

The Role of Religion and Stigma on HIV/AIDS Healthcare

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Learning Objective

- Understand the role of religion and HIV/AIDS-related stigma in the healthcare setting.
- Discuss the current scientific research on religion and HIV/AIDS-related stigma among healthcare providers.
- Discuss the implications and future research on religion and HIV/AIDS-related stigma among healthcare providers.

HIV and Minority Populations

- HIV has affected disproportionately minority populations, such as, gay and bisexual men, African Americans (i.e. rate of 49.4), and Hispanic/Latinos (i.e. rate of 18.4).
- African Americans and Hispanic/Latinos are the two highest rates of new HIV infections by race and ethnicity.

Centers for Disease Control and Prevention. (2015). *HIV Surveillance Report. HIV Surveillance Report (Vol. 26)*. Retrieved from <http://www.cdc.gov/hiv/library/reports/surveillance/>



HIV and Minority Populations

- High rates of HIV infections related to:
 - Unprotected male-to-male sexual relations (67%)
 - Unprotected heterosexual relations (24%)
 - Transmission via injection drug use (6%)

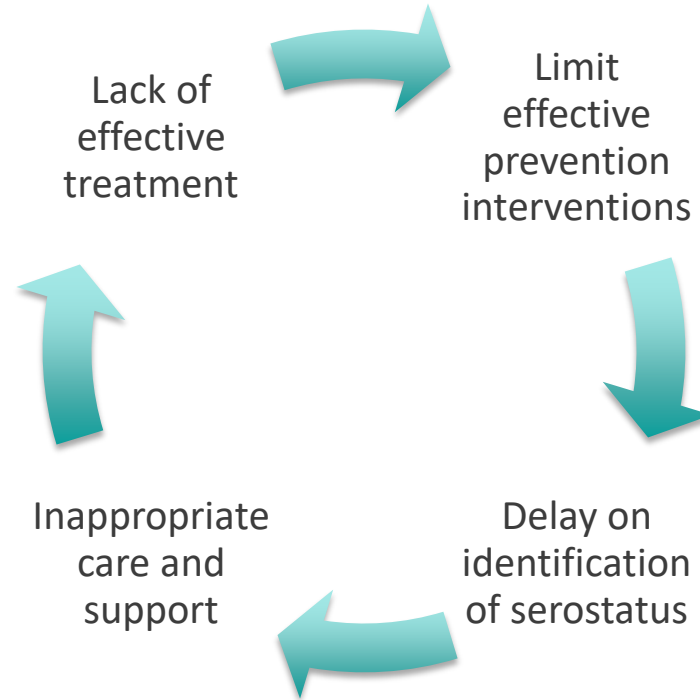
Centers for Disease Control and Prevention. (2015). *HIV Surveillance Report. HIV Surveillance Report (Vol. 26)*. Retrieved from <http://www.cdc.gov/hiv/library/reports/surveillance/>

HIV and Minority Populations

- HIV continues to affect disproportionately populations from racial/ethnic minority backgrounds, and highly stigmatized populations.
- Stigma and discrimination are among the foremost barriers to HIV prevention, treatment, care and support.

UNAIDS. (2014). *Reduction of HIV-related stigma and discrimination*. Retrieved from http://www.unaids.org/sites/default/files/media_asset/2014unaidsguidancenote_stigma_en.pdf

