

Reducing stigma towards groups affected by blood-borne viruses

An online intervention study

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Disclosure of interest

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Department of Health



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Stigma

Occurs in many different contexts, towards many different identities, behaviours, conditions

Negatively impacts population groups affected by blood-borne viruses

Reducing stigma is major goal of Australian national health strategies



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Stigma Interventions

Target:

- Stigmatised group
- Groups known to enact stigma

Focus:

- Empowerment
- Knowledge
- Attitudes

Long-term effectiveness?



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Contact theory (Allport, 1954)

Contact between different social groups can reduce prejudice

- Decrease acceptance of negative stereotypes

‘Humanise’ individuals

- Not seen only through lens of stigmatised condition/behaviour



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Current project

Aim: Assess the efficacy of an online contact intervention in reducing stigma expressed by the Australian public

Intervention

- Pre-existing, publicly available videos (3-5 minutes)
- Priority population groups describing lived experience

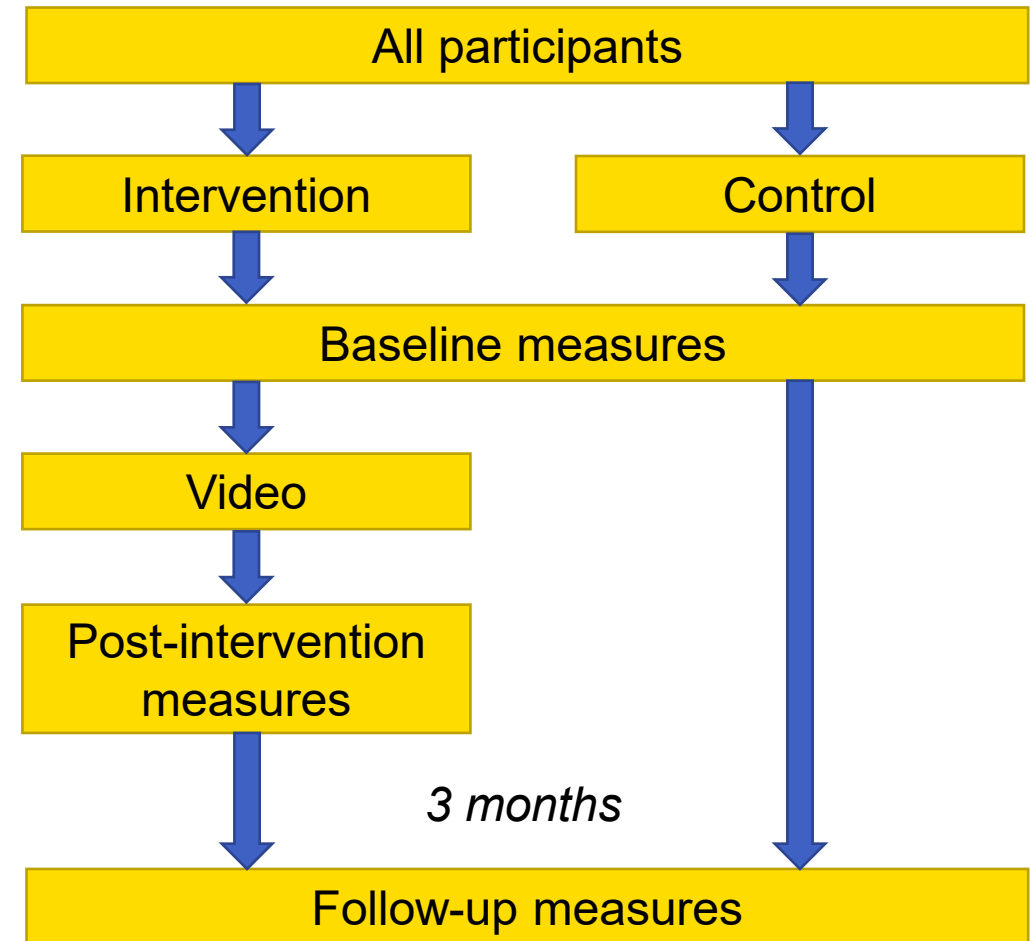
Method

Recruited via Facebook

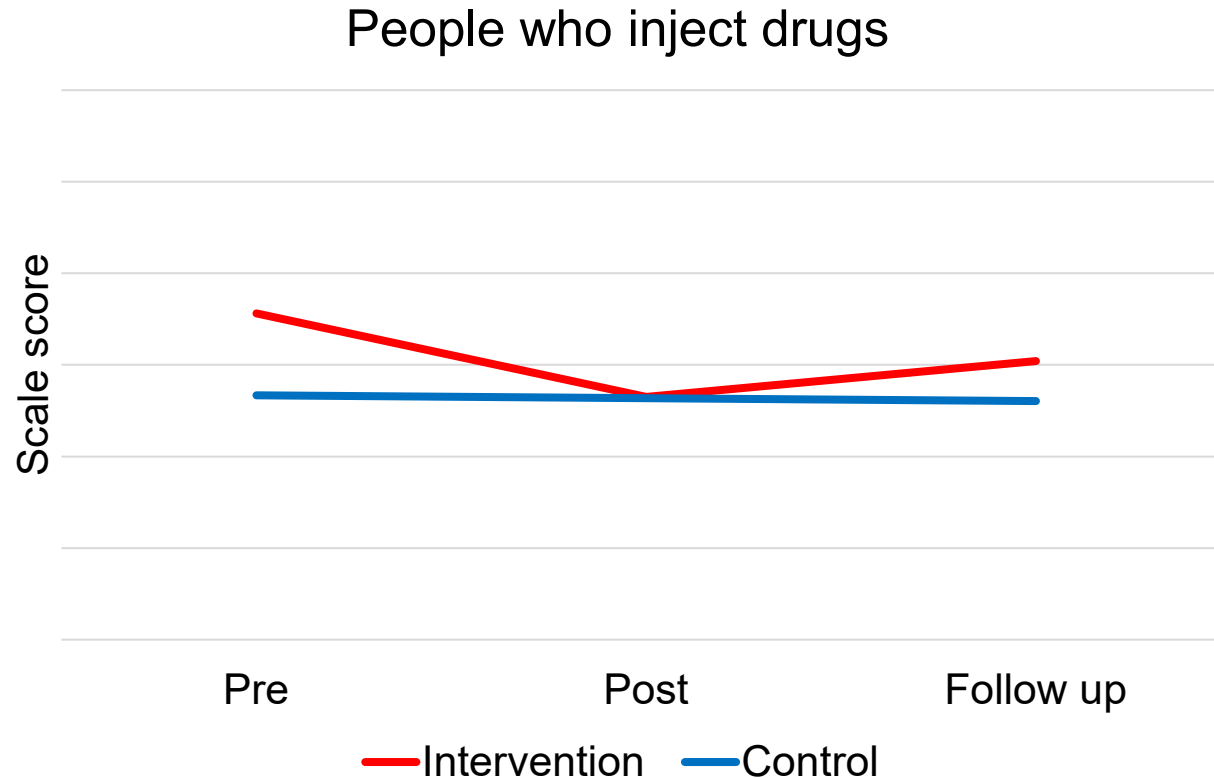
- Intervention groups:
 - People living with HIV (n=320)
 - People living with hepatitis C (n=347)
 - People living with hepatitis B (n=333)
 - People who inject drugs (n=316)
 - Sex workers (n=296)
- Control group (n=316)

Measures:

- Attitudes towards group
- Controllability (blame)
- Distance
- Opinions on public/health policies



