

HIV/AIDS Related Stigma

Presented by Mike Maginn and James Charles on behalf of the
Epidemiology/ Needs Assessment Committee

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Why is Understanding Stigma Important?

- The Getting to Zero-IL Plan identifies several societal and structural level challenges such as racism, poverty, **stigma**, mental illness, homelessness, etc. that can create an environment of restricted and suboptimal health care.
- The intersection of these issues can result in multiple experiences of stigma and lead to poor healthcare utilization and poor health outcomes such as:
 - Not accepting HIV testing/PrEP
 - Delayed linkage to care after receiving an HIV-positive test result
 - Difficulties in adhering to HIV visits, ARV therapy, or PrEP
 - Not accessing other kinds of healthcare that are needed

HIV/AIDS Stigma Definition

- HIV stigma is exhibited in negative attitudes and perceptions about individuals living with HIV/AIDS.
- Stigma is influenced by:
 - Misconceptions
 - Fear due to lack of HIV knowledge/ awareness
 - Beliefs, Moral Judgements, and Prejudices

• Center for Disease Control, Facts about HIV Stigma

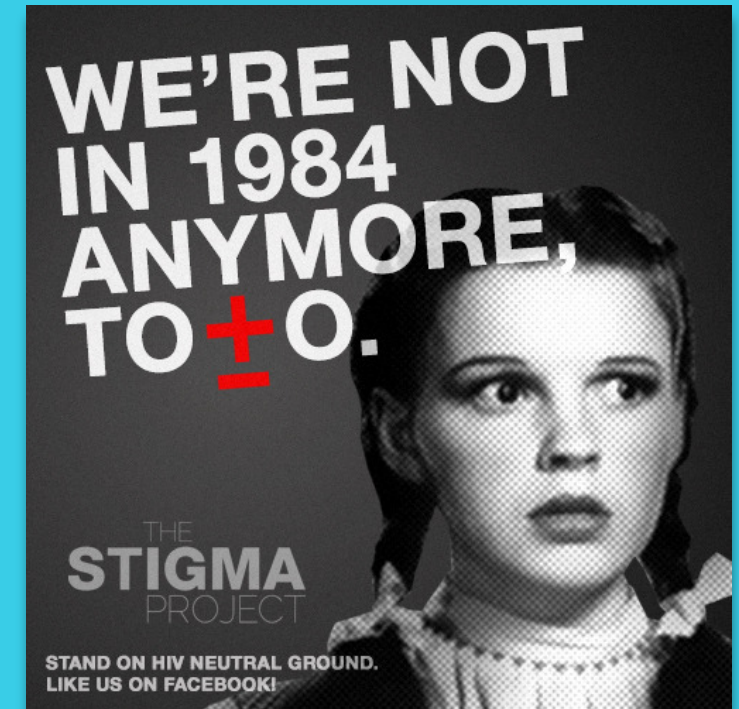
<https://www.cdc.gov/hiv/basics/hiv-stigma/index.html>

Influencers of HIV Stigma: Misconceptions and Fear

- AIDS first gained public awareness in the 1980's when there was not any medication available
- Lack of understanding and knowledge of AIDS in the 1980's led to a panic and stigma towards individuals with HIV
- Despite many advances in HIV treatment and prevention, the stigma from the 1980's continues today due to fear and continued misconceptions about HIV transmission and its effects

• Center for Disease Control, Facts about HIV Stigma

<https://www.cdc.gov/hiv/basics/hiv-stigma/index.html>



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Influencers of HIV Stigma: Belief Systems

- Stigma is influenced by:
 - Beliefs
 - Moral judgements
 - Prejudices

These factors can be embodied by:

