for better and broader understanding of issues pertaining to a social phenomenon (Creswell, 2009; Bryman, 2008)

The population was made up of all patients and counsellors in the Effutu Municipality. PLWHA who were residing in the Effutu Municipality and attended adherence counselling and HIV counsellors at the time of the study at the Winneba Municipal Hospital, constituted the accessible population. These PLWHA and HIV counsellors were estimated to be eighty-four (84) and two (2) in number respectively. PLWHA who were not resident in Effutu Municipality but were at adherence counselling at the time of the study were excluded from the study.

A combination of purposive and snowball and census sampling techniques were used in selecting the study participants. In this wise, the researchers purposively chose PLWHAs receiving counselling at the Winneba Municipal Hospital. In view of the sensitivity of the study, the snowball sampling technique was utilized to get participants who were willing to share their

experiences on the topic under study (Kumar, 2011). Out of the total number of eighty-four (84) PLWHA who were approached, fifty-one (51) agreed to participate in the study. Census sampling technique was applied in selecting the only two counsellors working at the hospital at the time of the study.

The study used both researcher-developed structured questionnaire and semi-structured interview schedule to collect data from PLWHA and HIV counsellors present at the hospital.

Reliability of the questionnaire instrument was checked using Cronbach's alpha technique which yielded an overall coefficient of 0.84 which is deemed appropriate Dörnyei & Taguchi (2010). Member checking was used to determine the trustworthiness and accuracy of the qualitative data Creswell (2009). To ensure confidentiality and anonymity, the questionnaire was distributed to the PLWHA in a sealed envelope with an additional envelope where they could also send their responses sealed to the researcher. Participants' consent and permission was sought to record (audiotape) the interview after which it was played back to them to listen for corrections to be made in their statements.

The hypotheses were tested using inferential statistics such as; t-test and Regression analysis at significant levels of $p \leq 0.05$. Participants' responses that were deemed relevant from the interview data were quoted verbatim to explain and support findings as they emerged. Participants were identified by codes other than their real names to ensure anonymity.

RESULTS

The demographic data on participants' revealed that an overwhelming majority of the PLWHA were females representing 90.2%. A little over 43% were within the ages of 28-32. Ten participants each were found between the ages of 18 and 27 and 38-47. Only 5 participants were above 58 years. On marital status of participants, twenty-six (26) reported being married. Three (3) had divorced and twelve (12) were widowed. The educational background of participants showed that only nine (17.6%) were uneducated. A total of thirty nine (39) participants, (76.5%) were Self-Employed. Participants in the category of Unemployed and Employed were ten (10), 19.6% and two (2), 3.9% respectively.

Research Question One: *To what extent are PLWHA at the Winneba Municipal Hospital stigmatized and discriminated against?*

Table 1: The extent to which PLWHA feel stigmatized or discriminated against

Extent of Stigmatisation/Discrimination	Frequency	Percent (%)
To a very large extent	30	58.8
To a large extent	10	19.6
To an extent	8	15.7
Not at all	3	5.9
Total	51	100.0

Table 1 shows that the majority of PLWHA (48) 94.1% said they experience some degree of stigmatization and discrimination from the public, while only (3) 5.9% of the participants claimed they do not experience such situations.

From the transcribed interview data, it emerged that areas likely for PLWHA to feel stigmatised and discriminated are Workplace, the health centre, community/social gatherings, and family/peers. The following statements were gathered from participants to attest to this fact:

I fear of how they will react to it I tell my employer about my HIV status because it may cost me my job; it may make me so uncomfortable and may even affect my working relationships. Yet I would want to be able to explain about why I am or may be absent from work to see the doctor (HIV respondent 3)

All the participants expressed their reservations about the folder the hospital used for PLWHA. It was different from the other patients' folders by having a distinctive ring bound at the edges. Anybody that was aware of that kind of folder could discriminate and stigmatize the patient holding it. They added that there were wards and days reserved specially for HIV issues. Anybody who entered that place would be stigmatized and discriminated against.

During pre-natal care, pregnant women were supposed to go through compulsory HIV test. Those who tested positive to the virus went through counseling and treatment. She said the news of getting to know one's positive status alone was stigmatizing and discriminatory enough to kill the person. (Counsellor2)

Prenatal testing has caused the strained relationship between PLWHA and their kinsmen as well as peers. The following were some submissions from worried patients:

My well-wishers did not see the need to get close to me again. My landlord even evicted me and my daughter, because she got to know of the infection.(HIV respondent 2).

The stigmatization and discriminatory attitude was also reported in the way Family members avoid PLWHA. An interviewee advanced the following:

My father had relieved me of my position in the employment given to me (his son) in his own business. My father and siblings do not want to talk to me let alone see me or have anything to do with me for fear of contagion of the disease. (HIV respondent 4 recounted)

Gossip, shunning, avoidance and isolation led to non-disclosure of one's status. All the interviewees said their communities did not invite them to social gatherings and do not patronize food joints that were operated and managed by PLWHA patients', although formerly, it was gathered that they did.

