

Oral Abstract Presentations 1

#1 What Shapes Resilience Among People Living with HIV? A Multi-Country Analysis of Data from the PLHIV Stigma Index 2.0

Stella Kentusi, Uganda

WHAT SHAPES RESILIENCE AMONG PEOPLE LIVING WITH HIV?

A multi-country analysis of data from the PLHIV Stigma Index 2.0

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Background

- Resilience—positive adaptation within the context of significant adversity—is intimately linked with improved quality of life and health outcomes among people living with HIV (PLHIV)
 - Facilitates uptake of and adherence to antiretroviral therapy (ART)
- Understanding factors that lead to resilience among PLHIV is critical for informing programming and policy
- We examined the influence of multi-level factors on resilience in 3 countries
 - Data comes from the People Living with HIV Stigma Index 2.0—widely used survey tool worldwide

Methods

- The Stigma Index 2.0 was implemented from 2017 to 2019
 - Cambodia (n=1,207); Dominican Republic (DR) (n=891); Uganda (n=391)
 - 6 provinces/districts per country
 - Purposive sampling (venue-based and snowball)
- Resilience was measured with the 10-item PLHIV Resilience Scale¹
 - Asks about the effect (negative/neutral/positive) of HIV status on attainment of needs (e.g., ability to cope with stress, find love, contribute to one's community)
 - Score ranges from -10 to +10
- Used hierarchical multiple regression to assess associations between individual, interpersonal and structural/policy-level factors and resilience, controlling for potential confounders

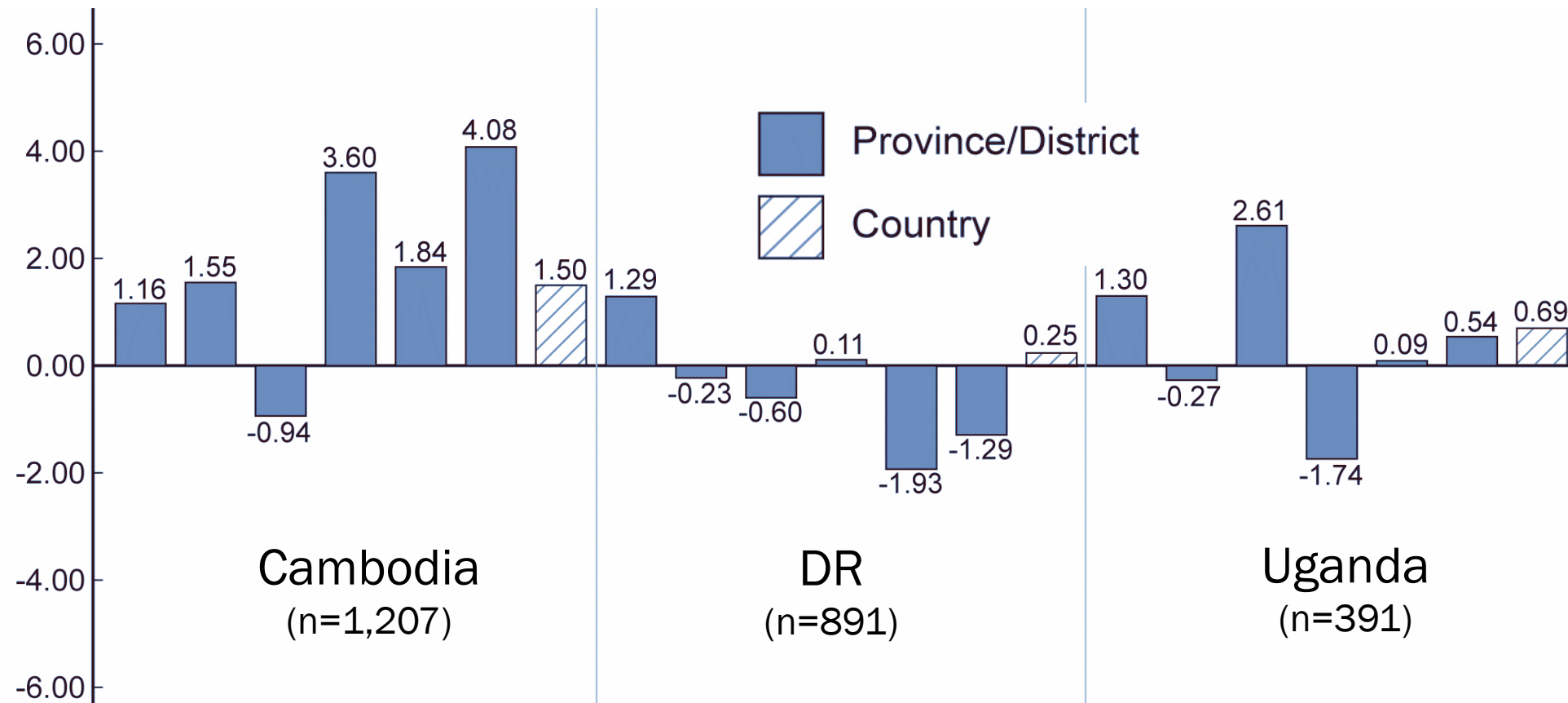
¹Gottert A, Friedland B, Geibel S, Nyblade L, Baral S, Kentutsi S, et al. The People Living with HIV (PLHIV) Resilience Scale: development and validation in three countries in the context of the PLHIV Stigma Index. *AIDS Behav.* 2019; 23(2):172-82.

