

# ABSTRACT 225:

## IMPACT OF HIV-RELATED STIGMA ON TREATMENT ADHERENCE: SYSTEMATIC REVIEW AND META- SYNTHESIS

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# Disclosures

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- I have no financial conflicts of interest

# Background & Study Objective

- Adherence critical determinant of health outcomes
  - May be contingent upon social forces
- Stigma adversely affects engagement in care
  - *Mechanisms* poorly understood
- **Objective:** Assess the relationship between HIV-related stigma and ART adherence

# Operational Definitions of Stigma

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## □ **Enacted Stigma**

- ▣ Overt acts of discrimination against HIV-positive person

## □ **Internalized Stigma**

- ▣ Accepting as valid these stigmatizing beliefs

# Methods - Search Strategy

## **Initial search:**

9 databases – yielded <14,800 articles



## **Full text review:**

960 articles



## **Final sample:**

72 articles  
(32 qualitative, 40 quantitative)

# Methods – *Data Synthesis*

- **Qualitative studies:** Summarized using meta-synthesis (Noblit & Hare, 1988)
- **Quantitative studies:** Examined patterns in the estimated associations

# Results - Qualitative Analysis

- Over 1,200 participants, 26 countries
- **Meta Synthesis:** identified constructs based on quotes- grouped into themes:
  - ▣ 1) Social Support
  - ▣ 2) Self-identity
  - ▣ 3) Poverty
  - ▣ 4) Coping
  - ▣ 5) Health Systems

# Theme 1: Social Support

- Spousal or familial support critical for overcoming stigma and obstacles to care :

*“A person without a family is like a single tree struggling for life. My children and my wife are my backbone. Now I have brought changes in myself and want to achieve many things”*

- 45 year-old HIV-positive rice dealer in Chennai, India (Tarakeshwar N et al, AIDS Behavior. 2007)



# Theme 1 cont: Social Support

- HIV illness or treatment could compromised relationships
- Concealment and medication side effects contributed to interruptions:

*“[ART] has given more side-effects for me such as vomiting, herpes and skin rashes. I have lost my sight in my right eye and my left eye also has poor vision.”*

- *HIV-positive woman from far western Nepal (Wasti SP et al, PLoS One. 2012)*

# Theme 2: Self-Identity

- Norms undercut self-identity and willingness to disclose:

*“I often hear my friends speak negatively about people being HIV-positive... What I dislike most is when they call people names like fagot, whore, and junkie. Whenever I go out with them... I don't take my medications. I could never let them know I'm positive.”*

- *HIV-positive African-American woman in Baltimore (Edwards LV et al, Qual Health Res. 2006)*

# Theme 2 cont: Self-Identity

- Unique stigma for people identifying as:
  - ▣ Being part of a sexual minority
  - ▣ Acquiring HIV outside of marriage
  - ▣ Active illicit substance-users
- Low self-efficacy made adherence challenging
- Contrast to participants who accepted status

# Theme 3: Poverty

- Poverty and stigma: mutually reinforcing
- Viewed as unproductive members of society and excluded from networks of mutual aid:

*“They see it as useless to assist someone who has a shorter time to live. It’s like wasting money. Why assist someone who is going to die?”*

- *HIV-positive person living in Dar es Salaam, Tanzania*  
O’Laughlin KN, AIDS Behav. 2012

# Theme 3 cont: Poverty

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Illness

Perceived  
economic  
inadequacy

Exclusion

Stigma

Exclusion

Economic  
insecurity

# Theme 4: Coping

- Attempt to manage stigma and adhere to ART
- Maladaptive coping strategies:
  - ▣ ART misconceptions and conspiracy beliefs
  - ▣ Substances further compromised adherence

# Theme 4 cont: Coping

- Adaptive coping strategies:
  - ▣ Treatment for depression and anxiety
  - ▣ Acceptance of one's diagnosis
  - ▣ Spirituality and faith in God:

*“I am a Christian and a believer, I know that God exists but those medicines also were inspired by God. God is the one who gave inspiration to doctors to make those medicines for us.”*

