

# Self-stigma among people living with HIV: a systematic review

Yvonne L. van der Kooij<sup>1</sup>, Chantal den Daas<sup>2</sup>, Sarah E. Stutterheim<sup>3</sup> & Arjan E.R. Bos<sup>1</sup>

<sup>1</sup> Faculty of Psychology and Educational Sciences, Open University, the Netherlands

<sup>2</sup> National Institute for Public Health and the Environment, the Netherlands

<sup>3</sup> Department of Work and Social Psychology, Maastricht University, the Netherlands

## Introduction

Stigma affecting people living with HIV (PLHIV) is a significant barrier to an effective response to the HIV epidemic. High levels of self-stigma, defined as the internalization of negative beliefs about HIV, and its association with various negative health outcomes, have been reported worldwide. We synthesized existing research findings on associations of HIV related self-stigma in general, and for different key populations.



## Methods

Studies were identified through the following bibliographic databases: Ebsco, PubMed, Web of Science, and Scopus. Two researchers screened titles and abstracts independently. Data extraction was conducted and checked by all four authors according to Cochrane Collaboration guidelines.

## Results

Of 3891 potentially relevant titles, 130 unique studies were included in the review. Figure 1 shows the PRISMA flow diagram with reasons for exclusion of studies.

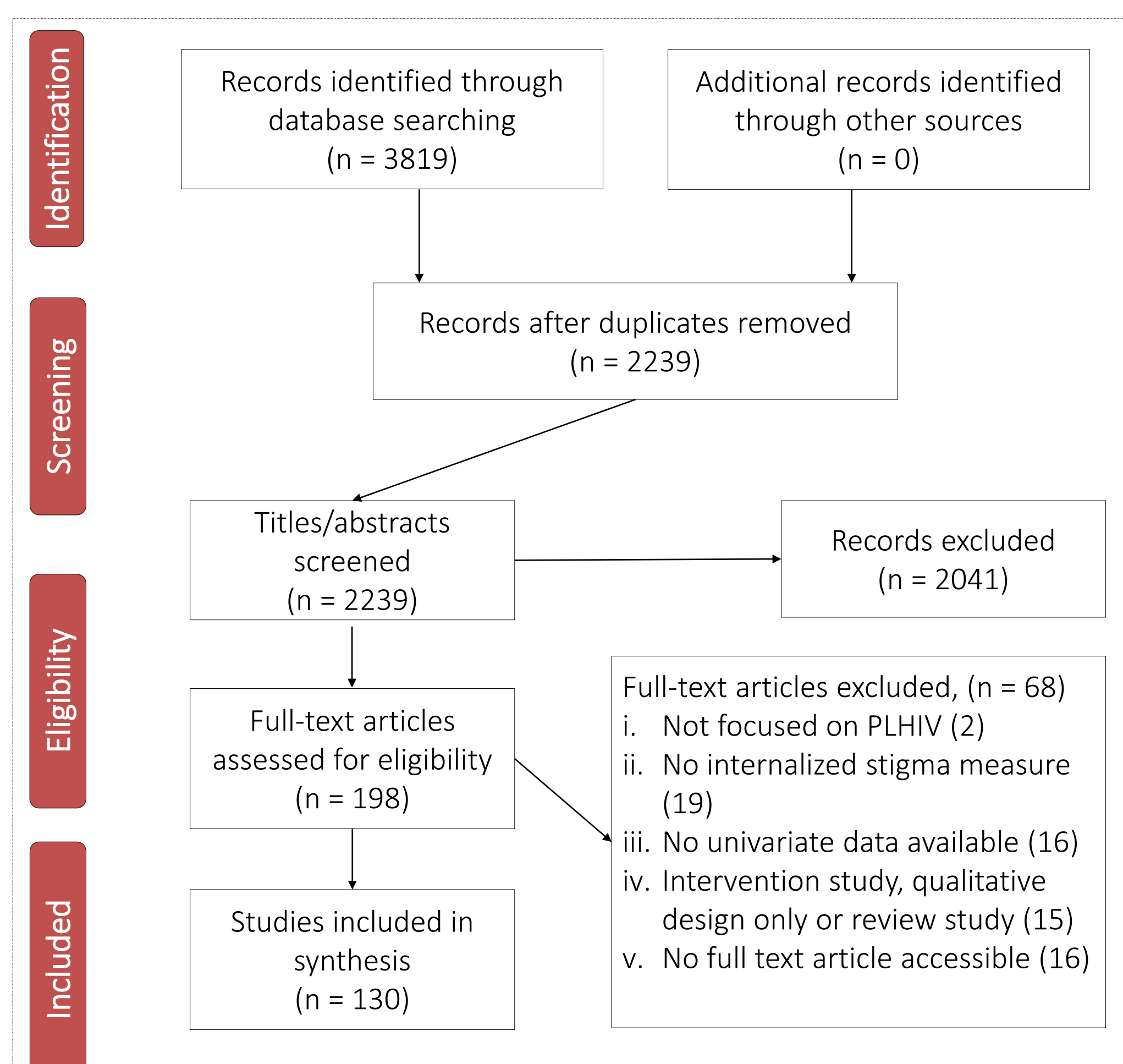


Figure 1. PRISMA flowchart

Figure 2 & 3 show the characteristics of the included studies. Table 1 presents an overview of the correlates of HIV-related self-stigma found in this review.

