

STIGMA



What forms of stigma do people living with HIV experience?

- **HIV-related stigma** – “the negative beliefs, feelings and attitudes towards people living with HIV, groups associated with them (e.g. their families) and other key populations at higher risk of HIV infection, such as people who inject drugs, sex workers, men who have sex with men and transgender people.”¹
- **Internalised stigma** – where an individual “become[s] aware of the public stigma, agree[s] with it and appl[ies] the discriminated attitudes to themselves”²
- **Intersectional stigma and discrimination** – a concept “characterise[d] by the convergence of multiple stigmatised identities within a person or group”³ and discussed by the UNAIDS Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination as, “fuelled by multiple factors, including their HIV or other health status, age, sex, gender identity, sexual orientation, race, disability, ethnicity, drug use, migration status, etc.”⁴

Why is the issue of stigma important for people living with HIV?

- HIV-related stigma is pervasive in Europe and can lead to the under-utilisation of health and social services and ultimately poorer health outcomes.
- People living with HIV who are part of vulnerable or socially marginalised groups may experience intersectional stigma, which can compound health issues and lead to further marginalisation.

UNAIDS recognises key stigma barriers across the HIV care cascade:

Examples of stigma barriers specific to each step of the HIV care cascade

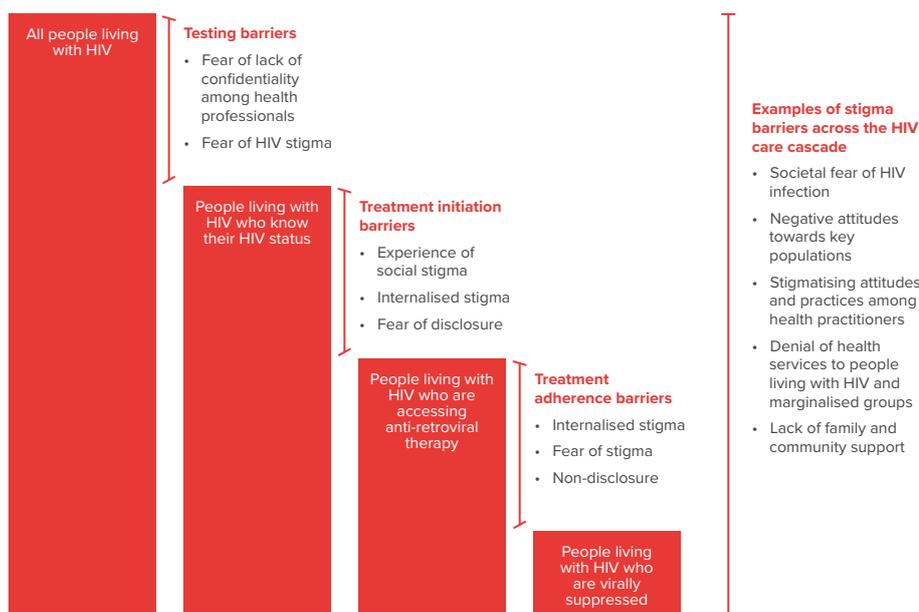


Image adapted from: UNAIDS (2017) “Confronting discrimination: Overcoming HIV-related stigma and discrimination in healthcare settings and beyond.”

What impact does stigma have on people living with HIV?

HIV-related stigma detrimentally affects health-related outcomes in people living with HIV, resulting in:

- lower adherence to antiretroviral therapy (ART),
- lower use of health and social services,
- greater incidence of depression and mental distress, and
- lower quality of life.⁵

Stigma can also lead to adverse interpersonal events, such as rejection, bullying and abuse, and discrimination in various contexts.⁶

Stigma can be even more detrimental to the health of people living with HIV who may avoid treatment and care as a result.⁷

1. UNAIDS. Guidance note: reduction of HIV-related stigma and discrimination. (2014).

2. Lau, Y. W. et al. Stigma resistance and its association with internalised stigma and psychosocial outcomes among psychiatric outpatients. *Psychiatry Res.* 257, 72–78 (2017).

3. Turan, J. M. et al. Challenges and opportunities in examining and addressing intersectional stigma and health. *BMC Med.* 17, 7 (2019).

4. UNAIDS. Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination. (2018).

5. Rueda, S. et al. Examining the associations between HIV-related stigma and health outcomes in people living with HIV/AIDS: a series of meta-analyses. *BMJ Open* 6, e011453 (2016).

6. Reinius, M., Wiklander, M., Wettergren, L., Svedhem, V. & Eriksson, L. E. The Relationship Between Stigma and Health-Related Quality of Life in People Living with HIV Who Have Full Access to Antiretroviral Treatment: An Assessment of Earnshaw and Chaudoir’s HIV Stigma Framework Using Empirical Data. *AIDS Behav.* 22, 3795–3806 (2018).

