

HIV-related stigma and healthcare access among Australian born people living with HIV in metropolitan compared to rural areas of New South Wales

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Background:

Stigma is a significant barrier to healthcare access for people living with HIV (PLHIV), however the specific experiences of PLHIV in rural areas are less well known. We sought to compare the experiences of PLHIV living in metropolitan and rural areas of NSW.

Methods:

Clients living with HIV who attended sexual health centres in Sydney, Dubbo, or Orange were invited to complete an anonymous survey about their experiences of living with HIV, including stigma and healthcare access. Comparisons between participants from metropolitan Sydney and rural NSW (i.e. Dubbo and Orange) were made using logistic regression.

Results:

Among 89 participants, 71 lived in Sydney and 18 lived in rural NSW. Compared with metropolitan participants, rural participants were more likely to be aged 45+ years (94.4% vs. 45.1%), less likely to be gay men (55.6% vs. 87.3%) or employed full-time (38.9% vs. 67.6%) and had been living with HIV for longer (M=26.3 years vs. M=13.4 years). Viral suppression was reported by 95.8% of metropolitan participants and 100% of rural participants. Approximately 50% of each group reported experiencing HIV-related stigma in the previous year, with 29.6% of metropolitan participants and 44.4% of rural participants being treated negatively by health workers. Controlling for demographic differences, rural participants were more likely than metropolitan participants to have experienced stigma from a doctor in the past year (aOR=5.73, 95%CI=1.04-31.49). Qualitative comments described specific examples of stigma for individuals living in both metropolitan and rural areas.

Conclusion:

HIV-related stigma was widely experienced by PLHIV in both metropolitan and rural areas of NSW, though rural participants were more likely to have felt stigmatised by doctors. Initiatives to promote healthcare engagement among PLHIV and people at risk of HIV in rural areas must consider contextual differences regarding demographics and the expression of stigma compared to metropolitan settings.

Disclosure of Interest Statement:

The Authors have no conflict of interest to declare