Multi-Level Intersectional Stigma-Reduction Intervention to Improve HIV Testing in MSM

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HIV, Stigma and MSM in Ghana

• HIV stigma is a major obstacle to both primary and secondary HIV prevention

• Hostile attitudes regarding same-sex behavioral practice are common in Ghana

• Intertwined Beliefs
  • HIV is punishment for sins
  • Same-sexual behaviors are a manifestation of mental illness
  • Same-sex attraction is a colonial imposition onto Ghanaian culture (e.g., the feminization of the African man)
Intersectional Stigma

• The interdependent and mutually constitutive relationships between social identities and structural inequities.
• The converging experiences of stigma can occur across social identities, practices and health status.
• These can also to individuals, groups, or entire communities
• Consistent with what we saw in Ghana
  • Sexual orientation
  • Perceived norms of gender performance
  • Health status
Guiding Model

- **Socioecological Model**: Multiple concentric influence on health behaviors of individuals
  - Organizational (healthcare facilities)
  - Interpersonal (MSM social networks)
  - Intrapersonal (individual MSM)
Intersectional Stigma—Health Facility Staff

• HIV stigma and discrimination among healthcare staff
  • Fear of HIV acquisition
  • Stigmatizing avoidance behaviors
  • Willingness to care
  • Facility policies and environment
  • Attitudes
  • Observed discrimination

• LGBT Phobia, Attitudes and Cultural Competence

• Gendered Expectations of Men and Women
Intersectional Stigma—MSM

• HIV Stigma
  • Enacted
  • Vicarious
  • Perceived
  • Internalized

• Sexual Stigma

• Gender Non-Conforming Stigma
Interventions
Organizational-Health Facilities
HP+ Total Facility Approach

- Evidence-based, building on 20 years of research and programmatic work
- Recognition that all facility staff have a role to play in stigma-reduction

- Facility-led: Engagement of facility management, staff and clients
  - Analysis of baseline data to catalyze action & tailor intervention
  - Participatory stigma-reduction trainings led by staff and clients
  - Champion teams design/implement stigma-reduction activities

- Adapted to intersectional stigma: HIV, sexual, gender non-conformity

- Previously implemented in Ghana, Tanzania & Thailand
Group Level - Nyansapo

• CDC-designated best evidence group-level program
  • Ghanaian adaptation of *Many Men Many Voices*
  • Increased HIV testing
  • Fewer episodes of condomless anal intercourse

• Addresses behavioral determinants of HIV risk

• Adaptated to address intersectional stigma
  • HIV
  • Same-sex
  • Gender non-conformity
Intrapersonal Level – HIV Empowerment, Education & Empathy

- Based on Dennis Peer-Support Model
- Identifies 3 types of support
  - Informational support: Fact first!
  - Emotional Support: I’m here and I care!
  - Affirmational Support: Your life matters!
- Local peer mentors
  - Nurture socioemotional resilience
  - Mitigate the internalization of intersectional stigma
The Dilemma / The Opportunity
The Dilemma

- Interventions available that addressed stigma at multiple levels
  - Healthcare facility – HP+
  - Groups of MSM – Nyansapo (3MV)
  - Individual MSM - HIVe³

- Even with enhancement for intersectional stigma, the interventions are compartmentalized

- The influence of intersectional stigma on HIV testing is an integrated phenomenon that crosses all three levels
Guiding Framework

- **Convergence Framework**
  - Guided our approach to combining multiple interventions
  - Needed due to interdependency of intersectional stigmas as operating at multiple levels to impede HIV testing
Combining Interventions at Different Levels

- HP+ Intervention (Organizational Level)
  - Reduced intersectional stigma at HCF
  - Increased autonomy supportive climate for MSM

- Nyansapo (3MV) (Interpersonal Level)
  - Reduced intersectional stigma

- HIVE\(^3\) (Intrapersonal Level)
  - Increased testing motivation and skills

- HCF and MSM Interaction
  - Increased frequency of HIV testing among MSM
Current Study: Pilot RCT to assess feasibility and estimate the effect size of intervention for scale-up to a definitive trial.
Eight Participating Facilities
Key Lessons

• Research that addresses one type of stigma at one level is valid important work

• Science is embracing more complexity, which is an opportunity to discover novel solutions

• Addressing intersectional stigma requires an understanding of how stigmas converge to impact the experiences of individual, groups, communities

• Field is new, but growing. Firm grounding in stigmas and interventions at one level and collaborating with others may create synergies and efficiencies
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