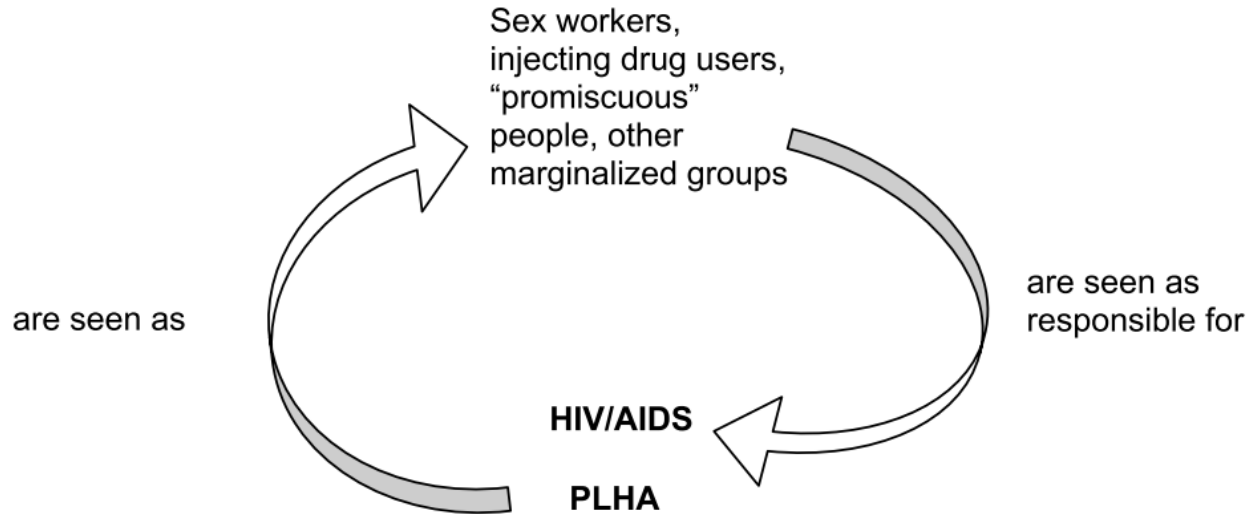
Impacts of HIV-related stigma



Parker, R., & Aggleton, P. (2002). HIV/Aids-related stigma and discrimination: a conceptual framework and an agenda for action. *Horizons Program, USAID*. Retrieved from http://scholar.google.com/scholar?q=related:exFha8qVL DkI:scholar.google.com/&hl=en&num=30&as_sdt=0,5

Stigma and Minority Populations

Figure 2 The vicious circle of S&D



Parker, R., & Aggleton, P. (2002). HIV/Aids-related stigma and discrimination: a conceptual framework and an agenda for action. *Horizons Program, USAID*. Retrieved from http://scholar.google.com/scholar?q=related:exFha8qVLDkJ:scholar.google.com/&hl=en&num=30&as_sdt=0,5

Defining Stigma

- Goffman defined stigma as “an attribute that is significantly discrediting” which in the eyes of society reduce the person who possesses it.

Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. New York: Simon and Schuster. Goldin.

Religious Context

- Religion is a cultural and psychosocial phenomenon of large proportions in the United State and Puerto Rico.
- The U.S. Religious Landscape Survey documented that 70.6% of adults surveyed identified as Christian.
 - For racial and ethnic minorities, **Catholicism represented 41%, Evangelical Protestantism 24% and Protestantism 14%.**

Pew Research Center. (2015). Americas Changing Religious Landscape, (May 12). Retrieved from <http://www.pewforum.org/2015/05/12/americas-changing-religious-landscape/>

Religious Context

- In the Island, most of the population self-identifies as Christians (97%), such as Roman Catholic (56%) and as Protestant (33%), evidencing that religious beliefs have a crucial role in the Puerto Rican society.

Pew Research Center. (2014). *Religion in Latin America - Widespread change in a historically catholic region*. Pew Research Center. Retrieved from <http://www.pewforum.org/2014/11/13/religion-in-latin-america/>

