RACISM, SEXISM, HIV-RELATED STIGMA AND QUALITY OF LIFE AMONG HIV-POSITIVE BLACK AFRICAN CARIBBEAN WOMEN IN ONTARIO, CANADA

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Race, Risk and Response: Issues in African, Caribbean and Black Communities
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CHANGING THE COURSE OF THE **HIV PREVENTION, ENGAGEMENT** AND **TREATMENT CASCADE**

Background

Background

- African, Caribbean and Black women are 7-fold overrepresented in new HIV infections in comparison with their white counterparts in Canada (PHAC, *HIV and AIDS in Canada. Surveillance Report to December 31, 2008.* 2009, Public Health Agency of Canada: Ottawa.)

Background

- Qualitative research in Canada reports that stigma and discrimination based on HIV, gender, race and ethnicity:
  - Increase vulnerability to HIV infection
  - Reduce access to care
  - Negatively impact mental health

among African, Caribbean and Black (ACB) women

(Logie, James, Tharao & Loutfy, 2011; Newman et al., 2008; Tharoa & Massaquoi, 2001; Williams et al., 2009)

HIV-related stigma

- Processes of devaluing, labeling, and stereotyping manifested in the loss of status, unfair and unjust treatment, and social isolation of people living, and associated, with HIV
  - **enacted:** acts of discrimination toward PLHIV, such as violence and exclusion (Herek et al., 2002)
  - **internalized:** negative beliefs, views and feelings towards HIV and AIDS and oneself (Herek et al., 2002)
  - **perceived:** awareness of negative societal attitudes, reduced opportunity and negative social identity (Berger, Ferrans, & Lashley, 2001)

Racism and Racial Discrimination

- Inequitable and oppressive systems founded on ethno-racial differences, including beliefs, attitudes, exclusion, harassment, and institutional policies and practices
  - **institutional:** unequal access to material conditions and opportunities
  - **personally mediated:** intentional and unintentional prejudice and discrimination
  - **internalized:** acceptance of negative messages about oneself and one's community

(Jones, 2000)

Sexism and gender discrimination

- Oppressive and inequitable systems based on gender bias in attitudes, treatment, values, harassment, violence, and institutional policies and practices (Borrell et al., 2010; Shorter-Gooden, 2004)

Gaps in the literature

- The deleterious impacts of HIV-related stigma, sexism and racism on well-being have been widely documented across diverse samples (e.g. Logie & Gadalla, 2009; Paradies, 2006; Szymanski & Stewart, 2010)
  - Yet we found no studies with PLHIV that examined associations between racial discrimination, gender discrimination and HIV-related stigma concomitantly (e.g. Logie & Gadalla, 2009; Mahajan et al., 2008)
- The roles of social support and resilient coping as **moderators** or **mediators** of stigma and discrimination are not well understood

Theoretical approach

- We used an intersectional theoretical approach

- Intersectionality highlights the interdependent and mutually constitutive relationship between social identities and social inequities

  (Bowleg, 2008; Collins, 2000; Crenshaw, 1989)

Objectives

1. Examine associations between **racial discrimination, gender discrimination, HIV-related stigma** and **quality of life** among ACB women living with HIV in Ontario, Canada

2. Explore **social support** and **resilient coping** as moderators and mediators of the association between stigma/discrimination and quality of life

Methods

Methods

- A community-based, multi-method approach

- The qualitative phase involved 15 focus groups with diverse women living with HIV (n=104) in five cities across Ontario

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HIV, Gender, Race, Sexual Orientation, and Sex Work: A Qualitative Study of Intersectional Stigma Experienced by HIV-Positive Women in Ontario, Canada

