AK9. HIV STIGMA SCALE

USE WHEN YOU WANT TO EVALUATE:

Outcomes :

✓ Awareness and knowledge

Intervention types:

✓ Anti-stigma/discrimination campaign
✓ Social marketing campaign on HIV/AIDS, hepatitis C or related communicable diseases
✓ Social media intervention on HIV/AIDS, hepatitis C or related communicable diseases

Priority populations:

✓ General or targeted population for social marketing or social media campaign

Interventions for:

✓ HIV

DESCRIPTION

Description:

This 19-item questionnaire has three subscales, measuring: negative attitudes to people who are living with HIV/AIDS (PHA), perceived discrimination in the community, and support for equitable treatment of PHA.

WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS

✓ A study with over 14,000 respondents to validate the scale showed that stigma was highest among people who had never talked about HIV, had less knowledge about it and its treatment, and lived in low-prevalence settings. Interventions that aim to increase awareness and knowledge should result in reduced stigma.
✓ Suitable for before and after testing of a program's effects
✓ Easily completed and analysed
✓ Could easily be programmed to be given electronically
✓ Note that it was created for use in developing countries, so some of the questions may not apply as well here and could be dropped or replaced. These are marked with an asterisk*.

Developed in:

✓ English

ADMINISTRATION, DESIGN, SCORING and ANALYSIS CONSIDERATIONS

ADMINISTRATION

- This questionnaire should take about 15 minutes to fill out each time.
- Tell participants why you are using the questionnaire, being clear that it is to evaluate the intervention, to help make it better and not them.
- Participation should be voluntary, so tell participants that it is ok if they do not complete the questionnaire, and assure participants that there are no negative consequences if they don't want to complete it. Give them a way to do something else at the same time that looks similar to completing the scale so that the confidentiality of this decision is protected. (For further information on ethical considerations in carrying out evaluations, see Ethics Resources)
- If used in a group setting, ensure that people feel safe and that the space is confidential; no one can see their answers (can see their screen or papers) and put completed questionnaires into a sealed envelope.

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DESIGN OPTIONS

Measuring before and after intervention (this is the best option because it measures real change)
1. **WHEN TO USE:** Have the questionnaires filled out before the intervention or at the very beginning of it, and again after, as close to the end as possible (often the very last session is not suitable because it may be a celebration, or have low attendance).

2. **LINKING RESULTS:** Include a way to match the same person's pre and post questionnaires while protecting confidentiality, for example using a password or personal identifier that respondents generate and remember (see Tips for passwords).

3. **SCORING:** Create each person's total score on each subscale by calculating his or her average of the following sections:

- Negative attitudes to PHAs: for questions 1 to 8, the higher the score, the more negative the attitudes.
- Perceived discrimination in the community: for questions 9 to 14, the higher the score, the greater the perceived discrimination.
- Support for equitable treatment of PHAs: for questions 15 to 18, the higher the score, the greater support for equity.

Average scores can range from 1 to 5.
Note that the questionnaire was created for use in developing countries, so some of the questions and language may not apply as well in Canadian context and could be dropped or replaced. These questions are marked with an asterisk*.

4. **ANALYSIS:** Compare the pre and post scores for each individual, noting how many people improve, how many stay the same, and how many get worse.

Measuring change only after the end of an intervention: (this is the second best option, because people often think the intervention has had more effect than it really did)
1. Adapt all the questions so that they ask people what their answer is now and what it was before the intervention.
For example, for question 1, ask: *Families of people living with HIV AIDS should be ashamed* AND *Before the workshop, I thought families of people living with HIV AIDS should be ashamed*. (See an example of a questionnaire with before and after versions)

2. **SCORING:** Create each person's total score on each subscale, for each of the pre and post versions of the questions, by calculating his or her average of the following sections:

- Negative attitudes to PHAs: questions 1 to 8
- Perceived discrimination in the community: questions 9 to 14
- Support for equitable treatment of PHAs: questions 15 to 18.

Average scores can range from 1 to 5.

3. **ANALYSIS:** Compare the pre and post scores for each individual, noting how many people say they improve, how many stay the same, and how many get worse.

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Negative attitudes					
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Families of people living with HIV AIDS should be ashamed.	1	2	3	4	5
2. People living with HIV AIDS should be ashamed.	1	2	3	4	5
3. *People who have HIV AIDS are cursed.	1	2	3	4	5
4. People who have AIDS are disgusting.	1	2	3	4	5
5. People living with HIV AIDS deserve to be punished.	1	2	3	4	5
6. It is reasonable for an employer to fire people who have AIDS.	1	2	3	4	5
7. People with AIDS should be isolated from other people.	1	2	3	4	5
8. People with HIV should not have the same freedoms as other people.	1	2	3	4	5
Perceived discrimination					
9. People living with HIV AIDS in this community face rejection from their peers.	1	2	3	4	5
10. People who have HIV-AIDS in this community face verbal abuse or teasing.	1	2	3	4	5
11. People living with HIV AIDS in this community face neglect from their family.	1	2	3	4	5
12. People who are suspected of having HIV-AIDS lose respect in the community.	1	2	3	4	5
13. People living with HIV AIDS in this community face physical abuse.	1	2	3	4	5
14. *Most people would not buy vegetables from a shopkeeper or food seller that they knew had AIDS.	1	2	3	4	5
Equity					
15. People with AIDS should be treated similarly by health professionals as people with other illnesses	1	2	3	4	5
16. People with HIV should be allowed to fully participate in social events in this community.	1	2	3	4	5
17. A person with AIDS should be allowed to work with other people.	1	2	3	4	5
18. People who have HIV-AIDS should be treated the same as everyone else.	1	2	3	4	5

Sources:
Genberg, B. L., Hlavka, Z., Konda, K. A., Maman, S., Chariyalertsak, S., Chingono, A., . . . Celentano, D. D. (Jun 2009). **A comparison of HIV/AIDS-related stigma in four countries: Negative attitudes and perceived acts of discrimination towards people living with HIV/AIDS.** Social Science & Medicine, 68(12), 2279-2287