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HIV/AIDS STIGMA AND DEPRESSION AMONG INJECTING DRUG USERS IN PAKISTAN

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ABSTRACT

Objective: *The purpose of this study was to explore the role of HIV/AIDS stigma in development of depression among people suffering from HIV/AIDS due to injecting drug use.*
Design: *Correlational Study.*
Place of Study and duration: *Institute of Clinical Psychology during the year 2017.*
Subjects and Method: *Data were collected through purposive sampling from 150 male participants of 25 years- 45 years (Mean age=31.65, SD=5.887) infected with HIV/AIDS due to injecting drug use. The participants were approached from HIV/AIDS treatment center at Civil Hospital, Karachi. Scales used to measure the variables of HIV/AIDS stigma, Urdu translation of HIV Stigma Scale and for depression Siddiqui-Shah Depression Scale were used. Information was gathered through individual administration of the scales in the form of interviews.*
Results and Conclusion: *Regression analysis indicated that HIV/AIDS stigma contributed to 40.6% of the variance in depression among people infected with HIV/AIDS due to injecting drug use. Further, factor based regression analysis indicated that among the four aspects (personalized stigma, disclosure concerns, negative self-image and concern with public attitudes toward people with HIV/AIDS) of HIV/AIDS stigma, there is a predictive association between negative self-image and depression in people infected with HIV/AIDS due to injecting drug use. The study indicates the increasing need to focus on the psychosocial aspect of HIV/AIDS. HIV/AIDS and injecting drug use have serious medical implications for the patients and when these patients have to suffer the stigma of having these medical problems, it adds to their psychological disturbance ultimately resulting in the development and worsening of depression.*

Keywords: *HIV/AIDS Stigma, Personalized Stigma, Negative Self Image, Negative Public Attitude, Depression.*

INTRODUCTION

HIV/AIDS pandemic has been present in Western world for over 30 years now. The prevalence burden of HIV in Pakistan is still low with an estimated prevalence of 0.1% adult population with HIV. However, it has become a reason of medical and psychosocial attention in Pakistan due to its major concentration (approximately 21% prevalence of HIV) among injecting drug users in major urban areas (The World Bank, 2012).

HIV/AIDS is a serious medical condition due to several factors such as; no medical cure has been found yet, there is no way of knowing that a person has been infected with HIV till testing is done or till the disease has reached the advanced stage of AIDS, once HIV reaches AIDS then various opportunistic diseases occur leading to a weaker and weaker immune system, if timely tests for HIV are not carried out then there is a constant threat that the person can further transmit the virus to other people through the exchange of bodily fluids (donating blood, sexual intercourse or sharing needles). While these factors make HIV/AIDS a serious medical condition, at the same time there are many factors due to which it has become a serious psychological and social problem.

Stigma associated with HIV/AIDS is so intense that most of the people avoid even being tested for it (Ahsan Ullah, 2011; Ekstrand, Bharat, Ramakrishna, & Heylen, 2012). Stigma is faced in variety of ways such as in the form of loss of support from family and social relationships, discriminated attitude at workplace, biased treatment at health care centers (Bashir, 2011; Darrow, Montanea, & Gladwin, 2009). HIV/AIDS stigma is present not only because it has the potential to be transmitted to others but also because this disease is thought to occur to people because of their own certain characteristics and behavioral tendencies. It is not always the case, for example infants infected with HIV due to vertical transmission, individuals infected with HIV due to unscreened blood received during surgeries or dialysis. Similarly, transmission of virus due to sexual intercourse with life partner who is HIV positive are some of the scenarios where people are engaged in socially acceptable behaviors yet they get HIV.

Stigma is always faced by HIV/AIDS infected people regardless of the cause of HIV transmission but it is reported to be experienced more among people who were perceived to be infected with the virus due to their own fault such as using drugs through injections and needle sharing (Chan, Stoove, & Reidpath, 2008).As substance use disorder, especially using drugs via needle sharing is in itself a highly stigmatized condition therefore when HIV/AIDS is diagnosed to a person who is already suffering addiction problem then the situation becomes complicated. The person not only faces the stigma of drug addiction but also the stigma of having HIV/AIDS which is known to be leading to many psychological problems (Lowther, Selman, Harding, & Higginson, 2014; Ciesla & Roberts, 2001).Presence of depression among HIV/AIDS diagnosed patients has been widely reported (Lowther et al., 2014). The shock of having a disease that is not curable and the efforts to adjust to the various limitations of the disease have the potential to take an individual towards negativity and low mood. many other risk factors are recounted to play a major role in the onset and increased level of depression among HIV/AIDS patients. HIV/AIDS stigma is significantly linked with depressive symptoms (Endeshaw et al., 2014; Jagannath et al., 2011; Relf & Rollins, 2015).