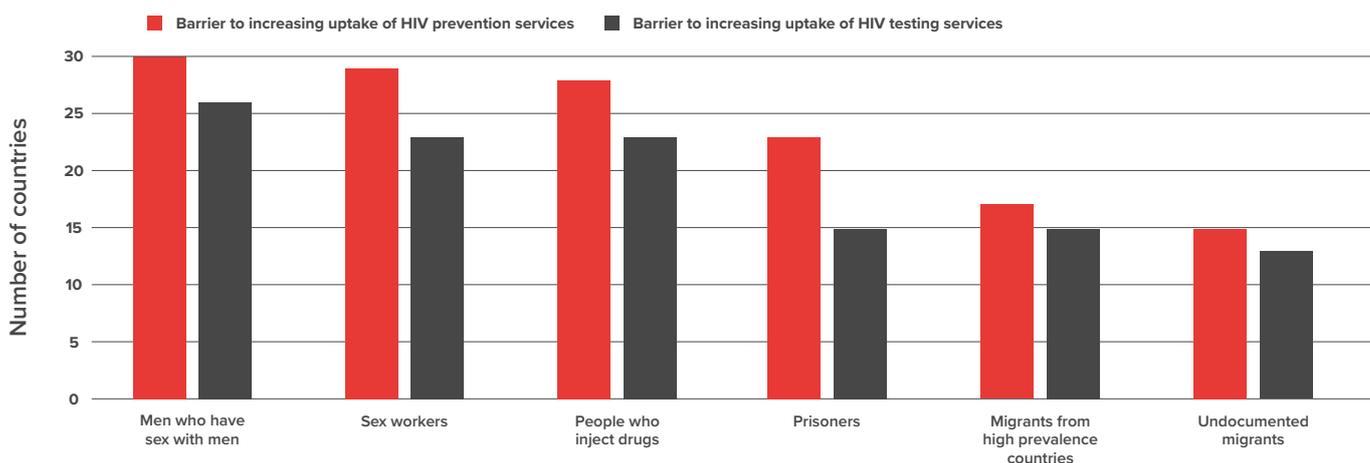
7. Rueda, S. et al. Examining the associations between HIV-related stigma and health outcomes in people living with HIV/AIDS: a series of meta-analyses. *BMJ Open* 6, e011453 (2016).



What do we know about levels of stigma faced by people living with HIV?

HIV-related stigma is often attributed primarily to fear (of HIV), though key populations at risk from HIV face intersectional stigma. Sex workers, migrants, people who use drugs, transgender people, people with disability, gay, bisexual and men who have sex with men, Black, Asian and minority ethnic groups, women, prisoners and other marginalised groups, if living with

HIV, may all have to deal with HIV-related and an “other” stigma at the same time. Social power imbalances may also reinforce HIV stigma.⁸⁻¹¹ A 2016 survey by the European Centre for Disease Prevention and Control (ECDC) among 48 countries reported stigma and discrimination among health workers as common barriers to uptake of HIV services by key populations:



Are there targets to reduce stigma for people living with HIV?

UNAIDS has included a new 2025 target to their global strategy: that less than 10% of people living with HIV should experience stigma and discrimination, with sub-targets addressing internalised stigma and experiences in health settings or with law enforcement.¹² All European countries should adopt this target as part of their HIV monitoring framework.



How is stigma monitored across Europe?

HIV-related stigma has not been well-monitored in Europe, outside of academic research. To date, Greece, Lithuania, Moldova and Ukraine are the only European countries to have produced a country report using the HIV Stigma Index 2.0, a standardised tool that, to date, has measured stigma in more than 100,000 people living with HIV in 100 (primarily low- and middle-income) countries. This indicates a greater need to monitor HIV stigma across Europe and to do so with comparable data.

What can be done to reduce stigma for people living with HIV?

Policy-makers should support national and international efforts, including for the UNAIDS 2025 targets, to monitor HIV-related stigma and stigma against key populations among the general population. Policymakers can also support the following interventions that address interpersonal/public, structural and internalised stigma:



Public stigma

- Public anti-stigma campaigns
- Social contact interventions (guided discussions between those living with and without HIV)



Structural stigma

- Involve community members in law enforcement trainings
- Patient empowerment



Internalised Stigma

- Facilitate access to mental health services and primary care

8. Lyons, C. E. et al. Intersectional stigmas and HIV-related outcomes among a cohort of key populations enrolled in stigma mitigation interventions in Senegal. *AIDS* 34, S63–S71 (2020).

9. Varas-Díaz, N. et al. HIV/AIDS and intersectional stigmas: Examining stigma related behaviours among medical students during service delivery. *Glob. Public Health* 14, 1598–1611 (2019).

10. Friedland, B. A. et al. Measuring intersecting stigma among key populations living with HIV: implementing the people living with HIV Stigma Index 2.0. *J. Int. AIDS Soc.* 21, e25131 (2018).

11. Layland, E. K. et al. A systematic review of stigma in sexual and gender minority health interventions. *Transl. Behav Med* 10, 1200–1210 (2020).

12. UNAIDS. 2025 AIDS Targets. <https://aidstargets2025.unaids.org/> (2020).