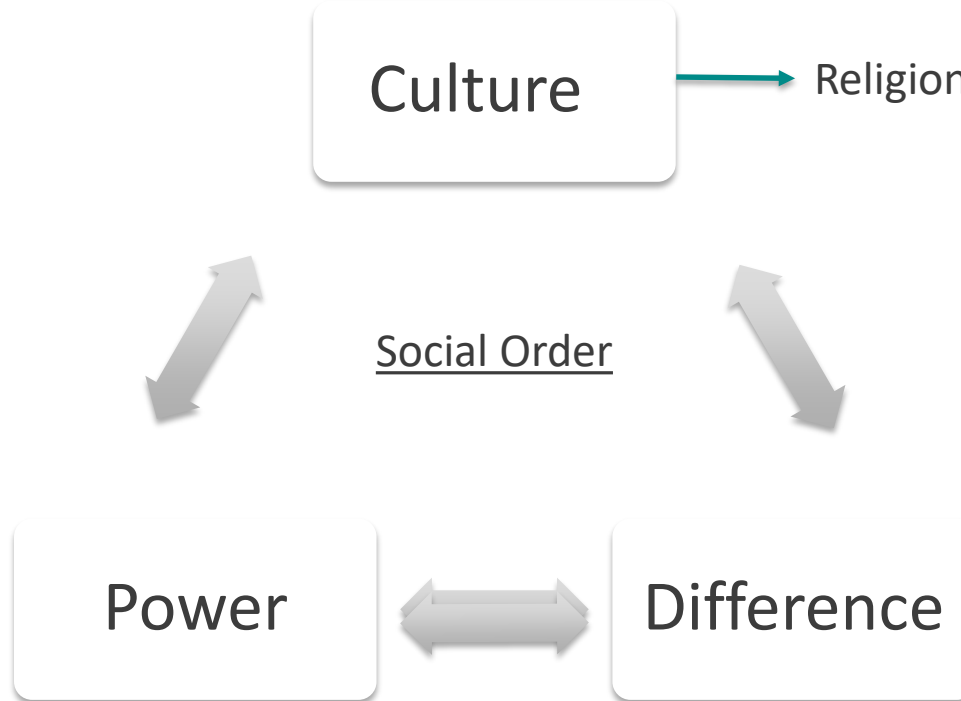
Religion and HIV

- Religion and healthcare services for PLWHA have been related to positive-health outcomes.
 - Researcher has documented how religious factors could foster improvement on quality of health and coping skills among PLWHA.
 - Religious factors and highly active antiretroviral therapy (HAART).

Hickman, E. E., Glass, C. R., Arnkoff, D. B., & Fallot, R. D. (2012). Religious coping, stigma, and psychological functioning among HIV-positive African American women. *Mental Health, Religion & Culture*, 16(8), 1–20. <http://doi.org/10.1080/13674676.2012.725162>

Park, J., & Nachman, S. (2010). The link between religion and HAART adherence in pediatric HIV patients. *AIDS Care*, 22(5), 556–561. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/09540120903254013>

Stigma, Religion and Power



Parker, R., & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action. *Social Science & Medicine*, 57(1), 13–24. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0277953602003040>

Religion and HIV Stigma

- Religious communities, could foster moral judgements towards PLWHA by promoting negative attitudes towards the disease and those affected.
- These negative attitudes fostered by some religious communities echo the sentiment of the early epidemic days in which the disease was associated with sinful behaviors that could compromise ‘social order’.

Chitando, E., & Gunda, M. (2007). HIV and AIDS, Stigma and Liberation in the Old Testament. *Exchange*, 36(2), 184–197. Retrieved from <http://booksandjournals.brillonline.com/content/10.1163/157254307x176598>

Religion and HIV Stigma

- HIV-related stigma among healthcare professionals that identified themselves as religious were more stigmatizing in relation to blaming and judging PLWHA.

Andrewin, A., & Chien, L.-Y. (2008). Stigmatization of patients with HIV/AIDS among doctors and nurses in Belize. *AIDS Patient Care and STDs*, 22(11), 897–906. Retrieved from <http://online.liebertpub.com/doi/abs/10.1089/apc.2007.0219>

Religion and HIV Stigma

- In Puerto Rico:
 - Quantitative cross-sectional study with 500 healthcare professionals in training.
 - Participants who reported **participating in religious activities scored higher on levels of HIV-related stigma than those who did not.**

Varas-Díaz, N., Neilands, T. B., Cintron-Bou, F., Santos-Figueroa, A., Marzán-Rodríguez, M., & Marques, D. (2013). Religion and HIV/AIDS Stigma in Puerto Rico: A Cultural Challenge for Training Future Physicians. *Journal of the International Association of Physicians in AIDS Care (JIAPAC)*. Retrieved from <http://jia.sagepub.com/cgi/doi/10.1177/2325957412472935>

Religion and HIV Stigma

- Specifically, these participants scored higher on the following aspects:
 1. Interpreting PLWHA as **less productive**
 2. Believing that personal characteristics such as **irresponsibility caused the infection**
 3. Being **fearful** of becoming infected in everyday social interaction
 4. Having more **negative emotions associated with PLWHA** (e.g., shame, pity and anger)

HIV and Healthcare Providers

- Important position to advocate and deliver high quality and effective treatment to PLWHA.
- Critical role on HIV treatment includes providing prevention information, counseling, support and prompt linkage to healthcare services related to HIV treatment.