- Individuals
- Communities
- Society as a whole



• Center for Disease Control, *Facts about HIV Stigma*

<https://www.cdc.gov/hiv/basics/hiv-stigma/index.html>

Negative Examples of Influencers of HIV

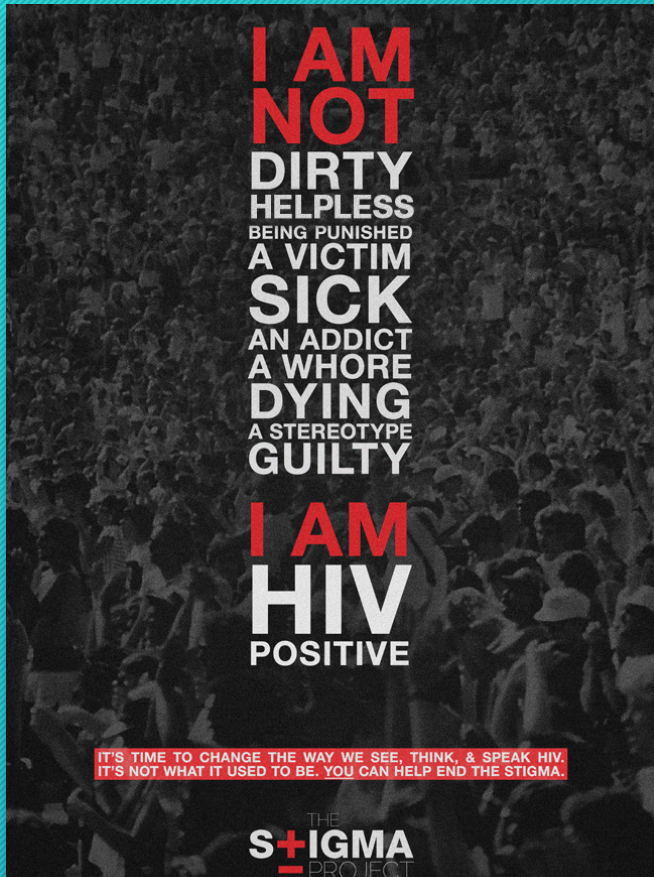


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- Belief that only certain people or groups of people can acquire HIV
- Judging individuals for taking steps to prevent HIV transmission (i.e. judging someone for requesting an HIV test or taking PrEP)
- Belief that individuals 'deserve' to get HIV for their life style choices

- *Center for Disease Control, Facts about HIV Stigma*
<https://www.cdc.gov/hiv/basics/hiv-stigma/index.html>

Results of HIV Stigma

HIV stigma and related negative influencers result in:

- HIV discrimination
- Internalized, enacted, and anticipated stigma among people living with HIV
- Negative health outcomes (physical and mental), quality of life, social support, and well-being of people living with HIV



Results of Stigma - HIV Discrimination

- Discrimination is evidenced in **behaviors** influenced by negative beliefs or attitudes.
- HIV discrimination is defined as treating people living with HIV differently than those without.
- Examples include:
 - Not hiring someone because they have HIV
 - Not offering healthcare due to HIV status
 - Not socializing with someone because they have HIV



Results of HIV Stigma- Internalized Stigma

- People living with HIV may internalize experienced HIV stigma and discrimination, which can lead to the following:
 - Negative self-image and shame associated with HIV
 - Decline in mental health and/ or emotional well-being
 - Being fearful to reveal their HIV status to others
 - Isolating oneself from others
- Research suggests that internalized stigma is associated with indicators of affective and behavior health and well-being, such as the following:
 - Helplessness
 - Gaps in medical care
 - ARV non-adherence
- According to a CDC study, as many as 8 in 10 HIV patients in the United States report experiencing internalized stigma.

Results of HIV Stigma- Enacted and Anticipated Stigma

- Anticipated HIV stigma involves expectations of future discrimination, stereotyping, and prejudice from others due to HIV.
- Enacted HIV stigma involves past or present experiences of discrimination, stereotyping, and discrimination from others due to HIV.
- Research has shown that anticipated and enacted HIV stigma are associated with indicators of health and well-being such as the following:
 - CD4 counts less than 200
 - Chronic illness comorbidities