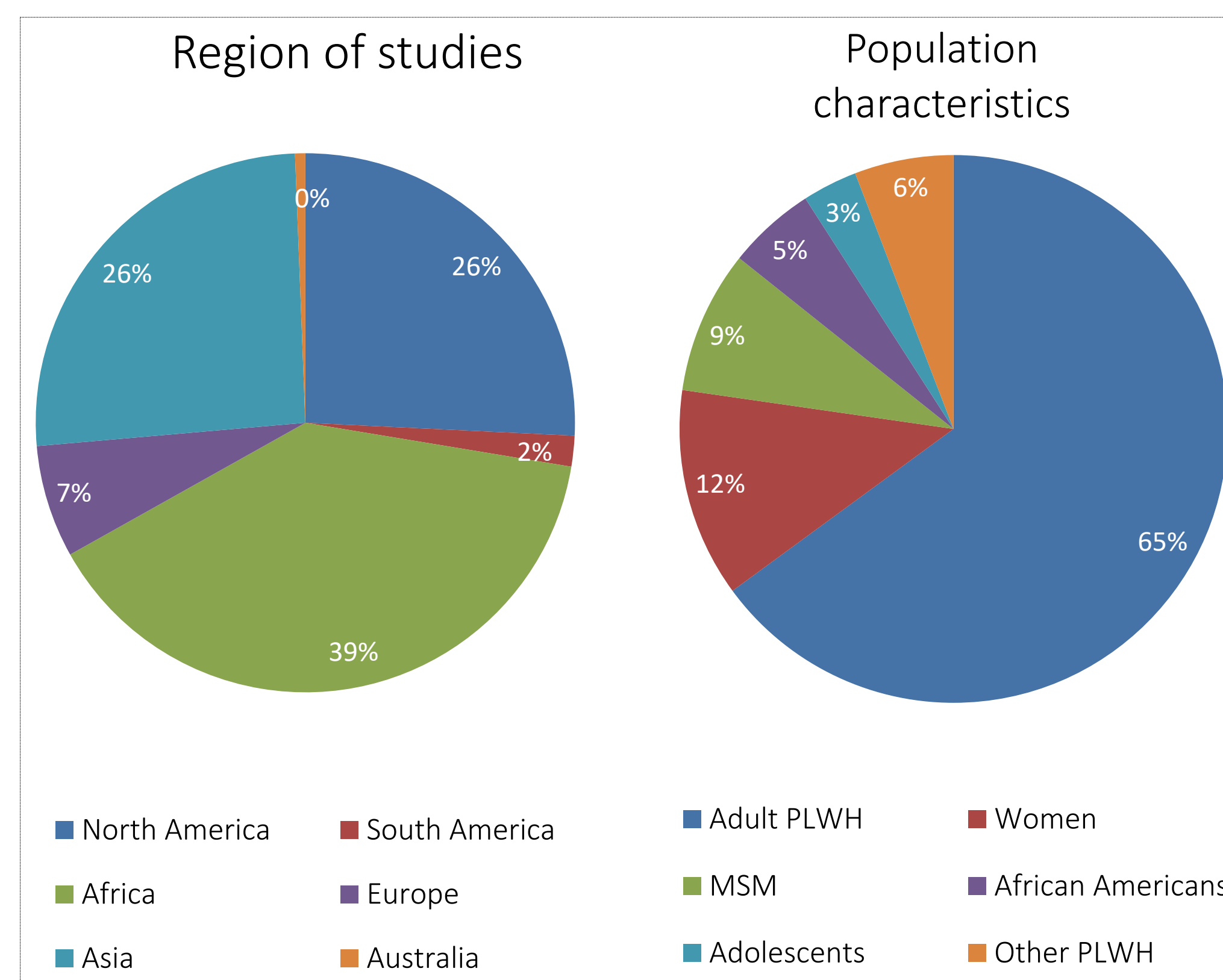


Figure 2. Distribution of regions and key populations represented in review

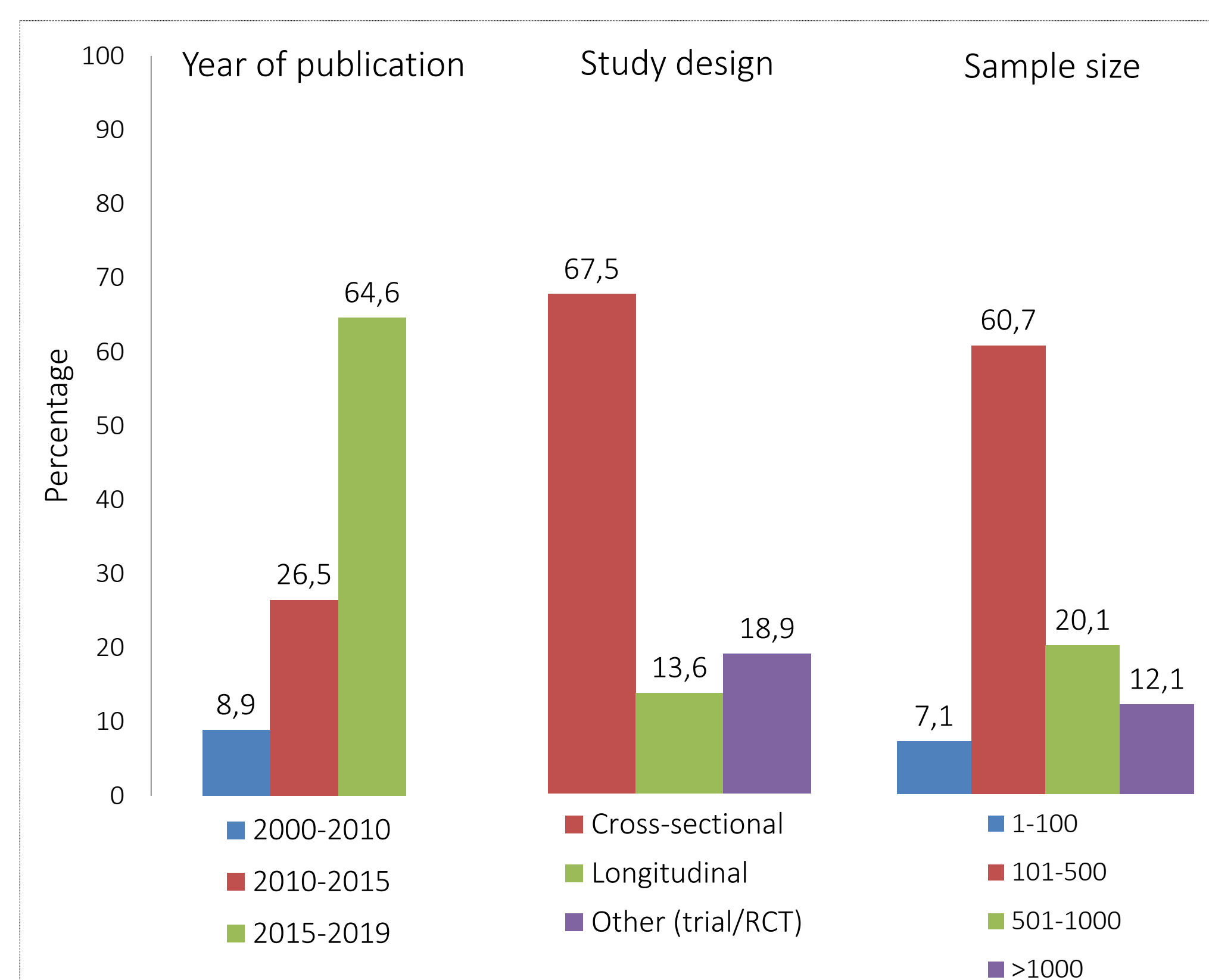


Figure 3. Characteristics of studies

	Total	N.S.*	Pos	Neg
<b>Psychological indicators</b>				
Depression	47	0	46	1
Anxiety	11	0	11	0
Positive mental health indicators	15	0	0	15
Negative mental health indicators	39	1	38	0
Substance use	11	5	6	0
Maladaptive coping	5	0	4	1
Adaptive coping and resilience	13	1	5	7
Quality of life and wellbeing	19	4	1	14
<b>Social factors</b>				
Social support	32	2	4	26
Perceived public HIV stigma	15	0	15	0
HIV discrimination	16	5	11	0
Anticipated stigma	8	1	7	0
Intersecting stigmas	5	0	5	0
Actual disclosure of HIV status	13	2	2	9
Engagement in community or care	5	3	0	2
Positive experience with HCP	3	0	0	3
<b>Physical health</b>				
Low subjective health	23	2	20	1
Sexual risk behavior	9	2	7	0
Positive clinical health outcomes	34	10	2	22
<b>Demographics</b>				
Older age	24	10	3	11
Time since diagnosis	16	1	1	14
Female gender	24	11	8	5
Ethnic minority	14	8	6	0
Higher educated	15	8	2	5
Being in a relationship	9	5	0	4
