TYPOLOGIES OF STIGMA AND DISCRIMINATION MANAGEMENT IN HEALTHCARE SETTINGS AMONG PEOPLE LIVING WITH HIV IN AUSTRALIA

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Background:

Stigma and discrimination within health care settings have detrimental effects on people living with HIV (PLHIV), particularly in relation to physician trust, use of health services, treatment adherence, and overall health and well-being. Using latent class analysis (LCA), his study aimed to understand the ways PLHIV manage stigma or discrimination in healthcare settings.

Methods:

Data were collected from 739 PLHIV (May 2021 to July 2022) via a cross-sectional survey. Participants were asked how often they did the following to avoid stigma or discrimination: “delayed accessing care”, “not told health workers about your HIV”, “looked for alternative services”, and “not attended a follow-up appointment”. Response options were measured on a five-point Likert scale (0–4; never, rarely, sometimes, often, always).

Results:

LCA suggested four distinct classes of sigma and discrimination management. Class 1 (“No avoidance/deferral or non-disclosure”) was the most common (41.8% of participants). These participants were more likely to be: male; gay; English speaking; diagnosed >5 years ago; and not living in a rural area.

One in six participants (15.3%) were in Class 2 (“Both avoidance/deferral and non-disclosure”) – the group using the most strategies to avoid stigma and discrimination. These participants were more likely to be: female or a different gender (compared to male); and heterosexual, queer, or a different sexuality (compared to gay).

The remaining participants were in Class 3 (“Non-disclosure but no avoidance/deferral”), comprising 15.2% of participants; or Class 4 (“Situational avoidance/deferral and non-disclosure”), comprising 27.7% of participants.

Conclusions:

These findings suggest PLHIV who are recently diagnosed, and who are not gay men, are more likely to anticipate stigma and discrimination related to accessing healthcare services. Health services and systems need to engage people recently diagnosed in order to reduce anticipated stigma and discrimination, and give greater attention to informing PLHIV about their rights in relation to healthcare provision.

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