

DOI: <https://dx.doi.org/10.18203/2320-1770.ijrcog20230328>

## Original Research Article

# The results of using self-stigma reduction programs of HIV infected people in Akat Amnuay Hospital, Sakon Nakhon Province

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**Received:** 04 January 2023

**Revised:** 04 February 2023

**Accepted:** 07 February 2023

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## ABSTRACT

**Background:** Thailand has been fighting AIDS for more than 30 years, with some success in lowering the number of new HIV cases and deaths, but the country still has a high HIV infection rate and struggles with unfair discrimination linked to both HIV and gender.

**Methods:** This action research was undertaken to reduce self-stigmatization of HIV-infected people in Akat Amnuay Hospital. The participants included 67 infected HIV cases at Antiretroviral clinic. Data collection was conducted from June 2022 to December 2022. Data collection from group activity, and individual follow-up. Qualitative data were analyzed by classification, inferential analyzing, interpret meaning, conclusions and explain explorer. Descriptive statistics and paired t-tests were analysis.

**Results:** The study found that Self stigma reduction programs of HIV infected people gained an understanding of the stages of self-management, enabling them to resolve issues correctly and have a positive impact on their own health. It also found that participants' self-stigma scores before and after the intervention differed significantly, and that self-stigmatism decreased significantly at.000.

**Conclusions:** The development of one's own power is one of the results of a program to reduce self-stigma. by spending more time dealing with unfavorable attitudes. Recognize your own worth and adopt a positive outlook. It is advantageous for hospital staff who oversee the HIV clinic to put in place a procedure for lowering self-stigma in new patients, patients who have missed appointments, and patients who take the medication erratically and experience complications.

**Keywords:** Self stigma reduction program, HIV-infected people, Akat Amnuay hospital

## INTRODUCTION

Thailand has more than 30 years of experience and development in the fight against AIDS, with successes in both reducing the number of new HIV cases and deaths, but there are still significant operational challenges for certain populations who are found to still have high HIV infections and face the problem of discrimination and unfair discrimination related to HIV and gender, which affects the quality of life and overall social development.<sup>1</sup> The intention is to eradicate AIDS, with the main goal of

"not sticking, not dying, not stigmatizing." According to the 2019 HIV Attitude Survey, 26.7% of Thais have discriminatory attitudes toward people from their families, workplaces, educational institutions, and healthcare facilities, so individual cooperation and understanding are required. Societies and organizations resulting in welcoming and equitable access to health services End inequality, as this year's World AIDS Day theme "End inequality. End AIDS. End".<sup>2</sup> The National Strategy on Ending AIDS 2017-2030 aims primarily to reduce new HIV infections to no more than 1,000 cases per year,

reduce deaths among HIV-positive people to no more than 4,000 per year, and reduce discrimination related to HIV and gender by 90% in 2019.<sup>1</sup> To resolve the issue The Division of AIDS and Sexually Transmitted Diseases and its network partners collaborated on a pilot to reduce stigma and discrimination among healthcare providers through the organization of a series of 3X4 events aimed at improving service quality. Change service practices, attitudes, and knowledge and skills for service providers, with the goal of satisfying service recipients and leading to continuous visitation and treatment.<sup>3</sup> To understand the feelings of people living with HIV who come to the service, it is necessary to work with them. Recognize and overcome life's challenges understand your own point of view in order to see yourself from a different perspective. Improve your life management skills and decrease your own feelings of impairment. They will be stigmatized if they have beliefs and perceptions that they are stigmatized and discriminated against. Whether or not stigma or discrimination occurred, the problem of continuing to receive services and treatment will inevitably be affected, consistent with the situation of stigma and discrimination in healthcare facilities in surveillance areas. In year 2015, 2017, 2018, which shows that providers themselves still have a high number of attitudes towards HIV infected people. At the same time, when asked about HIV-positive patients, more than 30 percent found self-stigma, so health services had to work to "reduce self-stigma in service recipients in tandem."<sup>3</sup> According to a survey of the situation in the surveillance area of the country. In 2017 and 2019, in the area of HIV cases. Self-stigma was 34.9 percent, 36.06 percent, respectively.<sup>4</sup>

