

## THPDD0103 - Poster Discussion Abstract

## TITLE

**Socio-structural protection from internalized HIV stigma among South African adolescents living with HIV: The potential of clinic-community collaborations for stigma reduction**

## PRESENTER

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## AUTHORS

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**Background:** Southern

Africa is home to 2 million adolescents living with HIV (ALHIV), who struggle to adhere to HIV treatment and care partly due to exceptionally high levels of self-stigma. South Africa's new National Strategic Plan HIV, TB and STIs includes a key objective to halve HIV-related self-stigma by 2022 but there is no evidence of scalable interventions to achieve this. This study examined protective factors in both clinics and communities that could reduce self-stigma among ALHIV.

**Methods:** Total population sampling

of ALHIV (aged 10-19) from 53 public health facilities in the Eastern Cape, South Africa was used. Self-stigma was measured via the adolescents living with HIV stigma scale (ALHIV-SS). Community protection was measured via adolescent report of

- 1) no experiences of discrimination and
- 2) no perceived stigma in the community.

Clinic protection was measured via five key adolescent-reported indicators:

- 1) No past-year ART stockouts,
- 2) Flexible clinic appointments that prevented excessive school truancy,
- 3) Adolescent-sensitive healthcare providers,
- 4) Perceived data confidentiality and
- 5) Access to a regular HIV support group.

A multivariate logistic regression tested associations between clinic and community protection and self-stigma controlling for age, gender and knowledge of HIV status. A marginal effects model tested potential additive effects of combining clinic and community protection.

**Results:** 90.1% of

eligible ALHIV were interviewed (n=1060, 55% female, mean age = 13.8, 21% living in rural locations and 67% vertically infected). Prevalence of self-stigma was 26.5%. At the community level, protection from discrimination (OR:.38; CI:.22-.63) and non-stigmatizing perceptions (OR:.40; CI:.29-.64) decreased odds of self-stigma. At the clinic level, reliable ART stocks (OR:.40; CI:.23-.72), flexible appointment times (OR:.78; CI:.50-.93) and kind healthcare providers (OR:.58; CI:.41-.93) decreased odds of self-stigma among ALHIV. Age, gender, HIV status awareness, clinic confidentiality and support group access were not associated with self-stigma. Prevalence of self-stigma dropped from 85.8% among ALHIV without clinic or community protection to 12.9% among ALHIV with both clinic and community protection (Figure 1).

**Conclusions:** Findings

suggest that a combination of clinic and community interventions hold promise for adolescent-centred HIV care. Self-stigma among ALHIV can be substantially reduced by addressing stigma in communities and strengthening health systems.

  
[Figure 1]

[More information](#)