STIGMA, SUPPORT, AND MESSAGING FOR PEOPLE RECENTLY DIAGNOSED WITH HIV: A MIXED METHODS STUDY

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Background:

Advances in antiretroviral treatment and the message of undetectable equals untransmittable (U=U) have improved health and social outcomes for people with HIV (PWHIV), but challenges remain for PWHIV related to stigma and quality of life. This study aimed to understand the experiences of people recently diagnosed with HIV at a clinical service, to guide insights into how to improve care and support in the contemporary treatment era.

Methods:

This mixed methods study involved an online survey of individuals diagnosed with HIV between 2016 to 2021 at RPA Sexual Health (a sexual health clinic in the inner west of Sydney), or who were referred to the clinic directly after diagnosis. Semi-structured interviews were undertaken with consenting survey participants. Analysis involved a descriptive quantitative analysis of survey findings and a thematic analysis of interview transcripts.

Results:

Of 123 potential participants invited, 23 (18.7%) completed the online survey. All participants were men. Fourteen participants were interviewed for the study, eight of whom were born outside of Australia or Aotearoa New Zealand. Our analysis found that diagnosis is still a shocking and traumatic event requiring careful support; that there is ongoing stigma, shame, and reduced sexual confidence following diagnosis; and that beyond initial diagnosis, some people would benefit from ongoing education about key concepts regarding HIV treatment.

Conclusion:

Although treatment advances have made aspects of adjusting to diagnosis easier, this study suggests that HIV diagnosis remains disruptive, and that despite U=U, sexual stigma is a key issue negatively impacting quality of life. Health providers can mitigate these issues by supporting the ongoing psychosocial needs of people with HIV in the early period of adjusting to HIV diagnosis and beyond and referring to peer-based services. Initiating conversations about sex and dating and checking understandings of key health messages over time may promote improved care.

Disclosure of Interest Statement:

The authors declare no conflicts of interest.