

CONCEPTUALISING HEPATITIS C STIGMA: A THEMATIC SYNTHESIS OF QUALITATIVE RESEARCH

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Background:

Addressing stigma is crucial to eliminating viral hepatitis but is challenged by assumed and implicit conceptualisations of stigma. Our study aimed to synthesise and critically engage with the qualitative literature to inform an overarching conceptualisation of stigma related to viral hepatitis and inform future stigma reduction interventions.

Methods:

We critically reviewed qualitative literature that explicitly conceptualised or theorised stigma in relation to viral hepatitis. We searched seven databases for peer-reviewed literature from 2000-2019 and conducted a thematic synthesis of conceptualisations of stigma related to hepatitis C virus (HCV).

Results:

We synthesised findings of 13 studies and explored how HCV is theorised in relation to: 'identity', 'embodiment', 'institutionalisation', and 'structuration'. Operating within wider political, social, and economic systems, HCV stigma manifests as the confluence of normative assumptions of socially unacceptable practices relating to HCV, such as injecting drug use; attitudes towards socially excluded populations, and fears of contracting a chronic and contagious illness. Stigma is built and perpetuated by institutions, such as healthcare facilities that lack referrals to community services, and in social processes and policies, such as the criminalisation of drug use. By subsuming identity to a perceived stereotype or practice (e.g., drug user), HCV stigma can misrecognise the multifaceted identity and needs of individuals, causing them to feel unsafe or undeserving of care. Ultimately, it shapes deservedness to, as well as engagement with, health and social care.

Conclusion:

Current research generally lacks explicit theoretical or critical engagement on how HCV stigma is conceptualised. There is a tendency for much empirical research to focus on risk factors shaping individual behaviour change, rather than on risk contexts and socio-structural change. Approaches to address stigma in relation to HCV must consider how stigma operates throughout social processes, is embedded in systems of power, and is normalised in institutional operating systems.

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