1. Summary

We did a rapid review of the literature to identify effective strategies to reduce stigma related to living with HIV/AIDS. Stigma reduction interventions can be classified into six broad domains: information-based approaches, skills-building interventions, counseling interventions, contact with stigmatized groups, structural interventions and biomedical interventions. Interventions have been implemented at various levels of the environment targeting 1) personal, 2) interpersonal, 3) organizational and institutional, and 4) community, government and structural levels. There is some quality research on effective interventions to reduce stigma associated with HIV. Much of this research comes from studies that implemented multiple strategies. Although information-based approaches are the most common, the literature suggests that approaches combining multiple strategies have the most promise for stigma reduction. These strategies include: information-based together with skills-building, information-based together with contact with stigmatized groups, information-based in combination with skills-building and contact with stigmatized groups, and information-based combined with organization/structural. Other combinations of stigma reduction strategies across the levels of the environment are also showing promise as research increases in this area.

2. The Issue

HIV/AIDS stigma is a global problem. Although the HIV/AIDS epidemic emerged in 1981 and government responses as well as knowledge of HIV have increased, stigma is universally experienced by those affected by the disease both at the individual and societal levels. HIV stigma refers to the devaluation of people either living or associated with HIV/AIDS. Link and Phelan defined stigma as existing “when elements of labeling, stereotyping, separation, status loss and discrimination occur together in a power situation that allows them” (p. 377). Stigmatization involves cognitive (e.g., beliefs or attitudes towards the disease and those affected), emotional (e.g., fear, pity), and behavioural (e.g., behaving in unfair or discriminatory ways) responses. In addition, Link and Phelan distinguish between individual discrimination in which a person acts in a discriminatory way toward another person and institutional discrimination resulting from stigmatizing environments (physical, social, cultural and/or policy) that disadvantages a group. Thus, stigma can affect people living with HIV in many ways, both in individual contact with others and in negotiating environments in which they live day to day.
2. The Issue (Cont’d)

There is an urgent need to eliminate HIV/AIDS-related stigma to reduce its debilitating effects. A large body of research suggests that HIV/AIDS related stigma: is associated with poor physical and mental health outcomes, negatively affects work and family life, is a barrier to disclosing HIV status, influences individuals’ decisions to be tested for HIV, impacts access to health services, and negatively affects adherence to treatment. Despite the need to reduce HIV/AIDS-related stigma, little research attention has been given to developing and evaluating stigma reduction interventions.

A forum was held in Winnipeg, Manitoba, Canada in November 2012 to develop priorities for research related to enhancing opportunities for activity and social participation for people living with HIV. The diverse group of people living with HIV, service providers, researchers and policymakers attending the forum identified stigma as the highest priority topic. This review is in response to the identified need for current information regarding stigma reduction that can be translated into actionable strategies for individuals, organizations and governments.

3. What We Did

We did a rapid review of the literature to identify effective HIV/AIDS stigma reduction strategies. The literature review addressed the following questions:

1. What are effective strategies to reduce stigma related to living with HIV/AIDS?
2. What recommendations for reducing HIV/AIDS related stigma can be drawn from the literature?

We searched the following databases: PubMed, CINAHL, PsychINFO, EMBASE, SCOPUS and Cochrane. The search was limited to English language documents published in peer reviewed journals between January 2000 and November 2013. The following search terms were used: (1) human immunodeficiency virus, HIV, acquired immunodeficiency syndrome, (2) stigma, prejudice, discrimination (discriminat*), and (3) systematic review, meta-analysis.

Titles of articles were scanned for significance to the topic. Abstracts of articles were then reviewed and articles were selected based on inclusion criteria. To be included in the review, articles had to: (1) be systematic reviews, randomized control trials, surveys, or narrative reviews, (2) include people living with HIV and (3) focus exclusively on stigma reduction. This yielded 6 articles. The reference lists of these articles were then scanned for additional relevant research articles which resulted in additional articles. Because we were seeking an overview of effective strategies we focused on identifying and summarizing published systematic reviews. The articles that were included were review articles that focused on reduction of stigma of a group, by another group, rather than self-stigma. To develop recommendations we also included reports from the grey literature that identified specific strategies for stigma reduction.

