

EFFECT OF FAMILY DISCRIMINATION ON INTERNALIZED STIGMA AMONG PEOPLE LIVING WITH HIV (PLHIV) IN BURIRAM PROVINCE

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Abstract

Internalized stigma among people living with HIV (PLHIV) is a widespread issue globally, including in Thailand, leading to challenges in adhering to antiretroviral (ARV) treatment and hindering access to healthcare services. A cross-sectional study was conducted to collect data on PLHIV in Buriram province, extracted from a provincial health office. Univariable analysis was used to identify variables with significant associations, which were then included in multivariable logistic regression. The analysis included 589 PLHIV, with a prevalence of internalized stigma at 63.16%. Some PLHIV reported experiencing discrimination from healthcare providers, such as receiving poor service or being discouraged from having children. Low self-esteem was more common among PLHIV with internalized stigma (p-value 0.097). The multiple logistic regression revealed that family discrimination (AdjOR = 6.09 (2.33–15.88)) and employment status (AdjOR = 1.71 (1.01–2.89)) were associated with increased risk of internalized stigma among PLHIV, while longer duration of ARV treatment had a protective effect. High levels of internalized stigma were observed among PLHIV, highlighting the importance of improving family relationships and creating supportive work environments to reduce stigma and enhance medical adherence among PLHIV.

Keywords: Employment; Family discrimination; Internalized stigma; PLHIV

Introduction

In 2022, an HIV database in Thailand estimated that there were 580,000 people living with HIV (PLHIV). Approximately 78.81% of them received antiretroviral drugs (ARVs), with a reported case fatality rate of 1.96% (HIV Info Hub, 2022). Internalized stigma is a significant issue among PLHIV, characterized by a lack of self-esteem stemming from perceived social discrimination

or unacceptability (Waugh *et al.*, 2014). This internalized stigma can lead to stress and depression, impacting the quality of life (Logie and Gadalla, 2009). A study conducted in Thailand found a correlation between internalized stigma and depression among PLHIV (Thapinta *et al.*, 2022). Internalized stigma also hinders ARV compliance, leading to medical care avoidance, loss to follow-

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up, missed visits, and challenges in retention in HIV care (Valverde *et al.*, 2018). In Ethiopia, the prevalence of internalized stigma among PLHIV was estimated at 27.9% (Sori *et al.*, 2022). A study in Thailand's 9th health region revealed that half of PLHIV experienced internalized stigma, leading them to avoid seeking medical care due to discrimination and concerns about disclosing their HIV status to healthcare workers (Junthima *et al.*, 2022).

Factors such as the duration of ARV treatment (Nattabi *et al.*, 2011), unemployment (Moussa *et al.*, 2021), low self-esteem (Namisi *et al.*, 2022), knowledge regarding HIV (Abler *et al.*, 2014; Ncitakalo *et al.*, 2021), interpersonal relationships (Delabre *et al.*, 2022), and good physical health (Kerrigan *et al.*, 2017) have previously been associated with internalized stigma among PLHIV.

While health sectors in Buriram province always provide services for PLHIV, the situation of internalized stigma among PLHIV and its contributing factors is lacking. Furthermore, the association between family discrimination and internalized stigma among PLHIV is not well understood in Buriram province. Exploring the related factors of internalized stigma among PLHIV can help policymakers improve service delivery for PLHIV. The present study aimed to quantify the prevalence of internalized stigma and its associated factors among PLHIV in Buriram province.

Material and Methods

Study Design and Population

A cross-sectional study was conducted among people living with HIV (PLHIV), and the findings were surveyed and reported by the Buriram Provincial Health Office. The survey took place from January 1st to September 30th, 2023, and the data were recorded in electronic format. All records from this period were included in the study. Records with missing values or unclear information were excluded from the analysis.

Sample Size Estimation

The sample size calculation for proportion estimation was utilized (Althubaiti, 2022). The prevalence of internalized stigma in a previous study (Sori *et al.*, 2022) was 27.9%. An acceptable margin of error of 0.05 was indicated, leading to a minimum sample size of 309. As the total number of PLHIV in the database was 589, the researcher

decided to include all data without employing a random selection procedure.

Outcome and Covariates Ascertainment

Internalized stigma was assessed using a questionnaire developed by the Ministry of Public Health (International Health Policy Program, 2017). The questionnaire consisted of eight questions to measure internalized stigma among people living with HIV (PLHIV), with a total score ranging from 0 to 32. PLHIV scoring >15 was considered to have internalized stigmatization. Self-esteem was evaluated using 10 questions, with a total score of 40. Low self-esteem was defined as a total score <24. Experiences of discrimination by healthcare providers were defined as instances of discrimination by healthcare providers in medical care and reproductive services for PLHIV. These experiences were collected through interviews conducted within the past 12 months. Family discrimination was described as the situation where family members of PLHIV became aware of their HIV-positive status. HIV status disclosure was examined in two aspects: disclosure by PLHIV themselves and disclosure by healthcare providers without their consent.

