Macrothink Institute™

Journal of Sociological Research
ISSN 1948-5468
2014, Vol. 5, No.2

Social Workers' Attitudes towards People Living with HIV/AIDS in Kentucky

Japheth Jaoko, Ph.D.
Carver School of Social Work and Counseling
Campbellsville University
1 University Drive, UPO 855
Campbellsville, KY 42718-2799
Tel: 270-789-5033
E-mail: jojaoko@campbellsville.edu

Doi:10.5296/jsr.v5i2.6397 URL: http://dx.doi.org/10.5296/jsr.v5i2.6397

Abstract

This study examined social workers attitudes towards persons living with HIV/AIDS in Kentucky. The study utilized a secondary data set of 58 licensed masters' level social workers from a survey that was originally completed as part of a continuing education seminar on HIV/AIDS issues. The survey consisted of nine statements that were answered with "YES" or "NO". The survey also contained a number of demographic questions. The findings showed that the majority of the participants (81%, n=47) had positive attitudes towards persons living with HIV/AIDS. Participants with previous experience working with persons living with HIV/AIDS were found to be more likely to hold positive attitudes than those with no previous experience.

Key Words: Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Social Work, Attitudes

1. Introduction

More than three decades since the first case of Human Immunodeficiency Virus (HIV) was diagnosed, HIV continues to be a serious global public health problem. According to the United Nations Joint Program on HIV/AIDS (UNAIDS, 2009), millions of people worldwide, regardless of race, nationality, culture, or socioeconomic status are currently living with HIV. Millions more have died as a result of HIV related medical complications, including progression to full blown Acquired Immune Deficiency Syndrome (AIDS).

Although the issue of HIV/AIDS has received intense scientific, public, and policy attention for over three decades, people living with HIV/AIDS (PLHA) still face attitudes of avoidance, discrimination, victimization, and ostracization from many members of the society including from healthcare and social service providers (Röndahl, Innala, & Carlsson, 2003). The aim of this study was to examine social workers attitudes towards PLHA in Kentucky. This is

significant since social workers are among a group of professionals that are often called upon to provide psychosocial services to PLHA.

1.1 Definition of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)

Human Immunodeficiency Virus (HIV) is a virus that falls within the category of viruses called retroviruses. "HIV attacks the body's immune system which is designed to protect the body from infections and disease. Most people infected with HIV are less able to fight off the germs that humans are exposed to everyday" (New York State Department of Health, 2013).

Acquired Immune Deficiency Syndrome (AIDS) results from, and is the most severe manifestation of infection with HIV. According to the Centers for Disease Control (CDC, 1992), AIDS is diagnosed when the HIV destroys CD4 cell counts to the extent the body has little or no immune defense. CD4 cell count is a way to measure the strength of the immune system.

2. Literature Review

For a period lasting more than three decades, HIV/AIDS has had a tremendous effect on individuals, families, and communities throughout most of the world. More than 34 million people worldwide have died as a result of AIDS, according to the World Health Organization (WHO, 2013).

In the United States, a report by the Centers for Disease Control (CDC, 2010), indicates that infection with HIV/AIDS continues to be a leading cause of illness and death. Over one million people in the US live with HIV, and about 20 percent of these are unaware of their HIV infection. Furthermore, approximately 50,000 people in the US become infected with HIV each year (CDC, 2011). The CDC also estimates that each year, more than 18,000 people in the US die of AIDS, totaling to more than 600,000 deaths within the last three decades (CDC, 2010).

In Kentucky, almost 9,000 cases of AIDS have been reported since 1982, with more than 300 new cases reported in both 2010and 2011. Of the cumulative reports in Kentucky, 83% have been males, and17% females. The prevalence in terms of race has been 61% White, 34% Black, and 4% Hispanics. Of these, close to 5,500 individuals are still presumed to be living (Kentucky cabinet for Health and Family Services (KCHFS), 2012).

