American Medical Student Association

LGTBQIA2S+, HIV & STIGMA: A TOOLKIT FOR ACTION

STAY CONNECTED

@amsaaidsadvocacynetwork

AMSA AIDS Advocacy Network

@AANatAMSA

Welcome to the AIDS Advocacy Work Toolkit

How to use this toolkit

This toolkit is designed to help you get started with ending HIV Stigma LGTBQIA2S+ community .

In this toolkit you will find the core components needed to launch the campaign to promote a safe space for LGTBQIA2S+ community to seek treatment for HIV.

Information 

Resources 

Activity 

Stigma

Stigma, defined as negative attitudes, feelings or beliefs directed towards a person or group of people, has a significant impact on the lives of many women living with HIV, often acting as a pathway to unequal treatment, discrimination and marginalization. The process of stigma leading to discrimination and oppression is often sequential as described below

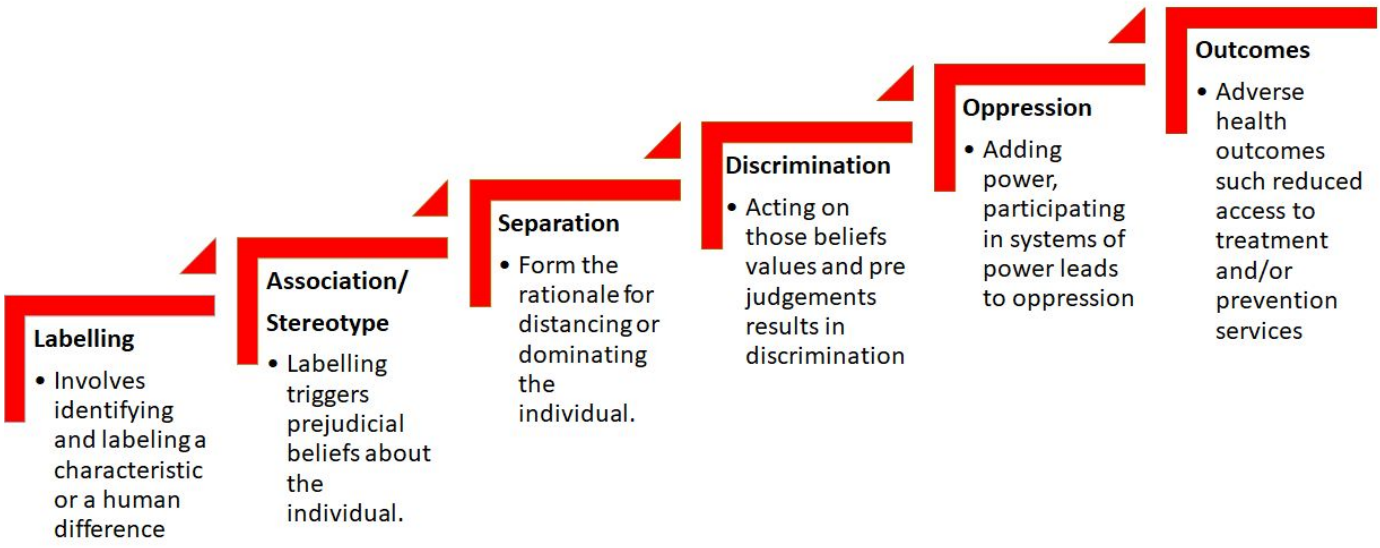


Fig1:
Stigma as a series of steps 1-Frye V, Paige MQ, Gordon S, et al. Developing a community-level anti-HIV/AIDS stigma and homophobia intervention in New York city: The project CHHANGE model. Eval Program Plann. 2017 Aug;63:45–53.
Activity

Definitions:
Stigma has been described as a relatively powerful social group devaluing marginalized groups because of perceptions that the latter possess socially unbecoming characteristics.
Enacted stigma is discriminatory actions and prejudice attitudes the stigmatized persons experience in their experiences. Perceived stigma is the fear and shame felt by the marginalized persons anticipated at the thought that others are treating them negatively.

