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ENTREGABLE 2. EJES RECTORES PARA UNA POLÍTICA DE ELIMINACIÓN DEL ESTIGMA Y LA DISCRIMINACIÓN ASOCIADA AL VIH EN EL SISTEMA NACIONAL DE SALUD

ANEXO 1 - RECOLECCIÓN DE DATOS RESULTADO DE REVISIÓN PUBMED

PMID- 37039222

OWN - NLM

STAT- MEDLINE

DCOM- 20230412

LR - 20230412

IS - 0019-557X (Print)

IS - 0019-557X (Linking)

VI - 67

IP - 1

DP - 2023 Jan-Mar

TI - Experiences of stigma and discrimination of women living with HIV/AIDS in

health-care settings of Kashmir.

PG - 155-158

LID - 10.4103/ijph.ijph_485_22 [doi]

AB - Stigma and discrimination create barriers for women living with HIV/AIDS (WLHA)

in accessing quality health-care services, affecting their well-being and also

increasing the number of cases. The current article studies issues of stigma and



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discrimination that WLHA experience in health-care settings and highlights the importance of building awareness and sensitivity regarding HIV among all health-care workers. This hospital-based study was conducted in an anti-retroviral therapy center in Kashmir. Twenty-one WLHA participated in the study. The WLHA internalizes stigma and experiences shock, guilt, anger, and numbness while receiving a diagnosis. The stigma is socially constructed, having very little medical or logical basis. Verbal abuse, gossiping, expression of shock and disbelief of health-care workers, discriminatory attitudes such as wearing multiple surgical gloves, denial of care and treatment, and disclosing their HIV-positive status without their consent to their families and others have been learned. These experiences in health-care institutions are disempowering for WLHA. Gender stereotyping and inequalities within health-care settings and the discriminatory approach of some health practitioners toward women is the main barrier to accessing the services for HIV prevention, treatment and support services.

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LA - eng

PT - Journal Article

PL - India

TA - Indian J Public Health

JT - Indian journal of public health

JID - 0400673

SB - IM

MH - Humans

MH - Female

MH - *Acquired Immunodeficiency Syndrome

MH - India

MH - Social Stigma

MH - *HIV Infections/epidemiology

MH - Stereotyping

OTO - NOTNLM

OT - Discrimination

OT - Kashmir

OT - health care

OT - stigma

OT - women living with HIV

COIS- None

EDAT- 2023/04/12 06:00

MHDA- 2023/04/12 06:41

CRDT- 2023/04/11 06:34

PHST- 2023/04/12 06:41 [medline]

PHST- 2023/04/11 06:34 [entrez]

PHST- 2023/04/12 06:00 [pubmed]

AID - IndianJPublicHealth_2023_67_1_155_373098 [pii]

AID - 10.4103/ijph.ijph_485_22 [doi]

PST - ppublish

**SO - Indian J Public Health. 2023 Jan-Mar;67(1):155-158. doi:
10.4103/ijph.ijph_485_22.**

PMID- 30932695



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OWN - NLM

STAT- MEDLINE

DCOM- 20191212

LR - 20221207

IS - 1557-7449 (Electronic)

IS - 1087-2914 (Print)

IS - 1087-2914 (Linking)

VI - 33

IP - 4

DP - 2019 Apr

TI - Microaggressions and Discrimination Relate to Barriers to Care Among Black Women

Living with HIV.

PG - 175-183

LID - 10.1089/apc.2018.0258 [doi]

AB - In the United States, black women living with HIV (BWLWH) represent the highest

proportion of women living with HIV and dying from HIV-related illnesses when

compared with women of other racial/ethnic groups. These disparities may be

linked to social and structural factors faced by BWLWH, including race- and

HIV-related discrimination, and gendered racial microaggressions (GRMs). GRMs are

everyday insults that black women experience due to being both black and female

(e.g., comments about their body). Commonly assessed barriers to HIV-related care

(e.g., transportation, finance, community stigma) do not include personal

experiences of race- and HIV-related discrimination and GRM. We present the

cross-sectional associations between racial discrimination, HIV-related

discrimination, GRM, and barriers to care. One hundred BWLWH in a large city in

the Southeast United States completed baseline assessments as part of an





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intervention development study. At baseline assessments BWLWH completed measures on racial discrimination, HIV-related discrimination, GRM (frequency and appraisal), and barriers to care. Hierarchical multiple linear regressions controlling for age, education, and income indicated that higher race-related discrimination ($\beta = 0.23$, $p < 0.05$), higher HIV-related discrimination ($\beta = 0.26$, $p < 0.01$), and higher GRM (frequency: $\beta = 0.31$, $p < 0.01$; appraisal: $\beta = 0.21$, $p < 0.05$) significantly predicted higher total barriers to care. When all predictors were entered together GRMs contributed uniquely to total barriers to care and two subscales, while racial discrimination contributed uniquely toward one subscale. These findings further emphasize that for BWLWH interventions and policy efforts need to address racial discrimination, HIV-related discrimination, and GRM concurrently with other barriers to care, with special attention being given to daily GRM.

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GR - K23 MH108439/MH/NIMH NIH HHS/United States

GR - K24 DA040489/DA/NIDA NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PL - United States

TA - AIDS Patient Care STDS

JT - AIDS patient care and STDs

JID - 9607225

SB - IM

MH - Adult

MH - Black or African American/*psychology/statistics & numerical data

MH - Aged

MH - Cross-Sectional Studies

MH - Female

MH - HIV Infections/drug therapy/ethnology/*psychology

MH - Health Services Accessibility/*statistics & numerical data

MH - Humans

MH - Middle Aged

MH - *Racism

MH - *Sexism

MH - *Social Stigma

MH - Southeastern United States

MH - United States

MH - Young Adult

PMC - PMC6459277

OTO - NOTNLM

OT - HIV



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OT - barriers to care

OT - black women

OT - discrimination

OT - microaggressions

COIS- No competing financial interests exist.

EDAT- 2019/04/02 06:00

MHDA- 2019/12/18 06:00

PMCR- 2020/04/01

CRDT- 2019/04/02 06:00

PHST- 2019/04/02 06:00 [entrez]

PHST- 2019/04/02 06:00 [pubmed]

PHST- 2019/12/18 06:00 [medline]

PHST- 2020/04/01 00:00 [pmc-release]

AID - 10.1089/apc.2018.0258 [pii]

AID - 10.1089/apc.2018.0258 [doi]

PST - ppublish

**SO - AIDS Patient Care STDS. 2019 Apr;33(4):175-183. doi:
10.1089/apc.2018.0258.**

PMID- 38318411

OWN - NLM

STAT- PubMed-not-MEDLINE

LR - 20240207

IS - 1016-1430 (Print)

IS - 2251-6840 (Electronic)

IS - 1016-1430 (Linking)

VI - 37

DP - 2023

**TI - Gamified Educational Learning Path on HIV/AIDS Stigma and Dis-
crimination**

(REDXIR): Design, Development and Pilot Study.

PG - 136

LID - 10.47176/mjiri.37.136 [doi]

LID - 136

**AB - BACKGROUND: HIV/AIDS-related stigma and discrimination are
among the main**

**barriers to controlling the HIV epidemic. Discriminatory behavior in
healthcare**





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settings deprives people of accessing high-quality health services.
METHODS: This

study presents the design, development, and pilot study of a novel web-based

application ("REDXIR"), which is designed based on behavioral and gamification

principles and aims to eliminate HIV/AIDS-related discriminatory behavior among

health professions students. REDXIR storyline is set in an imaginary world where

the students' journey is like a 10-level game, in which each level consists of

several missions with a certain amount of score. The participants have to

accomplish the mission to reach the minimum amount of score to pass each level.

Finally, each becomes an individual who has not only the knowledge but also the

competency to educate and advocate appropriately in the field. **RESULTS:** The pilot

was done in six medical sciences universities in Tehran, Iran. The feasibility of

the instructional design, specifically gamification strategies in the field of

HIV education, and the executive functions to run the program on a bigger scale

were evaluated. In total, 241 students were included and performed 1952 missions.

The program evaluation showed a mean satisfaction score of 4.16 (from 1, the

lowest, to 5, the highest) and participants considered their learning practical

and gamification method appropriate for HIV education. **CONCLUSION:** A meaningful

gamification design for an online medical education program could be a suitable,

functional, and applicable learning model to reduce HIV/AIDS stigma and

discrimination among health professions students.



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LA - eng

PT - Journal Article

DEP - 20231216

PL - Iran

TA - Med J Islam Repub Iran

JT - Medical journal of the Islamic Republic of Iran

JID - 8910777

PMC - PMC10843381

OTO - NOTNLM

OT - AIDS

OT - Discrimination

OT - Education

OT - Gamification

OT - HIV

OT - Medical Education

OT - Stigma

COIS- The authors declare that they have no competing interests.

EDAT- 2024/02/06 06:43

MHDA- 2024/02/06 06:44

PMCR- 2023/12/16

CRDT- 2024/02/06 03:58

PHST- 2022/05/22 00:00 [received]

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AID - 10.47176/mjiri.37.136 [doi]

PST - epublish

SO - Med J Islam Repub Iran. 2023 Dec 16;37:136. doi:

10.47176/mjiri.37.136.

eCollection 2023.

PMID- 33240359

OWN - NLM



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STAT- MEDLINE

DCOM- 20211210

LR - 20220321

IS - 1712-171X (Print)

IS - 1712-1728 (Electronic)

IS - 1712-171X (Linking)

VI - 54

IP - 1

DP - 2020 Feb 1

TI - Access to oral health care for people living with HIV/AIDS attending a

community-based program.

PG - 7-15

AB - OBJECTIVE: People living with HIV/AIDS (PLWHA) have difficulty accessing oral

health services primarily due to HIV-related stigma and discrimination. In 2011,

the University of British Columbia (UBC) Dental Hygiene Degree Program

implemented a preventive oral health services program at the Positive Living

Society of British Columbia (PLSBC), a non-profit organization supporting PLWHA.

This study aims to assess the perception of how this type of service delivery

influenced access to oral health care for members of PLSBC. **METHODS:** Personal

interviews with 10 members and one focus group comprising 12 staff were

conducted. Audiorecordings were transcribed verbatim and coded thematically.

Emerging themes were identified using the interpretative phenomenology approach

following Penchansky and Thomas' theory of access. **RESULTS:** The program helped

members maximize their dental coverage to receive other types of dental services.

Members who were influenced by past traumatic experiences appreciated that





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services were delivered in a safe manner and in a stigma-free setting. Members

valued the opportunity to educate future dental professionals to reduce

HIV-related stigma. However, dental needs that could not be addressed by the

program remained untreated for some members who continued to face barriers to

care at referral clinics. **CONCLUSION:** This community-based preventive dental

program provided affordable dental care, a stigma-free setting, care delivered in

a safe manner, an educational opportunity, and accessible location, which all

seemed to have a positive influence on access to oral health care for members of

PLSBC. However, the limited availability of the program prevented many members

from accessing comprehensive oral health care and is a factor that should be

addressed.

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LA - eng

PT - Journal Article



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PT - Research Support, Non-U.S. Gov't

DEP - 20200201

PL - Canada

TA - Can J Dent Hyg

JT - Canadian journal of dental hygiene : CJDH = Journal canadien de l'hygiene

dentaire : JCHD

JID - 101234082

SB - IM

MH - *Acquired Immunodeficiency Syndrome

MH - *HIV Infections/therapy

MH - Health Services Accessibility

MH - Humans

MH - Oral Health

MH - Social Stigma

PMC - PMC7533800

OTO - NOTNLM

OT - HIV/AIDS

OT - access

OT - community-based preventive dental program

OT - oral health care

OT - people living with HIV/AIDS

OT - stigma

COIS- The authors have no conflict of interest to declare.

EDAT- 2020/11/27 06:00

MHDA- 2022/03/22 06:00

PMCR- 2020/02/01

CRDT- 2020/11/26 05:45

PHST- 2020/11/26 05:45 [entrez]

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PHST- 2022/03/22 06:00 [medline]

PHST- 2020/02/01 00:00 [pmc-release]

PST - epublish

SO - Can J Dent Hyg. 2020 Feb 1;54(1):7-15.

PMID- 27875830

OWN - NLM

STAT- MEDLINE

DCOM- 20171116



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LR - 20211204

IS - 2297-3486 (Electronic)

IS - 2297-3486 (Linking)

VI - 42

DP - 2017

TI - Stigma in an Aging Context.

PG - 144-158

AB - Both the Joint United Nations Program on HIV/AIDS and the US National HIV/AIDS

Strategy identify HIV stigma as a barrier to care, a barrier to service access,

and deleterious to personal and social well-being. This chapter discusses the

topic of HIV stigma from a conceptual basis, including the mechanisms of

prejudice and discrimination, and defining anticipated, enacted, and internalized

stigma. Stigma is then placed in a historical context of HIV and AIDS, and events

exacerbating HIV stigma are discussed. The components of HIV stigma are then

applied to the population of older adults (age 50 years and older) who are

at-risk of or living with HIV infection. The importance of intersectionality is

discussed with regard to race, ethnicity, gender, sexual orientation, gender

identity, and in particular, age. Drawing upon the HIV and gerontological

literature, the chapter outlines characteristics found to be protective against

stigma and placing older adults at greater risk for HIV stigma. Stigma management

strategies are outlined and finally, implications of working with older adults

related to HIV stigma are provided.

CI - © 2017 S. Karger AG, Basel.

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AD - University of Washington, Tacoma, Wash., USA.

LA - eng

PT - Journal Article

PT - Review

DEP - 20161122

PL - Switzerland

TA - Interdiscip Top Gerontol Geriatr

JT - Interdisciplinary topics in gerontology and geriatrics

JID - 101665187

SB - IM

MH - Aged/*psychology

MH - Female

MH - Gender Identity

MH - HIV Infections/*psychology

MH - Health Services Accessibility

MH - Humans

MH - Male

MH - Middle Aged

MH - Prejudice

MH - Racial Groups

MH - Sexual Behavior

MH - *Social Stigma

EDAT- 2016/11/23 06:00

MHDA- 2017/11/29 06:00

CRDT- 2016/11/23 06:00

PHST- 2016/11/23 06:00 [entrez]

PHST- 2016/11/23 06:00 [pubmed]

PHST- 2017/11/29 06:00 [medline]

AID - 000448560 [pii]

AID - 10.1159/000448560 [doi]

PST - ppublish

SO - Interdiscip Top Gerontol Geriatr. 2017;42:144-158. doi:

10.1159/000448560. Epub

2016 Nov 22.

PMID- 35153763

OWN - NLM

STAT- PubMed-not-MEDLINE

LR - 20220216

IS - 1663-9812 (Print)

IS - 1663-9812 (Electronic)

IS - 1663-9812 (Linking)

VI - 12

DP - 2021

TI - Barriers and Enablers for Adherence to Antiretroviral Therapy Among People Living

With HIV/AIDS in the Era of COVID-19: A Qualitative Study From Pakistan.

PG - 807446

LID - 10.3389/fphar.2021.807446 [doi]

LID - 807446

AB - Background: With the increased availability of safe antiretroviral therapy (ART)

in recent years, achieving optimal adherence and patient retention is becoming

the biggest challenge for people living with HIV (PLWH). Care retention is

influenced by several socioeconomic, socio-cultural, and government policies

during the COVID-19 pandemic. Therefore, we aim to explore barriers and

facilitators to adherence to ART among PLWH in Pakistan in general and COVID-19

pandemic related in particular. Methods: Semi-structured interviews were

conducted among 25 PLWH from December 2020 to April 2021 in the local language

(Urdu) at the ART centre of Pakistan Institute of Medical Sciences, Islamabad.

Pakistan. Interviews were audio-recorded in the local Urdu language, and

bilingual expert (English, Urdu) transcribed verbatim, coded for themes and

sub-themes, and analyzed using a phenomenological approach for thematic content

analysis. Results: Stigma and discrimination, fear of HIV disclosure, economic



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constraints, forgetfulness, religion (Ramadan, spiritual healing), adverse drug reactions, lack of social support, alternative therapies, and COVID-19-related lock-down and fear of lesser COVID-19 care due to HIV associated stigma were identified as barriers affecting the retention in HIV care. At the same time, positive social support, family responsibilities, use of reminders, the beneficial impact of ART, and initiation of telephone consultations, courier delivery, and long-term delivery of antiretrovirals during COVID-19 were identified as facilitators of HIV retention. Conclusion: Improving adherence and retention is even more challenging due to COVID-19; therefore, it requires the integration of enhanced access to treatment with improved employment and social support. HIV care providers must understand these reported factors comprehensively and treat patients accordingly to ensure the continuum of HIV care. A coordinated approach including different stakeholders is required to facilitate patient retention in HIV care and consequently improve the clinical outcomes of PLWH.

CI - Copyright © 2022 Ahmed, Dujaili, Jabeen, Umair, Chuah, Hashmi, Awaisu and

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LA - eng

PT - Journal Article

DEP - 20220128

PL - Switzerland

TA - Front Pharmacol

JT - Frontiers in pharmacology

JID - 101548923

PMC - PMC8832364

OTO - NOTNLM

OT - Pakistan



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OT - UNAIDS

OT - antiretrovirals

OT - barriers and facilitative factors

OT - challenges

OT - interventions

OT - people living with HIV/AIDS

COIS- The authors declare that the research was conducted in the absence of any

commercial or financial relationships that could be construed as a potential

conflict of interest.

EDAT- 2022/02/15 06:00

MHDA- 2022/02/15 06:01

PMCR- 2022/01/28

CRDT- 2022/02/14 05:29

PHST- 2021/11/02 00:00 [received]

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PHST- 2022/02/15 06:01 [medline]

PHST- 2022/01/28 00:00 [pmc-release]

AID - 807446 [pii]

AID - 10.3389/fphar.2021.807446 [doi]

PST - epublish

SO - Front Pharmacol. 2022 Jan 28;12:807446. doi:

10.3389/fphar.2021.807446.

eCollection 2021.

PMID- 33287723

OWN - NLM

STAT- MEDLINE

DCOM- 20201221

LR - 20240804

IS - 1471-2334 (Electronic)

IS - 1471-2334 (Linking)

VI - 20

IP - 1

DP - 2020 Dec 7



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TI - Barriers to access and utilisation of HIV/STIs prevention and care services among

trans-women sex workers in the greater Kampala metropolitan area, Uganda.

PG - 932

LID - 10.1186/s12879-020-05649-5 [doi]

LID - 932

AB - BACKGROUND: Trans-women sex workers bear the greatest brunt of HIV and other

sexually transmitted infections (STI). Trans-women are 49 times more at risk of

HIV infections compared to the general population. However, they remain

underserved and continue to grapple with access to and utilisation of HIV/STI

prevention services. This study explored barriers to access and utilisation of

HIV/STI prevention services and associated coping mechanisms. METHODS: This

exploratory qualitative study was conducted among trans-women sex workers in the

Greater Kampala Metropolitan area, Uganda. A total of 22 in-depth interviews, 6

key informant interviews and 9 focus group discussions were conducted to obtain

data on barriers to access and utilisation of HIV and other STI prevention and

care services, and coping strategies of trans-women sex workers. Data were

analysed through thematic analysis using a hybrid of inductive and deductive

approaches. RESULTS: Individual level barriers to access and utilisation of

HIV/STI prevention and care services included internalised stigma and low

socio-economic status. Healthcare system barriers included social exclusion and

lack of recognition by other key population groups; stigmatisation by some





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healthcare providers; breach of confidentiality by some healthcare providers;

limited hours of operation of some key population-friendly healthcare facilities;

discrimination by straight patients and healthcare providers; stock-out of STI

drugs; inadequate access to well-equipped treatment centres and high cost of

drugs. At community level, transphobia hindered access and utilisation of HIV/STI

prevention and care services. The coping strategies included use of substitutes

such as lotions, avocado or yoghurt to cope with a lack of lubricants. Herbs were

used as substitutes for STI drugs, while psychoactive substances were used to

cope with stigma and discrimination, and changing the dress code to hide their

preferred gender identity. **CONCLUSIONS:** Individual, community and healthcare

system barriers hindered access and utilisation of HIV/STI prevention and care

services among the trans-women sex workers. There is a need to create an enabling

environment in order to enhance access to and utilisation of HIV/STI prevention

and care services for trans-women sex workers through sensitisation of healthcare

providers, other key population groups and the community at large on the

transgender identity.

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LA - eng

PT - Journal Article

DEP - 20201207

PL - England

TA - BMC Infect Dis

JT - BMC infectious diseases

JID - 100968551

SB - IM

MH - Adolescent

MH - Adult

MH - Female



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MH - Focus Groups
MH - Gender Identity
MH - *HIV
MH - HIV Infections/epidemiology/*prevention & control/virology
MH - Health Personnel/psychology
MH - *Health Services Accessibility
MH - Homosexuality, Male
MH - Humans
MH - Male
MH - Psychological Distance
MH - Qualitative Research
MH - *Sex Workers
MH - Social Stigma
MH - *Transgender Persons
MH - Uganda/epidemiology
MH - Young Adult
PMC - PMC7720523
OTO - NOTNLM
OT - HIV/AIDS
OT - Sex work
OT - Sexually transmitted infections
OT - Trans-women
OT - Uganda
COIS- The authors declare that they have no competing interests.
EDAT- 2020/12/09 06:00
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PMCR- 2020/12/07
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PHST- 2020/12/22 06:00 [medline]
PHST- 2020/12/07 00:00 [pmc-release]
AID - 10.1186/s12879-020-05649-5 [pii]
AID - 5649 [pii]
AID - 10.1186/s12879-020-05649-5 [doi]
PST - epubish



2023
AÑO DE
**Francisco
VILLA**
EL REVOLUCIONARIO DEL PUEBLO



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SO - BMC Infect Dis. 2020 Dec 7;20(1):932. doi: 10.1186/s12879-020-05649-5.

PMID- 24283220

OWN - NLM

STAT- MEDLINE

DCOM- 20141009

LR - 20240612

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Print)

IS - 0954-0121 (Linking)

VI - 26

IP - 7

DP - 2014

TI - Barriers to antiretroviral treatment access for injecting drug users living with

HIV in Chennai, South India.

PG - 835-41

LID - 10.1080/09540121.2013.861573 [doi]

AB - India's National AIDS Control Organization provides free antiretroviral treatment

(ART) to people living with HIV (PLHIV), including members of marginalized groups

such as injecting drug users (IDUs). To help inform development of interventions

to enhance ART access, we explored barriers to free ART access at government ART

centers for IDUs living with HIV in Chennai by conducting three focus groups (n =

19 IDUs) and four key informant interviews. Data were explored using framework

analysis to identify categories and derive themes. We found inter-related barriers

at the family and social, health-care system, and individual levels. Family and

social level barriers included lack of family support and fear of societal

discrimination, as well as unmet basic needs, including food and shelter.



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Health-care system barriers included actual or perceived unfriendly hospital

environment and procedures such as requiring proof of address and identity from

PLHIV, including homeless IDUs; provider perception that IDUs will not adhere to

ART, resulting in ART not being initiated; actual or perceived inadequate

counseling services and lack of confidentiality; and lack of effective linkages

between ART centers, needle/syringe programs, and drug dependence treatment

centers. Individual-level barriers included active drug use, lack of self-efficacy in ART adherence, low motivation to initiate ART stemming from a

fatalistic attitude, and inadequate knowledge about ART. These findings indicate

that to facilitate IDUs gaining access to ART, systemic changes are needed,

including steps to make the environment and procedures at government ART centers

more IDU-friendly and steps to decrease HIV- and drug use-related stigma and

discrimination faced by IDUs from the general public and health-care providers.

Housing support for homeless IDUs and linkage of IDUs with drug dependence

treatment are also essential.

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LA - eng

GR - D43 TW001028/TW/FIC NIH HHS/United States

GR - THA-118570/CAPMC/CIHR/Canada

GR - MOP-102512/CAPMC/CIHR/Canada

GR - 5 D43 TW001028/TW/FIC NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, Non-U.S. Gov't

DEP - 20131128

PL - England

TA - AIDS Care

JT - AIDS care

JID - 8915313

RN - 0 (Anti-HIV Agents)

SB - IM

MH - Adult

MH - Anti-HIV Agents/*therapeutic use

MH - Comorbidity

MH - Drug Users/psychology

MH - Female

MH - Focus Groups

MH - HIV Infections/*drug therapy/*epidemiology/psychology

MH - *Health Services Accessibility

MH - Humans

MH - India/epidemiology

MH - Interviews as Topic/methods

MH - Male

MH - Middle Aged

MH - Motivation

MH - Patient Compliance/psychology

MH - Self Efficacy

MH - Social Stigma

MH - Social Support

MH - Socioeconomic Factors

MH - Substance Abuse, Intravenous/*epidemiology/psychology

PMC - PMC4017592

MID - NIHMS571797



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OTO - NOTNLM

OT - AIDS

OT - HIV

OT - India

OT - access to health care

OT - antiretroviral treatment

OT - injecting drug users

EDAT- 2013/11/29 06:00

MHDA- 2014/10/10 06:00

PMCR- 2015/07/01

CRDT- 2013/11/29 06:00

PHST- 2013/11/29 06:00 [entrez]

PHST- 2013/11/29 06:00 [pubmed]

PHST- 2014/10/10 06:00 [medline]

PHST- 2015/07/01 00:00 [pmc-release]

AID - 10.1080/09540121.2013.861573 [doi]

PST - ppublish

SO - AIDS Care. 2014;26(7):835-41. doi: 10.1080/09540121.2013.861573.

Epub 2013 Nov

28.

PMID- 26186029

OWN - NLM

STAT- MEDLINE

DCOM- 20151222

LR - 20220316

IS - 1557-7449 (Electronic)

IS - 1087-2914 (Print)

IS - 1087-2914 (Linking)

VI - 29

IP - 9

DP - 2015 Sep

TI - Qualitative Assessment of Barriers and Facilitators of Access to HIV Testing

Among Men Who Have Sex with Men in China.

PG - 481-9

LID - 10.1089/apc.2015.0083 [doi]

AB - Diagnosis of HIV is the entry point into the continuum of HIV care;

a





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well-recognized necessary condition for the ultimate prevention of onward

transmission. In China, HIV testing rates among men who have sex with men (MSM)

are low compared to other high risk subgroups, yet experiences with HIV testing

among MSM in China are not well understood. To address this gap and prepare for

intervention development to promote HIV testing and rapid linkage to treatment,

six focus groups (FGs) were conducted with MSM in Beijing (40 HIV-positive MSM

participated in one of four FGs and 20 HIV-negative or status unknown MSM

participated in one of two FGs). Major themes reported as challenges to HIV

testing included stigma and discrimination related to HIV and homosexuality,

limited HIV knowledge, inconvenient clinic times, not knowing where to get a free

test, fear of positive diagnosis or nosocomial infection, perceived low service

quality, and concerns/doubts about HIV services. Key facilitators included

compensation, peer support, professionalism, comfortable testing locations, rapid

testing, referral and support after diagnosis, heightened sense of risk through

engagement in high-risk behaviors, sense of responsibility to protect self,

family and partner support, and publicity via social media. Themes and

recommendations were generally consistent across HIV-positive and negative/status

unknown groups, although examples of enacted stigma were more prevalent in the

HIV-positive groups. Findings from our study provide policy suggestions for how

to bolster current HIV prevention intervention efforts to enhance





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'test-and-treat' strategies for Chinese MSM.

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LA - eng

GR - R01 AI094562/AI/NIAID NIH HHS/United States

GR - R01AI094562/AI/NIAID NIH HHS/United States

GR - R34AI091446/AI/NIAID NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural



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Península de Yucatán

DEP - 20150717

PL - United States

TA - AIDS Patient Care STDS

JT - AIDS patient care and STDs

JID - 9607225

SB - IM

MH - Adult

MH - China/epidemiology

MH - Counseling

MH - Focus Groups

MH - HIV Infections/*diagnosis/epidemiology/*prevention & control

MH - *Health Knowledge, Attitudes, Practice

MH - Health Services Accessibility

MH - *Homosexuality, Male

MH - Humans

MH - Interviews as Topic

MH - Male

MH - Prevalence

MH - Qualitative Research

MH - Risk-Taking

MH - Sexual Partners

MH - *Social Stigma

MH - Socioeconomic Factors

PMC - PMC4553375

EDAT- 2015/07/18 06:00

MHDA- 2015/12/23 06:00

PMCR- 2016/09/01

CRDT- 2015/07/18 06:00

PHST- 2015/07/18 06:00 [entrez]

PHST- 2015/07/18 06:00 [pubmed]

PHST- 2015/12/23 06:00 [medline]

PHST- 2016/09/01 00:00 [pmc-release]

AID - 10.1089/apc.2015.0083 [pii]

AID - 10.1089/apc.2015.0083 [doi]

PST - ppublish

SO - AIDS Patient Care STDS. 2015 Sep;29(9):481-9. doi:

10.1089/apc.2015.0083. Epub

2015 Jul 17.



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Alta Especialidad de la
Península de Yucatán

PMID- 23061894

OWN - NLM

STAT- MEDLINE

DCOM- 20130830

LR - 20241219

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Print)

IS - 0954-0121 (Linking)

VI - 25

IP - 7

DP - 2013

TI - Barriers to care among people living with HIV in South Africa: contrasts between

patient and healthcare provider perspectives.

PG - 843-53

LID - 10.1080/09540121.2012.729808 [doi]

AB - We collected qualitative data (semi-structured interviews with 11 healthcare

providers and 10 patients; 8 focus groups with 41 patients) to identify barriers

to linkage to care among people living with HIV in South Africa who were not yet

taking antiretroviral treatment. Patients and providers identified HIV stigma as

a sizable barrier. Patients felt that stigma-related issues were largely beyond

their control, fearing discrimination if they disclosed to employers or were seen

visiting clinics in their community. Providers believed that patients should take

responsibility for overcoming internal stigma and disclosing sero-status. Patients

had considerable concerns about inconvenient clinic hours, long queues,

difficulty in appointment scheduling, and disrespect from staff. Providers seemed

to minimize the effects of such barriers and not recognize the extent of patient



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dissatisfaction. Better communication and understanding between patients and providers are needed to facilitate greater patient satisfaction and retention in HIV care.

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AU - Losina E

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AU - Katz JN

FAU - Bassett, Ingrid V

AU - Bassett IV

LA - eng

GR - R01 MH073445/MH/NIMH NIH HHS/United States

GR - K24 AR057827/AR/NIAMS NIH HHS/United States

GR - R01 MH090326/MH/NIMH NIH HHS/United States

GR - UL1 RR025758/RR/NCRR NIH HHS/United States

GR - UL1 RR 025758/RR/NCRR NIH HHS/United States

GR - P30 AI060354/AI/NIAID NIH HHS/United States

GR - K24AR057827/AR/NIAMS NIH HHS/United States

PT - Comparative Study

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, Non-U.S. Gov't

DEP - 20121015



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Hospital Regional de
Alta Especialidad de la
Península de Yucatán

PL - England
TA - AIDS Care
JT - AIDS care
JID - 8915313
RN - 0 (Anti-HIV Agents)
SB - IM
MH - Adult
MH - Anti-HIV Agents/therapeutic use
MH - Female
MH - Focus Groups
MH - HIV Infections/drug therapy/*therapy
MH - Health Personnel
MH - *Health Services Accessibility
MH - Humans
MH - Interviews as Topic
MH - Male
MH - Patient Acceptance of Health Care/psychology/statistics & numerical data
MH - Patient Satisfaction
MH - Prejudice
MH - South Africa
MH - Stereotyping
PMC - PMC3552028
MID - NIHMS413342
EDAT- 2012/10/16 06:00
MHDA- 2013/08/31 06:00
PMCR- 2014/07/01
CRDT- 2012/10/16 06:00
PHST- 2012/10/16 06:00 [entrez]
PHST- 2012/10/16 06:00 [pubmed]
PHST- 2013/08/31 06:00 [medline]
PHST- 2014/07/01 00:00 [pmc-release]
AID - 10.1080/09540121.2012.729808 [doi]
PST - ppublish
SO - AIDS Care. 2013;25(7):843-53. doi: 10.1080/09540121.2012.729808.
Epub 2012 Oct
15.

PMID- 29914438



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Hospital Regional de
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Península de Yucatán

OWN - NLM

STAT- MEDLINE

DCOM- 20190702

LR - 20211204

IS - 1471-2458 (Electronic)

IS - 1471-2458 (Linking)

VI - 18

IP - 1

DP - 2018 Jun 19

TI - Ethnic heterogeneity in the determinants of HIV/AIDS stigma and discrimination

among Nigeria women.

PG - 763

LID - 10.1186/s12889-018-5668-2 [doi]

LID - 763

AB - BACKGROUND: Stigma and discrimination remains a barrier to uptake of HIV/AIDS

counselling and treatment as well as effective HIV reduction programmes. Despite

ethnic diversity of Nigeria, studies on determinants of HIV stigma incorporating

the ethnic dimension are very few. This paper provides empirical explanation of

the ethnic dimension of determinant of HIV stigma and discrimination in Nigeria.