■ 59-year-old man from the Democratic Republic of Congo  
Musumari PM et al, AIDS Care. 2013

# Theme 5: Health Systems

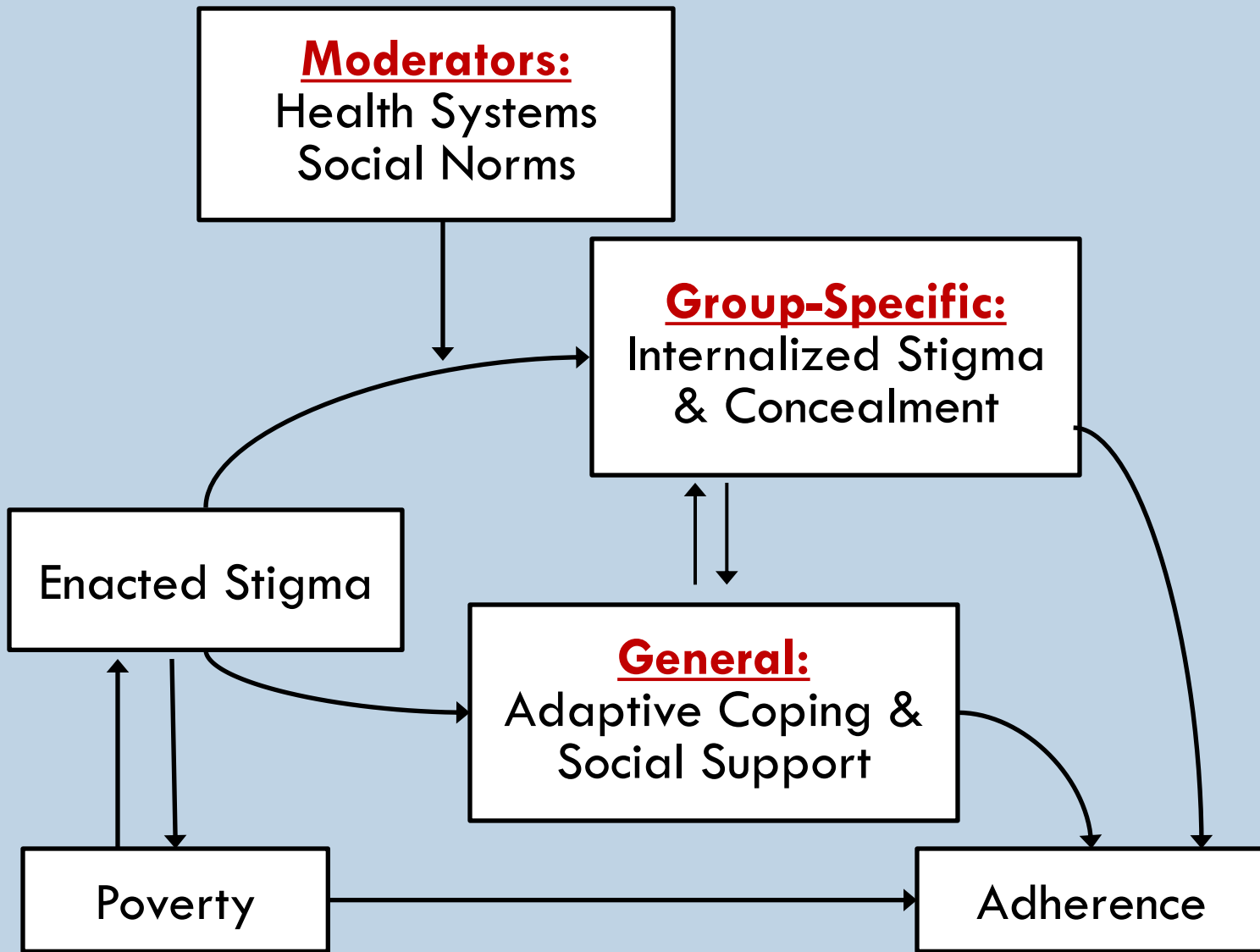