Religion, HIV Stigma, and Nurses



Religion, HIV Stigma, and Nurses

Tabla 1
Distribución de frecuencias de las personas participantes en las diferentes variables sociodemográficas

Variable	Frecuencia	Por Ciento
Género		
Masculino	7	18
Femenino	33	82
Edad		
24-34 años	7	18
35-45 años	7	18
46-56 años	19	48
57-67 años	6	15
67 años ó más	1	3
Ingreso mensual		
<1,000	2	5
1,001 - 2,000	3	8
2,001 - 3,000	15	38
3,001 - 4,000	19	49
Adiestramiento en HIV/SIDA		
Si	34	85
No	6	15
Ofrece servicios en clínica especializada en VIH/SIDA		
Si	19	48
No	21	52

Frequency distribution of participants socio-demographics variables

Grupo religioso con el que se identifica			
Católico	13		33
Protestante	11		28
Evangélico	9		23
Adventista	4		10
Testigo de Jehová	1		3
Episcopal	1		3
Importancia de la religión			
Nada importante	1		5
Algo importante	2		5
Importante	7		18
Muy importante	30	→	75
Participación en actividades religiosas (e.g. asistencia a iglesia)			
Nunca	3		8
Una vez al año	4		10
Mensualmente	6		15
Semanalmente	22	→	55
Diariamente	5		12
Participación actividades religiosas privadas (e.g. orar y leer la biblia)			
Nunca	0		0
Una vez al año	0		0
Mensualmente	4		10
Semanalmente	2		5
Diariamente	34	→	85
Influencia de las creencias en estilo de vida			
Si	29	→	72
Quizás	7		18
No	4		10

Main Categories of Analysis

Category	Description	
Nurses' Personal Religious Experiences	Verbalizations related to personal religious beliefs and practice among participants. These included organizational and individual practices in which religion was the main driving factor.	
Religious Practices during Health Care Delivery	Verbalizations related to the use of religion during service provision to PLWHA.	
Religion and HIV-related stigma	Stigmatizing verbalizations related to PLWHA. These included using personal characteristics to explain HIV infection, descriptions of denial of services because religion, and conceptualizing HIV infection as the consequence of breaking religious laws.	

Nurses' Personal Religious Experiences

- I: “How dose religion impact your daily life?”
P: “I'll tell you, I was raised in the Catholic church. I participated in the church choir; then I started going to the university and I felt an emptiness. I knew that the Catholic Church was not for me. I left the church and then I visited an evangelical church with a friend. I liked it because they taught you that you cannot judge others. I can tell you that both, professionally and personally, it has helped me.”

Nurses' Personal Religious Experiences

- I: “And you told me at the beginning of the interview that you continue with individual religious practices.”

P: “Yes, I read the Bible every day. I read a lot of Christian things.” I try to include and educate my daughters with positive things.

Religious Practices during Health Care Delivery

- I: “How does religion impact your clinical practice?”
- P: “I've always wanted to serve the patient, regardless of the clinic. I feel that it is a human commitment and all this comes from the religious background that one has. I feel that it is not an obligation, but something that comes from God.”
- I: “You mentioned that when you provide support you have a Christian moment (...)”
- P: “Yes, I don't impose on them my religion, but I always say... and it is always my saying... one of the phrases that I use the most [with the patients], ‘God is in control, have peace’”

Religion and HIV-related stigma

- I: “I would like to know more about how religion impacts the nursing profession.”
- P: “I have experiences with colleagues who are of a specific religion and they refuse to intervene with this type of patient [PLWHA], because God doesn’t allow it, or because it goes against their religious beliefs. Even though they [nurses] receive an orientation, because you cannot decide who you offer a service to or not, you're a professional and you have to treat everyone the same. Still, there are people [nurses] that say to you, ‘I am of this religion and I cannot intervene with that person [PLWHA] because it goes against my person and my church. I cannot interact with the patient’”