METHODS: Nationally representative data from Nigerian Demographic and Health

Survey 2013 (Individual recode) was analysed to explore ethnic differentials and

homogeneity in the determinants of HIV/AIDS stigma and discrimination among women

in multi-ethnic Nigeria. RESULTS: Result shows that determinants of HIV stigma

and discrimination varies by ethnicity in Nigeria. Significant ethnic differentials in HIV/AIDS stigma and discrimination by Secondary school education

exist among Hausa and Igbo respectively (OR = 0.79; CI: 1.49-2.28 and OR=1.62;



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CI: 1.18-2.23, $p < 0.05$). Wealth status significantly influenced HIV/AIDS stigma and discrimination among Hausa, Igbo and Yoruba ethnic groups ($p < 0.05$). Knowledge of HIV/AIDS was significantly associated with lower odds of discriminating attitudes among the Hausa and Fulani ethnic groups (OR = 0.45; CI: 0.30-0.67 and OR=0.36; CI: 0.16-0.83, $p < 0.05$). CONCLUSIONS: Identifying ethnic differential and homogeneity in predictors of HIV/AIDS stigma is key to reducing HIV/AIDS prevalence in Nigeria and countries with similar settings.

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LA - eng

PT - Journal Article

DEP - 20180619

PL - England

TA - BMC Public Health

JT - BMC public health

JID - 100968562

SB - IM

MH - Adolescent

MH - Adult

MH - Counseling

MH - Ethnicity/*psychology/statistics & numerical data

MH - Female

MH - HIV Infections/*ethnology/*psychology/therapy

MH - Health Services Accessibility

MH - Humans

MH - Middle Aged

MH - Nigeria/epidemiology

MH - Prejudice/*ethnology

MH - Risk Factors

MH - *Social Stigma

MH - Young Adult

PMC - PMC6006838

OTO - NOTNLM

OT - Discrimination

OT - Ethnicity

OT - HIV/AIDS

OT - NDHS

OT - Nigeria

OT - Stigma

COIS- ETHICS APPROVAL AND CONSENT TO PARTICIPATE: Relevant ethical clearance for the



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survey was sought and obtained by the DHS project from the National Health

Research Ethic Committee (NHREC) in Nigeria before the surveys were conducted.

Field workers were trained to obtain and document informed consent from study

participants before participating in the survey. Permission and approval to use

the NDHS data for the study was sought and gotten from

<https://dhsprogram.com/data/> **COMPETING INTERESTS:** The authors declare that they

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PHST- 2018/06/20 06:00 [pubmed]

PHST- 2019/07/03 06:00 [medline]

PHST- 2018/06/19 00:00 [pmc-release]

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AID - 5668 [pii]

AID - 10.1186/s12889-018-5668-2 [doi]

PST - epublish

SO - BMC Public Health. 2018 Jun 19;18(1):763. doi: 10.1186/s12889-018-5668-2.

PMID- 35060802

OWN - NLM

STAT- MEDLINE

DCOM- 20221207

LR - 20250331

IS - 1468-2877 (Electronic)



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IS - 0033-3549 (Print)

IS - 0033-3549 (Linking)

VI - 138

IP - 1

DP - 2023 Jan-Feb

TI - HIV Care Continuum Interventions for Transgender Women: A Topical Review.

PG - 19-30

LID - 10.1177/00333549211065517 [doi]

AB - Transgender women experience a disproportionate prevalence of HIV and barriers to

linkage to care, retention in care, medication adherence, and viral suppression.

As part of a national cooperative agreement funded by the Health Resources and

Services Administration's HIV/AIDS Bureau, we searched the literature from

January 1, 2010, through June 1, 2020, for English-language articles on

interventions designed to improve at least 1 HIV care continuum outcome or

address 1 barrier to achieving HIV care continuum outcomes among transgender

women diagnosed with HIV in the United States. To be included, articles needed to

identify transgender women as a priority population for the intervention. We

found 22 interventions, of which 15 reported quantitative or qualitative outcomes

and 7 reported study protocols. Recent interventions have incorporated a range of

strategies that show promise for addressing pervasive structural and individual

barriers rooted in societal and cultural stigma and discrimination against

transgender people. Cross-cutting themes found among the interventions included

meaningful community participation in the design and implementation of the





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**interventions; culturally affirming programs that serve as a gate-
way to HIV care
and combine gender-affirming care and social services with HIV
care;
interventions to improve behavioral health outcomes; peer-led
counseling,
education, and navigation; and technology-based interventions to
increase access
to care management and online social support. Ongoing studies
will further
elucidate the efficacy and effectiveness of these interventions, with
the goal of
reducing disparities in the HIV care continuum and bringing us
closer to ending
the HIV epidemic among transgender women in the United States.**

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AD - Massachusetts General Hospital, Boston, MA, USA.
LA - eng
PT - Journal Article
PT - Research Support, U.S. Gov't, P.H.S.
PT - Review
DEP - 20220121
PL - United States
TA - Public Health Rep



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JT - Public health reports (Washington, D.C. : 1974)

JID - 9716844

SB - IM

MH - Female

MH - Humans

MH - United States/epidemiology

MH - *Transgender Persons/psychology

MH - *HIV Infections/drug therapy/epidemiology

MH - Continuity of Patient Care

MH - Social Stigma

MH - Medication Adherence

MH - Male

PMC - PMC9730173

OTO - NOTNLM

OT - HIV infection

OT - intervention

OT - linkage to care

OT - retention in care

OT - transgender women

COIS- The authors declared the following potential conflicts of interest with respect

to the research, authorship, and/or publication of this article: Alex S.

Keuroghlian and Sari L. Reisner will receive royalties as editors of a McGraw

Hill textbook on transgender and gender diverse health care.

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PHST- 2022/01/22 06:00 [pubmed]

PHST- 2022/12/10 06:00 [medline]

PHST- 2022/01/21 12:15 [entrez]

PHST- 2024/01/01 00:00 [pmc-release]

AID - 10.1177_00333549211065517 [pii]

AID - 10.1177/00333549211065517 [doi]

PST - ppublish

SO - Public Health Rep. 2023 Jan-Feb;138(1):19-30. doi:

10.1177/00333549211065517.



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Alta Especialidad de la
Península de Yucatán

Epub 2022 Jan 21.

PMID- 28121707

OWN - NLM

STAT- MEDLINE

DCOM- 20180102

LR - 20220316

IS - 1473-5571 (Electronic)

IS - 0269-9370 (Print)

IS - 0269-9370 (Linking)

VI - 31

IP - 7

DP - 2017 Apr 24

TI - Patient-reported barriers and facilitators to antiretroviral adherence in

sub-Saharan Africa.

PG - 995-1007

LID - 10.1097/QAD.0000000000001416 [doi]

AB - OBJECTIVE: The aim of this study was to identify the range and frequency of

patient-reported barriers and facilitators to antiretroviral treatment (ART)

adherence in sub-Saharan Africa (SSA). DESIGN: Studies from 2005 to 2016 were

identified by searching 10 electronic databases and through additional hand and

web-searching. METHODS: Inclusion criteria were HIV-positive adults taking ART

based in any SSA country, qualitative study or quantitative survey and included

at least one patient-reported barrier or facilitator to ART adherence.

Exclusion

criteria were only including data from treatment-naïve patients initiating ART,

only single-dose treatment, participants residing outside of SSA and reviews.

RESULTS: After screening 11283 records, 154 studies (161 papers) were included

in this review. Forty-three barriers and 30 facilitators were reported across 24

SSA countries. The most frequently identified barriers across studies were

forgetting (n=76), lack of access to adequate food (n=72), stigma and

discrimination (n=68), side effects (n=67) and being outside the house or

travelling (n=60). The most frequently identified facilitators across studies

were social support (n=60), reminders (n=55), feeling better or healthier

after taking ART (n=35), disclosing their HIV status (n=26) and having a good

relationship with a health provider (n=22). **CONCLUSION:** This review addresses

the gap in knowledge by collating all the patient-reported barriers and

facilitators to ART adherence in SSA. Current barriers measures need to be

adapted or new tools developed to include the wide variety of factors identified.

The factors that have the greatest impact need to be isolated so interventions

are developed that reduce the barriers and enhance the facilitators.

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LA - eng



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PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PT - Review

PL - England

TA - AIDS

JT - AIDS (London, England)

JID - 8710219

RN - 0 (Anti-Retroviral Agents)

SB - IM

MH - Africa South of the Sahara

MH - Anti-Retroviral Agents/*therapeutic use

MH - HIV Infections/*drug therapy

MH - Humans

MH - *Medication Adherence

PMC - PMC5378008

EDAT- 2017/01/26 06:00

MHDA- 2018/01/03 06:00

PMCR- 2017/04/03

CRDT- 2017/01/26 06:00

PHST- 2017/01/26 06:00 [pubmed]

PHST- 2018/01/03 06:00 [medline]

PHST- 2017/01/26 06:00 [entrez]

PHST- 2017/04/03 00:00 [pmc-release]

AID - AIDS-D-16-00763 [pii]

AID - 10.1097/QAD.0000000000001416 [doi]

PST - ppublish

**SO - AIDS. 2017 Apr 24;31(7):995-1007. doi:
10.1097/QAD.0000000000001416.**

PMID- 31772110

OWN - NLM

STAT- MEDLINE

DCOM- 20201119

LR - 20201119

IS - 2044-6055 (Electronic)

IS - 2044-6055 (Linking)

VI - 9

IP - 11

DP - 2019 Nov 25





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TI - Refused and referred-persistent stigma and discrimination against people living

with HIV/AIDS in Bihar: a qualitative study from India.

PG - e033790

LID - 10.1136/bmjopen-2019-033790 [doi]

LID - e033790

AB - OBJECTIVES: This study aimed to explore barriers to accessing care, if any, among

people living with HIV/AIDS (PLHA) in two districts of Bihar. We also aimed to

assess attitudes towards PLHA among healthcare providers and community members.

DESIGN: This qualitative study used an exploratory study design through thematic

analysis of semistructured, in-depth interviews. SETTING: Two districts were

purposively selected for the study, namely the capital Patna and a peripheral

district located approximately 100 km from Patna, in order to glean insights from

a diverse sample of respondents. PARTICIPANTS: Our team purposively selected 71

participants, including 35 PLHA, 10 community members and 26 healthcare

providers. RESULTS: The overarching theme that evolved from these data through

thematic coding identified that enacted stigma and discrimination interfere with

each step in the HIV care continuum for PLHA in Bihar, India, especially outside

urban areas. The five themes that contributed to these results include:

perception of HIV as a dirty illness at the community level; non-consensual

disclosure of HIV status; reliance on identifying PLHA to guide procedures and

resistance to universal precautions; refusal to treat identified PLHA and



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referrals to other health centres for treatment; and inadequate knowledge and

fear among health providers with respect to HIV transmission. **CONCLUSIONS:** The

continued presence of discriminatory and stigmatising attitudes towards PLHA

negatively impacts both disclosure of HIV status as well as access to care and

treatment. We recognise a pressing need to improve the knowledge of HIV

transmission, and implement universal precautions across all health facilities in

the state, not just to reduce stigma and discrimination but also to ensure proper

infection control. In order to improve treatment adherence and encourage optimal

utilisation of services, it is imperative that the health system invest more in

stigma reduction in Bihar and move beyond more ineffective, punitive approaches.

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LA - eng

PT - Journal Article

DEP - 20191125

PL - England

TA - BMJ Open

JT - BMJ open

JID - 101552874

SB - IM

MH - Acquired Immunodeficiency Syndrome/prevention & control/psychology

MH - Adult

MH - Aged

MH - Female

MH - HIV Infections/prevention & control/*psychology

MH - *Health Knowledge, Attitudes, Practice

MH - *Health Personnel

MH - Health Services Accessibility

MH - Humans

MH - India

MH - Interviews as Topic

MH - Male

MH - Middle Aged

MH - *Prejudice

MH - Qualitative Research

MH - Referral and Consultation

MH - *Refusal to Treat

MH - *Social Stigma

MH - Young Adult





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PMC - PMC6886919

OTO - NOTNLM

OT - HIV and AIDS

OT - qualitative research

OT - social medicine

COIS- Competing interests: None declared.

EDAT- 2019/11/28 06:00

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PHST- 2019/11/25 00:00 [pmc-release]

AID - bmjopen-2019-033790 [pii]

AID - 10.1136/bmjopen-2019-033790 [doi]

PST - epubli

SO - BMJ Open. 2019 Nov 25;9(11):e033790. doi: 10.1136/bmjopen-2019-033790.

PMID- 28752285

OWN - NLM

STAT- MEDLINE

DCOM- 20180301

LR - 20181113

IS - 1548-3576 (Electronic)

IS - 1548-3568 (Print)

IS - 1548-3568 (Linking)

VI - 14

IP - 4

DP - 2017 Aug

TI - HIV Prevention Among Transgender Populations: Knowledge Gaps and Evidence for Action.

PG - 141-152

LID - 10.1007/s11904-017-0360-1 [doi]

AB - PURPOSE OF REVIEW: The purpose of this review is to summarize the available



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evidence-based HIV prevention interventions tailored for transgender people.

RECENT FINDINGS: A limited number of evidence-based HIV prevention interventions

have been tested with transgender populations. Most existing interventions target

behavior change among transgender women, with only one HIV prevention program

evaluated for transgender men. Studies addressing biomedical interventions for

transgender women are ongoing. Few interventions address social and structural

barriers to HIV prevention, such as stigma, discrimination, and poverty.

Evidence-based multi-level interventions that address the structural, biomedical,

and behavioral risks for HIV among transgender populations, including transgender

men, are needed to address disparities in HIV prevalence. Future research should

address not only pre-exposure prophylaxis uptake and condom use but also

structural barriers that limit access to these prevention strategies.

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GR - P30 AI094189/AI/NIAID NIH HHS/United States

PT - Journal Article

PT - Review

PL - United States

TA - Curr HIV/AIDS Rep

JT - Current HIV/AIDS reports

JID - 101235661

SB - IM

**EIN - Curr HIV/AIDS Rep. 2017 Oct;14(5):200. doi: 10.1007/s11904-017-
0365-9. PMID:**

28905274

MH - Female

MH - HIV Infections/*prevention & control

MH - *Health Knowledge, Attitudes, Practice

MH - Humans

MH - Male

MH - Pre-Exposure Prophylaxis

MH - Safe Sex

MH - *Transgender Persons

PMC - PMC5896563

MID - NIHMS953806

OTO - NOTNLM

OT - Behavioral interventions

OT - Biomedical interventions

OT - HIV prevention

OT - Stigma

OT - Structural determinants

OT - Transgender

EDAT- 2017/07/29 06:00

MHDA- 2018/03/02 06:00

PMCR- 2018/08/01

CRDT- 2017/07/29 06:00



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PHST- 2017/07/29 06:00 [pubmed]

PHST- 2018/03/02 06:00 [medline]

PHST- 2017/07/29 06:00 [entrez]

PHST- 2018/08/01 00:00 [pmc-release]

AID - 10.1007/s11904-017-0360-1 [pii]

AID - 10.1007/s11904-017-0360-1 [doi]

PST - ppublish

SO - Curr HIV/AIDS Rep. 2017 Aug;14(4):141-152. doi: 10.1007/s11904-017-0360-1.

PMID- 30958638

OWN - NLM

STAT- MEDLINE

DCOM- 20200413

LR - 20231006

IS - 1758-2652 (Electronic)

IS - 1758-2652 (Linking)

VI - 22

IP - 4

DP - 2019 Apr

TI - Access to sexual and reproductive health services for women living with HIV in

Latin America and the Caribbean: systematic review of the literature.

PG - e25273

LID - 10.1002/jia2.25273 [doi]

LID - e25273

AB - INTRODUCTION: Systematic reviews show that women living with HIV (WLHIV) have

high unmet sexual and reproductive health (SRH) needs due to barriers to access

sexual and reproductive health services (SRHS). In Latin America and the

Caribbean (LAC), as of 2016, there were nearly one million WLHIV, but the

existing evidence of their SRH needs comes from a few individual studies. This

systematic review provides an overview of these women's needs to help define new





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and/or adapt existing public health strategies to the local context. This review synthesizes the evidence from the literature on the use of and access to SRHS related to family planning, antenatal care, abortion services and violence against WLHIV in LAC. METHODS: Using a systematic review of mixed studies, a search was performed in MEDLINE, EMBASE, LILACS, INASP, POP-LINE, SCOPUS, for studies conducted in LAC, from 2004 to 2017, as well as contact with authors and hand search as needed. Two independent reviewers evaluated the quality of the studies using the Mixed Methods Appraisal Tool; inclusion was conducted according to the PRISMA flow diagram. An exploratory narrative synthesis followed by quantitative synthesis data was undertaken. Group analysis or meta-analysis was not considered appropriate given the level of heterogeneity of the studies. RESULTS: A total of 18 studies in 13 LAC countries for a population of 5672 WLHIV were included. Data from individual studies reported unmet family planning needs; higher, but inconsistent use of condom as the sole contraceptive method OR=1.46 [1.26 to 1.69]; lesser use of other non-permanent contraceptive methods OR=0.26 [0.22 to 0.31]; more unplanned pregnancies OR=1.30 [1.02 to 1.66]; more induced abortions OR=1.96 [1.60 to 2.39]; higher risk of immediate postpartum sterilization; and higher exposure to sexual and institutional violence by WLHIV when compared with women without HIV. CONCLUSIONS: This review presents evidence



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from LAC about the SRH unmet needs of WLHIV that must be addressed by decreasing institutional and structural barriers, facilitating services and reducing stigma, and discrimination among healthcare providers to improve access to SRHS based on human rights, so women independently of their HIV status can make their own reproductive decisions, free of violence and coercion.

CI - © 2019 The Authors. Journal of the International AIDS Society published by John

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LA - eng

PT - Journal Article

PT - Meta-Analysis

PT - Research Support, Non-U.S. Gov't

PT - Systematic Review

PL - Switzerland

TA - J Int AIDS Soc

JT - Journal of the International AIDS Society

JID - 101478566

SB - IM

MH - Adult

MH - Caribbean Region/epidemiology

MH - Contraception

MH - Female

**MH - HIV Infections/epidemiology/physiopathology/prevention & con-
trol/*psychology**

MH - *Health Services Accessibility

MH - Human Rights

MH - Humans

MH - Latin America/epidemiology

MH - Pregnancy

MH - Reproductive Health Services

MH - Social Stigma

MH - Violence

MH - Young Adult

PMC - PMC6452919

OTO - NOTNLM

OT - HIV seropositive

OT - Latin America

OT - abortion services

OT - access to health services

OT - antenatal care



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OT - family planning
OT - sexual and reproductive health services
OT - the Caribbean
OT - violence against women
OT - women living with HIV
OT - women's health
OT - women's rights
EDAT- 2019/04/09 06:00
MHDA- 2020/04/14 06:00
PMCR- 2019/04/08
CRDT- 2019/04/09 06:00
PHST- 2018/06/20 00:00 [received]
PHST- 2019/03/07 00:00 [accepted]
PHST- 2019/04/09 06:00 [entrez]
PHST- 2019/04/09 06:00 [pubmed]
PHST- 2020/04/14 06:00 [medline]
PHST- 2019/04/08 00:00 [pmc-release]
AID - JIA225273 [pii]
AID - 10.1002/jia2.25273 [doi]
PST - ppublish
SO - J Int AIDS Soc. 2019 Apr;22(4):e25273. doi: 10.1002/jia2.25273.

PMID- 37351535
OWN - NLM
STAT- PubMed-not-MEDLINE
LR - 20230701
IS - 2090-1240 (Print)
IS - 2090-1259 (Electronic)
IS - 2090-1240 (Linking)
VI - 2023
DP - 2023
TI - HIV Late Presenters in Asia: Management and Public Health Challenges.
PG - 9488051
LID - 10.1155/2023/9488051 [doi]
LID - 9488051
AB - Many individuals are diagnosed with human immunodeficiency virus (HIV) infection



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at an advanced stage of illness and are considered late presenters. We define

late presentation as a CD4 cell count below 350 cells/mm³ at the time of HIV

diagnosis, or presenting with an AIDS-defining illness regardless of CD4 count.

Across Asia, an estimated 34-72% of people diagnosed with HIV are late

presenters. HIV late presenters generally have a higher disease burden and higher

comorbidity such as opportunistic infections than those who are diagnosed

earlier. They also have a higher mortality rate and generally exhibit poorer

immune recovery following combined antiretroviral therapy (cART). As such, late

HIV presentation leads to increased resource burden and costs to healthcare

systems. HIV late presentation also poses an increased risk of community

transmission since the transmission rate from people unaware of their HIV status

is approximately 3.5 times higher than that of early presenters. There are

several factors which contribute to HIV late presentation. Fear of stigmatisation

and discrimination are significant barriers to both testing and accessing

treatment. A lack of perceived risk and a lack of knowledge by individuals also

contribute to late presentation. Lack of referral for testing by healthcare

providers is another identified barrier in China and may extend to other regions

across Asia. Effective strategies are still needed to reduce the incidence of

late presentation across Asia. Key areas of focus should be increasing community



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awareness of the risk of HIV, reducing stigma and discrimination in testing, and
educating healthcare professionals on the need for early testing and on the most
effective ways to engage with people living with HIV. Recent initiatives such as
intensified patient adherence support programs and HIV self-testing also have the
potential to improve access to testing and reduce late diagnosis.

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LA - eng

PT - Journal Article

PT - Review

DEP - 20230614

PL - United States

TA - AIDS Res Treat

JT - AIDS research and treatment

JID - 101553816



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PMC - PMC10284655

COIS- CSW receives research funding from Gilead Sciences and serves on the advisory

boards for Gilead Sciences and ViiV/GSK. YSK and LW declare no conflicts of interest.

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MHDA- 2023/06/23 13:08

PMCR- 2023/06/14

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PHST- 2023/04/04 00:00 [accepted]

PHST- 2023/06/23 13:08 [medline]

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AID - 10.1155/2023/9488051 [doi]

PST - epubish

SO - AIDS Res Treat. 2023 Jun 14;2023:9488051. doi: 10.1155/2023/9488051. eCollection 2023.

PMID- 23352771

OWN - NLM

STAT- MEDLINE

DCOM- 20140205

LR - 20211021

IS - 1552-6917 (Electronic)

IS - 1055-3290 (Print)

IS - 1055-3290 (Linking)

VI - 24

IP - 5

DP - 2013 Sep-Oct

TI - Barriers to care for rural people living with HIV: a review of domestic research

and health care models.

PG - 422-37

LID - S1055-3290(12)00186-0 [pii]



SALUD
SECRETARÍA DE SALUD



Hospital Regional de
Alta Especialidad de la
Península de Yucatán

LID - 10.1016/j.jana.2012.08.007 [doi]

AB - Historically, the availability of health care in rural areas has been sparse, and

specialized care for people living with HIV (PLWH) has been especially

problematic. Rural patients are faced with substantially greater barriers to care

than their urban counterparts. A systematic review of empirical studies was

conducted concerning barriers to care among patients infected with HIV in rural

areas of the United States. This systematic review yielded 15 viable articles for

analysis. Among the 27 barriers identified, the most commonly discussed were

transportation needs, provider discrimination and stigma, confidentiality

concerns, and affordability and lack of financial resources. Barriers to care

must be addressed in conjunction with one another in order to alleviate their

impacts. Key health care models addressing these concerns are highlighted and

used to address the state of the field and provide suggestions for future

research.

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LA - eng

GR - T32 MH074387/MH/NIMH NIH HHS/United States

GR - T32MH074387/MH/NIMH NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Review



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Península de Yucatán

PT - Systematic Review

DEP - 20130122

PL - United States

TA - J Assoc Nurses AIDS Care

JT - The Journal of the Association of Nurses in AIDS Care : JANAC

JID - 9111870

SB - IM

MH - Attitude of Health Personnel

MH - Confidentiality

MH - HIV Infections/*therapy

MH - Health Services Accessibility

MH - Humans

MH - *Models, Organizational

MH - Patient Acceptance of Health Care

MH - Rural Health Services/*organization & administration

MH - *Rural Population

MH - Social Stigma

MH - United States

PMC - PMC3640620

MID - NIHMS406725

OTO - NOTNLM

OT - HIV

OT - barriers to care

OT - health care models

OT - rural

COIS- Conflict of Interest Statement: Jennifer A. Pellowski reports no real or

perceived vested interests that relate to this article (including relationships

with pharmaceutical companies, biomedical device manufacturers, grantors, or

other entities whose products or services are related to topics covered in this

manuscript) that could be construed as a conflict of interest.

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PHST- 2012/08/16 00:00 [accepted]

PHST- 2013/01/29 06:00 [entrez]

PHST- 2013/01/29 06:00 [pubmed]

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PHST- 2014/09/01 00:00 [pmc-release]

AID - S1055-3290(12)00186-0 [pii]

AID - 10.1016/j.jana.2012.08.007 [doi]

PST - ppublish

SO - J Assoc Nurses AIDS Care. 2013 Sep-Oct;24(5):422-37. doi:

10.1016/j.jana.2012.08.007. Epub 2013 Jan 22.

PMID- 31219887

OWN - NLM

STAT- MEDLINE

DCOM- 20200706

LR - 20200706

IS - 1746-6318 (Electronic)

IS - 1746-630X (Linking)

VI - 14

IP - 5

DP - 2019 Sep

TI - Strategies for engaging transgender populations in HIV prevention and care.

PG - 393-400

LID - 10.1097/COH.0000000000000563 [doi]

AB - PURPOSE OF REVIEW: Transgender (trans) populations are heavily impacted by HIV,

yet face structural, social, and individual barriers to engagement in HIV

prevention and care. In this review, we summarize the data on barriers and

facilitators and discuss evidence-informed strategies to facilitate access to and

engagement in HIV prevention and care by trans communities. RECENT FINDINGS:

Intersectional stigma and discrimination at structural, community, individual

levels present substantial impediments to HIV prevention and optimal care. Access





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to gender-affirming health care is a priority for trans communities. Where trans communities are highly networked, these networks may provide a strong infrastructure for disseminating HIV innovations and reaching individuals who are not engaged in HIV services. Efforts to engage trans people in HIV prevention and care must address stigma, provide gender-affirming services, and build on community strengths and priorities to ensure trans populations achieve maximum benefit from advances in HIV prevention and care. SUMMARY: Combination approaches that respond to the complex drivers of HIV in trans communities represent promising strategies for engaging trans people and their partners in HIV prevention and care.

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LA - eng

PT - Journal Article

PT - Review



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Península de Yucatán

PL - United States
TA - Curr Opin HIV AIDS
JT - Current opinion in HIV and AIDS
JID - 101264945
SB - IM
MH - Female
MH - HIV Infections/*prevention & control/psychology
MH - Health Services Accessibility
MH - Humans
MH - Male
MH - Social Stigma
MH - Transgender Persons/psychology/*statistics & numerical data
EDAT- 2019/06/21 06:00
MHDA- 2020/07/07 06:00
CRDT- 2019/06/21 06:00
PHST- 2019/06/21 06:00 [pubmed]
PHST- 2020/07/07 06:00 [medline]
PHST- 2019/06/21 06:00 [entrez]
AID - 10.1097/COH.0000000000000563 [doi]
PST - ppublish
SO - Curr Opin HIV AIDS. 2019 Sep;14(5):393-400. doi:
10.1097/COH.0000000000000563.

PMID- 23525789
OWN - NLM
STAT- MEDLINE
DCOM- 20140609
LR - 20220310
IS - 1573-3254 (Electronic)
IS - 1090-7165 (Print)
IS - 1090-7165 (Linking)
VI - 17
IP - 8
DP - 2013 Oct
TI - The influence of stigma and discrimination on female sex workers'
access to HIV
services in St. Petersburg, Russia.
PG - 2597-603
LID - 10.1007/s10461-013-0447-7 [doi]



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AB - Stigma associated with HIV and risk behaviors is known to be a barrier to health

care access for many populations. Less is known about female sex workers (FSW) in

Russia, a population that is especially vulnerable to HIV-infection, and yet

hard-to-reach for service providers. We administered a questionnaire to 139 FSW

to better understand how stigma and discrimination influence HIV service

utilization. Logistic regression analysis indicated that HIV-related stigma is

negatively associated with uptake of HIV testing, while sex work-related stigma

is positively associated with HIV testing. HIV-positive FSW are more likely than

HIV-negative FSW to experience discrimination in health care settings. While

decreasing societal stigma should be a long-term goal, programs that foster

inclusion of marginalized populations in Russian health care settings are

urgently needed.

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LA - eng

GR - P30 MH062294/MH/NIMH NIH HHS/United States

GR - T32 MH020031/MH/NIMH NIH HHS/United States

GR - T32MH020031/MH/NIMH NIH HHS/United States



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PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, Non-U.S. Gov't

PL - United States

TA - AIDS Behav

JT - AIDS and behavior

JID - 9712133

SB - IM

MH - Adult

MH - Cross-Sectional Studies

MH - Female

MH - HIV Seropositivity/complications/epidemiology/*psychology

MH - *Health Services Accessibility/statistics & numerical data

MH - Health Services Needs and Demand

MH - Health Status Disparities

MH - Humans

MH - *Prejudice

MH - Risk-Taking

MH - Russia/epidemiology

MH - Sex Work/*psychology/statistics & numerical data

MH - Sex Workers/*psychology/statistics & numerical data

MH - Sexual Behavior/*psychology/statistics & numerical data

MH - Social Perception

MH - *Social Stigma

MH - Surveys and Questionnaires

PMC - PMC3868674

MID - NIHMS459551

EDAT- 2013/03/26 06:00

MHDA- 2014/06/10 06:00

PMCR- 2014/10/01

CRDT- 2013/03/26 06:00

PHST- 2013/03/26 06:00 [entrez]

PHST- 2013/03/26 06:00 [pubmed]

PHST- 2014/06/10 06:00 [medline]

PHST- 2014/10/01 00:00 [pmc-release]

AID - 10.1007/s10461-013-0447-7 [doi]

PST - ppublish

SO - AIDS Behav. 2013 Oct;17(8):2597-603. doi: 10.1007/s10461-013-0447-7.



PMID- 31315449

OWN - NLM

STAT- MEDLINE

DCOM- 20201208

LR - 20221207

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Linking)

VI - 32

IP - 4

DP - 2020 Apr

TI - HIV infection among women in the United States: 2000-2017.

PG - 522-529

LID - 10.1080/09540121.2019.1640844 [doi]

AB - Although HIV diagnoses among women have declined in recent years in the United

States (U.S.), women accounted for 19% of new HIV diagnoses in 2016. In addition,

women comprise 24% of the 973,846 persons living with HIV infection in the U.S.

However, HIV prevention interventions targeting women are limited. We performed a

review on HIV infection in women to increase awareness, improve overall care, and

inform intervention development. A systematic literature review was conducted

using literature published in PubMed, PsychINFO (EBSCO), and Scopus from July

2000 and June 2017. We included studies that: (1) were conducted in the U.S., (2)

enrolled at least 50 HIV-positive women, and (3) utilized a case-control, cohort.

or surveillance study design. Of 7497 articles, 48 articles met inclu-
sion

criteria. HIV diagnoses among women declined 32% between 2001 and 2016. In 2016,

61% of diagnoses in women were among African American women, and 56% were in the



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South. Women reported barriers to HIV care largely due to psycho-social challenges

and social/structural determinants of health (SDH) barriers. Though new diagnoses

among women have declined, racial and regional disparities remain. HIV prevention

and research efforts with women are vital to inform interventions and reduce

disparities.

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LA - eng

PT - Journal Article

PT - Systematic Review

DEP - 20190717

PL - England

TA - AIDS Care

JT - AIDS care

JID - 8915313

SB - IM

MH - Black or African American

MH - Discrimination, Psychological

MH - Female



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MH - HIV Infections/*diagnosis/ethnology/*prevention & control
MH - Health Services Accessibility
MH - Humans
MH - Racial Groups/statistics & numerical data
MH - *Social Determinants of Health
MH - *Social Stigma
OTO - NOTNLM
OT - HIV
OT - United States
OT - review
OT - women
EDAT- 2019/07/19 06:00
MHDA- 2020/12/15 06:00
CRDT- 2019/07/19 06:00
PHST- 2019/07/19 06:00 [pubmed]
PHST- 2020/12/15 06:00 [medline]
PHST- 2019/07/19 06:00 [entrez]
AID - 10.1080/09540121.2019.1640844 [doi]
PST - ppublish
SO - AIDS Care. 2020 Apr;32(4):522-529. doi:
10.1080/09540121.2019.1640844. Epub 2019
Jul 17.

PMID- 24531769
OWN - NLM
STAT- MEDLINE
DCOM- 20141201
LR - 20240323
IS - 1573-3254 (Electronic)
IS - 1090-7165 (Print)
IS - 1090-7165 (Linking)
VI - 18
IP - 5
DP - 2014 May
TI - Understanding structural barriers to accessing HIV testing and pre-
vention
services among black men who have sex with men (BMSM) in the
United States.
PG - 972-96



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LID - 10.1007/s10461-014-0719-x [doi]

AB - Structural-level factors have contributed to the substantial disproportionate

rates of HIV among Black men who have sex with men (BMSM) in the United States.