Research Question 2: What are the psychosocial effects of stigmatization and discrimination on PLWHA in Effutu Municipality?

Data from Table 2 shows the psychosocial effects of stigmatization and discrimination of PLWHA in the Effutu Municipality.

Table 2: Psychosocial Effects of Stigmatization and Discrimination

Statements	Strongly Agree No. %	Agree No. %	Disagree No. %	Strongly Disagree No. %	M	SD
I find it difficult to come to terms with my status	11 (21.6)	17 (33.3)	15 (29.4)	8 (15.7)	2.61	.997
I find it difficult to manage my status on a personal level	9 (17.6)	21 (41.2)	15 (29.4)	6 (11.8)	2.56	.867
I feel a loss of hope and a feeling of worthlessness	9 (17.6)	19 (37.2)	17 (33.3)	6 (11.8)	2.59	.865
I feel reluctant to access treatment and care	1 (2.0)	8 (15.7)	24 (47.0)	18 (35.3)	1.76	.663
I am shunned by my family and friends	9 (17.6)	0	23 (45.1)	19 (37.3)	1.87	.951
I am isolated and ridiculed at my workplace	5 (9.8)	3 (5.9)	21 (41.2)	22 (43.1)	1.71	.844
I am anxious about my employer's reaction about my status	8 (15.7)	11 (21.2)	14 (27.6)	18 (35.3)	2.15	1.085
I have left my home to rented a new apartment because of my status	4 (7.8)	4 (7.8)	17 (33.3)	26 (51.0)	1.59	.085
I don't inform anyone about my attendance to adherence counselling	15 (29.4)	8 (15.7)	15 (29.4)	13 (25.5)	2.44	1.184

The mean scores of 2.61, 2.56, 2.59, and 2.44 with Standard Deviations of .997, .867, .865 and 1.18 respectively shows that the respondents finds it difficult to come to terms with their status, experience difficulty in managing their status on a personal level, feels a sense of hopelessness and worthlessness and keeps attendance to adherence counselling secret. On the other hand, participants disagreed to the statements that they felt reluctant to access treatment and care M=1.76, are shunned by family and friends M=1.87, are isolated and ridiculed at work places M=1.71, are anxious about employer's reaction about their status M= 2.15, or are forced to leave home or rented apartment because of their status M= 1.59.

This finding is suggestive of the fact that, there is no psychosocial effects of stigmatization and discrimination on PLWHAs in the Effutu Municipality, even though there were indication of its existence as presented in Table 2

However, considering the interview data it became evident that depression, low self-esteem, feeling of worthlessness and suicidal ideations, guilt and self-blame, shunned and rejected were

some of the psychosocial effect of stigmatization and discrimination on participant. For example in a statement, HIV respondent 1 said

Hmmm.....it was like a dream when I was first told that I have the disease. I didn't know what to do..... I cried for a long time. Even now, sometimes, I feel sad and I cry because I don't understand why I have this disease. I don't feel like doing anything or going anywhere anymore.

One of the counsellors remarked

Psychologically, they are unable to take better decisions as to how they can take care of themselves because they feel depressed. You don't even feel like taking a shower. Sometimes you do things that you don't see how uncomfortable or dangerous it has become.... (Counsellor1).

Low Self-esteem, Feeling of Worthlessness and Suicidal Ideations

During the interview, it became evident that participants experienced low self-esteem, feeling of worthlessness and suicidal ideations. The following were evident in their submissions:

Ah! Now nobody even respects me ooo. I'm nobody.....even my own family have rejected me how much more my friends. They don't care about me so if I die, they'll not be worried. Sometimes I tell myself that why don't I die, after all one day one day, I'll also die. Hmmm...(HIV respondent 6)

Another PLWHA recounted thus:

Hmmm....., it's just by the grace of God that I'm still alive. At first I wanted to end it all but the counsellors, they helped me a lot. They told me not to worry; I should just take the medicine and it'll be okay. You know....how in this country, they treat people who have this disease. As if we are not human beings. Hmmm...it is a big problem..... (HIV respondent 7).

These statements seem to suggest that PLWHA experiences some kind of low self-esteem as a result of stigmatization and discrimination.

Guilt and Self-blame

Guilt and self-blame were also expressed as they shared their experiences of stigma and discrimination in the following words:

My husband was very sick and we went to the hospital. It was there that I got to know it was HIV....So I did the test and they told I'm also positive. I knew my husband was sleeping around.. Sometimes I advised him but still, but I also couldn't leave because of the children. They are young (HIV respondent 4).

