Mental health impact of intersecting stigmas of HIV, domestic violence and other marginalized identities among women living with HIV

Background

Since epidemic began, people living with HIV have experienced stigma and discrimination due to fears of contagion and moral judgement, resulting in violence and social isolation.

Women living with HIV have carried a disproportionate burden of stigma, especially in India, where gender discrimination is still rampant.

A result is widespread violence against women, mainly domestic violence from husbands and in-laws, which is itself stigmatized.

The intersecting stigmas of HIV, domestic violence, gender and other marginalized identities affect women's mental and physical health.

This study examines the impact of intersectional stigma on women's mental health and how it in turn affects their physical health. It also examines the internal and external resources women use to cope with negative experiences.

Methods In-depth interviews

In-depth interviews with 31 women living with HIV in West Bengal, India

16 in-depth interviews with key service providers

Exploration of experiences and perceptions of HIV stigma, domestic violence, intersectional stigma of domestic violence, HIV and other marginalised identities, mental and physical health impact, and resources used to cope

Methods Photovoice

8 women from the in-depth interviews recruited for photovoice

Asked to take pictures showing how they cope with the negative mental health impact of stigma

Asked to choose 2-3 photos they want to be included in the study, along witha discussion about each photograph

Exhibition on International Women's Day 2021

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Results: Summary

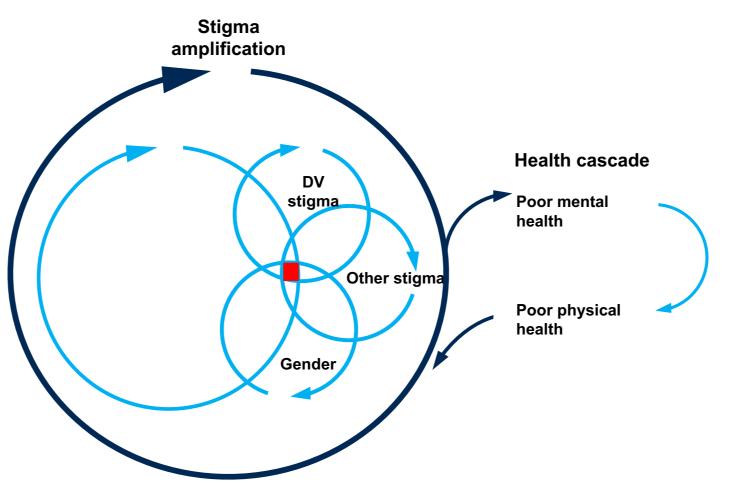
Violence compounds the mental health effects of stigma and vice versa through depression, stress related to stigma experiences, suicidal ideation and anxieties surrounding non-disclosure and anticipated stigma, finances, and poor health or impending death.

Poor mental health leads to worsening physical health through a number of different pathways, including poor adherence and nonlinkage to care and poor appetite and sleep, as well as reports of low CD4 counts associated with stress.

In order to cope, women require and use a variety of internal and external resources. Social resources such as emotional, instrumental, economic, belonging and informational support from a range of sources bolster women's internal psychological resources, such as positive reframing, self-motivation, relaxation, and faith, to help women cope.

Results: Mental health impact of stigma and violence

Global Theme: Chronic stress of the vicious circle of stigma and violence pulls women into a spiral of poor health.



Organizing Theme 1: Violence compounds the mental health impact of stigma

"When they heard they went around telling everyone, my brothers-in-laws' wives, 'she has AIDS, she has AIDS'. You know then my heart just broke. That I would live, what would I fight to live for. I used to be quite plump before, I used to work but I didn't have worry, but now as the days go by it's like so much worry has entered my mind. What will happen. It's like my mind is not working. The way they treat me. They even beat me." [Married participant aged 30]

Organizing Theme 2: The stress of violence and stigma on mental health leads to poor physical health

"Yes, then (during violence) I feel stressed, I am not able to eat properly, I worry that he is behaving like this with me, I could not sleep, night after night I would also worry. Because I would worry all the time, I mean the disease would always poke at me, that is what has happened, I would explain to him but he would not understand." [Married participant aged 28]

Results: Resources to cope with negative experiences



"If I am sick myself, then I think, if I cannot get up then my children will not get proper care. If I can take care of them a little bit, if they have eaten on time, if they took their bath on time, if they took their medicines on time, if they are healthy then I know that am healthy as well. That is what. If my children are healthy then I feel like I am healthy... If I get a little sick also then the children do a lot for me. I mean, what could be a bigger strength for me than this?"

Belonging support

"In a place where there are children, there you feel happy... Even though we have all kept our children and come here...Talking to [others in the ward], laughing with them, all of this makes me feel very good.

We are all staying happily together."

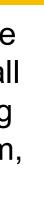


Positive thinking



"This plant... it wants to live. Wants to live life. It is small, it wants to become bigger. This plant, with water, sunshine, if it gets them the plant will have vigor. With my mental strength, I also want to live like that plant. If a plant is alive, then why can't I be alive?"

Conclusions: The compound effect of stigma and resulting violence worsens women's mental and physical health. Women living with HIV who are survivors of violence need specialized social and psychological resources to cope with their experiences. Stigma reduction training for counselors and others involved in the care of women living with HIV is critical to reduce violence against them.







Relaxation

"I hold Jesus in my hands and pray to him twice that my daughter can stand on her two feet. Let me be able to show everyone that they grew up to be good human beings. I will show them, those who have shown ghenna towards me."



"I work with my mental strength, I work with all my courage, I am not literate... I work everywhere with my mental strength... Even if it is painful there is nothing for me to do. If I work then my health will be good. That is what I think. I find my mental strength through work. And if I quit work then I feel very stressed, very worried."

> "Since my childhood, I like planting trees, to see them grow big and fruit. Like one raises a child I will raise this plant, I mean a flowering plant will blossom, a fruit tree will bear fruit, then I feel very happy. When plants grow big, blossom and fruit I feel very happy."