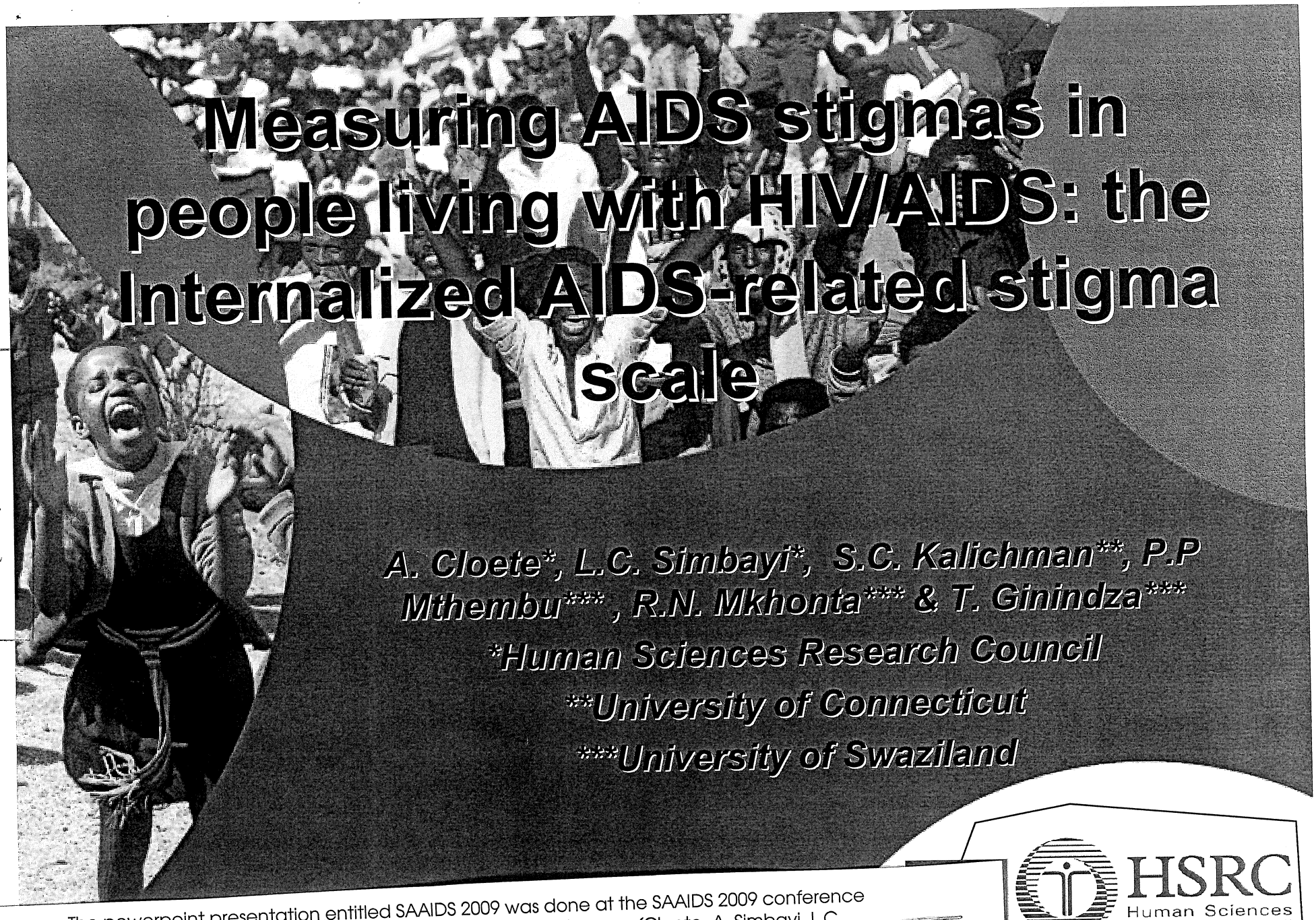

Measuring AIDS stigmas in people living with HIV/AIDS: the Internalized AIDS-related stigma scale