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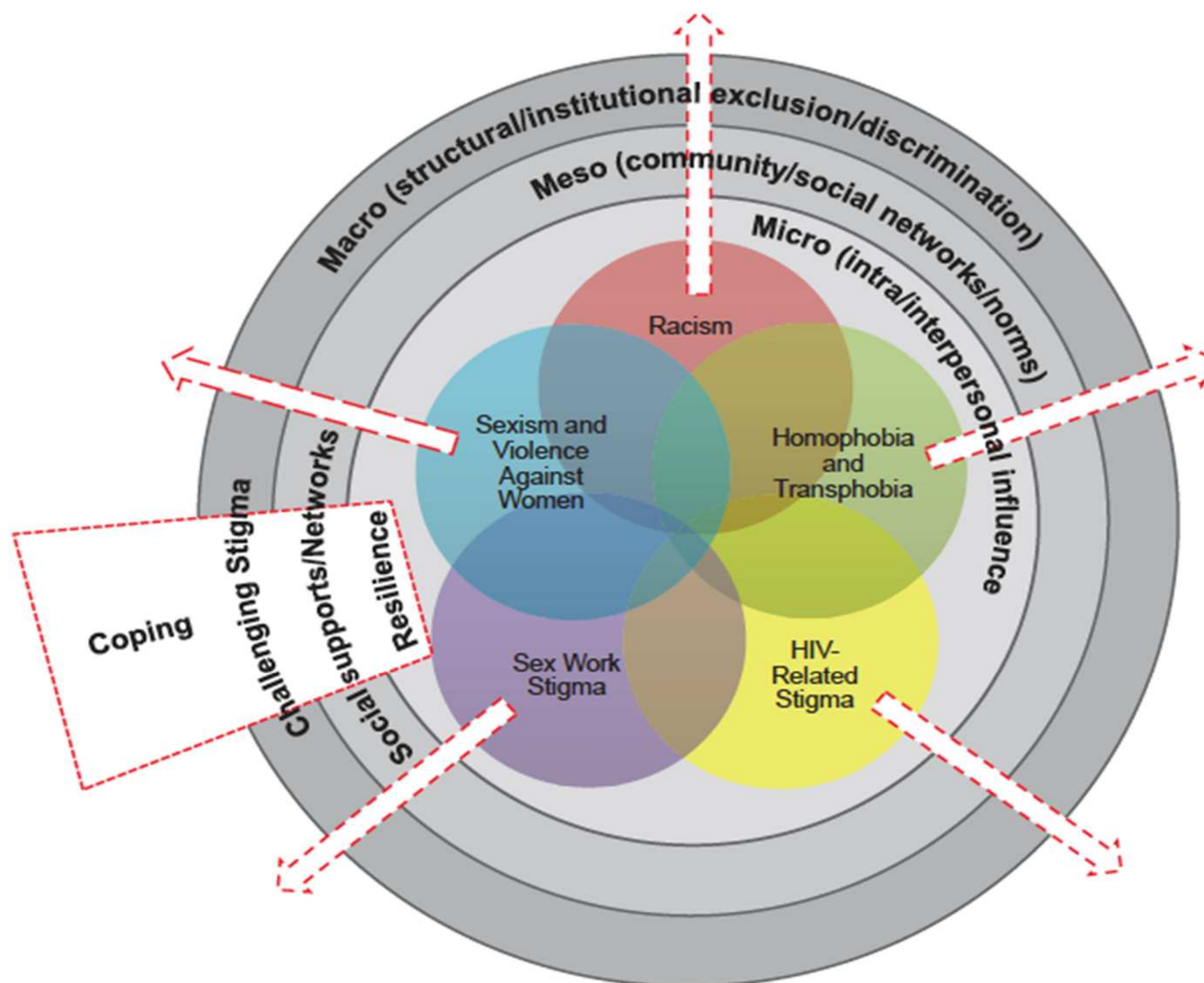

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Methods

- Cross-sectional survey with HIV-positive African, Caribbean and Black women (n=166) in 5 cities in Ontario, Canada

- Community-based research approach:
  - Community advisory board (n=11)
  - Collaboration with ASOs, community health centres, ethno-specific agencies, hospitals
  - Peer research assistants (n=6)

Measures

- **HIV-related Stigma Scale Revised**
  - (personalized [enacted], disclosure, negative self-image [internalized], public attitudes [perceived]) (Wright et al., 2007)
- **Everyday Discrimination Scale: Race** (Clark et al., 2004; Forman et al., 1997)
- **Everyday Discrimination Scale: Gender**
- **WHOQOL-HIV BREF** (WHO, 2002)
  - (physical health, psychological health, independence, social relationships, environment, spirituality)
- **MOS Social Support Scale** (Sherborne & Stewart, 1991)
- **Brief Resilient Coping Scale** (Sinclair & Wallston, 2004)

Data analysis

- Bivariate correlations and multiple linear regression (hierarchical block) analyses to assess associations between:
  - independent variables (HIV-related stigma, perceived racism, perceived sexism, social support, resilient coping) and
  - dependent variable (quality of life)

Moderation Analyses

- To test if social support and resilient coping change the strength or direction of the relationship between the independent and dependent variables
- The independent and moderator variable total scores were mean centered and multiplied together to calculate the interaction terms

Mediation analyses

- Assessed if the independent variables were associated with significant changes in the mediator variables (social support, resilient coping), which in turn would impact QOL
- We used Preacher and Hayes bootstrapping method (SPSS macro), a non-parametric test that has increased power in comparison with the Sobel's test

