

## AK10. STIGMATIZING ATTITUDES TOWARDS PEOPLE LIVING WITH HIV/AIDS

### 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

#### Worked well with these populations:

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

#### Interventions for:

- ✓ HIV

### DESCRIPTION

#### Description:

This 27 item questionnaire developed and validated in Québec in both French and English, covers 7 dimensions of stigma: 1) concerns about occasional encounters; 2) avoidance of personal contact; 3) responsibility and blame; 4) liberalism; 5) non-discrimination; 6) confidentiality of seropositive status; and 7) criminalization of HIV transmission.

#### WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS

- ✓ This tool is too recent to have been used as an outcome measure in evaluations. However, it was validated in a study of 1,500 Quebecers.
- ✓ The seven aspects of stigma could be measures separately, to be more specific to an intervention (e.g., on criminalization attitudes)
- ✓ Scale is able to detect differences among groups with different knowledge level (valid)
- ✓ Questions fit together well (reliable)
- ✓ Suitable for before and after testing of a program's effects
- ✓ Easily completed and analysed
- ✓ Could easily be programmed to be given electronically

#### Developed in:

- ✓ French & English

### ADMINISTRATION, DESIGN, SCORING and ANALYSIS CONSIDERATIONS

#### ADMINISTRATION

- This questionnaire will take about 30 minutes to fill out each time, if all the sections are used.
- 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 questionnaire 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.

## 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 unique identifier that respondents generate and remember (see [Tips for passwords](#)).
3. **SCORING:** Create each person's total pre-program and post-program HIV Stigmatizing Attitudes Score by calculating their [average](#) of their answers. Before doing the calculating, ensure that the scoring is reversed, as shown, for the questions with the asterisks. If only some sections are used, calculate the [average](#) for the questions in that section. Scores can range from 1 to 4.
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 4, ask: "Now I could not be friends with someone who has AIDS." AND "Before the workshop, I could not be friends with someone who has AIDS." (See an [example](#) of a questionnaire with before and after versions)
2. **SCORING:** Create each person's total pre-program and post-program HIV Stigmatizing Attitudes Score by calculating their [average](#) of their answers. Before doing the calculating, ensure that the scoring is reversed, as shown, for the questions with the asterisks. If only some sections are used, calculate the [average](#) for the questions in that section. Scores can range from 1 to 4.
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.

**AK10. STIGMATIZING ATTITUDES QUESTIONNAIRE**

	<b>Strongly disagree</b>			<b>Strongly agree</b>
<b>Concerns about occasional encounters</b>				
1. Being around someone who has AIDS does not bother me.	1	2	3	4
2. I would not be worried for my health if a co-worker had AIDS.	1	2	3	4
3. It would not bother me if there was a boarding house for people with AIDS on my street.	1	2	3	4
<b>Avoidance of personal contact</b>				
4. *I could not be friends with someone who has AIDS.	4	3	2	1
5. *I would limit my contact with a person whom I know is infected with AIDS.	4	3	2	1
6. *I would not hug someone with AIDS.	4	3	2	1
<b>Responsibility and blame</b>				
7. *People who use injectable drugs deserve to have AIDS.	4	3	2	1
8. *My support for a person living with AIDS depends on how the person was infected.	4	3	2	1
9. *I am disgusted by persons who were infected during homosexual relations.	4	3	2	1
10. *People who are infected with the AIDS virus because they have not used a condom deserve what they get.	4	3	2	1
11. *People with AIDS have only themselves to blame.	4	3	2	1
12. *Most people with AIDS are responsible for having their illness.	4	3	2	1
<b>Liberalism</b>				
13. *To fight AIDS, it is necessary that young people not have sex.	4	3	2	1
14. *Reinforcement of traditional sexual values will help to control AIDS.	4	3	2	1
15. *The arrival of AIDS is linked to the fact that people have more sexual freedom.	4	3	2	1
16. *The spread of AIDS is linked to the decline of moral values.	4	3	2	1
<b>Non-discrimination</b>				
17. People who have AIDS should have the right to work serving the public, as waiters-waitresses, cooks, hairdressers, etc.	1	2	3	4
18. Children who are infected with the aids virus should be able to go to day-care.	1	2	3	4
19. Doctors with AIDS should be allowed to go on working with their patients.	1	2	3	4
20. People infected with the aids virus should be allowed to immigrate to Canada.	1	2	3	4
21. If I had a roommate and discovered he was infected with the AIDS virus, it would not bother me.	1	2	3	4

<b>Confidentiality of serological status</b>				
22. *I have the right to know if someone around me is infected with the AIDS virus.	4	3	2	1
23. When a screening test indicates that someone is infected with the AIDS virus, the result should remain confidential.	1	2	3	4
24. *Doctors should report the names of people with AIDS to the government.	4	3	2	1
<b>Criminalization of transmission</b>				
25. *Transmitting the AIDS virus should be punishable by law.	4	3	2	1
26. *People who know they are infected with the AIDS virus and who transmit the virus are criminals.	4	3	2	1
27. *Transmitting the AIDS virus is a crime.	4	3	2	1

**Sources:** Beaulieu *et al.* Stigmatizing attitudes towards people living with HIV/AIDS: validation of a measurement scale *BMC Public Health* 2014, 14:1246; Beaulieu, Marianne. (2014) **Attitudes stigmatisantes envers les personnes vivant avec le VIH : Développement et validation d'un instrument de mesure intégrant un dispositif participatif.** Thèse présentée à la Faculté des études supérieures en vue de l'obtention du grade de Philosophiae Doctor (Ph.D) en Santé publique option Promotion de la santé Département de médecine sociale et préventive École de santé publique