LGTBQIA2S+ is an acronym for Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, Two-Spirit, and the countless affirmative ways in which people choose to self-identify.

SGM- sexual and gender minority. This is suggested to be more inclusive that the LGBT acronyms but both are widely accepted.

PrEP- Pre-Exposure Prophylaxis (Truvada/Descovy)

Types of stigma

Institutional stigma

Health Care environments: The complex combination of the stigmatization by the system and the internal stigmatization by the individual, has led to the poorer health outcomes of people living with HIV (PLWHA). This includes risk management strategies implemented by the institutions in attempts to reduce perceived health risk; driven practices by practitioners due to fear of exposure, and then the judgment towards PLWHA due to status and transmission activities. Some such institutional strategies that were uncovered where separation of the HIV+ and HIV -patients and placing clearly visible HIV warning labels. Both of these inflict stigmatization and also allots in an opportunity of "accidental" disclosure. As a part of the practitioner practices due to fear includes over use of protective equipment or protective protocols. Finally, the moral management that exacerbates the stigmatization includes patients being ignored/infantilized, use of disparaging comments, neglectful care or denied care. (2)

Internalized stigma

Due to perceived stigma, persons often develop behaviors that limit them from seeking care or receiving care. Due to anticipation of stigma or discrimination persons with HIV or even persons of sexual minorities (those of the LGBT spectrum) do not disclose information. This leads to fire and internalization of those stigmatizations, in which the person may believe those stigmas.

Stigma by association

In terms of disclosure, oftentimes people of the LGBT+ community do not disclose information due to the paired stigmatization of LGBT+ and being HIV+. It has been suggested that this is due to both having been deemed immoral in the scope of society and religion.

Impacts of HIV-related stigma for LGTBQIA2S+

HIV-related stigma has shown to negatively impact the health of people living with HIV. The negative impact is multifactorial with both external and internal factors. External factors include things such as denial of care, confidentiality breaches, negative attitudes, and humiliating practices by health care works. Internal factors include reduced health-care seeking, poorer adherence to antiretrovirals. Additionally, the stigmatization leads to other comorbidities such as anxiety, depression, suicidal ideation, reduced quality of life, and psychological well being. (2)

Some persons living with HIV/AIDS may fail to disclose medical needs/complications, avoid discussions about their diagnosis/treatment, and have inconsistent medical care due to wanting to avoid the topic due to avoidance from their internalized stigma. Additionally, due to their understanding of the transmission they may engage in prevention-focused proactive coping behaviors, avoidance of intimacy/relationships.

One study found that stigma (external and internal) was not associated with HIV screenings but was associated with having heard about PrEP. Additionally, they found that having been tested for HIV was associated with increased odds of hearing about PrEP and actually using PrEP. The authors believe this is due to fear causing the person to learn about how to prevent it and avoid transmission. However, this did not lead to increased likelihood of having gone to get tested unfortunately. Although the authors did not touch on reasons for this, it could be part of the fear of obtaining a diagnosis, fear of disclosure to healthcare workers or other reasons surrounding stigmatization. This population was unique because participants were obtained at a local PRIDE event and all participants were black males who slept with men. (7)

Overview schematic of barriers in health care around stigma (6)

