

AIDS, STIGMA AND GENDER: HEALTH CONSEQUENCES IN URBAN INDIA

PI: Maria L. Ekstrand, PhD

CO-Is: Shalini Bharat, PhD; Gregory Herek, PhD; Jayashree Ramakrishna, PhD, V Ravi, MD, Prabha Chandra, MD

PROJECT STAFF: Thomas Osmand, Sonal Shukla, Hamsa Krishna, Kathryn Steuerman, Anitha S, Nageshappa VS, Kirutheka, Chidanand Swamy, Gloria, Nathali D'Silva, Asmita Naik, Shashikant Sakat, Pooja Sanghvi, Vanita Bagde, Prerana Bagde

PROJECT DESCRIPTION

This study is a collaboration between UCSF, UC Davis, the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore and the TATA Institute of Social Sciences (TISS), Mumbai. The field sites are located in Bangalore and Mumbai, two large Indian cities situated in high HIV prevalence states. The study was designed to:

- Examine the nature, extent, and context of AIDS stigma and discrimination by gender, at multiple levels, among people coming into contact with urban health care systems, including:
 - a) People Living with HIV/AIDS (PWAs)
 - b) Healthcare staff
 - c) General population of patients seeking healthcare in outpatient settings
- Measure the health-relevant consequences of AIDS stigma and discrimination among both perpetrators and targets of stigma. These include the influence of stigma on HIV testing, on disclosure, on treatment seeking, and on willingness to provide care and treatment.
- Develop a culturally-specific theoretical understanding of AIDS stigma and health in urban India as well as measures of AIDS stigma that can be used to evaluate future stigma reduction policies and programs in healthcare and community settings among victims and perpetrators.
- Develop empirically-based programs and policy recommendations to reduce AIDS-related stigma and discrimination in urban Indian health care settings and to disseminate these.

SIGNIFICANCE

AIDS stigma is a major barrier in the global fight against HIV/AIDS. It adds to the suffering of those infected and interferes with decisions to seek HIV counseling and testing, disclosure of HIV infection, and HIV-related treatment-seeking. Members of marginalized groups often experience dual stigma, forcing them to conceal their lifestyles and making it more difficult for them to access AIDS prevention programs and treatment. Family members and health care workers who provide care to HIV+ patients also become the target of AIDS stigma and discrimination. Our research suggests that these problems exist in India as well. Previous qualitative work in urban India by Bharat has identified AIDS stigma attitudes and overt discrimination, both in the health care setting and the family. This has included refusal to care for HIV+ individuals, additional charges for protective equipment such as extra gloves and masks, fumigation of rooms and lack of confidentiality. The data also suggest that AIDS stigma in urban India is a gendered phenomenon. Reports of women being neglected and maltreated by their husbands and in-laws are common, and many women have been found to have less access to treatment than their husbands. Indian widows are especially vulnerable to negative health outcomes due to dual stigma. The present quantitative study builds on previous qualitative research and incorporates the previously identified culture-specific themes into a modified version of quantitative measures developed and administered in the US by Herek.

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