Globally, studies that have examined the attitudes of healthcare workers towards PLHA have shown a great variation in their findings (Andrewin & Li-Yin, 2008; Bektaş & Kulakaç, 2007; Crossley, 2004; Delobelle et al., 2009; Hassan & Wahsheh, 2011; Oyeyemi, Oyeyemi, & Bello, 2006; Reis et al., 2005; Röndahl, Innala, & Carlsson, 2003; Shaikh, Khan, Ross, & Grimes, 2007; Suominen et al., 2009; Suominen et al., 2010). In general, healthcare workers with previous experience of HIV/AIDS tend to have a more positive attitude towards PLHA than those with no previous experience (Oyeyemi et al., 2006; Suominen, et al., 2009). In addition, healthcare workers with high knowledge of HIV/AIDS or those that have had some formal training in the area of HIV/AIDS tend to have a more positive attitude towards PLHA than those with low knowledge or no formal training (Andrewin & Li-Yin, 2008; Bektaş & Kulakaç, 2007; Delobelle et al., 2009; Hassan & Wahsheh, 2011; Reis et al., 2005; Röndahl et al., 2003; Shaikh et al., 2007; Suominen, et al., 2009).

Studies have also shown that healthcare workers tend to have a more negative attitude towards PLHA who belong to high-risk groups such as commercial sex workers and intravenous drug users (Andrewin & Li-Yin, 2008; Bektaş & Kulakaç, 2007; Chan & Reidpath, 2007; Crossley, 2004; Röndahl et al., 2003). In addition, workers with high moralizing religious beliefs tend to have a more negative attitude towards PLHA than those with non-moralizing religious beliefs (Andrewin & Li-Yin, 2008; Shaikh et al, 2007).

3. Method

3.1 Data Description

This study utilized a secondary data set sample of licensed masters' level social workers in Kentucky from a survey that was originally completed as part of a continuing education seminar on HIV/AIDS issues. Only those surveys (n=58) that were fully completed, with no missing data were utilized. The data set contained no identifying information and included a sample of social workers across a wide range of practice areas including hospice social workers, school social workers, hospital social workers, community based social workers, and administrators among many others.

3.2 Measures

Attitudes of social workers were measured using a modified survey adopted from Kirst-Ahman, Zastrow, and Vogel, (2007). The survey consisted of the following nine statements that were answered with "YES" or "NO".

1) "I would be comfortable working in the same office with another employee that is known to be infected with HIV'

2) 'If I were a parent, I would send my child to a school in which a classmate is known to be infected with HIV'

3) 'If I were a social worker in a nursing home, I would be comfortable working with residents who have AIDS'

4) 'I would feel comfortable in hugging someone who has AIDS'

5) 'I do NOT believe that the peril of AIDS is a punishment from a higher being for immoral behavior'

6) 'If I were a parent, I would be comfortable seeing my children play with a neighborhood child who has tested positive for HIV'

7) 'I would feel comfortable living with a roommate who has HIV'

8) 'I would not hesitate to swim in a swimming pool in which someone else is swimming who I know has AIDS'

9) 'If I discover that my physician or dentist is HIV positive, I would NOT discontinue receiving services from this physician or dentist'

The survey also contained a number of demographic questions in relation to gender, race, and years of work experience. In addition, there was one question that asked participants whether they had ever knowingly provided social work services to PLHA. The responses to the attitude statements were coded as yes = 1 and no =2.

4. Data Analysis

Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS)

software. Descriptive statistics was conducted to analyze demographic data and attitudes towards PLHA. Average mean scores for attitudes were calculated based on participants responses to each item scored as yes =1 and no = 2. The scores were summed and then divided by the total number of items giving each participant an individual attitude score ranging from 1 to 2. Lower scores indicated positive attitudes, thus, a score of 1 indicated the most positive attitude towards PLHA.

The relationship between demographic data and attitudes were analyzed using bivariate analysis. T-tests were performed to analyze whether there was a statistical difference between the mean scores of males and females and Caucasians and non-Caucasians. T-test was also performed to analyze whether there was a statistical difference between the mean scores of participants who had previous experience working with PLHA and those who did not have such experience.

5. Findings

The majority of the participants were female (86%, n=50) and Caucasian (90%, n=52). More than two thirds (71%, n=41) of the participants had at least three years of social work experience. Less than ten percent (9%, n=5) of the participants had ever knowingly provided social work services to a client living with HIV/AIDS.

