Learning Objective 1: The learner will be able to explain the differences of stigma perceptions between rural and urban Kenyan women living with HIV/AIDS.

Learning Objective 2: The leaner will be able to identify key themes of the Kenyan women experiences and how they compared to their stigma perceptions.
Kenyan Women Living with HIV/AIDS: A Mixed Method Study

Kenyan Women Living with HIV/AIDS

HIV Pandemic in Sub-Saharan Africa

August 1, 2012
1:30 - 2:45 PM

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Research Questions

Literature Review

Research Design & Limitations

Study Variables & Findings

Study Implications / Knowledge Dev.

Summary & Conclusions
Gatundu Support Group Dancing to an African Christian Spiritual
Sub-Saharan Africa

Kenya
HIV Epidemic Update

Number of people living with HIV by region and proportion of total:

- Oceania: 54,000
- North America: 1.3m
- Caribbean: 200,000
- Western & Central Europe: 840,000
- Sub-Saharan Africa: 22.9m
- Eastern Europe & Central Asia: 1.5m
- East Asia: 790,000
- Middle East & North Africa: 470,000
- South & South-East Asia: 4m
- Latin America: 1.5m

(UNAIDS/WHO, 2011)
Demographics

HIV infection by 2011
- W/men SSA 45%
- Men SSA 23%
- Rest of WD 32%

Sub-Saharan Africa F&M 2011
- Men SSA 39%
- W/Men SSA 61%
Research Questions

**Quantitative**

- What are the characteristics of the Kenyan women living with HIV/AIDS comparing rural & urban?

- What are the differences of stigma perceptions between women living in the rural setting compared to those living in the urban setting?

**Qualitative**

- What is it like for you to live every day with HIV/AIDS? How does it make you feel?

- **MIXED**: How do the experiences of women living with HIV/AIDS compare to their scores on the STIGMA Scale?
Literature Review

- Stigma: Definition as “a powerful discrediting and tainting social label that radically changes the way individuals view themselves and are viewed as persons” (Alonso & Reynolds, 1995, p. 304)

- In his seminal work Goffman 1963 defined stigma as an attribute that is deeply discrediting” (Goffman, 1963, p. 3)
Study Stigma Variables

- Major Variables
  - Fear of Contagion (covered by 6 items)
  - Healthcare neglect (Covered by 7 items)
  - Negative self-perception (covered by 6 items)
  - Social Isolation (covered by 5 item)
  - Verbal abuse (covered by 8 items)
  - Workplace stigma (covered by 2 items)

(Holzemer et al, 2007)
Data Analysis
Demographic Characteristics

- Continuous variables compared using an independent samples T-test revealed:
  - Significant differences in means between the urban and rural samples in age ($p < .001$) and income ($p < .001$).
Categorical demographic variables compared between urban & rural using Chi Square showed:

- Significant differences noted as \( p < .001 \) in:
  - language, age group, education, source of income, type of work, started on HIV meds, taking HIV meds, provider of meds, support group
  - knowing viral load \( p < .05 \)
## Correlations between Stigma Perceptions

<table>
<thead>
<tr>
<th></th>
<th>Descriptive statistics</th>
<th>Correlation between stigma perceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Negative self-perception</td>
<td>1.30</td>
<td>0.96</td>
</tr>
<tr>
<td>Healthcare neglect</td>
<td>0.2</td>
<td>0.39</td>
</tr>
<tr>
<td>Social isolation</td>
<td>1.19</td>
<td>1.1</td>
</tr>
<tr>
<td>Fear of contagion</td>
<td>0.54</td>
<td>0.74</td>
</tr>
<tr>
<td>Workplace stigma</td>
<td>0.46</td>
<td>0.82</td>
</tr>
<tr>
<td>Verbal abuse</td>
<td>1.13</td>
<td>0.96</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).
## Mean Stigma Scores & Stats

