UNDERSTANDING RESISTANCE TO HIV-RELATED STIGMA THROUGH THE POWER OF PHOTOVOICE AND DIGITAL STORYTELLING

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Purpose
To explore the stigma experiences of people living with HIV in Manitoba to better understand:
- the personal factors that buffer the effects of stigma, and
- the social and structural supports needed to bolster resistance to stigma

Participants (N=11)

- Age: Mean = 45.5 years (36 to 64 years)
- Years Since HIV diagnosis: Mean = 14.0; (6 to 27)
- Sex/Gender: 64% female/woman
- Sexual Orientation: 54% Heterosexual
- Ethnic or Racial Identity: 36% Indigenous; 36% White; 27% African/Black/Caribbean
METHODS

Photovoice participants (N=11):
- Attended a photovoice orientation workshop
- Took a minimum of 5 pictures over the next several weeks
- Journaled on what the pictures meant to them and stigma
- Participated in an interview with two members of the research team

Research team members:
- Thematically analyzed interviews and photos

Digital storytelling participants (n=2):
- Attended a digital storytelling workshop
- Wrote and narrated a 2 to 3 minute story about stigma
- Chose photos, videos, music
- Participated in reviewing and revising the story

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CONFRONTING AND RESISTING OPPRESSIONS

Participants’ four pronged approach to buffering the effects of stigma

1. Caring for one’s self
   - Taking care of physical health (e.g., diet, exercise, nutrition, treatment adherence)
   - Taking care of emotional health (cultural experiences, finding places of peace such as in nature)

2. Caring for people and pets
   - Having children to care for and the reciprocity of parent-child relationships
   - Taking responsibility for reducing risks for people
   - Having pets to care for and the reciprocity of pet companionship

3. Reconfiguring social networks precipitated by disrupted, lost and missed opportunities for relationships
   - Linking with peer support
   - Finding non-oppressive communities and services

4. Resisting stigmas
   - Educating family and friends about HIV
   - Becoming a strong advocate for social change
RECOMMENDATIONS AND CONCLUSIONS

Recommendations: Participants’ stories that identified a four pronged approach to buffering the effects of stigma informed their recommendations for health and social systems and policy structures to buffer the effects of stigma:

1. Universal access to timely peer and professional support to address the personal and emotional effects of HIV and associated stigmas
2. Action to create anti-oppressive organizations, policies and community spaces
3. Action to address the root structural socio-political drivers of stigma and that limit people’s ability to flourish including food, housing and financial security

Conclusions: Addressing HIV stigma and all forms of oppression must be a focus of health and social service organization and policy attention. This requires opportunities for amplifying the voices of people with lived and living experience in ways they feel most comfortable including making more space in research and policy forums for arts-based knowledge translation.