

Manifestations of HIV-related stigma among Sub-Saharan African migrants in Flanders

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Background

- Stigma has a negative impact on
 - People living with HIV → barrier to disclosure, access to care and antiretroviral treatment, medication adherence
 - HIV testing uptake
 - HIV prevention uptake(UNAIDS, 2014)

- To reduce stigma among Sub-Saharan African migrants (SAM), we need to better understand:
 - (1) how stigma is expressed (“manifested”)
 - (2) what are its effects on the individual and community-level

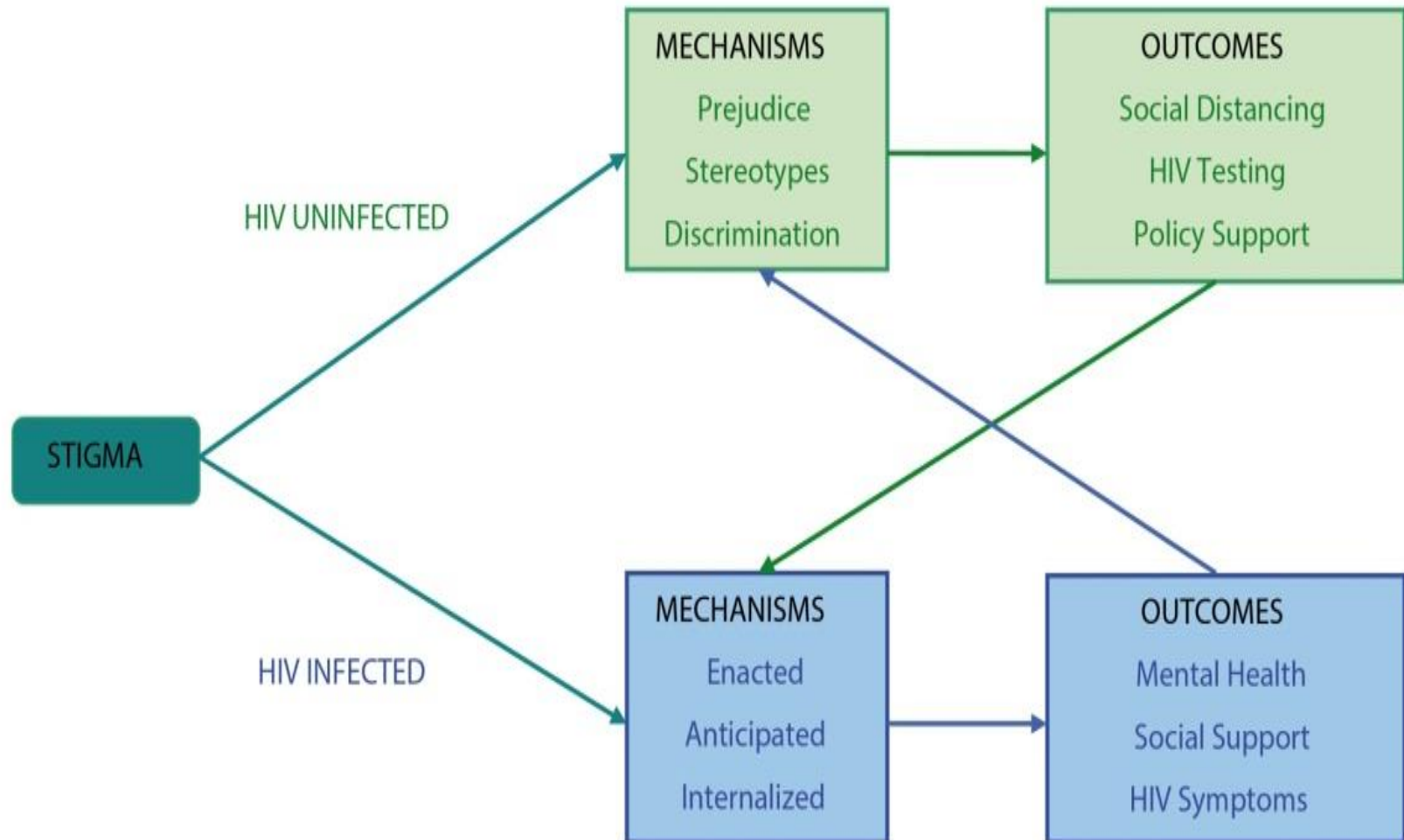


Methods

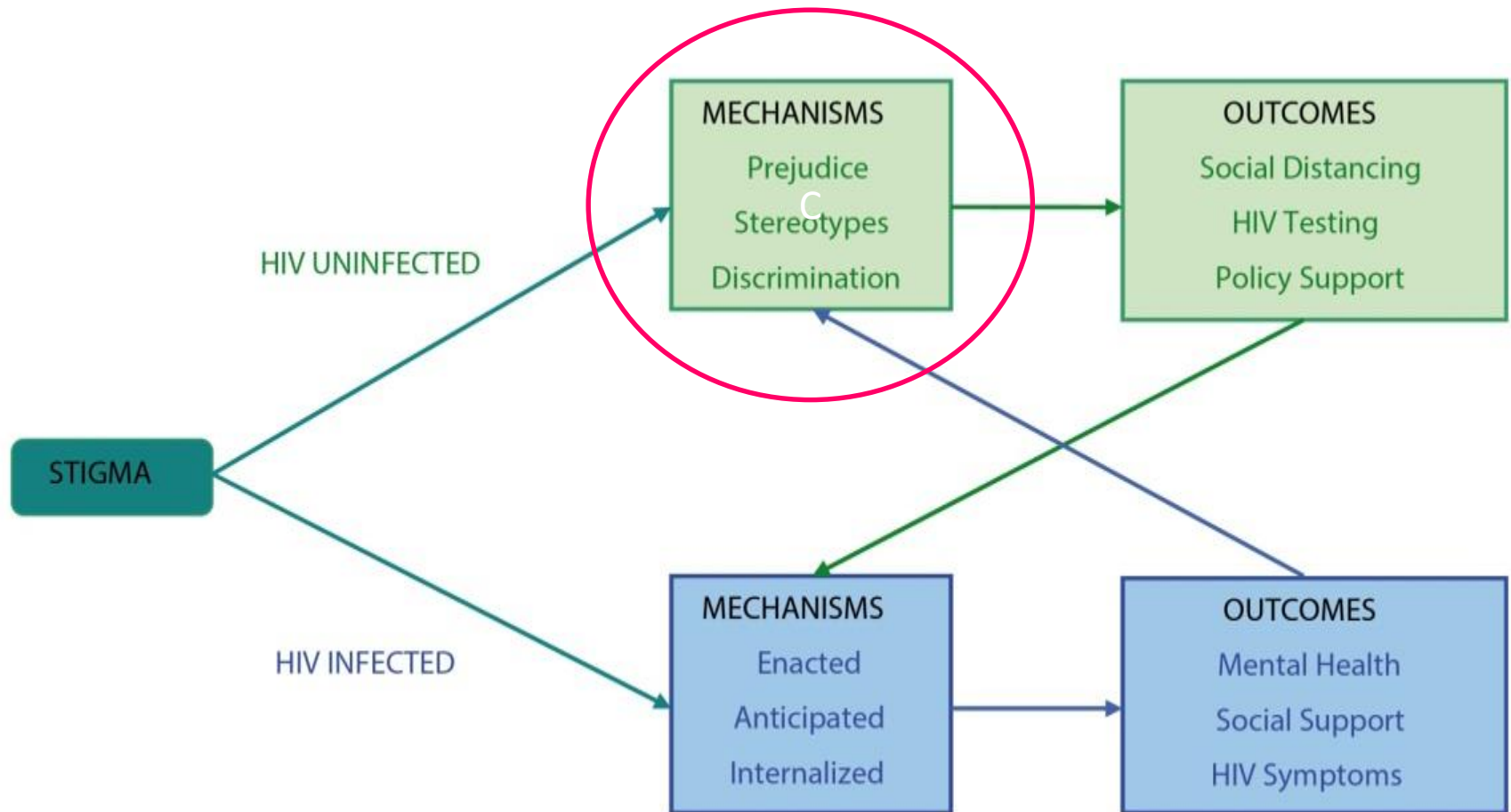
- Qualitative study (December 2015-June 2017)
 - 20 in-depth interviews (SAM living with HIV)
 - 10 Focus Group Discussions (SAM community members)
- Purposive sampling
 - HIV clinic (VUB-Jette, ITM, Gent, Leuven)
 - Peer-support group (Muungano)
 - SAM communities in Provinces of Antwerp, East-Flanders and Flemish Brabant
- Thematic content analysis guided by the **HIV Stigma Framework** (*Earnshaw et al., 2009*)



