## **HIV Stigma and Discrimination in Manitoba**

Sigma and discrimination are some of the biggest challenges for people living with HIV and barriers to HIV prevention, treatment, care and support. HIV-related stigma needs to be understood in the social and cultural context in which it occurs to effectively target and design appropriate interventions to improve the health, well-being and community participation of people living with HIV. However, there is very little known about the experiences of stigma and discrimination among people living with HIV in Manitoba.

This community-based research will build capacity to better understand the experience of HIV-related stigma in Manitoba. We will: develop a strong research partnership between communities affected by HIV, service providers, decision makers and researchers; exchange diverse form of knowledge about the experiences of stigma and discrimination; pilot test a tool called the People Living with HIV Stigma Index to tell us more about the experiences of stigma; and develop future research and action to address the challenges of stigma and discrimination experienced by people living with HIV in Manitoba. Strong collaborative efforts and greater understanding of the day to day experiences of stigma and discrimination can provide the means to plan policies, interventions, services and programs that improve the care and support of people living with HIV, reduce stigma, and increase the health and wellbeing of people living with HIV in their communities.

**Purpose:** The overall purpose of this project is to inform the development of policies, programs, services and interventions that contribute to addressing the persistent stigma and discrimination experienced by people living with HIV in Manitoba. We aim to build capacity to engage people living with HIV to better understand the provincial experience of HIV stigma and discrimination and to embed monitoring of stigma experiences over time within the development of future initiatives to address stigma in the day-today work of the Manitoba HIV program and other community organizations.

The project will catalyse the initial stages of this work through achievement of the following objectives:

- 1. To develop a **strong research partnership** between communities affected by HIV, service providers and researchers to address the challenges of the persistent stigma and discrimination experienced by people living with HIV in Manitoba.
- 2. To convene a series of 3 **collaborative forums** with members of affected communities, service providers, researchers and policy makers to develop community-based strategies for research and action to address HIV stigma in Manitoba.
- 3. With the input of affected communities, **pilot test and assess the feasibility of implementing the** *People Living with HIV Stigma Index* (HIV Stigma Index) in Manitoba.

4. To **develop future community-based research projects** that address the challenges of stigma and discrimination experienced by people living with HIV in Manitoba and across Canada.

**Design:** We will use a mixed methods design that includes both qualitative and quantitative data collected from the HIV Stigma Index. Approval will be obtained from the Health Research Ethics Board at the University of Manitoba and partner organizations, as required, prior to data collection.

Training of Peer Research Associates (PRAs): A key of feature of implementation of the HIV Stigma Index is the administration of the questionnaire by PRAs. The questionnaire will be administered as a participatory process that involves people living with HIV as interviewers as well as interviewees. We will hire people living with HIV as PRAs, aiming to reflect diversity of our local epidemiology. The PRAs will administer the HIV Stigma Index questionnaire and be involved in analysis and interpretation of the data. We will develop a three-day training program for PRAs to prepare them for administration of the tool. The training program will include information about the questionnaire content as well as the processes of administering the tools (e.g., approaches to reducing power imbalances between interviewers and interviewees, explaining the interview to participants, informed consent and confidentiality, dealing with emotional responses, and identifying the need for referral and follow-up). The training program will also include strategies for the interviewers' self-care and dealing with difficult content during the interviews.

Instrument: The HIV Stigma Index was developed by the International Planned Parenthood Federation, Global Network of People Living with HIV, International Community of Women Living with HIV & the Joint United Nations Program for HIV and AIDS as an action oriented research tool, by and for people living with HIV. It was designed to facilitate action to inform the implementation of policies as well as the consideration of HIV-related stigma in programs and interventions. The HIV Stigma Index is intended to build capacity and empowerment thorough involving people living with HIV in all stages of implementation including review of the tool, collecting data, analysing and interpreting results and planning action. The HIV Stigma Index has been implemented in over 60 countries and has been translated into 45 languages.

## **Core Research Team:**

Gayle Restall (Nominated Principal Investigator) is with the Department of Occupational Therapy, University of Manitoba; Mike Payne (Principal Knowledge User) is the Executive Director of Nine Circles Community Health Centre; Paula Migliardi (Coinvestigator); Pumulo Roddy (Knowledge User), Rick Lees (Co-applicant); Priscilla Bilsborough (Knowledge User), and James Price (Knowledge User); John Wylie (Coinvestigator) is with the Departments of Medical Microbiology and Community health Sciences at the University of Manitoba; Marissa Becker (Co-investigator) is with the Departments of Medical Microbiology and Community Health Sciences at the University of Manitoba and Associate Director of the Manitoba HIV Program.

**Collaborators**: Sean Rourke (REACH) and Catherine Worthington (University of Victoria) will catalyze national and inter-provincial collaboration. Shohan Illsley (595 Prevention Team) will be a local collaborator who will provide support for participant recruitment and consultation related to training peer researchers.