### Mean Stigma Scores by Location

<table>
<thead>
<tr>
<th></th>
<th>Urban Mean(SD)</th>
<th>Rural Mean(SD)</th>
<th>Total Mean(SD)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Abuse</td>
<td>.70(.79)</td>
<td>1.55(.92)</td>
<td>1.13(.96)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Negative Self-Perception</td>
<td>1.18(1.0)</td>
<td>1.42(.91)</td>
<td>1.30(.96)</td>
<td>&lt;.100</td>
</tr>
<tr>
<td>Health Care Neglect</td>
<td>.13(.33)</td>
<td>.27(.42)</td>
<td>.20(.39)</td>
<td>&lt;.050</td>
</tr>
<tr>
<td>Social Isolation</td>
<td>.83(.97)</td>
<td>1.54(1.0)</td>
<td>1.19(1.1)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Fear of Contagion</td>
<td>.30(.61)</td>
<td>.78(.78)</td>
<td>.54(.74)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Work Place Stigma</td>
<td>.38(.76)</td>
<td>.54(.87)</td>
<td>.46(.82)</td>
<td>&gt;.100</td>
</tr>
<tr>
<td>Total Stigma</td>
<td>.58(.54)</td>
<td>1.06(.60)</td>
<td>.82(.62)</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
Differences in Stigma Perceptions between Rural and Urban Women

Figure 1. Histogram bar graph of mean stigma scores by location
Significant Correlations: Demographic Variables & Stigma Constructs

- Setting (rural/urban) ($r = .394$, $p<.001$)
- Language ($r = -.312$, $p<.001$)
- Education ($r = -226$, $p<.001$) Income ($r = -.189$, $p<.01$)
- Years since AIDS diagnosis ($r = .228$, $p<.001$)
- On HIV medication ($r = .215$, $p<.01$)
- Taking HIV medication ($r = .215$, $p<.01$)
- CD4 count ($r = .196$, $p<.01$)
- Support group ($r = .383$, $p<.001$)
- assistance needed ($r = .170$, $p<.05$)
Qualitative Analysis

• N 27: 18 participant urban; 9 rural

• NVIVO and manual clustering of data utilized
  • Themes
    • Super Ordinate themes
Major Themes

- Feelings of living with HIV
- General everyday challenges and experiences living with HIV/AIDS
- Experiences with husbands
- Relationships with extended family
- Healthcare experiences
- Work experiences
- Social issues or concerns & stigmas
- Sources of personal strength
- Current experiences, taking charge
- Message to others
Super Ordinate Themes

- Feelings of shock and fear, rejection and abandonment, worthlessness and being alone with the added responsibility of caring for children
- Care & support received from third party: individual or organization
- Dichotomous nature of healthcare settings
- Societal Stigma
Themes of Interest (1)

- Self-stigma
- Rejected, abandoned, ostracized, and demonized
- Secrecy of both infected male, family & healthcare providers toward women
- Children: parental/child care burden, education
- Care and support received from others
- Land and property disinheritance: lack of resources and poverty
Themes of Interest (2)

- Significant support and acceptance shown by Catholic Sisters or Catholic hospitals
- Discordant couples and sero-conversions from positive to negative
- Forgiveness and reconciliation
- Resilience and servant hood
Significance to Nursing Knowledge Development
Implications for Practice

- Understanding of patient experiences of stigma and discrimination will impact planning and delivery of quality care.
- Promote understanding of how the women make sense of their world.
- Results of study may assist in development of contextual resources for the care of this population.
Implications for Practice

- Healthcare programs tailored to specific research findings: respective geographic settings & not one program that fits all

- Age appropriate healthcare due to an aging population of the women in rural settings; data shows much lower level of education
  - e.g. aging and S/effect of medications, menopausal/postmenopausal effects; income; nutrition
Implications for Practice

- A need to include stigma perceptions measures and interventions as part of clinic/inpatient assessments e.g. using questions like:
  - Do you have personal concerns related to your being diagnosed HIV/AIDS?
  - Are you undergoing concerning experiences from others due to your being diagnosed of HIV/AIDS?
- Monitor stigma overtime
Implications for Practice

- Advocacy and social/political support for women living with HIV/AIDS
- Introduction of healthcare collaborative meetings that include women living with HIV/AIDS
- Stigma impedes treatment, prevention and adds suffering to HIV/AIDS families
Implications for Education

- Nursing curriculum integration of practical ways of addressing stigma from a moral/ethical/spiritual and cultural perspective

- On going dialogue of the woman’s place in society in R/T cultural values and practice that disempower woman

- Social/Political involvement: poverty, social injustices
Review and Conclusion
Conclusions / Summary

- Findings consistent with Literature review
- Need for further research to uncover cultural constructs related to HIV/AIDS stigma among different ethnic groups
- Transforming nursing research into practice will enable us to get into the trenches in combating HIV/AIDS stigma and discrimination.
Conclusions / Summary

- We may not eradicate stigma and discrimination overnight but we can impact one life at a time!
- One mother’s life saved, one less orphaned child!
- Stats become faces of people!
Thank You!