Results - Attitudes

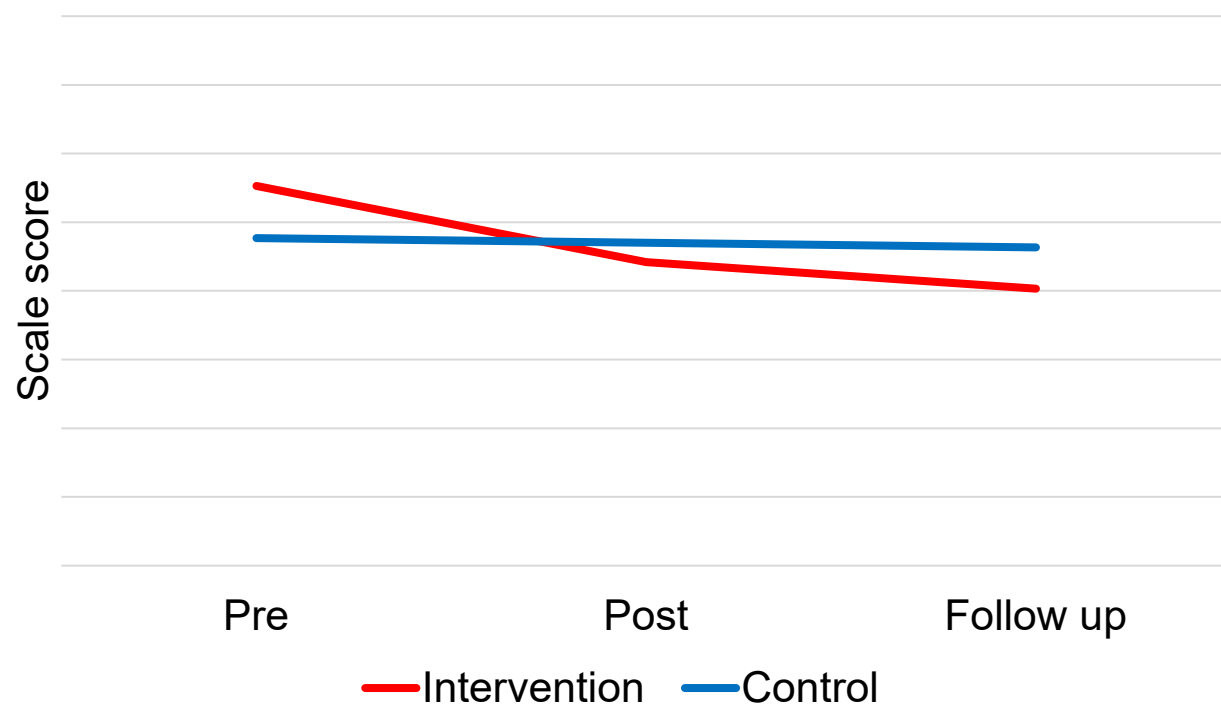


Group	Change
PLHIV	No change
PLHBV	Lower at post Intervention lower than control at follow-up
PLHCV	Lower at post Not maintained at follow-up
PWID	Lower at post Maintained at follow-up
Sex workers	Lower at post Not maintained at follow-up

N.B. Higher scores reflect more stigmatising attitudes

Results – Controllability (blame)

People living with HIV

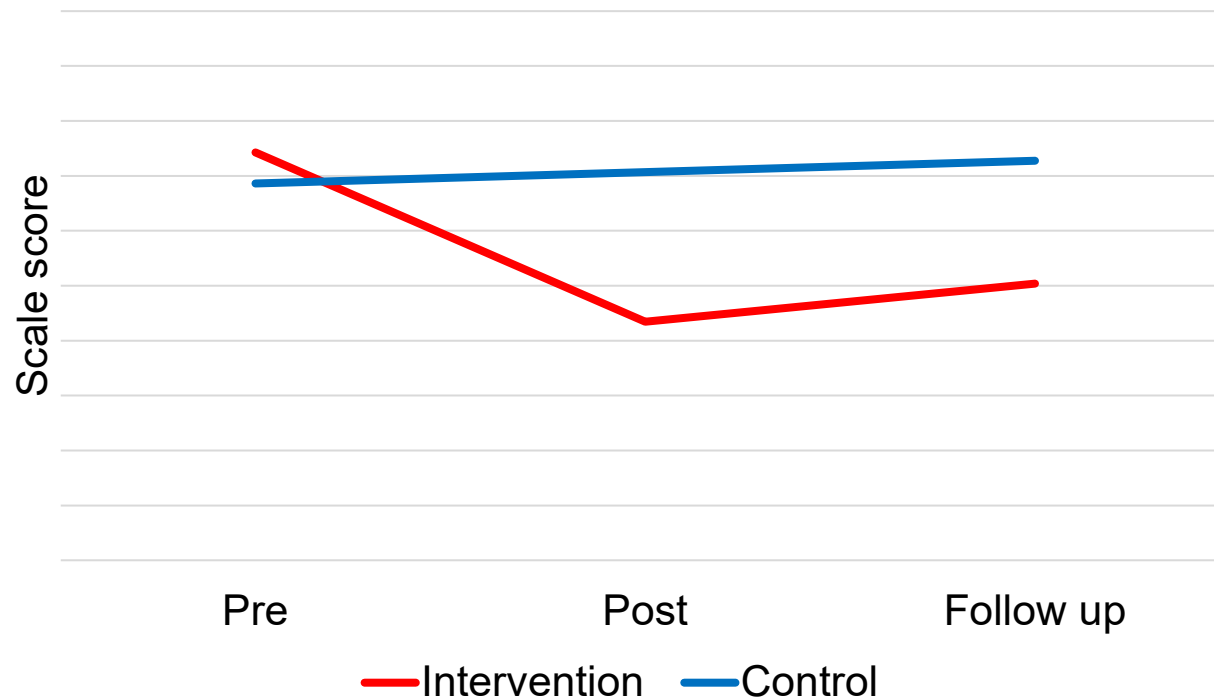


Group	Change
PLHIV	Lower at post Maintained at follow-up
PLHBV	Lower at post Maintained at follow-up
PLHCV	Lower at post Maintained at follow-up
PWID	Lower at post Not maintained at follow-up
Sex workers	Excluded from analysis

