



Mastery Moderates the Negative Effect of Stigma on Depressive Symptoms in People Living with HIV

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What research question is addressed by Mastery Moderates the Negative Effect of Stigma on Depressive Symptoms in People Living with HIV?

HIV-related stigma (defined as discounting, discrediting and discrimination directed at people living with HIV) continues to have a negative effect on the care, treatment and support of people living with HIV (PHAs), and contributes to depression. This study examines how mastery (defined as the extent to which individuals believe they have control over what happens to them, the decisions they make, and whether they are able to deal effectively with problems) and social support from friends and family helps reduce or ‘moderate’ the effects of stigma on depressive symptoms.

What was the study conclusion?

The study found that higher levels of mastery and social support were associated with lower levels of depressive symptoms. It also found that mastery, but not social support, reduced the negative effect of stigma on depressive symptoms.

Why is this question important?

Many PHAs in Ontario face HIV stigma and its impacts, such as feeling socially devalued, prejudice and discrimination in jobs, housing and interpersonal relationships. It has also been associated with maladaptive social behaviours, such as increased drug and alcohol consumption and high-risk sexual behaviour. Stigma is also associated with higher levels of depression.

How was the study conducted?

Researchers reviewed clinical data and used structured interviews to collect social and behavioural information from 825 participants in the OCS between October 2007 and July 2009. Depressive symptoms were assessed using the Center for Epidemiological Studies Depression Scale (CES-D) and stigma was assessed using the HIV Stigma Scale (including questions related to enacted stigma, disclosure concerns, concern with public attitudes and negative self-image). Perlin’s Mastery Scale was used to evaluate the degree to which participants felt they had control over what happened to them and over their decision-making. Perceived social support was evaluated using the MOS-HIV Social Support Survey, which assesses the availability of emotional, informational, tangible, affectionate, and positive social interaction components of social support.



What were the main results of the study?

Study investigators found that participants with higher stigma scores also had higher levels of depressive symptoms. Higher levels of mastery and social support were associated with lower stigma scores. Other factors associated with higher depressive symptom scores included younger age, having less than a high school education, being unemployed and having a personal income below CAN\$ 30,000/year. While age, education and income level were strongly associated with depressive symptoms, low mastery and social support scores were independently associated with comparably higher levels of depressive symptoms, even when controlling for these other confounding variables.

What do the study results mean for the treatment and care of people living with HIV?

These findings were consistent with other studies in which stigma and poor social support is strongly associated with depressive symptoms among PHAs, irrespective of other social and demographic characteristics. High levels of mastery were significantly associated with fewer depressive symptoms, while strong social support had a weaker association with fewer depressive symptoms. The study authors were unaware of any specific interventions that focus on mastery, but suggested that psychological interventions indirectly include mastery by supporting problem-solving, improving coping skills, and thus decreasing hopelessness and helplessness among PHAs. The study investigators suggest that psychosocial resources should be used in assessing the mental health of PHAs, and that programs and interventions to increase mastery and expand social support would be helpful in reducing the negative effects of stigma as part of a holistic approach to care and treatment.

Where can I find the full-length publication of this study?

This study was published in AIDS and Behaviour in 2011. The full text version is available at:

<http://www.springerlink.com/content/327ptk15l1g16657/>

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The **Ontario HIV Treatment Network Cohort Study (OCS)** is an ongoing research study that collects clinical, social and behavioural information about people living with HIV (PHA) in Ontario. Participation in the study is voluntary, and all personally identifying information of study participants is removed to ensure confidentiality. The OCS was established to improve our understanding of HIV and to inform HIV prevention, care and treatment strategies for people living with HIV and groups at increased risk of HIV infection. For more information about the OCS, please contact the OCS Research Coordinator, Brooke Ellis at: bellis@ohtn.on.ca.