

2022

The Association Between HIV-Related Stigma and HIV Outcomes: An Integrative Review

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Recommended Citation

Cox, Samantha; Givens, Jacob; Labisi, Titilola; King, Keyonna; Michaud, Tzeyu L.; Westmark, Danielle; and Fadul, Nada A., "The Association Between HIV-Related Stigma and HIV Outcomes: An Integrative Review" (2022). *EMET Projects*. 33.

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The Association between HIV-Related Stigma and HIV Outcomes: An Integrative Review

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Background

- There are approximately 1.1 million people living with HIV (PLWH) in the United States (US)
- In 2016, only 53% of PLWH in the US were virally suppressed
- Psychosocial and socioeconomic factors drive lack of viral suppression given increasingly diverse options of effective antiretroviral therapies (ART)
- HIV-related stigma has been linked to lower medication adherence and retention in care
- Most literature addresses stigma and ART adherence in isolation without discussing the interplay between the two

Objectives

- To synthesize the literature and report on the state of current understanding of how stigma impacts HIV treatment adherence in the United States
- To examine mediating factors affecting HIV-related stigma, medication adherence, engagement in care, and viral suppression

Methods

The procedure used in this review followed Whittemore and Knafl methodology for integrative reviews and was reported using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement

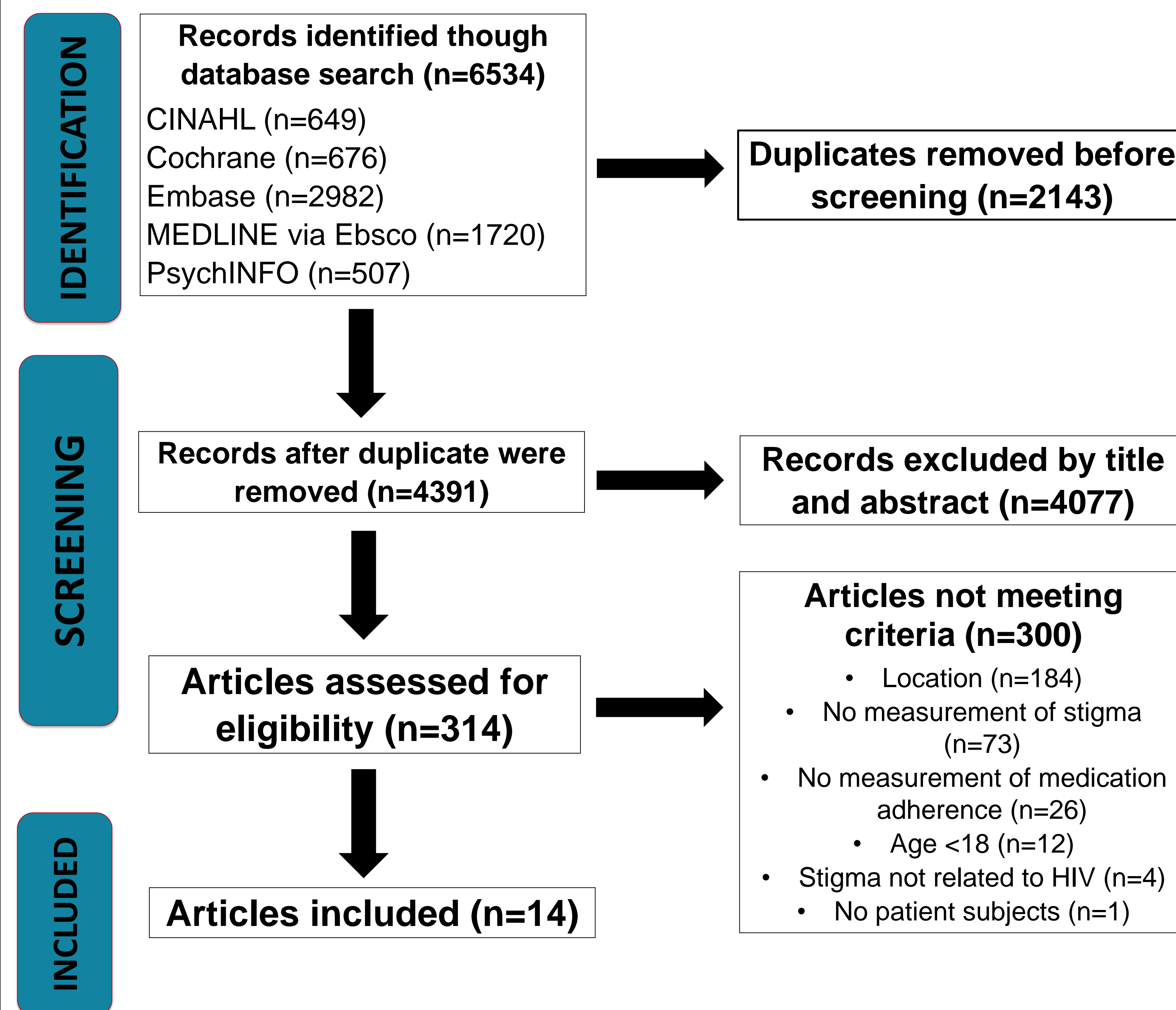
DATABASES: Cumulative Index to Nursing and Allied Health (CINAHL), Embase, Cochrane, MEDLINE via Ebsco, and PsycINFO

