Assessing Stigma in People Living with HIV

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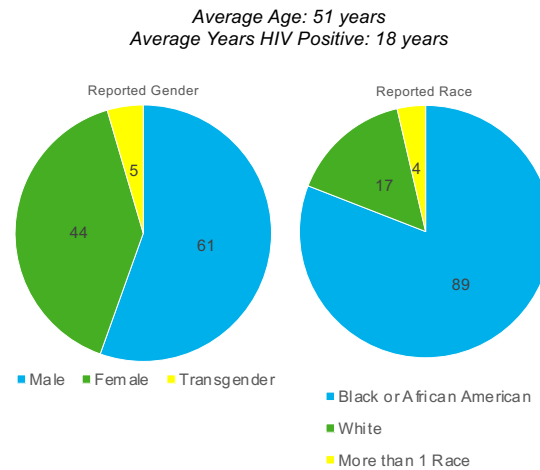
Background

Stigma can be particularly problematic for people living with chronic health problems such as HIV, as it can create additional barriers to accessing social, structural, and medical support [1]. Particularly in people living with HIV (PWH), stigma and discrimination may result in general poorer health literacy, overall negative health outcomes, and increased morbidity from other chronic diseases. Our team hypothesized that higher PWH who report increased stigma may experience poorer health literacy and are burdened from additional health complications from chronic diseases.

Methods

We created a multidisciplinary team to study stigma, health behaviors, and outcomes in PWH at three clinics across Louisiana in New Orleans, Baton Rouge, and Shreveport. 110 patients aged ≥ 18 were recruited from three HIV clinics during regular appointments. Participants were required to be currently in-care at one of the HIV clinics.

Participants completed standardized surveys that assessed stigma via a modified HIV stigma scale, health literacy using an adapted The Rapid Estimate of Adult Literacy in Medicine (REALM), and comorbid health conditions with a modified Charlson comorbidity index. All three variables were compared using t-tests.

Demographics

Average Age: 51 years
Average Years HIV Positive: 18 years

Reported Gender — Male 61, Female 44, Transgender 5

Reported Race — Black or African American 89, White 17, More than 1 Race 4

Results

Variable	Scores
Average Modified Stigma Score (min=12, max=48)	28.35
Average REALM Health Literacy Score (min=0, max=7)	5.87
Average Modified Charlson Scale (min=0, max=7)	1

Health Literacy	Average Stigma Score
Sufficient Health Literacy (REALM = 7)	28.6
Insufficient Health Literacy (REALM < 7)	28.1
p = 0.68	

Comorbidity Index	Average Stigma Score
Low Comorbidity Index (Charlson <2)	28.5
High Comorbidity Index (Charlson >2)	27.8
p = 0.66	

Comorbidity Index	Health Literacy Score
Low Comorbidity Index (Charlson <2)	6
High Comorbidity Index (Charlson >2)	5.5
p = 0.20	

Discussion

In our analysis, we compared the average scores between the stigma survey, REALM survey, and modified Charlson scale. With the HIV stigma scale, the average sample score was 28.35, indicating that most individuals experience a higher baseline level of stigma (defined as a score >28). However, across individuals with sufficient versus low health literacy scores, there was no significant difference in stigma scores (p=0.68). Further, there was no significant difference in stigma reporting across people with higher versus lower comorbidity scores (p=0.66). Lastly, there was also no significant difference in health literacy scores in people with higher versus lower comorbidity scores (p=0.20). In short, our analyses were not consistent with our original hypothesis that higher stigma scores are associated with higher comorbidities and lower health literacy. However, the high baseline level of stigma reported may skew sufficient in-group comparison. Still, our sample had an average baseline health literacy of 5.87, indicating generally higher health literacy. They also had an average comorbidity score of 1, indicating that people in the sample may experience 1 additional chronic disease in addition to having positive HIV status.

To discuss limitations of this research, the modified REALM and Charlson may not have been sufficient measures of health literacy and comorbidity, respectively, as they were modified shorter versions. Additionally, our sample was generally healthy, had HIV diagnosis for a considerable amount of time, and all were in active HIV care, possibly not reflecting those patients who experience the lowest medical, social, and structural support.

Conclusions

While people living with HIV may report high baseline levels of stigma, our research did not display a significant association with poorer health literacy scores or an increase in reported comorbid conditions. Further investigation to understand this relationship should be conducted to ensure people with HIV do not suffer from poorer health outcomes.

Acknowledgement & References

1. Jackson-Best, F., & Edwards, N. (2018). Stigma and intersectionality: a systematic review of systematic reviews across HIV/AIDS, mental illness, and physical disability. *BMC public health*, 18(1), 919. https://doi.org/10.1186/s12889-018-5861-3