

Effects of stigma on HIV prevention behaviors and uptake of health services



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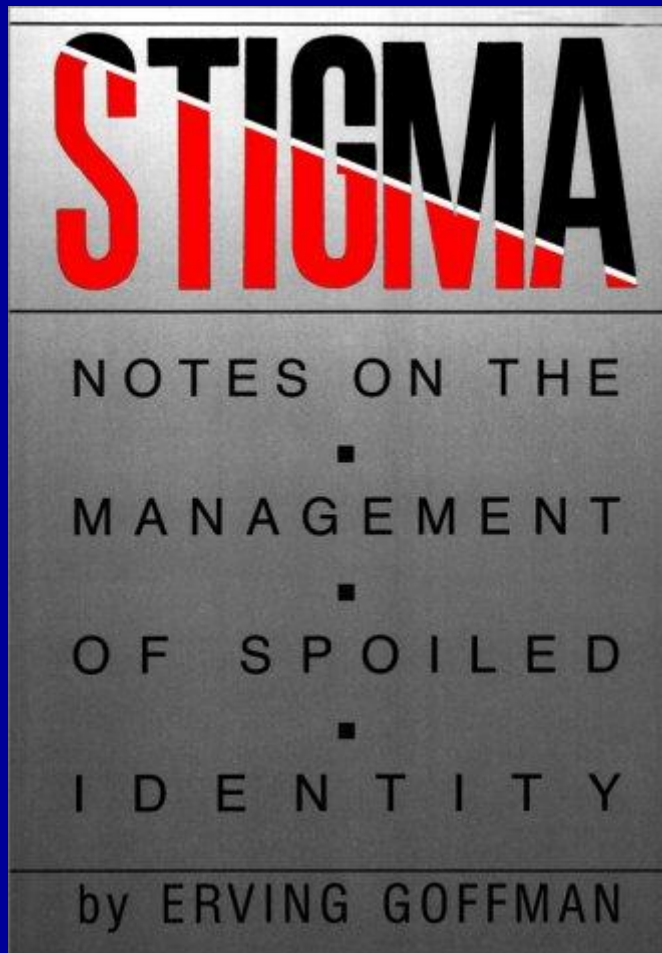
University of Alabama at Birmingham

UAB School of Public Health & UAB Center for AIDS Research

**The role of relationships in HIV prevention
among young women in Africa**

September 4-5, 2014

What is Stigma?



- A social process in which individuals with certain attributes or behaviors *lose social value*
- Examples of stigmatized health conditions:
 - HIV and AIDS
 - Tuberculosis
 - Obesity
 - Mental illness
 - Substance abuse disorders

