

Stigma Intervention Review Summary (2003-2015)

Article	Setting/Background	Methods/Description of Systematic & Literature Review	Results/Conclusions/Limitations
<p>Loutfy M et al. (2015)</p> <p>Systematic review of stigma reducing interventions for African/Black diasporic women</p> <p><i>Journal of the International AIDS Society</i> http://www.jiasociety.org/index.php/jias/article/view/19835</p>	<p>Systematically reviewed RCTs, non-randomized observational studies and quasi-experimental studies evaluating the effectiveness of interventions that targeted reducing stigma among black HIV-positive women</p>	<ul style="list-style-type: none"> - In 2013, performed a search of med/health/psych/social sciences databases - Two reviewers independently assessed the studies for relevance, bias, and quality. - Eligible manuscripts were included if their intervention 1) included a target population of HIV-positive women of African ancestry; 2) aimed to reduce stigma/discrimination; 3) provided quantitative outcome data for (a) stigma and (b) well-being or (c) self-efficacy - 5 manuscripts met all inclusion criteria: 3 RCTs and 2 prospective cohort studies – all within U.S. 	<p><i>Results:</i></p> <ul style="list-style-type: none"> - 4 of 5 studies reported reducing stigma; 4 studies measured perceived HIV stigma and 1 measured internalized stigma. - The two studies that exclusively sampled African/Black diasporic women with HIV and developed interventions that were culturally appropriate for this population found stigma reductions. Cultural considerations included integration of cultural strengths (e.g. African proverbs), peer support, and home delivery of the intervention - Findings on physical and mental well-being post-intervention were mixed among the studies <p><i>Limitations:</i></p> <ul style="list-style-type: none"> - Review shows limited evidence of long-term effectiveness of stigma reducing interventions. Follow up was 4 weeks to 6 months - Interventions focused on reducing stigma at the interpersonal level; little attention given to community, institutional or structural levels.

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<p>Stangl, A. et al (2013)</p> <p>A systematic review of interventions to reduce HIV-related stigma and discrimination from 2002 to 2013: how far have we come?</p> <p><i>Journal of the International AIDS Society</i> http://www.jiasociety.org/index.php/jias/article/view/18734</p>	<ul style="list-style-type: none"> - Provides framework for understanding the process that can be used to address stigma from intervention/policy level. - In addition to conducting a literature review of interventions to reduce HIV-related stigma, article provides a summary of other reviews of stigma intervention literature 	<ul style="list-style-type: none"> - Searched peer-review articles “HIV” cross referenced with “stigma reduction” or “discrimination reduction” - Inclusion criteria for articles: published between Jan 1, 2002 and March 1 2013, excluded articles in previous review by Brown et al; had to have pre- and post-test data, clear descriptions of the intervention and sampling methods and be published in English. - Identified 48 articles - Meta-analysis was not conducted because of lack of standardized reporting methods. - Studies categorized by intervention strategies, based upon Brown et al’s stigma intervention review: 1) information-based approaches, 2) skills building, 3) counseling/support, 4) contact with affected groups. 	<p><i>Study descriptions:</i></p> <ul style="list-style-type: none"> - 48 studies spanned a large international geographical area (4 from US) and variety of targeted populations. - Interventions typically included 2 or more approaches to reduce HIV stigma - 45 studies intervened at a single socio-ecological level: Individual-level interventions were the most common (27 studies). - Majority of studies were quasi-experimental designs without a control group - Stigma measures varied across the studies <p><i>Results:</i></p> <ul style="list-style-type: none"> - The majority of studies (79%) reported statistically significant reductions in all stigma measures. 5 found reductions for some stigma measures. - Quality of studies (using Downs & Black checklist) for majority of studies was found to be relatively high, with only 9 scoring in the low-quality range <p><i>Limitations</i></p> <ul style="list-style-type: none"> - Lack of standardized outcome measures for stigma did not allow a determination of which strategies work the best for addressing the various stigma domains - Limited data assessing the influence of stigma interventions on key behavioral and biomedical outcomes, such as ART uptake.
<p>Sengupta et al (2011)</p> <p>HIV interventions to reduce HIV/AIDS stigma: a systematic review</p> <p><i>AIDS and Behavior</i> https://www.ncbi.nlm.nih.gov/pubmed/21088989</p>	<p>Examined 19 HIV-prevention interventions that measured HIV stigma pre- and post-intervention</p>	<ul style="list-style-type: none"> - Studies selected had one of the following designs: randomized controlled trial (RCT), pretest–posttest with a non-randomized control group, or pretest–posttest one group study design to evaluate HIV-related interventions. - HIV/AIDS stigma one of the outcomes being measured in each study - Used a checklist to extract data from the studies and examine their internal validity and quality. 	<p><i>Results:</i></p> <ul style="list-style-type: none"> - 14 of the 19 studies demonstrated reductions in HIV/ AIDS stigma. Only 2 of these 14 effective studies were categorized as “good studies, based on: 1) quality, 2) the extent to which the intervention focused on reducing HIV/AIDS stigma, and 3) Appropriate use of statistics in the intervention analyses.” - Only 3 of the studies evaluated interventions that directly aimed to reduce HIV/AIDS stigma. 7 studies conducted in student populations; 6 among health care workers, 2 were community level studies, and 3 among families/women, and 1 with PLWH only. All used informational approaches and some also added counseling, skills building and/or support groups. <p><i>Limitations:</i></p> <ul style="list-style-type: none"> - Concluded that several gaps existed in the evidence base, including low rigor of most of the studies, lack of standardized measurement, and lack of interventions specifically designed to reduce stigma.

