

## Potential Impact of Integrated Stigma Mitigation Interventions in Improving HIV/AIDS Service Delivery and Uptake for Key Populations in Senegal

Carrie Lyons

Department of Epidemiology

Johns Hopkins Bloomberg School of Public Health

Key Populations Program

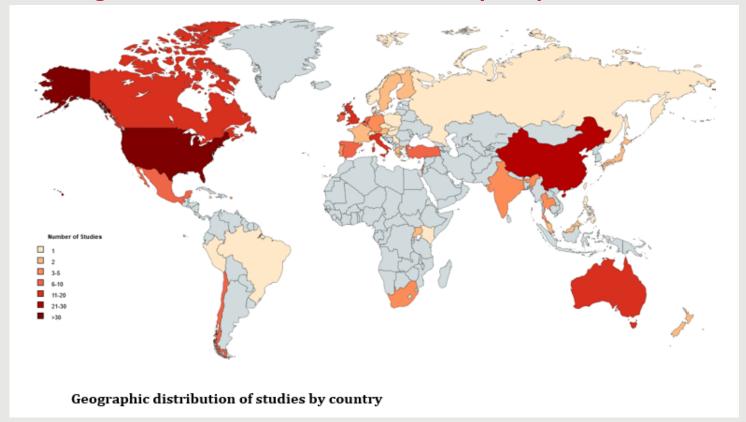
Center for Public Health and Human Rights



### Outline

- Stigma, HIV, and Key populations
- Stigma Intervention
- HIV Prevention 2.0 Study
  - Design
  - Intervention
  - Result
- Conclusions

## Where Stigma Data Are Available for Key Populations



## Potential Causal Pathway for Stigma and HIV-Risks

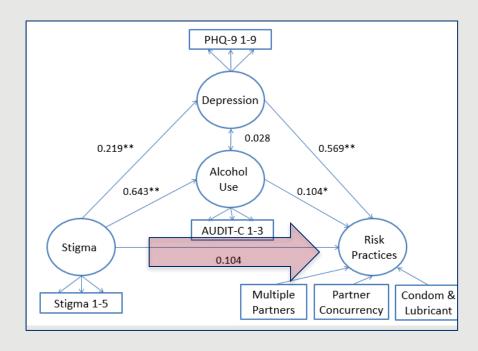
### **Structural Equation Model**

- Indirect effect of stigma in health system on sexual risk practices
- 527 MSM from Lesotho
- \*p=0.072; \*\*p<0.01

## Stigma as upstream determinant of HIV risk

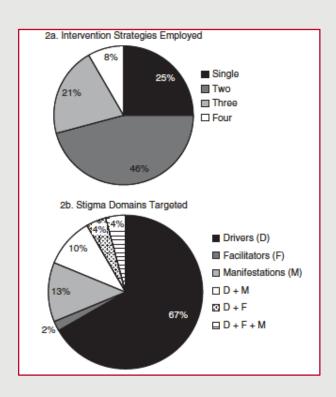
### **Opportunity**

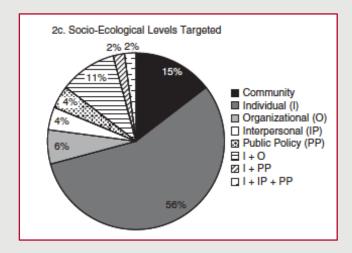
Target stigma to improve HIV risk



Source: Da, Stahlman, and Baral S. Depressive symptoms and Alcohol use as Mediators of HIV-related risk practices and stigma affecting men who have sex with men in Lesotho: a Structural Equation Modelling Approach, Annals of Epidemiology, 2016

# A systematic review of interventions to reduce HIV-related stigma and discrimination





#### **Results:**

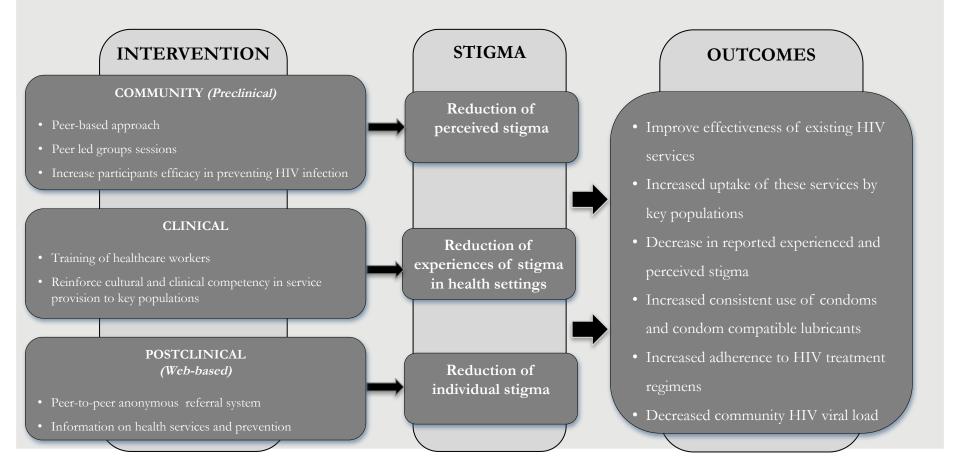
Domains and levels targeted and approaches employed in the 48 studies.

