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**HIV-related stigma and discrimination in the New Zealand healthcare setting: a mixed-methods study**

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Appendix 1: Questionnaire

**Experiences of HIV Stigma and Discrimination in the Healthcare Setting**

**Background information:**

***(Please put a tick (✓) next to the right answer)***

1. Did you use an interpreter to complete this questionnaire? Yes ☐ No ☐

2. What is your gender?

Male ☐

Female ☐

Transgender ☐

3. What is your age?

16-25 ☐ 46-55 ☐

26-35 ☐ 56-65 ☐

36-45 ☐ Over 65 ☐

4. Where were you born?

New Zealand	<input type="checkbox"/>	<b>(go to question 6)</b>	Africa	<input type="checkbox"/>	Country: _____
Australia	<input type="checkbox"/>		Asia	<input type="checkbox"/>	Country: _____
Pacific	<input type="checkbox"/>	Country: _____	Other	<input type="checkbox"/>	Country: _____
UK/Europe	<input type="checkbox"/>	Country: _____			

5. How long have you lived in New Zealand? \_\_\_\_\_

6. In what city/town/region do you live in New Zealand? \_\_\_\_\_

7. What is your ethnicity?

NZ European	<input type="checkbox"/>	African	<input type="checkbox"/>
Māori	<input type="checkbox"/>	South East Asian	<input type="checkbox"/>
Pacific Islander	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Other	<input type="checkbox"/> _____

8. What is your employment status/source of income? (tick one or more boxes)

Work full-time	<input type="checkbox"/>	Invalid's benefit	<input type="checkbox"/>
Work part-time	<input type="checkbox"/>	Domestic Purposes Benefit	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>	Student	<input type="checkbox"/>
Unemployment Benefit	<input type="checkbox"/>	Parent/Carer	<input type="checkbox"/>
Sickness Benefit	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Other	<input type="checkbox"/> _____		

9. How do you describe your sexual orientation?

Heterosexual	<input type="checkbox"/>
Homosexual	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>

### HIV infection

**(Please put a tick (✓) next to the right answer)**

10. How long have you been living with HIV?

Less than 2 years	<input type="checkbox"/>	11 to 15 years	<input type="checkbox"/>
2 to 5 years	<input type="checkbox"/>	16 to 20 years	<input type="checkbox"/>
6 to 10 years	<input type="checkbox"/>	More than 20 years	<input type="checkbox"/>

11. How did you get HIV?

Born with HIV ☐

Blood transfusion ☐

Sex with a man ☐

Don't know ☐

Sex with a woman ☐

Other ☐ \_\_\_\_\_

IV drug use ☐

12. Who else apart from your HIV Specialist team (Doctor, Nurse Specialist, Social Worker) know about your HIV diagnosis? **(Please tick (✓) one or more)**

Spouse/partner ☐

Employer ☐

Children ☐

NZAF Counsellor ☐

Parents ☐

Positive Women ☐

Siblings ☐

Body Positive ☐

Friends ☐

No one ☐

Other ☐ \_\_\_\_\_

13. Please put a tick (✓) next to each statement that best describes how you feel on most days.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I worry that people from my community know that I have HIV				
I worry that people will reject me if they find out I have HIV				
HIV is similar to other chronic illnesses				
I feel ashamed that I have HIV				
I am afraid of my current employer finding out that I have HIV				
I don't care if people know that I have HIV				
I isolate myself so that people don't find out I have HIV				
People would not want to be my friend if they found out I have HIV				
I feel comfortable telling my current employer about having HIV				
People can tell by looking at me that I have HIV				
If people knew I had HIV, they would think it's my fault				
I get depressed because I have HIV				
The people that I've told that I have HIV support me				

## HIV Care and Treatment:

**This section will look at your experiences with your HIV clinic and treatment**

14. Please respond to the following statements about the care you receive at your HIV outpatient clinic. Please put a tick (✓) next to each statement that best describes your view.