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<p>Nyblade, L et al (2009)</p> <p>Combating HIV stigma in health care settings: what works?</p> <p><i>Journal of the International AIDS Society</i></p> <p>http://www.jiasociety.org/content/12/1/15</p>	<p>Provided information and guidance to those in health care settings regarding importance of addressing HIV-related stigma and how to successfully address its causes and consequences within healthcare facilities.</p>	<ul style="list-style-type: none"> - Article provides definitions of stigma, how stigma manifests in healthcare settings, its impacts on patients, etc. - Also describes evidence-based fundamentals derived from other studies that should be applied when designing stigma-reduction programs in healthcare facilities 	<p><i>Results:</i></p> <ul style="list-style-type: none"> - Based on review of studies related to HIV stigma, the authors conclude that there are 3 primary causes of stigma in health care organizations including 1) lack of awareness of stigma and its negative consequences 2) lack of adequate knowledge of HIV resulting in fear of casual contact and 3) association of HIV with inappropriate/immoral behavior. - Advised that for effective reduction of stigma in health care, interventions must focus on the “individual, environmental and policy levels” <ul style="list-style-type: none"> • <i>Individual Level:</i> Includes addressing health care workers fears, misconceptions and biases and educates on negative consequences of stigma • <i>Environmental Level:</i> Educates health workers on prevention of occupational transmission of HIV and provides needed supplies for prevention. • <i>Policy Level:</i> Critical that health facilities have policies that protect the safety of patient and employee to prevent discrimination against PLWH - Authors asserted that there have been a number of stigma reduction interventions using the above principles that have resulted in positive changes including a hospital-based stigma reduction intervention from Vietnam (Oanh et al, 2008) that reported decreased stigma. - Article includes fundamentals for stigma reduction interventions in health care such as participation from all staff, participatory methods (games, role plays etc) that can create a non-judgmental place to explore values/ behaviors, providing training on stigma and universal precautions and involving individuals living with HIV in the trainings

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<p>Mahajan, A. et al. (2008)</p> <p>Stigma in the HIV/AIDS epidemic: a review of the literature and recommendations for the way forward.</p> <p>AIDS http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835402/</p>	<p>Systematic review of the scientific literature on HIV-related stigma that also includes a description of gaps in existing knowledge on 4 challenges to effective intervention: <i>defining, measuring, assessing the impact of, and reducing stigma</i></p>	<ul style="list-style-type: none"> - Conducted a literature review on PubMed of “HIV and Stigma” (2007), which identified 390 articles that met inclusion criteria - Of the 390 articles, 32 were on stigma reduction interventions (13 of the 32 were studies from N America/W Europe) - Majority of articles (239) focused on stigma assessment - Also included articles from bibliographies that were not identified in the search results as well as publications from UNAIDS, etc. - After summarizing the results, the authors developed recommendations to address the gaps identified and had experts in the field review these recommendations. 	<p><i>Results:</i></p> <ul style="list-style-type: none"> - Majority of the 32 stigma reduction interventions focused on reducing HIV-related stigma at the community level by increasing acceptance of PLWH through HIV education. Most used small samples sizes of U.S. college students. A few examined stigma reduction in health care workers and a few examined interventions for developing skills for coping with stigma among PLWH. Very few of the studies used validated stigma measures and had rigorous evaluations. Review did not outline findings of these studies. - Article concludes with recommendations from the review: <ul style="list-style-type: none"> • Develop an HIV stigma model that incorporates individual and structural components of stigma and captures the impacts of overlapping stigma • Encourage the use of validated/reliable stigma measures • Implement stigma reduction interventions with health care providers • Create/ implement interventions that are community-based and designed to mobilize PLWH and others (religious leaders, policy makers, etc). • Create holistic stigma reduction interventions that target more than one level (individual, structural, community) of stigma
<p>Brown et al (2003)</p> <p>Interventions to reduce HIV/AIDS stigma: what have we learned?</p> <p>AIDS Education and Prevention https://www.ncbi.nlm.nih.gov/pubmed/12627743</p>	<p>First global review of interventions to reduce HIV-related stigma.</p>	<ul style="list-style-type: none"> - Identified 22 studies that met the following criteria: 1) Intervention included some component to reduce HIV stigma; 2) Study design either experimental or quasi-experimental with control group except those with methodological or ethical constraints; 3) Published in peer reviewed journal - 13 of 22 studies were in the US 	<p><i>Results:</i></p> <ul style="list-style-type: none"> - Majority (14) of studies aimed to decrease stigma in the general population. The other studies examined interventions to increase willingness to treat PLHA among health care providers or improve coping strategies for dealing with stigma among PLWH or at-risk groups. - Majority of studies showed some positive results - Most studies show that information coupled with skills building is more effective in increasing knowledge and reducing some stigmatizing attitudes than information alone. - Studies suggest that “contact with PLHA might be one of the most promising approaches,” although information/understanding of HIV also critical. <p><i>Limitations:</i></p> <p>Majority of studies examined hypothetical encounters with PLWH, small sample sizes, short-term follow-up, and rudimentary stigma measures</p>