The findings of the post-implementation survey addressed the issue of reducing HIV patients' self-stigma in medical facilities, hospitals, and Akat Amnauy hospital at 2019, HIV-positive people had previously decided not to go to a health facility or hospital due to self-stigma, and 18.18 percent had been stigmatized and discriminated against in relation to childbearing and reproductive health in the previous 12 months. It causes self-stigma and frequently affects a person's expressive behavior in everyday life. This allows them to try to avoid confrontations with people in society. seclude Stress, depression, discouragement, and a lack of lifestyle goals are all common symptoms. Some people can trigger suicidal thoughts or self-harming behavior. It emerges from a process of thought and negative feelings within oneself.<sup>5</sup> We looked at academic papers as well as the framework for self-stigmatization. It was discovered that when implemented in the health service, the program reduced self-stigma through the process of learning the actual situation. Learn how to change own thoughts. People living with HIV have appropriate feelings and behaviors. Understand how to face and solve problems, as well as see self-esteem. It has the ability to alter one's lifestyle in accordance with one's objectives. This will result in behavioral health care changes. Individual-level HIV care has become more effective as a result of continued treatment. Sunisa Suktrakul and Penpaktr Uthis have studied the

effectiveness of self-stigma reduction programs in substance abusers. The findings were: self-stigma of substance abusers who received a self-stigma reduction program immediately and after the program 1 month lower than before admission to the program was statistically significantly lower than before admission to the program at 0.05 level, self-stigma of substance abusers who received a self-stigma reduction program lower than those receiving normal care. After a month of program, statistically significant at 0.05.<sup>6</sup> Therefore, we studied the effects of self-stigma reduction programs for people living with HIV at Akat Amnauy Hospital. The objective is to reduce self-stigma among HIV-positive people at The Akat Amnauy hospital.

### Objectives

Objective of current investigation was to study reduce self-stigmatization of HIV-infected people in Akat Amnauy hospital.

## METHODS

### Research design and participants

Current study was action research. The participants in current study were HIV-positive people who are served in ARV clinics at Akat Amnauy Hospital, Sakon Nakhon Province. Data collection was conducted from June to December 2022. The sample size was determined using a formula mentioned below to calculate the sample size based on research conducted by the National Aids Management Center.<sup>7</sup>

$$n = Z * Z(P(1 - P)) / D^2$$

Where; Z=1.96 (at a confidence level of 95%), P=36.0% self-stigmatization prevalence levels of HIV- infected people, (Hansa et al) D=extent of acceptable tolerances Estimated discrepancies in assessing situations of stigma and discrimination at 10%. Thus, based on population size sample size was calculated to be 67. In this Participants selection, in which more than 80% of all HIV patients admitted to the ARV clinic performed The Bureau of AIDS, Tuberculosis and Sexually Transmitted Diseases' self-stigma assessment, then screened those with scores of 16 points or more or had treatment data, namely Viral Load >1,000 copies/ml, did not come to the treatment by appointment, 126 people with scores of 16 or more, then performed a simple sampling by making a list of those with 16 points or more and writing the number and drawing a return until the number of samples reached 67.

### Procedure

Operational planning stage: The researchers selected a team to lead the activities in the study and trained them on their skills as speakers of the HIV self-stigma reduction program, including One hospital director, one public health scholar, four registered nurses, and two

HIV-positive people were trained in the department of disease control's self-stigma reduction (SRP) through a zoom meeting program from April 28-29, 2022, and studied the self-stigma reduction program document of the bureau of AIDS, tuberculosis and sexually transmitted diseases' self-stigma assessment.

Stages implemented: according to the plan authors used the self-stigma reduction program to organize activities for a sample of 67 people, gave the sample a self-assessment with a self-stigma assessment before and after joining the program, and divided the participants into 4 groups.<sup>8</sup> Activity including Activity 1, stigmatization effect, befriend negative automated thoughts to lead to management and planning, action, aiming for the next step. Approximately 60 minutes, activity 2, problem solving, finding support, and planning for the next phase of action. The duration is about 45-60 minutes. activity 3, Self-esteem: My positive visualization and action planning set my sights on moving forward. The duration is about 30-45 minutes.