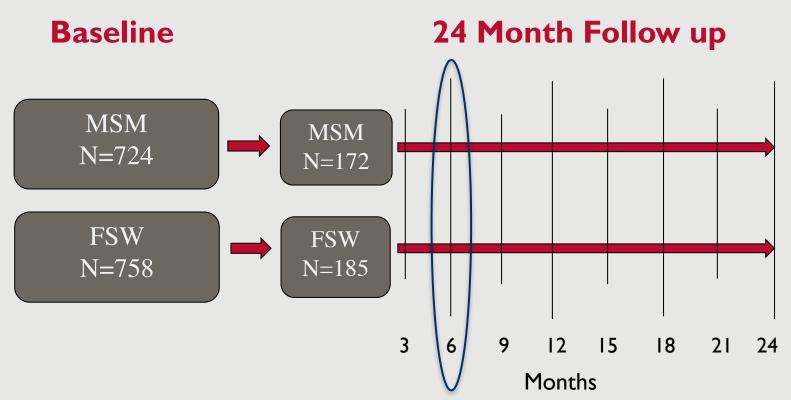
- Multiple intervention strategies
- Target multiple stigma domains
- Target multiple socioecological levels

## HIV Prevention 2.0 Study

- Objective: Develop and Evaluate Integrated Stigma Mitigation Interventions
- Study design: longitudinal cohort
- Study Population:
  - Female sex workers
  - Men who have sex with men
- Location: Senegal
  - Dakar
  - Mbour
  - Theis

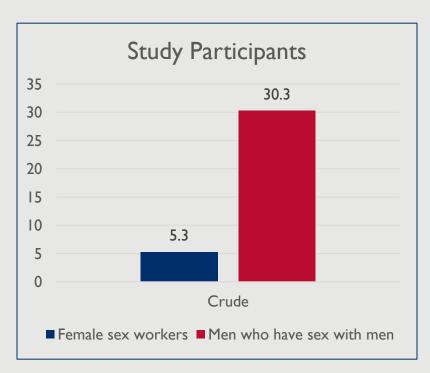
### Integrated Stigma Mitigation Intervention Framework for Key Populations

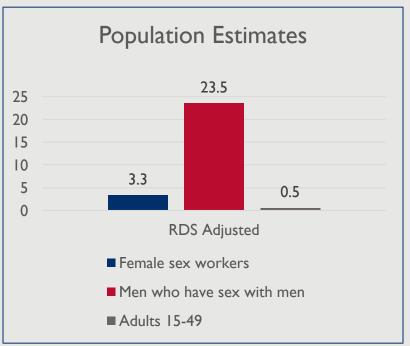




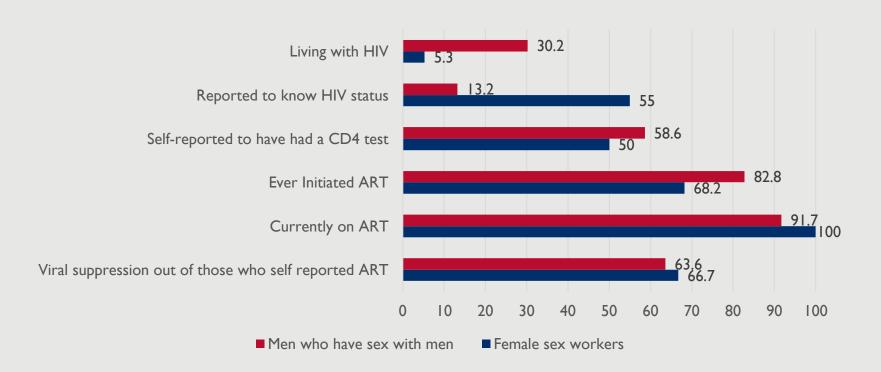
- Abbreviated questionnaires (months 3,9,15, 21)
- Full assessment (Baseline, 6, 12, 18, 24)

### **HIV Prevalence**





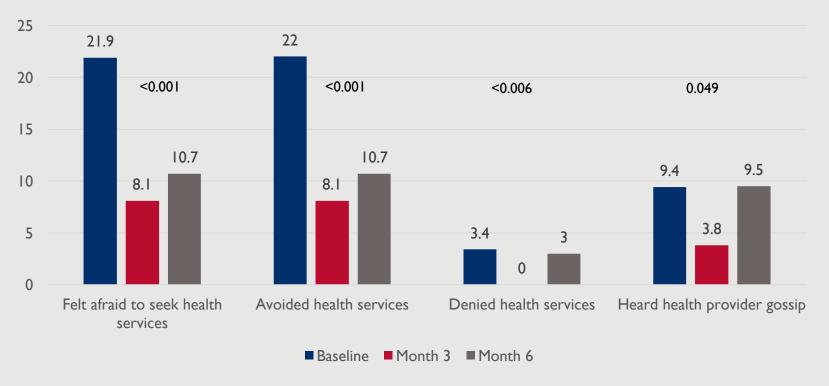
## HIV Continuum of Care at Baseline Among FSW and MSM in Senegal



