Opening Editorial *AIDS and Behavior* Special Issue on Stigma

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Abstract

The papers in this Special Supplement provide insight into current research on and partnerships needed to address HIV-related stigma and better characterize the negative effects of HIV-related stigma on populations disproportionately affected by HIV in the United States. The findings may be used to inform evidence-based strategies and ideally additional interventional research with the goal of reducing stigma, new HIV infections, and improved health for persons with HIV.

Keywords HIV · Stigma · Interventions · Research · Disparities

Background

The year 2021 marks the fourth decade since the first five cases of what became known as the Acquired Immune Deficiency Syndrome (AIDS) were identified. The early days of the epidemic were marked by substantial morbidity and mortality, widespread stigma and discrimination, and few effective prevention and treatment options. However, because of progress in antiretroviral treatment, people with HIV (PWH) can have life expectancies close to people without the infection. In addition, there have been breakthroughs in prevention: PWH who are virally suppressed, i.e., have no detectable virus in their blood using routine nucleic acid tests, have effectively no risk of sexually transmitting the virus to their partners [1] and preexposure prophylaxis (PrEP) reduces the risk of acquiring HIV by over 99% [2]. The availability of highly effective prevention and treatment options has led to a call for an end to the HIV epidemic [3]. This goal will not be realized, however, until the vast majority of PWH are aware of their status, and are virally suppressed, and persons who experience risk for infection have access to and use prevention options. Populations disproportionately affected by HIV in the United States experience social and structural

barriers to prevention, treatment, and care, including stigma [4–7]. Stigma experienced by persons with HIV and persons from communities disproportionately affected by HIV has been associated with decreased access to and use of effective HIV prevention and treatment services and interventions. Consequently, the ultimate goal of ending the HIV epidemic cannot be fully realized without effective interventions and strategies to address and reduce HIV-related stigma.

HIV stigma is a multifaceted social process, wherein persons are socially devalued and often discriminated against due, in part, to their HIV status [8, 9]. HIV stigma often amplifies social inequities that affect access and uptake of critical resources to address an individual's HIV challenges [10]. External expressions of stigma may include social labeling, stereotyping or social discrimination [9, 11]. Social manifestations of stigma often lead to internalized stigma, wherein persons devalue themselves due to negative social connotations associated with HIV [11, 12]. Internalized HIV stigma is associated with negative outcomes affecting an individual's social well-being, mental health and social support [13, 14]. For many groups, HIV stigma intersects with other social factors (e.g., homophobia, racism) that consequently compound and reinforce the marginalization of individuals already coping with HIV [15]. Stigma thus exacerbates underlying factors that perpetuate and increase existing HIV-related disparities among disproportionately affected populations.

Barriers to accessing HIV-related services and negative health outcomes caused by HIV stigma have been well documented in the research literature. HIV stigma is correlated with individual behaviors that increase personal HIV risk.

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Specifically, persons experiencing HIV stigma report higher rates of condomless sex [16] and non-disclosure of HIV status to sex partners [17]. HIV-related stigma is also a barrier to receipt of HIV prevention services such as testing [18] and PrEP [19].

Studies indicate that HIV stigma can reduce uptake of essential HIV care services. For example, internalized stigma may contribute to depressive symptoms that lead individuals to reduce their engagement with HIV medical care services [15, 20]. Further, greater internalized stigma is correlated with lower adherence to antiretrovirals among PWH [6, 21]. Ultimately, lower adherence negatively affects viral suppression causing worse health outcomes and increased transmission risk to sex partners [22].

A systemic review of studies focused on HIV-related stigma among healthcare providers revealed that clinicians with limited HIV-related stigma training are more likely to exhibit stigmatizing behavior toward patients [23]. Negative sequelae associated with HIV stigma manifest themselves across multiple dimensions of prevention and care services. However, there has been less research evaluating interventions that reduce HIV stigma, and no randomized studies directly evaluating the effect of stigma reducing actions on HIV incidence and related health disparities [24–26].