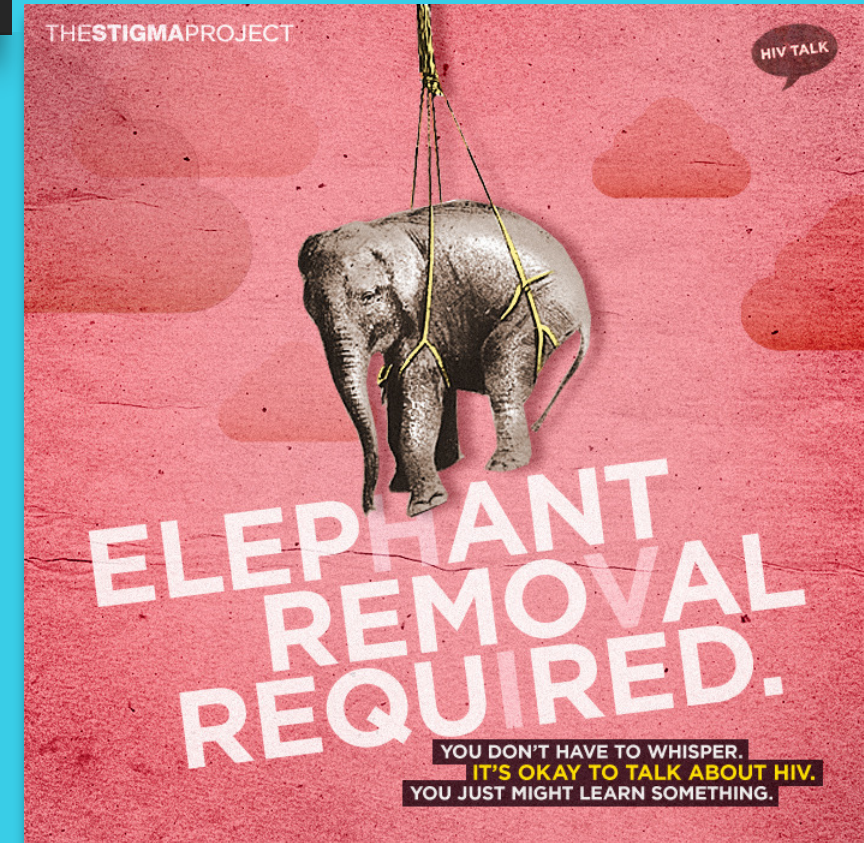
Results of Stigma Regardless of HIV Status

- The impact of HIV stigma can also be experienced by HIV-negative people.
- Results of HIV stigma experienced by HIV- and HIV+ individuals include:
 - Being marginalized or excluded by others for being a member of a community that is associated with HIV (MSM, PWID, HRH, etc).
 - Being fearful to seek necessary HIV prevention or treatment services

- Center for Disease Control, Facts about HIV Stigma <https://www.cdc.gov/hiv/basics/hiv-stigma/index.html>
- HIV.gov, What is Ending the Epidemic: A Plan for America <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>
- HIV and AIDS: Stigma and Discrimination, <https://www.healthyplace.com/sex/diseases/hiv-and-aids-stigma-and-discrimination>

End HIV/AIDS Stigma and Discrimination

- Enhance understanding of HIV stigma to inform client assessments, interventions, and treatment plans.
- Integrate knowledge of HIV stigma into client interventions and social support groups.
- Offer holistic support to people living with HIV and to those in communities most impacted by HIV.
- Talk openly and affirmatively about HIV within the community to help normalize it.
- Correct misconceptions about HIV/AIDS with facts.
- Stand up against discrimination when you see it.



*Photo by the Stigma Project,
blog.thestigmaproject.org*

- Center for Disease Control, Facts about HIV Stigma, <https://www.cdc.gov/hiv/basics/hiv-stigma/index.html>
- HIV.gov, Standing up to Stigma, <https://www.hiv.gov/hiv-basics/overview/making-a-difference/standing-up-to-stigma>

Interventions That Address HIV-related and Intersectional Stigma

- Interventions that work with health workers
 - Medical/nursing students, current service providers, all levels of staff in a facility
 - In-person workshops, seminars, videos, tablets
 - See Nyblade et al., *BMC Medicine*, 2019.
- Interventions that work with PLWH/community members
 - AA women, Black MSM, Transgender groups, faith-based organizations
 - Group-based and individual interventions
 - See for example Bogart et al. in *Cultures and Ethnic Minor Psychol*, 2018
- Interventions that work with both
 - Multi-Country African Study (Uyset et al. *AIDS Pt Care STDS*, 2009)
 - FRESH adaptation for the US (Batey et al. *AIDS Pt Care STDS*, 2016)

