

## AIDS, Stigma and Gender: Health Consequences in Urban India

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**Project Description:** This study is a collaboration between UCSF, UC Davis, the National Institute of Mental Health and Neurosciences (NIMHANS) and the TATA Institute of Social Sciences (TISS). It takes place in different health care settings in Bangalore and Mumbai, two large Indian cities situated in high HIV prevalence states. The study was designed to:

- Examine the nature, extent, and context of AIDS stigma and discrimination by gender, at multiple levels, among people coming into contact with urban health care systems, including a) People Living with HIV/AIDS (PWAs), b) families of PWAs, c) healthcare staff; and d) general hospital outpatients.
- Measure the potential health-relevant consequences of AIDS stigma and discrimination among both perpetrators and targets of stigma at each of the above levels. These include the influence of stigma on HIV testing, on disclosure, on treatment seeking, and on willingness to provide care and treatment.
- Develop a culturally-specific theoretical understanding of AIDS stigma and health in urban India as well as measures of AIDS stigma that can be used to evaluate future stigma reduction policies and programs in health care and community settings among both victims and perpetrators of stigma.
- Develop empirically-based programs and policy recommendations to reduce AIDS-related stigma and discrimination in urban Indian health care settings and to disseminate these among regional stakeholders

**Significance:** AIDS stigma is a major barrier in the global fight against HIV/AIDS. It adds to the suffering of those infected and interferes with decisions to seek HIV counseling and testing, disclosure of HIV infection, and HIV-related treatment-seeking. Members of marginalized groups often experience dual stigma, forcing them to conceal their lifestyles and making it more difficult for them to access AIDS prevention programs and treatment. Family members and health care workers who provide care to HIV+ patients also become the target of AIDS stigma and discrimination. Our research suggests that these problems exist in India as well. Previous qualitative work in urban India by Bharat has identified AIDS stigma attitudes and overt discrimination, both in the health care setting and the family. This has included refusal to care for HIV+ individuals, additional charges for protective equipment such as extra gloves, masks, fumigation of rooms and lack of confidentiality. The data also suggest that AIDS stigma in urban India is a gendered phenomenon. Reports of women being neglected and maltreated by their husbands and in-laws are common, and many women have been found to have less access to treatment than their husbands. Indian widows are especially vulnerable to negative health outcomes due to dual stigma.

The present study builds on previous qualitative research, by examining the prevalence and correlates of AIDS stigma in the Indian context and its impact on health behaviors. It also incorporates the previously identified culture-specific themes into a modified version of quantitative measures developed and administered in the US by Herek.

**Interesting Findings:** Our culturally-specific stigma scales have excellent reliability and construct validity and provide a tool for researching the nature and extent of AIDS stigma in urban India.

**Project End Date:** June 2008