

Unmasking Bias: Confronting Sexism in HIV Treatment and Prevention

Rahmatu Kassimu, PhD, MPH, MEd

11/03/2023



Disclosures

- *This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1OHA30535 as part of an award totaling \$4.2m. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).*
- *“Funding for this presentation was made possible by cooperative agreement U1OHA30535 from the Health Resources and Services Administration HIV/AIDS Bureau. The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. Any trade/brand names for products mentioned during this presentation are for training and identification purposes only.”*

AETC Program National Centers and HIV Curriculum

- **National Coordinating Resource Center** – serves as the central web – based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: <https://aidsetc.org/>
- **National Clinical Consultation Center** – provides free, peer-to-peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: <https://nccc/ucsf.edu>
- **National HIV Curriculum** – provides ongoing, up –to-date HIV training and information for health professionals through a free, web –based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu

Thank You!

This [project/publication/program/website, etc.] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1OHA30535.. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Learning Objectives



By the end of this session, each participant will be able to identify instances of sexism in HIV treatment and prevention using real-life scenarios and case studies.



By the end of this session, each participant will be able to deconstruct and challenge gender stereotypes in healthcare settings through participation in interactive exercises and discussions.



By the end of this session, each participant will be able to propose at least two actionable strategies to promote equity and inclusivity in their professional roles within the context of HIV treatment and prevention, based on insights gained during group activities.



By the end of this session, each participant will be able to advocate for change in healthcare practices that perpetuate gender bias in HIV treatment and prevention in their future interactions and roles within their respective health departments.

Agenda

- Opening
- Understanding Sexism in HIV
- Challenging Stereotypes
- Promoting Equity in Practice/Real-Life Scenarios
- Advocacy and Allyship
- Q&A and closing

Let's Open With a Poll

- What gender-related bias do you believe most commonly affects HIV treatment and prevention?
 - Assuming that men are at lower risk of HIV infection than women.
 - Implicitly trusting male patients more than female patients in HIV reporting.
 - Stereotyping transgender individuals regarding their HIV risk.
 - Using gendered language that stigmatizes HIV patients.



Understanding Sexism in HIV

Definition of Sexism

Sexism refers to the discrimination, prejudice, or bias based on a person's sex or gender, often resulting in unequal treatment, stereotypes, or disadvantages.

In the context of healthcare, sexism can manifest as differential treatment based on gender, perpetuation of stereotypes, or unequal access to care.

Impact on Healthcare

- Stereotypes related to sexism in HIV care can have a profound impact.
 - Studies show that certain genders may face delays in HIV testing due to stereotypes.
 - Discrimination based on gender identity can lead to disparities in access to HIV prevention methods.
 - Stereotyping can result in stigmatization and reduced engagement in care among affected individuals.

Impact on Healthcare

- Globally, AIDS related deaths are the leading cause of mortality in women aged 15-49.
- Transgender women are 49x more likely to be living with HIV than the general population.
- Men are less likely than women to engage in health-care services and to know their HIV status.
 - The Lancet HIV, 2019

Impact on Healthcare in the United States (2021)

- MSM accounted for 70% of new HIV infections.
 - Annual number of infections are decreasing
 - Heterosexual Contact
 - Men: 6%
 - Women: 16%
- (HIV.GOV, 2023)

Impact on Healthcare in the United States (2021)

- New cases decreased but:
 - People assigned male at birth accounted for 81% of new cases.
 - This rate is decreasing.
 - People assigned female at birth accounted for 24% of new cases.
 - This rate is remaining stable.
- (HIV.GOV, 2023)



Why it Matters

- Addressing sexism in HIV care matters because:
 - It ensures equitable access to prevention and treatment for all genders.
 - It improves healthcare outcomes by reducing disparities.
 - It promotes a more inclusive and respectful healthcare environment.

Challenging Stereotypes

Gender Stereotypes: Defined



Gender stereotypes in healthcare refer to preconceived and often inaccurate beliefs or expectations about individuals based on their gender.



These stereotypes can influence how healthcare providers perceive and treat patients, often leading to unequal or biased care

Common Stereotypes

- Here are some common stereotypes related to sexism in HIV care:
 - Assuming that certain genders are more responsible for HIV transmission.
 - Men vs Women
 - Believing that certain genders are less likely to adhere to treatment regimens.
 - Men vs Women
 - Stereotyping individuals based on their gender identity, leading to discrimination in care.
 - Cis vs Trans, Men vs Women



What Do We Think?

Before today's workshop, how confident were you in identifying and challenging gender stereotypes in HIV healthcare?

- Very Confident
- Somewhat Confident
- Not Very Confident
- Not At All Confident



Promoting Equity in Practice

Barriers to Equity

Gender
Stereotypes

Stigma and
Gender-Based
Discrimination

Lack of
Gender-
Inclusive Care

Information
Gaps

Geographical
Challenges

How This Manifests in Practice: Let's Watch



December 13, 2023

The Impact of Stereotypes

- Only 10% of women who could benefit from PrEP were prescribed PrEP in the US in 2019.
- Women have lower viral suppression rates
- For every 100 women who were diagnosed with HIV in 2018
 - 76 received from care
 - 58 were retain in care
 - 63 were virally suppressed

- (CDC, 2023)



The Impact of Stereotypes

- Cisgender women more likely to have missed at least 1 medical appointment in the past 12 months.
- Cisgender women with diagnosed HIV experiences HIV stigma at higher rates than all people with HIV.

• (CDC, 2023)

Strategies for Equity

Culturally Competent Care: Understand cultural nuances to provide appropriate care.

Inclusive Language: Avoid language that stigmatizes or excludes.

Bias Awareness: Regularly self-assess and challenge biases.

Training and Education: Stay updated with training and education.

Patient-Centered Care: Engage patients in decisions regarding their care.

Analyzing Case Studies

http://bit.ly/PAD_HIV

Padlet

3 Case Studies

- 4 Mins a case

Identify the bias(es)

Explore the equity implications

Suggest solutions



Scan me

Let's Chat



Look over responses provided.



Did any suggestions align with your own?



Did any surprise you?



Share Out

Becoming Advocates and Allies

Understanding Advocacy

- Advocacy: activities related to ensuring access to care, navigating the system, mobilizing resources, addressing health inequities, influencing health policy and creating system change (Hubinette et al., 2017)

Becoming Allies

- Educate Yourself
- Active Listening
- Challenge Biases and Stereotypes
- Use Privilege to Advocate
- Support Gender-Inclusive Practices
- Continued Learning
- Collaborate with Marginalized Communities
- Create an Action Plan!

Q&A and Closing Remarks

Q&A

- Feel free to ask any questions, comments, or reflection in the chat or come off mute.

Call to Action



December 13, 2023

Feedback
Link also provided in the chat



[https://bit.ly/HIV
DrK](https://bit.ly/HIV_DrK)

SCAN ME

December 13, 2023