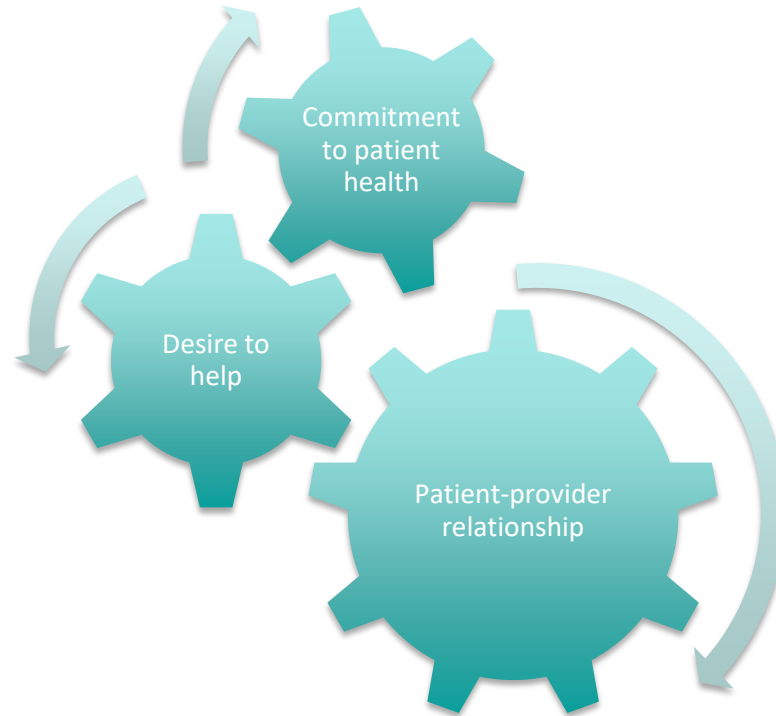
Religion and HIV-related stigma

- I: “Tell me about the impact of religion on the HIV/AIDS epidemic?”
- P: “I come from a church that we call the Seventh-Day Adventist. Our foundation is in God's law. To fulfill God's law, in our belief system, we maintain a clean body from alcoholic beverages, we don't smoke and we eat healthy. Many health conditions come from the bad treatment that you have given to the body. (...)God is saying that by looking at that other woman, you have committed adultery. So, when we see these epidemics, [and ask] why so many are dying? If there is disobedience, you are going to fall into that (HIV).”

Religion and HIV Healthcare

- Nurses in our study described their religious beliefs and practices as an intrinsic part of their daily lives.
- Their religion influenced their career path as nurses and was an important part of their professional identity development

Religion and HIV Healthcare



Religion and HIV Healthcare

- Nurses described specific practices fostered by their religious beliefs that instead of providing support to patients in a positive way, blame them for their HIV-positive status because their personal characteristics and/or behaviors (e.g., drug use and homosexuality).

Religion and HIV Healthcare



Commitment

Desire to help

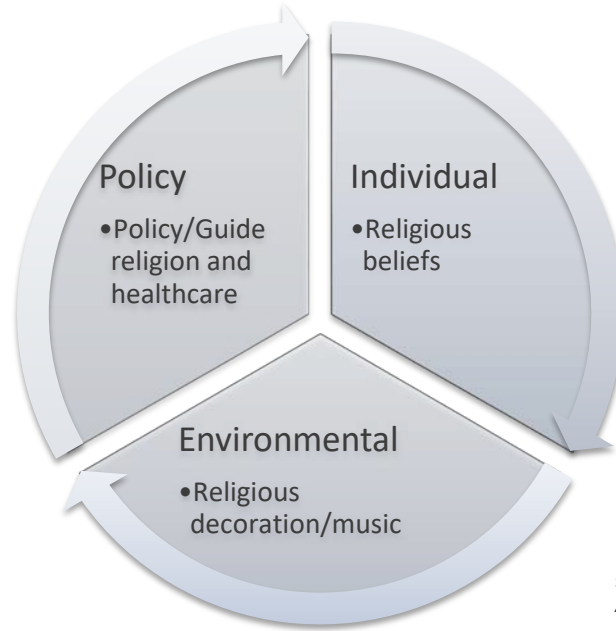
Empathy

Stigma

Blame

Discrimination

Effective Interventions in Healthcare Settings



Nyblade, L., Stangl, A., Weiss, E., & Ashburn, K. (2009). Combating HIV stigma in health care settings: what works? *Journal of the International AIDS Society*, 12, 15. Retrieved from <http://www.biomedcentral.com/content/pdf/1758-2652-12-15.pdf>

Effective Interventions - Individual

- Increase education related to HIV epidemiology and stigma.
- Increase awareness on emotions and role with HIV stigma.
- Address cultural/religious bias and its role with HIV stigma.
- Provide role-play to increase awareness and strategies to address stigma in the clinical setting.

Cintrón-bou, F., Varas-díaz, N., & Marzán-rodríguez, M. (2016). EXPERIENCIAS RELACIONADAS A UNA INTERVENCIÓN PARA REDUCIR EL ESTIGMA RELACIONADO AL VIH / SIDA ENTRE ESTUDIANTES, (1), 137–148.

Future Research

- Improve measures to understand biosocial factors related to HIV stigma among healthcare providers.
- Innovated research designs to document behavioral and contextual stigma in clinical settings.

Thank you!

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