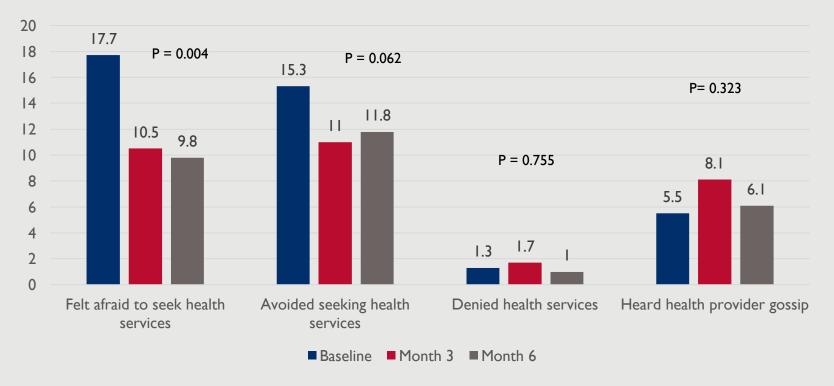
## Stigma Measures

Question	Stigma
Felt afraid seek health services because you worried someone may learn you have sex with men (MSM)/sell sex (FSW)	Perceived
Avoided seeking health services because you worried someone may learn you have sex with men (MSM)/sell sex (FSW)	Perceived
Denied health services or had someone keep you from receiving health services because have sex with men (MSM)/sell sex (FSW)	Enacted
Heard health care providers make discriminatory remarks or gossip about you because you have sex with men (MSM)/sell sex (FSW)	Enacted

# Perceived and Enacted Stigma Among Female Sex Workers at Baseline, 3 Months, and 6 Months



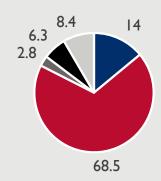
# Perceived and Enacted Stigma Among Men Who Have Sex with Men at Baseline, 3 Months, and 6 Months



## Implementation Outcomes

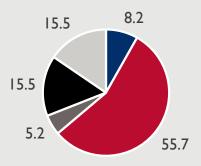
### The workshop(s) were effective in addressing stigma

#### Female sex workers



- Strongly agree
- Agree
- Netiher agree or disagree
- Disagree
- Strongly disagree

### Men who have sex with men

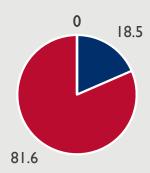


- Strongly agree
- Agree
- Netiher agree or disagree
- Disagree
- Strongly disagree

### Implementation Outcomes

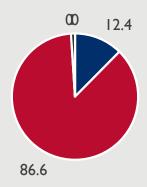
### The topics covered in the workshop(s) were relevant to my life

#### Female sex workers



- Strongly agree
- Agree
- Netiher agree or disagree
- Disagree
- Strongly disagree

### Men who have sex with men



- Strongly agree
- Agree
- Netiher agree or disagree
- Disagree
- Strongly disagree

## Lessons from Preliminary Stigma Data

• Reduction was observed in perceived stigma, however enacted stigma in the healthcare setting did not significantly decrease from baseline.

• Increased resiliency amongst participants in the cohort.

• Need to continue perceived stigma reduction efforts with cohort participants in order to maintain progress despite continued experience of stigma.

### **Conclusions**

- Reinforces the need for stigma mitigation interventions to be combined with enhanced linkage and retention to HIV care and treatment to optimize HIV outcomes among key populations.
- Although stigma is understood to be an important determinant of HIV risks, less is known about effective interventions to reduce stigma amongst key populations.
- Baseline and follow up data suggested the potential utility of the multicomponent ISMI
- There is an urgent need to address stigma in order to improve the health and human rights of key populations in Senegal, and globally.

## Acknowledgements

- Study Participants
- Key Populations Program
  - Stefan Baral, Gnilane Turpin Nunez, Sosthenes Ketende, Ben Liestman, Sheree Schwartz, Karleen Coly, Shauna Stahlman
- Enda Santé
  - Daouda Diouf, Fatou Drame, Ibrahima Ba, Nguissali Turpin, Rebecca Ezouatchi
- DANTEC
  - Souleymane Mboup, Nafi Diouf, Halimatou Diop, Coumba Toure-Kane
- DLSI
  - Cheikh Ndour, Karim Diop, Abdoulaye Wade (Retired)
- JHU CCP
  - Lynn Van Lith, Beth Mallalieu
- USAID Headquarters and West And Central Africa
  - Alison Cheng, Delivette Castor, Aisha Yansaneh, Laurent Kapesa, Tisha Wheeler, Cameron Wolf, Katie Harris