Towards Zero Stigma

A review of stigma in healthcare settings
“A person living with HIV, who is on effective treatment and has an undetectable viral load, WILL NOT transmit HIV to their sexual partners”
HIV Stigma
HIV Deaths
HIV Infections
What is Stigma

**stigma**

/stɪɡmə/

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
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

Articles identified through database searching (n = 198)

Articles prior removed prior to 2012 (n = 137)

Records screened (n = 32)

Records excluded (n = 21)

Full-text articles assessed for eligibility (n = 11)

Full-text articles excluded, with reasons (n = 0)

Studies included in overall review (n = 11)
| Fear | • 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) |

<p>| Job Role | • 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 &amp; gynaecologists. |</p>
<table>
<thead>
<tr>
<th>Settings</th>
<th>• Primary care workers featured predominantly. There no recent papers which focused specifically on the experiences of patients in more acute settings.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclosure</td>
<td>• 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</td>
</tr>
</tbody>
</table>
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

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

PWID, people who inject drugs; and MSM, men who have sex with men.
†P ≤ 0.05; *P ≤ 0.01; **P ≤ 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
References

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References

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- Last accessed on the 2nd February 2017