Despite insufficient HIV testing patterns, however, there is a void in research

investigating the relationship between structural factors and access to HIV

testing and prevention services among BMSM. Building on previous scholarly work

and incorporating a dynamic social systems conceptual framework, we conducted a

comprehensive review of the literature on structural barriers to HIV testing and

prevention services among BMSM across four domains: healthcare, stigma and

discrimination, incarceration, and poverty. We found that BMSM experience

inadequate access to culturally competent services, stigma and discrimination

that impede access to services, a deficiency of services in correctional

institutions, and limited services in areas where BMSM live. Structural

interventions that eliminate barriers to HIV testing and prevention services and

provide BMSM with core skills to navigate complex systems are needed.

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AU - Elliott A
FAU - Watson, Christopher
AU - Watson C
FAU - Magnus, Many
AU - Magnus M
LA - eng
GR - P30 AI087714/AI/NIAID NIH HHS/United States
GR - R21 MH097586/MH/NIMH NIH HHS/United States
GR - P30AI087714/AI/NIAID NIH HHS/United States
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, Non-U.S. Gov't
PT - Review
PL - United States
TA - AIDS Behav
JT - AIDS and behavior
JID - 9712133
SB - IM
MH - Black or African American/*psychology/statistics & numerical data
MH - HIV Infections/*diagnosis/ethnology/prevention & control
MH - Health Knowledge, Attitudes, Practice
MH - *Health Services Accessibility
MH - Healthcare Disparities/statistics & numerical data
MH - Homosexuality, Male/ethnology/*psychology
MH - Humans
MH - Male
MH - Mass Screening/statistics & numerical data
MH - Patient Acceptance of Health Care/ethnology/*psychology/statistics & numerical data



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MH - Poverty
MH - Prisons
MH - Social Support
MH - United States/epidemiology
PMC - PMC4509742
MID - NIHMS576300
EDAT- 2014/02/18 06:00
MHDA- 2014/12/15 06:00
PMCR- 2015/07/21
CRDT- 2014/02/18 06:00
PHST- 2014/02/18 06:00 [entrez]
PHST- 2014/02/18 06:00 [pubmed]
PHST- 2014/12/15 06:00 [medline]
PHST- 2015/07/21 00:00 [pmc-release]
AID - 10.1007/s10461-014-0719-x [doi]
PST - ppublsh
SO - AIDS Behav. 2014 May;18(5):972-96. doi: 10.1007/s10461-014-0719-x.

PMID- 19910788
OWN - NLM
STAT- MEDLINE
DCOM- 20110110
LR - 20100120
IS - 1473-5571 (Electronic)
IS - 0269-9370 (Linking)
VI - 24
IP - 3
DP - 2010 Jan 28
TI - Medication-assisted treatment and HIV/AIDS: aspects in treating
HIV-infected drug
users.
PG - 331-40
LID - 10.1097/QAD.0b013e32833407d3 [doi]
AB - Drug use and HIV/AIDS remain serious public health issues in the
US. The
intersection of the twin epidemics of HIV and drug/alcohol use, re-
sults in
difficult medical management issues for the healthcare providers
who work in the





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HIV prevention and treatment fields. Access to care and treatment, medication

adherence to multiple therapeutic regimens and concomitant drug-drug interactions

of prescribed treatments are difficult barriers for drug users to overcome

without directed interventions. Injection drug users are frequently disenfranchised from medical care and suffer stigma and discrimination creating

additional barriers to care and treatment for their substance use disorders as

well as HIV infection. Controlling the transmission of HIV will require access to

care and treatment of individuals who abuse illicit drugs and alcohol. Improving

health outcomes (e.g. access to and adherence to antiretroviral therapy) among

HIV-infected substance users will also require access to evidenced-based

pharmacological therapies for the treatment of drug abuse and dependence. The

current review presents an overview of issues regarding the use of medication-assisted treatments for substance abuse and dependence among

HIV-infected individuals, providing medical management paradigms for their care

and treatment.

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LA - eng

GR - K23 DA 022143/DA/NIDA NIH HHS/United States

GR - K24 DA 023359/DA/NIDA NIH HHS/United States



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Península de Yucatán

GR - R01 DA 13004/DA/NIDA NIH HHS/United States
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Review
PL - England
TA - AIDS
JT - AIDS (London, England)
JID - 8710219
SB - IM
MH - Antiretroviral Therapy, Highly Active/methods
MH - Drug Interactions
MH - HIV Infections/*drug therapy/epidemiology
MH - Health Services Accessibility/*organization & administration
MH - Humans
MH - Medication Adherence
MH - Prejudice
MH - Substance Abuse, Intravenous/*drug therapy/epidemiology/rehabilitation
MH - United States/epidemiology
EDAT- 2009/11/17 06:00
MHDA- 2011/01/11 06:00
CRDT- 2009/11/14 06:00
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PHST- 2009/11/17 06:00 [pubmed]
PHST- 2011/01/11 06:00 [medline]
AID - 10.1097/QAD.0b013e32833407d3 [doi]
PST - ppublish
SO - AIDS. 2010 Jan 28;24(3):331-40. doi:
10.1097/QAD.0b013e32833407d3.

PMID- 29848324
OWN - NLM
STAT- MEDLINE
DCOM- 20181126
LR - 20240318
IS - 1475-9276 (Electronic)
IS - 1475-9276 (Linking)
VI - 17
IP - 1



DP - 2018 May 30

TI - Barriers to HIV testing among male clients of female sex workers in Indonesia.

PG - 68

LID - 10.1186/s12939-018-0782-4 [doi]

LID - 68

AB - BACKGROUND: Frequent engagement of men in sexual encounters with female sex

workers (FSWs) without using condoms places them at a high risk for HIV

infection. HIV testing has been noted to be among important strategies to prevent

HIV transmission and acquisition. However, it is known that not all men willingly

undertake an HIV test as a way to prevent HIV transmission and/or acquisition.

This study aimed to identify barriers to accessing HIV testing services among men

who are clients of FSWs (clients) in Belu and Malaka districts, Indonesia.

METHODS: A qualitative inquiry employing face to face open ended interviews was

conducted from January to April 2017. The participants (n = 42) were clients of

FSWs recruited using purposive and snowball sampling techniques. Data were

analysed using a qualitative data analysis framework. **RESULTS:** Findings indicated

three main barriers of accessing HIV testing services by clients. These included:

(1) personal barriers (lack of knowledge of HIV/AIDS and HIV testing availability, and unwillingness to undergo HIV testing due to low self-perceived

risk of HIV and fear of the test result); (2) health care service provision

barriers (lack of trust in health professionals and limited availability of

medication including antiretroviral (ARV)); and (3) social barriers (stigma and





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discrimination, and the lack of social supports). **CONCLUSIONS:**
These findings

indicated multilevelled barriers to accessing HIV testing services
among

participants, who are known to be among key population groups in
HIV care.

Actions to improve HIV/AIDS-related health services accessibility
are required.

The dissemination of the knowledge and information on HIV/AIDS
and improved

available of HIV/AIDS-related services are necessary actions to im-
prove the

personal levelled barriers. System wide barriers will need improved
practices and

health policies to provide patients friendly and accessible services.
The

societal levelled barriers will need a more broad societal approach
including

raising awareness in the community and enhanced discussions
about HIV/AIDS issues

in order to normalise HIV in the society.

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LA - eng

PT - Journal Article

DEP - 20180530

PL - England

TA - Int J Equity Health

JT - International journal for equity in health

JID - 101147692

SB - IM

MH - Adult

MH - HIV Infections/prevention & control/*psychology

MH - Health Services Accessibility/*statistics & numerical data

MH - Humans

MH - Indonesia

MH - Male

MH - Mass Screening

MH - Qualitative Research

MH - Sex Workers/statistics & numerical data



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MH - Sexual Behavior/psychology

MH - *Social Stigma

MH - *Social Support

PMC - PMC5977459

OTO - NOTNLM

OT - Barriers

OT - HIV testing

OT - Indonesia

OT - Male clients of FSWs

COIS- ETHICS APPROVAL AND CONSENT TO PARTICIPATE: Prior to the interviews, participants

were informed of the voluntary nature of their participation and that they may

decide to quit without any consequences if they feel uncomfortable about the

topics being asked during the interviews. They were also advised in advance that

interviews would be recorded and would take approximately 45 to 90 min, and that

collected information would be treated anonymously and confidentially. To ensure

that the information provided will not be linked back to each individual in the

future, each participant was assigned a unique Study Identification Number (P1,

P2, ...). The participants signed and returned a written informed consent at the

interview day. The participants were advised about the aim of the study and that

it had been approved by Medicine Research Ethics Committee, Duta Wacana Christian

University, Indonesia (ref: 386/C.16/FK/2017). COMPETING INTERESTS: The authors

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MHDA- 2018/11/27 06:00

PMCR- 2018/05/30

CRDT- 2018/06/01 06:00

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PHST- 2018/05/30 00:00 [pmc-release]

AID - 10.1186/s12939-018-0782-4 [pii]

AID - 782 [pii]

AID - 10.1186/s12939-018-0782-4 [doi]

PST - epubli

SO - Int J Equity Health. 2018 May 30;17(1):68. doi: 10.1186/s12939-018-0782-4.

PMID- 24946513

OWN - NLM

STAT- MEDLINE

DCOM- 20140715

LR - 20170203

IS - 0723-1393 (Print)

IS - 0723-1393 (Linking)

VI - 33

IP - 1

DP - 2014 Apr

TI - Perceptions of people living with HIV/AIDS regarding access to health care.

PG - 64-73

AB - Although the health care is replete with technology in the present day, it is not

freely accessible in a developing country. The situation could be even more

compromised in the case of people living with HIV/AIDS, with the added dimension

of stigma and discrimination. What are the factors that act as barriers to health

care? This study was conducted to look into perceptions of people living with





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HIV/AIDS with regard to access to health care. The study looked into

accessibility of general health vis-à-vis access to antiretroviral therapy.

Demographic variables like age, gender, income were studied in relation to

factors such as counseling, confidentiality, stigma and discrimination, which are

known to influence access to health care. People living with HIV/AIDS perceive

general health care as more accessible than care for HIV treatment.

Discrimination by health care workers causes a barrier to accessibility.

FAU - Vaswani, Vina

AU - Vaswani V

FAU - Vaswani, Ravi

AU - Vaswani R

LA - eng

PT - Journal Article

PL - United States

TA - Med Law

JT - Medicine and law

JID - 8218185

RN - 0 (Anti-Retroviral Agents)

SB - IM

MH - Adolescent

MH - Adult

MH - Aged

MH - Anti-Retroviral Agents/*therapeutic use

MH - Female

MH - HIV Infections/*drug therapy/psychology

MH - *Health Services Accessibility

MH - Humans

MH - Income

MH - India

MH - Male

MH - Middle Aged

MH - Occupations

MH - Prejudice



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MH - Sex Factors
MH - Social Stigma
MH - Surveys and Questionnaires
MH - Young Adult
EDAT- 2014/06/21 06:00
MHDA- 2014/07/16 06:00
CRDT- 2014/06/21 06:00
PHST- 2014/06/21 06:00 [entrez]
PHST- 2014/06/21 06:00 [pubmed]
PHST- 2014/07/16 06:00 [medline]
PST - ppublish
SO - Med Law. 2014 Apr;33(1):64-73.

PMID- 24626063

OWN - NLM

STAT- MEDLINE

DCOM- 20150417

LR - 20181202

IS - 1758-1052 (Electronic)

IS - 0956-4624 (Linking)

VI - 26

IP - 1

DP - 2015 Jan

TI - A qualitative analysis of barriers to accessing HIV/AIDS-related services among

newly diagnosed HIV-positive men who have sex with men in China.

PG - 13-9

LID - 10.1177/0956462414528309 [doi]

AB - In China, specific HIV/AIDS-related services have been in place since 2004.

However, utilisation of these services remains limited among people living with

HIV. We explored barriers to accessing HIV/AIDS-related services from the

perspective of newly diagnosed HIV-positive men who have sex with men. We

conducted repeated in-depth interviews with 31 newly diagnosed HIV-positive men





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who have sex with men, using the socio-ecological framework and thematic content

analysis. Multiple barriers for utilisation of HIV/AIDS-related services were

identified, including perceptions of subjective health and poor quality of

services, mental and emotional health problems, lack of trust and understanding

of the services on offer, low economic status, lack of insurance, and high

medical fees, being refused access to services, and restrictive attendance

policies. The findings provide information on potential multi-level obstacles

preventing newly diagnosed HIV-positive men who have sex with men to use services

that they need. It is recommended that policy makers should create a trustful and

non-discriminating environment and services integrating physical and mental

healthcare.

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sagepub.co.uk/journalsPermissions.nav.

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LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20140313

PL - England

TA - Int J STD AIDS

JT - International journal of STD & AIDS

JID - 9007917

SB - IM

MH - Adolescent

MH - Adult

MH - Attitude of Health Personnel

MH - China

MH - Focus Groups

MH - HIV Infections/*diagnosis/psychology

MH - *Health Knowledge, Attitudes, Practice

MH - Health Services/*statistics & numerical data

MH - *Health Services Accessibility

MH - Homosexuality, Male/ethnology/*psychology

MH - Humans

MH - Interviews as Topic

MH - Male

MH - *Prejudice

MH - Professional-Patient Relations

MH - Qualitative Research

MH - Social Support

MH - Young Adult

OTO - NOTNLM

OT - China

OT - HIV/AIDS

OT - MSM

OT - barriers to access

OT - men who have sex with men

OT - newly diagnosed

OT - qualitative



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OT - service utilisation

OT - stigma

EDAT- 2014/03/15 06:00

MHDA- 2015/04/18 06:00

CRDT- 2014/03/15 06:00

PHST- 2014/03/15 06:00 [entrez]

PHST- 2014/03/15 06:00 [pubmed]

PHST- 2015/04/18 06:00 [medline]

AID - 0956462414528309 [pii]

AID - 10.1177/0956462414528309 [doi]

PST - ppublish

SO - Int J STD AIDS. 2015 Jan;26(1):13-9. doi: 10.1177/0956462414528309.

Epub 2014 Mar

13.

PMID- 27582088

OWN - NLM

STAT- MEDLINE

DCOM- 20180104

LR - 20241219

IS - 1573-3254 (Electronic)

IS - 1090-7165 (Print)

IS - 1090-7165 (Linking)

VI - 21

IP - 6

DP - 2017 Jun

TI - Barriers and Facilitators to Interventions Improving Retention in HIV Care: A

Qualitative Evidence Meta-Synthesis.

PG - 1755-1767

LID - 10.1007/s10461-016-1537-0 [doi]

AB - Retention in HIV care is vital to the HIV care continuum. The current review

aimed to synthesize qualitative research to identify facilitators and barriers to

HIV retention in care interventions. A qualitative evidence meta-synthesis

utilizing thematic analysis. Prospective review registration was made in PROSPERO





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and review procedures adhered to PRISMA guidelines. Nineteen databases were

searched to identify qualitative research conducted with individuals living with

HIV and their caregivers. Quality assessment was conducted using CASP and the

certainty of the evidence was evaluated using CERQual. A total of 4419 citations

were evaluated and 11 were included in the final meta-synthesis. Two studies were

from high-income countries, 3 from middle-income countries, and 6 from low-income

countries. A total of eight themes were identified as facilitators or barriers

for retention in HIV care intervention: (1) Stigma and discrimination, (2) Fear

of HIV status disclosure, (3) task shifting to lay health workers, (4) Human

resource and institutional challenges, (5) Mobile Health (mHealth), (6) Family

and friend support, (7) Intensive case management, and, (8) Relationships with

caregivers. The current review suggests that task shifting interventions with lay

health workers were feasible and acceptable. mHealth interventions and stigma

reduction interventions appear to be promising interventions aimed at improving

retention in HIV care. Future studies should focus on improving the evidence base

for these interventions. Additional research is needed among women and

adolescents who were under-represented in retention interventions.

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GR - 001/WHO_/World Health Organization/International

GR - D43 TW009532/TW/FIC NIH HHS/United States

GR - R01 AI114310/AI/NIAID NIH HHS/United States

PT - Journal Article

PL - United States

TA - AIDS Behav

JT - AIDS and behavior

JID - 9712133

SB - IM

MH - Adolescent

MH - Attitude of Health Personnel

MH - Continuity of Patient Care/*statistics & numerical data

MH - *Discrimination, Psychological

MH - Fear

MH - Female

MH - HIV Infections/*drug therapy/psychology

MH - Health Facilities/*statistics & numerical data

MH - Health Services Accessibility

MH - Humans

MH - *Social Stigma

MH - Social Support

MH - *Telemedicine

PMC - PMC5332336

MID - NIHMS831901

OTO - NOTNLM

OT - ARV

OT - Care continuum

OT - HIV

OT - Meta-synthesis

OT - Retention

COIS- Conflicts of interest All authors declare they have no conflict of interest.

EDAT- 2016/09/02 06:00

MHDA- 2018/01/05 06:00



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PMCR- 2018/06/01

CRDT- 2016/09/02 06:00

PHST- 2016/09/02 06:00 [pubmed]

PHST- 2018/01/05 06:00 [medline]

PHST- 2016/09/02 06:00 [entrez]

PHST- 2018/06/01 00:00 [pmc-release]

AID - 10.1007/s10461-016-1537-0 [pii]

AID - 10.1007/s10461-016-1537-0 [doi]

PST - ppublish

SO - AIDS Behav. 2017 Jun;21(6):1755-1767. doi: 10.1007/s10461-016-1537-0.

PMID- 32981427

OWN - NLM

STAT- MEDLINE

DCOM- 20210615

LR - 20210615

IS - 1758-1052 (Electronic)

IS - 0956-4624 (Linking)

VI - 31

IP - 13

DP - 2020 Nov

TI - Barriers and facilitators to past six-month HIV testing among men who have sex with men in Belize.

PG - 1300-1307

LID - 10.1177/0956462420947574 [doi]

AB - Prevalence of HIV in Belize is high, and men who have sex with men (MSM) are

disproportionately impacted by HIV. HIV testing is critical in curbing the

epidemic; however, little is known about factors associated with testing among

MSM in Belize. Working with a non-governmental organization in a large, urban

city within Belize, snowball sampling was applied to recruit Belizean MSM to

complete a self-administered survey. Multivariable logistic regression analysis





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was employed to understand associations with HIV screening behavior. Access to

healthcare, HIV knowledge, and reporting having heard of Section 53 of the

Criminal Code of Belize (once outlawing same-sex sexual behavior), but not

experiencing any negative impact from Section 53 were significantly positively

associated with having received an HIV test in the past six months. Healthcare

maltreatment (lifetime), depression symptomology, and shame were significantly

negatively associated with having received a HIV test in the past six months.

Findings suggest that multiple factors associated with stigma and discrimination

negatively affect testing strategies among MSM in Belize.

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LA - eng

GR - T32 MH094174/MH/NIMH NIH HHS/United States

PT - Journal Article



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Península de Yucatán

PT - Research Support, N.I.H., Extramural
PT - Research Support, Non-U.S. Gov't
DEP - 20200927
PL - England
TA - Int J STD AIDS
JT - International journal of STD & AIDS
JID - 9007917
SB - IM
MH - Adolescent
MH - Adult
MH - Attitude of Health Personnel
MH - Belize/epidemiology
MH - *Discrimination, Psychological
MH - HIV Infections/*diagnosis/epidemiology
MH - HIV Testing/*statistics & numerical data
MH - *Health Services Accessibility
MH - Homosexuality, Male/*psychology/statistics & numerical data
MH - Humans
MH - Male
MH - Mass Screening
MH - Prevalence
MH - Sexual Behavior
MH - Sexual Partners
MH - *Social Stigma
OTO - NOTNLM
OT - Homosexual
OT - North America
OT - human immunodeficiency virus
OT - men
OT - screening
EDAT- 2020/09/29 06:00
MHDA- 2021/06/16 06:00
CRDT- 2020/09/28 05:27
PHST- 2020/09/29 06:00 [pubmed]
PHST- 2021/06/16 06:00 [medline]
PHST- 2020/09/28 05:27 [entrez]
AID - 10.1177/0956462420947574 [doi]
PST - ppublish



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**SO - Int J STD AIDS. 2020 Nov;31(13):1300-1307. doi:
10.1177/0956462420947574. Epub
2020 Sep 27.**

PMID- 18557866

OWN - NLM

STAT- MEDLINE

DCOM- 20081205

LR - 20221207

IS - 1468-1293 (Electronic)

IS - 1464-2662 (Linking)

VI - 9 Suppl 2

DP - 2008 Jul

TI - Barriers to HIV testing for migrant black Africans in Western Europe.

PG - 23-5

LID - 10.1111/j.1468-1293.2008.00587.x [doi]

AB - Migrant black Africans are disproportionately affected by HIV in Western Europe;

we discuss the barriers to HIV testing for sub-Saharan migrants, with particular

emphasis on the UK and the Netherlands. Cultural, social and structural barriers

to testing, such as access to testing and care, fear of death and disease and

fear of stigma and discrimination in the community, can be identified. Lack of

political will, restrictive immigration policies and the absence of African

representation in decision-making processes are also major factors preventing

black Africans from testing. HIV testing strategies need to be grounded in

outreach and community mobilisation, addressing fear of diagnosis, highlighting

the success of treatment and tackling HIV-related stigma among black African

migrant communities.

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LA - eng

PT - Journal Article

PT - Review

PL - England

TA - HIV Med

JT - HIV medicine

JID - 100897392

SB - IM

MH - AIDS Serodiagnosis/*psychology

MH - *Black People

MH - Cross-Cultural Comparison

MH - Europe/epidemiology/ethnology

MH - Female

MH - HIV Infections/*diagnosis/epidemiology/*psychology

MH - *HIV-1

MH - Health Knowledge, Attitudes, Practice

MH - Humans

MH - Male

MH - Patient Acceptance of Health Care/ethnology

MH - Pregnancy

MH - Prejudice

MH - Residence Characteristics

MH - Risk-Taking

MH - Transients and Migrants

MH - Truth Disclosure

RF - 10

EDAT- 2008/07/02 09:00

MHDA- 2008/12/17 09:00

CRDT- 2008/07/02 09:00





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PHST- 2008/07/02 09:00 [pubmed]

PHST- 2008/12/17 09:00 [medline]

PHST- 2008/07/02 09:00 [entrez]

AID - HIV587 [pii]

AID - 10.1111/j.1468-1293.2008.00587.x [doi]

PST - ppublish

SO - HIV Med. 2008 Jul;9 Suppl 2:23-5. doi: 10.1111/j.1468-1293.2008.00587.x.

PMID- 37482891

OWN - NLM

STAT- MEDLINE

DCOM- 20230726

LR - 20240923

IS - 1541-0331 (Electronic)

IS - 0363-0242 (Print)

IS - 0363-0242 (Linking)

VI - 63

IP - 7

DP - 2023 Aug 9

TI - Barriers and facilitators to retention in care and treatment adherence among

racially/ethnically diverse women with HIV in South Florida: a qualitative study.

PG - 562-576

LID - 10.1080/03630242.2023.2238848 [doi]

AB - Women, particularly those from racial/ethnic minority groups, experience

disparities in HIV care and treatment, and in achieving viral suppression. This

study identified barriers and facilitators influencing retention in HIV care and

treatment adherence among women belonging to racial/ethnic minority groups. We

conducted semi-structured interviews with 74 African American, Hispanic/Latina

and Haitian cisgender women receiving care from the Ryan White HIV/AIDS Program





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in Miami-Dade County, Florida in 2019. Data were analyzed using a thematic

analysis approach. The most salient barriers faced by women were competing life

priorities, mental health and substance use issues, medication-related concerns

and treatment burden, negative experiences with HIV care services, transportation

and parking issues and stigma and discrimination. Important facilitators

identified by women included taking personal responsibility for health, social

support, and patient-friendly and supportive HIV care services. Our findings

suggest that HIV care could be enhanced for this population by understanding the

non-HIV needs of the women in care, provide more flexible and relevant services

in response to the totality of these needs, and simplify and expand access to

care and supportive services.

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GR - R01 MD013563/MD/NIMHD NIH HHS/United States

GR - U54 MD012393/MD/NIMHD NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

DEP - 20230724

PL - United States

TA - Women Health

JT - Women & health

JID - 7608076

SB - IM

MH - Humans

MH - Female

MH - *HIV Infections/psychology

MH - Florida

MH - Ethnicity

MH - Haiti

MH - *Retention in Care

MH - Minority Groups

MH - Treatment Adherence and Compliance

MH - Qualitative Research

PMC - PMC10403283

MID - NIHMS1919200

OTO - NOTNLM

OT - HIV

OT - racial/ethnic minorities

OT - retention in care



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OT - treatment adherence

OT - women

COIS- Conflicts of interest/competing interests None of the authors has any conflicts

of interest to declare that are relevant to the content of this article.

EDAT- 2023/07/24 06:42

MHDA- 2023/07/26 06:43

PMCR- 2024/08/09

CRDT- 2023/07/24 03:43

PHST- 2023/07/26 06:43 [medline]

PHST- 2023/07/24 06:42 [pubmed]

PHST- 2023/07/24 03:43 [entrez]

PHST- 2024/08/09 00:00 [pmc-release]

AID - 10.1080/03630242.2023.2238848 [doi]

PST - ppublish

SO - Women Health. 2023 Aug 9;63(7):562-576. doi:

10.1080/03630242.2023.2238848. Epub

2023 Jul 24.

PMID- 28699017

OWN - NLM

STAT- MEDLINE

DCOM- 20190508

LR - 20200306

IS - 1573-3254 (Electronic)

IS - 1090-7165 (Print)

IS - 1090-7165 (Linking)

VI - 22

IP - 2

DP - 2018 Feb

TI - Acceptability of HIV Self-Testing in Sub-Saharan Africa: Scoping Study.

PG - 560-568

LID - 10.1007/s10461-017-1848-9 [doi]

AB - Several HIV testing models have been implemented in sub-Saharan Africa (SSA) to

improve access to HIV testing, but uptake remains poor. HIV Self-Testing (HIVST)



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is now available, and may serve to overcome barriers of current testing models

which include stigma, discrimination and non-confidential testing environments. A

scoping study was conducted to provide an overview of the current literature in

SSA, as well as identify future research needs to scale-up HIVST and increase HIV

testing uptake. The outcome of the review indicated only 11 reported studies to

date, showing variable acceptability (22.3-94%) of HIVST, with acceptability of

HIVST higher among men than women in SSA. We conclude that research around HIVST

in SSA is still in its infancy, and further implementation research and

interventions are required to improve acceptability of HIVST among diverse study

populations, failing which policy adoption and scale-up may be hindered.

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LA - eng

GR - U19 AI051794/AI/NIAID NIH HHS/United States

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PT - Review



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Hospital Regional de
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PL - United States

TA - AIDS Behav

JT - AIDS and behavior

JID - 9712133

SB - IM

MH - *AIDS Serodiagnosis

MH - Adult

MH - Africa South of the Sahara

MH - *Attitude to Health

MH - Confidentiality

MH - *Consumer Behavior

MH - Discrimination, Psychological

MH - Female

MH - HIV Infections/*diagnosis/prevention & control

MH - Humans

MH - Male

MH - Mass Screening/psychology

MH - *Patient Acceptance of Health Care

MH - *Self Care/methods/psychology

MH - Social Stigma

PMC - PMC5764831

MID - NIHMS892086

OTO - NOTNLM

OT - Acceptability

OT - Access

OT - HIV

OT - Self-testing

OT - Sub-Saharan Africa

COIS- Disclosure of potential conflicts of interest Author A declares that she has no

conflict of interest. Author B declares that he has no conflict of interest.

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PHST- 2019/02/01 00:00 [pmc-release]

AID - 10.1007/s10461-017-1848-9 [pii]

AID - 10.1007/s10461-017-1848-9 [doi]

PST - ppublish

SO - AIDS Behav. 2018 Feb;22(2):560-568. doi: 10.1007/s10461-017-1848-9.

PMID- 30214827

OWN - NLM

STAT- PubMed-not-MEDLINE

LR - 20220321

IS - 2078-6751 (Electronic)

IS - 1608-9693 (Print)

IS - 1608-9693 (Linking)

VI - 19

IP - 1

DP - 2018

TI - Barriers to HIV service utilisation by people living with HIV in two provinces of

Zimbabwe: Results from 2016 baseline assessment.

PG - 721

LID - 10.4102/hivmed.v19i1.721 [doi]

LID - 721

AB - BACKGROUND: The emergence of antiretroviral therapy (ART) transformed HIV from a

terminal illness to a chronic disease. However, limited access to health services

remains one of many barriers to HIV service utilisation by people living with HIV

(PLHIV) in low-resource settings. The goal of this study was to describe the

barriers to HIV service utilisation in two provinces of Zimbabwe.

METHODS: A

qualitative descriptive study was conducted with PLHIV and village health workers

(VHW) in eight districts within the two provinces. Convenience sampling was used

to select the participants. This sampling was limited to communities supported by



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health facilities with more than 500 PLHIV enrolled into HIV care and treatment.

Interviews were audio-recorded and transcripts were subjected to thematic content

analysis. **RESULTS:** A total of 22 community focus group discussions (FGDs) were

conducted. Barriers to using HIV services cited in PLHIV and VHW FGDs were

similar. These were categorised as health system-related barriers, which include

user fees, long waiting times, lack of confidentiality and negative attitudes by

healthcare providers, and lack of consistent community-based HIV services.

Community-related barriers cited were stigma and discrimination, food insecurity,

distance to facilities and counterproductive messaging from religious sectors.

Client-related factors reported were inadequate male involvement in HIV-related

activities and defaulting after symptoms improved. **CONCLUSION:** Our assessment has

indicated that there are several barriers to the utilisation of HIV services by

PLHIV in the two provinces of Zimbabwe. As new strategies and programmes are

being introduced in the current resource-constrained era, efforts should be made

to understand the needs of the clients. If programmes are designed with an effort

to address some of these challenges, there is a possibility that countries will

quickly achieve the 90-90-90 targets set by The Joint United Nations Programme on

HIV/AIDS.

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AD - FHI 360, Zimbabwe.

LA - eng

PT - Journal Article

DEP - 20180809

PL - South Africa



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Península de Yucatán

TA - South Afr J HIV Med

JT - Southern African journal of HIV medicine

JID - 100965417

PMC - PMC6131723

COIS- The authors declare that they have no financial or personal relationships that

may have inappropriately influenced them in writing this article.

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AID - HIVMED-19-721 [pii]

AID - 10.4102/hivmed.v19i1.721 [doi]

PST - epublish

SO - South Afr J HIV Med. 2018 Aug 9;19(1):721. doi:

10.4102/hivmed.v19i1.721.

eCollection 2018.

PMID- 37538366

OWN - NLM

STAT- MEDLINE

DCOM- 20230807

LR - 20231214

IS - 1937-8688 (Electronic)

VI - 45

IP - Suppl 1

DP - 2023

TI - Low engagement of key populations in HIV health services in Tanzania: analysis of

community, legal and policy factors.

PG - 8

LID - 10.11604/pamj.supp.2023.45.1.39591 [doi]

LID - 8



AB - INTRODUCTION: key populations (KP) often face legal and social challenges that

increase their vulnerability to HIV. These experiences include criminalization,

higher levels of stigma and discrimination which negatively affect access to HIV

services. This study aims to understand legal, community and policy factors

affecting engagement of KP in HIV health interventions. **METHODS:** qualitative

research key populations design involving a desk review and stakeholder's

engagement. We reviewed program data from NACP on how KP access health services

and then conducted three stakeholders' engagement meetings. **Factors affecting**

access to health services by KP were documented. Data were organized using

socio-ecological model (SEM). **RESULTS:** program data showed only 49% of the

estimated KP accessed health services. Barriers to accessing health services at

the interpersonal level included lack of social support and high-risk networks

linked with risk behaviours. At the community, stigma and discrimination, limited

engagement of influential leaders were noted. In health facilities, lack of

trained staff to provide KP friendly services affected utilization of health

services. At structural level, despite improvements, still various laws negated

engagement of KP such criminalizing drug use, same sex, and sex work. Harassments

and arrests further marginalize KP and makes access to health intervention

harder. **CONCLUSION:** engagement of key population into HIV health interventions





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was limited at multiple levels. The study recommends building capacity on KP

friendly services for communities, law enforcement and health care providers,

further engagement of communities including religious leaders on KP issues and

implementing differentiated service delivery models for KP.

CI - ©Andrew Kigombola et al.

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GR - 001/WHO_/World Health Organization/International
PT - Journal Article
PT - Review
DEP - 20230620
PL - Uganda
TA - Pan Afr Med J
JT - The Pan African medical journal
JID - 101517926
SB - IM
MH - Humans
MH - *HIV Infections/therapy/epidemiology
MH - Tanzania
MH - Health Services Accessibility
MH - Health Services
MH - Social Stigma
MH - Policy
PMC - PMC10395107
OTO - NOTNLM
OT - Key population
OT - access
OT - discrimination
OT - health services
OT - stigma
OT - structural barriers
COIS- The authors declare no competing interests.
EDAT- 2023/08/04 06:43
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PHST- 2023/08/04 06:43 [pubmed]
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PHST- 2023/06/20 00:00 [pmc-release]
AID - PAMJ-SUPP-45-1-8 [pii]
AID - 10.11604/pamj.supp.2023.45.1.39591 [doi]
PST - epubish
SO - Pan Afr Med J. 2023 Jun 20;45(Suppl 1):8. doi:



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10.11604/pamj.suppl.2023.45.1.39591. eCollection 2023.

