

Interventions to Address HIV-Related Internalized Stigma, Stigma and Discrimination in Healthcare, and in Laws and Policies: A Systematic Review

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INTRODUCTION:

There is strong commitment to eliminate HIV-related stigma and discrimination, starting with global political commitments and reflected in global and national strategies as well as in the work of the many organizations and collaborations working to address them.

KEY QUESTIONS:

What is the effectiveness of interventions that aimed to reduce stigma and discrimination?

What common 'critical factors for success or failure' can be identified that might inform future interventions?

METHODS:

Search Strategy

- PsycINFO, PubMed
- Government & Non-government organizations

Eligibility Criteria

- Eligibility framed around participant, independent variable, comparator or study design, outcome/measure, timing, and setting
- For interventions in healthcare settings only RCTs and very large-scale interventions were included due to the volume of eligible studies

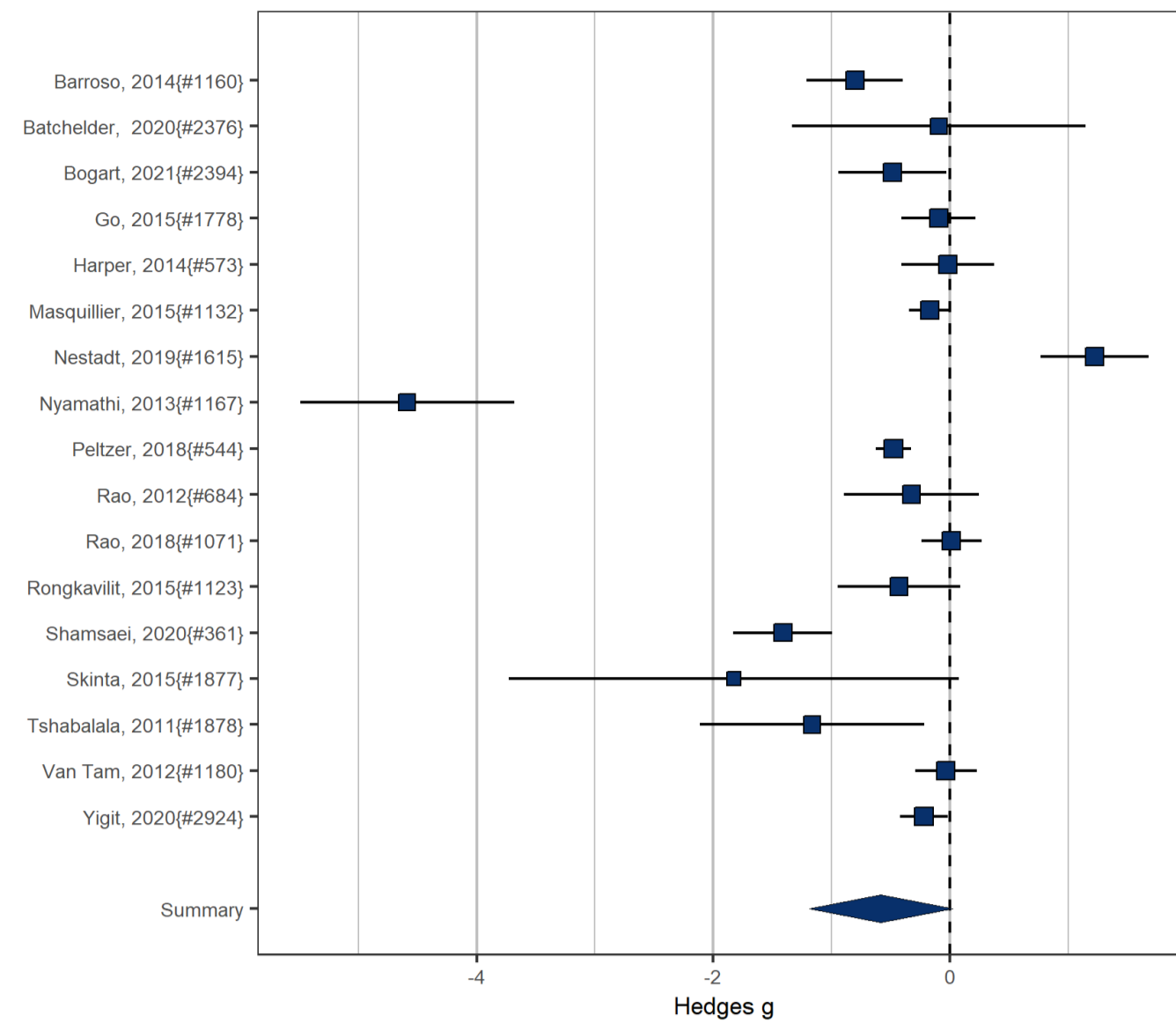
Data Abstraction & Critical Appraisal

- Intervention Evaluations
- Effect of Intervention

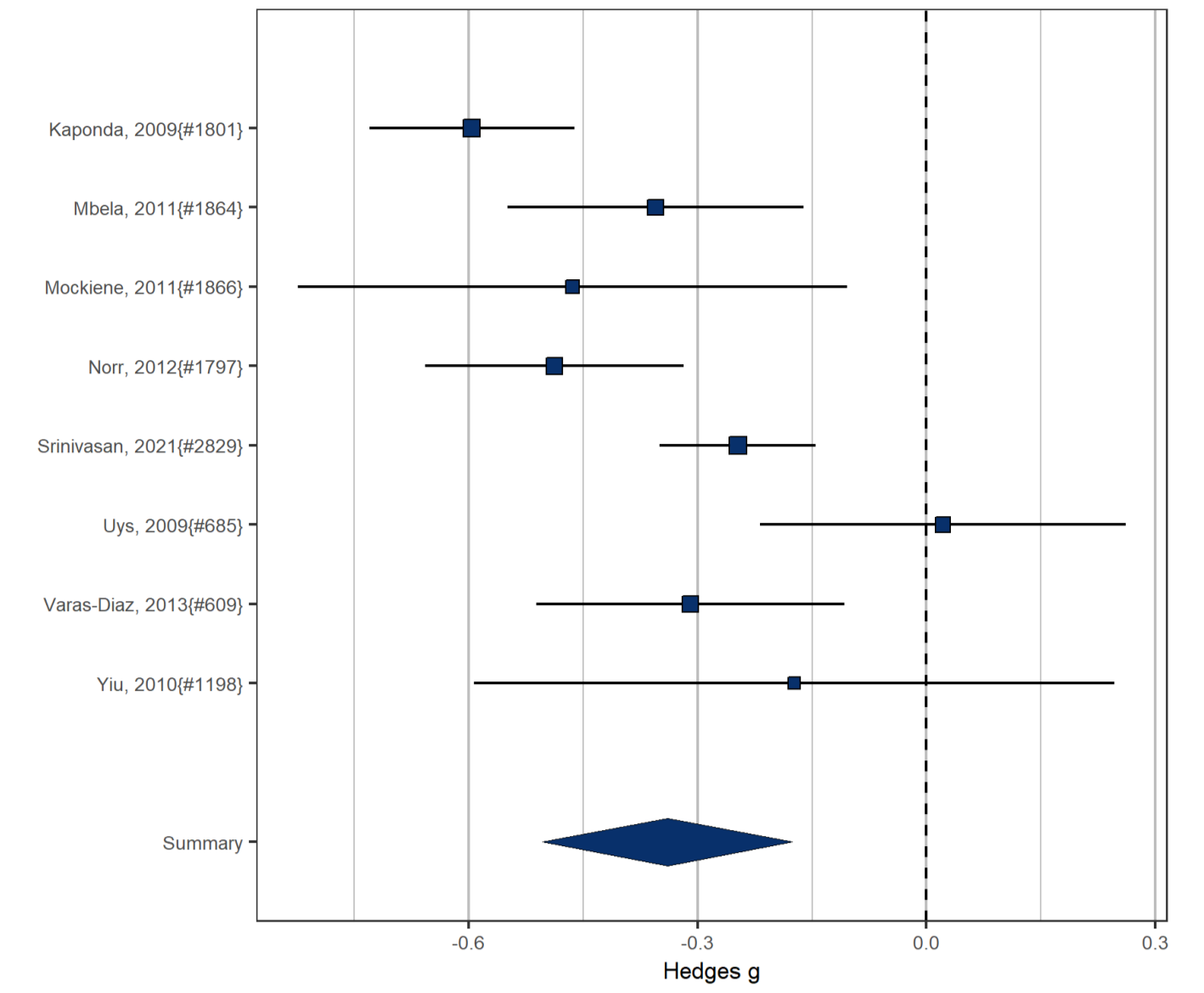
Component Analysis

- Intervention Type
- Intervention Components

RESULTS:



Effect of Internalized Stigma Interventions: we found a reduction of stigma but it missed statistical significance (SMD 0.56; CI 0.31, 1.02; 17 studies) and heterogeneity was substantial (I^2 98%).



