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Latino People With HIV Experience Stigma and Health Care Discrimination

Nearly a quarter reported discrimination when seeking health care, such as not being listened to or treated with respect.

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Latino people living with HIV experience stigma and health care discrimination that could contribute to health disparities, according to a Centers for Disease Control and Prevention (CDC) study described in Morbidity and Mortality Weekly Report.

Up to 78% of survey respondents who reported experiencing stigma said they had concerns about HIV disclosure. More than 60% of those who reported discrimination said health care providers did not listen to them, and 48% felt they were not treated with courtesy or respect.

“HIV stigma and discrimination are human rights issues associated with adverse HIV outcomes,” the study authors wrote. “Eliminating stigma and discrimination, which are barriers to HIV care and treatment, is a national priority.”

Latino people are disproportionately affected by HIV, and they are more likely than white people to face barriers to care, including poverty, lack of health insurance, undocumented status and limited English proficiency. According to the CDC, Latinos account for about a quarter of all people living with HIV in the United States and 29% of new HIV cases while making up 19% of the U.S. population. About 65% of HIV-positive Latinos are on antiretroviral treatment with an undetectable viral load—well below the goal of 95% by 2030.

Mabel Padilla, MPH, of the CDC’s Division of HIV Prevention, and colleagues analyzed data from the Medical Monitoring Project, an annual cross-sectional study designed to report nationally representative estimates of the experiences and outcomes of adults living with HIV. Data were collected via telephone or in-person interviews.

Looking at data from 2018 to 2020, the researchers analyzed self-reported stigma and health care discrimination among 2,690 HIV-positive Latino adults. Most (81%) were men, 66% identified as white, 13% as Black and 4% American Indian or Native American. About 36% identified as Mexican or Chicano, 34% as Puerto Rican, 3% as Cuban and 28% as other Latino/Hispanic origin. Just over 60% were born outside the United States, and 42% said they had limited English proficiency.

HIV stigma was measured using a 10-item scale that includes four dimensions, with responses

ranging from strongly agree to strongly disagree. When all the items were summed up, the scale yielded scores ranging from zero (no stigma) to 100 (high stigma).

Personalized stigma: “I have been hurt by how people reacted to learning I have HIV” and “I have stopped socializing with some people because of their reactions to my HIV status.”

Disclosure concern: “I am very careful who I tell that I have HIV” and “I worry that people who know I have HIV will tell others.”

Negative self-image: “I feel that I am not as good a person as others because I have HIV,” “Having HIV makes me feel unclean” and “Having HIV makes me feel that I’m a bad person.”

Public attitudes: “Most people think that a person with HIV is disgusting” and “Most people with HIV are rejected when others find out.”

Seven types of health care discrimination were assessed, including being treated with less courtesy or respect, receiving poorer services than others and having a doctor or nurse not listen to what they said. Responses ranged from never to all the time. Participants who reported at least one type of discrimination were asked whether they attributed it to any of six factors: HIV status, gender, sexual orientation or practices, race and ethnicity, income or social class and injection drug use.

Self-reported stigma was common, primarily related to disclosure concerns and public attitudes. The overall HIV stigma score for Latinos living with HIV was 31.7. Latina women reported more stigma than Latino men (35.6 versus 30.3, respectively). Scores were higher for those who identified their race as American Indian or Native American (38.9) or Black (32.7) compared with those who identified as white (30.4). People with limited English proficiency reported greater stigma than fluent English speakers, but those born outside the United States reported slightly less stigma than those born in the country.

Nearly one quarter of participants (23%) said they had experienced health care discrimination during the past year; of these, 11% reported three or more instances of discrimination. Here, Latina women were less likely than Latino men to report discrimination (18% versus 23%). Participants who identified as Black reported more discrimination than those who identified as white (28% versus 21%). The most common complaints among those reporting discrimination were not being listened to (62%) and not being treated with courtesy or respect (48%). One third attributed health care discrimination to their HIV status, 23% to their sexual orientation or practices and 20% to their race or ethnicity. People born outside the United States and those with limited English proficiency were slightly less likely to report such discrimination.

“Efforts to reduce HIV stigma and discrimination should consider the varied and unique experiences of this population,” the study authors concluded. They added that the findings underscore the importance of addressing disclosure concerns when designing interventions to reduce HIV stigma.

“Training for providers should focus on actively listening to patient concerns, including stigma

experiences, using culturally and linguistically appropriate methods," they wrote. "Community-level interventions include supporting organizations that reflect the Hispanic population and increase access to HIV care and leveraging campaigns such as CDC's Let's Stop HIV Together (Detengamos Juntos el VIH)."

Click here to learn more about HIV and Latinos.