PMID- 28027664

OWN - NLM

STAT- MEDLINE

DCOM- 20171229

LR - 20250331

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Linking)

VI - 29

IP - 8

DP - 2017 Aug

TI - Barriers and facilitators to HIV and sexually transmitted infections testing for

gay, bisexual, and other transgender men who have sex with men.

PG - 990-995

LID - 10.1080/09540121.2016.1271937 [doi]

AB - Transgender men who have sex with men (trans MSM) may be at elevated risk for HIV

and other sexually transmitted infections (STI), and therefore require access to

HIV and STI testing services. However, trans people often face stigma,

discrimination, and gaps in provider competence when attempting to access health

care and may therefore postpone, avoid, or be refused care. In this context,

quantitative data have indicated low access to, and uptake of, HIV testing among

trans MSM. The present manuscript aimed to identify trans MSM's perspectives on

barriers and facilitators to HIV and STI testing. As part of a community-based

research project investigating HIV risk and resilience among trans MSM, 40 trans

MSM aged 18 and above and living in Ontario, Canada participated in one-on-one

qualitative interviews in 2013. Participants described a number of barriers to





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HIV and other STI testing. These included both trans-specific and general

difficulties in accessing sexual health services, lack of trans health knowledge

among testing providers, limited clinical capacity to meet STI testing needs, and

a perceived gap between trans-inclusive policies and their implementation in

practice. Two major facilitators were identified: access to trusted and flexible

testing providers, and integration of testing with ongoing monitoring for hormone

therapy. Based on these findings, we provide recommendations for enhancing access

to HIV and STI testing for this key population.

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LA - eng

GR - 272849/CIHR/Canada

PT - Journal Article

DEP - 20161227

PL - England

TA - AIDS Care

JT - AIDS care

JID - 8915313

SB - IM

MH - Adult

MH - Bisexuality/*psychology/*statistics & numerical data

MH - Community-Based Participatory Research

MH - HIV Infections/*diagnosis/prevention & control/psychology

MH - *Health Services Accessibility

MH - *Homosexuality, Male/psychology/statistics & numerical data





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MH - Humans
MH - Male
MH - Mass Screening/*statistics & numerical data
MH - Middle Aged
MH - Ontario
MH - Qualitative Research
MH - Sexual Behavior
MH - Sexually Transmitted Diseases/*diagnosis/prevention & control/psychology
MH - *Social Stigma
MH - *Social Support
MH - *Transgender Persons/psychology/statistics & numerical data
MH - Transsexualism/psychology
MH - Female
OTO - NOTNLM
OT - HIV testing
OT - Transgender
OT - health services
OT - men who have sex with men
OT - sexually transmitted infections
EDAT- 2016/12/29 06:00
MHDA- 2017/12/30 06:00
CRDT- 2016/12/29 06:00
PHST- 2016/12/29 06:00 [pubmed]
PHST- 2017/12/30 06:00 [medline]
PHST- 2016/12/29 06:00 [entrez]
AID - 10.1080/09540121.2016.1271937 [doi]
PST - ppublish
SO - AIDS Care. 2017 Aug;29(8):990-995. doi:
10.1080/09540121.2016.1271937. Epub 2016
Dec 27.

PMID- 37225177
OWN - NLM
STAT- MEDLINE
DCOM- 20230731
LR - 20230801
IS - 1049-7323 (Print)
IS - 1049-7323 (Linking)



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Península de Yucatán

VI - 33

IP - 8-9

DP - 2023 Jul

TI - Exploring Primary Healthcare Experiences and Interest in Mobile Technology

Engagement Amongst an Urban Population Experiencing Barriers to Care.

PG - 765-777

LID - 10.1177/10497323231167829 [doi]

AB - Mobile phone-based engagement approaches provide potential platforms for

improving access to primary healthcare (PHC) services for under-served

populations. We held two focus groups (February 2020) with residents (n = 25)

from a low-income urban neighbourhood (downtown Vancouver, Canada), to assess

recent healthcare experiences and elicit interest in mobile phone-based

healthcare engagement for underserved residents. Note-based analysis, guided by

interpretative description, was used to explore emerging themes.

Engagement in

PHC was complicated by multiple, intersecting personal-level and socio-structural

factors, and experiences of stigma and discrimination from care providers.

Perceived inadequacy of PHC services and pervasive discrimination reported by

participants indicate a significant and ongoing need to improve client-provider

relationships to address unmet health needs. Mobile phone-based engagement was

endorsed, highlighting phone ownership and client-provider text-messaging,

facilitated by non-clinical staff such as peers, as helpful to strengthening

retention and facilitating care team connection. Concerns raised included





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reliability, cost, and technology and language accessibility.

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LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20230524

PL - United States

TA - Qual Health Res

JT - Qualitative health research

JID - 9202144

MH - Humans

MH - *Telemedicine



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MH - Urban Population

MH - Reproducibility of Results

MH - Health Services Accessibility

MH - Primary Health Care

OTO - NOTNLM

OT - care retention

OT - digital health

OT - mHealth

OT - mobile phones

OT - primary healthcare

OT - socio-structural marginalization

OT - stigma

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PHST- 2023/05/25 01:07 [pubmed]

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AID - 10.1177/10497323231167829 [doi]

PST - ppublish

SO - Qual Health Res. 2023 Jul;33(8-9):765-777. doi:

10.1177/10497323231167829. Epub

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PMID- 31792704

OWN - NLM

STAT- MEDLINE

DCOM- 20200507

LR - 20240718

IS - 1548-3576 (Electronic)

IS - 1548-3568 (Print)

IS - 1548-3568 (Linking)

VI - 16

IP - 6

DP - 2019 Dec

**TI - "Getting to Zero" Among Men Who Have Sex with Men in China: a
Review of the HIV**

Care Continuum.

PG - 431-438



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LID - 10.1007/s11904-019-00472-3 [doi]

AB - PURPOSE OF REVIEW: To review the literature on progress towards UNAIDS 90-90-90

targets for HIV prevention and treatment among men who have sex with men (MSM) in

China. **RECENT FINDINGS:** China has made progress towards UNAIDS 90-90-90 targets

among MSM. However, socio-structural barriers, including HIV-related stigma and

homophobia, persist at each stage of the HIV care continuum, leading to

substantial levels of attrition and high risk of forward HIV transmission.

Moreover, access to key prevention tools, such as pre-exposure prophylaxis, is

still limited. Multilevel interventions, many using digital intervention, have

been shown effective in pragmatic randomized controlled trials in China.

Multilevel interventions incorporating digital health have led to significant

improvement in engagement of Chinese MSM in the HIV care continuum. However,

interventions that address socio-structural determinants, including HIV-related

stigma and discrimination, towards Chinese MSM are needed.

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LA - eng

GR - R34 MH119963/MH/NIMH NIH HHS/United States

GR - R25 MH083620/MH/NIMH NIH HHS/United States

GR - K08 MH118965/MH/NIMH NIH HHS/United States

GR - K24 AI143471/AI/NIAID NIH HHS/United States

GR - D43 TW009532/TW/FIC NIH HHS/United States

GR - P30 AI064518/AI/NIAID NIH HHS/United States

GR - P30 AI050410/AI/NIAID NIH HHS/United States





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PT - Journal Article

PT - Review

PL - United States

TA - Curr HIV/AIDS Rep

JT - Current HIV/AIDS reports

JID - 101235661

SB - IM

MH - Acquired Immunodeficiency Syndrome/*drug therapy

MH - Adult

MH - China

MH - Continuity of Patient Care/statistics & numerical data

MH - Health Services Accessibility/*statistics & numerical data

MH - Homophobia/statistics & numerical data

MH - Homosexuality, Male/*statistics & numerical data

MH - Humans

MH - Male

MH - Pre-Exposure Prophylaxis/methods

MH - Sexual and Gender Minorities/*statistics & numerical data

MH - *Social Stigma

PMC - PMC7163396

MID - NIHMS1544987

OTO - NOTNLM

OT - China

OT - HIV

OT - MSM

OT - Prevention

OT - Review

OT - Treatment

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AID - 10.1007/s11904-019-00472-3 [pii]

AID - 10.1007/s11904-019-00472-3 [doi]

PST - ppublish



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Península de Yucatán

SO - Curr HIV/AIDS Rep. 2019 Dec;16(6):431-438. doi: 10.1007/s11904-019-00472-3.

PMID- 33617319

OWN - NLM

STAT- MEDLINE

DCOM- 20210308

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VI - 33

IP - 1

DP - 2021 Feb

TI - Perpetuated HIV Microaggressions: A Novel Scale to Measure Subtle Discrimination

Against People Living With HIV.

PG - 1-15

LID - 10.1521/aeap.2021.33.1.1 [doi]

AB - HIV discrimination has served as a barrier to addressing the HIV epidemic and

providing effective HIV treatment and care. Measuring HIV discrimination,

particularly covert HIV discrimination, has proven to be complex. Adapted from a

previous scale, we developed a perpetuated HIV micro-aggressions scale to assess

covert forms of discriminatory beliefs among HIV-negative/unknown HIV status

individuals. Factor analysis resulted in three subscales, explaining 73.58% of

the scale's variance. The new scale demonstrated both convergent validity (HIV

prejudice, HIV stereotypes) and discriminant validity (alcohol use, depressive

symptomology). Perpetuated HIV microaggressions were significantly associated

with HIV conspiracy beliefs, HIV prejudice, and HIV stereotypes. This new scale



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can serve as an important tool in evaluating perpetuated HIV microaggressions
among HIV-negative individuals.

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LA - eng

GR - R01 MH109409/MH/NIMH NIH HHS/United States

GR - R34 MH115798/MH/NIMH NIH HHS/United States

GR - K01 DA047918/DA/NIDA NIH HHS/United States

GR - T32 AI102623/AI/NIAID NIH HHS/United States

GR - K01 DA042881/DA/NIDA NIH HHS/United States





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PT - Journal Article

PT - Research Support, N.I.H., Extramural

PL - United States

TA - AIDS Educ Prev

JT - AIDS education and prevention : official publication of the International Society

for AIDS Education

JID - 9002873

SB - IM

MH - Adult

MH - Aggression/*psychology

MH - *Discrimination, Psychological

MH - Female

MH - HIV Infections/prevention & control/*psychology

MH - Health Services Accessibility

MH - Humans

MH - Male

MH - Prejudice

MH - Reproducibility of Results

MH - *Social Stigma

MH - Social Support

MH - Stereotyping

MH - Surveys and Questionnaires/*standards

OTO - NOTNLM

OT - HIV microaggressions

OT - discrimination

OT - stigma

EDAT- 2021/02/23 06:00

MHDA- 2021/03/09 06:00

CRDT- 2021/02/22 17:10

PHST- 2021/02/22 17:10 [entrez]

PHST- 2021/02/23 06:00 [pubmed]

PHST- 2021/03/09 06:00 [medline]

AID - 10.1521/aeap.2021.33.1.1 [doi]

PST - ppublish

SO - AIDS Educ Prev. 2021 Feb;33(1):1-15. doi: 10.1521/aeap.2021.33.1.1.

PMID- 34821151

OWN - NLM



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STAT- MEDLINE

DCOM- 20211203

LR - 20211214

IS - 2325-9582 (Electronic)

IS - 2325-9574 (Print)

IS - 2325-9574 (Linking)

VI - 20

DP - 2021 Jan-Dec

TI - Optimizing HIV Services for Key Populations in Public-Sector Clinics in Myanmar.

PG - 23259582211055933

LID - 10.1177/23259582211055933 [doi]

LID - 23259582211055933

AB - Key populations, ie, female sex workers, men who have sex with men, transgender

people, people who inject drugs, and people in prisons and other closed settings,

experience stigma, discrimination, and structural barriers when accessing HIV

prevention and care. Public health facilities in Myanmar became increasingly

involved in HIV service delivery, leading to an urgent need for healthcare

workers to provide client-centred, key population-friendly services.

Between July

2017-June 2018, the Myanmar Ministry of Health and Sports and National AIDS

Programme collaborated with ICAP at Columbia University and the US Centers for

Disease Control and Prevention to implement a quasi-experimental, multicomponent

intervention including healthcare worker sensitization training with pre- and

post- knowledge assessments, healthcare worker and client satisfaction surveys,

and structural changes. We observed modest improvements among healthcare workers

(n = 50) in knowledge assessments. Classification of clients into key population





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groups increased and fewer clients were classified as low risk. Key population

clients reported favourable perceptions of the quality and confidentiality of

care through self-administered surveys. Our findings suggest public health

facilities can deliver HIV services that are valued by key population clients.

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LA - eng

GR - U2G GH000994/GH/CGH CDC HHS/United States

PT - Journal Article

PT - Research Support, U.S. Gov't, P.H.S.

PL - United States

TA - J Int Assoc Provid AIDS Care

JT - Journal of the International Association of Providers of AIDS Care

JID - 101603896

SB - IM

MH - Female

MH - *HIV Infections/epidemiology/prevention & control

MH - Homosexuality, Male

MH - Humans

MH - Male

MH - Myanmar/epidemiology

MH - Qualitative Research

MH - *Sex Workers



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MH - *Sexual and Gender Minorities

PMC - PMC8640295

OTO - NOTNLM

OT - HIV/AIDS

OT - Myanmar

OT - discrimination

OT - healthcare workers

OT - key populations

OT - stigma

COIS- Declaration of Conflicting Interests: The author(s) declared no potential

conflicts of interest with respect to the research, authorship, and/or publication of this article.

EDAT- 2021/11/26 06:00

MHDA- 2021/12/15 06:00

PMCR- 2021/11/25

CRDT- 2021/11/25 08:40

PHST- 2021/11/25 08:40 [entrez]

PHST- 2021/11/26 06:00 [pubmed]

PHST- 2021/12/15 06:00 [medline]

PHST- 2021/11/25 00:00 [pmc-release]

AID - 10.1177_23259582211055933 [pii]

AID - 10.1177/23259582211055933 [doi]

PST - ppublish

SO - J Int Assoc Provid AIDS Care. 2021 Jan-Dec;20:23259582211055933.

doi:

10.1177/23259582211055933.

PMID- 35377321

OWN - NLM

STAT- MEDLINE

DCOM- 20220629

LR - 20240902

IS - 2369-2960 (Electronic)

IS - 2369-2960 (Linking)

VI - 8

IP - 6

DP - 2022 Jun 27



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TI - Enablers and Barriers to HIV Services for Gay and Bisexual Men in the COVID-19

Era: Fusing Data Sets from Two Global Online Surveys Via File Concatenation With Adjusted Weights.

PG - e33538

LID - 10.2196/33538 [doi]

LID - e33538

AB - BACKGROUND: Gay and bisexual men are 26 times more likely to acquire HIV than

other adult men and represent nearly 1 in 4 new HIV infections worldwide. There

is concern that the COVID-19 pandemic may be complicating efforts to prevent new

HIV infections, reduce AIDS-related deaths, and expand access to HIV services.

The impact of the COVID-19 pandemic on gay and bisexual men's ability to access

services is not fully understood. **OBJECTIVE:** The aim of this study was to

understand access to HIV services at the start of the COVID-19 pandemic. **METHODS:**

Our study used data collected from two independent global online surveys

conducted with convenience samples of gay and bisexual men. Both data sets had

common demographic measurements; however, only the COVID-19 Disparities Survey

(n=13,562) collected the outcomes of interest (HIV services access at the height

of the first COVID-19 wave) and only the Global Men's Health and Rights Survey 4

(GMHR-4; n=6188) gathered pre-COVID-19 pandemic exposures/co-variates of interest

(social/structural enablers of and barriers to HIV services access). We used data

fusion methods to combine these data sets utilizing overlapping demographic



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variables and assessed relationships between exposures and outcomes. We

hypothesized that engagement with the gay community and comfort with one's health

care provider would be positively associated with HIV services access and

negatively associated with poorer mental health and economic instability as the

COVID-19 outbreaks took hold. Conversely, we hypothesized that sexual stigma and

experiences of discrimination by a health care provider would be negatively

associated with HIV services access and positively associated with poorer mental

health and economic instability. RESULTS: With 19,643 observations after

combining data sets, our study confirmed hypothesized associations between

enablers of and barriers to HIV prevention, care, and treatment. For example,

community engagement was positively associated with access to an HIV provider

(regression coefficient=0.81, 95% CI 0.75 to 0.86; $P<.001$), while sexual stigma

was negatively associated with access to HIV treatment (coefficient=-1.39, 95% CI

-1.42 to -1.36; $P<.001$). CONCLUSIONS: HIV services access for gay and bisexual

men remained obstructed and perhaps became worse during the first wave of the

COVID-19 pandemic. Community-led research that utilizes novel methodological

approaches can be helpful in times of crisis to inform urgently needed tailored

responses that can be delivered in real time. More research is needed to

understand the full impact COVID-19 is having on gay and bisexual men worldwide.





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CI - ©George Ayala, Sonya Arreola, Sean Howell, Thomas J Hoffmann, Glenn-Milo Santos.

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(<https://publichealth.jmir.org>), 27.06.2022.**

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LA - eng

GR - R25 MH067127/MH/NIMH NIH HHS/United States

PT - Journal Article

DEP - 20220627

PL - Canada

TA - JMIR Public Health Surveill

JT - JMIR public health and surveillance

JID - 101669345

SB - IM

MH - Adult



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MH - Bisexuality

MH - *COVID-19/epidemiology

MH - Delivery of Health Care

MH - *HIV Infections/prevention & control

MH - *Health Services Accessibility

MH - Homosexuality, Male

MH - Humans

MH - Male

MH - Pandemics

MH - *Sexual and Gender Minorities

PMC - PMC9239571

OTO - NOTNLM

OT - COVID-19

OT - HIV services

OT - gay and bisexual men

OT - sexual health

COIS- Conflicts of Interest: None declared.

EDAT- 2022/04/05 06:00

MHDA- 2022/06/30 06:00

PMCR- 2022/06/27

CRDT- 2022/04/04 12:15

PHST- 2021/09/12 00:00 [received]

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PHST- 2022/03/23 00:00 [revised]

PHST- 2022/04/05 06:00 [pubmed]

PHST- 2022/06/30 06:00 [medline]

PHST- 2022/04/04 12:15 [entrez]

PHST- 2022/06/27 00:00 [pmc-release]

AID - v8i6e33538 [pii]

AID - 10.2196/33538 [doi]

PST - epublish

**SO - JMIR Public Health Surveill. 2022 Jun 27;8(6):e33538. doi:
10.2196/33538.**

PMID- 25724511

OWN - NLM

STAT- MEDLINE

DCOM- 20160419

LR - 20240512



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IS - 1758-2652 (Electronic)

IS - 1758-2652 (Linking)

VI - 18

IP - 2 Suppl 1

DP - 2015

TI - Providing comprehensive health services for young key populations: needs, barriers and gaps.

PG - 19833

LID - 10.7448/IAS.18.2.19833 [doi]

LID - 19833 [doi]

AB - INTRODUCTION: Adolescence is a time of physical, emotional and social transitions

that have implications for health. In addition to being at high risk for HIV,

young key populations (YKP) may experience other health problems attributable to

high-risk behaviour or their developmental stage, or a combination of both.

METHODS: We reviewed the needs, barriers and gaps for other non-HIV health

services for YKP. We searched PubMed and Google Scholar for articles that

provided specific age-related data on sexual and reproductive health; mental

health; violence; and substance use problems for adolescent, youth or young sex

workers, men who have sex with men, transgender people, and people who inject

drugs. RESULTS: YKP experience more unprotected sex, sexually transmitted

infections including HIV, unintended pregnancy, violence, mental health disorders

and substance use compared to older members of key populations and youth among

the general population. YKP experience significant barriers to accessing care;

coverage of services is low, largely because of stigma and discrimination





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experienced at both the health system and policy levels. **DISCUSSION: YKP** require comprehensive, integrated services that respond to their specific developmental needs, including health, educational and social services within the context of a human rights-based approach. The recent WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations are an important first step for a more comprehensive approach to HIV programming for YKP, but there are limited data on the effective delivery of combined interventions for YKP. Significant investments in research and implementation will be required to ensure adequate provision and coverage of services for YKP. In addition, greater commitments to harm reduction and rights-based approaches are needed to address structural barriers to access to care.

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LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PT - Review

DEP - 20150226

PL - Switzerland

TA - J Int AIDS Soc

JT - Journal of the International AIDS Society

JID - 101478566

SB - IM

MH - Adolescent

MH - Adult

MH - Child

MH - Female

MH - HIV Infections/*prevention & control

MH - Health Education

MH - *Health Services Accessibility

MH - Humans

MH - Male

MH - Mental Health

MH - Reproductive Health

MH - Social Support

MH - Unsafe Sex

MH - Young Adult

PMC - PMC4344539

OTO - NOTNLM

OT - MSM



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OT - adolescent

OT - injecting drug use

OT - integrated services

OT - risk

OT - sex workers

OT - youth

EDAT- 2015/03/01 06:00

MHDA- 2016/04/20 06:00

PMCR- 2015/02/26

CRDT- 2015/03/01 06:00

PHST- 2014/09/29 00:00 [received]

PHST- 2015/01/08 00:00 [revised]

PHST- 2015/01/21 00:00 [accepted]

PHST- 2015/03/01 06:00 [entrez]

PHST- 2015/03/01 06:00 [pubmed]

PHST- 2016/04/20 06:00 [medline]

PHST- 2015/02/26 00:00 [pmc-release]

AID - 19833 [pii]

AID - 10.7448/IAS.18.2.19833 [doi]

PST - epublish

SO - J Int AIDS Soc. 2015 Feb 26;18(2 Suppl 1):19833. doi:
10.7448/IAS.18.2.19833.

eCollection 2015.

PMID- 24089708

OWN - NLM

STAT- MEDLINE

DCOM- 20140617

LR - 20211021

IS - 1477-7517 (Electronic)

IS - 1477-7517 (Linking)

VI - 10

DP - 2013 Oct 4

TI - Task shifting redefined: removing social and structural barriers to
improve

delivery of HIV services for people who inject drugs.

PG - 20

LID - 10.1186/1477-7517-10-20 [doi]



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AB - HIV infection among people who inject drugs (IDU) remains a major global public

health challenge. However, among IDU, access to essential HIV-related services

remains unacceptably low, especially in settings where stigma, discrimination,

and criminalization exist. These ongoing problems account for a significant

amount of preventable morbidity and mortality within this population, and

indicate the need for novel approaches to HIV program delivery for IDU. Task

shifting is a concept that has been applied successfully in African settings as a

way to address health worker shortages. However, to date, this concept has not

been applied as a means of addressing the social and structural barriers to HIV

prevention and treatment experienced by IDU. Given the growing evidence

demonstrating the effectiveness of IDU-run programs in increasing access to

healthcare, the time has come to extend the notion of task shifting and apply it

in settings where stigma, discrimination, and criminalization continue to pose

significant barriers to HIV program access for IDU. By involving IDU more

directly in the delivery of HIV programs, task shifting may serve to foster a new

era in the response to HIV/AIDS among IDU.

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FAU - Kerr, Thomas

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LA - eng
GR - R01 DA021525/DA/NIDA NIH HHS/United States
PT - Editorial
DEP - 20131004
PL - England
TA - Harm Reduct J
JT - Harm reduction journal
JID - 101153624
RN - 0 (Anti-HIV Agents)
SB - IM
MH - Adolescent
MH - Adult
MH - Anti-HIV Agents/supply & distribution/therapeutic use
MH - Delivery of Health Care/*organization & administration
MH - HIV Infections/*prevention & control
MH - *Harm Reduction
MH - Humans
MH - Middle Aged
MH - Needle-Exchange Programs/supply & distribution
MH - Opiate Substitution Treatment/statistics & numerical data
MH - Substance Abuse, Intravenous/*prevention & control
MH - Young Adult
PMC - PMC3850880
EDAT- 2013/10/05 06:00
MHDA- 2014/06/18 06:00
PMCR- 2013/10/04
CRDT- 2013/10/05 06:00
PHST- 2012/08/23 00:00 [received]
PHST- 2013/09/24 00:00 [accepted]
PHST- 2013/10/05 06:00 [entrez]
PHST- 2013/10/05 06:00 [pubmed]
PHST- 2014/06/18 06:00 [medline]
PHST- 2013/10/04 00:00 [pmc-release]
AID - 1477-7517-10-20 [pii]
AID - 10.1186/1477-7517-10-20 [doi]
PST - epublish
SO - Harm Reduct J. 2013 Oct 4;10:20. doi: 10.1186/1477-7517-10-20.

PMID- 26315563



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OWN - NLM

STAT- PubMed-not-MEDLINE

LR - 20191120

IS - 1744-1706 (Electronic)

IS - 1744-1692 (Linking)

VI - 11

IP - 3

DP - 2016 Mar

TI - Barriers and facilitators to voluntary HIV testing uptake among communities at

high risk of HIV exposure in Chennai, India.

PG - 363-379

LID - 10.1080/17441692.2015.1057757 [doi]

AB - In India, increasing uptake of voluntary HIV testing among 'core risk groups' is

a national public health priority. While HIV testing uptake has been studied

among key populations in India, limited information is available on multi-level

barriers and facilitators to HIV testing, and experiences with free, publicly

available testing services, among key populations. We conducted 12 focus groups

(n=84) and 12 key informant interviews to explore these topics among men who

have sex with men, transgender women, cisgender female sex workers, and injecting

drug users in the city of Chennai. We identified inter-related barriers at

social-structural, health-care system, interpersonal, and individual levels.

Barriers included HIV stigma, marginalised-group stigma, discrimination in

health-care settings, including government testing centres, and fears of adverse

social consequences of testing HIV positive. Facilitators included outreach

programmes operated by community-based/non-governmental organisations, accurate



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HIV knowledge and risk perception for HIV, and access to drug dependence

treatment for injecting drug users. Promoting HIV testing among these key

populations requires interventions at several levels: reducing HIV-related and

marginalised-group stigma, addressing the fears of consequences of testing,

promoting pro-testing peer and social norms, providing options for rapid and

non-blood-based HIV tests, and ensuring non-judgmental and culturally competent

HIV counselling and testing services.

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LA - eng

PT - Journal Article

DEP - 20150828

PL - England



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TA - Glob Public Health

JT - Global public health

JID - 101256323

OTO - NOTNLM

OT - HIV prevention

OT - India

OT - health-care access

OT - marginalised populations

OT - socio-ecological framework

EDAT- 2015/09/01 06:00

MHDA- 2015/09/01 06:01

CRDT- 2015/08/29 06:00

PHST- 2015/09/01 06:00 [pubmed]

PHST- 2015/09/01 06:01 [medline]

PHST- 2015/08/29 06:00 [entrez]

AID - 10.1080/17441692.2015.1057757 [doi]

PST - ppublish

SO - Glob Public Health. 2016 Mar;11(3):363-379. doi:

10.1080/17441692.2015.1057757.

Epub 2015 Aug 28.

PMID- 27974017

OWN - NLM

STAT- MEDLINE

DCOM- 20170112

LR - 20250103

IS - 1727-9445 (Electronic)

IS - 1608-5906 (Print)

IS - 1608-5906 (Linking)

VI - 15

IP - 4

DP - 2016 Dec

**TI - HIV care and treatment experiences among female sex workers
living with HIV in**

sub-Saharan Africa: A systematic review.

PG - 377-386

**AB - Female sex workers (FSW) living with HIV in sub-Saharan Africa
have poor**



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engagement to HIV care and treatment. Understanding the HIV care and treatment engagement experiences of FSW has important implications for interventions to enhance care and treatment outcomes. We conducted a systematic review to examine the HIV care experiences and determinants of linkage and retention in care, antiretroviral therapy (ART) initiation, and ART adherence and viral suppression among FSW living with HIV in sub-Saharan Africa. The databases PubMed, Embase, Web of Science, SCOPUS, CINAHL, Global Health, Psycinfo, Sociological Abstracts, and Popline were searched for variations of search terms related to sex work and HIV care and treatment among sub-Saharan African populations. Ten peer-reviewed articles published between January 2000 and August 2015 met inclusion criteria and were included in this review. Despite expanded ART access, FSW in sub-Saharan Africa have sub-optimal HIV care and treatment engagement outcomes. Stigma, discrimination, poor nutrition, food insecurity, and substance use were commonly reported and associated with poor linkage to care, retention in care, and ART initiation. Included studies suggest that interventions with FSW should focus on multilevel barriers to engagement in HIV care and treatment and explore the involvement of social support from intimate male partners. Our results emphasise several critical points of intervention for FSW living with HIV, which are urgently needed to enhance linkage to HIV care, retention in care, and treatment



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initiation, particularly where the HIV prevalence among FSW is greatest.

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LA - eng

GR - P30 AI050410/AI/NIAID NIH HHS/United States

GR - T32 AI007001/AI/NIAID NIH HHS/United States

PT - Journal Article

PT - Review

PT - Systematic Review

PL - South Africa

TA - Afr J AIDS Res

JT - African journal of AIDS research : AJAR

JID - 101146510

RN - 0 (Anti-HIV Agents)

SB - IM

MH - Adult

MH - Africa South of the Sahara/epidemiology

MH - Anti-HIV Agents/*therapeutic use

MH - Discrimination, Psychological

MH - Female

MH - HIV Infections/drug therapy/epidemiology/*psychology

MH - Health Services/ethics

MH - Humans

MH - Male

MH - Malnutrition/physiopathology

MH - Medication Adherence/*psychology

MH - Patient Satisfaction/*statistics & numerical data

MH - Sex Workers/*psychology

MH - Sexual Partners/psychology

MH - Social Stigma

MH - Substance-Related Disorders/physiopathology

MH - Treatment Outcome

MH - Assessment of Medication Adherence

PMC - PMC5541376

MID - NIHMS873817

OTO - NOTNLM

OT - Africa

OT - HIV care and treatment experiences

OT - literature review

OT - sex work

EDAT- 2016/12/16 06:00

MHDA- 2017/01/14 06:00

PMCR- 2017/08/03

CRDT- 2016/12/16 06:00

PHST- 2016/12/16 06:00 [entrez]

PHST- 2016/12/16 06:00 [pubmed]

PHST- 2017/01/14 06:00 [medline]

PHST- 2017/08/03 00:00 [pmc-release]

AID - 10.2989/16085906.2016.1255652 [doi]

PST - ppublish

SO - Afr J AIDS Res. 2016 Dec;15(4):377-386. doi:

10.2989/16085906.2016.1255652.

PMID- 28406274

OWN - NLM

STAT- MEDLINE

DCOM- 20170509

LR - 20181202

IS - 1758-2652 (Electronic)



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IS - 1758-2652 (Linking)

VI - 20

IP - 1

DP - 2017 Apr 4

TI - Barriers and facilitators to HIV testing among young men who have sex with men

and transgender women in Kingston, Jamaica: a qualitative study.

PG - 21385

LID - 10.7448/IAS.20.1.21385 [doi]

LID - 21385

AB - INTRODUCTION: Young men who have sex with men (MSM) in Jamaica have the highest

HIV prevalence in the Caribbean. There is little information about HIV among

transgender women in Jamaica, who are also overrepresented in the Caribbean

epidemic. HIV-related stigma is a barrier to HIV testing among Jamaica's general

population, yet little is known of MSM and transgender women's HIV testing

experiences in Jamaica. We explored perceived barriers and facilitators to HIV

testing among young MSM and transgender women in Kingston, Jamaica. METHODS: We

implemented a community-based research project in collaboration with HIV and

lesbian, gay, bisexual and transgender (LGBT) agencies in Kingston. We held two

focus groups, one with young (aged 18-30 years) transgender women (n = 8) and one

with young MSM (n = 10). We conducted 53 in-depth individual semi-structured

interviews focused on HIV testing experiences with young MSM (n = 20),

transgender women (n = 20), and community-based key informants (n = 13). We

conducted thematic analysis to identify, analyze, and report themes. RESULTS:





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Participant narratives revealed social-ecological barriers and facilitators to

HIV testing. Barriers included healthcare provider mistreatment, confidentiality

breaches, and HIV-related stigma: these spanned interpersonal, community and

structural levels. Healthcare provider discrimination and judgment in HIV testing

provision presented barriers to accessing HIV services (e.g. treatment), and

resulted in participants hiding their sexual orientation and/or gender identity.

Confidentiality concerns included: clinic physical arrangements that segregated

HIV testing from other health services, fear that healthcare providers would

publicly disclose their status, and concerns at LGBT-friendly clinics that peers

would discover they were getting tested. HIV-related stigma contributed to fear

of testing HIV-positive; this intersected with the stigma of HIV as a "gay"

disease. Participants also anticipated healthcare provider mistreatment if they

tested HIV positive. Participants identified individual (belief in benefits of

knowing one's HIV status), social (social support) and structural (accessible

testing) factors that can increase HIV testing uptake. CONCLUSION: Findings

suggest the need for policy and practice changes to enhance confidentiality and

reduce discrimination in Jamaica. Interventions to challenge HIV-related and LGBT

stigma in community and healthcare settings can enhance access to the HIV

prevention cascade among MSM and transgender youth in Jamaica.