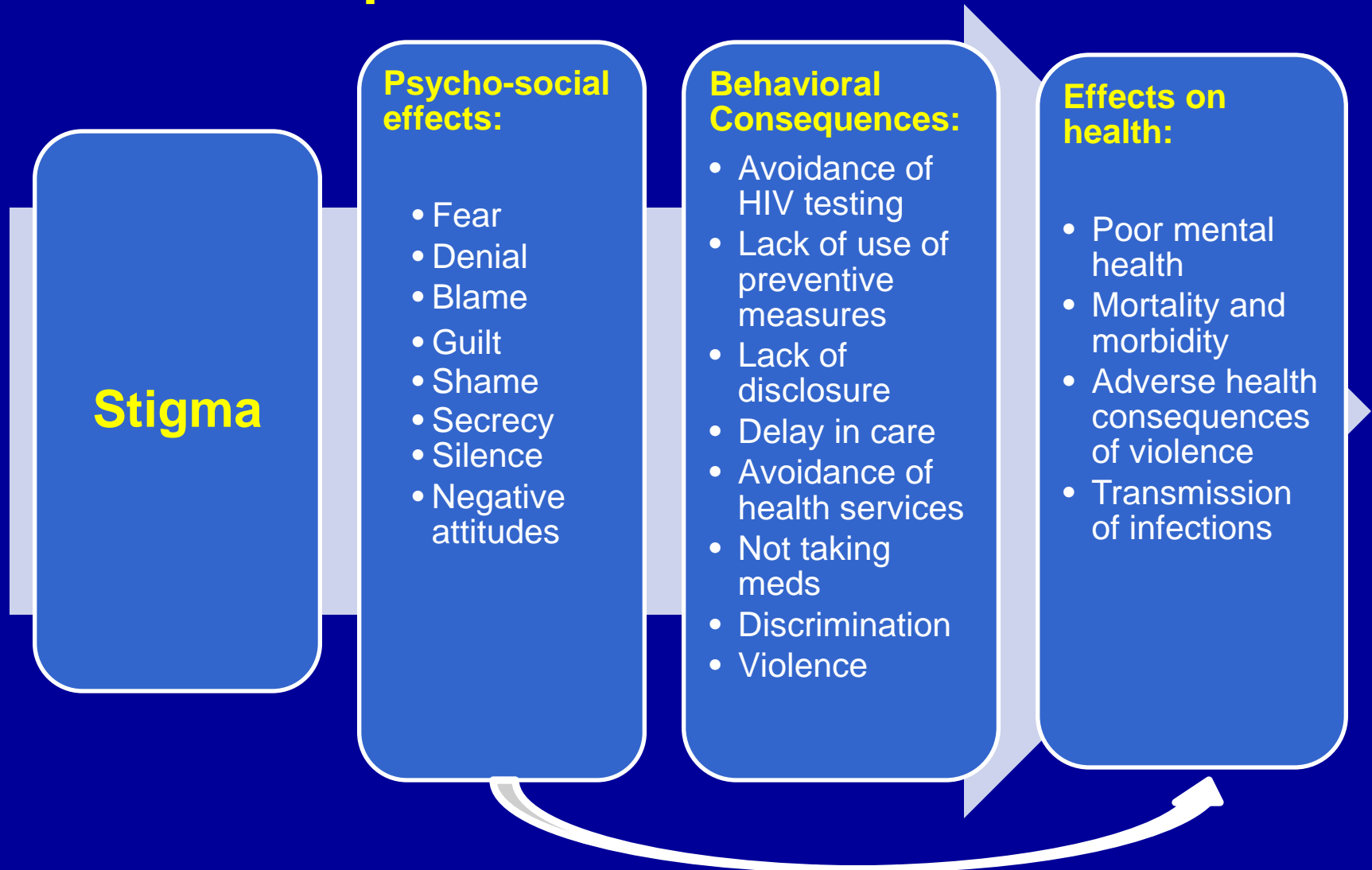
Dimensions of stigma

- Anticipated stigma (fears)
- Perceptions of community norms
- Experienced, enacted or observed stigma (discrimination)
- Internalized or self stigma

Special Vulnerability of Women of Reproductive Age

- Often 1st person in the family to be tested for HIV due to contact with reproductive health services → **blame**
- Gender norms/relations that penalize women for promiscuity → **blame**
- Low relationship power
- Socio-economic vulnerability

A framework for the effects of stigma on HIV prevention and health



Examples of HIV-Related Stigma Experienced by Pregnant Women

- **Anticipated stigma:**

- A focus group participant in Soweto reported,
“I didn’t book at an antenatal clinic because I was afraid that they would test me for HIV, so I avoided it as I told myself that I might be found to have this disease.”

