ABSTRACT
We hypothesized that the links between spirituality and lower HIV-related stigma would be accounted for by lower levels of shame, and that this mediation model would be moderated by ethnicity in 106 people living with HIV (PLWH). Moderated mediation analyses revealed that higher spirituality was associated with reduced levels of shame, which in turn was associated with lower levels of HIV-related stigma. The indirect effect of spirituality on lower stigma through reduced shame was significant for White but not for Non-White PLWH. It is possible that other mechanisms exist to explain how spirituality operates on stigma for minorities living with HIV.

PARTICIPANTS (N = 106)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean (SD)</th>
<th>Actual Range</th>
<th>Potential Range</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirituality</td>
<td>77.71 (4.4)</td>
<td>22-110</td>
<td>22-110</td>
<td>.98</td>
</tr>
<tr>
<td>Internalized Shame</td>
<td>73.29 (3.6)</td>
<td>26-139</td>
<td>26-140</td>
<td>.96</td>
</tr>
<tr>
<td>HIV-Stigma</td>
<td>97.53 (4.3)</td>
<td>43-153</td>
<td>41-164</td>
<td>.96</td>
</tr>
</tbody>
</table>

ANALYSIS PLAN
• Analysis of Covariance (ANCOVA)
• Examine the conditional indirect effects of the predictor on the outcome variable through the mediator at differing levels of the moderator.
• Continuous predictor and mediator variables were centered to protect against multicollinearity.

RESULTS

INTRODUCTION
• HIV is still a highly stigmatized illness.
• People living with HIV (PLWH) experience higher levels of shame and stigma as a result of their illness diagnosis.
• The health benefits of spirituality in PLWH, particularly those from ethnic minority populations, have been well-documented.
• Increased psychological well-being, quality of life, better health behaviors, and longer survival rates.
• It is also possible that being more spiritual is linked to reduced feelings of shame about one’s HIV-illness.
• Lower levels of shame may relate to lower perceptions or experiences of HIV-related stigma.

PROCEDURE
• Eligibility Criteria
  • At least 18 years of age.
  • Diagnosed by a doctor with HIV or AIDS.
  • Valid email address.
• Participants completed an online questionnaire and were compensated with a $20.00 gift card.
• Measures included:
  • Demographic Information
  • Ironson-Woods Spirituality/Religiousness Index (Ironson et al., 2002)
  • Internalized Shame Scale (Rosario & White, 2006)
  • HIV Stigma Scale (Berger, Ferrans, & Lashley, 2001)

MEASURES

<table>
<thead>
<tr>
<th>Variable</th>
<th>White n = 38</th>
<th>Non-White n = 68</th>
</tr>
</thead>
</table>
| Spirituality | 80.39 (4.4)  | 76.23 (3.2)*
| Internalized Shame | 78.83 (4.6)  | 70.31 (3.3)  |
| HIV-Stigma   | 104.21 (4.3) | 93.80 (3.1)  |

<table>
<thead>
<tr>
<th>Conditional Indirect Effect</th>
<th>SE</th>
<th>Bootstrapped Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>.31</td>
<td>.12</td>
</tr>
<tr>
<td>Non-White</td>
<td>.12</td>
<td>.08</td>
</tr>
</tbody>
</table>

DISCUSSION
• Higher levels of spirituality, including religiosity, faith, and peace are related to reduced levels of shame in White men and women living with HIV, which in turn is associated with less HIV-related stigma.
• It is possible that other mechanisms, such as social support or a sense of purpose, explain how spirituality operates on stigma for minorities living with HIV.
• Interventions aimed at reducing HIV-related stigma should acknowledge the importance of spirituality for both minority and non-minority individuals living with HIV.