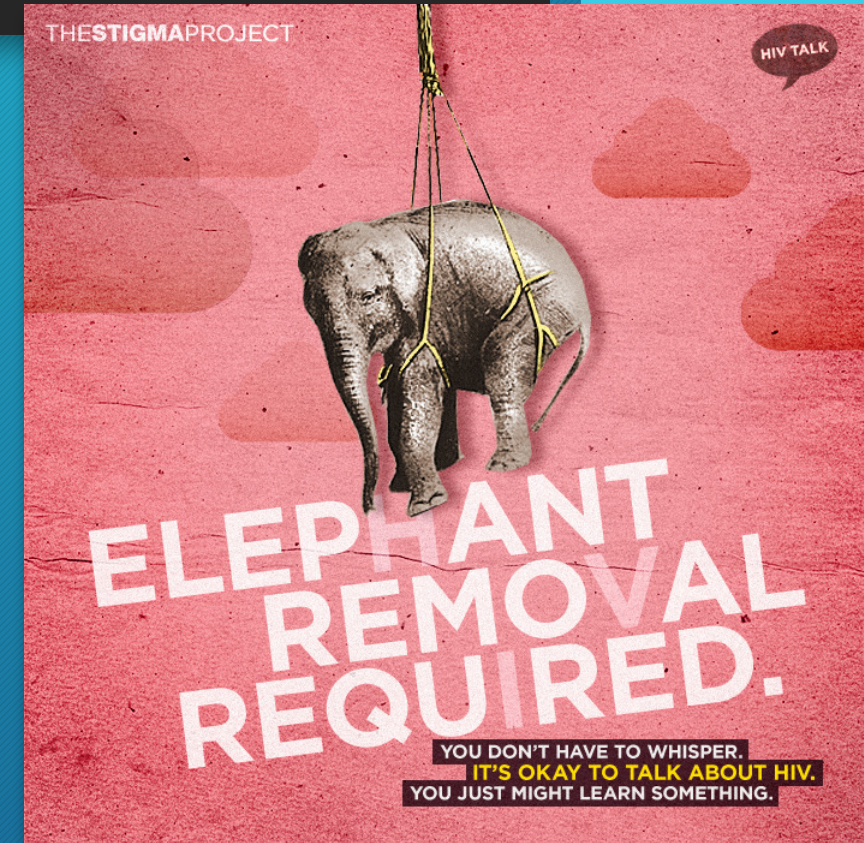
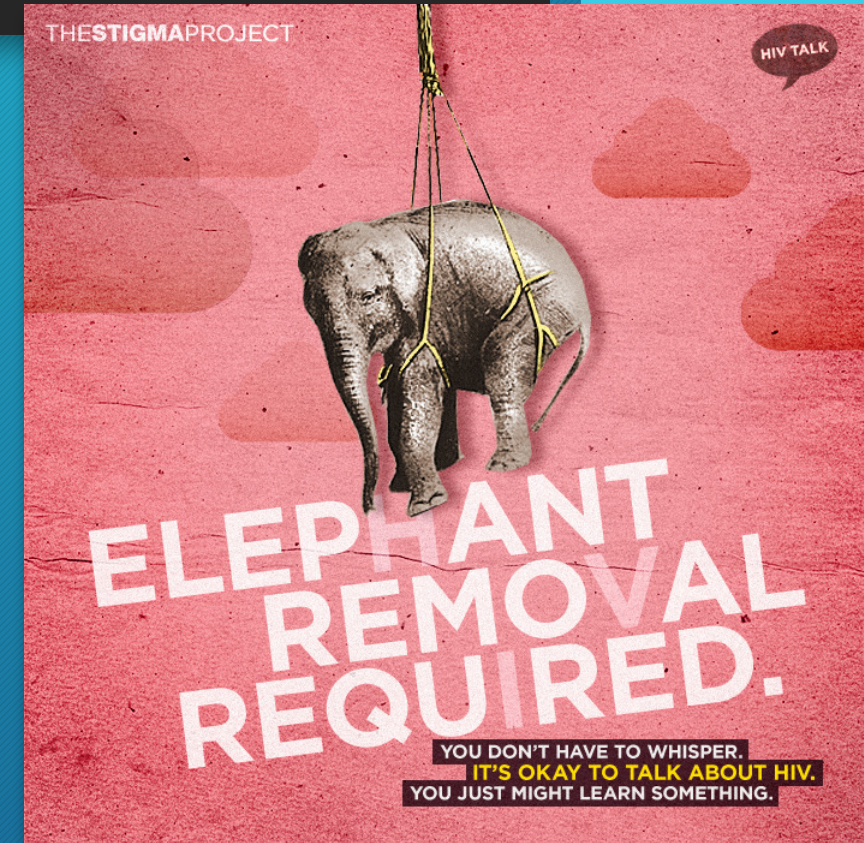


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Stigma Reduction Training/Resources

- May be Available Through AETC

- Conferences and Symposia
- Stigma/Cultural Humility Trainings
- On-site training -clinical providers and frontline staff
- Agency coaching
- Preceptorships
- Online Stigma resources



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