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Abstract

- **Background**: AIDS stigmas create significant barriers to HIV prevention, testing, and care and can become internalized by people living with HIV/AIDS. We developed a psychometric scale to measure internalized AIDS-related stigmas among people infected with HIV.
- **Methods**: Items were adapted from a psychometrically sound test of AIDS-related stigmas in the general population. Six items reflecting self-defacing beliefs and negative perceptions of people living with HIV/AIDS were responded to dichotomously, Agree/Disagree.
- **Results**: Data collected from people living with HIV/AIDS in Cape Town South Africa (n=1068), Swaziland (n=1090), and Atlanta US (n=239) showed that the internalized AIDS Stigma Scale was internally consistent (overall alpha coefficient=0.75) and time stable (r=0.53). We also found evidence in support of the scale's convergent, discriminant, and criterion-related validity.
- **Conclusions**: The Internalized AIDS-Related Stigma Scale appears reliable and valid and may be useful for research and evaluation with HIV-positive populations across southern African and North American cultures.

- **KEY WORDS:** HIV/AIDS; People living with HIV/AIDS; internalized AIDS-related stigma scale; South Africa, Swaziland, and USA.

Background

- Aids stigmas create significant barriers to:
  - HIV/AIDS prevention,
  - Testing and;
  - Care and treatment
- Aids stigmas can become internalised among people living with HIV/AIDS (PLWHA)
  - Which then adversely effect health and mental health

Background…Research Findings

- In the USA, 63% of PLWHA living in two cities were embarrassed by their HIV infection *(Lee, Kochman & Sikkema, 2002)*
- Whilst 74% stated difficulty in disclosure of HIV positive status *(Lee, Kochman & Sikkema, 2002)*
- Internalised Aids stigmas account for a significant proportion in the variance in depression symptoms reported by PLWHA *(Lee et al.,2002)*
- Similar experiences are reported in South Africa *(Simbayi et al, 2007)*

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These findings suggest that internalised Aids stigmas may play a crucial role in the emotional wellbeing and distress experienced by PLWHA across cultures

For this reason we developed a psychometric scale to measure internalized Aids-related stigma

Internalized Aids Related Stigma Scale (IA-RSS)

- We developed and tested the psychometric properties of the IA-RSS
- Items were adapted from a psychometrically sound test of Aids-related stigmas in the general population
- Six items reflecting self-defacing beliefs and negative perceptions of people living with HIV/Aids were responded to dichotomously, Agree/Disagree

Methods

- **Participants**
  - Data were collected using anonymous surveys in three cities/countries:
    - **Cape Town, South Africa (SA)** ; 422 HIV positive men and 646 HIV positive women recruited from antiretroviral (ARV) clinics and support groups
    - **Swaziland** (from the city of Manzini and the regions of Hhohlo, Lubomo and Shiselweni); 359 HIV positive men and 728 HIV positive women recruited from HIV-related medical centers
    - **Atlanta, Georgia, United States of America (USA)** ; 171 men and 48 HIV positive women recruited from community support and HIV treatment services

Methods

- **Measures**
  - Survey questionnaire included the following:
    - Demographic and health characteristics
    - IA-RSS
    - Cognitive and Affective
    - Social Support
    - HIV/Aids discrimination experiences

Methods

- **Procedures**
  - Convenient sampling of participants from HIV/Aids service venues with a greater than 90% agreement to participate in each country
  - Survey was developed from measures used in previous research conducted in South Africa *(Kalichman & Simbayi, 2003; Kalichman et al., 2005)*

Results

Demographic and health characteristics participants in three cities/countries

- Across the three samples there was diversity in terms of:
  - Gender,
  - Employment status,
  - Duration of HIV diagnoses and;
  - HIV disease status
- Race proportions in the samples mirror those of the Aids epidemics at each site

Demographic and health characteristics

Table 1: Demographic and health characteristics participants in three cities/countries

	Cape Town (N=1068)		Swaziland (N=1090)		Atlanta (N=239)	
	N	%	N	%	N	%
Gender						
Men	422	39	359	33	189	77
Women	646	61	728	67	50	23
Race						
Black	716	67	1090	100	219	91
White	47	4	0		20	9
Coloured	157	150	0		0	
Indian	127	12	0		0	
Employed	301	28	348	32	64	27
Has children	749	70	881	81	84	35
Hospitalised for HIV	541	50	319	29	120	50
Taking ARVs	519	48	849	78	150	63
Years HIV Positive *(M,SD)*	3.7	2.4	1.9	1.4	12.5	6.2
HIV symptoms *(M,SD)*	6.5	3.8	6.2	3.2	3.6	3.1