(LaHer, Cescon et al. 2011)

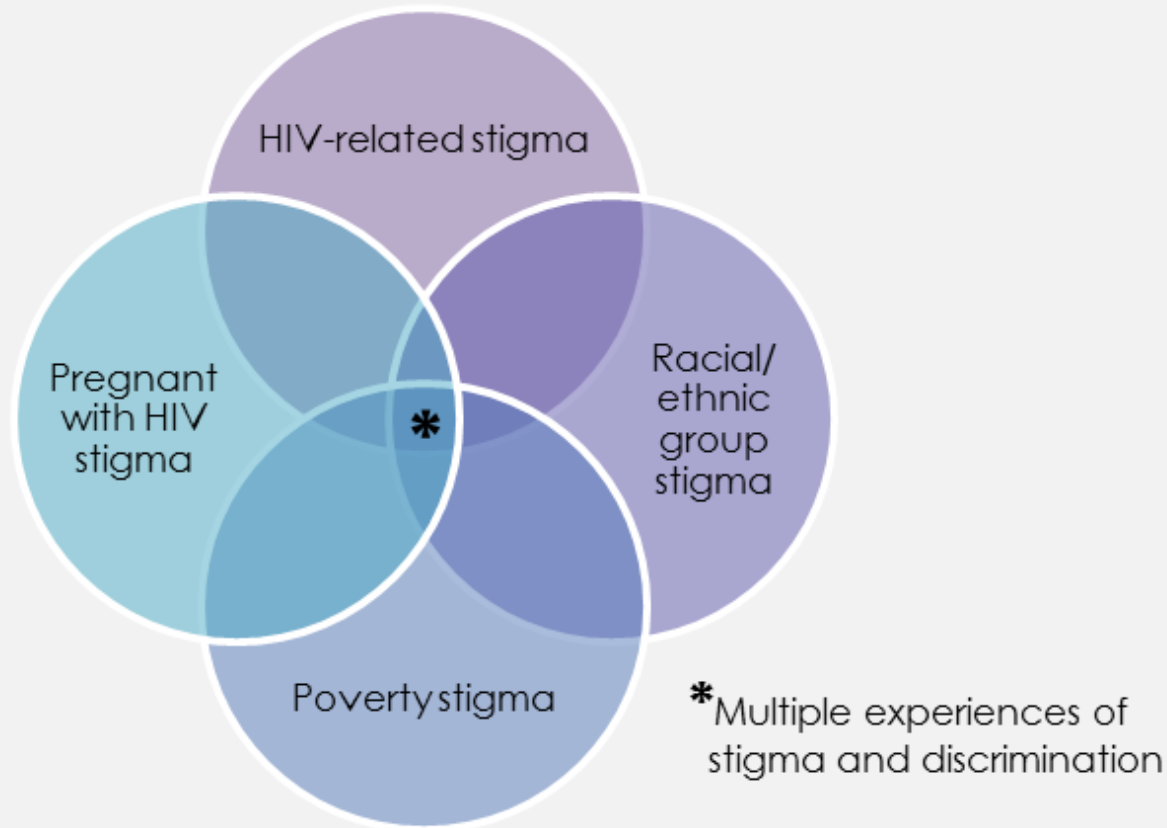
- **Perceived community stigma:**

- In a study of participants in a PMTCT program in Malawi, half had dropped out of the program, citing reasons including “involuntary HIV disclosure and negative community reactions”

(Chinkonde, Sundby et al. 2009)

Intersectional Stigma

Overlapping Stigmas Experienced by Poor Women in Marginalized Racial/Ethnic Groups Living with HIV



Evidence for the Effects of Stigma on Women's HIV Prevention Behaviors in SSA

- Stigma and risky sexual behavior
- Stigma and PrEP use
- Stigma and uptake of HIV testing
- Stigma and use of essential reproductive health services
- Stigma and prevention of mother-to-child transmission (PMTCT)

Stigma and Risky Sex

- Stigma may cause women to fear asking their partners to use a condom (as they could be assumed to be HIV-infected)
 - In South Africa, “condom stigma” (linked to HIV-related stigma) was one of the strongest predictors of non-condom use (Chandran et al., *BMC Public Health*, 2012)
 - Among adults on ART in Uganda, internalized stigma was significantly associated with simultaneous viremia and sexual transmission risk behavior (Siedner et al., *AIDS*, 2014)