	Never	Rarely	Sometimes	Often	Always	Not Applicable
I receive high quality medical care at my HIV clinic						
I feel listened to by my HIV Specialist						
I prefer to use my HIV Specialist for all my health care problems						
I feel supported by the Community HIV Team (Auckland City Hospital)						
I feel supported by the HIV Nurse Specialist (other regions)						
I worry about seeing people I know at my HIV clinic appointments						
I miss HIV clinic appointments because I'm worried about seeing someone I know						
The HIV outpatient clinic reception staff respect my confidentiality						
I worry that my HIV clinic appointment reminder letters will be opened by someone else						

15. Do you attend HIV outpatient clinic at Auckland City Hospital?

Yes ☐

No ☐

16. Are you currently taking HIV medication?

Yes ☐ **(go to next question)**

No ☐ **(go to question 19)**

17. How long have you been taking HIV medication?

Less than 2 years ☐ 11 to 15 years ☐

2 to 5 years ☐ 16 to 20 years ☐

6 to 10 years ☐ More than 20 years ☐

18. Do you take your HIV medication as prescribed?

I never miss a dose ☐ I miss a dose every few months ☐

I miss one dose a week ☐ I miss a dose every 6 months ☐

I miss a dose every month ☐ I miss one or two doses a year ☐

Other ☐ \_\_\_\_\_

**(go to question 21)**

19. Have you taken HIV medication in the past?

Yes ☐ **(go to next question)**

No ☐ **(go to next question)**

20. Why are you not currently taking HIV medication?

Not needed yet ☐ Tired of taking medication ☐

Side effects ☐ Problems remembering ☐

I choose not to ☐ Other ☐ \_\_\_\_\_

**(go to question 21)**

**Other healthcare settings:**

**This section will look at the care you receive at various healthcare settings.**

21. Please respond to the following statements about the care you receive at various healthcare settings. Please put one or more ticks (✓) for each healthcare provider if you agree with the statements. Leave blank if you disagree or if not applicable.

[illegible]

22. Please put a tick (✓) beside each statement that best describes your views.

	Strongly disagree	Disagree	Agree	Strongly Agree	Not Applicable
I worry that my HIV diagnosis will be disclosed by a healthcare worker					
I have felt judged by a healthcare worker for having HIV					
I am treated no differently by healthcare workers because I have HIV					
A healthcare worker has been afraid to touch me because I have HIV					
I have been treated as inferior by a healthcare worker because I have HIV					
I'm treated the same as other patients when I'm in a hospital ward					
Healthcare workers in general respect my confidentiality					
I prefer to be treated in the infectious diseases ward when in hospital					
The nurses in the Infectious Diseases ward are comfortable treating someone with HIV					
The doctors in the Infectious Diseases ward are careful not to mention HIV in a shared room					



## HIV Stigma and Discrimination:

**This section will look at your experiences of discrimination with healthcare providers**

23. Have you ever experienced less favourable or poor treatment from healthcare providers compared to other people as a result of having HIV/AIDS?

- |                             |                          |
|-----------------------------|--------------------------|
| Yes, less than 2 years ago  | <input type="checkbox"/> |
| Yes, 2 to 5 years ago       | <input type="checkbox"/> |
| Yes, 5 to 10 years ago      | <input type="checkbox"/> |
| Yes, more than 10 years ago | <input type="checkbox"/> |
| No                          | <input type="checkbox"/> |

24. What form did this less favourable or poor treatment take? (tick all that apply)

- |                                       |                          |
|---------------------------------------|--------------------------|
| Rudeness                              | <input type="checkbox"/> |
| Avoidance                             | <input type="checkbox"/> |
| Being rushed through                  | <input type="checkbox"/> |
| Being treated last                    | <input type="checkbox"/> |
| Refusal of treatment                  | <input type="checkbox"/> |
| Additional infection control measures | <input type="checkbox"/> |
| Confidentiality problems              | <input type="checkbox"/> |
| Harassment/Abuse                      | <input type="checkbox"/> |
| Other _____                           | <input type="checkbox"/> |

25. At which healthcare providers did you experience this less favourable or poor treatment?  
(Please put one or more ticks (✓) beside all that apply. Leave blank if not applicable)

[illegible]

26. Have you experienced less favourable or poor treatment for any of these other reasons?

**(Please put one or more ticks (✓) beside all that apply. Leave blank if not applicable)**

[illegible]

27. Please give me an example(s) of your experience with HIV discrimination in the healthcare setting (write on a separate page if necessary)

[illegible]

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

28. How did this make you feel?

[illegible]

29. Did you do anything about the HIV discrimination you experienced (e.g. changed healthcare provider, complained, etc.)?

Yes ☐ No ☐ Please give details:

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30. Are there any other comments you would like to make about your experiences with healthcare providers in New Zealand?

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Thank you for your time and participation in this study.