



# Psychological and Social Correlates of HIV Status Disclosure: The Significance of Stigma Visibility by Stutterheim, S. E., Bos, A. E. R., Pryor, J. B., Brands, R., Liebrechts, M., & Schaalma, H. P

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# Psychological and Social Correlates of HIV Status Disclosure: The Significance of Stigma Visibility

## | Introduction

Stigma and stigmatization have far reaching impacts on their victims. Specifically, patients with HIV/AIDS are likely to undergo stigmatizing experiences right from the family setting to other social settings and institutions, including the health facilities. Such stigma-associated behavior acts as an obstacle to disclosure and affects health-seeking conduct of patients. The study sought to find out the relationships between stigma visibility and stigmatization of HIV patients, status disclosure and stigmatization, and non-status disclosure and stigmatization (Stutterheim, Bos, Pryor, Brands, Liebrechts & Schaalma, 2011). The authors of the article hypothesized that people with HIV who fully disclosed their status and those who were visibly stigmatized were likely to experience more stigma compared to those who practiced limited disclosures. The argument in these hypotheses is that the level of disclosure and visibility of stigma are likely to determine the level of HIV stigma that people with HIV will experience.

At the end of the study, the researchers actually confirmed the hypotheses that full disclosers and those with evident stigma registered more stigmatizing experience than those who partially or selectively disclosed their status (Stutterheim et al, 2011). The visibly stigmatized people with HIV reported increased incidences of psychological distress, low self-esteem, and limited social support compared to the partial disclosers. Concealable stigma is thus less detrimental to the visible

stigma. However, the mediating roles of social support in these relationships were also analysed in the study. For example, the scholars reported that social support mediated variances between psychological distress and self-esteem between those who were visibly stigmatized and those who fully disclosed their status.

## | Evaluation of the Research Method and Process

Executing the study, the researchers reviewed existing literature in a bid to understand the role of disclosure of HIV status in stigma and stigmatization. Analyzing the literature, the authors attempted to explore it with regard to the variables in the study. Although there was an attempt at systematic review of literature, most of the secondary materials were relatively old and not current. This oversight can raise questions about the credence and relevance of the findings of the study, considering the unfolding realities and dynamics in the area of HIV stigma in the modern society.

Interventions targeting reduction of HIV stigma and stigmatization have significantly reduced its prevalence in the contemporary society. The study should thus consider the impact of these interventions on stigma reduction since that would consequently affect the levels of status disclosure. In the literature review section, the scholars should also have attempted to find out previous studies that examined the relationship between the variables that the current study focused on. As a result, the researchers would be in a position to justify their study and also compare

their findings at the end of the study with the previous studies' results. In order to undertake such review, a more systematic and rigorous review of the literature was necessary, but this was left out by the scientist.

The study on the relationship between levels of HIV status disclosure and stigmatization is relevant to the health issue in the area of HIV and AIDS. Effectiveness of HIV AIDS management heavily depends on the level and willingness of people with HIV to disclose their status when they know about it. However, stigmatization has remained a barrier not only to the health-seeking behavior of getting to know one's status through testing but also hindered the willingness of people with HIV to readily disclose their status. The failure to reveal such a status is a health hazard to the person having HIV and his/her sexual partners who might not be aware of the illness. Thus, studies on levels of HIV status disclosure and its impact on stigma and stigmatization are relevant. Such exploration would fill the gaps in the management of stigma and, consequently, promoting health-seeking behavior of people having HIV. Earlier detection and consequent initiation of interventions helps in improving the well-being of people with HIV/AIDS.

The study was non-experimental. The researchers used the survey design to execute the study. The surveys were distributed and shared with participants who were living with HIV/AIDS. The scientists surveyed a total of 2264 participants (Stutterheim et al, 2011). However, the scholars did not include the sampling design used to select the participants. Sampling criterion is an important aspect of quantitative studies since they enhance representativeness of participants and inclusion of all the attributes in the study population. Studies that have weaker sampling designs become limited in terms of generalization of the findings (Marlow, 2011). The

authors of this article could have added value to their work by explaining the sampling criteria used in the selection of the participants. The findings of this study can therefore not be generalized about the population of people living with HIV/AIDS. Besides, the scholars reported that the response rate was extremely low, at 29.5% (Stutterheim et al, 2011). The researchers did not explain the reason for the low response rate of the participants that were surveyed. Thus, the scientists suffered from sample bias, which brought into question the extent to which the findings could be approved as reflective of the study population.

Considering that the purpose of the study was to measure the relationship between the level of disclosure and stigmatization, the scholars could have worked towards ensuring that selected participants would suitably be representative of the sample population. In terms of the measurements carried out, the scholars relied on tested and reliable tools to examine the variables related to study objectives. For example, the research used a 5-point scale to measure the disclosure of HIV status of the participants. A 15-item scale was developed and used by the authors to measure HIV-related stigma experiences of the participants. The authors reported that this was a 5-point scale (Stutterheim et al, 2011). For example, the respondents were asked about the extent to which they had experienced negative reactions to the HIV status within the environment of friends, family members, and health workers, or at the workplace. The use of these tools could be objectively assessed since the authors reported the reliability of the tools that they used. Reliability and validity of measurement tools are critical aspects of research that determine the credibility and authenticity of a study (Jacobsen, 2012). The authors of this article confirmed the reliability of their measurements by calculating and stating the Cronbach's alpha levels of each tool that was

used in the study. Also, it could be argued that the tools used for the measurements were reliable. The findings of the research could also be judged as reliable based on the reliability of the tools used in the data collection process.

Multiple regression analysis is one of the procedures for determining how various variables in a study affect each other (Marlow, 2011). The mediating variables were regressed against both the independent and dependent variables to find out how they affected each other. The findings were relevant for application in the area of HIV stigma reduction. For instance, the finding that psychological distress and self-esteem of the visibly stigmatized people with HIV could be mediated through social support has significant potential implications. It implies that people living with HIV can be given social support to boost their esteem and reduce their psychological distress. This is necessary for promoting status disclosure and consequent early HIV management interventions.

The finding that those who selectively disclosed their HIV status were likely to be less stigmatized indicated that stigma is still a great barrier to HIV status disclosure. In order to promote HIV status disclosure, social stigma in a family, social settings, institutions, and among friends must be addressed (Stutterheim et al, 2011). Subsequently, this study is relevant to boosting interventions and management of HIV/AIDS psychological stressors that hinder disclosure and interventions. Nonetheless, the findings of this study could be relied on to initiate evidence-based interventions against HIV status concealment and eradication of stigma and stigmatization since the researchers ignored critical and weighty issue of representativeness in sample selection. This can be improved in future studies to enhance generation of study findings. Further studies



can perhaps explore the relationship between social support and the levels of status disclosure since there is already evidence that social support plays a mediating role in status disclosure and stigmatization. The article is written in a comprehensive and logical manner. The authors introduced the subject of the study and proceeded to outline the study design, analysis procedures, the findings, and implication of the findings.

## | Conclusion

The article outlined the main steps involved in the study. However, systematic literature review on previous studies that had measured the relationship between variables studied in this research should have been rigorously considered. The sampling design forms a key aspect of any research and should be clearly stated to inform the extent to which the findings of a study can be generalized. All in all, the authors met the basic tenets of a scientific research and the findings could be used tentatively to inform about interventions that encourage HIV status disclosure and elimination of stigmatization of people with HIV/AIDS.