Data Collection and Management

The researcher formally requested permission from the Buriram Provincial Health Office via an official letter. All electronic data, including outcomes and covariates, were obtained from the Department of Disease Control at the Buriram Provincial Health Office. Missing values were addressed using the pairwise deletion method.

Data Analysis

Categorical variables were reported as frequencies and percentages. Chi-square and Fisher's Exact tests were used to compare covariates with internalized stigma. Mean and standard deviation (SD) were also provided. The student's t-test was used to compare continuous variables with stigma status. The significance level was set at 0.05. Significant factors were further analyzed using multivariable logistic regression, with results presented as adjusted odds ratios (AdjOR) and 95% confidence intervals (95%CI).

Ethical Approval

The ethical approval letter was requested and approved by the Ethical Committee of Buriram Hospital. The approval number was BR0033.102.1/58 and was granted on December 25, 2023.

Results

Baseline Characteristic of the Surveyed Participants

Out of the 589 PLHIV surveyed, there were no missing values. The gender distribution was balanced, with similar proportions of males and females. A small percentage of participants were unemployed (12.5%), and nearly half of them were married. The average age of the participants was 43.61 years, with a median monthly income of 5,000 Baht. On average, they had been on ARV treatment for 9.32 years. Most of the participants had completed primary school education. Approximately three-quarters of them identified as heterosexual. The majority of PLHIV had disclosed their HIV status to others, including family members, although some reported experiencing discrimination within their families. More than three-quarters of the participants had disclosed their status to others, while 6.79% had their status disclosed by healthcare providers. Low self-esteem was reported by 34 PLHIV (5.77%) (Table 1).

Internalized Stigma Among PLHIV

Internalized stigma among people living with HIV (PLHIV) was assessed using eight questions. The results showed that nearly 70% of participants were concerned that their friends might end their relationships with them because of their HIV status. Additionally, around 31% of participants agreed that they might face insults due to being PLHIV. Some participants expressed feelings of hopelessness and uncertainty about their future because of their HIV status. A significant portion (one-third) felt embarrassed and believed that they deserved their HIV infection as a form of karma. Furthermore, almost 20% avoided seeking healthcare services, and 30.7% reported that their HIV status had a negative impact on their family relationships. Overall, internalized stigma was prevalent among 372 PLHIV, with a rate of 63.16% (Table 2).

Experiences Regarding Discrimination by Healthcare Providers

Approximately 6% of the participants encountered service avoidance from healthcare

Table 1. Baseline characteristic of the surveyed participants (n = 589)

Characteristics	Number	Percentage
Gender		
Male	289	49.10
Female	300	50.90
Homosexual		
Yes	142	24.11
No	447	75.89
Mean (SD)	43.49 (12.08)	
Median (Min : Max)	45 (16 : 74)	
ARV duration (years)		
Mean (SD)	9.23 (6.88)	
Median (Min : Max)	9 (0 : 61)	
Marital status		
Single	216	36.80
Married	270	46.00
Widow	57	9.70
Divorce	44	7.50
Educational level		
No education	24	4.08
Primary school	244	41.42
Junior secondary school	131	22.24
Senior secondary school	116	19.70
Diploma	22	3.73
Bachelor's degree or above	52	8.83
Occupation		
Unemployed	74	12.60
Employed	515	87.40
Monthly income		
Mean (SD)	7,226.61(8,637.86)	
Median (Min : Max)	5,000 (0 : 100,000)	
HIV status disclosure by themselves		
Yes	457	77.59
No	132	22.41
HIV status disclosure by healthcare providers		
Yes	40	6.79
No	549	93.21
Low self-esteem		
Yes	34	5.77
No	555	94.23

Table 2. Internalized stigma among PLHIV (n = 589)

Characteristics	Number	Percentage
Internalized stigma prevalence		
Internalized stigma		
Yes	372	63.16
No	217	36.84
Internalized stigma questions		
Their friends may break up with them because they were PLHIV		
Agree	182	30.90
Disagree	407	69.10
People may insult them because they were PLHIV		
Agree	169	28.69
Disagree	420	70.31
They felt futureless because they were PLHIV		
Agree	82	13.93
Disagree	507	86.07
They felt embarrassed when they were PLHIV		
Agree	191	32.42
Disagree	398	67.58
They thought that their infection resulted from their karma		
Agree	191	32.42
Disagree	398	67.58
They felt hopeless when they were PLHIV		
Agree	106	18.06
Disagree	481	81.94
They avoided medical services when they were PLHIV		
Agree	115	19.52
Disagree	474	80.48
Their family felt ashamed because they were PLHIV		
Agree	181	30.73
Disagree	408	69.27