Effect of Interventions to Address Stigma and Discrimination in Healthcare Settings: Effect estimates varied considerably but most studies showed positive effects (SMD 0.71; CI 0.60, 0.84, 8 studies). Heterogeneity was considerable (I^2 76%).

Summary of Findings Table

Intervention	Number of studies and RCTs	Reasons for up- or downgrading	Findings	GRADE
Interventions addressing internalized stigma	36 studies (20 RCTs)	Inconsistency (2)#	Reduction in internalized stigma but not statistically significant (SMD 0.56; CI 0.31, 1.02; 17 studies)	Low
Interventions to address stigma and discrimination in healthcare settings	19 studies (11 RCTs)	Indirectness##	Interventions reduce stigma and discrimination (SMD 0.71; CI 0.60, 0.84, 8 studies)	Moderate
Law and policy changes	15 evaluations	Study limitations, inconsistency, imprecision###	Studies describe effects of policy changes, court decisions, legal changes, legal empowerment, and discriminatory law or policy	Very low

Note: # Downgraded due to heterogeneity and differences in direction of effects; ## downgraded due to diversity in assessed outcomes; ### downgraded for study design (descriptive, no control group), diversity in evaluated law and policy changes, and lack of effect estimates

Seventy intervention evaluations met inclusion criteria: 36 addressed internalized stigma, 19 stigma and discrimination in healthcare settings, and 15 stigma and discrimination in law and policy.

Interventions to address internalized stigma focused primarily on education, counselling and support, with only seven including participants other than people living with HIV such as family members.

Interventions to address stigma and discrimination in healthcare settings focused on sensitization and capacity building of health workers, sometimes alongside other staff and/or clients or students.

Interventions to address stigma and discrimination in law and policy were geographically diverse and ranged from court decisions and policy directives to advocacy efforts and legal empowerment. Positive impacts documented include reductions in stigma and discrimination, even as study designs precluded meta-analysis.

Heterogeneity of frameworks, interventions and outcome measures make comparisons difficult even within each 'type' of stigma.

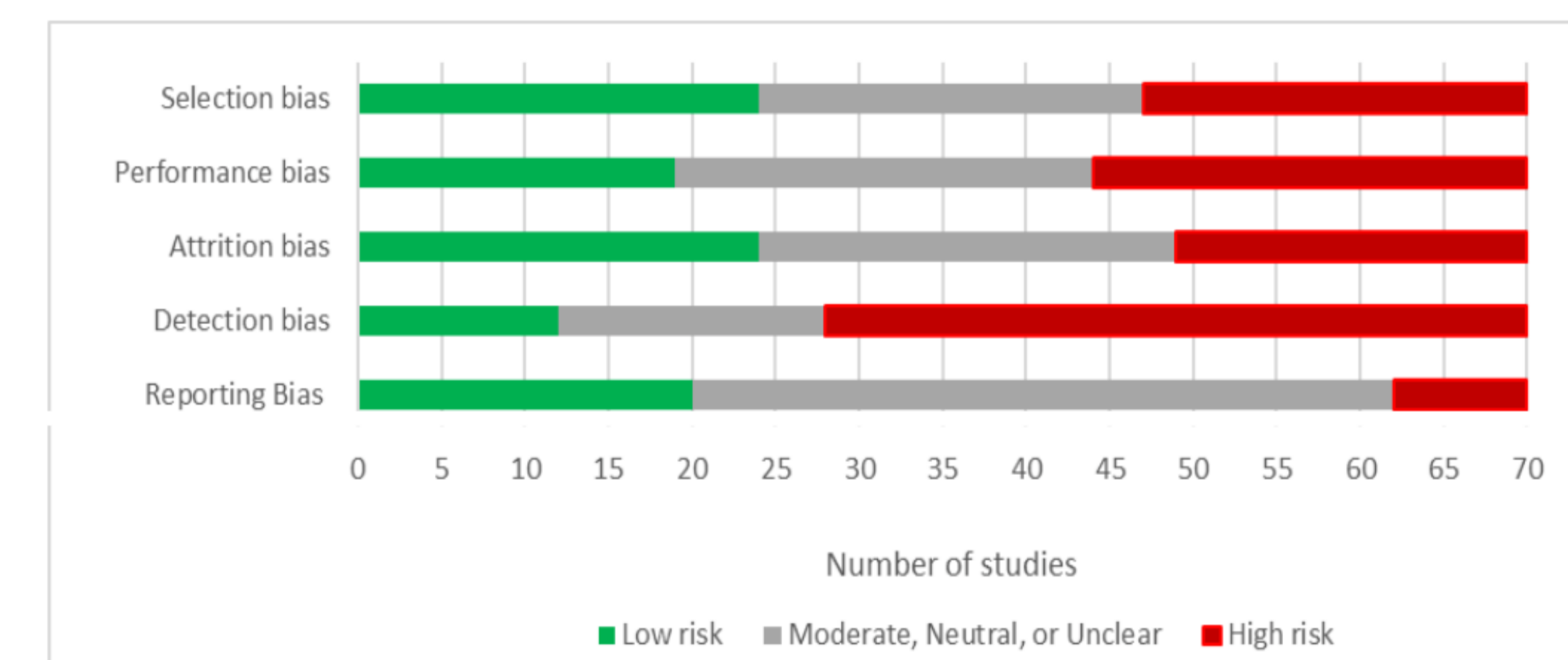
There is **little focus on structural change**, more focus on rights-holders than duty-bearers, and insufficient engagement of people living with HIV in interventions.

