

EXPERIENCE OF USING THE BRIEF AIDS-ASSOCIATED STIGMA SCALE

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Abstract. The article summarizes the data on the use of the methodology for measuring stigma towards HIV+ and AIDS patients in various professional and population groups. In general, a negative attitude towards people with HIV was revealed both among the entire population and in groups of nurses and medical students. Despite the significantly better attitude of HIV+ towards other patients, many (77.6%) of them had an internal stigma that prevented them from confronting the views of others and fighting discrimination (only 35.5% were ready to disclose their status to others).

Keywords: HIV, stigma, scale, nurses, medical students, HIV+, self-stigma, educational environment, population.

INTRODUCTION

Stigma is a social stereotype that reflects the prejudiced attitude of others towards HIV carriers [1]. It leads to feelings of shame, guilt and isolation in people living with HIV infection (HIV+), and negative attitudes from others (discrimination) push these people to inaction or actions that could harm others [2]. Stigma can negatively impact HIV+ health, quality of life, social support and well-being. It definitely affects physical, emotional and mental health. AIDS service organizations around the world are calling for the development of programs to provide effective socio-psychological and medical care for HIV+, and the creation of valid and reliable scales for assessing HIV-related stigma [3].

Over the past few years, we have accumulated some experience in studying stigma using the S.C. short scale of the same name. Kalichman et al. It contains nine dichotomous statements (“true, false”). The scale was tested on 2306 respondents from five communities in the Republic of South Africa. Its internal consistency ($\alpha=0.75$) and test-retest stability ($r=0.53-0.67$) were revealed. The scale has been translated into three languages (English, Xhosa, Afrikaans). Its validity and reliability have been confirmed in population studies of South African and North American cultures.

This publication aims to acquaint readers with the generalized results of studies conducted in Andijan (about 70% are indigenous) and show the capabilities of the methodology used.

MATERIALS AND METHODS

3335 people were surveyed. (men – 569, women – 2766) aged from 14 to 62 years (average – 26.0 ± 12.6 years). 80 lived in the city, 20% lived in the countryside. There were 637 nurses in medical institutions in Andijan, 1019 I-VI year students of the medical faculties, 200 of the Medical College. 917 people were interviewed at the social assistance center, 133 at the Republican AIDS Center, HIV+ - 107; in secondary schools there are 137 schoolchildren in grades 9-11, 88 teachers, 97 students of the ASMI.

In addition to the already mentioned brief scale for measuring AIDS-related stigma, four questions were used to determine awareness of HIV infection S.C. Kalichman et al. (appendix). Mathematical and statistical processing was carried out using Student's t-test for relative values and correlation analysis.

RESULTS AND DISCUSSION

Only 210 respondents (6.29%) were completely tolerant of HIV+. Among them there were significantly more men ($p<0.001$), city residents ($p<0.002$), with higher or incomplete higher education ($p<0.01$), and directly related to medicine ($p<0.002$). They had the highest rates of awareness of the modes of transmission of HIV/AIDS ($p<0.001$). The vast majority (more than 93%) demonstrated varying

degrees of negative attitudes (from 1 to 9 stigma responses) towards HIV+. An extremely negative position was taken by respondents who do not have higher/incomplete higher education ($p<0.001$) and people who are far from medicine ($p<0.001$). A pronounced negative attitude was noted among a number of males ($p<0.02$) with relatively low education ($p<0.001$), people of older age groups ($p<0.001$), and residents of rural areas ($p<0.02$).

The majority of respondents (79.1%) objected to HIV+ people working with children. Significantly more often these were women ($p<0.001$), residents of rural areas ($p<0.001$) and young people ($p<0.02$).

More than half of the respondents agreed to limit the rights of these people (63.4%) and did not want to have friends from among them (53.5%). Among the authors of such answers, there were significantly more women ($p<0.001$), rural residents ($p<0.05$), and non-medics ($p<0.001$). Those surveyed with low education, older age groups, and not related to medicine experienced extremely negative emotions towards HIV+. They are much more likely than other respondents to be willing to discriminate and punish such patients. Compared to women, men, as well as representatives of the listed groups, believed they had the right to impose moral principles on them, and were capable of demonstrating certain manifestations of disdain and humiliating treatment of HIV+.

43.5% of respondents consider the household route of transmission of infection to be very possible. Among them there were significantly more villagers ($p<0.01$), people with a low level of education ($p<0.001$), and those not related to medicine ($p<0.001$). Awareness of HIV infection was strongly correlated with the level of education, attitude towards medicine, place of residence and age, and on some issues, with gender (men compared to women showed better knowledge about medications for HIV/AIDS; $p<0.01$).

It can be stated that the level of absolutely correct answers is generally low (only 32%), including among medical workers (36.7%).

The responses of visitors to the social center to the survey questions generally corresponded to the patterns identified in the study. A distinctive feature of this group is the highest number of questionnaires without correct answers about the modes of transmission of HIV/AIDS (16.1 versus 9%; $p < 0.05$). This circumstance can be explained by the age composition of the respondents, which was in a wide range, from 18 to 61 years (average age – 33.3 ± 11.2 years) [3].

Although the majority of HIV+ people in the world are young, there is a growing need for prevention among older people. In particular, in the United States, the number of cases of HIV infection among people over 60 years of age is growing. People over 50 already make up 10% of HIV+ Americans, about 27% are at the AIDS stage. It is stated that older people are partially covered by treatment and preventive care for HIV, despite their continued sexual activity, drug use, and therefore the risk of infection, like young people [4].

Our study revealed low awareness of the ways of HIV infection, manifestations of personal stigma (prejudice and ideas about HIV+), which make preventive measures difficult to implement among people in the older age group.

Students of medical faculties (medical, pediatric and dental) of the university turned out to be the largest group among those surveyed. There were 75 girls and 60.4% were junior students (first-third). Their average age was 21.0 ± 4.0 years.

Tolerance of future doctors to HIV+ was slightly higher than among all those examined (7.85 versus 5.06%; $p < 0.01$). There were 2-3 times fewer sharply intolerant answers, awareness of HIV infection was significantly higher (41 versus 32% in the population; $p < 0.001$), including those who answered completely incorrectly about the ways of transmission of this infection (3 versus 9% on average ; $p < 0.001$).

Men, junior students and city residents showed a more tolerant attitude towards people with positive HIV status than women, villagers and senior students ($p < 0.01$). In general, the patterns described above were confirmed, with the only difference that lower awareness of HIV infection among junior students ($p < 0.001$)

was combined with a more tolerant attitude towards this category of patients ($p < 0.001$) [3].

CONCLUSION

The Brief AIDS-Associated Stigma Scale is a fairly informative tool for assessing tolerant attitudes towards HIV+ in various population and professional groups. It seems important that it reliably correlates with many other psychological techniques widely used in the educational environment and the healthcare system.

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