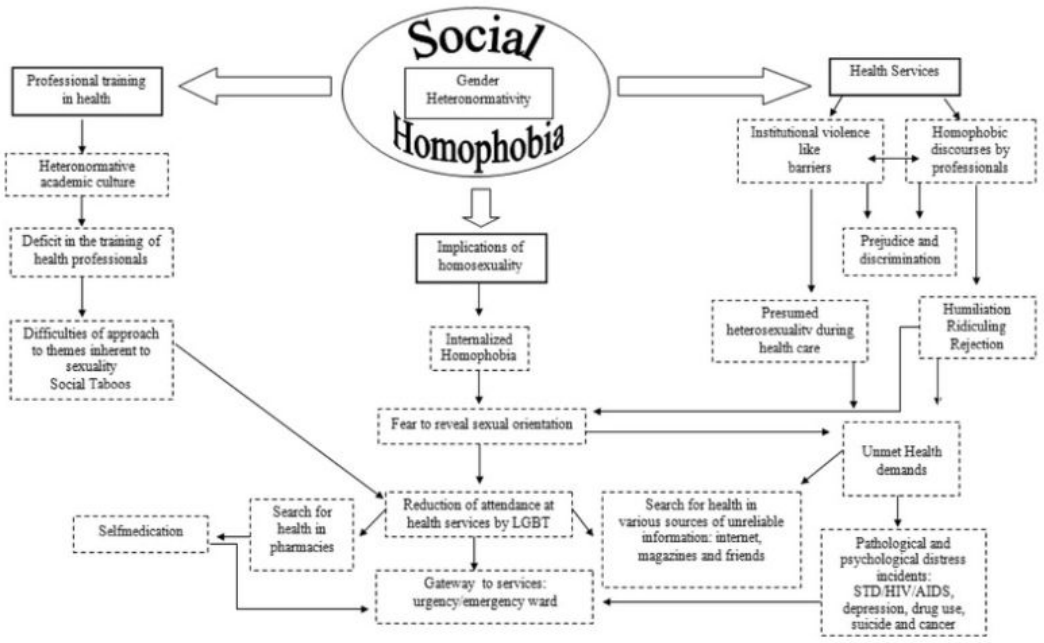
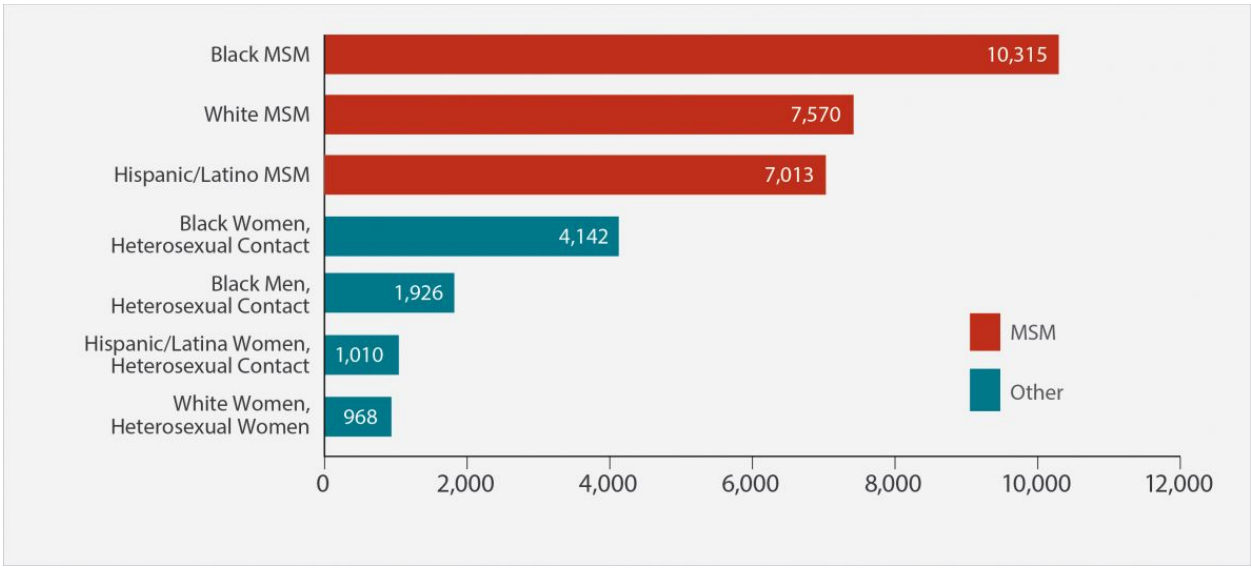


Fig. 2

Axles considered obstacles for access to health services and health care. LGBT: Lesbians, Gays, Bisexuals, and Transgenders. ▭ Themes. ⬚ Developments of Themes. ↔ Bidirectional flow implications

