

# Stigmatizing Perceptions of PLWHA among a Sample of Non-Positive Heterosexually Active Adults in South Florida

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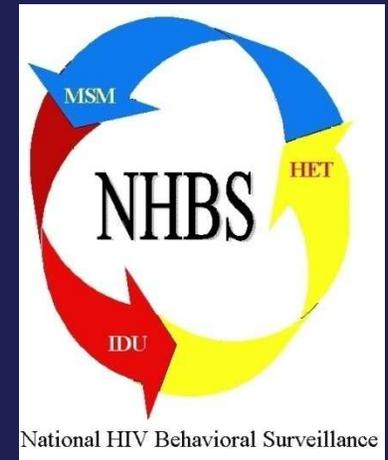


# Background

- Estimates of annual HIV incidence in the U.S. emphasize the need for continued and effective prevention activities
- It is important that future prevention efforts consider the stigmatizing perceptions of PLWHA among persons at risk for HIV
- Holding or perceiving stigmatizing beliefs about PLWHA has been associated with behaviors that can lead to increased HIV transmission

# National HIV Behavioral Surveillance (NHBS)

- **CDC-funded study in over 20 U.S. MSAs with high AIDS prevalence**
  - FL NHBS sites: Miami and Fort Lauderdale
- **Collects cross-sectional data**
  - HIV prevalence, risk behaviors, testing behaviors, and use of prevention services
- **Study cycles rotate by population**
  - MSM, IDUs, and at-risk heterosexuals



# Behavioral Surveillance Among Heterosexuals At Risk for HIV Infection (NHBS-HET)

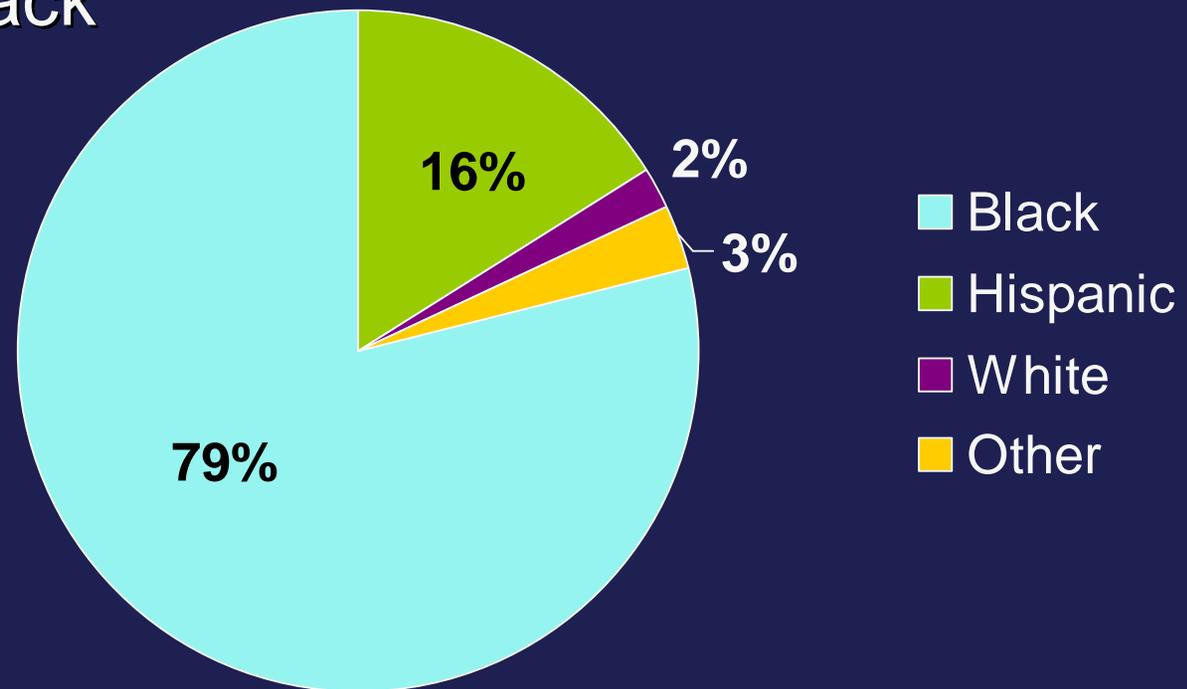
- Conducted in 2007
- Heterosexual at risk for HIV infection: an adult male or female with
  - a physical or social connection to a “high- risk area” and
  - at least one opposite-sex partner in the past year
- High-risk areas: census tracts with high rates of poverty and heterosexually-acquired HIV/AIDS cases
- Venue-based sampling was used to recruit 1,224 eligible participants within selected high-risk areas
- Stigma measures were included in our local questionnaire

# NHBS-HET Eligibility Criteria

- 18-50 years of age
- Lives in Miami-Dade, Broward, or Palm Beach county
- Male or female (not transgender)
- Reports vaginal or anal sex with a person of the opposite sex in the past 12 months
- Able to complete interview in English or Spanish
- Not a previous NHBS-HET participant