Operational monitoring and evaluation stages: followed the sample based on the ruler score. These include 0-4 points, make an appointment for group therapy as usual. 5-6 points, make an appointment for group therapy every 4wks., and 7-10 points, make an appointment for group therapy every 2 weeks to monitor and evaluate self-stigmatizing feelings that make them feel bad about themselves. Evaluate ideas Feeling the consequences of self-stigma Negative autoimmune thoughts that arise with activities modify positive self-concept and promote self-worth. Use talking about experiences experienced during return to the community. How is it handled? Predict what they'll find and how it will be handled. The sample commented on the question and evaluated it at the end of 6 months with a mind ruler and self-stigma assessment.

### Research tools

Interview form: The researchers have deployed the bureau of AIDS, tuberculosis and sexually transmitted diseases' self-stigma assessment. it is used to collect information about health service opinions and experiences, including part 1 general information and part 2 self-stigma to assess self-stigma consists of 8 questions. Self-stigma assessment: A mind ruler is a measure of one's negative thoughts and feelings about being HIV positive.

### Data collection

Collect data from HIV interviews form, a mind ruler assessment, record group events, individual visiting track records Conceptual observation, and problem-solving skills.

### Data analysis

Qualitative information data analysis techniques such as classification, inductive analysis, interpretation,

conclusions, and quantitative explanations of observed phenomena and data were used. Frequency analysis, mean percentage, and pair t test.

## RESULTS

### General characteristics

According to the study, 50.7% of males, 49.3% of females, 49.3% were aged 41-59 years, 62.6% had an average age of 42.7 years, 47.8% finished primary school and had an average the duration of the drug's use of 8.97 years, as shown in (Table 1).

**Table 1: General characteristics (n=67).**

General characteristics	N	%
<b>Gender</b>		
Male	34	50.7
Female	33	49.3
<b>Age (years)</b>		
≥20-40	23	34.3
41-59	42	62.6
≥60	2	2.9
Mean= 42.7, SD=10.99, max=62, min=19		
<b>Education level</b>		
No	1	1.5
Primary school	32	47.8
Secondary school	31	46.3
Bachelor's degree	3	4.5
<b>The duration of the drug's use</b>		
6 month-2 years	7	10.4
3-5 years	15	22.3
6-10 years	22	32.8
≥10 years	23	34.3
mean=8.97, SD=5.92, max=21, min=0.60		

Individual assessment results with self-stigma assessment. It was found that before and after entering the program, the sample had a statistically significant decrease in self-stigma at a p value level of .000, as shown as (Table 2).

**Table 2: Results of self-assessment before and after entering the program.**

Self-stigma	Mean	SD	T value	df	P value
Before entering the program	20.19	0.50	10.26	66	0.000
After entering the program	13.70	0.60			

### The results of the program reduce the self-stigma of people HIV positive

Activity 1, stigmatization effect: Befriend negative automated thoughts to lead to management and planning, action, aiming for the next step. Objectives: inform service recipients about the stigmatization effects on themselves;

provide service recipients with knowledge and skills to eliminate negative automated thinking. 3) To give service recipients a plan for applying their knowledge and skills in their daily lives. During the first stage, the researchers created an atmosphere by conducting preliminary research into ideas. Beliefs, knowledge, and attitudes, and then help each other answer the question: "What do you think about HIV infection?" If HIV feels better, calling it AIDS is uncomfortable, Karma from the past. "How do you look at someone who is infected?" He was pitying, sympathetic, and encouraging. Disgust in society Considers it as a bad person. Some people are disgusted, insulted, and self-centered. Why did he have to be so awful? The infected before him recognized him and encouraged him. Why are you disgusted? "How do you feel about your own HIV infection?" For months, I cried and thought a lot. disgusted, self-pitying, pitying children, fear of relatives, disgust, and staying away. "What happened after you got HIV?" Good family members eat together, encourage one another, and worry that the family won't be able to handle it. Self-observed I've been teased - I've considered suicide, self-disgust, and crying, others don't accept, living a difficult life. Speak to us in foul language. Discrimination exists in the community. The program is currently being implemented. The researcher's responses to the question and HIV-positive people responses show as (Table 3).

