Gender Differences in Stigma and HIV-Related Quality of Life in People Living with HIV

Brittney M. Woods¹, Erin M. Fekete, Ph.D.¹, Stacey L. Williams, Ph.D.²,
Matthew D. Skinta, Ph.D.³, Nicole M. Taylor, Ph.D.¹,
Michael Chatterton, M. A.¹, Megan M. White, M. A.¹

¹University of Indianapolis, ²East Tennessee State University, ³Private Practice, San Francisco, CA

First Author Contact Information: woodsb@uindy.edu

Principal Investigator Contact Information: feketee@uindy.edu

ABSTRACT

We hypothesized that HIV-related stigma would be related to poorer HIV-related quality of life (HIV-QOL) in people living with HIV (PLWH), and that this relationship would be stronger in women living with HIV (WLWH) than in men living with HIV (MLWH). 105 PLWH completed an online survey including measures of demographics, HIV-related stigma, and HIV-QOL. Results suggest that higher levels of HIV-stigma were associated with poorer HIV-QOL, and that in some cases, this relationship was stronger for WLWH than for MLWH. It is possible that WLWH have unique HIV-related experiences affecting their quality of life that are not shared by MLWH.

PARTICIPANTS (N = 105)

Gender	Male = 70, Female = 35
Age	M = 42.7 years old
Years with HIV	M = 11.2 years
Education	Did Not Graduate High School = 5.7%, High School Graduate = 74.3%, College Graduate = 20.0%
Median Household Income	\$10,000 to \$14,999 annually
Race	49% Black, 36% White, 13% Hispanic, 2% Biracial

ANALYSIS PLAN

- Covariates:
Any demographic, health, or social characteristics associated with the dependent variables.
- Hierarchical Linear Regression and Moderated Regression Analyses
Block 1: Covariates
Block 2: Centered Predictor Variable (HIV-related stigma)
Block 3: Moderator (gender)
Block 4: Interaction term (stigma x gender)
- Significant interactions were decomposed using simple slopes analysis.

MAIN EFFECTS

- Higher levels of HIV-related stigma are associated with several dimensions of poorer HIV-related QOL:
 - More health worries, financial worries, medication worries, disclosure worries
 - Less HIV-mastery
 - Poorer sexual functioning

HIV-Quality of Life	β	SE	ΔR^2
Life Satisfaction	-.14	.10	.02
Overall Function	-.16	.08	.02
Health Worries	-.37	.08	.12***
Financial Worries	-.48	.09	.20***
Medication Worries	-.40	.09	.13***
HIV-Mastery	-.36	.10	.11***
Disclosure Worries	-.53	.08	.23***
Provider Treatment	.02	.10	.00
Sexual Function	-.31	.09	.08***

Note. Higher scores on the HAT-QOL indicate better quality of life.
*** $p < .001$

INTERACTION EFFECTS

- Significant interaction effects emerged between stigma and gender in explaining health worries ($\beta = -.21$, $SE = .10$, $p < .05$, $\Delta R^2 = .03$) and sexual functioning ($\beta = -.21$, $SE = .10$, $p < .05$, $\Delta R^2 = .03$).

HEALTH WORRIES

* $p < .05$; *** $p < .001$
Covariates include age, years since HIV diagnosis, and living arrangement.

SEXUAL FUNCTIONING

*** $p < .001$
Covariates include overall health, HIV-related symptoms.

DISCUSSION

- The gender disparities in HIV disease progression may be explained, in part, by gender differences in HIV-related stigma and HIV-QOL.
 - Although HIV-related stigma impacts HIV-QOL in both MLWH and WLWH, HIV-related stigma has a stronger impact on some aspects of WLWH's HIV-QOL.
- WLWH occupy different social, economic, and work roles than MLWH.
 - Higher rates of child related stress, more interpersonal violence, fewer social resources.
- Psychosocial interventions to reduce HIV-related stigma or improve HIV-related quality of life should be tailored to the unique needs of WLWH.

INTRODUCTION

- HIV-related stigma is the felt or enacted negative attitudes or maltreatment that an individual experiences as a consequence of their HIV-status.
 - Associated with poorer psychological and physical well-being, poorer medication adherence, and poorer health related quality of life.
- HIV-related quality of life (HIV-QOL) impacts the health and disease management of a person living with HIV.
 - Medication Adherence, Disclosure Worries, Social Support, Coping, Comorbid Disorders
- Compared to MLWH, WLWH may experience more HIV-stigma and have poorer HIV-QOL.
 - Fewer economic and social resources in coping with their illness.
 - Different health worries than MLWH, including passing the infection to offspring.
 - Caregiving and other family responsibilities that may take precedence over self-care.

HYPOTHESES

- We predicted that higher levels of HIV-related stigma would be associated with lower HIV-related quality of life in both WLWH and MLWH.
- We also expected that the relationship between stigma and lower HIV-related quality of life would be stronger for WLWH than for MLWH.

PROCEDURE AND MEASURES

- Participants completed an online survey, including:
 - Demographics
 - The HIV-Stigma Scale
 - HIV-AIDS Targeted Quality of Life Instrument (HAT-QOL)
- Upon completion, \$20.00 gift cards were mailed to participants.

Measure	Mean	SD	Actual Range	Potential Range	α
HIV-Stigma	97.52	25.5	43-153	41-164	0.96
Life Satisfaction	54.35	32.2	0-100	0-100	0.94
Overall Functioning	65.53	25.0	0-100	0-100	0.86
Health Worries	70.60	28.4	0-100	0-100	0.88
Financial Worries	51.59	35.3	0-100	0-100	0.92
Medication Worries	73.16	28.5	0-100	0-100	0.90
HIV-Mastery	61.43	36.3	0-100	0-100	0.89
Disclosure Worries	63.76	29.5	0-100	0-100	0.86
Provider Treatment	72.26	31.8	0-100	0-100	0.94
Sexual Functioning	64.29	34.3	0-100	0-100	0.93