Table 3. Experiences regarding discrimination and HIV disclosure by healthcare providers (n = 589)

Characteristics	Number	Percentage
Routine health services		
Avoided to service		
Yes	372	63.16
No	217	36.84
Serviced last in line		
Yes	182	30.90
No	407	69.10
Serviced lousy		
Yes	169	28.69
No	420	70.31
Reproductive health services		
Suggested them to avoid sexual intercourse with their partner		
Yes	82	13.93
No	507	86.07
Suggested them to avoid getting their children		
Yes	191	32.42
No	398	67.58

providers, with 6.79% being served last in line. Additionally, 5.60% of PLHIV reported receiving substandard service. Some participants were even advised by healthcare providers to abstain from sexual intercourse with their partners and refrain from having children when seeking reproductive health services. Furthermore, 40 PLHIV (6.79%) reported their HIV disclosure status being revealed without their consent (Table 3).

Related Factors of Internalized Stigma Among PLHIV

The prevalence of internalized stigma was similar among males and females (p -value = 0.104). Employed individuals reported a higher level of internalized stigma compared to unemployed individuals (p -value = 0.024). The average duration of antiretroviral (ARV) treatment was lower in the internalized stigma group than in the

Table 4. Associated factors with internalized stigma by univariable analysis (n = 589)

Factors	Number of sample	Internalized stigma		p-value
		n	(%)	
Sex				0.104
Male	300	173	59.86	
Female	289	199	66.33	
Age (year)	589	N/A	1.75*	0.091
ARV duration (year)	589	N/A	1.47*	0.013
Occupation				0.024
Employed	515	334	64.85	
Unemployed	74	38	51.35	
Marital status				0.974
Married	270	169	62.59	
Single	215	138	64.17	
Widow	57	37	64.91	
Divorce	44	27	61.36	
Homosexual				0.891
Yes	142	89	62.67	
No	447	283	63.31	
Family discrimination				0.002
Yes	41	35	85.37	
No	548	337	61.50	
HIV disclosure by PLHIV themselves				0.490
Yes	457	292	63.89	
No	132	80	60.61	
HIV disclosure by healthcare providers				<0.001
Yes	40	12	30.00	
No	549	360	65.60	
Low self-esteem				0.097
Yes	34	26	76.47	
No	555	346	62.34	
Experiences of discrimination in routine health services				<0.001
Yes	44	14	31.82	
No	545	358	65.69	
Experiences of discrimination in reproductive health services				0.083
Yes	74	40	54.05	
No	515	332	64.47	

Table 5. Associated factors with internalized stigma by multivariable logistic regression (n = 589)

Factors	Number of sample	Internalized stigma		AdjOR	95% CI	p-value
		n	(%)			
Family discrimination						<0.001
Yes	41	35	85.37	6.09	2.33 – 15.88	
No	548	337	61.50	Ref.		
Occupation						0.044
Employed	515	334	64.85	1.71	1.01 – 2.89	
Unemployed	74	38	51.35	Ref.		
ARV duration	589	N/A	N/A	0.96	0.93 – 0.98	0.017

non-internalized stigma group (p-value = 0.015). Family discrimination was more common in people living with HIV (PLHIV) who experienced higher levels of internalized stigma compared to those with lower levels (p-value = 0.002), while disclosure status did not show any significant association (p-value = 0.490). Both experiences with routine medical and reproductive health services were significantly associated with internalized stigma (both p-values <0.001). The proportion of PLHIV with self-esteem was similar in both groups with different levels of internalized stigma (p-value = 0.097) (Table 4). A multivariable logistic regression analysis was conducted to adjust for other variables. Employment was associated with a 71% increase in the odds of experiencing internalized stigma

(AdjOR = 1.71 (1.01-2.89)). Family discrimination was also a significant factor contributing to internalized stigma (AdjOR = 6.09 (2.33-15.88)). Additionally, for every year increase in the average duration of ARV treatment, the odds of experiencing internalized stigma decreased by 4% (AdjOR = 0.96 (0.93-0.98)) (Table 5).

Discussion

Internalized stigma is a significant factor contributing to depression and medical avoidance among people living with HIV (PLHIV). The prevalence of internalized stigma in Buriram was 63.16%, higher than reported in Ethiopia (Sori *et al.*,

2022) and the 9th region in Thailand (Junthima *et al.*, 2022). This high prevalence indicates a lack of knowledge and awareness about HIV in the Buriram population, emphasizing the need for targeted health education programs. Discrimination experiences by healthcare providers towards PLHIV were also documented, similar to findings in a qualitative study in China (Mo and Ng, 2017) where PLHIV were often isolated and gossiped about. However, the discrimination rate was lower than in a study conducted in Egypt (Aziz *et al.*, 2023).