The majority of the participants (81%, n=47) had mean scores of less than 1.35, indicating positive attitudes towards PLHA. The rest of the participants (19%, n= 11) had mean scores of more than 1.35, indicating negative attitudes towards PLHA. A significant difference in the mean scores for those who had previous experience working with PLHA (M=1.0, SD=0.00) and those who did not have such experience (M=1.30, SD=0.029) was detected. Those with previous experience showed more positive attitudes towards PLHA than those with no previous experience. There was no significant difference with regards to gender and race.

6. Summary

Social workers are among a diverse group of professionals who are often called upon to provide healthcare and other social services to PLHA, yet they are not immune from the prejudicial attitudes that some members of the public hold towards PLHA. For example, a large number of the participants (91%) in this study indicated that they would discontinue receiving services from a physician or dentist were they to discover that that physician or dentist was a PLHA. An equally large number of participants (88%) indicated that they would not feel comfortable in hugging a PLHA.

While the overall findings of this study showed that most of the participants had positive attitudes towards PLHA, it is disconcerting that more than three decades after the first case of HIV was reported, there is still a number of social workers who hold discriminatory attitudes towards PLHA. This is contrary to the core values of social work such as social justice and dignity and worth of every human being.

7. Implications for Social Work

PLHA have the same basic rights and responsibilities as all other members of any society, yet they continue to suffer discrimination, victimization, and ostracization within many societies. Social workers have an ethical obligation to combat such injustices rather than to condone or practice them. Regrettably, the findings from this study indicate that there is a possibility that

PLHA in Kentucky may encounter a social worker who expresses prejudicial attitudes. These attitudes may result in serious harm to PLHA and erode trust towards the social work profession.

Since previous studies (Kumar, Lal, Ingle, & Gulati, 1999; Va¨lima¨ ki, Suominen, & Peate, 1998) have shown that the fear of exposure to HIV is a major contributing factor towards prejudicial attitudes towards PLHA, it would be important to mitigate the fear by providing social workers with proper knowledge about HIV high risk factors and the modes of HIV transmission. This could easily be achieved through continuing education seminars as some states, including Kentucky, are already mandating.

Government agencies and other community based agencies could also provide HIV/AIDS seminars on current HIV/AIDS knowledge to their social work employees. It would also be of paramount importance to provide social workers with proper training on the universal precautions for HIV prevention at the workplace as issued by the Occupational Safety and Health Administration (OSHA).

8. Limitations

The findings of this study need to be interpreted with caution since the questionnaire utilized was not tested for validity and neither was it tested for reliability. Response bias on part of the participants could also have been an issue due to the sensitive nature of HIV/AIDS. In addition, the findings of this study cannot be generalized to a wider context because of the small sample size and the lack of random selection.

9. References

Andrewin, A., & Li-Yin, C. (2008). Stigmatization of patients with HIV/AIDS among doctors and nurses in Belize. *AIDS Patient Care and STDs, 22*(11), 897-906. doi:10.1089/apc.2007.0219

Bektaş, H. A., & Kulakaç, Ö. Ö. (2007). Knowledge and attitudes of nursing students toward patients living with HIV/AIDS (PLHIV): A Turkish perspective. *AIDS Care, 19*(7), 888-894. doi: 10.1080/09540120701203352

Centers for Disease Control and Prevention (CDC). (1992). *1993 Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults*. Retrieved from http://www.cdc.gov/mmwr /preview/mmwrhtml/00018871.htm

Centers for Disease Control and Prevention (CDC). (2010). *HIV in the United States.* Retrieved from http://www.cdc.gov/hiv/resources/factsheets/PDF/us.pdf

Centers for Disease Control and Prevention (CDC). (2011). Basic statistics. Retrieved from http://www.cdc.gov/hiv/topics/surveillance/basic.htm

Chan, K., & Reidpath D. (2007). Stigmatization of patients with AIDS: Understanding the interrelationships between Thai nurses' attitudes toward HIV/AIDS, drug use, and commercial sex. *AIDS Patient Care and STDs, 21*(10), 743–755.

Crossley, M. L. (2004). An investigation of dentists' knowledge, attitudes and practices towards HIV+ and patients with other blood-borne viruses in south Cheshire, UK.