**Table 3: Program implementation.**

Question	Answer
<b>Do you understand the terms stigma and discrimination? How?</b>	Being defined as bad, impaired, or not equal to others.
<b>Have you had any experience with this? How?</b>	We used to be referred to in derogatory terms. There is discrimination in the community, as well as eyes that look at us and hear bad words. When I arrive party, I will be instructed to wash the dishes. Friends disgusted Colleagues are appalled. The trade was disgusted and my friend walked away.
<b>Has anyone ever spoken ill of you? How?</b>	It used to be referred to as AIDS. Later, it feels better, so it makes it less regrettable.

Based on the responses of the participants We linked the sample's experiences to the thoughts and feelings that occurred. As a medium of communication, recorded word cards are used. Consider the experiences of other members to assist them in considering how to correct the situation: the situation of "colleagues are disgusted, walk away, stop contacting, not dating" is resolved by dating a member of an accepted group. The trade was disgusted situation: is

solved most will say, protect myself while touching food, but it takes years, and has concluded what happened by exchanging thoughts and experiences. Previous emotions Faced with self-disgusting self-paranoia. And from the results of the eight assessments, reveal our thoughts and feelings about ourselves and our infectious situation. Will discover thoughts and feelings. This is detrimental to our way of life. To summarize, this concept is self-stigmatizing. The researchers provided participants with which to generate ideas. Internal feelings about oneself by reviewing past experiences, such as being stigmatized, discriminated against, or internally pressed, self-stigmatization scores are calculated. Scores were assigned from 0 to 10 using the ruler, as follows: 0-4 of 18, 5-6 of 24, and 7-10 of 25. Take a look at the first glance and then say "what to think" from the glass activity, saying that it is dullness. Herbal water There are flaws, blackness. Tarnishment in the mind. glass from bright to anxious, it's not the same, and the image of a person with a tattoo "sees this picture, thinks about it, or thinks about something," the sample says, is jealous, dirty, insane, a bad person, afraid of being ordinary. It's from the expression on his face, the sadness, the isolation that's his own. Lonely misery should not be taken as an example. I don't want to do anything. Desperate to die, want to get away, be afraid but not disgusted, some say that art is beautiful. What you see may not be what you think. It's worth noting that if we or most people look at things and make "first glance" decisions, most will look at them negatively. What happens if we ourselves are viewed/judged negatively? The answer would be to say that I feel disadvantaged, want to be introverted, or isolated, not daring to join a group of friends. The researchers then invited them into the management of negative automated thoughts.

The sample exchanged negative auto-thoughts towards hidden self-discovery: embarrassment, fear of being seen, and being asked by an acquaintance to come to the hospital. Why do friends beat themselves away? Friends are still skeptical, acting without eating what we do, afraid of getting caught up in us. No dating, no reprimands, gossip. Sister will speak badly. The participants selected an event. Friends are still skeptical. Let's try to change our mindset, let's practice analysis. Find evidence to verify whether the automatic idea is true or not. The group proposes that if it is true to solve the problem, leaving the group line, self-reliance, attention to grouping, continuing to take medication, and maintaining good health. Solving problems by reshaping emotions is no less heartbreaking. Not discouraged. Adjust to new behaviors, live with friends and society as usual, and take care of your own health. By trying this analytical practice, everyone can see how to automate negative thoughts. Positive thoughts can occur.

Activity 2, problem-solving: finding support, and planning for the next phase of action. Objectives: to provide the participants with an understanding of the procedures for properly managing and solving problems, to provide the participants with coping skills from the stigma and



discrimination of society by using the correct and appropriate problem-solving process, to enable the participants to find a source to support the problem. In the process: the researcher says "What other problems did you have in the past and you can solve the problem by yourself?" The group members gave examples of experiences, where the victims told their friends how to solve the problem, and the sample chose a problem that was unsolvable or unsolvable enough to be introduced into the learning process together using a weighing table: "afraid of people who know", the analysis by the members says that if they choose not to come to the hospital, the advantages are not there, the disadvantages are only waiting for the day of death, lack of medication/intermittent medication, complications, lack of encouragement, surrender, and "where the source of support?" the sample says that one must encourage oneself, love oneself, see oneself positively. Use adaptability. When evaluating the possibilities, they choose to receive medicine, come to see a doctor, love themselves, will know the blood results, improve themselves, and recommend others to make the body work normally. have income.