Methods: HIV-stigma framework (Earnshaw and Chaudoir, 2009)



Results: Stigma mechanisms among SAM communities



Stigma mechanisms among SAM communities

- 76 SAM: 5 female FGDs, 5 male FGDs
- Prejudice
 - HIV is contagious → Fear of people living with HIV (PLHIV)
 - 'Killer' infection
- Stereotypes
 - HIV acquisition:
 - ✓ Promiscuity, prostitution → PLHIV deserve being stigmatised
 - ✓ Witch craft, cursed by parents
 - PLHIV intentionally spread the infection → criminals
 - PLHIV are in bad physical conditions, useless, fast to die



Stigma mechanisms among SAM communities

■ Discrimination

■ Rejection/ social exclusion

“I heard things like: You should not go near this person and you should not shake his/her hand, because you’ll also get contaminated.” (Female, FGD10).



Who would be stigmatizing PLHIV the most?

- Adults (Male and female)
- First generation migrants, including new comers
 - Attached to traditional culture
 - Less educated
 - Poor knowledge of HIV



Perceived stigma : where does it occur?

■ Families/Friends/Communities

■ Not HIV-specialized health services

■ Dentist

“When I told him, he was annoyed and he said: you have to tell me before so that I give you an appointment as the last patient”.(Female, 5years with HIV)