KEYWORDS (including, but not limited to): HIV, stigma, disclosure, adherence, antiretroviral, viral suppression, discrimination

INCLUSION CRITERIA: English, peer-reviewed, U.S publications, only studies involving adults living with HIV, with stigma and medication adherence as measured variables

EXCLUSION CRITERIA: Studies of stigma associated with perinatal HIV transmission where the subjects are the parents or children less than 18 years of age

PRISMA MODEL



Article Characteristics (n=14)

POPULATION:

- 8 studies had all WLWH, 3 of which focused on predominantly BWLWH
- 1 study involving incarcerated PLWH
- 1 study involving recently incarcerated PLWH, predominantly Black men and transgender women
- 1 study involving PLWH on methadone maintenance therapy
- 1 study involving pregnant and post-partum women with HIV

DATA SOURCE:

- 2 Women's Interagency HIV Study
- 1 Bruthas Project
- 11 studies from local clinics conducting interviews and surveys

SAMPLE SIZE:

- Ranged from 15 – 861

Factors Affecting ART Adherence

Stigma Types: Experienced, anticipated, internalized, intersectional

Healthcare: inadequate privacy, inefficiency, mistrust, concerns over medication side effects, inadequate resources at diagnosis

Economic: housing and food insecurity, cell phone reliability, lack of employment

Social: compounding discrimination of HIV status, race, sexual orientation, and/or gender; fear of social ostracization, lack of social support, non-disclosure of HIV status, gender roles, family responsibilities

Mental Health: depression, substance use

Incarceration: fear of violence, need for social capital, abuse of and indifference to inmates by correctional officers, inefficiency of medical care, lack of privacy surrounding medical care, lack of resources at diagnosis

Conclusion

- There is ample evidence in the literature that HIV-Related Stigma is associated with lower rates of ART adherence
- The relationship between this stigma and ART adherence is mediated by several socioeconomic and institutional factors as well as medical comorbidities
- Anticipated HIV-stigma was identified in 4 articles as a contributing factor for non-adherence to ART as well as delayed and lack of engagement in HIV care
- Socioeconomic factors affecting were identified in each article and the degree to which certain factors affect adherence vary between populations
- Interventional research is needed in order to identify best practices for mitigating HIV-related stigma for both PLWH and key perpetrators of HIV-related stigma
- Future research should attempt to produce more generalizable results by increasing sample sizes as the majority of these articles had fewer than 100 subjects
- More quantitative research is needed to identify the unique needs of specific populations of PLWH and proposed interventions should be informed by PLWH within those populations
- Clear definitions and consistent means of measuring both HIV-related stigma and medication adherence are needed to improve the quality of future research