The Relationship between HIV Stigma, Social Capital, and Marginalities in WLHIV

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Introduction

Stigma is an inherently social process, which continues to affect women living with HIV (WLHIV). WLHIV not only experience stigma related to their HIV and to other marginalities in their lives. We examined the extent to which social capital and marginalization explained perceived HIV stigma among women living with HIV/AIDS in the San Francisco Bay Area.

- Women account for approximately 25% of HIV cases in the U.S. (CDC, 2011). In 2009, Black women were becoming infected at 15 times the rate of white women; Hispanic women were becoming infected at 4 times the rate of white women (Prejean et al., 2011).

- HIV is increasingly a disease of marginalization as infections increase among women and racial minorities, and stigma remains an issue. People living with HIV have experienced emotional, physical, and structural abuse (Castro & Farmer, 2005; Mahajan et al., 2008).

- Stigma can be a barrier to HIV testing and treatment, and marginalized populations may be disproportionately affected because of their social status and lack of empowerment (Bond, Chase, & Aggleton, 2002; Pulerwitz et al., 2010; Turan, et al., 2008).

- People who are marginalized and have less social capital may have fewer resources to call upon for support, and may be more susceptible to stigma (Chiu et al., 2008; Sivaram et al., 2009; Smith, Rossetto, & Peterson, 2008).

- Understanding the relationships between social capital, marginalization and HIV stigma can help us identify women who are most at risk of experiencing HIV stigma, and provide more appropriate services. Ultimately, this may improve testing, treatment and care.

Methods

- This is part of a larger study that tested a self-management instrument in WLHIV in Cleveland and in the San Francisco Bay Area (Webel et al., 2012). This analysis is based on data from the San Francisco Bay Area.

- Data were collected from 135 women at three sites: two women-specific clinics at UCSF and at San Francisco General Hospital, and an AIDS Services Organization in Oakland, CA.

- All women were 21 years or older, self-identified as female, and fluent in English. Participants received a $25 Visa gift card as a token of appreciation. Each participant completed a self-report questionnaire with a number of study instruments, using pen/paper. Most completed the instrument in 30-60 minutes.

- **Socio-demographics**: Women were asked basic socio-demographic questions (age, race, annual income). They were also asked disease-specific questions such as year of diagnosis.

- **Social Capital**: Social capital was assessed using a modified version of the Social Capital Scale (Onyx & Bullen, 2000), which measures an individual's perceptions of social capital in terms of: participation in the local community; social agency; feelings of trust and safety; neighborhood connections; family and friends connections; tolerance of diversity; value of life; and work connections. In addition, one general factor measures overall social capital.

- **Disclosure**: Participants were asked whether they had disclosed their HIV-positive status to anyone.

Methods

- **Stigma**: The 40-item Perceived Stigma Scale (Berger, Ferrans, & Lashley, 2001) examines the experiences, feelings and opinions of people living with HIV in four domains: personalized stigma; disclosure concerns; negative self-image; and concern with public attitudes.

- Data analysis included descriptive statistics and regression analysis. An initial model examined the relationship between total social capital, marginalization and total perceived stigma. A second model looked more specifically at the Value of Life dimension of the social capital scale and the relationship with stigma.

Results

Characteristics of Study Participants (n=135)		
Age, years, mean ± SD		48.2 ± 8.9 (range: 22 - 71)
Race / Ethnicity	White	17.1%
	Asian / Pacific Islander	3.9%
	African American / Black	60.5%
	Hispanic / Latina	7.0%
	Native American Indian	5.4%
	Other	6.2%
Marital Status	Single (never married)	65.9%
	Married or Partnered	14.0%
	Separated or Divorced	14.0%
	Widowed	4.7%
	Other	1.6%
Education	11th grade or less	29.1%
	High school or GED	41.0%
	2-year college/ AA degree/ Tech school	22.1%
	College or higher	7.9%
Works for pay (yes)		19.3%
Annual income		$14,620 ± $16,733
Stigma	Total stigma score (range 0-120)	51.5 ± 25.8
	Personalized stigma (range 0-48)	20.3 ± 13.6
	Disclosure concerns (range 0-30)	15.3 ± 7.2
	Negative self-image (range 0-39)	15.4 ± 8.3
	Concern w/public attitude (range 0-60)	25.7 ± 13.6
Social Capital (range 0-4)		
	Total social capital	2.6 ± .6
	Value of life	2.8 ± 1.0
	Social agency	2.8 ± .7
	Participation in the local community	2.2 ± .8
	Feelings of trust and safety	2.4 ± .8
	Neighborhood connections	2.5 ± .8
	Family and friends connections	2.8 ± .9
	Tolerance of diversity	3.0 ± 1.0

Results

- Total social capital scores, annual income, disclosure and years since HIV diagnosis were not significantly predictive of perceived experiences of stigma. However, women who had lower scores on the Value of Life factor of the Social Capital Scale had significantly higher total stigma scores (Model 2).

- Women who were older were significantly less likely to perceive experiences of stigma related to their HIV-positive status than were younger women.

- Total stigma scores for Asian/Pacific Islander women were significantly higher than for white women (24.6 points). Total stigma scores for African American, Hispanic, and Native American women were also higher than for white women, but not significantly.

Model 2: Relationship between Value of Life, Marginalization and Total Perceived Stigma					
	β	95% CI	p-value	F (df)	Adj R²
Age	-1.14	-1.73, -.55	<.0001		
Race					
White	(ref)				
Asian / Pacific Islander	25.5	2.3, 48.7	.03		
African America / Black	7.7	-5.6, 20.9	.25		
Hispanic / Latina	15.6	-9.9, 41.2	.23		
Native American Indian	7.1	-15.9, 30.1	.54		
Other	-3.1	-25.6, 19.4	.79		
Annual income	2.03^{e-06}	-.0003, .0003	1.0		
Disclosed to anyone (yes)	-.8	-17.7, 16.2	.93		
Years since HIV diagnosis	.5	-.2, 1.2	.14		
Value of Life	-7.34	-12.5, -2.2	.01		
Constant	110.7	76.4, 145.1	<.0001	3.24 (10, 78)	.20

Conclusions

- Women who do not feel valued by society and feel marginalized (particularly based on age and rage) are more likely to perceive experiences of stigma related to their HIV-positive status.

- Women may have significantly different experiences of HIV-stigma based on their age, and perhaps the era of their lives.

- While health care providers cannot change the social context of women's lives, it can be useful for them to be aware of these factors for identifying those women who may be more likely to perceive HIV stigma.

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