■ HIV specialized services

■ Receptionist

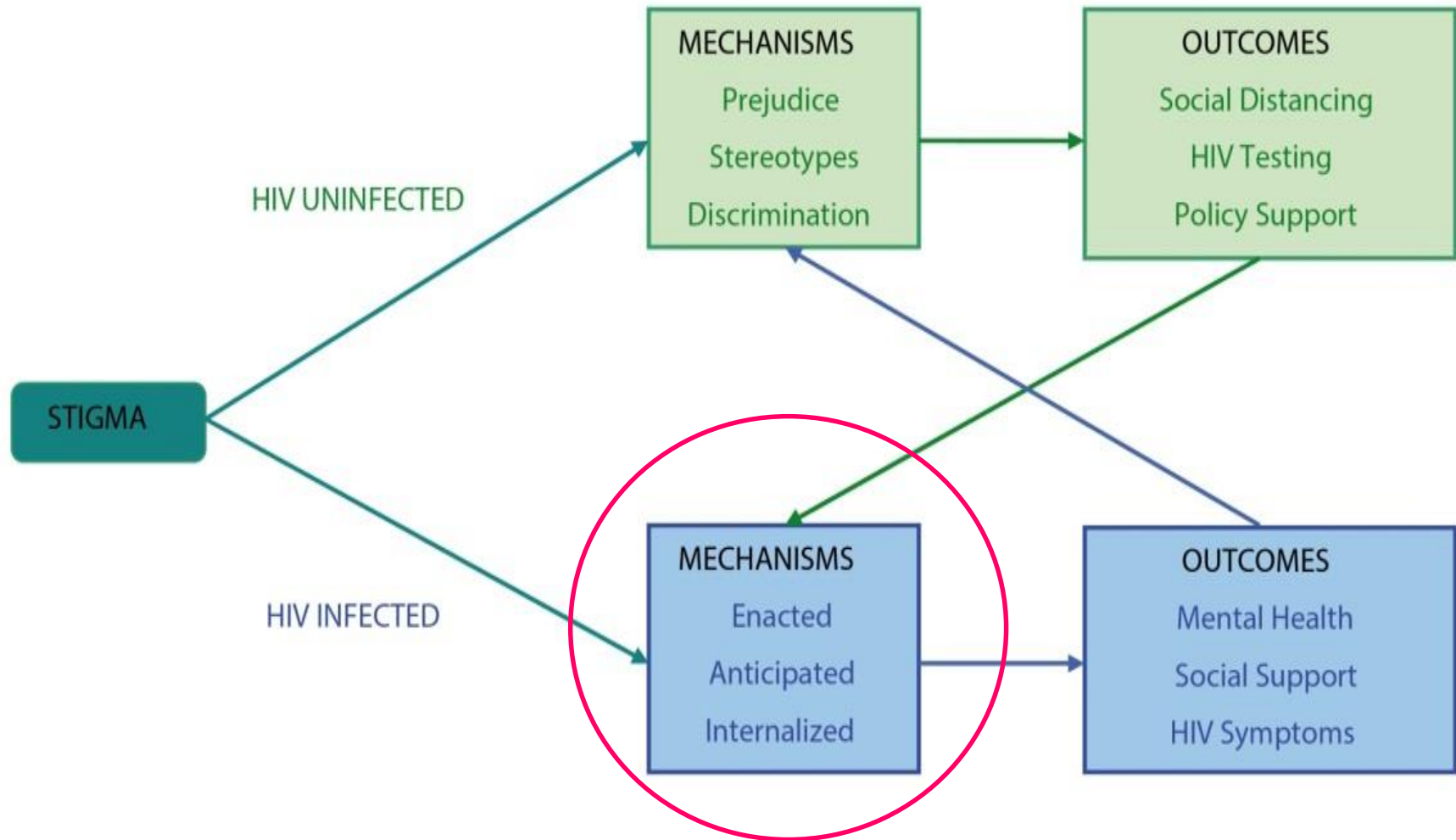
“Unpleasant comment caught on phone: again an African...” (Male, 13years with HIV)

■ PLHIV transfer to a non-HIV specialist with a sticker “HIV+” on the dossier to be also presented to the cashier. (Female, 3years with HIV)

■ Organisation of some polyclinics: separate reception for PLHIV



Results: Stigma mechanisms among SAM living with HIV



Stigma mechanisms among SAM living with HIV

■ Enacted stigma

■ Gossip

“It is hard because she went and actually told some men. It is as if she wants everybody to run away from me.” (Female, 12 years with HIV).

■ **Social and physical exclusion:** material deprivation, limited interaction, physical exclusion from domicile

■ **Intra-couple violence** (physical and psychological violence)

■ **Sexual discrimination:** rejection when the potential partner knows your HIV status, end of relationship/marriage, wedding cancelled

■ **Verbal abuse:** harsh judgment, unkind words



Stigma mechanisms in SAM living with HIV

- **Internalized stigma:** embarrassment, sadness, shame

- **Anticipated stigma**

- **Avoidance of SAM communities and living with secrets**

“I am afraid for people in my community to know I am HIV positive so I drive to Brussels to get my medication. My social contact with the African community is limited; most of my friends are white.” (Male, 15 years with HIV).