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AU - Logie CH





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GR - CIHR/Canada



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GR - 0000303157/CIHR/Canada

PT - Journal Article

PL - Switzerland

TA - J Int AIDS Soc

JT - Journal of the International AIDS Society

JID - 101478566

SB - IM

MH - Adolescent

MH - Adult

MH - Evaluation Studies as Topic

MH - Female

MH - HIV Infections/*diagnosis/*psychology

MH - *Homosexuality, Male/psychology/statistics & numerical data

MH - Humans

MH - Jamaica

MH - Male

MH - Mass Screening

MH - Qualitative Research

MH - *Sexual Behavior

MH - Social Stigma

MH - Social Support

MH - *Transgender Persons/psychology/statistics & numerical data

MH - Young Adult

PMC - PMC5515029

OTO - NOTNLM

OT - HIV testing

OT - Jamaica

OT - MSM

OT - discrimination

OT - gay

OT - stigma

OT - transgender

OT - youth

COIS- The authors have no competing interests to declare.

EDAT- 2017/04/14 06:00

MHDA- 2017/05/10 06:00

PMCR- 2017/04/04

CRDT- 2017/04/14 06:00

PHST- 2017/04/14 06:00 [entrez]



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PHST- 2017/04/14 06:00 [pubmed]

PHST- 2017/05/10 06:00 [medline]

PHST- 2017/04/04 00:00 [pmc-release]

AID - 1309861 [pii]

AID - 10.7448/IAS.20.1.21385 [doi]

PST - ppublish

SO - J Int AIDS Soc. 2017 Apr 4;20(1):21385. doi: 10.7448/IAS.20.1.21385.

PMID- 24361624

OWN - NLM

STAT- MEDLINE

DCOM- 20140728

LR - 20240324

IS - 1473-5571 (Electronic)

IS - 0269-9370 (Print)

IS - 0269-9370 (Linking)

VI - 27 Suppl 2

IP - 0 2

DP - 2013 Nov

TI - Promoting a combination approach to paediatric HIV psychosocial support.

PG - S147-57

LID - 10.1097/QAD.0000000000000098 [doi]

AB - Ninety percent of the 3.4 million HIV-infected children live in sub-Saharan

Africa. Their psychosocial well being is fundamental to establishing and

maintaining successful treatment outcomes and overall quality of life. With the

increased roll-out of antiretroviral treatment, HIV infection is shifting from a

life-threatening to a chronic disease. However, even for paediatric patients

enrolled in care and treatment, HIV can still be devastating due to the

interaction of complex factors, particularly in the context of other household

illness and overextended healthcare systems in sub-Saharan Africa. This article





explores the negative effect of several interrelated HIV-specific factors on the psychosocial well being of HIV-infected children: disclosure, stigma and discrimination, and bereavement. However, drawing on clinical studies of resilience, it stresses the need to move beyond a focus on the individual as a full response to the needs of a sick child requires support for the individual child, caregiver-child dyads, extended families, communities, and institutions. This means providing early and progressive age appropriate interventions aimed at increasing the self-reliance and self-acceptance in children and their caregivers and promoting timely health-seeking behaviours. Critical barriers that cause poorer biomedical and psychosocial outcomes among children and caregiver must also be addressed as should the causes and consequences of stigma and associated gender and social norms. This article reviews interventions at different levels of the ecological model: individual-centred programs, family-centred interventions, programs that support or train healthcare providers, community interventions for HIV-infected children, and initiatives that improve the capacity of schools to provide more supportive environments for HIV-infected children. Although experience is increasing in approaches that address the psychosocial needs of vulnerable and HIV-infected children, there is still limited evidence demonstrating which interventions have positive effects on the well being of HIV-infected children. Interventions that improve the psychosocial well being of





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children living with HIV must be replicable in resource-limited settings,

avoiding dependence on specialized staff for implementation. This paper advocates

for combination approaches that strengthen the capacity of service providers,

expand the availability of age appropriate and family-centred support and equip

schools to be more protective and supportive of children living with HIV. The

coordination of care with other community-based interventions is also needed to

foster more supportive and less stigmatizing environments. To ensure effective,

feasible, and scalable interventions, improving the evidence base to document

improved outcomes and longer term impact as well as implementation of operational

studies to document delivery approaches are needed.

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FAU - Altschuler, Jenny
AU - Altschuler J
CN - Child Survival Working Group of the Interagency Task Team on the Prevention and Treatment of HIV-infection in Pregnant Women, Mothers and Children
LA - eng
GR - CC999999/Intramural CDC HHS/United States
PT - Journal Article
PT - Review
PL - England
TA - AIDS
JT - AIDS (London, England)
JID - 8710219
SB - IM
MH - Adult
MH - Africa South of the Sahara
MH - Bereavement
MH - Caregivers/psychology
MH - Child
MH - Child Health Services/*organization & administration
MH - Cultural Characteristics



IS - 1873-5347 (Electronic)



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IS - 0277-9536 (Linking)

VI - 133

DP - 2015 May

TI - Challenges to successful implementation of HIV and AIDS-related health policies

in Cartagena, Colombia.

PG - 36-44

LID - S0277-9536(15)00201-4 [pii]

LID - 10.1016/j.socscimed.2015.03.048 [doi]

AB - The Caribbean region presents the highest prevalence of HIV/AIDS worldwide after

sub-Saharan Africa; leading to serious social, economic and health consequences

at the local scale but also at the regional and global levels. In Colombia, a

national plan to tackle the epidemic was formulated with little evidence that its

implementation in the local context is effective. This study focused on Cartagena

- one of Colombia's largest cities and an international touristic hub - that

presents one of the highest HIV prevalences in the country, to investigate

whether the national plan accounts for local specificities and what are the

barriers to local implementation. Based on the Contextual Interaction Theory

(CIT), this qualitative research relied upon 27 interviews and 13 life stories of

local inhabitants and stakeholders, collected in a first fieldwork in 2006-2007.

A follow-up data collection took place in 2013 with 10 participants: key

policymakers and implementers, NGO representatives and local inhabitants.

Barriers identified by the participants included: local population's understandings and beliefs on condom use; stigma and discrimination; lack of



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collaboration from the Church, the education sector and local politicians;

corruption; high staff turnover; frequent changes in leadership; lack of economic

and human resources; and barriers to health care access. The findings suggest

that global influences also have an impact on the CIT framework (e.g.

international organisations as a major financier in HIV prevention). The

participants put forward several feasible solutions to implementation barriers.

We discuss how several of the proposed solutions have been applied in other Latin

American and Caribbean countries and yielded positive results. However, further

research is needed to find possible ways of overcoming certain barriers

identified by this study such as corruption, the lack of collaboration of the

Church and barriers to health care access.

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LA - eng

PT - Journal Article

DEP - 20150328



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PL - England
TA - Soc Sci Med
JT - Social science & medicine (1982)
JID - 8303205
SB - IM
MH - Acquired Immunodeficiency Syndrome/prevention & control
MH - Catholicism
MH - Colombia
MH - Condoms/statistics & numerical data
MH - Female
MH - Gender Identity
MH - HIV Infections/*prevention & control
MH - *Health Knowledge, Attitudes, Practice
MH - *Health Policy
MH - Health Services Accessibility/organization & administration
MH - Health Services Needs and Demand/organization & administration
MH - Humans
MH - Male
MH - Models, Theoretical
MH - Religion and Medicine
MH - Sexual Behavior
MH - Social Stigma
OTO - NOTNLM
OT - Cartagena
OT - Colombia
OT - HIV and AIDS
OT - Machismo
OT - Policy implementation
OT - Sexual tourism
EDAT- 2015/04/04 06:00
MHDA- 2015/11/17 06:00
CRDT- 2015/04/04 06:00
PHST- 2015/04/04 06:00 [entrez]
PHST- 2015/04/04 06:00 [pubmed]
PHST- 2015/11/17 06:00 [medline]
AID - S0277-9536(15)00201-4 [pii]
AID - 10.1016/j.socscimed.2015.03.048 [doi]
PST - ppublish





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SO - Soc Sci Med. 2015 May;133:36-44. doi:
10.1016/j.socscimed.2015.03.048. Epub 2015
Mar 28.

PMID- 35907143

OWN - NLM

STAT- MEDLINE

DCOM- 20230519

LR - 20240310

IS - 1573-3254 (Electronic)

IS - 1090-7165 (Print)

IS - 1090-7165 (Linking)

VI - 27

IP - Suppl 1

DP - 2023 May

TI - Intersectional Stigma and Implementation of HIV Prevention and
Treatment Services

for Adolescents Living with and at Risk for HIV: Opportunities for
Improvement in

the HIV Continuum in Sub-Saharan Africa.

PG - 162-184

LID - 10.1007/s10461-022-03793-4 [doi]

AB - Adolescents in sub-Saharan Africa, specifically adolescent girls
and young women,

young men who have sex with men, transgender persons, persons
who use substances,

and adolescents experiencing homelessness experience intersec-
tional stigma, have

a high incidence of HIV and are less likely to be engaged in HIV pre-
vention and

care. We conducted a thematic analysis informed by the Health and
Discrimination

Framework using a multiple case study design with five case stud-
ies in 3

sub-Saharan African countries. Our analysis found commonalities
in adolescents'

intersectional stigma experiences across cases, despite different
contexts. We



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characterize how intersectional stigma impacts the uptake and implementation of

HIV prevention and treatment services along the continuum for adolescents.

Findings reveal how intersectional stigma operates across social-ecological

levels and worsens HIV-related outcomes for adolescents. We identify

opportunities for implementation science research to address stigma-related

barriers to the uptake and delivery of HIV services for adolescents in

sub-Saharan Africa.

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LA - eng

GR - R01 HD080477/HD/NICHD NIH HHS/United States

GR - R01 HD060478/HD/NICHD NIH HHS/United States

GR - UL1 TR001863/TR/NCATS NIH HHS/United States

GR - R34MH102104/MH/NIMH NIH HHS/United States

GR - P30 AI027763/AI/NIAID NIH HHS/United States

GR - K01MH081777/MH/NIMH NIH HHS/United States

PT - Journal Article

DEP - 20220730

PL - United States

TA - AIDS Behav

JT - AIDS and behavior

JID - 9712133

SB - IM

MH - Male

MH - Humans

MH - Adolescent

MH - Female



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MH - *HIV Infections/epidemiology/prevention & control

MH - Homosexuality, Male

MH - *Sexual and Gender Minorities

MH - *Acquired Immunodeficiency Syndrome

MH - Africa South of the Sahara/epidemiology

MH - Social Stigma

PMC - PMC10192191

OTO - NOTNLM

OT - Adolescents

OT - HIV

OT - Implementation science

OT - Intersectional stigma

OT - Sub-Saharan Africa

COIS- The authors declare that they have no conflict of interest.

EDAT- 2022/07/31 06:00

MHDA- 2023/05/19 06:42

PMCR- 2022/07/30

CRDT- 2022/07/30 11:19

PHST- 2022/07/07 00:00 [accepted]

PHST- 2023/05/19 06:42 [medline]

PHST- 2022/07/31 06:00 [pubmed]

PHST- 2022/07/30 11:19 [entrez]

PHST- 2022/07/30 00:00 [pmc-release]

AID - 10.1007/s10461-022-03793-4 [pii]

AID - 3793 [pii]

AID - 10.1007/s10461-022-03793-4 [doi]

PST - ppublish

SO - AIDS Behav. 2023 May;27(Suppl 1):162-184. doi: 10.1007/s10461-022-03793-4. Epub

2022 Jul 30.

PMID- 19040695

OWN - NLM

STAT- MEDLINE

DCOM- 20100929

LR - 20090313

IS - 1365-2524 (Electronic)

IS - 0966-0410 (Linking)

VI - 17



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IP - 2

DP - 2009 Mar

TI - Help-seeking in a context of AIDS stigma: understanding the healthcare needs of people with HIV/AIDS in China.

PG - 202-8

LID - 10.1111/j.1365-2524.2008.00820.x [doi]

AB - Despite the rapid increase of HIV infection cases in China, the majority of this

population have not yet accessed AIDS-related healthcare services.

Most current

research in China focuses on HIV prevention and disease control, and pays

inadequate attention to the barriers facing HIV-infected individuals in accessing

and adhering with healthcare services. This article, as part of a research

project on the illness experiences of people with HIV/AIDS in China, aimed to

explore these individuals' healthcare experiences, shedding light on the gaps

between their needs and existing healthcare services. Data for this qualitative

study were collected through individual in-depth interviews with 21 HIV-infected

adults in China. The results of data analysis suggest that these individuals'

healthcare experiences were greatly affected by social discrimination and the

limitations of healthcare resources. While AIDS stigma has reduced the social

resources available for this population, HIV-related health institutions were

perceived by them as an indispensable source of social support. It is concluded

that healthcare institutions, as one of the few places in which HIV-infected

people are willing to disclose their HIV positive status, should incorporate





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social care into healthcare service development and delivery so as to facilitate

this population's accessing healthcare services and to address their unmet needs

that go beyond the conventional scope of health care. Improving the visibility of

people with HIV/AIDS in health care will also have a long-term impact on their

own well-being and on HIV prevention in China.

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LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20081124

PL - United States

TA - Health Soc Care Community

JT - Health & social care in the community

JID - 9306359

SB - IM

MH - Acquired Immunodeficiency Syndrome/epidemiology

MH - Adaptation, Psychological

MH - Adult

MH - China/epidemiology

MH - Female

MH - HIV Infections/*epidemiology

MH - *Health Services Needs and Demand

MH - Humans

MH - Male

MH - Middle Aged

MH - *Prejudice

MH - Qualitative Research

MH - *Social Support

MH - *Social Work, Psychiatric

MH - Stress, Psychological

MH - Tape Recording





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EDAT- 2008/12/02 09:00

MHDA- 2010/09/30 06:00

CRDT- 2008/12/02 09:00

PHST- 2008/12/02 09:00 [pubmed]

PHST- 2010/09/30 06:00 [medline]

PHST- 2008/12/02 09:00 [entrez]

AID - HSC820 [pii]

AID - 10.1111/j.1365-2524.2008.00820.x [doi]

PST - ppublish

**SO - Health Soc Care Community. 2009 Mar;17(2):202-8. doi:
10.1111/j.1365-2524.2008.00820.x. Epub 2008 Nov 24.**

PMID- 35818868

OWN - NLM

STAT- MEDLINE

DCOM- 20220713

LR - 20220818

IS - 1758-2652 (Electronic)

IS - 1758-2652 (Linking)

VI - 25 Suppl 1

IP - Suppl 1

DP - 2022 Jul

**TI - A qualitative study of how stigma influences HIV services for
transgender men and
women in Nigeria.**

PG - e25933

LID - 10.1002/jia2.25933 [doi]

LID - e25933

**AB - INTRODUCTION: Transgender men and women in Nigeria experi-
ence many barriers in
accessing HIV prevention and treatment services, particularly given the
environment of transphobia (including harassment, violence and
discrimination)
and punitive laws in the country. HIV epidemic control in Nigeria
requires
improving access to and quality of HIV services for key populations
at high risk,**





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including transgender men and women. We assessed how stigma influences HIV

services for transgender people in Lagos, Nigeria. **METHODS:** In-depth interviews

(IDIs) and focus group discussions were conducted with transgender men (n = 13)

and transgender women (n = 25); IDIs were conducted with community service

organization (CSO) staff (n = 8) and healthcare providers from CSO clinics and

public health facilities (n = 10) working with the transgender population in

March 2021 in Lagos. Content analysis was used to identify how stigma influences

transgender people's experiences with HIV services. **RESULTS AND DISCUSSION:** Three

main findings emerged. First, gender identity disclosure is challenging due to

anticipated stigma experienced by transgender persons and fear of legal

repercussions. Fear of being turned in to authorities was a major barrier to

disclose to providers in facilities not affiliated with a transgender-inclusive

clinic. Providers also reported difficulty in eliciting information about the

client's gender identity. Second, respondents reported lack of sensitivity among

providers about gender identity and conflation of transgender men with lesbian

women and transgender women with being gay or men who have sex with men, the

latter being more of a common occurrence. Transgender participants also reported

feeling disrespected when providers were not sensitive to their pronoun of

preference. Third, HIV services that are not transgender-inclusive and





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gender-affirming can reinforce stigma. Both transgender men and women spoke about

experiencing stigma and being refused HIV services, especially in mainstream

public health facilities, as opposed to transgender-inclusive CSO clinics.

CONCLUSIONS: This study highlights how stigma impedes access to appropriate HIV

services for transgender men and women, which can have a negative impact along

the HIV care continuum. There is a need for transgender-inclusive HIV services

and competency trainings for healthcare providers so that transgender clients can

receive appropriate and gender-affirming HIV services.

CI - © 2022 The Authors. Journal of the International AIDS Society published by John

Wiley & Sons Ltd on behalf of the International AIDS Society.

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AU - Adedimeji AA
AD - Population Council, Abuja, Nigeria.
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PL - Switzerland
TA - J Int AIDS Soc
JT - Journal of the International AIDS Society
JID - 101478566
SB - IM
MH - Female
MH - Gender Identity
MH - *HIV Infections/epidemiology
MH - Health Services Accessibility
MH - Homosexuality, Male
MH - Humans
MH - Male
MH - Nigeria
MH - *Sexual and Gender Minorities
MH - Social Stigma
MH - *Transgender Persons
PMC - PMC9274359
OTO - NOTNLM
OT - HIV
OT - HIV care continuum
OT - gender-affirming
OT - stigma
OT - transgender



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OT - transgender-inclusive services

EDAT- 2022/07/13 06:00

MHDA- 2022/07/14 06:00

PMCR- 2022/07/12

CRDT- 2022/07/12 04:23

PHST- 2021/10/29 00:00 [received]

PHST- 2022/05/05 00:00 [accepted]

PHST- 2022/07/12 04:23 [entrez]

PHST- 2022/07/13 06:00 [pubmed]

PHST- 2022/07/14 06:00 [medline]

PHST- 2022/07/12 00:00 [pmc-release]

AID - JIA225933 [pii]

AID - 10.1002/jia2.25933 [doi]

PST - ppublish

**SO - J Int AIDS Soc. 2022 Jul;25 Suppl 1(Suppl 1):e25933. doi:
10.1002/jia2.25933.**

PMID- 26875306

OWN - NLM

STAT- MEDLINE

DCOM- 20160310

LR - 20191113

IS - 1821-6404 (Print)

IS - 1821-9241 (Linking)

VI - 16

IP - 2

DP - 2014 Apr

**TI - Barriers to men who have sex with men attending HIV related
health services in**

Dar es Salaam, Tanzania.

PG - 118-26

**AB - The HIV/AIDS disease burden is disproportionately high among
men who have sex**

**with men (MSM) worldwide. If this group will continue to be ignored
they will**

continue to be the focus of HIV infection to the general population.

This study

**explored barriers impeding MSM utilizing the HIV related health
services**





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currently available. The objectives of the study were to: (i) determine how

stigma and discrimination affect MSM attendance to HIV related health services;

(ii) determine how health care worker's (HCW's) practices and attitudes towards

MSM affect their attendance to HIV related health service; (iii) learn MSM's

perception towards seeking HIV related health services and other factors

affecting accessibility of HIV related health services among MSM in Dar es

Salaam, Tanzania. This was a descriptive study whereby qualitative methods were

employed, using in-depth interviews for 50 individuals and focus group

discussions for 5 groups which were conducted at PASADA premises, in Temeke

district in 2012. After transcription data was read through, codes created were

then collapsed into themes which were interpreted. The findings of this study

show that majority of the study participants access HIV related health services

in Dar es Salaam when they need to. However, they reported stigma and

discrimination, lack of confidentiality and privacy, lack of availability and MSM

friendly HIV related health services, financial challenges, poor practices and

negative attitudes directed towards them by health workers, fears and lack of HIV

knowledge among them as barriers for them to access these services. With these

findings, there is an importance of enabling MSM to overcome the perceived stigma

when seeking for HIV related health services. Also there is a need to conduct



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further research with regards to how HCW's treat this group and their

understanding on same sex practices.

FAU - Magesa, Daniel J

AU - Magesa DJ

FAU - Mtui, Leah J

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FAU - Abdul, Mariam

AU - Abdul M

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AU - Chiduo R

FAU - Leshabari, Melkizedek T

AU - Leshabari MT

FAU - Kayombo, Edmund

AU - Kayombo E

FAU - Tungaraza, Dominicus

AU - Tungaraza D

LA - eng

PT - Journal Article

PL - Tanzania

TA - Tanzan J Health Res

JT - Tanzania journal of health research

JID - 101479163

SB - IM

MH - Adolescent

MH - Adult

MH - Confidentiality

MH - Fear

MH - Focus Groups

MH - HIV Infections/*therapy

MH - *Health Services Accessibility

MH - *Homosexuality, Male

MH - Humans

MH - Interviews as Topic

MH - Male

MH - Prejudice

MH - Privacy



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MH - Professional-Patient Relations

MH - Qualitative Research

MH - Social Stigma

MH - Tanzania

EDAT- 2014/04/01 00:00

MHDA- 2016/03/11 06:00

CRDT- 2016/02/16 06:00

PHST- 2016/02/16 06:00 [entrez]

PHST- 2014/04/01 00:00 [pubmed]

PHST- 2016/03/11 06:00 [medline]

AID - 10.4314/thrb.v16i2.8 [doi]

PST - ppublish

SO - Tanzan J Health Res. 2014 Apr;16(2):118-26. doi: 10.4314/thrb.v16i2.8.

PMID- 28652131

OWN - NLM

STAT- MEDLINE

DCOM- 20171229

LR - 20240610

IS - 1552-6917 (Electronic)

IS - 1055-3290 (Print)

IS - 1055-3290 (Linking)

VI - 28

IP - 5

DP - 2017 Sep-Oct

TI - HIV Testing and Entry to Care Among Trans Women in Indiana.

PG - 723-736

LID - S1055-3290(17)30107-3 [pii]

LID - 10.1016/j.jana.2017.05.003 [doi]

AB - Trans women in the United States are disproportionately affected by HIV

infection. To improve HIV services for this population, more information is

needed about their experiences in early stages of the HIV Care Continuum. Trans

women in states such as Indiana, which has moderate HIV incidence but little

public health investment in HIV prevention and treatment, experience special





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challenges. Our qualitative descriptive study describes the circumstances

influencing HIV testing and entry to care by 18 trans women living with HIV in

Central Indiana. In-depth interviews regarding participants' HIV care experiences

were analyzed using standard content analysis. Participants discussed three main

topics: (a) HIV testing circumstances, (b) facilitators and barriers to entering

care, and (c) motivators for entering care after a delay. Findings indicate that

social relationships play a significant role in trans women's care experiences

and that stigma, discrimination, and adverse life circumstance are powerful

deterrents to care. Practice and policy implications are discussed.

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FAU - Hines, Dana D

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FAU - Draucker, Claire Burke

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FAU - Habermann, Barbara

AU - Habermann B

LA - eng

GR - F31 NR013864/NR/NINR NIH HHS/United States

GR - T32 NR007066/NR/NINR NIH HHS/United States

PT - Journal Article

DEP - 20170511

PL - United States

TA - J Assoc Nurses AIDS Care

JT - The Journal of the Association of Nurses in AIDS Care : JANAC

JID - 9111870

RN - 0 (Anti-HIV Agents)

SB - IM

MH - Adult

MH - Anti-HIV Agents/*therapeutic use



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MH - Continuity of Patient Care

MH - Female

MH - HIV Infections/*diagnosis/*drug therapy/epidemiology/psychology

MH - *Health Services Accessibility

MH - Humans

MH - Indiana

MH - Male

MH - Mass Screening/*statistics & numerical data

MH - *Patient Acceptance of Health Care

MH - Prejudice

MH - Qualitative Research

MH - *Social Stigma

MH - Social Support

MH - Transgender Persons/*psychology

MH - Young Adult

PMC - PMC5572502

MID - NIHMS876372

OTO - NOTNLM

OT - HIV Care Continuum

OT - HIV testing

OT - HIV treatment

OT - entry to HIV care

OT - trans women

COIS- Disclosures The authors report no real or perceived vested interests that relate

to this article that could be construed as a conflict of interest.

EDAT- 2017/06/28 06:00

MHDA- 2017/12/30 06:00

PMCR- 2018/09/01

CRDT- 2017/06/28 06:00

PHST- 2016/11/01 00:00 [received]

PHST- 2017/05/04 00:00 [accepted]

PHST- 2017/06/28 06:00 [pubmed]

PHST- 2017/12/30 06:00 [medline]

PHST- 2017/06/28 06:00 [entrez]

PHST- 2018/09/01 00:00 [pmc-release]

AID - S1055-3290(17)30107-3 [pii]

AID - 10.1016/j.jana.2017.05.003 [doi]



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PST - ppublish

**SO - J Assoc Nurses AIDS Care. 2017 Sep-Oct;28(5):723-736. doi:
10.1016/j.jana.2017.05.003. Epub 2017 May 11.**

PMID- 32862533

OWN - NLM

STAT- MEDLINE

DCOM- 20201116

LR - 20201116

IS - 1601-0825 (Electronic)

IS - 1354-523X (Linking)

VI - 26 Suppl 1

DP - 2020 Sep

**TI - HIV in Indonesia and in neighbouring countries and its social im-
pact.**

PG - 28-33

LID - 10.1111/odi.13560 [doi]

**AB - HIV incidence is still increasing in parts of Indonesia and in several
Asian**

**Countries. New cases of HIV in Indonesia have risen from 7,000 per
year in 2006**

**to 48,000 per year in 2017. In spite of this increase, the number of
newly**

**diagnosed cases of AIDS has decreased from a peak of over 12,000
in 2013 to a**

**little over 9,000 in 2017. The mean prevalence of HIV in Indonesia is
0.41% but**

**there is a ten-fold difference in the prevalence in different regions
with the**

**highest in Papua (5%). Women represent over 35% of new infections
per year and of**

**the total (640,000) in Indonesia. Over 50% of HIV diagnoses are
made when**

**patients already have AIDS. Stigma and discrimination are still
strong barriers**

**in prevention and treatment but also there are considerable chal-
lenges in access**

**to appropriate anti-retroviral therapy. There is a need for further in-
vestment in**



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HIV Programs in Indonesia so that prevention can be enhanced, and diagnosis made

at an earlier stage. Health Professionals including dentists should be readily

willing to provide joint prevention efforts and care to people at risk and with

HIV and other infectious diseases to help meet the WHO aims of 2030. Public

health programmes are needed to make certain that the general public is aware of

HIV testing and the role of dental healthcare workers in facilitating this,

thereby further normalising attitudes to people living with HIV.

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LA - eng

PT - Journal Article

PL - Denmark

TA - Oral Dis

JT - Oral diseases

JID - 9508565

MH - Female

MH - *HIV Infections/diagnosis/drug therapy/epidemiology

MH - Health Personnel

MH - Humans

MH - Indonesia/epidemiology

MH - Male

MH - *Social Change

MH - *Social Stigma

OTO - NOTNLM

OT - HIV

OT - Indonesia

OT - inequalities

OT - infection

OT - oral

OT - stigma

EDAT- 2020/08/31 06:00

MHDA- 2020/11/18 06:00

CRDT- 2020/08/31 06:00

PHST- 2020/08/31 06:00 [entrez]

PHST- 2020/08/31 06:00 [pubmed]

PHST- 2020/11/18 06:00 [medline]

AID - 10.1111/odi.13560 [doi]

PST - ppublish

SO - Oral Dis. 2020 Sep;26 Suppl 1:28-33. doi: 10.1111/odi.13560.

PMID- 27267309

OWN - NLM

STAT- MEDLINE

DCOM- 20170615

LR - 20181202

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Linking)

VI - 28

IP - 12

DP - 2016 Dec

TI - Access to HIV treatment and care for people who inject drugs in Kenya: a short report.

PG - 1595-1599

AB - People who inject drugs (PWID) experience a range of barriers to HIV treatment

and care access. The Kenyan government and community-based organisations have

sought to develop HIV care for PWID. A principal approach to delivery in Kenya is

to provide care from clinics serving the general population and for this to be



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linked to support from community-based organisations providing harm reduction outreach. This study explores accounts of PWID accessing care in Kenya to identify care barriers and facilitators. PWID accounts were collected within a qualitative longitudinal study. In-depth interviews with PWID living with HIV (n = 44) are combined with interviews with other PWID, care providers and community observation. Results show that some PWID are able to access care successfully, whilst other PWID report challenges. The results focus on three principal themes to give insights into these experiences: the hardship of addiction and the costs of care, the silencing of HIV in the community and then discrimination and support in the clinic. Some PWID are able to overcome, often with social and outreach support, barriers to clinic access; for others, the challenges of addiction, hardship, stigma and discrimination are too constraining. We discuss how clinics serving the general population could be further adapted to increase access. Clinic-based care, even with community links, may, however, be fundamentally challenging for some PWID to access. Additional strategies to develop stand-alone care for PWID and also decentralise HIV treatment and care to community settings and involve peers in delivery should be considered.

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MH - Humans
MH - Interviews as Topic
MH - Kenya
MH - Longitudinal Studies
MH - Male
MH - Middle Aged
MH - Prejudice
MH - Qualitative Research
MH - Social Stigma
MH - Social Support
MH - Substance Abuse, Intravenous/*complications/therapy
MH - Young Adult
OTO - NOTNLM
OT - ART
OT - HIV
OT - Kenya
OT - People who inject drugs
OT - community
EDAT- 2016/06/09 06:00
MHDA- 2017/06/16 06:00
CRDT- 2016/06/09 06:00
PHST- 2016/06/09 06:00 [pubmed]
PHST- 2017/06/16 06:00 [medline]
PHST- 2016/06/09 06:00 [entrez]
AID - 10.1080/09540121.2016.1191606 [doi]
PST - ppublish
SO - AIDS Care. 2016 Dec;28(12):1595-1599. doi:
10.1080/09540121.2016.1191606. Epub
2016 Jun 7.

PMID- 32500722
OWN - NLM
STAT- MEDLINE
DCOM- 20201112
LR - 20210802
IS - 1360-0451 (Electronic)
IS - 0954-0121 (Print)
IS - 0954-0121 (Linking)
VI - 32



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IP - 8

DP - 2020 Aug

TI - Healthcare-related stigma among men who have sex with men and transgender women

in sub-Saharan Africa participating in HIV Prevention Trials Network (HPTN) 075 study.

PG - 1052-1060

LID - 10.1080/09540121.2020.1776824 [doi]

AB - ABSTRACT The inability to access health services when needed is a critical

barrier to HIV prevention, treatment and care among men who have sex with men

(MSM) and transgender women (TGW). Using data collected in HPTN 075, we explored

factors associated with any experienced healthcare-related stigma. HPTN 075 was a

cohort study to assess the feasibility of recruiting and retaining MSM and TGW in

clinical trials in sub-Saharan Africa. Of 401 MSM and TGW enrolled at four sites

(Kisumu, Kenya; Blantyre, Malawi; Cape Town, Soweto, South Africa) 397

contributed to the analysis (79.9% cis-gender and 20.1% TGW). Of these, (45.3%;

180/397) reported one or more of healthcare-related stigma experiences. Most

frequently reported experiences included fear to seek healthcare services (36.3%)

and avoiding seeking such services because of the discovery of MSM status

(29.2%). Few men and TGW (2.5%) reported having been denied health services

because of having sex with men. In multivariable analysis, more participants in

Soweto [adjusted odds ratio (AOR) = 2.60] and fewer participants in Blantyre

(AOR = 0.27) reported any healthcare-related stigma experiences, in comparison to



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participants in Kisumu. MSM and TGW that did not have a supportive gay community

to rely on were more likely to report any healthcare-related stigma experiences

(AOR=1.46), whereas MSM and TGW who reported high social support and who never

had engaged in transactional sex were less likely to report such experiences

(AOR=0.76 and AOR=0.43, respectively). Our results suggest that encouraging

support groups for MSM and TGW as well as training and sensitizing healthcare

staff, and the general community, on MSM and TGW health issues and cultural

competence may reduce stigma, improve access to healthcare, which could

ultimately reduce HIV transmission.

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CN - Theo Sandfort on behalf of the HPTN 075 Protocol Team

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LA - eng

GR - P30 MH043520/MH/NIMH NIH HHS/United States

GR - UM1 AI069518/AI/NIAID NIH HHS/United States

GR - UM1 AI068619/AI/NIAID NIH HHS/United States



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GR - UM1 AI068613/AI/NIAID NIH HHS/United States
GR - UM1 AI069418/AI/NIAID NIH HHS/United States
GR - UM1 AI068617/AI/NIAID NIH HHS/United States
PT - Journal Article
PT - Research Support, N.I.H., Extramural
DEP - 20200605
PL - England
TA - AIDS Care
JT - AIDS care
JID - 8915313
SB - IM
MH - Adult
MH - Aged
MH - *Attitude of Health Personnel
MH - Cohort Studies
MH - *Discrimination, Psychological
MH - Fear
MH - Female
MH - HIV Infections/diagnosis/*prevention & control/*psychology
MH - Health Personnel/*psychology
MH - Health Services Accessibility
MH - Homosexuality, Male/*psychology
MH - Humans
MH - Kenya
MH - Malawi
MH - Male
MH - Middle Aged
MH - Patient Acceptance of Health Care/*psychology
MH - Retention in Care
MH - Sexual and Gender Minorities
MH - *Social Stigma
MH - South Africa
MH - Transgender Persons/*psychology
PMC - PMC7368806
MID - NIHMS1598015
OTO - NOTNLM
OT - HPTN 075
OT - Healthcare-related stigma
OT - men who have sex with men



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OT - sub-Saharan Africa

OT - transgender women

COIS- Declaration of Interest Statement No potential conflict of interest was reported

by the authors.

