

Identity Management in the Face of Intersecting Stigmas: A Metasynthesis of Qualitative Reports from sub-Saharan Africa

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Abstract #EPD386

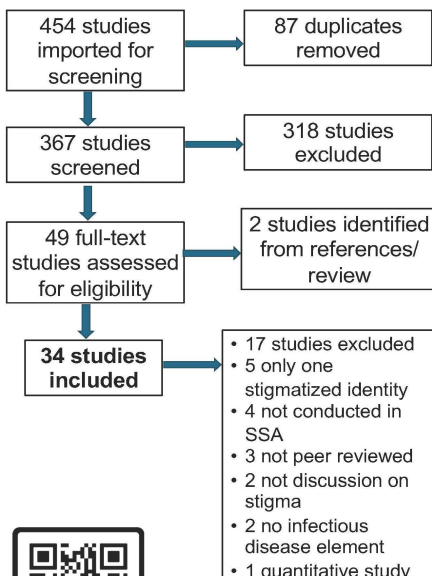
Background

- Stigma marks an individual as different, reducing self concept, social standing and negatively impacting health and quality of life.
- People living with HIV (PLWH) also experience other types of intersecting stigmas that create barriers to testing, linkage and retention in care.
- Our goal was to identify salient stigmatized intersections and their impact on infectious disease outcomes among PLWH in sub-Saharan Africa.

Methods

- Qualitative meta-synthesis is a methodic and rigorous process to identify, abstract and synthesize qualitative data pertinent to a specific research question. We used the process outlined by Sandelowski & Barroso.
- We searched 4 databases: Medline, CINAHL, PsychINFO, and African Index Medicus.
- Our multinational team extracted, aggregated, interpreted, and synthesized the findings.

PRISMA Diagram



* Please scan the QR code for a list of studies included in this metasynthesis and author contact information

Results

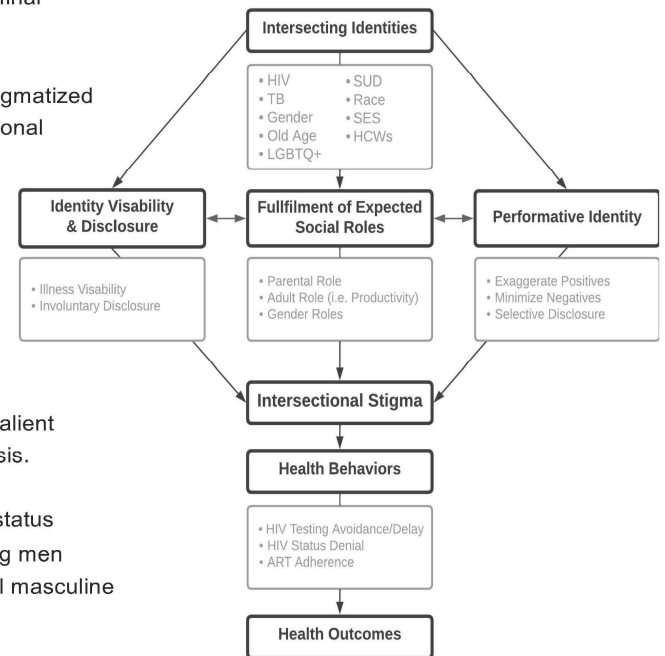
- 34 Studies were included in the final synthesis
- All studies analyzed HIV as a stigmatized illness and considered the additional intersections among others:
 - Tuberculosis status (8)
 - Gender (6)
 - Mental health (5)
 - Older age (3)
 - LGBTQ identity (3)
 - Substance use (2)
- Gender and HIV was the most salient intersection found in this synthesis.
- HIV testing avoidance and HIV-status denial was more common among men seemingly to preserve traditional masculine identity
- HIV did not threaten female identity in the same way. Women were willing to test for HIV, but risked abandonment and loss of financial support

| Participants Represented in the Included Studies | |
|--|------------------|
| Experiential participants | 948 (75%) |
| • Female | 557 (59%) |
| • Male | 282 (30%) |
| • Unknown gender | 109 (11%) |
| Key Informants | 310 (25%) |
| Total | 1258 |

Stigma Identity Framework

- The findings of this metasynthesis informed the Stigma Identity Framework which combines elements of stigma, identity and intersectionality theories, focusing on role expectation and fulfillment.
- To guard against status loss, men and women used performative behaviors to highlight positive qualities or minimize perceived negative attributes.
- Healthcare related behaviors are influenced by an individual's attempt to prevent disclosure and maintain positive social identities.

Stigma Identity Framework



This framework illustrates how PLWH create, minimize, or emphasize other identity traits to safeguard against status loss and discrimination ultimately shaping health behaviors and outcomes.

Conclusions

- Providers must acknowledge how stigmatization disrupts PLWH's ability to fit into social schemas and tailor care to individuals' unique intersecting identities.
- Housing and economic security and safety should be considered in women's HIV care to minimize experienced stigma.
- Highlighting antiretrovirals' role in preserving strength and virility may reduce internalized stigma improving care engagement among men

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