

# UNDERSTANDING RESISTANCE TO HIV-RELATED STIGMA THROUGH THE POWER OF PHOTOVOICE AND DIGITAL STORYTELLING

Restall, Gayle; Flett, Jacqueline; Ukoli, Patricia; Mehta, Punam; Hydesmith, Elizabeth; Payne, Mike

CAHR Conference  
April 27 - 29, 2022

**ninecircles**  
COMMUNITY HEALTH CENTRE



reach**nexus**



# Community Arts-Based Research



## Purpose

To explore the stigma experiences of people living with HIV in Manitoba to better understand:

- the personal factors that buffer the effects of stigma, and
- the social and structural supports needed to bolster resistance to stigma

## Participants (N=11)

---

### Age:

Mean = 45.5 years (36 to 64 years)

---

### Years Since HIV diagnosis:

Mean = 14.0; (6 to 27)

---

### Sex/Gender:

64% female/woman

---

### Sexual Orientation:

54% Heterosexual

---

### Ethnic or Racial Identity:

36% Indigenous; 36% White; 27% African/Black/Caribbean

# METHODS

## Photovoice participants (N=11):



Research team members:



## Digital storytelling participants (n=2):



# CONFRONTING AND RESISTING OPPRESSIONS

## Participants' four pronged approach to buffering the effects of stigma

1. Caring for one's self
  - Taking care of physical health (e.g., diet, exercise, nutrition, treatment adherence)
  - Taking care of emotional health (cultural experiences, finding places of peace such as in nature)
2. Caring for people and pets
  - Having children to care for and the reciprocity of parent-child relationships
  - Taking responsibility for reducing risks for people
  - Having pets to care for and the reciprocity of pet companionship
3. Reconfiguring social networks precipitated by disrupted, lost and missed opportunities for relationships
  - Linking with peer support
  - Finding non-oppressive communities and services
4. Resisting stigmas
  - Educating family and friends about HIV
  - Becoming a strong advocate for social change



# RECOMMENDATIONS AND CONCLUSIONS

**Recommendations:** Participants' stories that identified a four pronged approach to buffering the effects of stigma informed their recommendations for health and social systems and policy structures to buffer the effects of stigma:

1. Universal access to timely peer and professional support to **address the personal and emotional effects** of HIV and associated stigmas
2. Action to **create anti-oppressive organizations, policies and community spaces**
3. Action to **address the root structural socio-political drivers** of stigma and that limit people's ability to flourish including food, housing and financial security

**Conclusions:** Addressing HIV stigma and all forms of oppression must be a focus of health and social service organization and policy attention. This requires opportunities for **amplifying the voices of people with lived and living experience** in ways they feel most comfortable including **making more space** in research and policy forums for arts-based knowledge translation.