Some also displayed anger and irritability towards their partners on suspicion that they contracted the virus from them. The following were some comments made:

I knew he was a womanizer so he gave the virus to me. At first I wanted to poison him but something told me to stop. Now, sometimes I don't even want to see his face but....

Hmmm..... I feel like moving out with my children but I know he'll come and look for me and that'll make people know about it..... (HIV respondent 2).

On this, Counsellor 2 said

Some of them confide in us, how they feel about their state and towards their partners or spouses. And I tell you, some tell us how close they were at killing them, poisoning them and all. It is because they believe their partners may have infected them with the virus because they suspect them of sleeping around.

Shunned and Rejected

It also became manifest in the interview that most of the PLWHA received harsh treatment from their family and as a result felt lonely and isolated.

This was also recorded from a patient:

When people get to know you have HIV/AIDS, they don't even mind you again. The relationship between you and your family, and even your own friends become some way. They begin to avoid you, leave you out of what they do. They don't come close to you anymore to even check on you. I have experienced that in my own family here in this town...(HIV respondent 7).

This was comments made by Counsellor 2

You know, it's only a few family members who are able to assist them in the society and if you are in a household or you belong to a family that your family members will not accept you just because of your disease condition, it rather kills you more than even the infection itself. So those who go through such where family members do not accept them, they lose their friends, their loved ones and the rest. I think the mental battle alone actually drives them towards their grave.

Hypothesis One: There is no significant difference in stigmatizing behaviours towards PLWHAs by gender

Having developed the premise that PLWHA are stigmatized, the study sought to establish or otherwise the difference in stigmatizing behaviours on PLWHAs by gender. Table 3 presents the independent t-test sample of the variables.

Table 3: Independent samples t-test of stigmatizing behaviours towards PLWHA by gender

		N	M	Std. D.	t	df	Sig.
Stigmatizing behaviours	Male	5	16.40	.55	.444	49	.659
	Female	46	16.02	5.53			

**p < 0.05 (2-tailed)*

Table 3, shows that the males mean scores of (M = 16.40) was more than that of the females (M = 16.02). The test further revealed that there was no statistically significant difference between the two groups (t = .444, df = 49, Sig. = .659, p > .05). Although differences were observed between the means of the male and female participants in relation to stigmatizing

behaviours, the study, however, failed to reject the null hypothesis. Conclusively, when it comes to stigmatizing behaviours, both males and females experience the same treatment.

Hypothesis Two: There is no significant difference in discriminating behaviours towards PLWHAs by gender.

Table 4: Independent samples t-test on discriminating behaviours towards PLWHA by gender

		N	M	Std. D.	t	df	Sig.
Discriminatory behaviours	Male	5	10.20	1.64	.617	49	.540
	Female	46	9.41	2.78			

* $p < 0.05$ (2-tailed)

Independent sample t-test was further performed to test for statistical significant difference between the variables in terms of discrimination against PLWHAs. The test revealed no statistically significant difference between male and female PLWHA patients ($t = .617$, $df = 49$, $Sig. = .540$, $p > .05$) in spite of the fact that the males' mean scores was more (Mean = 10.20) than that of the female PLWHA (Mean = 9.41). Basically, from the analyzed data, the study failed to reject the null hypothesis. It can, however, be deduced from the findings that, both males and females experience the same discriminatory behaviours.

Hypothesis Three: Stigmatizing and discriminatory behaviours of people will have no significant psychosocial effect on PLWHA

Table 5 presents a regression analysis to test this hypothesis.

Table 5: Regression Analysis of Stigmatizing and Discriminating behaviours on psychosocial lives of PLWHA

Variable	B	Beta	R	R ²	t	Sig(t)
Constant	1.983				11.696	.000
Stigmatizing	.002	.034			.199	.843
Discriminatory	0.012	.105			.624	.535
			.092	.009		

Table 5 displays unstandardized (b) and standardized (beta) regression coefficients, the multiple correlation coefficients (R), adjusted R² and the value of t and its associated p-value for each variable that entered into the equation. As shown in Table 5, Stigmatization and Discrimination accounted for 0.9% (adjusted R² = .009) of the variance in psychosocial effect on PLWHA. This implies that there could be some other factors which also contribute to the stigmatizing and discriminatory behaviours on PLWHA. The null hypothesis is therefore, rejected.