British Dental Journal, 196(12), 749-754. doi:10.1038/sj.bdj.4811382

Delobelle, P., Rawlinson, J. L., Ntuli, S., Malatsi, I., Decock, R., & Depoorter, A. (2009). HIV/AIDS knowledge, attitudes, practices and perceptions of rural nurses in South Africa. *Journal of Advanced Nursing, 65*(5), 1061-1073. doi:10.1111/j.1365-2648.2009.04973.x

Hassan, Z. M., & Wahsheh, M. A. (2011). Knowledge and attitudes of Jordanian nurses towards patients with HIV/AIDS: Findings from a nationwide survey. *Issues In Mental Health Nursing, 32*(12), 774-784. doi:10.3109/01612840.2011.610562

Kentucky cabinet for Health and Family Services (KCHFS). (2012). *HIV/AIDS surveillance report – June 2012*. Retrieved from http://chfs.ky.gov/NR/rdonlyres /8CF79016-4F32-4A07-8CC0-5C891BCA6B87/0/Annual_Report_June2012.pdf

Kirst-Ahman, K., Zastrow, C., and Vogel, V. (2007). *Student manual for understanding human behavior and the social environment* (7th ed.). Belmont, CA: Thomson Brooks/Cole

Kumar A., Lal P., Ingle G.K. & Gulati N. (1999) AIDS-related apprehensions among nursing students of Delhi. *Journal of Communicable Disease 31*, 217-221.

New York State Department of Health. (2013).*HIV/AIDS*. Retrieved from http://www.health.ny.gov/diseases/aids/

Ohnishi, M., Nakamura, K., Kizuki, M., Seino, K., Inose, T., & Takano, T. (2008). Caregivers' and non-caregivers' knowledge regarding HIV/AIDS and attitude towards HIV/AIDS and orphans in Nigeria. *Health & Social Care In The Community, 16*(5), 483-492. doi:10.1111/j.1365-2524.2007.00757.x

Oyeyemi A, Oyeyemi B, & Bello I. (2006). Caring for patients living with AIDS: Knowledge, attitude and global level of comfort. *Journal of Advanced Nursing 53*(2), 196–204.

Reis, C., Heisler, M., Amowitz, L. L., Moreland, R., Mafeni, J. O., Anyamele, C., & Iacopino, V. (2005). Discriminatory attitudes and practices by health workers toward patients with HIV/AIDS in Nigeria. *Plos Medicine, 2*(8), 743-752. doi:10.1371/journal.pmed.0020246

Röndahl, G., Innala, S., & Carlsson, M. (2003). Nursing staff and nursing students' attitudes towards HIV-infected and homosexual HIV-infected patients in Sweden and the wish to refrain from nursing. *Journal of Advanced Nursing, 41*(5), 454-461. doi:10.1046/j.1365-2648.2003.02553.x

Shaikh, F. D., Khan, S. A., Ross, M. W., & Grimes, R. M. (2007). Knowledge and attitudes of Pakistani medical students towards HIV-positive and/or AIDS patients. *Psychology, Health & Medicine, 12*(1), 7-17. doi:10.1080/13548500500477667

Suominen, T., Koponen, N., Staniuliene, V., Istomina, N., Aro, I., Kisper-Hint, I., …, & Välimäki, M. (2009). Nursing students' attitudes towards HIV/AIDS patients in Finland, Estonia and Lithuania. *Scandinavian Journal of Caring Sciences, 23*(2), 282-289. doi:10.1111/j.1471-6712.2008.00620.x

Suominen, T., Koponen, N., Mockiene, V., Raid, U., Istomina, N., Vänskä, M., …, & Välimäki, M. (2010). Nurses' knowledge and attitudes to

HIV/AIDS—An international comparison between Finland, Estonia and Lithuania. *International Journal of Nursing Practice, 16*(2), 138-147. doi:10.1111/j.1440-172X.2010.01822.x

United Nations Joint Program on HIV/AIDS. (UNAIDS). (2009). *AIDS epidemic update.* Retrieved from http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2009/jc1700_epi_update_2009_en.pdf

Va¨lima¨ ki M, Suominen T, & Peate I. (1998). Attitudes of professionals, students and the general public to HIV/AIDS and people with HIV/AIDS: A review of the research. *Journal of Advanced Nursing, 27*(4), 752–759.

World Health Organization (WHO). (2013). *Global health observatory: HIV/AIDS.* Retrieved from http://www.who.int/gho/hiv/en/