Stigma and PrEP non-adherence

- Taking PrEP may raise suspicion that one is HIV-infected and thus women fear stigma.
 - Qualitative study of the VOICE Trial found that women feared stigma if others saw that they were taking ARVs (PrEP). (Van der Straten, et al., *PLoS One*, 2014)
 - In Kenya, stigma was also cited as a cause for non-adherence in a PrEP trial: “...like my family, I explained that I am attending a study but they don’t [believe] that I am attending a study, they just thinking I am HIV positive and I am hiding it.” (Van der Elst, *AIDS Behav*, 2012)
 - Stigma concerns widely identified in PrEP acceptability studies around the world (Young & McDaid, *AIDS & Behav*, 2014).

The MAMAS Study

Maternity in Migori and AIDS Stigma Study

(PI: Janet M. Turan)

Investigating the relationships between women's perceptions and experiences of HIV-related stigma and their use of essential maternity and HIV services in rural Kenya



Funded by the U.S. National Institute of Mental Health (NIMH)

MAMAS Results on Refusal of HIV testing during Pregnancy*

- Pregnant women who anticipated male partner stigma were **more than twice** as likely to refuse HIV testing, after adjusting for other individual-level predictors
 - Odds Ratio=2.10, 95% CI: 1.15-3.85, p=.016
- Other variables in the model:
 - Anticipated stigma from other family members (ns)
 - Anticipated stigma from other people (ns)
 - Total perceived community stigma score (ns)
 - **Knowing someone with HIV (OR =.52)**
 - **Lack of knowledge of male partner's HIV testing status (OR=1.77)**

Use of Essential Maternity Services

- Fears about lack of confidentiality, unwanted disclosure, and HIV-related stigma may cause some women to avoid ANC clinics and childbirth in a health facility.
- Illustrative finding from MAMAS:
 - In rural Kenya, women with higher perceptions of HIV-related stigma at baseline were subsequently less likely to deliver in a health facility with a skilled attendant, even after adjusting for other known predictors of health facility delivery (AOR=0.44, 95% CI:0.22-0.88).