DISCUSSION

Talking about stigmatization and discrimination of PLWHAs at the Winneba Municipal Hospital, this study revealed a very high level of stigmatization and discrimination against majority of participants. Very few disagreed with statements pointing to that fact and this could be suggestive of the fact that these non-stigmatized patients did not disclose their status to the

public for fear of being stigmatized. The WHO (2008) report cites fear of stigma and discrimination as the main reason why people are reluctant to be tested, to disclose their HIV status or to take antiretroviral drugs. It is also established that failure to disclose ones sero-status might contribute to the expansion of the epidemic as a reluctance to determine HIV status or to discuss or practice safe sex means that people are more likely to infect others and a higher number of AIDS-related deaths Sayles, (2009). The current finding is also alarming on the basis of the fact that the majority of participants claimed they were stigmatized and discriminated against by society; a situation that could create obstacles to prevention efforts. This is because according to Herek, Capitano, & Widaman, (2002), stigmatization and discrimination are channels that fuel the epidemic, raising obstacles to prevention and treatment.

Further, in their interview responses, it became evident that people living with HIV/AIDS feel rejected not only at home, work, and school but also in the health care centres. Refusal to treat, failure to respect confidentiality by clearly identifying patients with HIV/AIDS and revealing sero-positive status to relatives without prior consent and some problems PLWHA faced in health care services were the main stigma and discrimination elements in the healthcare system. As it were, HIV patients feel shameful, guilty, hopeless and useless. This leads to withdrawal, depression, not to disclose the HIV status and prevent people from testing for HIV.

The interview data gave evidence of an array of effect stigmatizing and discriminating behavior of people have on PLWHA patients at the hospital. Statements which give evidence of the presence of depression, low self-esteem, feeling of worthlessness and suicidal ideations, guilt and self-blame, and rejection were advanced. As a result the patients found it difficult to come to terms with their status, found it difficult to manage their status on a personal level and they also felt hopeless and worthless. This finding corroborates Wingood, et al. (2007) study which reported that people with HIV/AIDS who hide their HIV status can be affected by depression, stress and social isolation.

The t-test analysis conducted found no differences between male and females as regards discrimination and stigmatizing behaviours of PLWHAS at the Winneba Municipal Hospital. This gives an indication that both males and females experience the same discriminatory and stigmatizing behaviours from the public.

The fact that stigma and discrimination had a minimal contribution to psychosocial effect on the victims suggest that the present model is somewhat a good predictor of the psychosocial effect of PLWHA. It appeared in this study that discriminatory behaviours of people accounted for the bulk of the variance in psychosocial effect of PLWHA ($\beta = .105$, $t = .624$, $p > 0.05$) and could be described as the most predictor of psychosocial effect of PLWHA. However, it can be deduced that the influences of stigmatizing and discriminatory behaviours were not statistically significant at 0.05 levels.

Implication for Professional Practice

This study will first and foremost help in identifying the psychological and social effects of stigma and discrimination on PLWHA and highlight trading stigma and discrimination for a more accepting attitude towards and reception of PLWHA. The relevant counselling implications that will be unfolded will serve as a professional tool for effective counselling to strengthen treatment and awareness.

The study will also serve as a guide for further exploration on similar research and pursuit. This will, in turn, unearth the “silent killers” in the areas of our health, social and psychological beings. The findings of the study will strengthen the care and support systems for the known HIV positive clients of the Winneba Municipal Hospital to boost their treatment and most especially, to inculcate in them a sense of worth and positive self-image. The study will encourage PLWHA to access adherence counselling from the various sentinel sites available. The study will also serve as a supporting literature to the benefits of anti-retroviral therapy (ART) in prolonging the lives of PLWHA. It will also be of a great benefit to the authorities of the National AIDS Control Programme (NACP), whose business is to provide treatment kits and trained personnel who will double as counsellors and facilitators of HIV and AIDS awareness programmes for both the youth and adults in the Winneba Municipality.

CONCLUSION

The research findings demonstrated that there is high incidence of stigmatization and discrimination against PLWHA in the Winneba Municipal Hospital. Nevertheless the effects associated with psychosocial experiences of stigma and discrimination against PLWHA are not on the ascendancy. There was no distinction between male and female HIV/AIDS patients at the hospital as far as stigmatizing and discriminating behaviours of people towards them are concerned. However both (stigmatization and discrimination) contribute to the bulk of psychosocial effect these patients experience. It is believed that a multi-faceted action, sustained over time, is needed to prevent stigma, challenge discrimination and promote and protect HIV patients and their rights in Winneba and the Nation in general.

RECOMMENDATIONS

In view of the study’s findings, the following recommendations are made:

1. It was observed from the study findings that most of the PLWHA experience stigmatization and discrimination. The local authorities and Ghana AIDS Commission District committee should strengthen and create awareness on the need for harmonious living with and healthy attitude towards PLWHA in the community. This is because love, care and support given to PLWHA will help quicken their recovery rate as well as enhance prevention and treatment efforts.
2. HIV Counsellors at the Winneba Municipal Hospital should strengthen their unconditional positive regard for PLWHA as this counsellor attribute facilitates the helping process for treatment and care.

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