Factors associated with discriminatory behaviors were identified in China, with healthcare providers lacking knowledge about HIV transmission and prevention being more likely to exhibit discriminatory behavior (Dong *et al.*, 2018). In Indonesia, fear of HIV transmission and low HIV knowledge were also linked to discriminatory behavior (Hidayat *et al.*, 2023). Nursing staff were frequently reported for discriminatory behavior, particularly towards PLHIV with substance abuse and homosexuality (Zarei *et al.*, 2015).

Family discrimination significantly increased the likelihood of experiencing internalized stigma by six times, as supported by a study conducted in China (Li *et al.*, 2008). The research aimed to investigate the impact of family relationships on internalized stigma among people living with HIV. The findings revealed that upon learning about their HIV status, family members resorted to discriminatory behavior, leading to feelings of shame. This discrimination within family networks also contributed to psychosocial distress and limited social support for individuals living with HIV. Similar findings were reported in Iran (Arshi *et al.*, 2020), where higher levels of family support were associated with lower levels of internalized stigma, indicating that strong family support could help reduce internalized stigma among this population. The relationship between family discrimination and internalized stigma has also been studied in the context of psychosis (Korkmaz and Küçük, 2016). Research in Turkey has shown a negative correlation between perceived family support and internalized stigma among psychosis patients, highlighting the importance of positive family relationships in improving quality of life by reducing internalized stigma (Chang and Chen, 2020; Wang *et al.*, 2021). A qualitative study in the USA focused on gay men and their experiences of internalized stigma following disclosure of their sexual orientation (del Pino *et al.*, 2016). Family members of gay men expressed disappointment and shame, leading to subsequent discrimination. Cultural and religious influences played a role in shaping this discriminatory behavior. Many gay men reported experiencing internalized stigma

and turned to alcohol and drug use as coping mechanisms.

The duration of ARV treatment was found to decrease the likelihood of experiencing internalized stigma by 4%, a statistically significant result. Previous studies in Australia (Cama *et al.*, 2015) and Uganda (Tsai *et al.*, 2013) showed that PLHIV initially experienced moderate to high levels of internalized stigma when starting ARV treatment. However, as the duration of ARV treatment increased, the level of internalized stigma decreased, leading to improved medical compliance among PLHIV. A study in Ethiopia also found that longer ARV treatment duration was associated with lower internalized stigma scores (Fido *et al.*, 2016). Employment was identified as a significant factor in this study (AdjOR = 1.71 (1.01-2.89)). Previous literature has highlighted internalized stigma in the workplace. A study in the USA (Lightner *et al.*, 2021) showed that PLHIV status impacted employment and mental health. A qualitative study in Uganda (Twinomugisha *et al.*, 2020) revealed that many PLHIV feared discrimination at work, with some even experiencing suicidal thoughts. Research in West and Central Africa (Sprague *et al.*, 2011) reported instances where PLHIV workers were required to disclose their status before being hired. Employers' attitudes towards PLHIV were also examined in Chicago, Beijing, and Hong Kong (Rao *et al.*, 2008), with concerns about the workplace image and potential reputation damage influencing their decisions on hiring PLHIV.

Strength and Limitation

The study initially identified the factors linked to internalized stigma among people living with HIV in Buriram province. The findings were valuable for shaping targeted policies to assist this population. However, a limitation of the study was that it relied on secondary data, which may have reduced the data's validity compared to primary data collection. Additionally, there may have been recall bias as participants were asked to recall discrimination experiences from the past 12 months.

Recommendations

To enhance the well-being of people living with HIV (PLHIV), it is essential to strengthen family relationships through home visits and family meetings. This support system can positively impact the physical and mental health of PLHIV, leading to improved medical adherence and overall quality of life.

Creating a supportive workplace environment is crucial in combating discrimination against employed PLHIV. Workplace health education and team-building activities can help foster understanding and acceptance. Additionally, peer support plays a vital role in promoting antiretroviral (ARV) compliance among employed PLHIV.

Healthcare providers should undergo regular training programs focused on caring for PLHIV to address discriminatory behavior and reduce internalized stigma. By enhancing their knowledge and skills, healthcare providers can better support PLHIV, ultimately improving their medical adherence and quality of life.

Conclusions

Internalized stigma among people living with HIV (PLHIV) continues to be a significant issue. Family discrimination and challenges in employment are key factors contributing to this stigma, while longer duration of antiretroviral (ARV) treatment helps to mitigate it. Enhancing family support and creating supportive work environments are crucial steps in reducing internalized stigma and fostering improved medical adherence among PLHIV.

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