Who were the respondents?

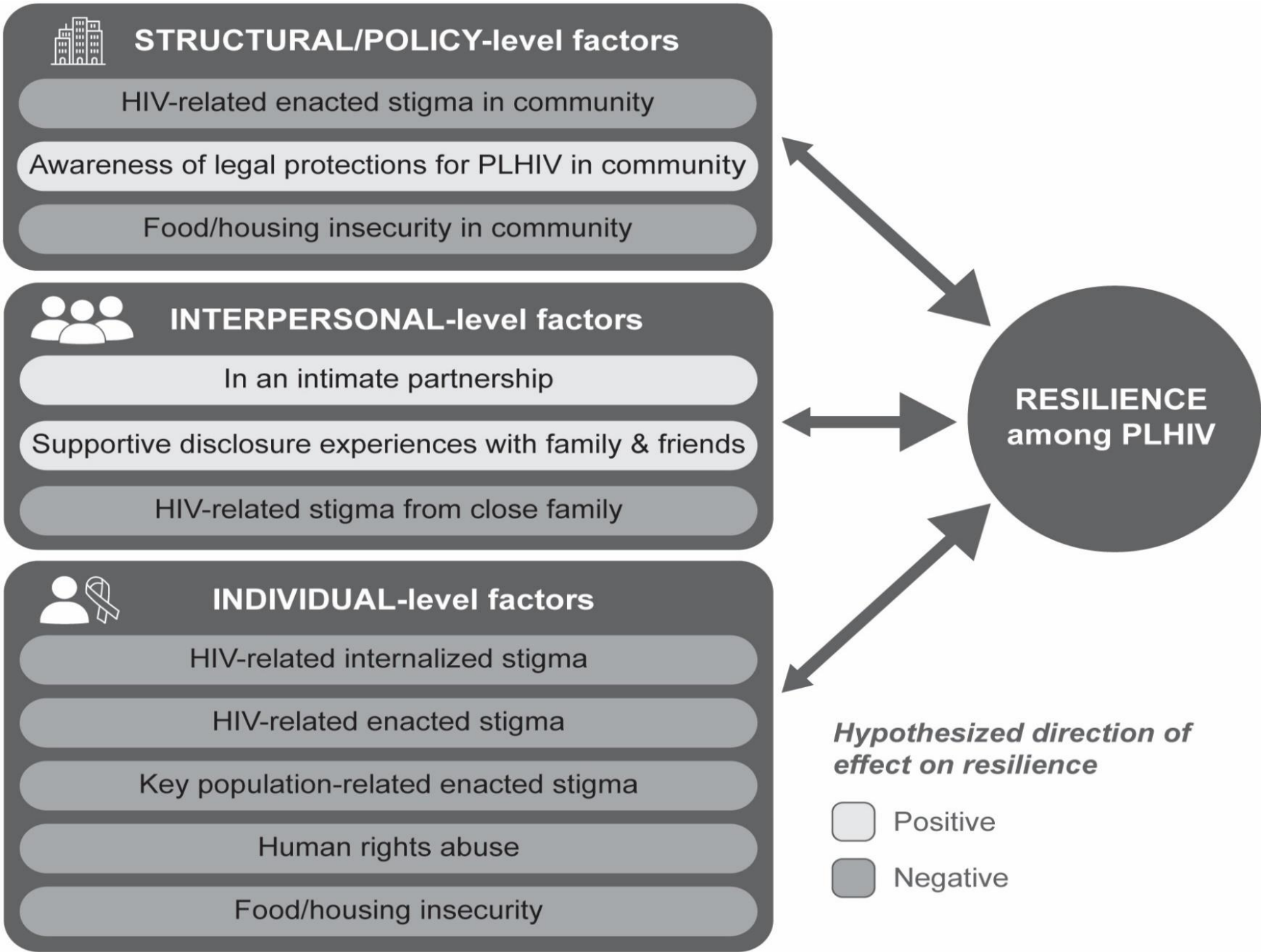
- About 60% female
- Member of a key population
 - 3% in Cambodia, 56% in the DR, 41% in Uganda
- Mean time since HIV diagnosis
 - 11 years in Cambodia
 - 7 years in the DR and Uganda
- $\geq 95\%$ were currently taking ART

Results

Substantial, but varying, levels of resilience—by country and province/district



All p<0.001 for differences by province/district



Associations with higher resilience—individual level

- Lower internalized stigma (all 3 countries)
- No experience of human rights abuses (DR and Uganda)

