ABSTRACT 225: IMPACT OF HIV-RELATED STIGMA ON TREATMENT ADHERENCE: SYSTEMATIC REVIEW AND META-SYNTHESIS

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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

- **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.”

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.”

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

- 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

- 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
Moderators:
- Health Systems
- Social Norms

Group-Specific:
- Internalized Stigma & Concealment

General:
- Adaptive Coping & Social Support

Enacted Stigma

Poverty

Adherence
Poverty

**Moderators:**
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Discussion

- 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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