Diagnoses of HIV infection in the United States and dependent areas, 2015



Reference: CDC Gov

Statistics

- Out of the 1.1 million people living with HIV in the U.S., roughly 700,000 of them attained the virus through male-male sexual intercourse.
- Roughly three out of every four people in the U.S. who became HIV positive in 2017 were men who have had sex with men.
- Among all U.S. gay and bisexual men, the lifetime risk of acquiring HIV is currently one in six.
- Lifetime HIV risk is even higher among Black gay and bisexual men (one in two) and Latinx gay and bisexual men (one in four).
- An estimated 17% of gay and bisexual men living with HIV haven't been diagnosed

Social Determinants of Health and HIV in LGTBQIA2S+

- Homelessness
- Mental Health
- Gender based Violence
    - Male-dominated HIV messaging
- Race and Ethnicity

Interventions

In a recent article (5), the found several interventions utilized in the studies reviewed did reduce stigmatization. These interventions either focused on the individual level or the institutional level. Institutional level included things such as implementation of universal precautions, provisions of preventive medical equipment and reversal of discriminatory clinical practices (marking patients records to signal their status). Individual level included information-based trainings and skills building which involved techniques of role-playing, group brainstorming, or sharing of personal experiences.

ACTIVITIES FOR YOUR CHAPTERS:

Small group discussions

- What is a stigma? What is discrimination? How are they different?
- What are some general stigmas?
- What are some stigmas associated with HIV/AIDS? What about stigmas associated with LGBTQIA+?
- Are these stigmas substantiated with evidence?
- What are some things we can do to break these stigma?
- Personal experiences

Fliers about the facts of HIV/AIDS?

- Transmissibility
- Infectivity
- Rates of increase by population
- Support locations
- Local medical information
- Condoms

Pairing with local LGBTQIA+ resources centers

- Have someone give a lecture/talk
- Maybe ask if they have a group of people to have paneling (Have a lecture or topic discuss prior that way people know not to ask attacking questions)
    - This is more because there is mild evidence that knowing someone with HIV/AIDs or knowing someone within the LGBT spectrum may decrease stigma/decrimination

Attend PRIDE events in support of your community

Volunteer at local HIV centers/clinics that do free HIV/STI screenings

Fundraise for local organizations

Pair with PRIDE events/local organizations to table at local events to give out information and/or educate the community

HIV red ribbons

Rainbow ribbons
Plan events during Pride Month (JUNE), HIV/AIDS awareness month (December), and World AIDS day (Dec 1st)

References

1-Frye V, Paige MQ, Gordon S, et al. Developing a community-level anti-HIV/AIDS stigma and homophobia intervention in New York city: The project CHHANGE model. Eval Program Plann. 2017 Aug;63:45–53.

2- Lori AC, Sergio R, D. NB, et al. Stigma, HIV and Health: a qualitative synthesis. BMP Public Health. 2015; 15: 848

3- Steven M, Baligh RY, Janet J, et. al. HIV/AIDS-related stigma, immediate families and proactive coping processes among a clinical sample of people living with HIV/AIDS in Philadelphia, Pennsylvania. J Community Psychology. 2019;47:1797-1798

4- Thomas O, Cynthia LW, Alan E. Fear of AIDS and Homophobia: implications for Direct Practice and Advocacy. Social Work. 1996;41-1:51-58

5- M. KS, Richie HX, Shanda LH, et.al. Combating HIV stigma in low- and middle-incoe healthcare setting: a scoping review. Journal of the International AIDS Society. 2020:23(8): e25553.

6- Grayce AA, Cintia dLG, Glauberto dSQ, et.al. Access to Health Services by Lesbian, Gay, Bisexual, and Transgender Persons: Systematic Literature review. BMC International Health and Human Rights. 2016; 16:2.

7- Jordan MS, Derrick DM, Steven PM, et.al. Assessing HIV Stigma on Prevention Strategies for Black Men Who Have Sex with Men in the United States. AIDS and Behavior. 2018;22:2379-3886

8- CDC.gov