

# Understanding the complexity of intersectional issues in the experience of people living with HIV: a latent class analysis

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# **Context and method**

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- ▶ Using an intersectional framework, this exploratory study aims at **understanding the combinations of various social categories likely to produce health inequities among people living with HIV** (PLHIV).
- ▶ In 2019, under the **Stigma index of people living with HIV in Quebec** project, 281 PLHIV participated in face-to-face interviews conducted by 9 peer research associates in 8 regions of Quebec.
- ▶ A latent class analysis was performed based on several axes of oppression to identify unobserved subgroups of participants who shared similar social categories. These subgroups were then compared with regards to various psychosocial and health characteristics.

# Results

- Four classes were identified, each of them characterized by particular combinations of oppressed social categories:

**C1-** people who belong to sexual minorities, other than women

**C2-** women who predominantly belong to racialized minorities

**C3-** poor people aged 50 and under who belong to sexual minorities and who predominantly engage in sex work

**C4-** poor people, other than women, who predominantly belong to racialized minorities and use drugs

Estimated probabilities and prevalence by class based on latent class analysis for a 4-class solution

	Cluster 1	Cluster 2	Cluster 3	Cluster 4
<b>Class size</b>	0.430 N=121	0.296 N=83	0.161 N=45	0.113 N=32
<b>Sexual minorities</b>				
Concerned 60.4%	0.997	0.060	0.900	0.115
Not concerned 39.6%	0.003	0.940	0.100	0.885
<b>Racialised minorities</b>				
Concerned 52.1%	0.362	0.730	0.407	0.742
Not concerned 47.0%	0.638	0.270	0.593	0.258
<b>Gender</b>				
Woman 35.6%	0.033	0.847	0.561	0.011
Other 64.4%	0.967	0.153	0.439	0.989
<b>Socioeconomic insecurity (unemployed or &lt;20 000\$/year)</b>				
Concerned 71.5%	0.666	0.610	0.902	0.913
Not concerned 28.5%	0.334	0.390	0.098	0.087
<b>Age</b>				
19-49 years old 33.4%	0.227	0.395	0.741	0.007
50-64 years old 54.1%	0.628	0.541	0.161	0.750
65 or + years old 12.5%	0.145	0.064	0.098	0.243
<b>Sex work</b>				
Concerned 16.9%	0.145	0.011	0.640	0.003
Not concerned 83.1%	0.855	0.989	0.360	0.997
<b>Drug use</b>				
Concerned 16.1%	0.120	0.001	0.336	0.492
Not concerned 83.9%	0.880	0.999	0.664	0.508

# Results

Difference between classes  
(bivariate analysis)

	Total	Cluster 1	Cluster 2	Cluster 3	Cluster 4
	N=281	N=121	N=83	N=45	N=32
Internalized stigma (affects)	1.93 (Scale 0-7)	1.35 <sup>a,b</sup>	2.16 <sup>a</sup>	2.85 <sup>b</sup>	2.21 <sup>***</sup>
Internalized stigma (limitations)	1.16 (Scale 0-6)	0.82 <sup>a</sup>	1.22	1.89 <sup>a</sup>	1.30 <sup>**</sup>
Anticipated stigma overall score	2.65 (Scale 1-5)	2.41 <sup>a,b</sup>	2.83 <sup>a</sup>	3.05 <sup>b</sup>	2.56 <sup>**</sup>
Anticipated stigma from family	2.49 (Scale 1-5)	2.25 <sup>a</sup>	2.63	3.18 <sup>a,b</sup>	2.06 <sup>b*</sup>
Anticipated stigma from community	3.21 (Scale 1-5)	2.89 <sup>a</sup>	3.50 <sup>a</sup>	3.42	3.41 <sup>*</sup>
Experienced stigma from family	1.71 (Scale 1-5)	1.49 <sup>a</sup>	1.66	2.23 <sup>a</sup>	1.91 <sup>*</sup>
Extent of disclosure	3.37 (Scale 0-10)	3.62 <sup>a</sup>	2.87 <sup>a</sup>	3.45	3.62 <sup>*</sup>
Positive disclosure experience	4.06 (Scale 0-6)	4.60 <sup>a,b</sup>	3.68 <sup>a</sup>	3.51 <sup>b</sup>	3.77 <sup>***</sup>
Depression mild or more, last 2 weeks	64.8%	52.8% <sup>a,b</sup>	64.3%	83.5% <sup>a</sup>	85.1% <sup>b***</sup>
Resilience	29.28 (Scale 0- 40)	30.40 <sup>a</sup>	30.03 <sup>b</sup>	27.24	25.91 <sup>a,b**</sup>

\*p < 0.05; \*\* p < 0.01; \*\*\* p < 0.001

Letters in superscript: proportions and means with the same superscript letter statistically differ at p < 0.0083 in post hoc pairwise comparisons (Bonferonni correction)

- ▶ Membership to **C1** is associated with lower levels of stigma and higher levels of resilience scores
- ▶ Membership to **C2** is associated with lower levels of disclosure and higher levels of anticipated stigma (general and from their community)
- ▶ Membership to **C3**, and to a lesser extent to **C4**, is associated with more unfavourable psychological and social health profiles

# Conclusion

- ▶ A better understanding of intersectional issues is **essential for the implementation of interventions and services contributing to the reduction of health inequities for PLHIV**
- ▶ Despite the small sample size, latent class analysis seems to be a **promising approach to identify subgroups based on the intersection of various axes** of oppression and the health inequities they produce among PLHIV

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