For interventions, **how they are implemented is as important as what is implemented** but relatively little is published on this, which might limit analysis of 'success factors'.

Table 3: Component Analysis of Interventions to Address Internalized Stigma or Stigma and Discrimination in Healthcare Settings

Study ID	Component	Intervention type	Duty-bearer	Conceptual framework	Internalized stigma	Support person	Co-occurring stigma	Community	PLWHV	Education	Counseling	Awareness	Referral	HIV specialist	Total components
Barroso, 2014 ¹	1	Individual level only	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Balchodder, 2020 ²	1	Individual level only	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Baummeister, 2019 ³	1	Individual and structural levels	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Shaha, 2017 ⁴	1	Individual level only	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Boget, 2017 ⁵	1	Individual level only	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Chitambar, 2021 ⁶	1	Individual and structural levels	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Chitambar, 2018 ⁷	1	Individual and structural levels	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Demson, 2020 ⁸	1	Individual and structural levels	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Demson, 2021 ⁹	1	Individual and structural levels	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Go, 2019 ¹⁰	1	Individual and structural levels	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Harper, 2014 ¹¹	1	Individual and structural levels	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Hickey, 2021 ¹²	1	Individual and structural levels	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Libero, 2017 ¹³	1	Individual level only	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Lowther, 2018 ¹⁴	1	Individual level only	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Makobola, 2017 ¹⁵	1	Individual and structural levels	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Misgallier, 2015 ¹⁶	1	Individual level only	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Nesbitt, 2019 ¹⁷	1	Individual and structural levels	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Nyamathi, 2013 ¹⁸	1	Individual and structural levels	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15
Putzler, 2018 ¹⁹	1	Individual and structural levels	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15

Figure 2: Risk of Bias Across Intervention Studies



Component analysis helped identify 'success factors' within interventions to address internalized stigma and stigma and discrimination in healthcare settings.

Studies varied widely in their potential for bias. Only 5 studies were assessed to have low risk of bias in 4/5 of the categories of bias assessed.

The combination of including community participation, education, counseling, including a support person and providing access to an HIV specialist in efforts to address internalized stigma or stigma and discrimination in healthcare was found to be a promising approach.

CONCLUSIONS:

Interventions have had success in reducing all types of stigma and discrimination reviewed.

Greater attention to intersectionality and to multi-level interventions to address HIV-related stigma and discrimination can help fill current knowledge gaps.

More in-depth documentation of implementation processes is needed to help understand 'success factors'.

These lessons can inform initiatives to address stigma and discrimination at scale to help attain global HIV-related goals.