# Demographic Characteristics of Sample N=1,224

- Mean age: 35 years
- 58% male, 42% female
- Majority black



\*Results are preliminary

## Characteristics of Sample (cont'd)

- 91% self-identify as heterosexual, 9% as bisexual
- Majority (85%) born in U.S.
- 2/3 (63%) without health insurance at time of interview
- Majority (60%) have an annual income under \$10,000
- Half (50%) unemployed at time of interview
- 42% depressed (according to CES-D 10)

## Characteristics of Sample (cont'd)

- 1/3 (33%) incarcerated in past 12 months
- 1/4 (28%) used cocaine or crack in past 12 months
- 1/5 (21%) self-reported being hepatitis C+
- 13% homeless in past 12 months
- 1 in 12 (8%) tested HIV+, and 1 in 24 (4%) had a previously undiagnosed infection

## Current Analysis

- Examine two different manifestations of stigma:
  - Negative feelings toward PLWHA
  - Blame toward PLWHA

(Herek, Capitanio, Widaman, 2002; Herek and Capitanio, 1991)

- Investigate factors associated with these stigmatizing perceptions
- Persons who self-reported having HIV were excluded from the analysis (N=89)
  - Analytical N=1,135

# Negative Feelings Toward PLWHA (N=1,135)

- **Would you say you feel \_\_\_\_\_ when you think about people with HIV/AIDS?**

- **Angry**

- Very/Somewhat/A little 12.8%
    - Not at all 87.2%

- **Afraid**

- Very/Somewhat/A little 20.0%
    - Not at all 80.0%

- **Disgusted**

- Very/Somewhat/A little 9.1%
    - Not at all 90.9%

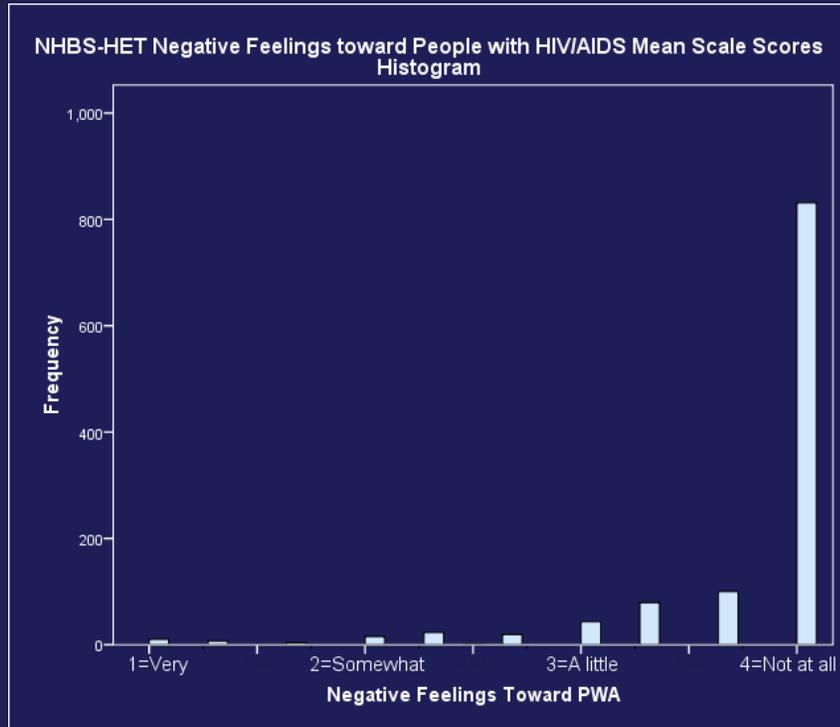
- **Any Negative Feelings**

- Very/Somewhat/A little 25.7%
  - Not at all 74.3%

## Responsibility and Blame toward PLWHA (N=1,135)

- People who got HIV/AIDS through sex or drug use have gotten what they deserve.
  1. Strongly agree 3.4%
  2. Somewhat agree 6.0%
  3. Somewhat disagree 7.5%
  4. Strongly disagree 83.0%
- Most people with HIV/AIDS don't care if they infect other people with AIDS virus.
  1. Strongly agree 31.1%
  2. Somewhat agree 40.8%
  3. Somewhat disagree 11.5%
  4. Strongly disagree 16.54%
- Most people with HIV/AIDS are responsible for having their illness.
  1. Strongly agree 14.0%
  2. Somewhat agree 23.0%
  3. Somewhat disagree 10.7%
  4. Strongly disagree 52.3%
- Responsibility and Blaming Average: 3.0