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GLOBAL UPDATE

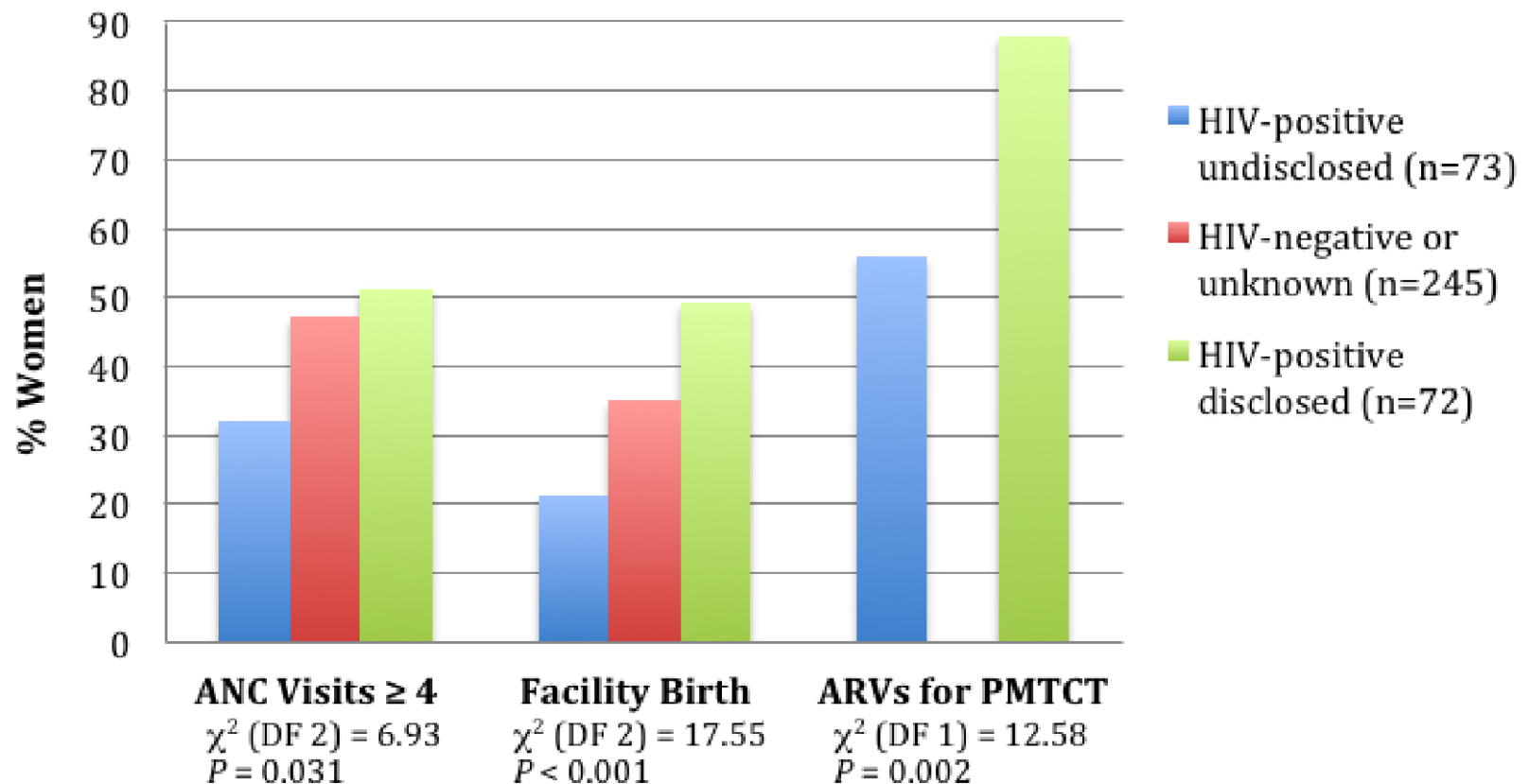
Stigma of H.I.V. Is a Barrier to Prenatal Care