Reliability: internal consistency and time stability

- IA-RSS was internally consistent across all three samples
- In SA the scale was internally consistent for both African and English forms
- Reliability analyses did not indicate that any single item weighted the scale's internal consistency and item to item scale correlations did not indicate item redundancies.
- Test retest reliabilities for short term time stability in Cape Town (r =0.45. $p < 0.01$), and for longer-term stability in Atlanta (r =0.62, $p < 0.01$) were acceptable

Reliability: internal consistency and time stability

Table 2: Reliability of the Internalized AIDS-Related Stigma Scale in three cities/countries

	Cape Town		Swaziland		Atlanta	
	α if deleted	Item-Scale r	α if deleted	Item-Scale r	α if deleted	Item-Scale r
It is difficult to tell Other people about my HIV infection	0.71	0.44	0.76	0.31	0.77	0.33
Being HIV positive makes me feel dirty	0.70	0.44	0.71	0.50	0.73	0.4
I feel guilty that I am HIV positive	0.67	0.55	0.67	0.61	0.70	0.58
I am ashamed that I am HIV positive	0.67	0.56	0.67	0.55	0.67	0.70
I sometimes feel Worthless because I am HIV positive	0.70	0.46	0.69	0.37	0.73	0.46
I hide my HIV status from others	0.73	0.36	0.74		0.74	0.45
Scale mean		3.0		2.2		2.4
Scale SD		2.0		1.9		1.9
Standard Error		0.062		0.058		0.125
Scale α		0.73		0.74		0.76
Test-retest correlation		0.45				0.62

Convergent and discriminant validity

- Internalized stigma was positively correlated with depression scores in all three countries, higher internalized stigma scores were related to greater depression symptoms
- Inversely associated with social support in all three countries with greater internalized stigma scores relating to lower social support, although weakly in Swaziland

Convergent and discriminant validity

Table 3: Correlations among the Internalized Aids-Related Stigma Scale and cognitive/affective depression, social support and HIV –related symptoms in three cities/countries

	Cape Town (*N*=1068)	Swaziland (*N*=1090)	Atlanta (*N*=219)
Depression	0.27** (0.07)	0.31**(0.09)	0.38**(0.14)
Social Support	- 0.32** (0.10)	- 0.08* (0.01)	-0.26** (0.06)
HIV Symptoms	0.05 (0.02)	0.18** (0.03)	0.12 (0.01)

Note: Squared correlations are shown in parentheses, *$p < 0.01$

Criterion - related validity

- For Cape Town and Atlanta, PLWHA who indicated they have been treated differently since disclosure endorsed significantly greater internalized stigma

- For all three countries PLWHA who indicated non-disclosure endorsed greater internalized Aids stigma

Criterion - related validity

Table 3: Differences in Internalized AIDS Stigma Scale scored among persons who have not and who have experienced two AIDS-related discrimination event

	Did not experience			Did experience				
Treating differently after disclosing HIV status	*n*	Mean	SD	*n*	Mean	SD	*t*	*d*
Cape Town	751	2.8	2.0	313	3.6	1.9	6.4**	0.43
Swaziland	877	2.2	1.9	199	1.9	1.8	1.6	0.13
Atlanta	134	2.0	0.7	86	2.3	0.8	2.0*	0.28
	Did not report non-disclosure			Reported non-disclosure				
Has not disclosed to some people out of fear								
Cape Town	414	2.3	2.0	642	3.4	1.9	8.3**	0.52
Swaziland	422	1.7	1.7	655	2.5	1.9	5.9**	0.37
Atlanta	77	1.8	0.7	143	2.2	0.8	3.6**	0.51

Note:*p <0.05, **p<0.01

Conclusions

- Despite the obvious cultural differences between Cape Town, Swaziland and Atlanta as well as the noted differences in participant characteristics across samples, the scale properties of the IA-RSS were stable
- The IA-RSS appears to reliable and valid and may be useful for research and evaluation with HIV positive populations across southern Africa and North American cultures