

Towards HIV-related stigma reduction among Sub-Saharan African descendants in Flanders

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Step 1: Cross-sectional and multi-site qualitative study

Background

- Sub-Saharan African (SSA) descendants are the second most affected group by HIV in Belgium after men who have sex with men. There is low HIV prevention demand and uptake of testing while people living with HIV (PLHIV) often conceal their HIV status in anticipating stigma and discrimination.
- HIV-related stigma and discrimination are acknowledged barriers along the HIV continuum care.

Objectives:

- To explore HIV stigma mechanisms and outcomes from the perspectives of African communities and PLHIV originating from Sub-Saharan Africa in Flanders
- To determine the underlying drivers of HIV-related stigma
- To inform and develop a stigma reduction intervention at community level based on a contextualized stigma framework (as developed by Earnshaw and Chaudoir, 2009) using participatory methods

Methods

Participants, settings and data collection

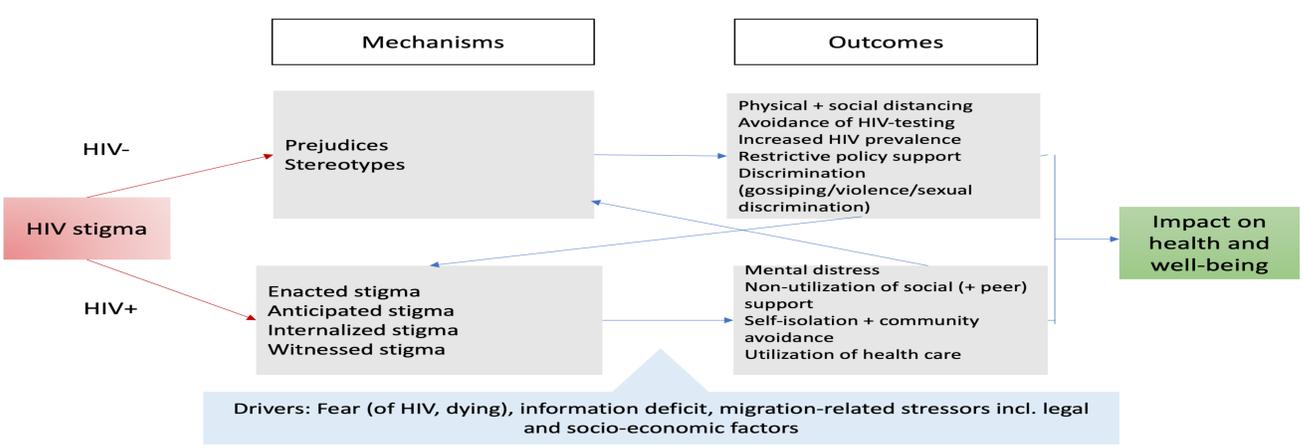
- Purposive sampling: female and male, aged 18 years or more, SSA descendants living in Flanders, speaking French or English as their second language
- Focus group discussions (FGD) with members of SSA communities in Flanders
- In-depth interviews (IDI) with PLHIV recruited at 3 HIV Reference Centers in Flanders: ITM, UZ Gent, UZ Brussels); and 1 peer-support group

Data analysis: Transcribed data were analyzed verbatim in QSR Nvivo10 and thematic analysis was performed using both inductive and deductive approaches.

Results

HIV-related stigma and discrimination toward people with HIV is strong in SSA communities

Contextualized HIV stigma framework for SSA population in Belgium



Participants

- 10 Focus Group Discussions (n=76)**
 - 37 women and 39 men
 - Age (median): 43 y (W), 37 y (M)
 - Living in Belgium: 13 y (W), 14 y (M)
 - High educational level: 37.8% (W), 53.8% (M)
 - No health insurance: 16.2% (W), 15.4% (M)
- 20 in-depth interviews**
 - 10 men and 10 women.
 - Age (median): 35,5 y (W), 42 y (M)
 - Living in Belgium (median): 6 y (W), 10 y (M)
 - High educational level: 4/10 W, 4/10 (M)
 - Age (median) with HIV: 10.5y (W), 12.5 y (M)
 - 100% on ARVs.
 - 8 persons affiliated to a peer-support group
 - No health insurance: 2women, 4 men

Step 2: Results diffusion and co-creation of interventions and tools at community-level



Step 3 : HIV-related stigma reduction intervention by community members with co-created tools



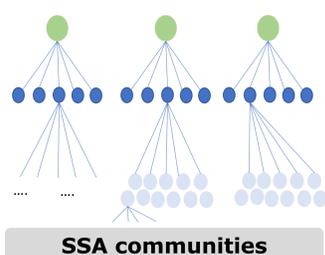
Step 4: Scaling up HIV-related stigma reduction intervention: "I'm not afraid of PLHIV" (under development)

Goal

To reduce HIV-stigmatizing attitudes and behaviors among SSA communities by trained peers using the co-created tools through a social network approach

Theory-base: Popular opinion leader model (Kelly et al., 1997; NIMH, 2007)

Implementation of the project "I'm not afraid"



Process Evaluation Objectives

- Stage 1: Selection of role models & Training of trainers**
 - Stage 2: Diffusion from trained role models to peers**
 - Stage 3: Diffusion to larger social network**
- Mixed Methods:**
- To document barriers and facilitators to implementing the intervention
 - To assess community members' perceptions and acceptance of the intervention messages
 - To evaluate the acceptability of the campaign
 - Quantitative data collection with questionnaire
 - Qualitative data collection (WhatsApp chats, FGDs)

Discussion and conclusion

- When communities are well informed about the problem and involved in all stages of the project, they can engage in HIV-related stigma reduction
- For long-term impact, joint interventions with communities, PLHIV, healthcare services on workable HIV stigma mechanisms of communities, PLHIV, and drivers are required to impact on HIV-related stigma and discrimination
- To sustain the motivation and engagement of the community, participatory approaches are needed that promote mutual trust between researchers and communities, training, planning together activities and participatory evaluation of achievements