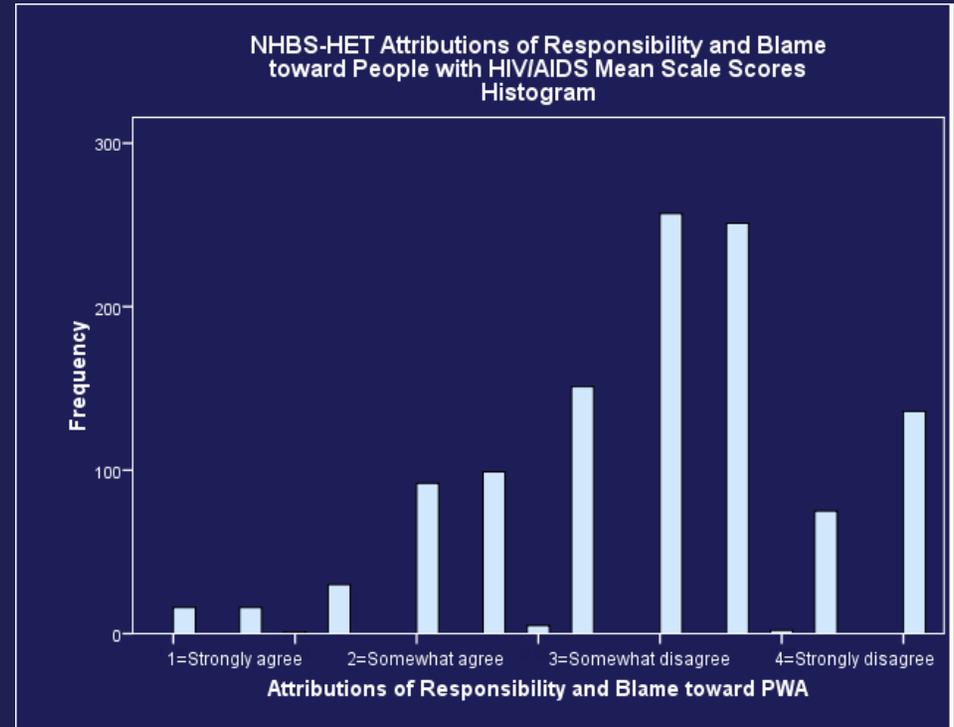
# Analytical Approach



Treated as dichotomous variable with a score of 4 in one category and all other scores in the other

25.7% had some negative feelings toward PLWHA

Multiple Logistic Regression



Treated as continuous variable

The average score for responsibility and blame toward PLWHA was 3 (which is on the less blaming side of the scale)

Multiple Linear Regression

# Negative Feelings toward PLWHA (N=1,135)

## Logistic Regression

	<u>Adj OR</u>	<u>95% LCL</u>	<u>95%UCL</u>
Female <sup>x</sup>	0.913	0.611	1.365
Hispanic <sup>*x</sup>	1.681	0.593	4.766
Black (non-Hispanic) <sup>*x</sup>	1.295	0.480	3.498
College <sup>**x</sup>	0.796	0.521	1.217
High School Grad/GED <sup>**x</sup>	1.041	0.760	1.426
Age <sup>x</sup>	0.846	0.742	0.964
Increased Knowledge of HIV Transmission	0.107	0.041	0.279
Increased Knowledge of HIV Prevention	0.400	0.191	0.836
Cocaine or Crack User	0.664	0.467	0.944
Male/Depressed	1.277	0.864	1.887
Female/Depressed	2.447	1.561	3.837

x Forced into model

\*Reference for race/ethnicity is white (non-Hispanic)

\*\*Reference for education is less than high school

## Responsibility and Blame toward PLWHA (N=1,135)

### Regression

	<u>beta</u>	<u>SE</u>	<u>P-value (t)</u>
<b>Age<sup>x</sup></b>	-0.007	0.0020	<0.001
<b>Female<sup>x</sup></b>	-0.142	0.0408	<0.001
<b>Black (non-Hispanic)<sup>x</sup></b>	0.006	0.0513	0.909
<b>Attended College<sup>x</sup></b>	-0.101	0.0501	0.044
<b>Depression (BSI 1.0 cutoff)</b>	0.198	0.0404	<0.001
<b>Increased Knowledge of HIV Transmission</b>	-0.726	0.1347	<0.001
<b>Arrested in Past 12 Months</b>	0.085	0.0426	0.045

x Forced into model

# Limitations

- Data are preliminary
- Data are predominantly self-reported and subject to recall bias
- Data are cross sectional and time order cannot be established
- Findings can only be generalized to the population meeting eligibility criteria who attended venues on the sampling frame

# Implications

- Sizeable portions of the sample reported stigmatizing beliefs toward PLWHA.
- Efforts to promote accurate knowledge and address myths about HIV prevention and transmission methods (e.g., HIV pre- and post-test counseling) may help reduce stigma.
- Service providers should link clients to mental health services.
- Future prevention efforts should include anti-stigma messages.

# THANK YOU!

**A BIG THANK YOU TO THE FLORIDA  
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