N.B. Higher scores reflect more stigmatising attitudes

Results - Distance

People living with hepatitis B

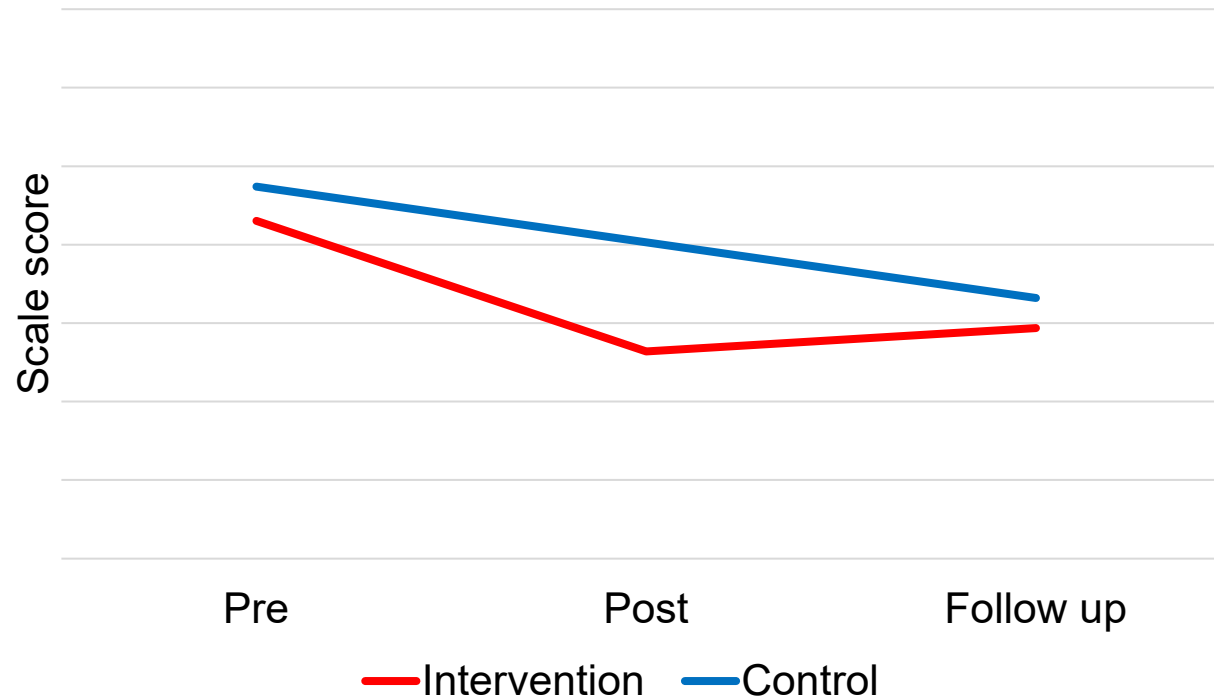


Group	Change
PLHIV	Lower at post Maintained at follow-up
PLHBV	Lower at post Maintained at follow-up
PLHCV	Lower at post Not maintained at follow-up
PWID	Lower at post Not maintained at follow-up
Sex workers	Lower at post Not maintained at follow-up

N.B. Higher scores reflect more stigmatising attitudes

Results - Opinions

People living with hepatitis C



Group	Change
PLHIV	Lower at post Not maintained at follow-up
PLHBV	Lower at post Maintained at follow-up
PLHCV	Lower at post Maintained at follow-up
PWID	Lower at post Maintained at follow-up
Sex workers	No change

N.B. Higher scores reflect more stigmatising attitudes

Conclusion

Brief, online video interventions can be effective in reducing stigmatising attitudes towards priority population groups

There is merit in utilising interventions based on personal contact to reduce stigma

Online contact interventions have the potential to be tailored and scaled up to promote longer lasting reductions in stigma



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Next steps

Brief video interventions targeting health care workers

- See on-demand presentation (#374)

How to ensure long-term, meaningful change?

Initiatives to cut across stigmatised identities/conditions and different levels (e.g., interpersonal, organisational, structural)



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More information

Stigma Indicators Monitoring Project

<http://bit.ly/stigma-indicators>

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