# Factors Associated with HIV-related Stigma Among Individuals Accessing Antiretroviral Therapy in British Columbia, Canada

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## Background

- Negative consequences of HIV-related stigma include reduced quality of life, isolation and psychological distress, barriers to utilizing health services, and poorer adherence to HIV medication<sup>1-4</sup>.
- Many people living with HIV (PLWH) continue to experience stigma despite public health messaging that antiretroviral therapy (ART) has improved health outcomes and is effective in preventing transmission.
- It is critical to assess HIV-related stigma experienced by PLWH accessing ART in the modern HIV treatment era.

### Methods

We used baseline survey data from the STOP HIV/AIDS Program Evaluation (SHAPE) study.

#### What is SHAPE?

- > A longitudinal cohort of PLWH aged 19 years or older residing in British Columbia, Canada.
- > N=644 participants were enrolled and completed a baseline survey from January 2016 – September 2018.
- > Participation involves 3 surveys, 18 months apart, about HIV care experiences with clinical follow-up ongoing.
- Purposive sampling was used to build a cohort inclusive of key sociodemographic, behavioural and clinical characteristics.
- This cross-sectional analysis examined factors associated with perceived HIV-related stigma among SHAPE participants who have accessed ART.
- HIV-related stigma was self-reported using the 10-item Berger HIV Stigma Scale<sup>5</sup>; scores reparameterized to range from 0-100.

#### What is perceived stigma?

"Awareness of HIV-related actual or potential social disqualification (less than full social acceptance, social rejection), denial or limitation of opportunity (e.g. in housing, jobs or dental services), and negative change in social identity (how other see him/her)." –Berger, 2001

- Explanatory variables included sociodemographic and behavioural characteristics hypothesized to impact experiences of stigma.
- Multivariable linear regression quantified the relationship between explanatory variables and HIV-related stigma; Type III p-values and Akaike information criterion selected explanatory variables in the final multivariable model.

## Results

- Of 644 SHAPE participants, 627 accessed ART on or before the date of their baseline survey and were included in the analysis (Table 1).
- Median stigma score was 47.5 (Q1-Q3: 32.5-62.5).
- In multivariable analyses, reporting injection drug use (IDU) in the past year or selecting "prefer not to answer" when asked about IDU history; experiences of lifetime violence; having and mental health disorder diagnosis; and being 40-49 years old were associated with higher stigma scores (Table 2).

# Results (continued)

Living a city with a population ≥100,000 was associated with lower stigma scores (Table 2).

Table 1: Participant characteristics with corresponding distribution of HIV-related stigma scores at enrolment in SHAPE (n= 627)

Variables	Frequency N(%)	Stigma score Median (Q1-Q3)	P-value
Gender Male Female Other	363 (77%) 136 (22%) 11 (2%)	47.5 (32.5 – 60.0) 50.0 (35.0 – 65.0) 37.5 (27.5 – 57.5)	0.386
Indigenous ethnicity <sup>1</sup> Yes No	133 (21%) 494 (79%)	50.0 (35.0 – 65.0) 47.5 (32.5 – 60.0)	0.124
Men who have sex with men Yes No	374 (60%) 253 (40%)	45.0 (30.0 – 60.0) 50.0 (35.0 – 62.5)	0.040
History of homelessness Never Currently or in the last year Yes, but not in the last year	317 (51%) 89 (14%) 221 (35%)	45.0 (30.0 – 60.0) 55.0 (40.0 – 62.5) 47.5 (32.5 – 65.0)	0.046
Age at interview <40 40-49 ≥50	122 (19%) 179 (29%) 326 (52%)	47.5 (30.0 – 65.0) 52.5 (40.0 – 67.5) 45.0 (30.0 – 57.5)	<0.001
City size Population <100,000 Population ≥100,000	133 (21%) 494 (79%)	52.5 (37.5 -65.0) 45.0 (30.0 - 60.0)	0.011
Mental illness diagnosis (ever) Yes No	424 (68%) 203 (32%)	50.0 (33.8 – 65.0) 45.0 (30.0 -52.5)	<0.001
nject drug use history Never Yes, but not in the last year Yes, in the last year Prefer not to answer	268 (43%) 138 (22%) 126 (20%) 95 (15%)	43.8 (30.0 – 60.0) 47.5 (32.5 – 57.5) 53.8 (35.0 – 65.0) 52.5 (40.0 – 70.0)	0.001
Experience of violence (ever) Yes No Prefer not to answer	472 (75%) 144 (23%) 11 (2%)	42.5 (27.5 – 55.0) 50.0 (35.0 – 65.0) 45.0 (15.0 – 50.0)	<0.001

<sup>1</sup>The term 'Indigenous' is used here to describe participants who self-identified as Indigenous in the baseline survey instrument. 'Indigenous' is used to collectively describe the Indigenous peoples of Canada, inclusive of those who identify as 'Aboriginal' or First Nations, Métis and Inuit. This term is used while acknowledging the diversity of cultures, languages and traditions that exist among Indigenous Canadians.

**Table 2:** Multivariable linear regression quantifying associations between explanatory variables and HIVrelated stigma among SHAPE participants

Variables	Adjusted coefficient (β) [95% confidence interval (CI)]	
Age at interview <40 40-49 ≥50	Referent 6.21 (1.58, 10.85) -1.67 (-5.89, 2.55)	
Lives in city with population ≥100,000	<b>-</b> 4.66 (-8.53, -0.78)	
Mental illness diagnosis (ever)	5.30 (1.88, 8.73)	
Inject drug use history Never Yes, but not in the last year Yes, in the last year Prefer not to answer	Referent 1.23 (-5.42, 2.95) 4.54 (0.23, 8.86) 9.52 (4.77, 14.28)	
Experience of violence (ever) Prefer not to answer	7.62 (3.67, 11.56) -8.78 (-21.16, 3.61)	

## Conclusion

- Age, city size, IDU experience, violence and mental illness were independently associated with HIV-related stigma.
- These findings provide support for an intersectional investigation into how these factors propagate HIV-related stigma, which considers the potential for compounded effects among individuals who experience multiple sources of stigmatization and/or marginalization.
- Future research should seek to identify and evaluate targeted interventions that combat HIV-related stigma with the aim of promoting health and wellbeing of PLWH in this setting.