People who experience stigma of HIV/AIDS and as a result have a negative view of themselves become two to three times more at risk of developing depression as compared to those who don't experience HIV/AIDS stigma (Charles et al., 2012). When people suffer from both HIV/AIDS and depression, experience more rapid and greater deterioration in health and lack of interest than if they suffer from depression or HIV/AIDS alone (Gunn et al., 2012). There are a number of researches done in Western countries which show that there is a significant positive correlation between stigma and depression but the few research conducted in Asian countries are worth mentioning as they are geographically and culturally closer to Pakistan as compared to West, hence the results will be more appropriate to correlate with Pakistan. Findings of a recent research conducted in China showed that an increase in HIV stigma resulted in increased depressive mood with internalized stigma being strongly associated with depression (Tao et al., 2017).

While there are many researches available which report the association of HIV/AIDS stigma and depression, the area is still under researched in Pakistan.

Keeping in mind the importance of the association and its impact on the mental well-being, the current study was designed to find out the predictive relationship of HIV/AIDS stigma with depression among Pakistani people diagnosed with HIV/AIDS due to injecting drug use.

It was hypothesized that "HIV/AIDS stigma will predict depression among people with HIV/AIDS"

METHOD

The research under study was designed to assess the role of stigma associated with HIV/AIDS as predictor of depression among people diagnosed with HIV/AIDS as a result of intravenous drug abuse. The study is a correlational one. The main steps of the study included selection of participants, administration of measures and analysis of data.

Participants

National Enhanced HIV/AIDS Control is a program initiated by Government of Pakistan to provide free HIV testing services and Anti-Retro viral therapy to the public. The program has its centers in various hospitals of every province. Data for the current study was collected from Civil Hospital, Karachi which has the provincial center of Enhanced HIV/AIDS Control Program.

Sample size was calculated by A priori analysis using G* Power 3 (Faul, Erdfelder, Lang, & Buchner, 2007) and 150 sample size was confirmed to be adequate. 150 male participants were selected through purposive sampling. The participants' age ranged from 25-45 years (Mean age=31.65, SD=5.887). Only those participants diagnosed with HIV were included who had intravenous drug use as their cause of infection. Further, those participants were excluded who had any pre-existing psychiatric disorder, who had any other chronic illness or had any physical disability. Those participants were also excluded who could not comprehend the instructions provided to complete the measures

Ethical consideration

The study was conducted as per the standard ethical considerations. permission was taken from the concerned authorities. When participants were approached, they were provided with an informed consent which included the

introduction of the researcher such as name, position and affiliation. The purpose of the study and nature of confidentiality was also explained. Participants were also provided with the information that if they would be interested to know the results of the study, they can contact the researcher through details provided for contact. Their right to withdraw from the study was explained. After the interview they were thanked for their participation and debriefing was done.

Measures

Demographic Information Form

Demographic information form was self-developed with the aim of tapping all the relevant information that could help in understanding the socio-demographic characteristics of participants. The characteristics included were age, marital status, socio-economic status, education, occupation, history of substance use and injecting drugs, duration of HIV/AIDS diagnosis.

HIV Stigma Scale

The HIV Stigma Scale (Berger, Ferrans, & Lashley, 2001) measures the stigma perceived by HIV/AIDS infected people. It is established on the basis of stigma and psychosocial aspects of having HIV/AIDS. It consists 40 items that uses a 4- point Likert- type scale; it ranges from strongly- agree to strongly-disagree. Each item on the scale is scored from 1 to 4 with total scores ranging from 40 to 160. It encompasses four factors of stigma; personalized stigma, disclosure concerns, negative self-image and negative public attitudes.

For this study Urdu translation of HIV Stigma Scale (Saif & Shahzad, 2017) was used which has good psychometric properties. Cronbach's alpha for scale and subscale ranges from 0.81-0.94. Test retest reliability ranges from 0.92-.96. Its construct validity is established by comparing it with other related constructs such as Rosenberg Self-Esteem (r= -0.53) and Siddiqui Shah Depression Scale (r= 0.64).

Siddiqui Shah Depression Scale (SSDS)

Siddiqui Shah Depression Scale (Siddiqui & Shah, 1997), an indigenously developed self-report scale is constructed to measure the level of depression in both clinical and non-clinical population of Pakistan. The scale has a total of 36

items which measure depression. It is developed with a 4-point scale, where '0' represent no sadness, '1' normal sadness, '2' mild depression and '3' severe depression. Total score is categorized into three level of severity of depression; 'mild', 'moderate' and 'severe'.

The internal consistency (alpha coefficient) is 0.91 for clinical and 0.89 for non-clinical population. Split-half reliability of the scale with Spearman-Brown correction is r=0.79 and r= 0.84 for clinical, r=0.80 and r= 0.89 for non-clinical population. The validity of the scale is established by its relationship with Zung's Depression Scale, r=0.55 and Psychiatrist's ratings of depression, r=0.40 (Siddiqui & Shah, 1997).