- **Hiding medication and precautions to avoid any suspicions**

When people come to see you, you look where the medication is, you have to put your things away, lock up your papers...Sometimes even in my diary, for [my medical] appointments I put fake-names. (Female, 12 years with HIV)



Luckily, not everything is bad

- Some PLHIV who disclosed
 - support from family, friends, partner, community and professionals
 - an improvement in acceptance of PLHIV both in Africa and Belgium



Conclusion

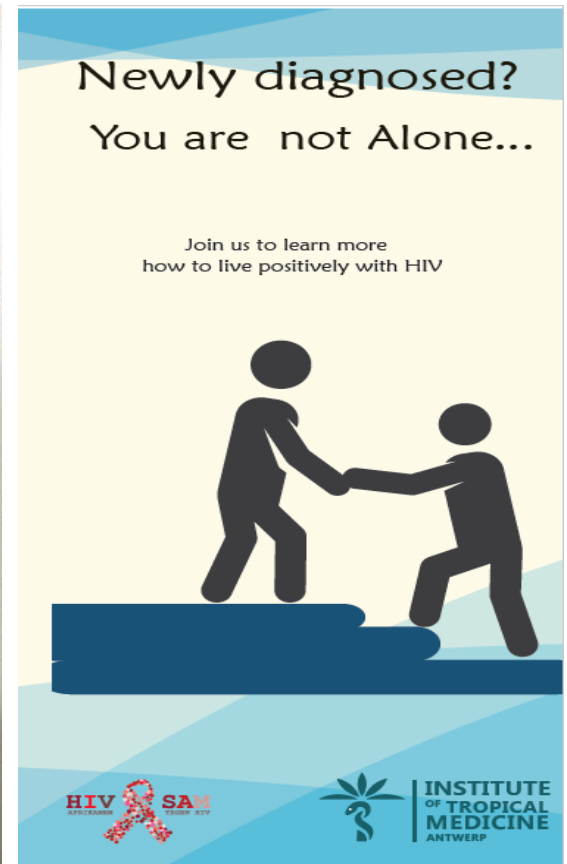
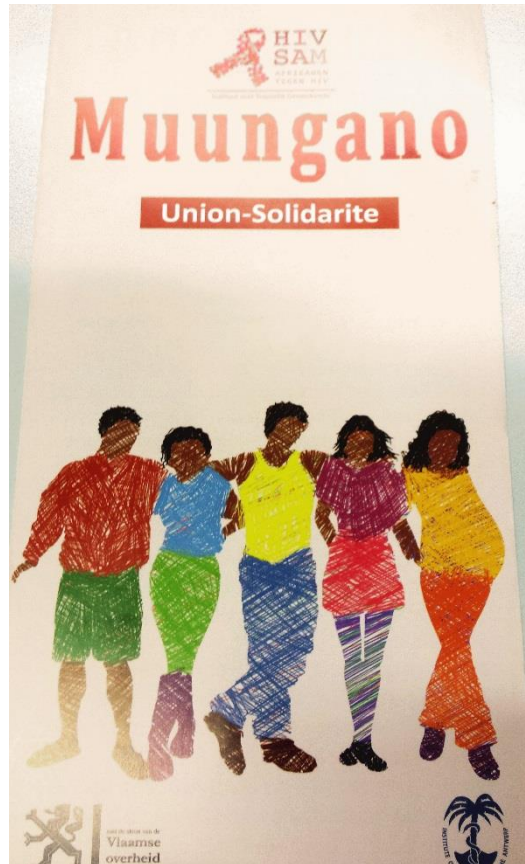
- HIV-related stigma is important in Belgium (*A. Ebotabe Arrey et al, 2017*) and comparable to our neighbors (*S. Stuttherheim et al, 2012*)
- The manifestations of HIV-related stigma among SAM match well with the HIV Stigma Framework of Earnshaw and Chaudoir



Conclusion: Stigma reduction

1. With the Communities

2. Empowerment of PLHIV



3. Interventions in the health care settings



Acknowledgement

- Study participants
- ARC VUB-Jette, ITM, Gent (recruitment of participants for in-depth interviews)
- Community leaders (recruitment of participants for Focus Group discussions)

Thank you for your Attention

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