EDAT- 2020/06/06 06:00

MHDA- 2020/11/13 06:00

PMCR- 2021/08/01

CRDT- 2020/06/06 06:00

PHST- 2020/06/06 06:00 [pubmed]

PHST- 2020/11/13 06:00 [medline]

PHST- 2020/06/06 06:00 [entrez]

PHST- 2021/08/01 00:00 [pmc-release]

AID - 10.1080/09540121.2020.1776824 [doi]

PST - ppublish

SO - AIDS Care. 2020 Aug;32(8):1052-1060. doi:

10.1080/09540121.2020.1776824. Epub

2020 Jun 5.

PMID- 28581820

OWN - NLM

STAT- MEDLINE

DCOM- 20171109

LR - 20191210

IS - 1557-7449 (Electronic)

IS - 1087-2914 (Print)

IS - 1087-2914 (Linking)

VI - 31

IP - 7

DP - 2017 Jul

TI - Barriers and Facilitators to HIV Testing Among Zambian Female Sex Workers in

Three Transit Hubs.

PG - 290-296

LID - 10.1089/apc.2017.0016 [doi]

AB - Zambia has a generalized HIV epidemic, and HIV is concentrated along transit

routes. Female sex workers (FSWs) are disproportionately affected by the





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epidemic. HIV testing is the crucial first step for engagement in HIV care and

HIV prevention activities. However, to date little work has been done with FSWs

in Zambia, and little is known about barriers and facilitators to HIV testing in

this population. FSW peer educators were recruited through existing sex worker

organizations for participation in a trial related to HIV testing among FSWs. We

conducted five focus groups with FSW peer educators (N=40) in three transit

towns in Zambia (Livingstone, Chirundu, and Kapiri Mposhi) to elicit community

norms related to HIV testing. Emerging themes demonstrated barriers and

facilitators to HIV testing occurring at multiple levels, including individual,

social network, and structural. Stigma and discrimination, including healthcare

provider stigma, were a particularly salient barrier. Improving knowledge, social

support, and acknowledgment of FSWs and women's role in society emerged as

facilitators to testing. Interventions to improve HIV testing among FSWs in

Zambia will need to address barriers and facilitators at multiple levels to be

maximally effective.

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GR - R25 MH083620/MH/NIMH NIH HHS/United States



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GR - T32 AI007535/AI/NIAID NIH HHS/United States
GR - R01 AI124389/AI/NIAID NIH HHS/United States
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GR - Wellcome Trust/United Kingdom
GR - T32 DA013911/DA/NIDA NIH HHS/United States
GR - R01 HD084233/HD/NICHD NIH HHS/United States
PT - Journal Article
DEP - 20170605
PL - United States
TA - AIDS Patient Care STDS
JT - AIDS patient care and STDs
JID - 9607225
SB - IM
MH - Adult
MH - Attitude of Health Personnel
MH - Discrimination, Psychological
MH - Female
MH - Focus Groups
MH - HIV Seropositivity/*diagnosis
MH - *Health Services Accessibility
MH - Humans
MH - Mass Screening/*statistics & numerical data
MH - Sex Workers/*psychology/statistics & numerical data
MH - *Social Stigma
MH - Young Adult
MH - Zambia
PMC - PMC5512327
OTO - NOTNLM
OT - HIV testing
OT - Zambia
OT - female sex workers
COIS- No competing financial interests exist.
EDAT- 2017/06/06 06:00
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PHST- 2017/06/06 06:00 [pubmed]
PHST- 2017/11/10 06:00 [medline]





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PHST- 2017/06/06 06:00 [entrez]

PHST- 2017/07/01 00:00 [pmc-release]

AID - 10.1089/apc.2017.0016 [pii]

AID - 10.1089/apc.2017.0016 [doi]

PST - ppublish

SO - AIDS Patient Care STDS. 2017 Jul;31(7):290-296. doi:

10.1089/apc.2017.0016. Epub

2017 Jun 5.

PMID- 36177542

OWN - NLM

STAT- MEDLINE

DCOM- 20221003

LR - 20230315

IS - 2325-9582 (Electronic)

IS - 2325-9574 (Print)

IS - 2325-9574 (Linking)

VI - 21

DP - 2022 Jan-Dec

**TI - Barriers and Facilitators to Implementing Project ECHO in Malaysia
During the**

COVID-19 Pandemic.

PG - 23259582221128512

LID - 10.1177/23259582221128512 [doi]

LID - 23259582221128512

**AB - Objective: In Malaysia, HIV is concentrated among key popula-
tions who experience**

**barriers to care due to stigma and healthcare discrimination. The
COVID-19**

**pandemic has increased barriers to healthcare. Project ECHO (Ex-
tension for**

**Community Healthcare Outcomes) is a transformative tele-educ-
ation strategy that**

**could improve HIV prevention and treatment. Methods: Practicing
physicians who**

**were aged 18 years or older and had internet access participated in
asynchronous**

**online focus groups. Results: Barriers to Project ECHO were con-
flicting**



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priorities, time constraints, and technology. Facilitators included content and

format, dedicated time, asynchronized flexible programming, incentives, and

ensuring technology was available. Conclusion: Project ECHO is a promising

intervention that can increase physicians' knowledge and skill set in specialty

medicine during the COVID-19 pandemic. Interventionists in Malaysia in

particular, but also in general, should consider these barriers and facilitators

when developing Project ECHO as they may aid in developing a more robust program

and increase participation.

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LA - eng

GR - K01 DA053159/DA/NIDA NIH HHS/United States

PT - Journal Article



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PT - Research Support, N.I.H., Extramural

PL - United States

TA - J Int Assoc Provid AIDS Care

JT - Journal of the International Association of Providers of AIDS Care

JID - 101603896

SB - IM

MH - *COVID-19

MH - *HIV Infections

MH - Humans

MH - Malaysia/epidemiology

MH - Pandemics/prevention & control

MH - Social Stigma

PMC - PMC9528038

OTO - NOTNLM

OT - COVID

OT - HIV

OT - Malaysia

OT - project ECHO

COIS- Declaration of Conflicting Interests: The author(s) declared no potential

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PHST- 2022/10/04 06:00 [medline]

PHST- 2022/09/29 00:00 [pmc-release]

AID - 10.1177_23259582221128512 [pii]

AID - 10.1177/23259582221128512 [doi]

PST - ppublish

SO - J Int Assoc Provid AIDS Care. 2022 Jan-Dec;21:23259582221128512.

doi:

10.1177/23259582221128512.

PMID- 20485854

OWN - NLM

STAT- MEDLINE

DCOM- 20100903

LR - 20250103

IS - 1813-4424 (Electronic)

IS - 1729-0376 (Linking)

VI - 6

IP - 4

DP - 2009 Dec

TI - Barriers and facilitators to antiretroviral medication adherence among

HIV-infected paediatric patients in Ethiopia: A qualitative study.

PG - 148-54

AB - Medication adherence is a complex behaviour with multiple determinants.

Understanding the barriers and facilitators of adherence is invaluable for

programme improvement, which assists the foundation of adherence intervention

strategies. A qualitative study was conducted in six selected hospitals of Addis

Ababa in 2008, to explore barriers and facilitators to antiretroviral medication

adherence among HIV-infected paediatric patients. Twelve caregivers of adherent

and non-adherent children and 14 key informants in five hospitals were included

in the study. The findings revealed that over-dosage (heavy pill burden), fear of

stigma and discrimination, cost and access to transportation, lack of

understanding of the benefit of taking the medication, economic problems in the

household, and lack of nutritional support were the barriers to adherence to

HAART. The presence of mobile/wall alarm, the presence of follow-up counselling,

improved health of the child, ART clinic setups, and disclosure of HIV serostatus



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were among the facilitators. This study indicated that paediatric adherence to

antiretroviral therapy faces a huge challenge. It suggests the provision of

income-generating schemes to caregivers for assisting HIV-infected children.

Health care providers should address proper usage of medication reminders.

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PT - Comparative Study

PT - Journal Article

PT - Multicenter Study

PT - Research Support, Non-U.S. Gov't

PL - South Africa

TA - SAHARA J

JT - SAHARA J : journal of Social Aspects of HIV/AIDS Research Alliance

JID - 101226212

RN - 0 (Anti-HIV Agents)

SB - IM

MH - Adolescent

MH - Adult

MH - Anti-HIV Agents/*therapeutic use

MH - Attitude to Health

MH - Caregivers/statistics & numerical data

MH - Child

MH - Child, Preschool

MH - Developing Countries

MH - Drug Costs

MH - Ethiopia/epidemiology

MH - Female



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MH - HIV Infections/*drug therapy/epidemiology

MH - HIV Seropositivity/drug therapy

MH - Health Services Accessibility

MH - Humans

MH - Infant

MH - Infant, Newborn

MH - Male

MH - Professional-Patient Relations

MH - Qualitative Research

MH - Risk Factors

MH - Socioeconomic Factors

MH - Surveys and Questionnaires

MH - Treatment Refusal

MH - *Assessment of Medication Adherence

EDAT- 2010/05/21 06:00

MHDA- 2010/09/04 06:00

CRDT- 2010/05/21 06:00

PHST- 2010/05/21 06:00 [entrez]

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AID - 10.1080/17290376.2009.9724943 [doi]

PST - ppublish

SO - SAHARA J. 2009 Dec;6(4):148-54. doi:

10.1080/17290376.2009.9724943.

PMID- 22993233

OWN - NLM

STAT- MEDLINE

DCOM- 20130919

LR - 20160517

IS - 2325-9574 (Print)

IS - 2325-9574 (Linking)

VI - 12

IP - 1

DP - 2013 Jan-Feb

TI - Barriers to retention in care as perceived by persons living with HIV in rural

Ethiopia: focus group results and recommended strategies.

PG - 32-8



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LID - 10.1177/1545109712456428 [doi]

AB - Inability to retain HIV-infected patients in care undermines the benefits of

starting millions in low-income countries on antiretroviral therapy (ART). In a

hospital HIV clinic in rural southern Ethiopia, we conducted focus groups of

HIV-infected men and women to learn more about experiences with and barriers to

attending clinic appointments. Respondents reported multiple barriers, including

those that were patient related (eg, misunderstandings about ART, mistaken belief

in AIDS cures, and drug/alcohol use), clinic related (eg, negative provider

interactions, lack of familiarity with patients' medical situation, and overcrowding), medication related (eg, side effects), social (eg, stigma and

discrimination and lack of support), and situational/resource related (eg,

distance to clinic, lack of funds, competing domestic/work priorities, and lack

of food). Based on the lessons learned from these focus groups, we implemented a

community intervention to improve retention, using trained community support

workers who provide patient education, counseling, social support, problem-solving assistance, needed referrals, and improved communication/linkage

to the patients' HIV clinic.

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LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
DEP - 20120919
PL - United States
TA - J Int Assoc Provid AIDS Care
JT - Journal of the International Association of Providers of AIDS Care
JID - 101603896
RN - 0 (Anti-Retroviral Agents)
SB - IM
MH - Adult
MH - Anti-Retroviral Agents/administration & dosage/adverse effects
MH - Crowding
MH - Ethiopia/epidemiology
MH - Female
MH - Focus Groups
MH - HIV Infections/drug therapy/*epidemiology
MH - Health Knowledge, Attitudes, Practice
MH - *Health Services Accessibility
MH - *Health Services Needs and Demand
MH - Humans
MH - Male
MH - Medication Adherence
MH - Outpatient Clinics, Hospital
MH - Prejudice
MH - Professional-Patient Relations
MH - *Rural Population



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MH - Social Stigma

MH - Socioeconomic Factors

MH - Substance-Related Disorders/epidemiology

EDAT- 2012/09/21 06:00

MHDA- 2013/09/21 06:00

CRDT- 2012/09/21 06:00

PHST- 2012/09/21 06:00 [entrez]

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PHST- 2013/09/21 06:00 [medline]

AID - 1545109712456428 [pii]

AID - 10.1177/1545109712456428 [doi]

PST - ppublish

SO - J Int Assoc Provid AIDS Care. 2013 Jan-Feb;12(1):32-8. doi:

10.1177/1545109712456428. Epub 2012 Sep 19.

PMID- 34195912

OWN - NLM

STAT- MEDLINE

DCOM- 20210907

LR - 20220327

IS - 1573-3254 (Electronic)

IS - 1090-7165 (Print)

IS - 1090-7165 (Linking)

VI - 25

IP - 10

DP - 2021 Oct

TI - "Who are You and What are You Doing Here?": Social Capital and Barriers to

Movement along the HIV Care Cascade among Tajikistani Migrants with HIV to

Russia.

PG - 3115-3127

LID - 10.1007/s10461-021-03359-w [doi]

AB - Tajikistani migrants who work in Russia and acquire HIV seldom receive HIV

treatment while in Russia. Barriers to engagement in the HIV care cascade were

identified from in-depth, semi-structured interviews with purposefully sampled





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Tajikistani migrants (n = 34) with HIV who had returned from Russia. Data were analyzed using thematic analysis, drawing from Putnam's theory of social capital, showing how bridging and bonding social capital relate to poor engagement in HIV care. We identified three barriers to Tajikistani migrants' movement through the HIV care cascade: (1) Russia's migration ban on people with HIV interrupts social capital accumulation and prevents access to HIV treatment within Russia; (2) mistrust of authority figures, including healthcare providers, leads to avoiding treatment and harm-reduction services upon their return to Tajikistan; and (3) because of pervasive discrimination, Tajikistani migrants form weak social ties while in Russia, which exacerbates risk, including with Russian citizens, and deters engagement with HIV care. Deploying a treatment as prevention strategy and abolishing Russia's ban on people with HIV would improve both individual and public health.

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LA - eng

GR - D43 TW010540/TW/FIC NIH HHS/United States

GR - UL1 TR001863/TR/NCATS NIH HHS/United States

GR - K01 DA047194/DA/NIDA NIH HHS/United States

GR - R01 DA033679/DA/NIDA NIH HHS/United States

GR - R01 DA033679/NH/NIH HHS/United States

GR - T32MH20031/NH/NIH HHS/United States

GR - R21 AG072961/AG/NIA NIH HHS/United States

GR - K24 DA017072/DA/NIDA NIH HHS/United States

GR - K24 DA017072/NH/NIH HHS/United States

PT - Journal Article

DEP - 20210630

PL - United States

TA - AIDS Behav

JT - AIDS and behavior

JID - 9712133

SB - IM

MH - *HIV Infections/drug therapy/prevention & control

MH - Health Personnel

MH - Humans



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MH - Russia/epidemiology

MH - *Social Capital

MH - *Transients and Migrants

PMC - PMC8903220

MID - NIHMS1781949

OTO - NOTNLM

OT - Discrimination

OT - Eastern Europe and Central Asia

OT - HIV

OT - HIV treatment cascade

OT - Migration

OT - Social capital

OT - Stigma

COIS- Conflict of interest The authors declare no conflicts of interest.

EDAT- 2021/07/02 06:00

MHDA- 2021/09/08 06:00

PMCR- 2022/03/08

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PHST- 2021/06/10 00:00 [accepted]

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PHST- 2021/09/08 06:00 [medline]

PHST- 2021/07/01 07:18 [entrez]

PHST- 2022/03/08 00:00 [pmc-release]

AID - 10.1007/s10461-021-03359-w [pii]

AID - 10.1007/s10461-021-03359-w [doi]

PST - ppublish

SO - AIDS Behav. 2021 Oct;25(10):3115-3127. doi: 10.1007/s10461-021-03359-w. Epub 2021

Jun 30.

PMID- 29633580

OWN - NLM

STAT- MEDLINE

DCOM- 20190917

LR - 20240318

IS - 1758-2652 (Electronic)

IS - 1758-2652 (Linking)

VI - 21 Suppl 2

IP - Suppl Suppl 2



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DP - 2018 Apr

TI - Treatment advocate tactics to expand access to antiviral therapy for HIV and

viral hepatitis C in low- to high-income settings: making sure no one is left behind.

PG - e25060

LID - 10.1002/jia2.25060 [doi]

LID - e25060

AB - INTRODUCTION: Worldwide, 71 million people are infected with hepatitis C virus

(HCV), which, without treatment, can lead to liver failure or hepatocellular

carcinoma. HCV co-infection increases liver- and AIDS-related morbidity and

mortality among HIV-positive people, despite ART. A 12-week course of HCV

direct-acting antivirals (DAAs) usually cures HCV - regardless of HIV status.

However, patents and high prices have created access barriers for people living

with HCV, especially people who inject drugs (PWID). Inadequate access to and

coverage of harm reduction interventions feed the co-epidemics of HIV and HCV; as

a result, the highest prevalence of HCV is found among PWID, who face additional

obstacles to treatment (including stigma, discrimination and other structural

barriers). The HIV epidemic occurred during globalization of intellectual

property rights, and highlighted the relationship between patents and the high

prices that prevent access to medicines. Indian generic manufacturers produced

affordable generic HIV treatment, enabling global scale-up. Unlike HIV, donors

have yet to step forward to fund HCV programmes, although DAAs can be



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mass-produced at a low and sustainable cost. Unfortunately, although voluntary

licensing agreements between originators and generic manufacturers enable

low-income (and some lower-middle income countries) to buy generic versions of

HIV and HCV medicines, most middle-income countries with large burdens of HCV

infection and HIV/HCV co-infection are excluded from these agreements. Our

commentary presents tactics from the HIV experience that treatment advocates can

use to expand access to DAAs. **DISCUSSION:** A number of practical actions can help

increase access to DAAs, including new research and development (R&D) paradigms;

compassionate use, named-patient and early access programmes; use of TRIPS

flexibilities such as compulsory licences and patent oppositions; and parallel

importation via buyers' clubs. Together, these approaches can increase access to

antiviral therapy for people living with HIV and viral hepatitis in low-, middle-

and high-income settings. **CONCLUSIONS:** The HIV example provides helpful parallels

for addressing challenges to expanding access to HCV DAAs. HCV treatment access -

and harm reduction - should be massively scaled-up to meet the needs of PWID, and

efforts should be made to tackle stigma and discrimination, and stop

criminalization of drug use and possession.

CI - © 2018 The Authors. Journal of the International AIDS Society published by John

Wiley & sons Ltd on behalf of the International AIDS Society.

FAU - Grillon, Céline

AU - Grillon C

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SECRETARÍA DE SALUD



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AD - International AIDS Society, Geneva, Switzerland.

LA - eng

PT - Journal Article

PL - Switzerland

TA - J Int AIDS Soc

JT - Journal of the International AIDS Society

JID - 101478566

RN - 0 (Anti-HIV Agents)

RN - 0 (Antiviral Agents)

SB - IM

MH - Anti-HIV Agents/economics/therapeutic use

MH - Antiviral Agents/economics/*therapeutic use

MH - Epidemics

MH - HIV Infections/*drug therapy/epidemiology

MH - Harm Reduction

MH - *Health Services Accessibility

MH - Hepatitis C/*drug therapy/epidemiology

MH - Humans



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Península de Yucatán

MH - *Income
MH - Prevalence
PMC - PMC5978639
OTO - NOTNLM
OT - access
OT - co-infection
OT - direct-acting antivirals
OT - hepatitis C virus
OT - human immunodeficiency virus
OT - low- and middle-income countries
OT - patent
OT - people who inject drugs
EDAT- 2018/04/11 06:00
MHDA- 2019/09/19 06:00
PMCR- 2018/04/10
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PHST- 2018/04/11 06:00 [pubmed]
PHST- 2019/09/19 06:00 [medline]
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AID - 10.1002/jia2.25060 [doi]
PST - ppublish
SO - J Int AIDS Soc. 2018 Apr;21 Suppl 2(Suppl Suppl 2):e25060. doi:
10.1002/jia2.25060.

PMID- 27431466
OWN - NLM
STAT- MEDLINE
DCOM- 20170829
LR - 20250331
IS - 1758-2652 (Electronic)
IS - 1758-2652 (Linking)
VI - 19
IP - 3 Suppl 2
DP - 2016





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TI - Inequities in access to HIV prevention services for transgender men: results of a

global survey of men who have sex with men.

PG - 20779

LID - 10.7448/IAS.19.3.20779 [doi]

LID - 20779 [doi]

AB - INTRODUCTION: Free or low-cost HIV testing, condoms, and lubricants are

foundational HIV prevention strategies, yet are often inaccessible for men who

have sex with men (MSM). In the global context of stigma and poor healthcare

access, transgender (trans) MSM may face additional barriers to HIV prevention

services. Drawing on data from a global survey of MSM, we aimed to describe

perceived access to prevention services among trans MSM, examine associations

between stigma and access, and compare access between trans MSM and cisgender

(non-transgender) MSM. METHODS: The 2014 Global Men's Health and Rights online

survey was open to MSM (inclusive of trans MSM) from any country and available in

seven languages. Baseline data (n=3857) were collected from July to October 2014.

Among trans MSM, correlations were calculated between perceived service

accessibility and anti-transgender violence, healthcare provider stigma, and

discrimination. Using a nested matched-pair study design, trans MSM were matched

4:1 to cisgender MSM on age group, region, and HIV status, and conditional

logistic regression models compared perceived access to prevention services by

transgender status. RESULTS: About 3.4% of respondents were trans men, of whom 69



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were included in the present analysis. The average trans MSM participant was 26

to 35 years old (56.5%); lived in western Europe, North America, or Oceania

(75.4%); and reported being HIV-negative (98.6%). HIV testing, condoms, and

lubricants were accessible for 43.5, 53.6, and 26.1% of trans MSM, respectively.

Ever having been arrested or convicted due to being trans and higher exposure to

healthcare provider stigma in the past six months were associated with less

access to some prevention services. Compared to matched cisgender controls, trans

MSM reported significantly lower odds of perceived access to HIV testing

(OR=0.57, 95% CI=0.33, 0.98) and condom-compatible lubricants (OR=0.54, 95%

CI=0.30, 0.98). **CONCLUSIONS:** This first look at access to HIV prevention services

for trans MSM globally found that most reported inadequate access to basic

prevention services and that they were less likely than cisgender MSM to have

access to HIV testing and lubricants. Results indicate the need to enhance access

to basic HIV prevention services for trans MSM, including MSM-specific services.

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LA - eng

GR - R25 DA028567/DA/NIDA NIH HHS/United States

GR - R25 HD045810/HD/NICHD NIH HHS/United States

GR - T32 AI114398/AI/NIAID NIH HHS/United States

PT - Journal Article

DEP - 20160717

PL - Switzerland

TA - J Int AIDS Soc

JT - Journal of the International AIDS Society

JID - 101478566

RN - 0 (Lubricants)

SB - IM



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Península de Yucatán

MH - Adult
MH - Condoms/statistics & numerical data
MH - HIV Infections/*prevention & control
MH - Health Personnel
MH - *Health Services Accessibility
MH - *Homosexuality, Male
MH - Humans
MH - Lubricants
MH - Male
MH - Men
MH - North America
MH - Sexual Behavior/statistics & numerical data
MH - Social Stigma
MH - Surveys and Questionnaires
MH - *Transgender Persons
MH - Female
PMC - PMC4949311
OTO - NOTNLM
OT - HIV prevention
OT - HIV testing
OT - health services
OT - men who have sex with men
OT - transgender
EDAT- 2016/07/20 06:00
MHDA- 2017/08/30 06:00
PMCR- 2016/07/17
CRDT- 2016/07/20 06:00
PHST- 2015/10/30 00:00 [received]
PHST- 2016/04/18 00:00 [revised]
PHST- 2016/04/25 00:00 [accepted]
PHST- 2016/07/20 06:00 [entrez]
PHST- 2016/07/20 06:00 [pubmed]
PHST- 2017/08/30 06:00 [medline]
PHST- 2016/07/17 00:00 [pmc-release]
AID - 20779 [pii]
AID - 10.7448/IAS.19.3.20779 [doi]
PST - epublish
SO - J Int AIDS Soc. 2016 Jul 17;19(3 Suppl 2):20779. doi:
10.7448/IAS.19.3.20779.





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eCollection 2016.



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PMID- 22117127

OWN - NLM

STAT- MEDLINE

DCOM- 20120216

LR - 20240612

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Print)

IS - 0954-0121 (Linking)

VI - 23

IP - 12

DP - 2011 Dec

TI - Barriers to free antiretroviral treatment access among kothi-identified men who

have sex with men and aravanis (transgender women) in Chennai, India.

PG - 1687-94

LID - 10.1080/09540121.2011.582076 [doi]

AB - The Indian government provides free antiretroviral treatment (ART) for people

living with HIV. To assist in developing policies and programs to advance equity

in ART access, we explored barriers to ART access among kothis (men who have sex

with men [MSM] whose gender expression is feminine) and aravanis (transgender

women, also known as hijras) living with HIV in Chennai. In the last quarter of

2007, we conducted six focus groups and four key-informant interviews. Data were

explored using framework analysis to identify categories and derive themes. We

identified barriers to ART access at the family/social-level, health care

system-level, and individual-level; however, we found these barriers to be highly

interrelated. The primary individual-level barrier was integrally linked to the





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family/social and health care levels: many kothis and aravanis feared serious

adverse consequences if their HIV-positive status were revealed to others. Strong

motivations to keep one's HIV-positive status and same-sex attraction secret were

interconnected with sexual prejudice against MSM and transgenders, and HIV stigma

prevalent in families, the health care system, and the larger society. HIV stigma

was present within kothi and aravani communities as well. Consequences of

disclosure, including rejection by family, eviction from home, social isolation,

loss of subsistence income, and maltreatment (although improving) within the

health care system, presented powerful disincentives to accessing ART. Given the

multi-level barriers to ART access related to stigma and discrimination,

interventions to facilitate ART uptake should address multiple constituencies:

the general public, health care providers, and the kothi and aravani communities.

India needs a national policy and action plan to address barriers to ART access

at family/social, health care system, and individual levels for aravanis, kothis,

other subgroups of MSM and other marginalized groups.

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Península de Yucatán

LA - eng
GR - D43 TW001028/TW/FIC NIH HHS/United States
GR - D43 TW001028-10/TW/FIC NIH HHS/United States
GR - CAPMC/CIHR/Canada
GR - 5 D43TW001028/TW/FIC NIH HHS/United States
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, Non-U.S. Gov't
DEP - 20110614
PL - England
TA - AIDS Care
JT - AIDS care
JID - 8915313
RN - 0 (Anti-Retroviral Agents)
SB - IM
MH - Adult
MH - Anti-Retroviral Agents/*therapeutic use
MH - Female
MH - Focus Groups
MH - HIV Infections/*drug therapy/ethnology/psychology
MH - *Health Knowledge, Attitudes, Practice
MH - *Health Services Accessibility
MH - Homosexuality, Male/ethnology/psychology
MH - Humans
MH - India
MH - Male
MH - National Health Programs
MH - Prejudice
MH - Qualitative Research
MH - Social Stigma
MH - Transsexualism/ethnology/psychology
PMC - PMC3228306
MID - NIHMS312431
EDAT- 2011/11/26 06:00
MHDA- 2012/02/18 06:00
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CRDT- 2011/11/26 06:00
PHST- 2011/11/26 06:00 [entrez]
PHST- 2011/11/26 06:00 [pubmed]





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Península de Yucatán

PHST- 2012/02/18 06:00 [medline]

PHST- 2012/12/01 00:00 [pmc-release]

AID - 10.1080/09540121.2011.582076 [doi]

PST - ppublish

SO - AIDS Care. 2011 Dec;23(12):1687-94. doi:

10.1080/09540121.2011.582076. Epub 2011

Jun 14.

PMID- 31714367

OWN - NLM

STAT- MEDLINE

DCOM- 20200930

LR - 20210708

IS - 1552-6917 (Electronic)

IS - 1055-3290 (Print)

IS - 1055-3290 (Linking)

VI - 31

IP - 2

DP - 2020 Mar-Apr

TI - Complexities of HIV Disclosure in Patients Newly Entering HIV
Care: A Qualitative

Analysis.

PG - 208-218

LID - 10.1097/JNC.0000000000000127 [doi]

AB - The role of HIV disclosure and its influence on engagement in HIV
care after

initial linkage to care is not well understood. We conducted 28 in-
depth

interviews with patients newly entering HIV care. Gaining access to
social

support was a key reason that many patients disclosed their HIV
status. For some,

HIV disclosure improved support networks related to engagement
in care at the

time of care entry, in the form of appointment reminders, emotional
support, and

confidence to disclose more widely. However, some participants
cited anticipated



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stigma as a barrier to disclosure, as they feared rejection or further disclosure

without their permission. Early access to social support and skill building

related to stigma reduction and coping can be useful resources to help patients

manage HIV, as they initiate care. In addition, incorporating support for smart

disclosure decisions into interventions may improve access to social support,

ultimately improving engagement in care.

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LA - eng

GR - P30 AI027763/AI/NIAID NIH HHS/United States

GR - P30 AI050410/AI/NIAID NIH HHS/United States

GR - R01 AI103661/AI/NIAID NIH HHS/United States



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PT - Journal Article

PT - Research Support, N.I.H., Extramural

PL - United States

TA - J Assoc Nurses AIDS Care

JT - The Journal of the Association of Nurses in AIDS Care : JANAC

JID - 9111870

RN - 0 (Anti-Retroviral Agents)

SB - IM

MH - AIDS Serodiagnosis

MH - Adult

MH - Anti-Retroviral Agents/therapeutic use

MH - Antiretroviral Therapy, Highly Active

MH - Discrimination, Psychological

MH - Fear

MH - Female

MH - HIV Infections/*diagnosis/drug therapy/*psychology

MH - Humans

MH - Interviews as Topic

MH - Male

MH - Prejudice

MH - Qualitative Research

MH - *Self Disclosure

MH - Social Discrimination

MH - *Social Stigma

MH - *Social Support

MH - Treatment Adherence and Compliance/*psychology

MH - *Truth Disclosure

MH - United States/epidemiology

PMC - PMC7047518

MID - NIHMS1062665

COIS- Disclosures The authors report no real or perceived vested interests related to

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PHST- 2020/10/02 06:00 [medline]



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Península de Yucatán

PHST- 2019/11/13 06:00 [entrez]

PHST- 2020/03/01 00:00 [pmc-release]

AID - 10.1097/JNC.0000000000000127 [doi]

PST - ppublish

**SO - J Assoc Nurses AIDS Care. 2020 Mar-Apr;31(2):208-218. doi:
10.1097/JNC.0000000000000127.**

PMID- 23373665

OWN - NLM

STAT- MEDLINE

DCOM- 20130821

LR - 20221207

IS - 1557-7449 (Electronic)

IS - 1087-2914 (Linking)

VI - 27

IP - 2

DP - 2013 Feb

**TI - Associations between HIV-related stigma, racial discrimination,
gender**

**discrimination, and depression among HIV-positive African, Carib-
bean, and Black**

women in Ontario, Canada.

PG - 114-22

LID - 10.1089/apc.2012.0296 [doi]

**AB - Abstract African, Caribbean, and Black (ACB) women are greatly
overrepresented in**

**new HIV infections in comparison with Canada's general popula-
tion. Social and**

**structural factors such as HIV-related stigma, gender discrimina-
tion, and racial**

**discrimination converge to increase vulnerability to HIV infection
among ACB**

**women by reducing access to HIV prevention services. Stigma and
discrimination**

**also present barriers to treatment, care, and support and may con-
tribute to**

**mental health problems. We administered a cross-sectional survey
to HIV-positive**





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ACB women (n=173) across Ontario in order to examine the relationships between

HIV-related stigma, gender discrimination, racial discrimination, and depression.

One-third of participants reported moderate/severe depression scores using the

Beck Depression Inventory Fast-Screen guidelines. Hierarchical block regression,

moderation, and mediation analyses were conducted to measure associations between

independent (HIV-related stigma, gender discrimination, racial discrimination),

moderator/mediator (social support, resilient coping), and dependent (depression)

variables. Findings included: (1) HIV-related stigma was associated with

increased depression; (2) resilient coping was associated with reduced depression

but did not moderate the influence of HIV-related stigma on depression; and (3)

the effects of HIV-related stigma on depression were partially mediated through

resilient coping. HIV-related stigma, gender discrimination, and racial

discrimination were significantly correlated with one another and with

depression, highlighting the salience of examining multiple intersecting forms of

stigma. Generalizability of findings may be limited due to nonrandom sampling.

Findings emphasize the importance of multi-component interventions, including

building resilient coping skills, mental health promotion and assessment, and

stigma reduction programs.