Socioeconomically vulnerable	21	8	13	0
Sexual or gender minority	7	1	4	2

\*N.S. non significant correlations, all positive and negative correlations are significant (p<.05).

Table 1. Self-stigma correlations results

## Discussion

### What do we know so far?

- **Positive relationship** between self-stigma and a range of psychosocial variables (e.g. depression, anxiety, negative mental health outcomes (lack of self-esteem, blame, shame), discrimination, and other types of stigma)
- **Negative associations** between self-stigma and positive mental health outcomes (e.g. self-efficacy, self-acceptance, and life satisfaction), social support, disclosure of HIV status, and quality of life
- Low physical health (low health ratings, low clinical health outcomes, non-adherence) and sexual risk behaviour are associated with higher levels of self-stigma in PLHIV
- Differences in **key populations**: higher levels of HIV-related self-stigma in women, ethnic minority groups, and socioeconomically vulnerable groups (people living in poverty; having socio legal issues regarding housing and insurance, and being without income or work)

### What remains unclear?

- This review found a lack of longitudinal research limiting the clinical relevance of findings related to HIV-related self-stigma
- Associations between self-stigma and positive coping and empowerment strategies for PLHIV appeared in various studies, but findings remained inconsistent

## Conclusion

This systematic review found a large body of research examining associations between HIV-related self-stigma and psychosocial and physical health, and contributes to a more comprehensive understanding of self-stigma, and its correlates, among PLHIV, and serves as important input for the development of HIV-related self-stigma reduction interventions among various key populations of PLHIV.

- Literature highlights the need for theory and evidence based interventions in order to effectively reduce (self)stigma among PLHIV as well as enhance their wellbeing<sup>1,2</sup>.

## Contact & more information

Yvonne van der Kooij MSc  
Open University  
yvonne.vanderkooij@ou.nl

Refs: <sup>1</sup>) Pantelic et al., 2019 <sup>2</sup>) Bartholomew et al., 1998