4. What We Found

Little research attention has been given to evaluating the effectiveness of strategies used to reduce HIV/AIDS stigma. To date, what is known about effective stigma reduction strategies comes from two systematic reviews of HIV/AIDS interventions with stigma reduction components and a review of the effectiveness of HIV-related interventions.
Interventions
HIV/AIDS stigma reduction strategies can be classified into 6 categories:

**Information-based approaches:** fact-based information conveyed through written or verbal communication (e.g., videos, written information such as pamphlets, media advertisements, peer education)\(^{11}\).

**Skills-building interventions:** these aim to teach people in the general population and people living with HIV/AIDS coping skills for resolving conflict in situations such as dealing with being excluded (for people living with HIV/AIDS) or coming into contact with a person living with HIV/AIDS (for the general population). Examples include role-play, reframing and relaxation techniques\(^{11}\).

**Contact with stigmatized groups:** interaction can be direct such as people living with HIV/AIDS speaking to a person or group, or indirect such as using recorded testimonials\(^{11}\).

**Counseling interventions:** these include providing support for positive behaviours (e.g., support group for people living with HIV/AIDS), providing information about HIV/AIDS, discussing concerns and teaching coping skills\(^{11}\).

**Structural interventions:** these remove or change structural factors that influence stigmatization (e.g., criminalization, workplace policies of mandatory testing, lack of supplies to implement universal precautions)\(^{12}\).

**Biomedical interventions:** biomedical prevention strategies that impact on stigma either positively (by normalizing HIV infection) or negatively (by precipitating unwanted disclosure). An example is community-wide availability of home-based counseling and testing\(^{12}\).

Environments
Stigma reduction strategies are being implemented at the personal, interpersonal, organizational, community, and government levels of the environment\(^{13}\).

**Personal Level Strategies:** treatment, counseling, cognitive behaviour therapy, empowerment, group counseling, self-help, advocacy and support groups.

**Interpersonal Level Strategies:** approaches to reducing stigma in care and support providers and home care teams.

**Organizational/Institutional Level Strategies:** training programs and policies within organizations.

**Community/Governmental/Structural Level Strategies:** community development and rights-based approaches as well as legal and public policy interventions.

Stigma reduction strategies are being implemented at the personal, interpersonal, organizational, community, and government levels.

5. Recommended Strategies

I. Suggested strategies for addressing stigma:
**Information together with skills-building** has been shown to be more effective than information alone in raising knowledge levels and reducing stigmatizing attitudes\(^{11}\).

**Information together with contact with affected groups and skills-building** has been shown to be effective in improving infection control practices, knowledge about HIV/AIDS and willingness to treat people living with HIV/AIDS\(^{11}\).

**Information in combination with contact with affected group** has been shown to increase tolerance toward people living with HIV/AIDS and reduce stigmatizing attitudes\(^{11}\).

**Other combinations** of strategies have also shown promise as research increases in this area; for example, information-based combined skills-building for health care workers and organizational policy change\(^{12}\).
II. Effective interventions should:

- Use language appropriate for target population\(^4,14\)
- Provide information about HIV/AIDS discrimination\(^4,14\)
- Create awareness of stigma and discrimination and a safe environment to discuss stigma-related values and beliefs\(^4,14\)
- Have people living with HIV/AIDS involved at all levels of intervention\(^4,14\)
- Include thorough context-specific needs assessments, theory and evidence-based strategies, and collaborative planning between people living with HIV/AIDS, communities, stakeholders, and key decision-makers\(^4\)
- Recognize the potential addition layers of stigma that can be experienced by people living with HIV related to sex, gender, sexual orientation, race, ethnicity, lifestyle, etc.

6. Limitations

Results reported here come primarily from three published reviews of the literature that were identified in a search covering the time period 2000 to 2013. In most cases individual studies were not examined. Although the quality of stigma intervention studies appears to be increasing, the quality of many studies in these reviews lacked methodological rigour (e.g., small sample sizes, lack of standardized measures of stigma, etc.). In addition, research in this area has focused on evaluating effectiveness of interventions that consist of various strategies. Few tested the effectiveness of a given strategy.

7. Actions Required

There is an urgent need to:

- Promote, fund, implement, evaluate and research evidence-based interventions to address HIV/AIDS related stigma.
- Facilitate engagement of multiple and diverse stakeholders, in particular people living with HIV, in developing, implementing and evaluating multiple strategies that intervene at all levels of the environment.
- Address structural stigma by using an anti-stigma lens to assess and address the risk of the unintentional stigmatizing effects of programs and policies.

References