RESULTS

Table 1

Regression analysis for the variable of Stigma associated with HIV/AIDS as a significant predictor of depression among people diagnosed with HIV/AIDS due to injecting drug use

Variables	***R***	***R^2***	***Ad.R^2***	***F***	***p***
HIV/AIDS stigma	.641	.410	.406	102.995	.000
Depression					

Table 2

Pearson Correlation of Personalized Stigma, Disclosure concerns, Negative Self-Image and Public Attitudes with Depression

Variables	***Pearson Moment***
Personalized Stigma	.632*
Disclosure	.447*
Negative self-image	.645*
Public Attitudes	.611*

* *Correlations are significant at 0.01 level (2-tailed)*

Table 3
Regression analysis summary for four factors of stigma associated with HIV/AIDS as significant predictor of depression among people diagnosed with HIV/AIDS due to injecting drug use

Factors	*Unstandardized Coefficients*		*Standardized Coefficients*	*T*	*p*
	B	*SE*	*Beta*		
Personalized stigma	.542	.336	.307	1.612	.109
Disclosure concerns	-.046	.244	-.018	-.188	.851
Negative self-image	.980	.280	.388	3.493	.001
Public Attitudes	.034	.357	.020	.096	.924

DISCUSSION

The study investigated the predictive role of stigma associated with HIV/AIDS in the development of depression among HIV/AIDS diagnosed people as a result of injecting drug use. The results of the study show that HIV/AIDS stigma predicts depression positively. It can be summed up from the results that HIV/AIDS patients who face stigma are at more risk of developing depression due to the HIV/AIDS stigma (see Table 1).

Stigma includes experiencing discriminatory attitudes from others which can result in unfriendly and intimidating environment for the HIV/AIDS diagnosed people. HIV/AIDS stigma results in psychological stress responses in the form of decreased positive emotions and increased negative emotions thus

leading to depression. Hence, persistent experiences of stigma by the HIV/AIDS patients lead them towards persistent feelings of a negative emotional state (Pascoe & Richman, 2009).

As the study majorly aimed at understanding the functioning of stigma associated with HIV/AIDS in the development of depression in Pakistani context therefore it is important to discuss how the HIV/AIDS stigma functions in Pakistan especially when the HIV/AIDS patients are also involved in drug abuse i.e. injecting drug use. The behaviors related to HIV/AIDS which are high risk such as extramarital sex, multiple sex partners and injecting drug use are considered as negative and wrong all over the world but in Pakistan due to the religious and moral values these behaviors are also considered as sinful and immoral acts (Smith, 2004). Thus being diagnosed with HIV/AIDS regardless of the source of transmission is taken as an indication that the person is involved in sinful activities and hence social acceptance becomes difficult.

Other than the concept of HIV/AIDS as a 'sinful' disease the HIV/AIDS related stigma also occurs because majority of the Pakistani population lacks proper awareness about it. The HIV/AIDS stigma prevails due to inadequate and inaccurate information about it also (Mehra, Bhattar, Bhalla & Rawat, 2014). Either there is a misconception that even a casual interaction with HIV/AIDS infected person can cause contraction of the virus or there is a belief that the disease has been given by God to test the person's patience. Both misconceptions lead to negativity in their own way. When it is believed that the disease is a test then people do not feel responsible for it, neither approach treatment nor become conscious about the transmission of the virus to others. When it is believed that the virus can be transmitted just by casual interaction then this fear leads to discriminating behaviors such as to avoid shaking hands or even avoiding communication with the infected individual (Boushab, Malick, Melainine & Basco, 2017).

People with HIV/AIDS also face the stigma related to it because the behaviors due to which they are infected with it are illegal in Pakistan. Having HIV/AIDS automatically leads to the belief that the infected person was involved in such illegal activities.

The analysis of individual subscales of HIV stigma shows that the four factors of stigma i.e. personalized stigma, disclosure concerns, negative self-image and negative public attitudes are positive correlated with depression (see

Table 2), hence indicating that no matter in what form the stigma is experienced, it does coexist with depression. Furthermore, it can be observed that other than the correlation negative self-image has a predictive role (see table 3). Negative self-image not only shows highest positive correlation with depression but it has a significant predictive relationship with depression (see table 3). It can be implied from these results that the risk of developing depression increases when HIV/AIDS patients start thinking negatively about themselves.

Conclusion

Psychosocial consequences of HIV/AIDS are relatively under studied aspects in Pakistan. In order to deal with HIV/AIDS effectively in Pakistan it is important to understand the implications of the disease in the context of the same country. Findings of the present study indicate that it is necessary for the clinicians to be sensitive about the associated stigma when dealing with HIV/AIDS patients. Attempts should be directed towards reducing the stigma that prevents them from accessing counseling and treatment. The way individuals start to see and feel about themselves after their HIV/AIDS diagnosis appears to be a cause of development of depression. Therefore, it is important for psychologists working with HIV/AIDS patients to work on the improvement of their self-image and focus on the factors that lead them towards having negative self-image.

Limitations

It is important to mention the limitations of any study when its results are discussed. In the present study, the participants included only male patients diagnosed with HIV/AIDS therefore the generalization of the results should be done accordingly. Similarly, majority of the participants involved in the study were from province of Sindh, therefore generalization of the results to the population of other provinces is limited as the sample did not have equal representation from other provinces. There should be studies carried out in the future that assess the link between HIV/AIDS stigma and depression among female patients. Also, researches should be conducted to find out if the same results will be obtained in the other provinces of Pakistan.

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