Activity 3, Self-esteem: My positive visualization and action planning set my sights on moving forward. Objectives: to provide service recipients with an understanding of their own identity, to provide service recipients with guidelines for self-enrichment, to provide them with positive thinking skills for themselves. In the process: Researchers were persuaded to review their feelings and self-stigma scores from past activities and then record them on a word card in which each person responded. What do you like about yourself? The sample will answer: punctuality, optimism. It's a family refuge, work, help society, be a good mother, be healthier, be able to quit smoking, alcohol, and "think about life Their own advantages?" Answered: There is income. Earn money to buy land, be generous, kind, and get along easily with others. Don't select a task We reflected on thoughts, feelings, and self-stigma scores from past activities and linked that thoughts and feelings were related to HIV-positive situations. The self-merits answered on the word card raise the question of whether HIV makes it punctual. Be optimistic, be reliant on your family, work, help society, be a good mother, be healthier, be able to quit smoking, alcohol, think about life is precious, disappear from you or not. It's not going away. His self-worth still exists. Being HIV positive doesn't ruin the merits of his identity at all. The researcher persuaded the sample to think about one of life's past events that were about life's success. There are many stories that service recipients tell their friends, such as being glad to raise grandchildren, having a car, etc. There's a house. Finished bachelor's degrees and have jobs. Have your own business, raise a family, get medicine, see a doctor on your own, do-good deeds, work to take care of mothers when mothers are sick, raise children, be good mothers. Successfully build a house, out of old debts, take the family on trips, stay home, make merit, make a party, care the parents, and help

society. After that, try to practice to feel good about yourself. Practice questioning yourself about "what's good about it?" using positive thinking games; "What's good?" is a problem we have to face to get through. It will help ease stress, distress, and awaken the power to solve problems. Asking the question, "What's the good about rain and flooding?" the sample responded, fishing, reducing everything gradually to return. The house and accommodation are still intact. "I have to come to the hospital often, even if I don't want to come," the sample responded, meeting friends, encouraging, meeting mentors/doctors, and knowing the results. "What good is HIV?" the sample responded. save money, building houses and having a car.

### **Operational monitoring and evaluation**

The researcher followed up with the participants based on the results of the ruler evaluation. Use talking about experiences when participants return to the community. What experiences did you have upon your return to the community? what obstacles did you face and how did you deal with them? The participants selected a situation in which "There's a disease I don't want to go to. Hospital." let's analyze and learn together finding: When determining options, analyzing the pros and cons and assessing the possibilities, the group decides to go for the examination first and enter the treatment. The source of support is CD4, VL, which is good, has a good family, relatives, and is ready to take care of it. Have a positive self-view and choose a "gossip, speak behind the back" situation to analyze and learn together. If you choose to be angry, go talk to him. The advantage is that he will stop the disadvantages. He's going to react harder than we're angry. Hurt each other. When evaluating the possibilities, The group chooses to be quiet, understanding, and having a source of support: self-centered, thoughtful, thoughtful. Use knowledge, beliefs, mindfulness, and the ability to manage problems. From evaluating stigma with a mind ruler. It was found that 18 people with scores 0-4, 24 people in scores 5-6 and 25 people with scores 7-10 were monitored for ongoing activities according to the program. At the end of the program, the scores were 0-4 with 58 people, the scores 5-6 of 5 people and 7-10 with 4 students. In cases where the virus was unsuccessfully pressed. 2 when participating in the stigma reduction program. After the program, the results of the VL test resulted in successful suppression of the virus in both cases.

### **DISCUSSION**

Results of studies in the program reduced self-stigma of HIV-positive people. Members select an event. Friends are still skeptical. Let's try to practice the skills of finding evidence to examine negative autoimmune thoughts. Where the first glimpse idea is true. Troubleshooting by leaving line groups, self-reliant Pay attention to grouping and taking medications continuously. Take care of your health, but if the first thought is not true, there will be new emotions. Not discouraged. As a result, they reorient their