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LA - eng

GR - Canadian Institutes of Health Research/Canada

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PL - United States

TA - AIDS Patient Care STDS

JT - AIDS patient care and STDs

JID - 9607225

SB - IM

MH - Adaptation, Psychological

MH - Adult

MH - Black People/*psychology

MH - Cross-Sectional Studies

MH - Depression/*epidemiology/ethnology

MH - Female

MH - HIV Seropositivity/epidemiology/ethnology/*psychology

MH - *Health Services Accessibility/statistics & numerical data

MH - Humans

MH - Needs Assessment

MH - Ontario/epidemiology

MH - Power, Psychological

MH - Racism/*psychology/statistics & numerical data

MH - Risk Factors

MH - Sexism/*psychology/statistics & numerical data

MH - *Social Stigma

MH - Social Support

MH - Socioeconomic Factors

MH - Women's Health

EDAT- 2013/02/05 06:00

MHDA- 2013/08/22 06:00

CRDT- 2013/02/05 06:00

PHST- 2013/02/05 06:00 [entrez]



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Península de Yucatán

PHST- 2013/02/05 06:00 [pubmed]

PHST- 2013/08/22 06:00 [medline]

AID - 10.1089/apc.2012.0296 [doi]

PST - ppublish

SO - AIDS Patient Care STDS. 2013 Feb;27(2):114-22. doi:
10.1089/apc.2012.0296.

PMID- 26784360

OWN - NLM

STAT- MEDLINE

DCOM- 20160622

LR - 20220316

IS - 1557-7449 (Electronic)

IS - 1087-2914 (Print)

IS - 1087-2914 (Linking)

VI - 30

IP - 2

DP - 2016 Feb

TI - Barriers and Facilitators of Linkage to and Engagement in HIV Care
Among

HIV-Positive Men Who Have Sex with Men in China: A Qualitative
Study.

PG - 70-7

LID - 10.1089/apc.2015.0296 [doi]

AB - Linking and engaging HIV-positive patients in care is the key
bridging step to

glean the documented health and prevention advantages of an-
tiretroviral therapy

(ART). In China, HIV transmission among men who have sex with
men (MSM) is

surging, yet many HIV-positive MSM do not use HIV care services.

We conducted a

qualitative study in order to help positive interventions to promote
linkage-to-care in this key population. Four focus group discussions
(FGD) were

held among HIV-positive MSM in Beijing, China, to ascertain
knowledge, beliefs,

attitudes, and practices related to HIV care. FGD participates high-
lighted six





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major barriers of linkage to/engagement in HIV care: (1) perceived discrimination

from health care workers; (2) lack of guidance and follow-up; (3) clinic time or

location inconvenience; (4) privacy disclosure concerns; (5) psychological burden

of committing to HIV care; and (6) concerns about treatment. Five major

sub-themes emerged from discussions on the facilitators of linkage to/engagement

in care: (1) peer referral and accompaniment; (2) free HIV care; (3) advocacy

from HIV-positive MSM counselors; (4) extended involvement for linking MSM to

care; and (5) standardization of HIV care (i.e., reliable high quality care

regardless of venue). An understanding of the barriers and facilitators that may

impact the access to HIV care is essential for improving the continuum of care

for MSM in China. Findings from our study provide research and policy guidance

for how current HIV prevention and care interventions can be enhanced to link and

engage HIV-positive MSM in HIV care.

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LA - eng

GR - R01 AI094562/AI/NIAID NIH HHS/United States

GR - R01AI094562/AI/NIAID NIH HHS/United States

GR - R34AI091446/AI/NIAID NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

DEP - 20160119

PL - United States

TA - AIDS Patient Care STDS

JT - AIDS patient care and STDs

JID - 9607225

SB - IM

MH - Adult

MH - China/epidemiology

MH - Confidentiality

MH - Fear

MH - Focus Groups

MH - HIV Infections/*drug therapy/*psychology/transmission

MH - *Health Knowledge, Attitudes, Practice

MH - Health Services/*statistics & numerical data

MH - Health Services Accessibility

MH - Homosexuality, Male/*psychology

MH - Humans

MH - Interviews as Topic

MH - Male

MH - Peer Group

MH - Prejudice

MH - Prevalence





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Península de Yucatán

MH - Qualitative Research

MH - Risk-Taking

MH - Sexual Partners

MH - *Social Stigma

MH - Socioeconomic Factors

PMC - PMC4753635

EDAT- 2016/01/20 06:00

MHDA- 2016/06/23 06:00

PMCR- 2017/02/01

CRDT- 2016/01/20 06:00

PHST- 2016/01/20 06:00 [entrez]

PHST- 2016/01/20 06:00 [pubmed]

PHST- 2016/06/23 06:00 [medline]

PHST- 2017/02/01 00:00 [pmc-release]

AID - 10.1089/apc.2015.0296 [pii]

AID - 10.1089/apc.2015.0296 [doi]

PST - ppublish

SO - AIDS Patient Care STDS. 2016 Feb;30(2):70-7. doi:

10.1089/apc.2015.0296. Epub

2016 Jan 19.

PMID- 35818882

OWN - NLM

STAT- MEDLINE

DCOM- 20220713

LR - 20240920

IS - 1758-2652 (Electronic)

IS - 1758-2652 (Linking)

VI - 25 Suppl 1

IP - Suppl 1

DP - 2022 Jul

TI - Telling the story of intersectional stigma in HIV-associated Kaposi's sarcoma in

western Kenya: a convergent mixed-methods approach.

PG - e25918

LID - 10.1002/jia2.25918 [doi]

LID - e25918

AB - INTRODUCTION: The experience of stigma can be multifaceted for people with HIV





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and cancer. Kaposi's sarcoma (KS), one of the most common HIV-associated cancers

in sub-Saharan Africa, often presents with visible skin lesions that may put

people at risk for stigmatization. In this way, HIV-associated KS is unique, as

people with KS can experience stigma associated with HIV, cancer, and skin

disease simultaneously. The aim of this study is to characterize the intersectionality of HIV-related, cancer-related and skin disease-related stigma

in people living with HIV and KS. **METHODS:** We used a convergent mixed-methods

approach nested within a longitudinal study of people with HIV-associated KS in

western Kenya. Between February 2019 and December 2020, we collected quantitative

surveys among all participants and conducted semi-structured interviews among a

purposive sample of participants. Quantitative surveys were adapted from the

abridged Berger HIV Stigma Scale to assess overall stigma, HIV-related stigma,

cancer-related stigma, and skin disease-related stigma. Qualitative data were

coded using stigma constructs from the Health Stigma and Discrimination

Framework. **RESULTS:** In 88 semi-structured interviews, stigma was a major barrier

to KS diagnosis and treatment among people with HIV-associated KS. Participant's

stories of stigma were dominated by HIV-related stigma, more than cancer-related

or skin disease-related stigma. However, quantitative stigma scores among the 117

participants were similar for HIV-related (Median: 28.00; IQR: 28.0, 34.0),

cancer-related (Median: 28.0; IQR: 28.0, 34.8), and skin disease-related stigma





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(Median: 28.0; IQR: 27.0, 34.0). In semi-structured interviews, cancer-related

and skin disease-related stigma were more subtle contributors; cancer-related

stigma was linked to fatalism and skin-related stigma was linked to visible

disease. Participants reported resolution of skin lesions contributed to

lessening stigma over time; there was a significant decline in quantitative

scores of overall stigma in time since KS diagnosis (adjusted $\beta = -0.15$, p

<0.001). **CONCLUSIONS:** This study highlights the role mixed-method approaches can

play in better understanding stigma in people living with both HIV and cancer.

While HIV-related stigma may dominate perceptions of stigma among people with KS

in Kenya, intersectional experiences of stigma may be subtle, and quantitative

evaluation alone may be insufficient to understand intersectional stigma in

certain contexts.

CI - © 2022 The Authors. Journal of the International AIDS Society published by John

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LA - eng

GR - U54 CA254571/CA/NCI NIH HHS/United States

GR - K23 AI136579/AI/NIAID NIH HHS/United States

GR - K24 AI141036/AI/NIAID NIH HHS/United States

GR - D43 TW009345/TW/FIC NIH HHS/United States

GR - P30 MH058107/MH/NIMH NIH HHS/United States

GR - P20 GM121176/GM/NIGMS NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PL - Switzerland

TA - J Int AIDS Soc

JT - Journal of the International AIDS Society

JID - 101478566



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SB - IM

MH - *HIV Infections/complications

MH - Humans

MH - Kenya

MH - Longitudinal Studies

MH - *Sarcoma, Kaposi/complications

PMC - PMC9274375

OTO - NOTNLM

OT - HIV/AIDS

OT - Kaposi's sarcoma

OT - cancer

OT - mixed methods

OT - stigma

OT - sub-Saharan Africa

COIS- The authors have no competing interests to declare.

EDAT- 2022/07/13 06:00

MHDA- 2022/07/14 06:00

PMCR- 2022/07/12

CRDT- 2022/07/12 04:32

PHST- 2021/11/05 00:00 [received]

PHST- 2022/04/28 00:00 [accepted]

PHST- 2022/07/12 04:32 [entrez]

PHST- 2022/07/13 06:00 [pubmed]

PHST- 2022/07/14 06:00 [medline]

PHST- 2022/07/12 00:00 [pmc-release]

AID - JIA225918 [pii]

AID - 10.1002/jia2.25918 [doi]

PST - ppublish

**SO - J Int AIDS Soc. 2022 Jul;25 Suppl 1(Suppl 1):e25918. doi:
10.1002/jia2.25918.**

PMID- 31857896

OWN - NLM

STAT- PubMed-not-MEDLINE

LR - 20210703

IS - 2047-9700 (Print)

IS - 2047-9719 (Electronic)

IS - 2047-9700 (Linking)

VI - 11



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IP - 3

DP - 2018

TI - Prevention of mother-to-child transmission of HIV services in China: A

conversation between healthcare professionals and migrant women with HIV.

PG - 202-209

LID - 10.1080/20479700.2017.1330737 [doi]

AB - In China, the access to prevention of mother-to-child transmission (PMTCT) of HIV

services is particularly low among migrant population, which remains a challenge

in the fight against HIV/AIDS. The study is aimed to investigate the PMTCT

continuum for migrant women with HIV (MWHIV) and to identify barriers and

potential strategies to improve the service delivery. The study started with a

first round of focus group discussions with 20 healthcare professionals to map

out the local PMTCT service cascade, followed by in-depth interviews with 20

recently delivered MWHIV to explore their perceived barriers along each step of

the cascade, and a final round of focus groups with healthcare professionals to

identify potential strategies to improve the PMTCT continuum. Lack of knowledge

of antenatal care, stigma and discrimination in healthcare settings, inadequate

provider-patient communication were major barriers hindering the PMTCT service

utilization. Potential strategies to enhance the PMTCT uptake included broaden

publicity to the general population and using mobile phone application for health

education. The issues of HIV designated hospital and integration of postpartum





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and neonatal care were also discussed. The study allowed the healthcare

professionals to recognize the service gaps along the PMTCT continuum and

identified potential solutions for service improvement.

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GR - K01 MH102147/MH/NIMH NIH HHS/United States

GR - P30 AI028697/AI/NIAID NIH HHS/United States

GR - P30 MH058107/MH/NIMH NIH HHS/United States

PT - Journal Article

DEP - 20170606

PL - England

TA - Int J Healthc Manag

JT - International journal of healthcare management

JID - 101587141

PMC - PMC6922006

MID - NIHMS1501599

OTO - NOTNLM

OT - China

OT - HIV/AIDS

OT - Migrant women

OT - Prevention of Mother to Child Transmission



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OT - Service cascade

COIS- Declaration of Interest: All authors have no conflict declared

EDAT- 2018/01/01 00:00

MHDA- 2018/01/01 00:01

PMCR- 2019/12/19

CRDT- 2019/12/21 06:00

PHST- 2019/12/21 06:00 [entrez]

PHST- 2018/01/01 00:00 [pubmed]

PHST- 2018/01/01 00:01 [medline]

PHST- 2019/12/19 00:00 [pmc-release]

AID - 10.1080/20479700.2017.1330737 [doi]

PST - ppublish

**SO - Int J Healthc Manag. 2018;11(3):202-209. doi:
10.1080/20479700.2017.1330737. Epub
2017 Jun 6.**

PMID- 30768434

OWN - NLM

STAT- MEDLINE

DCOM- 20200601

LR - 20200601

IS - 1552-6917 (Electronic)

IS - 1055-3290 (Linking)

VI - 30

IP - 3

DP - 2019 May-Jun

**TI - Thirty-Five Years Later: HIV Stigma in Washington, DC Health Care
Workers.**

PG - 344-351

LID - 10.1097/JNC.0000000000000060 [doi]

**AB - Stigma has negatively influenced the lives of people living with
HIV since the**

**beginning of the epidemic. It affects every facet of their lives and
can cause**

**mental health problems, loss of human rights, and barriers to care.
Studies in**

**developing countries have shown a high prevalence of HIV stigma
among health care**



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workers. Few studies have been conducted in the United States. We used a validated instrument to survey 330 health care workers in Washington, DC, a high HIV prevalence area. The goal was to obtain data to assess the severity of the problem. We found that stigmatizing beliefs and attitudes were prevalent as reflected in responses from 66% of the participants. Of clinicians surveyed, 31% reported using double gloves. Participants with stigma training had lower stigma levels, whereas older individuals and support staff were more stigmatizing. Negative attitudes affect access to care and have major public health implications.

FAU - Houston, Patricia

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FAU - Powell, Edwin

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FAU - Rana, Sohail

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LA - eng

GR - G12 MD007597/MD/NIMHD NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, Non-U.S. Gov't

PL - United States

TA - J Assoc Nurses AIDS Care

JT - The Journal of the Association of Nurses in AIDS Care : JANAC





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JID - 9111870

RN - 0 (Anti-HIV Agents)

SB - IM

MH - Adult

MH - Aged

MH - Anti-HIV Agents/therapeutic use

MH - *Attitude of Health Personnel

MH - Delivery of Health Care

MH - Discrimination, Psychological

MH - District of Columbia

MH - Female

MH - HIV Infections/drug therapy/*psychology

MH - Health Knowledge, Attitudes, Practice

MH - Health Personnel/*psychology

MH - Health Surveys

MH - Humans

MH - Male

MH - Middle Aged

MH - Prejudice

MH - Prevalence

MH - *Social Stigma

MH - Stereotyping

MH - Surveys and Questionnaires

EDAT- 2019/02/16 06:00

MHDA- 2020/06/02 06:00

CRDT- 2019/02/16 06:00

PHST- 2019/02/16 06:00 [pubmed]

PHST- 2020/06/02 06:00 [medline]

PHST- 2019/02/16 06:00 [entrez]

AID - 10.1097/JNC.0000000000000060 [doi]

PST - ppublish

**SO - J Assoc Nurses AIDS Care. 2019 May-Jun;30(3):344-351. doi:
10.1097/JNC.0000000000000060.**

PMID- 26788978

OWN - NLM

STAT- MEDLINE

DCOM- 20160622

LR - 20220330



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IS - 1557-7449 (Electronic)

IS - 1087-2914 (Linking)

VI - 30

IP - 2

DP - 2016 Feb

TI - HIV-Related Stigma and HIV Prevention Uptake Among Young Men Who Have Sex with

Men and Transgender Women in Thailand.

PG - 92-100

LID - 10.1089/apc.2015.0197 [doi]

AB - HIV-related stigma is a pervasive structural driver of HIV. With an HIV epidemic

among young men who have sex with men (MSM) and transgender women (TG) in

Thailand characterized as explosive, we conducted a cross-sectional survey among

MSM and TG aged 18-30 years. From April-August 2013, participants recruited using

venue-based sampling from gay entertainment sites and community-based

organizations completed a tablet-assisted survey interview in Thai language. We

conducted multiple logistic regression to assess correlations between HIV-related

stigma (felt-normative, vicarious domains) and socio-demographic variables, HIV

vulnerabilities (gay entertainment employment, sex work, forced sex history), and

HIV prevention uptake (condom use, HIV testing, rectal microbicide acceptability). Among participants (n = 408), 54% identified as gay, 25%

transgender, and 21% heterosexual. Two-thirds (65.7%) were employed at gay

entertainment venues, 67.0% had more than three male partners (past month), 55.6%

had been paid for sex, and 4.5% were HIV-positive. One-fifth (21.3%) reported

forced sex. Most participants reported experiencing felt-normative and vicarious





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HIV-related stigma. Adjusting for socio-demographics, participants with higher

total HIV-related stigma scores had significantly lower odds of HIV testing and

rectal microbicide acceptability, and higher odds of having experienced forced

sex. Both vicarious and felt-normative dimensions of HIV-related stigma were

inversely associated with HIV testing and rectal microbicide acceptability. Our

findings suggest that HIV-related stigma harms the health of HIV-negative MSM and

TG at high risk for HIV infection. HIV-related interventions and research among

young MSM and TG in Thailand should address multiple dimensions of HIV-related

stigma as a correlate of risk and a barrier to accessing prevention.

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GR - HIB-120230/Canadian Institutes of Health Research/Canada

GR - OGE-111397/Canadian Institutes of Health Research/Canada

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20160120

PL - United States

TA - AIDS Patient Care STDS

JT - AIDS patient care and STDs

JID - 9607225

RN - 0 (Anti-HIV Agents)

SB - IM

MH - Adolescent

MH - Adult

MH - Anti-HIV Agents/administration & dosage/therapeutic use

MH - Cross-Sectional Studies

MH - Discrimination, Psychological

MH - Female

MH - HIV Infections/epidemiology/*prevention & control/psychology

MH - Heterosexuality

MH - Homosexuality, Male/*psychology/statistics & numerical data

MH - Humans

MH - Logistic Models

MH - Male

MH - Patient Acceptance of Health Care/*psychology/statistics & numerical data

MH - Safe Sex

MH - Sexual Partners

MH - *Social Stigma

MH - Thailand/epidemiology

MH - Transgender Persons/*psychology/statistics & numerical data

MH - *Transsexualism

MH - Young Adult

EDAT- 2016/01/21 06:00

MHDA- 2016/06/23 06:00

CRDT- 2016/01/21 06:00



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PHST- 2016/01/21 06:00 [entrez]

PHST- 2016/01/21 06:00 [pubmed]

PHST- 2016/06/23 06:00 [medline]

AID - 10.1089/apc.2015.0197 [doi]

PST - ppublish

SO - AIDS Patient Care STDS. 2016 Feb;30(2):92-100. doi:
10.1089/apc.2015.0197. Epub
2016 Jan 20.

PMID- 21416794

OWN - NLM

STAT- MEDLINE

DCOM- 20110331

LR - 20110321

IS - 0309-3913 (Print)

IS - 0309-3913 (Linking)

VI - 39

IP - 3

DP - 2010 Sep

TI - The HIV/AIDS epidemic in Nigeria: progress, problems and prospects.

PG - 233-9

AB - Nigeria is Africa's most populous country, and is home to the third largest

number of persons living with HIV/ AIDS in the world. Poverty, stigma,

discrimination, and a poorly coordinated health system constitute major barriers

to HIV treatment and prevention efforts. The purpose of this paper is to review

the current status of the HIV/AIDS epidemic in Nigeria, analyze the challenges

facing provision of HIV/AIDS services, examine the prospects of attaining

universal access to HIV prevention, treatment, care and support, and advance

recommendations for developing quality, sustainable and efficient HIV/AIDS





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services in Nigeria. HIV programs in Nigeria must emphasize sustainability of current foreign-donor driven treatment and prevention initiatives by engaging all segments of the society and enhancing community leadership and ownership of the programs.

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FAU - Iliyasu, Z

AU - Iliyasu Z

FAU - Abubakar, I S

AU - Abubakar IS

LA - eng

PT - Journal Article

PT - Review

PL - Nigeria

TA - Afr J Med Med Sci

JT - African journal of medicine and medical sciences

JID - 7801013

SB - IM

MH - Acquired Immunodeficiency Syndrome/*epidemiology/prevention & control

MH - Capacity Building

MH - Delivery of Health Care/organization & administration/trends

MH - Epidemics

MH - Financing, Organized

MH - HIV Infections/*epidemiology/prevention & control

MH - *Health Knowledge, Attitudes, Practice

MH - Health Promotion/*organization & administration

MH - Health Services Accessibility/*organization & administration/trends

MH - Humans



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MH - Nigeria/epidemiology/ethnology

MH - Prejudice

EDAT- 2011/03/22 06:00

MHDA- 2011/04/01 06:00

CRDT- 2011/03/22 06:00

PHST- 2011/03/22 06:00 [entrez]

PHST- 2011/03/22 06:00 [pubmed]

PHST- 2011/04/01 06:00 [medline]

PST - ppublish

SO - Afr J Med Med Sci. 2010 Sep;39(3):233-9.

PMID- 36738343

OWN - NLM

STAT- MEDLINE

DCOM- 20230731

LR - 20230731

IS - 1573-3254 (Electronic)

IS - 1090-7165 (Linking)

VI - 27

IP - 9

DP - 2023 Sep

**TI - Willingness to Participate in and Preferences for Studies of
mHealth HIV**

**Prevention Interventions: Cross-Sectional Study Among Sexual and
Gender Minority**

Groups in the Southern United States.

PG - 2815-2822

LID - 10.1007/s10461-023-04005-3 [doi]

**AB - A number of mobile HIV prevention interventions have been de-
veloped to increase**

**uptake of HIV prevention services such as HIV testing and pre-ex-
posure**

**prophylaxis (PrEP). Most of these interventions have been tested
among urban**

**populations. However, sexual and gender minority (SGM) groups in
rural areas**

**might also benefit from mobile HIV prevention interventions. These
groups have**





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heightened experiences of stigma and discrimination and have limited access to

culturally competent healthcare. We conducted a survey of SGM participants in the

southern United States to assess willingness to use the common features of mobile

HIV prevention interventions and to participate in research studies of these

interventions and to compare the results between rural and non-rural respondents.

We found few differences in willingness to use common features of mobile HIV

prevention interventions based on rurality and high levels of cellular

connectivity across participants. Based on these results, rural residence is not

a barrier to using mobile HIV prevention interventions.

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EDAT- 2023/02/05 06:00





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MHDA- 2023/07/31 06:42

CRDT- 2023/02/04 11:14

PHST- 2023/01/23 00:00 [accepted]

PHST- 2023/07/31 06:42 [medline]

PHST- 2023/02/05 06:00 [pubmed]

PHST- 2023/02/04 11:14 [entrez]

AID - 10.1007/s10461-023-04005-3 [pii]

AID - 10.1007/s10461-023-04005-3 [doi]

PST - ppublish

SO - AIDS Behav. 2023 Sep;27(9):2815-2822. doi: 10.1007/s10461-023-04005-3. Epub 2023

Feb 4.

PMID- 23916319

OWN - NLM

STAT- MEDLINE

DCOM- 20140710

LR - 20231110

IS - 1879-0046 (Electronic)

IS - 0376-8716 (Print)

IS - 0376-8716 (Linking)

VI - 132 Suppl 1

IP - 0 1

DP - 2013 Nov

TI - Access to HIV counseling and testing among people who inject drugs in Central

Asia: strategies for improving access and linkages to treatment and care.

PG - S61-4

LID - S0376-8716(13)00272-X [pii]

LID - 10.1016/j.drugalcdep.2013.07.007 [doi]

AB - INTRODUCTION: As a population profoundly affected by the HIV epidemic and in

critical need of linkages to HIV treatment and care, PWID in Central Asia remain

largely underserved. This paper provides an overview of the current state of HIV

testing and counseling in Central Asia for PWID, identifies main barriers leading





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to gaps in service delivery, and discusses implications for improving strategies

that promote HIV testing for PWID. **METHODS:** We reviewed a number of sources for

this paper including unpublished government reports, published papers, and

Ministries of Health of Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan

country progress reports to the UN General Assembly Special Session on HIV/AIDS

(UNGASS) for 2012. **RESULTS:** Between 29 and 65% of PLWH in some Central Asian

countries have been tested for HIV in the last 12 months. The rates have been

increasing in the recent years but still are relatively low. Stigma, discrimination, human rights violations, and repressive legislation are barriers

to HTC for people who inject drugs (PWID). **CONCLUSION:** The use of innovative

evidence-based HTC models, such as community mobile-vans, self-testing at home,

and rapid HIV testing among PWID in Central Asia are discussed and

recommendations given regarding amendments in legislation and scaling up of

existing community-based pilot projects to support HIV testing among PWID in CA.

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FAU - Gilbert, Louisa



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Hospital Regional de
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AU - Gilbert L
FAU - Atabekov, Nurmat
AU - Atabekov N
FAU - Giyasova, Gusal
AU - Giyasova G
FAU - Ruziev, Murodali
AU - Ruziev M
FAU - Soliev, Alijon
AU - Soliev A
FAU - Saliev, Daniyar
AU - Saliev D
FAU - El-Bassel, Nabila
AU - El-Bassel N
LA - eng
GR - R01 DA022914/DA/NIDA NIH HHS/United States
PT - Journal Article
DEP - 20130731
PL - Ireland
TA - Drug Alcohol Depend
JT - Drug and alcohol dependence
JID - 7513587
SB - IM
MH - Asia/epidemiology
MH - *Counseling
MH - Epidemics
MH - HIV Infections/diagnosis/*epidemiology/prevention & control
MH - HIV Seropositivity/diagnosis/*epidemiology
MH - Health Policy
MH - Humans
MH - Risk
MH - Social Stigma
MH - Substance Abuse, Intravenous/*epidemiology
PMC - PMC3858676
MID - NIHMS525162
OTO - NOTNLM
OT - Central Asia
OT - HIV
OT - HIV testing
OT - PWID





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OT - Rapid tests

EDAT- 2013/08/07 06:00

MHDA- 2014/07/11 06:00

PMCR- 2014/11/01

CRDT- 2013/08/07 06:00

PHST- 2013/05/05 00:00 [received]

PHST- 2013/07/04 00:00 [revised]

PHST- 2013/07/05 00:00 [accepted]

PHST- 2013/08/07 06:00 [entrez]

PHST- 2013/08/07 06:00 [pubmed]

PHST- 2014/07/11 06:00 [medline]

PHST- 2014/11/01 00:00 [pmc-release]

AID - S0376-8716(13)00272-X [pii]

AID - 10.1016/j.drugalcdep.2013.07.007 [doi]

PST - ppublish

SO - Drug Alcohol Depend. 2013 Nov;132 Suppl 1(0 1):S61-4. doi:

10.1016/j.drugalcdep.2013.07.007. Epub 2013 Jul 31.

PMID- 23244783

OWN - NLM

STAT- MEDLINE

DCOM- 20150402

LR - 20241219

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Print)

IS - 0954-0121 (Linking)

VI - 25

IP - 6

DP - 2013

TI - "It's my secret": barriers to paediatric HIV treatment in a poor rural South

African setting.

PG - 744-7

LID - 10.1080/09540121.2012.748865 [doi]

AB - In South Africa, a third of children born are exposed to HIV, while fewer undergo

an HIV confirmatory test. Anti-retroviral therapy (ART) coverage among children

remains low-despite roll-out of the national ART programme in South Africa in

2004. This study sought to understand critical barriers to seeking HIV-related

care for children in rural South Africa. Data presented in this article derive

from community-based qualitative research in poor rural villages in north-east

South Africa; this includes 21 in-depth interviews in 2008 among caregivers of

children identified as HIV-positive in 2007 from a randomly selected community-based sample. Using NVIVO 8, data were coded and analysed, using a

constant comparative method to identify themes and their repetitions and

variations. Structural barriers leading to poor access to health care, and social

and systems barriers, all influenced paediatric HIV treatment seeking. Of concern

was the expressed need to maintain secrecy regarding a child's HIV status to

avoid stigma and discrimination, and misconceptions regarding the course of HIV

disease in children; this led to a delay in seeking appropriate care. These

barriers need to be addressed, including through focused awareness campaigns,

improved access to health care and interventions to address rural poverty and

development at both household and community levels. In addition, training of

health care professionals to improve their attitudes and practice may be

necessary. However, this study only provides the perspective of the caregivers;

further studies with health care providers are needed to gain a fuller picture

for appropriate policy and practice guidance.

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LA - eng
GR - 069683/Z/02/Z/WT_/Wellcome Trust/United Kingdom
GR - G1001333/MRC_/Medical Research Council/United Kingdom
GR - 085477/Z/08/Z/WT_/Wellcome Trust/United Kingdom
GR - 058893/Z/99/A/WT_/Wellcome Trust/United Kingdom
GR - WT_/Wellcome Trust/United Kingdom
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
DEP - 20121218
PL - England
TA - AIDS Care
JT - AIDS care
JID - 8915313
RN - 0 (Anti-HIV Agents)
SB - IM
MH - Adolescent
MH - Adult
MH - Anti-HIV Agents/therapeutic use
MH - Caregivers/*psychology
MH - Child
MH - Child, Preschool
MH - Confidentiality
MH - Discrimination, Psychological
MH - HIV Infections/drug therapy/prevention & control/*psychology
MH - Health Behavior
MH - Health Care Costs
MH - *Health Knowledge, Attitudes, Practice
MH - Health Personnel/education
MH - *Health Services Accessibility
MH - Humans



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Península de Yucatán

MH - Infant
MH - Middle Aged
MH - Patient Acceptance of Health Care
MH - Poverty
MH - Qualitative Research
MH - Rural Population
MH - *Social Stigma
MH - South Africa
MH - Surveys and Questionnaires
MH - Young Adult
PMC - PMC3756619
EDAT- 2012/12/19 06:00
MHDA- 2015/04/04 06:00
CRDT- 2012/12/19 06:00
PHST- 2012/12/19 06:00 [entrez]
PHST- 2012/12/19 06:00 [pubmed]
PHST- 2015/04/04 06:00 [medline]
AID - 10.1080/09540121.2012.748865 [doi]
PST - ppublish
SO - AIDS Care. 2013;25(6):744-7. doi: 10.1080/09540121.2012.748865.
Epub 2012 Dec 18.

PMID- 24828585
OWN - NLM
STAT- MEDLINE
DCOM- 20150105
LR - 20241219
IS - 1932-6203 (Electronic)
IS - 1932-6203 (Linking)
VI - 9
IP - 5
DP - 2014
TI - Barriers and facilitators of adherence to antiretroviral drug therapy
and
retention in care among adult HIV-positive patients: a qualitative
study from
Ethiopia.
PG - e97353
LID - 10.1371/journal.pone.0097353 [doi]



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Península de Yucatán

LID - e97353

AB - BACKGROUND: Antiretroviral therapy (ART) has been life saving for hundreds of

thousands of Ethiopians. With increased availability of ART in recent years,

achievement of optimal adherence and patient retention are becoming the greatest

challenges in the management of HIV/AIDS in Ethiopia. However, few studies have

explored factors influencing medication adherence to ART and retention in

follow-up care among adult Ethiopian HIV-positive patients, especially in the

Amhara region of the country, where almost one-third of the country's ART is

prescribed. The aim of this qualitative study was to collect such data from

patients and healthcare providers in the Amhara region of Ethiopia.

METHODS:

Semi-structured interviews were conducted with 24 patients, of whom 11 had been

lost to follow-up and were non-persistent with ART. In addition, focus group

discussions were performed with 15 ART nurses and 19 case managers. All

interviews and focus groups were audio-recorded, transcribed, and coded for

themes and patterns in Amharic using a grounded theory approach. The emergent

concepts and categories were translated into English. **RESULTS:**

Economic

constraints, perceived stigma and discrimination, fasting, holy water, medication

side effects, and dissatisfaction with healthcare services were major reasons for

patients being non-adherent and lost to follow-up. Disclosure of HIV status,

social support, use of reminder aids, responsibility for raising children,





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improved health on ART, and receiving education and counseling emerged as

facilitators of adherence to ART. **CONCLUSIONS:** Improving adherence and retention

requires integration of enhanced treatment access with improved job and food

security. Healthcare providers need to be supported to better equip patients to

cope with the issues associated with ART. Development of social policies and

cooperation between various agencies are required to facilitate optimal adherence

to ART, patient retention, and improved patient outcomes.

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LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20140514

PL - United States

TA - PLoS One

JT - PloS one

JID - 101285081

RN - 0 (Anti-HIV Agents)

RN - 0 (Anti-Retroviral Agents)

SB - IM

MH - Acquired Immunodeficiency Syndrome/*drug therapy

MH - Adult

MH - Anti-HIV Agents/*therapeutic use

MH - Anti-Retroviral Agents/*therapeutic use

MH - Antiretroviral Therapy, Highly Active/methods

MH - Counseling/methods

MH - Ethiopia

MH - Female

MH - HIV Infections/*drug therapy

MH - Health Knowledge, Attitudes, Practice

MH - Health Personnel

MH - Humans

MH - Lost to Follow-Up

MH - Male

MH - *Medication Adherence

MH - Qualitative Research

MH - Social Support

MH - Socioeconomic Factors

PMC - PMC4020856

COIS- Competing Interests: The authors have declared that no competing interests exist.

EDAT- 2014/05/16 06:00

MHDA- 2015/01/06 06:00

PMCR- 2014/05/14



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CRDT- 2014/05/16 06:00

PHST- 2014/01/07 00:00 [received]

PHST- 2014/04/18 00:00 [accepted]

PHST- 2014/05/16 06:00 [entrez]

PHST- 2014/05/16 06:00 [pubmed]

PHST- 2015/01/06 06:00 [medline]

PHST- 2014/05/14 00:00 [pmc-release]

AID - PONE-D-14-00873 [pii]

AID - 10.1371/journal.pone.0097353 [doi]

PST - epubli

SO - PLoS One. 2014 May 14;9(5):e97353. doi: 10.1371/journal.pone.0097353. eCollection 2014.