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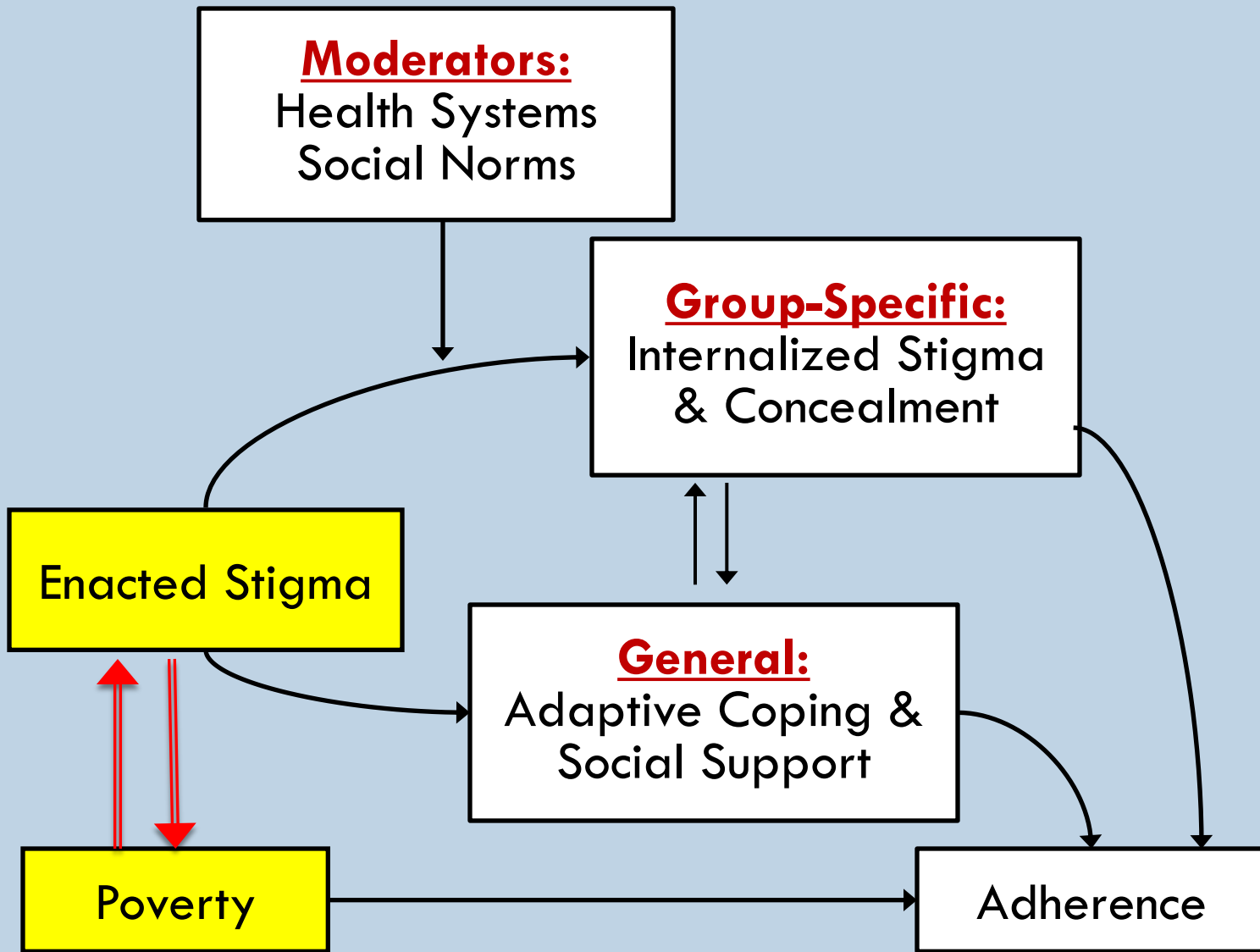
- Doctors and nurses established trust
  - ▣ Empowered patients to overcome stigma
- Family-driven treatment programs