behaviors, namely, live with friends and society as usual and take care of their own health. As a result of the activity, the sample gained the skills to eliminate negative autoimmune thoughts. This leads to the application of skills in everyday life, which is in line with the education of Bunrada et al studies have shown that reducing patient self-stigma is critical to reduce the difficulties and barriers to access to HIV prevention services, including appropriate care and treatment services.<sup>9</sup> And is consistent with studies by Yassin et al. They found that stigma and stigma influenced the use of healthcare, treatment consistency and overall health and well-being of HIV infected people.<sup>10</sup> Activity 2 problem-solving: finding support source to provide service recipients with coping skills from society's stigma and discrimination using problem-solving processes. It can find a source of power to support the solution of the problem correctly and appropriately. Members chose the event "Embarrassed, afraid of people who know, why is body strong, why?" to analyze the exchange together, finding: If you choose not to come to the hospital, there will be disadvantages such as dying, lack of medication/intermittent medication. Complications, no encouragement, surrender. When evaluating the possibilities members who choose to pick up medicines will see a doctor/know the blood results, improve themselves, and recommend others. It can be seen that service recipients have an understanding of the management process, will cause the problem to be solved in the right way and will have a positive impact on health care same as reported by Jiraporn et al that uses patient-wide empowerment strategies, participation of community network partners to help encourage TB patients to have a positive attitude, encouragement and awareness of the importance of taking medication continuously until the completion of the treatment plan.<sup>11</sup> Members say that they can do so because they have a source of support: self-encouragement, self-love, positive self-looking, and adaptability, in line with the research ideas of Chambers et al that found that dealing with self-stigma requires social support, self-efficacy and resilience adapt.<sup>12</sup> Activity 3 Self-esteem: to provide service recipients with an understanding of their own identity. Strengthen your values and have positive thinking skills for yourself. From asking members Self goodness includes being punctual, optimistic, family reliant, working, helping society, being a good mother, being healthier, being able to quit smoking, alcohol, thinking about a precious life. Their own advantages have income. Earn money to buy land, be generous, kind, and get along easily with others. Don't select a task The team of speakers reflected on their thoughts and feelings and connections to see if their thoughts and feelings were related to the situation of being HIV positive, disappearing from you. It's not going away. This results in a sense of self-worth. Success in life that the service recipient tells to friends, such as being glad to raise grandchildren, having a car. There's a house. While the service recipients, everyone listened intently. Expressing feelings of happiness, appreciating success with the subject will result in the narrator feeling valued and proud of himself. Develop more positive thinking skills for

yourself. When a situation affects the sedentary lifestyle or on the psyche. While in the community, they practiced the skills of managing negative autoimmune thoughts. It makes you feel more stable, feel more valued. The same applies to the guardian's education. Pitak et al has studied positive thinking: variables in life development.<sup>13</sup> It has been found that this positive thinking helps the person to understand and look at the situation as it really is, to have the encouragement to fight against obstacles. Don't let failure ruin lives. It can turn a crisis in life into an opportunity. Try to find solutions and overcome obstacles until successful, and be a happy person in life and Panida et al finding Encouraging patients to join groups with people who understand and accept themselves.<sup>14</sup> Encouraging patients to think positively Promoting social support for patients and empowering patients To develop patients' ability to properly manage stigma on their own and to develop the ability to adapt to illness. It affects how to live happily in society. Further reducing disgust, exclusion, division, and improved quality of life by drawing on the strength gained from the supporting powers gives confidence that he has good things. And from individual evaluations, with self-stigmatization assessments before and after entering the program. It found that self-stigma decreased statistically significantly at 0.000, which is consistent with the research of Sunisa et al who studied the effectiveness of self-stigma reduction programs in the overall picture of HIV-positive and substance abusers from three health service sources, found that this program could significantly reduce self-stigma and result in a significant reduction in self-stigma.<sup>6</sup> People living with HIV are treated, taking medication continuously until they are able to successfully suppress the virus.

### Limitations

The limitation of current research is the difficulty of collecting data in areas where the coronavirus is spreading.

### CONCLUSION

The findings of a program to reduce self-stigma is the development of one's own power. By increasing the amount of time spent dealing with negative attitudes. Adjust a positive attitude and recognize your own value. It is beneficial for hospital staff in charge of the HIV clinic to implement a process for reducing self-stigma in new patients, patients who have missed appointments, and patients who take the medication on an irregular basis and experience complications.