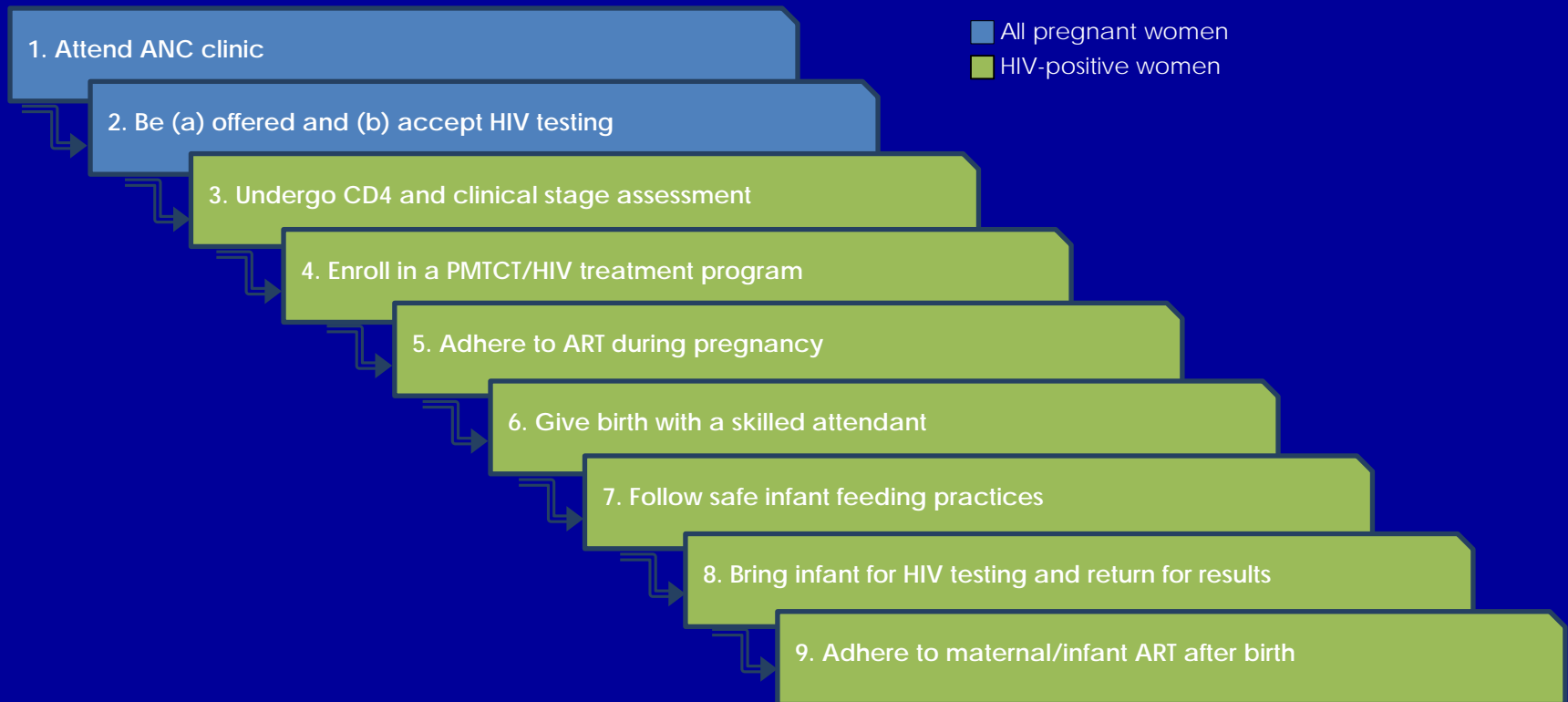
Rachel Steinfeld

By DONALD G. McNEIL Jr.
Published: August 27, 2012

Disclosure and Use of ANC and Facility Birth Services



Stigma and discrimination affect each step in the PMTCT cascade*



*Turan and Nyblade, AIDS & Behav, 2013.

Interventions to Address Anticipated Stigma and Increase Use of HIV Prevention

- Interventions to positively engage male partners and other family members may reduce fears and experiences of stigma
 - **Home-based couples intervention** to increase couple HIV counseling and testing (CHCT) and safe disclosure in Kenya (Turan, NIMH R34, ongoing)
- Community-wide stigma reduction efforts
 - **Stigma-reduction intervention with community leaders** in Tanzania (Nyblade, MacQuarrie, et al., Horizons Report, 2008)

Interventions to Address Anticipated Stigma and Increase Use of HIV Prevention

- Interventions to reduce stigma and discrimination in healthcare settings can help health workers to identify and address women's fears of stigma
 - HIV stigma-reduction intervention **with medical students** in Puerto Rico (Varas-Diaz et al., *JIAS*, 2013)
 - Stigma workshops with **nurses and PLHIV** in 5 African countries (Uys et al., *AIDS Pt Care STDS*, 2009)
 - **Workshops with Public Opinion Leaders (POLs) in hospitals** in China (Li et al., *AJPH*, 2013)

Acknowledgements:

- The women and men who participated in the studies
- Kenya Medical Research Institute
- Family AIDS Care and Education Service (FACES), Kenya
- Kenyan Ministry of Health
- Co-Investigators, Research Coordinators, Assistants, and Interviewers from KEMRI, UCSF, and UAB
- U.S. National Institute of Mental Health (NIMH)
- The strategic review was produced under the Health Policy Project (HPP) funded by USAID (under Cooperative Agreement No. AID-OAA-A-10-00067), which includes support from the President's Emergency Plan for AIDS Relief (PEPFAR).