	CAMBODIA (n=1,207)		DOMINICAN REPUBLIC (n=891)		UGANDA (n=391)	
	Adj. for controls only	Multivariate	Adj. for controls only	Multivariate	Adj. for controls only	Multivariate
Internalized stigma (<i>scored 0 to 6</i>)	-0.42***	-0.28*	-0.22**	-0.31***	-0.57***	-0.41*
HIV-related enacted stigma (<i>count of types</i>)	0.31***†	0.33	0.14**	0.18***†	-0.14	-0.02
Key population-related enacted stigma (<i>count of types</i>)	— ^a	— ^a	0.11	0.07	-0.16	-0.01
Human rights abuse	0.41	-0.17	-0.56	-0.67*	-2.15**	-1.7*
Food/housing insecurity	-1.05**	-0.61	-0.39	-0.40	-0.53	-0.99*

All values shown are Adjusted Betas

^a Sample size too small for inferential analyses

*p<0.05 **p<0.01 ***p<0.001 †Significant effect is in unexpected direction

Associations with resilience—interpersonal level

- Less HIV-related stigma from close family (in the DR)
- Additional significant associations in analyses when adjusting only for control variables

	CAMBODIA (n=1,207)		DOMINICAN REPUBLIC (n=891)		UGANDA (n=391)	
	Adj. for controls only	Multivariate	Adj. for controls only	Multivariate	Adj. for controls only	Multivariate
In an intimate partnership	-0.56*†	-0.48	0.39	0.26	0.09	0.05
Supportive disclosure experiences with family/friends	0.60**	0.30	0.63**	0.39	0.91	0.37
HIV-related stigma from close family	0.76	0.10	0.04	-0.73*	-1.84***	-1.44

All values shown are Adjusted Betas

*p<0.05 **p<0.01 ***p<0.001 †Significant effect is in unexpected direction

Associations with resilience—structural/policy level

- Greater awareness of legal protections for PLHIV (Cambodia and DR)
- Experience of HIV-related stigma (Cambodia; although opposite in DR)

<i>Aggregate variables at province/district level, measured on scale of 1–10</i>	CAMBODIA (n=1,207)		DOMINICAN REPUBLIC (n=891)		UGANDA (n=391)	
	Adj. for controls only	Multivariate	Adj. for controls only	Multivariate	Adj. for controls only	Multi-variate
HIV-related enacted stigma in community	0.32 ^{***†}	-0.97^{**}	0.36 ^{**†}	0.33^{**†}	-0.29	0.16
Awareness of legal protections for PLHIV in community	0.86 ^{***}	1.41^{**}	0.63 ^{***}	0.62[*]	0.22 ^{**}	0.09
Food/housing insecurity in community	-0.35 ^{**}	0.06	-0.04	0.04	0.79 ^{***†}	0.94^{*†}

All values shown are Adjusted Betas

*p<0.05 **p<0.01 ***p<0.001 †Significant effect is in unexpected direction

Conclusions

- Factors at multiple levels affect whether PLHIV in Cambodia, the DR, and Uganda report resilience
- Internalized stigma (a negative influence) and awareness of legal protections for PLHIV (a positive influence) were particularly important
- To promote resilience among PLHIV, multilevel interventions are required
- Future research should continue to explore reasons for variation in resilience within and across countries

For more details about these analyses, see our recently-published paper in *AIDS*

What shapes resilience among people living with HIV? A multi-country analysis of data from the PLHIV Stigma Index 2.0

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the Dominican Republic and Uganda*

Objective: To inform efforts to promote greater resilience among people living with HIV (PLHIV), we examined associations between resilience and factors at the individual, interpersonal and structural/policy levels in three countries.

Design: Data come from the PLHIV Stigma Index 2.0, a cross-sectional survey with PLHIV, implemented from 2017 to 2019 in Cambodia ($n = 1207$), the Dominican Republic ($n = 891$), and Uganda ($n = 391$).

Methods: Hierarchical multiple regression was used to assess associations between resilience and factors at the individual/interpersonal/structural-policy levels, controlling for potential confounders. Resilience was measured by the previously tested PLHIV Resilience Scale.

Results: About 60% of respondents were women; mean time since HIV diagnosis was 11 years in Cambodia and seven in the Dominican Republic /Uganda. Resilience varied substantially across the six province/districts per country (all $p < 0.001$). In multivariable analyses, higher resilience was associated with lower internalized stigma (all three countries), no experience of human rights abuses (Dominican Republic), no food/housing insecurity (Uganda), and greater community awareness of legal protections for PLHIV (Cambodia and Dominican Republic). HIV-related enacted stigma (i.e., discrimination) in the community was associated with lower resilience in Cambodia, but higher resilience in the Dominican Republic. The set of structural/policy-level factors in Cambodia and the Dominican Republic, and individual-level in Uganda, explained the most variance in resilience.

Conclusion: Factors at multiple levels affect whether PLHIV in Cambodia, the Dominican Republic, and Uganda report resilience. Multilevel interventions are required to promote resilience among PLHIV, and should incorporate efforts to reduce internalized stigma and promote supportive structural/legal environments including broader awareness of legal protections for PLHIV.

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Thank You



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