Contribution of Special Issue Collection

The papers in this volume provide insight into current research on and partnerships needed to address HIV-related stigma and better characterize the negative effects of HIV-related stigma on populations disproportionately affected by HIV in the United States. Collectively, the findings may be used to inform evidence-based strategies and ideally additional interventional research with the goal of reducing stigma, new HIV infections, and improved health for persons with HIV.

Greenwood et al. summarized the HIV stigma research efforts and scientific findings across Institutes, Centers, and Offices (ICOs) at The National Institutes of Health. The focus is mission-related research gaps, priorities and/or future areas for research. Findings indicated a need for federal level prioritization of stigma research to inform the HIV public health field and achieve the goal of ending the HIV epidemic in the United States. Kalichman et al. described a novel approach, geometric conceptualization, for developing a psychometric instrument to measure intersectional enacted and anticipated stigma in a population of African American women with HIV. Results provide a first step towards measuring these concepts and identifying methods to address them in interventions and strategies to reduce stigma.

Beer et al. provided national estimates of HIV stigma and its associations with sociodemographic and clinical

characteristics among person with diagnosed HIV. The findings suggest a need for addressing stigma around disclosure and community attitudes in interventions to reduce the negative effects of stigma on PWH. Further, Gunn et al. summarized results from a systematic review that quantified the effects of HIV stigma interventions for gay, bisexual and other men who have sex with men (MSM) on stigma and sex risk. Results show that including a stigma reduction component in interventions can improve HIV testing and reduce sex risk for MSM. The authors concluded that interventions to reduce stigma are important to decreasing HIV infection in this population.

Regarding partnerships, Valentine et al. described the importance of community engagement in decisions about the needs, barriers, including experiences with stigma, and opportunities for better sexual health prevention efforts to reduce sexually transmitted infections in rural geographic areas. Arnold et al. discussed the advantages of faith-based partnerships in efforts to address stigma and reduce HIV-related disparities. Finally, Burnham Crockett et al. explored stigma experienced in healthcare settings as a barrier to ending the HIV epidemic. Results highlight the importance of engaging PWH in the development of interventions, the need for interventions in settings that do not specialize in HIV care, and the importance of engaging all staff when addressing HIV-related stigma in healthcare settings.

Considering the negative effects of stigma on disproportionately affected populations, Batchelder et al. assessed differences in reported discrimination related to HIV, race, sexual orientation, and substance use and internalized stigmas among MSM with HIV who use substances. The authors found that younger participants reported higher levels of all types of discrimination and internalized stigma; perceived community HIV stigma accounted for these associations. As such, the authors concluded that age, year of diagnosis, and race should be considered in interventions that address stigma for this population. Further, Meyers-Pantele et al. examined the effects of HIV stigma on mental health outcomes among sexual minority men (SMM) with HIV. Findings suggested that internalized stigma (i.e., the endorsement of negative thoughts and beliefs surrounding) and enacted stigma (i.e., experiences of discrimination, prejudice, or stereotyping), but not anticipated HIV stigma (i.e., the expectation that other people will treat you negatively in the future because of your HIV status) are important intervention targets for stimulant use, depression, and stress among SMM with HIV [27–29]. Daniel et al. examined the effects of intersecting identities, e.g., immigrant status, race/ethnicity, and limited English proficiency on African immigrants. Results illuminated the critical need for community-led approaches to address HIV prevention efforts like HIV testing in this population. Finally, Watson et al. explored communication dynamics negatively affected by HIV stigma

in an investigation among persons who inject drugs during the 2019 HIV outbreak in West Virginia.

Research literature has documented the negative effects of HIV stigma regarding access to and use of HIV-related services and contribution to negative health outcomes. Interventions have been designed to reduce stigma and improve mental health in PWH and communities disproportionately affected by HIV. However, few interventions have been developed to reduce stigma, while improving measurable health outcomes or HIV incidence. The special issue collection represents an effort to address such gaps and further expand the knowledge base related to HIV stigma.

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Declarations

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Ethical Approval This article does not contain any studies with human participants or animals performed by any of the authors.

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