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Policy Brief: Combatting internalised HIV stigma – Urgent need for research evidence

Pantelic M, Shenderovich Y, Cluver L, Boyes M. Health Psychology Review. 2015 Jan 3:1-45.

Internalised HIV stigma occurs when an HIV-positive person endorses negative attitudes associated with HIV and accepts them as applicable to his or her self. Internalized stigma is a public health threat as it can hinder HIV prevention and treatment. Despite UN commitments to eliminate HIV/AIDS-related stigma by 2015, no well-established programmes to reduce internalised HIV stigma exist.

The Questions:

What is the prevalence of internalized HIV stigma in Sub-Saharan Africa?

What factors contribute to internalized HIV stigma?

Is there sufficient evidence to design anti-stigma policy?

The Research:

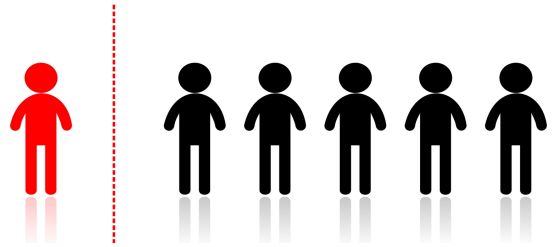
This systematic review included 7 papers on predictors and 11 papers on correlates of internalised HIV stigma in Sub-Saharan Africa. Represented in our findings are 13 unique samples of a total of 9,088 people living with HIV in South Africa, Lesotho, Malawi, Tanzania, Swaziland, Mozambique, Uganda, Kenya and Burkina Faso.

Finding 1: Prevalence of internalised HIV stigma in Sub-Saharan Africa ranges between 26.9% and 66%.

Finding 2: There is insufficient evidence to inform programing for internalized HIV stigma. No strong effects of factors that could reduce internalized HIV stigma were found:

- Improved physical health was associated with weak reductions in internalized HIV stigma in three studies.
- Improvements in mental health were associated with weak to moderate reductions in internalized HIV stigma in two studies.
- Inconsistent associations were found on the relationship between internalised stigma and socio-demographics, as well as on how internalised stigma changes over time on ART.

Finding 3: There is a notable gap in the evidence. Internalised stigma has not yet been assessed among children, nor among adolescents living with HIV, despite high HIV incidence and prevalence in this age group.



Internalized HIV stigma is severe in Sub-Saharan Africa. But evidence on how we might be able to tackle it is limited. Effective anti-stigma measures require more high-quality research.

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