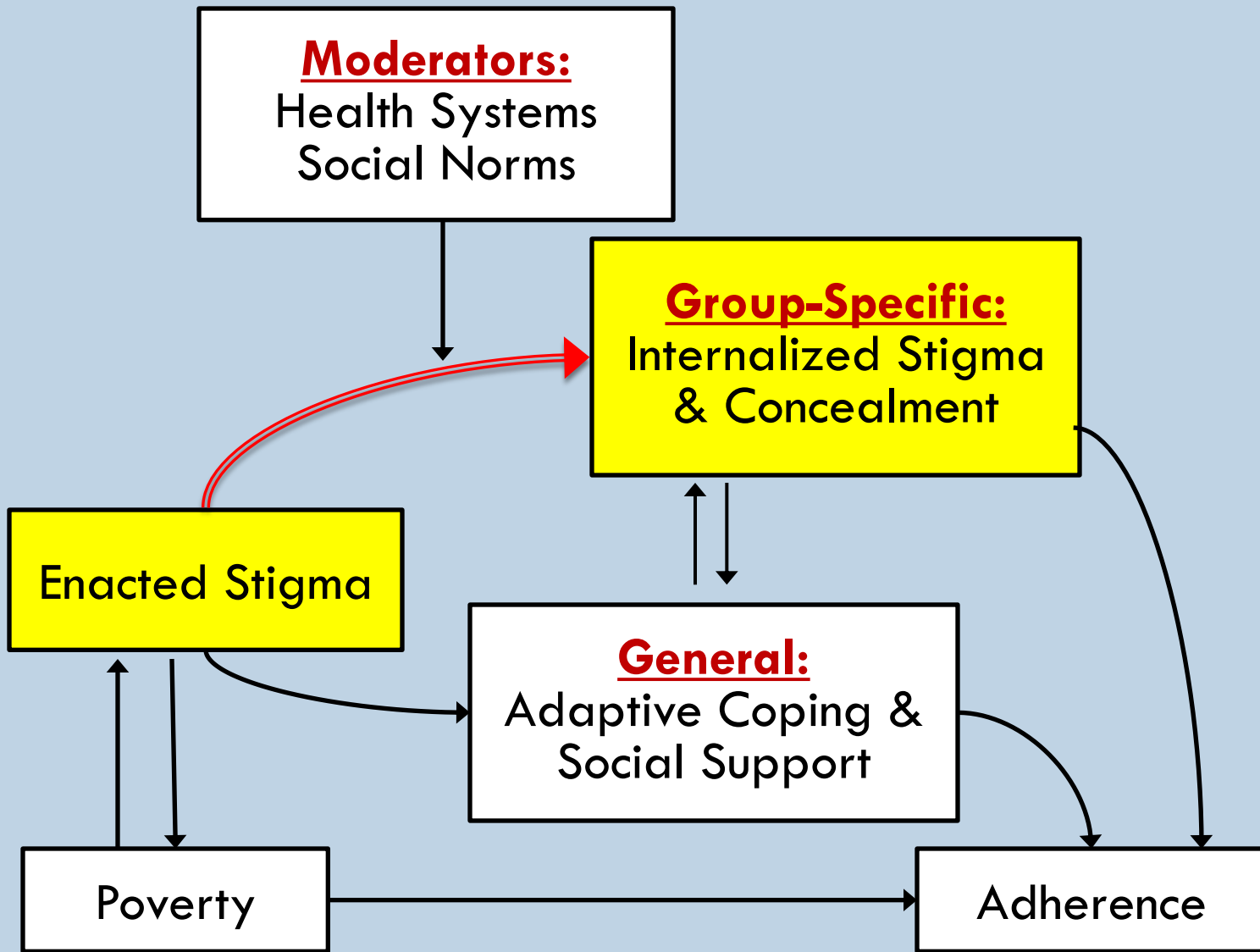


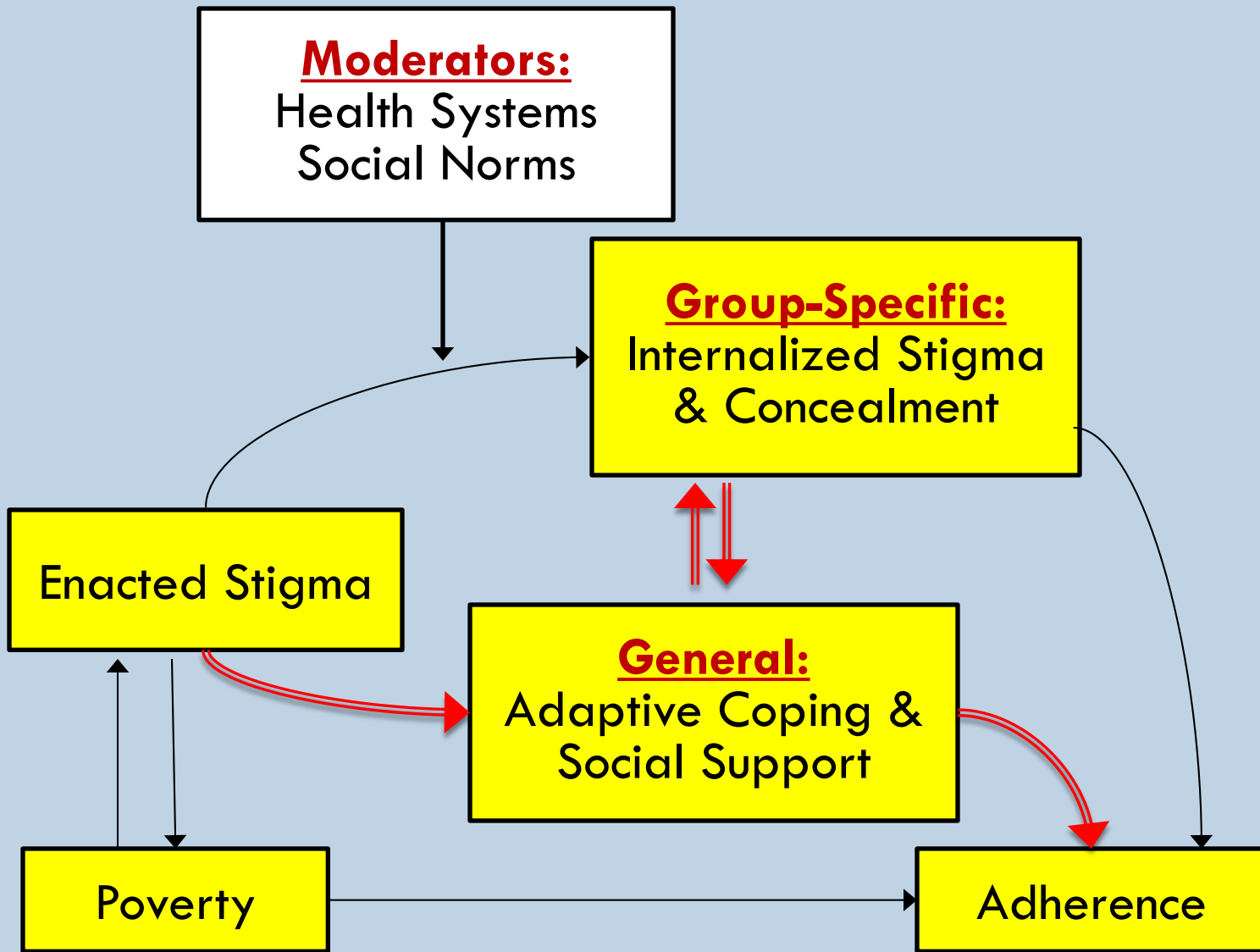
# Quantitative Analysis

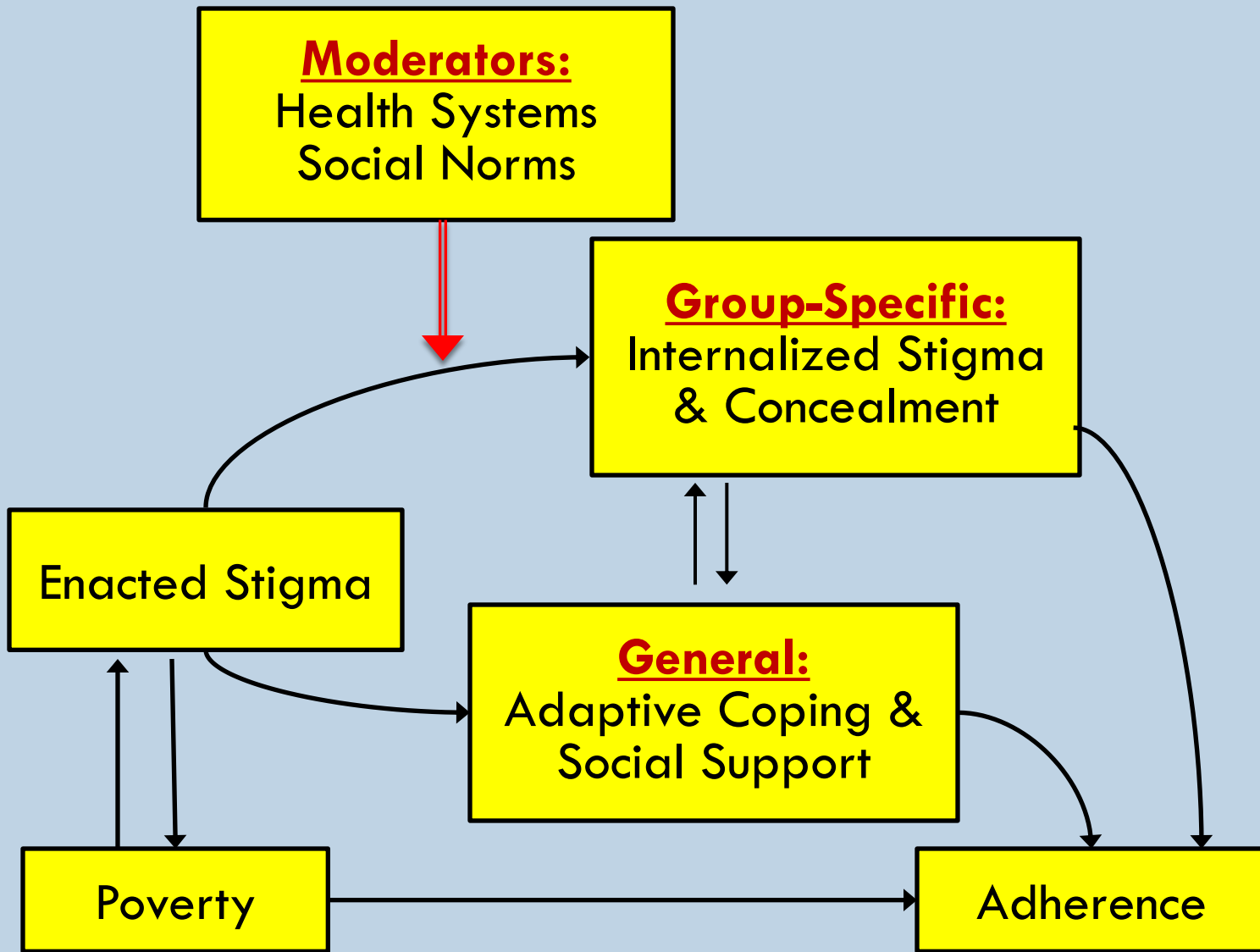
- 34 cross-sectional & 6 longitudinal
  - >24,700 participants in 18 countries
- 60% showed stigma worsened ART adherence
- Association mediated by:
  - Self-efficacy
  - Mental health
  - Family function











# Discussion

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- HIV-related stigma compromised ART adherence by undermining social support and adaptive coping
- Reflects centrality of social integration

# Implications for Interventions

- Effects of stigma operate at multiple levels:
  - Intrapersonal
  - Interpersonal
  - Structural
- Interventions *could* fail to address larger social forces
- Multifaceted interventions would likely yield greatest impact



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