

Towards Zero Stigma

A review of stigma in healthcare
settings



Background



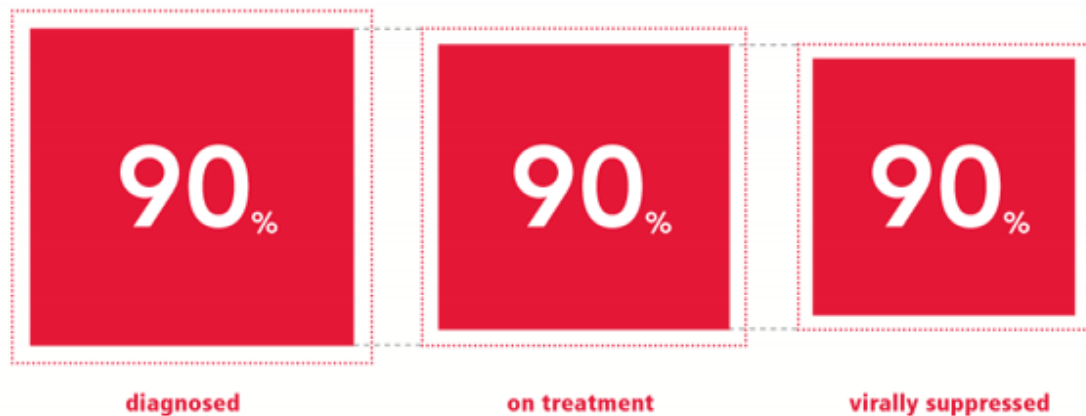
U=U

Undetectable = Untransmittable

*"A person living with HIV, who is on effective treatment and has an undetectable viral load, **WILL NOT** transmit HIV to their sexual partners"*

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LIVES**
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THE TREATMENT TARGET





HIV Stigma

HIV Deaths

HIV Infections

What is Stigma

stigma

/ˈstɪgmə/ 

noun

1. a mark of disgrace associated with a particular circumstance, quality, or person.
"the stigma of having gone to prison will always be with me"
synonyms: [shame](#), [disgrace](#), [dishonour](#); [More](#)

STIGMA SURVEY UK 2015



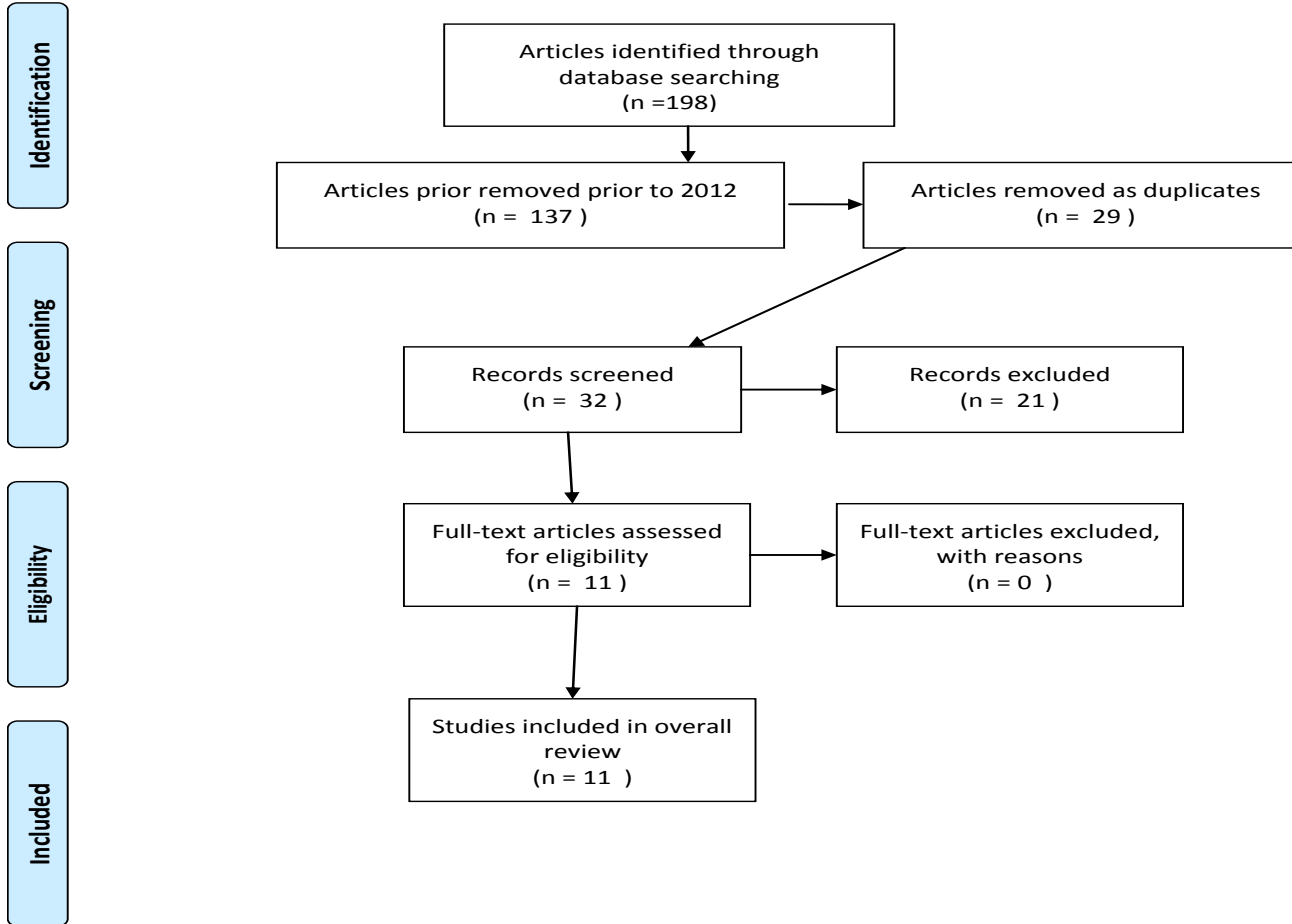
HIV-related stigma is commonly understood as a process of devaluation and may constitute:

Self or internalised stigma: the acceptance of negative self-beliefs associated with being HIV positive

Anticipated or perceived stigma: the awareness of negative beliefs and expectation of negative treatment amongst people living with HIV

Discrimination: the negative and devaluing treatment of people due to their status. These may fall within the purview of the law. ⁴

Methods



FEAR



Fear	<ul style="list-style-type: none">• Fear of stigma & fear of discrimination• Rates of stigma or perceived stigma varied from 21% to as high as 39% (7/11)• Fear has been a powerful driver of stigma throughout the course of the HIV epidemic (Earnshaw et al, 2014)
Job Role	<ul style="list-style-type: none">• The vast majority of papers dealt with stigma, by primary care physicians, nurses and dentists. The remaining papers dealt with perinatal care including and midwives , obstetrics & gynaecologists.

Settings	<ul style="list-style-type: none">• Primary care workers featured predominantly. There no recent papers which focused specifically on the experiences of patients in more acute settings.
Disclosure	<ul style="list-style-type: none">• Perceived stigma is more prevalent when considering disclosure• Certain populations are more likely to not tell HCP's• Black African men v White MSM counterparts far more likely to conceal their status

Understanding intention to discriminate amongst HCP's

- Intention to discriminate is measurable
- Socio-economic predictive factors
- More likely to be female
- Lower level of education, earlier in their training
- Less driven by cognitive (stereotypes)
- More driven by affective (attitudes, fear)

Table 3 Regressions with HIV discrimination intent as dependent variable

	Bivariate regressions			Multivariate regression		
	<i>B</i>	SE	<i>t</i>	<i>B</i>	SE	<i>t</i>
Socio-demographic characteristics						
Age	-0.01	0.01	-0.33	0.02	0.02	1.03
Male	-0.16	0.04	-3.59**	-0.12	0.04	-2.99*
Malay	0.06	0.05	1.17	0.19	0.13	1.49
Chinese	-0.02	0.05	-0.38	0.06	0.09	0.65
Muslim	0.04	0.06	0.75	-0.10	0.14	-0.74
Buddhist	0.01	0.06	0.19	-0.04	0.08	-0.49
Year of study	-0.02	0.16	-1.26	-0.06	0.03	-2.36†
Clinical status	0.01	0.05	0.24	0.08	0.07	1.23
Dental student	0.47	0.06	7.52**	0.21	0.05	4.17**
Stigma-related constructs						
PLWHA thermometer	-0.01	0.01	-13.07**	-0.01	0.00	-5.12**
PWID thermometer	-0.01	0.00	-6.00**	-0.00	0.00	-0.87
MSM thermometer	-0.01	0.00	-4.54**	0.00	0.00	1.47
HIV prejudice	0.18	0.03	5.06**	-0.07	0.04	-2.10†
HIV internalised shame	0.43	0.03	15.40**	0.23	0.03	7.28**
HIV fear	0.33	0.02	14.48**	0.18	0.03	6.99**
HIV deserve good care	-0.35	0.03	-13.05**	-0.24	0.03	-8.63**
HIV stereotypes	-0.01	0.03	-0.23	-0.02	0.02	-1.04

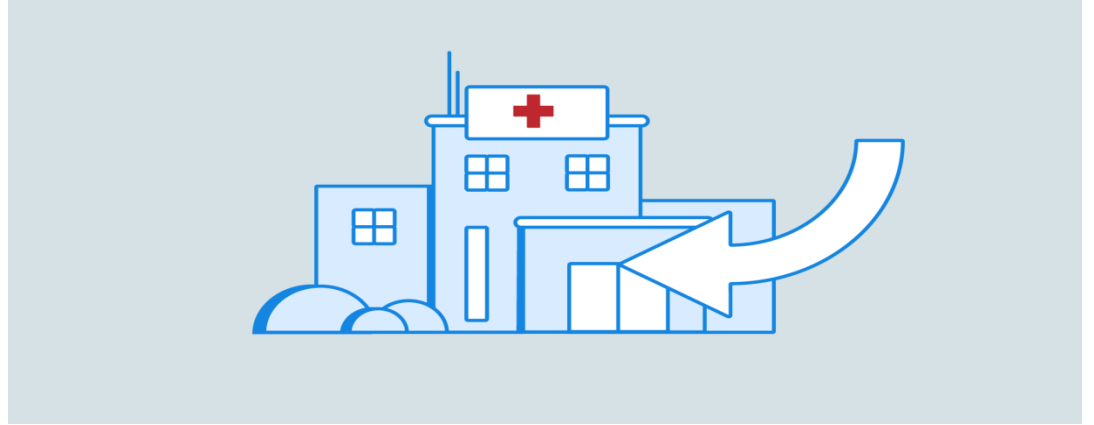
PWID, people who inject drugs; and MSM, men who have sex with men.

† $P \leq 0.05$; * $P \leq 0.01$; ** $P \leq 0.001$.

Tackling discrimination

- Multipronged approach
- Addressing attitudes & internalised shame
- Non-judgemental
- Educate... educate... educate....

Where to from here.....



Acknowledgements

- Colleagues in Clinical Infection Unit & Lawson Unit
- Patients
- Jazz, Adam & Suzanne
- Dr Eileen Nixon

THANK YOU

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