Results

Sample characteristics

Characteristic	Mean (SD)	
Age, yrs	40.7 (8.8)	
Length of time in Canada, yrs	8.9 (9.0)	
Monthly income (median)	$1,400.00 (Range: 0- $7,916.00)	
	n	%
Education		
less than high school	44	28.6
high school	41	26.6
college diploma	44	28.6
university degree	25	16.2

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Frequencies

- Participants reported frequent/everyday experiences of:
  - **Racism:** 29.4%
  - **Sexism:** 22.6%

- Participants reported experiencing most types of **HIV-related stigma**:
  - disclosure: 84.4%
  - personalized: 54.7%
  - public attitudes 40.4%
  - negative self-image: 27.6%

Bivariate correlations

Variable	1	2	3	4	5	6
1. HIV-related stigma						
2. Gender discrimination	0.206*					
3. Racial discrimination	0.324***	0.722***				
4. Quality of life	-0.469***	-0.415***	-0.437***			
5. Social support	-0.428***	-0.320***	-0.360***	0.633***		
6. Resilient coping	-0.283**	-0.172*	-0.132	0.404***	0.399***	

Correlates of QOL

R	R^2	Adjusted R^2	Std. Error of the Estimate	R^2 change	F Change	df1	df2	Sig. F. Change
0.48	0.23	0.21	14.27	0.23	8.40	6	166	0.000
0.59	0.35	0.30	13.39	0.12	4.74	6	160	0.000

Block 1: racial discrimination, gender discrimination, **HIV-related personalized stigma***, HIV-related disclosure concerns, **HIV-related negative self-image***, HIV-related public attitudes

Block 2: resilient coping, emotional support, **informational support***, tangible support, affectionate support, positive social interaction

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Moderation analyses

- Social support and resilient coping **did not moderate** the impacts of independent variables on quality of life

Mediation analyses

Social support partially mediated the relationship between HIV-related stigma and QOL

QOL Model	R-Squared	F	df	p
Total effect	0.20	14.42	3, 169	0.000*
Direct effect	0.06	4.74	3, 167	0.003*
Indirect effect		**Coefficient**	**S.E. (bootstrap)**	**Bootstrap 95% CI**
Via soc support				
HIV-related stigma		-0.22	0.09	(-0.42,-0.09)*
Racism		-0.09	0.09	(-0.27,0.07)
Sexism		-0.08	0.07	(-0.22,0.06)
Via resilient coping				
HIV-related stigma		-0.07	0.06	(-0.21,0.02)
Racism		0.02	0.03	(-0.05, 0.07)
Sexism		-0.04	0.03	(-0.10, 0.03)

But wait a second…it is not so simple

Mediators: QOL Subtypes

- **Domain 1 physical:** no significant correlates
- **Domain 2 psychological:** social support and resilient coping partially mediated the impact of HIV-related stigma
- **Domain 3 independence:** social support and resilient coping partially mediated the impact of HIV-related stigma
- **Domain 4 social relationships:** social support and resilient coping partially mediated the impact of HIV-related stigma
- **Domain 5 environment:** social support partially mediated the impact of HIV-related stigma
- **Domain 6 spirituality:** no significant correlates

Summary

- There is a complex relationship between different forms and types of stigma, and different dimensions of QOL
  - HIV-related negative self image (internalized) was associated with the most QOL dimensions (4 out of 6), personalized stigma (enacted) with 2
  - Resilient coping was associated with 3/6
  - Social support (positive social interaction) with 2/6

Conclusions

- Associations between racial discrimination, gender discrimination, and HIV-related stigma highlight the salience of utilizing an intersectional approach
- **HIV-related stigma** (personalized, negative self-image) was associated with lower QOL (overall, psychological, independence, social relationships, environment, spirituality)
  - Social support and resilient coping partially mediated this relationship
- **Racial discrimination** was associated with lower QOL (social relationships, environment)

Conclusions

- Racial and gender discrimination were correlated with overall QOL in bivariate analyses but were **not** significant correlates in regression analyses
- Suggests HIV-related stigma may play a larger role in predicting QOL among ACB women
  - There may be less within-group variability regarding racial/gender discrimination than experiences living with HIV
  - Racial discrimination was associated with certain QOL domains (soc. relat., env't)—need to break down QOL
  - We only measured *discrimination* (enacted) rather than *stigma* associated with gender/race therefore may have missed important dimensions of social stress processes
  - Sexist and racist stereotypes have permeated HIV discourse since the beginning (Patton 2002, Parker & Aggleton, 2003): may be hard to disentangle separate effects of these constructs

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