### ACKNOWLEDGMENTS

The author would like to thank, The Bureau of AIDS, tuberculosis and sexually transmitted diseases for funding the research. Authors would also like to thank Mrs. Niorn Ariyothai, Bureau of AIDS, tuberculosis and sexually transmitted diseases for their academic support. Authors would like to thank all ARV clinic practitioners and

hospital staff who cooperated, supported and facilitated the research to the fullest extent possible, and to the patients in the ARV clinic for providing useful information for conducting this research which in turn would benefit more service recipients.

*Funding: The Bureau of AIDS, Tuberculosis and Sexually Transmitted Diseases*

*Conflict of interest: None declared*

*Ethical approval: The study was approved by the Institutional Ethics Committee*

## REFERENCES

1. National Strategy for Ending AIDS 2017-2030. Available at: <https://naco.gov.in/sites/default/files/Paving%20the%20Way%20for%20an%20AIDS%2015122017.pdf>. Accessed on 20 November 2022.
2. Thailand announces to end the "AIDS" problem in 2030, no death, no stigma, 2022. Available at: <https://www.bangkokbiznews.com/social/975364>. Accessed on 31 May 2022.
3. Guide to surveying stigma and related discrimination with HIV in health facilities among people living with HIV. Available at: <https://www.cdc.gov/stophiv/together/hiv-stigma/ways-to-stop.html>. Accessed on 31 May 2022.
4. Hansa R, Pornthip K, Naphakan K. Performance according to the action plan for the prevention and solution of AIDS and sexually transmitted diseases. Available at: [https://www.who.int/health-topics/hiv-aids/#tab=tab\\_1](https://www.who.int/health-topics/hiv-aids/#tab=tab_1). Accessed on 20 November 2022.
5. Nava P. The results of stigma and discrimination against HIV infected people reduction program in Akat Amnauy Hospital, Sakon Nakhon Province. *J AIDS*. 2019;31:125-41.
6. Sunisa S, Penpaktr U. The effects of self-stigma program in drugs used persons. *J Royal Thai Army Nurses*. 2018;1:364-72.
7. A Guide to Stigma and Discrimination Related to HIV in Healthcare Facilities in Thailand. Available at: <https://ddc.moph.go.th/en/index.php>. Accessed on 20 November 2022.
8. Bureau of AIDS, tuberculosis, and sexually transmitted diseases. Manual for reducing self-stigmatization of service recipients in health facilities. Available at: [http://utoapp.moph.go.th/e\\_doc/views/uploads/6209e11bacbd3-58807011ef66b22a3339545634804a14-1259.pdf](http://utoapp.moph.go.th/e_doc/views/uploads/6209e11bacbd3-58807011ef66b22a3339545634804a14-1259.pdf). Accessed on 31 May 2022.
9. Boonrada N, Kittiporn N. Experience of stigmatization of people with hiv and good practice among people with HIV to reduce self-stigma when coming to the hospital. *J Boromarajonani Coll Nurs Surin*. 2017;11:17-31.
10. Yassin Z, Erasmus C, Frantz J. A model to understand HIV-related stigma and the psychosocial well-being of children orphaned by AIDS: a theory generative approach. *Sahara J*. 2021;18(1):131-48.
11. Jiraporn C. Strategies for reduction of stigma in people with new smear positive pulmonary tuberculosis patients in Trang Province. *J Res Innovat*. 2019;1:257-66.
12. Chambers LA, Rueda S, Baker DN, Wilson MG, Deutsch R, Raeifar E, Rourke SB. Stigma, HIV and health: a qualitative synthesis. *BMC Public Health*. 2015;15:1-17.
13. Pitak S. Positive Thinking: Life Development Variable. *Veridian J*. 2018;11:1958-78.
14. Panida P, Kwanta P. The Role of nurses in promoting the ability to care for patients with schizophrenia by reducing perception of stigma. *Thai J Public Health Sci*. 2021;4:215-24.

**Cite this article as:** Suttawanit J, Phanawong N. The results of using self-stigma reduction programs of HIV infected people in Akat Amnauy Hospital, Sakon Nakhon Province. *Int J Reprod Contracept Obstet Gynecol* 2023;12:577-83.