PMID- 26823077

OWN - NLM

STAT- MEDLINE

DCOM- 20160906

LR - 20240325

IS - 1471-2458 (Electronic)

IS - 1471-2458 (Linking)

VI - 16

DP - 2016 Jan 28

TI - Why increasing availability of ART is not enough: a rapid, community-based study

on how HIV-related stigma impacts engagement to care in rural South Africa.

PG - 87

LID - 10.1186/s12889-016-2753-2 [doi]

LID - 87

AB - BACKGROUND: Stigma is a known barrier to HIV testing and care. Because access to

antiretroviral therapy reduces overt illness and mortality, some scholars

theorized that HIV-related stigma would decrease as treatment availability

increased. However, the association between ART accessibility and stigma has not



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been as straightforward as originally predicted. **METHODS:** We conducted a

"situational analysis"--a rapid, community-based qualitative assessment to inform

a combination HIV prevention program in high prevalence communities. In the

context of this community-based research, we conducted semi-structured interviews

and focus groups with 684 individuals in four low-resource sub-districts in North

West Province, South Africa. In addition to using this data to inform programming, we examined the impact of stigma on the uptake of services. **RESULTS:**

Findings suggested that anticipated stigma remains a barrier to care. Although

participants reported less enacted stigma, or hostility toward people living with

HIV, they also felt that HIV remains synonymous with promiscuity and infidelity.

Participants described community members taking steps to avoid being identified

as HIV-positive, including avoiding healthcare facilities entirely, using

traditional healers, or paying for private doctors. Such behaviors led to delays

in testing and accessing care, and problems adhering to medications, especially

for men and youth with no other health condition that could plausibly account for

their utilization of medical services. **CONCLUSIONS:** We conclude that providing

access to ART alone will not end HIV-related stigma. Instead, individuals will

remain hesitant to seek care as long as they fear that doing so will lead to

prejudice and discrimination. It is critical to combat this trend by increasing

cultural acceptance of being seropositive, integrating HIV care into general





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primary care and normalizing men and youths' accessing health care.

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LA - eng

GR - P30 MH062246/MH/NIMH NIH HHS/United States

GR - U2G GH000324/GH/CGH CDC HHS/United States

GR - 5U2GGH000324-02/PHS HHS/United States

GR - PEPFAR/United States

PT - Journal Article

PT - Research Support, U.S. Gov't, Non-P.H.S.

PT - Research Support, U.S. Gov't, P.H.S.

DEP - 20160128

PL - England

TA - BMC Public Health

JT - BMC public health

JID - 100968562

RN - 0 (Anti-Retroviral Agents)

SB - IM

MH - Adult

MH - Anti-Retroviral Agents/*therapeutic use

MH - Community Health Services

MH - Delivery of Health Care

MH - Focus Groups

MH - HIV Infections/*drug therapy/*prevention & control/psychology

MH - Humans

MH - Male

MH - Prejudice

MH - Rural Population/*statistics & numerical data

MH - Social Perception

MH - Social Stigma

MH - South Africa/epidemiology

PMC - PMC4730651

EDAT- 2016/01/30 06:00

MHDA- 2016/09/07 06:00

PMCR- 2016/01/28

CRDT- 2016/01/30 06:00

PHST- 2015/09/29 00:00 [received]



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Península de Yucatán

PHST- 2016/01/19 00:00 [accepted]
PHST- 2016/01/30 06:00 [entrez]
PHST- 2016/01/30 06:00 [pubmed]
PHST- 2016/09/07 06:00 [medline]
PHST- 2016/01/28 00:00 [pmc-release]
AID - 10.1186/s12889-016-2753-2 [pii]
AID - 2753 [pii]
AID - 10.1186/s12889-016-2753-2 [doi]
PST - epubish
SO - BMC Public Health. 2016 Jan 28;16:87. doi: 10.1186/s12889-016-2753-2.

PMID- 26491067

OWN - NLM

STAT- MEDLINE

DCOM- 20171121

LR - 20240318

IS - 1741-3850 (Electronic)

IS - 1741-3842 (Print)

IS - 1741-3842 (Linking)

VI - 38

IP - 3

DP - 2016 Sep

TI - Healthcare avoidance by people who inject drugs in Bangkok, Thailand.

PG - e301-e308

AB - BACKGROUND: Although people who inject drugs (IDU) often contend with various

health-related harms, timely access to health care among this population remains

low. We sought to identify specific individual, social and structural factors

constraining healthcare access among IDU in Bangkok, Thailand.

METHODS: Data were

derived from a community-recruited sample of IDU participating in the Mitsampan

Community Research Project between July and October 2011. We assessed the





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prevalence and correlates of healthcare avoidance due to one's drug use using multivariate logistic regression. **RESULTS:** Among 437 participants, 112 (25.6%) reported avoiding health care because they were IDU. In multivariate analyses, factors independently associated with avoiding health care included having ever been drug tested by police [adjusted odds ratio (AOR) = 1.80], experienced verbal abuse (AOR = 3.15), been discouraged from engaging in usual family activities (AOR = 3.27), been refused medical care (AOR = 10.90), experienced any barriers to health care (AOR = 4.87) and received healthcare information and support at a drop-in centre (AOR = 1.92) (all $P < 0.05$). **CONCLUSIONS:** These findings highlight the need to address the broader policy environment, which perpetuates the criminalization and stigmatization of IDU, and to expand peer-based interventions to facilitate access to health care for IDU in this setting.

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LA - eng

GR - MSH-141971/CIHR/Canada

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20151020

PL - England

TA - J Public Health (Oxf)

JT - Journal of public health (Oxford, England)

JID - 101188638

SB - IM

MH - Adult

MH - Female



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Península de Yucatán

MH - Humans
MH - Logistic Models
MH - Male
MH - Middle Aged
MH - Patient Acceptance of Health Care/*psychology/statistics & numerical data
MH - Prevalence
MH - Substance Abuse, Intravenous/epidemiology/*psychology
MH - Thailand/epidemiology
PMC - PMC5072167
OTO - NOTNLM
OT - Thailand
OT - health services utilization
OT - injection drug use
OT - peer-based interventions
OT - stigma and discrimination
EDAT- 2016/10/30 06:00
MHDA- 2017/11/29 06:00
PMCR- 2017/09/01
CRDT- 2015/10/23 06:00
PHST- 2016/10/30 06:00 [pubmed]
PHST- 2017/11/29 06:00 [medline]
PHST- 2015/10/23 06:00 [entrez]
PHST- 2017/09/01 00:00 [pmc-release]
AID - fdv143 [pii]
AID - 10.1093/pubmed/fdv143 [doi]
PST - ppublish
SO - J Public Health (Oxf). 2016 Sep;38(3):e301-e308. doi: 10.1093/pubmed/fdv143. Epub
2015 Oct 20.

PMID- 20635247
OWN - NLM
STAT- MEDLINE
DCOM- 20110608
LR - 20211020
IS - 1360-0451 (Electronic)
IS - 0954-0121 (Print)
IS - 0954-0121 (Linking)



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VI - 22

IP - 7

DP - 2010 Jul

TI - Stigma as experienced by women accessing prevention of parent-to-child

transmission of HIV services in Karnataka, India.

PG - 836-42

LID - 10.1080/09540120903499212 [doi]

AB - In Karnataka, India only one-third of HIV-infected pregnant women received

antiretroviral prophylaxis at delivery in 2007 through the state government's

prevention of parent-to-child HIV transmission (PPTCT) program.

The current

qualitative study explored the role of HIV-associated stigma as a barrier to

access PPTCT services in the rural northern Karnataka district of Bagalkot using

in-depth interviews and focus group discussions with HIV-infected women who had

participated in the PPTCT program, male and female family members, and HIV

service providers. Participants discussed personal experiences, community

perceptions of HIV, and decision-making related to accessing PPTCT services. They

described stigma toward HIV-infected individuals from multiple sources:

healthcare workers; community members; family; and self. Stigma-related behaviors

were based on fears of HIV transmission through personal contact and moral

judgment. Experience and/or fears of discrimination led pregnant women to avoid

using PPTCT interventions. Government, cultural, and historical factors are

described as the roots of much the stigma-related behavior in this setting. Based



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on these formative data, PPTCT program planners should consider further research

and interventions aimed at diminishing institutional and interpersonal

HIV-associated stigma experienced by pregnant women.

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LA - eng

GR - 5 K12 HD01249/HD/NICHD NIH HHS/United States

GR - K01 MH081777-03/MH/NIMH NIH HHS/United States

GR - D43 TW00003-22/TW/FIC NIH HHS/United States

GR - K12 HD001249-10/HD/NICHD NIH HHS/United States

GR - K01MH081777/MH/NIMH NIH HHS/United States

GR - K01 MH081777/MH/NIMH NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PL - England

TA - AIDS Care

JT - AIDS care

JID - 8915313

SB - IM

MH - Adult

MH - Attitude of Health Personnel

MH - Cultural Characteristics

MH - Female

MH - HIV Infections/psychology/*transmission





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MH - Health Knowledge, Attitudes, Practice
MH - Health Services Accessibility
MH - Humans
MH - India
MH - Infectious Disease Transmission, Vertical/*prevention & control
MH - Pregnancy
MH - *Pregnancy Complications, Infectious/psychology
MH - Preventive Health Services
MH - Qualitative Research
MH - Rural Health Services
MH - *Social Stigma
MH - Young Adult
PMC - PMC2910257
MID - NIHMS219073
EDAT- 2010/07/17 06:00
MHDA- 2011/06/09 06:00
PMCR- 2011/07/01
CRDT- 2010/07/17 06:00
PHST- 2010/07/17 06:00 [entrez]
PHST- 2010/07/17 06:00 [pubmed]
PHST- 2011/06/09 06:00 [medline]
PHST- 2011/07/01 00:00 [pmc-release]
AID - 924405462 [pii]
AID - 10.1080/09540120903499212 [doi]
PST - ppublish
SO - AIDS Care. 2010 Jul;22(7):836-42. doi: 10.1080/09540120903499212.

PMID- 30560483
OWN - NLM
STAT- MEDLINE
DCOM- 20190618
LR - 20210109
IS - 1573-3254 (Electronic)
IS - 1090-7165 (Print)
IS - 1090-7165 (Linking)
VI - 23
IP - 4
DP - 2019 Apr





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TI - Evaluating Physicians' Intention to Discriminate Against Patients Living with HIV in Malaysia.

PG - 1039-1047

LID - 10.1007/s10461-018-2362-4 [doi]

AB - People with HIV (PWH) in Malaysia experience high levels of stigma, which may act

as a barrier to accessing healthcare. Stigma against PWH in medical settings is

understudied in Malaysia. In the present study, we examine factors associated

with physicians' intention to discriminate against PWH in Malaysia.

A

cross-sectional online survey was emailed to all 1431 physicians at two major

university hospitals in Malaysia; 568 (39.6%) participants completed the survey

and were included in this analysis. Measures included intention to discriminate

against PWH, stigma-related constructs, and socio-demographic characteristics.

Multivariate linear regression was used to identify factors associated with

intention to discriminate against PWH. Participants were comprised of women

(53.5%), Malays (43.1%), and Chinese (35.0%) with nearly 10 years of clinical

experience. Most participants were from non-surgical specialties (77.6%). The

final multivariate linear regression showed that physicians who expressed greater

discriminatory intent against PWH also expressed more negative feelings toward

PWH, more HIV-related shame, were more fearful of HIV, and believed that PWH do

not deserve good care. Physicians from surgical-based specialties were also

significantly more likely to endorse discriminatory intent toward PWH. Stigma and



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intentions to discriminate against a class of patients, including PWH, can

undermine engagement in care, which is central to international HIV prevention

and treatment strategies. Interventions that reduce stigma toward PWH among

physicians are crucial to ensuring equitable and stigma-free healthcare.

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MH - *Prejudice





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MH - *Social Stigma

MH - Surveys and Questionnaires

PMC - PMC6459712

MID - NIHMS1516883

OTO - NOTNLM

OT - Discrimination

OT - HIV

OT - Healthcare

OT - Malaysia

OT - Physicians

OT - Stigma

COIS- Conflict of Interest: The authors declare that they have no conflict of interest.

EDAT- 2018/12/19 06:00

MHDA- 2019/06/19 06:00

PMCR- 2020/04/01

CRDT- 2018/12/19 06:00

PHST- 2018/12/19 06:00 [pubmed]

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PHST- 2018/12/19 06:00 [entrez]

PHST- 2020/04/01 00:00 [pmc-release]

AID - 10.1007/s10461-018-2362-4 [pii]

AID - 10.1007/s10461-018-2362-4 [doi]

PST - ppublish

SO - AIDS Behav. 2019 Apr;23(4):1039-1047. doi: 10.1007/s10461-018-2362-4.

PMID- 25778860

OWN - NLM

STAT- MEDLINE

DCOM- 20151228

LR - 20191210

IS - 1813-4424 (Electronic)

IS - 1729-0376 (Print)

IS - 1729-0376 (Linking)

VI - 12

IP - 1

DP - 2015



2023
AÑO DE
Francisco
VILLA
EL REVOLUCIONARIO DEL PUEBLO



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TI - Acceptability, feasibility and challenges of implementing an HIV prevention

intervention for people living with HIV/AIDS among healthcare providers in

Mozambique: results of a qualitative study.

PG - 2-9

LID - 10.1080/17290376.2015.1016999 [doi]

AB - Despite the Mozambique government's efforts to curb human immunodeficiency virus

(HIV)/acquired immune deficiency syndrome (AIDS), national prevalence is 11.5%

and support is needed to expand HIV-related services and improve program quality.

Positive prevention (PP) programs, which prioritize HIV prevention with people

living with HIV and AIDS (PLHIV), have been recognized as an important

intervention for preventing new HIV infections. To address this, an evidence-based PP training intervention was implemented with HIV healthcare

providers in Mozambique. This study focuses on the acceptability and feasibility

of a PP intervention in HIV clinics from the healthcare provider perspective.

In-depth interviews were conducted with 31 healthcare providers from three

provinces who participated in PP trainings in Mozambique. Interview data were

coded using content analysis. Study data suggest that healthcare providers found

PP acceptable, feasible to implement in their HIV work in clinic settings, and

valued this strategy to improve HIV prevention. The PP training also led

providers to feel more comfortable counseling their patients about prevention,

with a more holistic approach that included HIV testing, treatment and



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encouraging PLHIV to live positively. While overall acceptance of the PP training

was positive, several barriers to feasibility surfaced in the data. Patient-level

barriers included resistance to disclosing HIV status due to fear of stigma and

discrimination, difficulty negotiating for condom use, difficulty engaging men in

testing and treatment, and the effects of poverty on accessing care. Providers

also identified work environment barriers including high patient load, time

constraints, and frequent staff turnover. Recognizing PP as an important

intervention, healthcare providers should be trained to provide comprehensive

prevention, care and treatment for PLHIV. Further work is needed to explore the

complex social dynamics and cultural challenges such as gender inequalities,

stigma and discrimination which hinder the full impact of PP interventions in

this context.

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LA - eng



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GR - U2G PS002770/PS/NCHHSTP CDC HHS/United States
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PL - South Africa
TA - SAHARA J
JT - SAHARA J : journal of Social Aspects of HIV/AIDS Research Alliance
JID - 101226212
SB - IM
MH - Adolescent
MH - Adult
MH - Discrimination, Psychological
MH - Evidence-Based Practice
MH - Feasibility Studies
MH - Female
MH - HIV Infections/*prevention & control/psychology/transmission
MH - Health Personnel/psychology/*statistics & numerical data
MH - Health Services Needs and Demand
MH - Humans
MH - Male
MH - Middle Aged
MH - Mozambique/epidemiology
MH - Patient Acceptance of Health Care/psychology/*statistics & numerical data
MH - Program Development
MH - Program Evaluation
MH - Qualitative Research
MH - Risk Reduction Behavior
MH - *Social Stigma
PMC - PMC4396498
OTO - NOTNLM
OT - HIV/AIDS
OT - Prévention Positive
OT - faisabilité et acceptabilité
OT - feasibility and acceptability
OT - fournisseurs de soins médicaux
OT - healthcare provider
OT - positive prevention
EDAT- 2015/03/18 06:00
MHDA- 2015/12/29 06:00



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PMCR- 2015/04/14

CRDT- 2015/03/18 06:00

PHST- 2015/03/18 06:00 [entrez]

PHST- 2015/03/18 06:00 [pubmed]

PHST- 2015/12/29 06:00 [medline]

PHST- 2015/04/14 00:00 [pmc-release]

AID - 1016999 [pii]

AID - 10.1080/17290376.2015.1016999 [doi]

PST - ppublish

SO - SAHARA J. 2015;12(1):2-9. doi: 10.1080/17290376.2015.1016999.

PMID- 34414264

OWN - NLM

STAT- PubMed-not-MEDLINE

LR - 20220417

IS - 2688-4887 (Print)

IS - 2380-193X (Electronic)

IS - 2380-193X (Linking)

VI - 6

IP - 2

DP - 2021 Apr

**TI - Factors Influencing Willingness to Use Human Immunodeficiency
Virus Preexposure**

Prophylaxis Among Transgender Women in India.

PG - 64-73

LID - 10.1089/trgh.2019.0076 [doi]

**AB - Purpose: High levels of human immunodeficiency virus (HIV)
prevalence and**

**inconsistent condom use among transgender women in India high-
light the need for**

**additional effective HIV prevention methods like preexposure
prophylaxis (PrEP).**

**We examined the extent of and factors influencing willingness to
use PrEP among**

**trans women in India. Methods: Between June and August 2017, we
conducted a**

**cross-sectional survey among 360 trans women recruited through
community-based**





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organizations in six cities. We assessed PrEP knowledge, condom use, attitudes

toward PrEP (after providing information on PrEP), preferences in PrEP pricing

and access venues, discrimination experiences, and the likelihood of using PrEP.

Logistic regression analyses were conducted. Results: Participants' median age

was 26 years; 50.7% had not completed high school, and 24.8% engaged in sex work.

Only 17.1% reported having heard of PrEP before the survey, and 80.6% reported

that they would definitely use PrEP. Trans women in sex work had 28 times higher

odds of reporting willingness to use PrEP than those not in sex work (adjusted

odds ratio [aOR]=28.9, 95% confidence interval [CI]=8.79-95.16, $p<0.001$). When

compared with trans women who did not experience discrimination, the odds of

reporting willingness to use PrEP was lower among trans women who had experienced

discrimination from health care providers (aOR=0.25, 95% CI=0.06-0.97, $p=0.04$)

and family members (aOR=0.08, 95% CI=0.05-0.14, $p<0.001$). Conclusion: Willingness

to use PrEP was high among trans women, especially those in sex work, despite

identified barriers (e.g., discrimination experiences). To promote PrEP uptake

among at-risk trans women, the steps needed are as follows: increasing awareness

about PrEP; providing easy-to-understand information on PrEP's effectiveness,

side effects and interactions between PrEP and hormones; training health care

providers on PrEP and cultural competency; and reducing stigmas related to PrEP





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use and HIV. PrEP implementation research projects to identify effective PrEP

delivery strategies are urgently needed to reduce the disproportionate HIV burden

among trans women in India.

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LA - eng

PT - Journal Article

DEP - 20210416

PL - United States

TA - Transgend Health

JT - Transgender health

JID - 101691357

PMC - PMC8363996

OTO - NOTNLM

OT - HIV

OT - India

OT - PrEP

OT - preexposure prophylaxis

OT - trans women

OT - transgender

COIS- No competing financial interests exist.

EDAT- 2021/08/21 06:00



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MHDA- 2021/08/21 06:01

PMCR- 2022/04/16

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AID - 10.1089/trgh.2019.0076 [pii]

AID - 10.1089/trgh.2019.0076 [doi]

PST - epubli

SO - Transgend Health. 2021 Apr 16;6(2):64-73. doi:
10.1089/trgh.2019.0076.
eCollection 2021 Apr.

PMID- 36317821

OWN - NLM

STAT- MEDLINE

DCOM- 20221102

LR - 20221220

IS - 1758-2652 (Electronic)

IS - 1758-2652 (Linking)

VI - 25

IP - 11

DP - 2022 Nov

TI - Peer community health workers improve HIV testing and ART link-
age among key

populations in Zambia: retrospective observational results from the
Z-CHECK

project, 2019-2020.

PG - e26030

LID - 10.1002/jia2.26030 [doi]

LID - e26030

AB - INTRODUCTION: Zambia has made tremendous progress towards
HIV epidemic control;

however, gaps remain among key populations (KPs), such as female
sex workers

(FSWs), men who have sex with men (MSM), people who inject
drugs (PWID) and





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people in prisons and enclosed settings due to cultural, social and legal

barriers. The University of Maryland, Baltimore Zambia Community HIV Epidemic

Control for Key Populations (Z-CHECK) project aimed to improve HIV case-finding,

linkage and treatment adherence at the community level for KPs in Zambia. We

describe Z-CHECK strategies and examine HIV positivity yield and antiretroviral

therapy (ART) linkage among KPs to inform ongoing programme improvement. METHODS:

Z-CHECK recruited, trained and deployed peer community health workers (CHWs) for

KP groups, with ongoing mentorship in community engagement. CHWs offered HIV

testing in safe spaces and escorted newly HIV-diagnosed clients for same-day ART

initiation. Z-CHECK also reached out to KP community leaders and gatekeepers for

KP mobilization and trained healthcare workers (HCWs) on KP services and

sensitivity. We conducted a retrospective observational review of routinely

collected aggregate data for KPs aged ≥ 15 years at high risk for HIV transmission

across five districts in Zambia from January 2019 to December 2020. RESULTS:

Z-CHECK provided HIV testing for 9211 KPs, of whom 2227 were HIV positive

(positivity yield, 24%). Among these, 1901 (85%) were linked to ART; linkage for

MSM, FSW, PWID and people in prisons and enclosed settings was 95%, 89%, 86% and

65%, respectively. Programme strategies that contributed to high positivity yield

and linkage included the use of peer KP CHWs, social network testing strategies



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and opportunities for same-day ART initiation. Challenges to programme

implementation included stigma and discrimination among HCWs, as well as KP CHW

attrition, which may be explained by high mobility. CONCLUSIONS: Peer CHWs were

highly effective at reaching KP communities, identifying persons living with HIV

and linking them to care. Engaging KP community gatekeepers resulted in high

diffusion of health messages and increased access to health resources. The

mobility of CHWs and HCWs is a challenge for programme implementation. Innovative

interventions are needed to support PWID and people in prisons and enclosed

settings.

CI - © 2022 The Authors. Journal of the International AIDS Society published by John

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LA - eng



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GR - PEPFAR/PEPFAR/United States
PT - Journal Article
PT - Research Support, U.S. Gov't, P.H.S.
PL - Switzerland
TA - J Int AIDS Soc
JT - Journal of the International AIDS Society
JID - 101478566
SB - IM
MH - Male
MH - Female
MH - Humans
MH - *Sex Workers
MH - *HIV Infections/diagnosis/drug therapy/epidemiology
MH - Homosexuality, Male
MH - *Substance Abuse, Intravenous
MH - Community Health Workers
MH - Retrospective Studies
MH - Zambia/epidemiology
MH - *Sexual and Gender Minorities
MH - HIV Testing
PMC - PMC9624072
OTO - NOTNLM
OT - ART linkage
OT - HIV testing yield
OT - female sex workers
OT - men who have sex with men
OT - people in prisons and enclosed settings
OT - people who inject drugs
COIS- The authors declare that they have no competing interests.
EDAT- 2022/11/02 06:00
MHDA- 2022/11/03 06:00
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CRDT- 2022/11/01 08:13
PHST- 2022/02/15 00:00 [received]
PHST- 2022/10/12 00:00 [accepted]
PHST- 2022/11/01 08:13 [entrez]
PHST- 2022/11/02 06:00 [pubmed]
PHST- 2022/11/03 06:00 [medline]
PHST- 2022/11/01 00:00 [pmc-release]



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AID - JIA226030 [pii]

AID - 10.1002/jia2.26030 [doi]

PST - ppublish

SO - J Int AIDS Soc. 2022 Nov;25(11):e26030. doi: 10.1002/jia2.26030.

PMID- 25930083

OWN - NLM

STAT- MEDLINE

DCOM- 20160502

LR - 20181113

IS - 1468-2869 (Electronic)

IS - 1099-3460 (Print)

IS - 1099-3460 (Linking)

VI - 92

IP - 4

DP - 2015 Aug

TI - A Qualitative Study of Medical Mistrust, Perceived Discrimination,
and Risk

Behavior Disclosure to Clinicians by U.S. Male Sex Workers and
Other Men Who Have

Sex with Men: Implications for Biomedical HIV Prevention.

PG - 667-86

LID - 10.1007/s11524-015-9961-4 [doi]

AB - Access to biomedical HIV prevention technologies such as pre-
exposure prophylaxis

(PrEP) requires individuals to disclose risk behavior to clinicians,
but

experiences of discrimination and medical mistrust may limit dis-
closure among

male sex workers and other MSM. We explored experiences of per-
ceived

discrimination, medical mistrust, and behavior disclosure among
male sex workers

compared to other men who have sex with men (MSM). We con-
ducted 56 interviews

with MSM and compared findings about medical mistrust, discrim-
ination, and

disclosure for 31 men who engaged in sex work vs. 25 men who did
not. MSM who





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engaged in sex work reported more medical mistrust and healthcare discrimination

due to issues beyond MSM behavior/identity (e.g., homelessness, substance use,

poverty). MSM who did not report sex work described disclosing sex with men to

clinicians more often. Both subgroups reported low PrEP awareness, but

willingness to disclose behavior to obtain PrEP. Medical mistrust and perceived

discrimination create barriers for sexual behavior disclosure to clinicians,

potentially impeding access to PrEP and other forms of biomedical HIV prevention.

These barriers may be higher among male sex workers compared to other MSM, given

overlapping stigmas including sex work, substance use, homelessness, and poverty.

An intersectionality framework for understanding multiple stigmas can help to

identify how these dynamics may limit access to biomedical HIV prevention among

male sex workers, as well as suggesting strategies for addressing stigmas to

improve the delivery of PrEP and other HIV prevention approaches in this

population.

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LA - eng

GR - 5K01MH093273/MH/NIMH NIH HHS/United States

GR - K24 HD062645/HD/NICHD NIH HHS/United States

GR - P30 MH062294/MH/NIMH NIH HHS/United States

GR - K01 MH103080/MH/NIMH NIH HHS/United States

GR - L60 MD008519/MD/NIMHD NIH HHS/United States

GR - R25 HD045810/HD/NICHD NIH HHS/United States

GR - K01 MH093273/MH/NIMH NIH HHS/United States

GR - U24 AA022000/AA/NIAAA NIH HHS/United States

GR - U24AA022000/AA/NIAAA NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, Non-U.S. Gov't

PL - United States

TA - J Urban Health

**JT - Journal of urban health : bulletin of the New York Academy of
Medicine**

JID - 9809909

RN - 0 (Anti-HIV Agents)

SB - IM

MH - Adult

MH - Aged

MH - Anti-HIV Agents/therapeutic use

MH - HIV Infections/*prevention & control/psychology

MH - Homophobia/*psychology

MH - Homosexuality, Male/*psychology

MH - Humans

MH - Interviews as Topic

MH - Male

MH - Middle Aged

MH - *Physician-Patient Relations



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MH - Pre-Exposure Prophylaxis

MH - Qualitative Research

MH - *Self Disclosure

MH - Sex Workers/*psychology

MH - Trust/*psychology

MH - Unsafe Sex/*psychology

MH - Young Adult

PMC - PMC4524849

EDAT- 2015/05/02 06:00

MHDA- 2016/05/03 06:00

PMCR- 2016/08/01

CRDT- 2015/05/02 06:00

PHST- 2015/05/02 06:00 [entrez]

PHST- 2015/05/02 06:00 [pubmed]

PHST- 2016/05/03 06:00 [medline]

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AID - 9961 [pii]

AID - 10.1007/s11524-015-9961-4 [doi]

PST - ppublish

SO - J Urban Health. 2015 Aug;92(4):667-86. doi: 10.1007/s11524-015-9961-4.

PMID- 24688113

OWN - NLM

STAT- MEDLINE

DCOM- 20160718

LR - 20250331

IS - 1460-2245 (Electronic)

IS - 0957-4824 (Print)

IS - 0957-4824 (Linking)

VI - 30

IP - 4

DP - 2015 Dec

TI - The ecology of sexual health of sexual minorities in Guatemala City.

PG - 832-42

LID - 10.1093/heapro/dau013 [doi]

AB - Guatemalan gay and bisexual men, men who have sex with men (MSM), and transgender



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persons carry disproportionate burden of HIV and other sexually transmitted infections compared with other Guatemalan subgroups. However, little is known about the determinants of sexual health to inform health promotion and disease prevention interventions among these sexual minorities. We sought to explore sexual health and HIV risk among Guatemalan sexual minorities, using a community-based participatory research approach. We conducted 8 focus groups (n = 87 participants total) and 10 individual in-depth interviews with gay and bisexual men, MSM, and transgender persons. Using constant comparison, an approach to grounded theory, we analyzed verbatim transcripts and identified 24 themes that we organized into five ecological factors influencing sexual health: intrapersonal (e.g. misconceptions about HIV transmission, low perceived susceptibility and lack of condoms use skills); interpersonal (e.g. family rejection and condom use as a barrier to intimacy); community (e.g. discrimination and stigma); institutional (e.g. limited access to health promotion resources); and public policy (e.g. perceived lack of provider confidentiality and anti-gay rhetoric). There is profound need for multiple-level interventions to ensure that Guatemalan sexual minorities have the knowledge and skills needed to reduce sexual risk. Interventions are warranted to increase social support among sexual minorities, reduce negative perspectives about sexual minorities, develop institutional resources to meet the needs of sexual





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minorities and reduce harmful anti-gay rhetoric. Understanding and intervening on the identified factors is especially important given that the health of

Guatemalan sexual minorities has been to-date neglected.

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LA - eng

GR - K24 MH087227/MH/NIMH NIH HHS/United States

GR - P30 MH043520/MH/NIMH NIH HHS/United States

GR - T32 MH019139/MH/NIMH NIH HHS/United States

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20140330

PL - England

TA - Health Promot Int

JT - Health promotion international

JID - 9008939

SB - IM

MH - Adolescent

MH - Adult

MH - Community-Based Participatory Research

MH - Focus Groups

MH - Grounded Theory

MH - Guatemala



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MH - HIV Infections/prevention & control/transmission

MH - Health Knowledge, Attitudes, Practice

MH - Health Promotion

MH - *Homosexuality, Male

MH - Humans

MH - Male

MH - Middle Aged

MH - Minority Groups

MH - *Reproductive Health

MH - Risk Factors

MH - Sexual Behavior/psychology

MH - *Transgender Persons

MH - Young Adult

MH - Female

PMC - PMC4668750

OTO - NOTNLM

OT - HIV/AIDS

OT - community based participatory research

OT - condom use

OT - sexual health

EDAT- 2014/04/02 06:00

MHDA- 2016/07/19 06:00

PMCR- 2016/12/01

CRDT- 2014/04/02 06:00

PHST- 2014/04/02 06:00 [entrez]

PHST- 2014/04/02 06:00 [pubmed]

PHST- 2016/07/19 06:00 [medline]

PHST- 2016/12/01 00:00 [pmc-release]

AID - dau013 [pii]

AID - 10.1093/heapro/dau013 [doi]

PST - ppublish

SO - Health Promot Int. 2015 Dec;30(4):832-42. doi:

10.1093/heapro/dau013. Epub 2014

Mar 30.

PMID- 19821725

OWN - NLM

STAT- MEDLINE

DCOM- 20100204





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Península de Yucatán

LR - 20240612

IS - 1557-7449 (Electronic)

IS - 1087-2914 (Print)

IS - 1087-2914 (Linking)

VI - 23

IP - 11

DP - 2009 Nov

TI - Barriers to free antiretroviral treatment access for female sex workers in

Chennai, India.

PG - 973-80

LID - 10.1089/apc.2009.0035 [doi]

AB - India's National AIDS Control Organization (NACO) provides free first-line

antiretroviral treatment (ART) at government centers for people living with HIV.

To assist in developing policies and programs to ensure equity in ART access, we

explored barriers to ART access among female sex workers (FSWs) living with HIV

in Chennai. Between August and November 2007, we conducted three focus group

discussions and two key informant interviews. Data were explored using framework

analysis to identify categories and derive themes. We found inter-related barriers

at the family/social, health care system/programmatic, and individual levels.

Major barriers included fear of adverse consequences of disclosure of HIV status

due to stigma and discrimination associated with HIV and sex work, lack of family

support, negative experiences with health care providers, lack of adequate

counseling services at government centers and by outreach workers employed by

nongovernmental organizations (NGOs), perceived biased treatment of FSWs who are





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not referred by NGOs, lack of adequate knowledge about ART, and fatalism.

Barriers can be addressed by: creating effective measures to reduce stigma

associated with HIV/AIDS and sex work at the familial, societal, and health care

system levels; incorporating information about ART into targeted interventions

among FSWs; training counselors at government hospitals and NGO outreach workers

on treatment issues; improving infrastructure and staffing levels at government

centers to allow adequate time and privacy for counseling; and implementing

government mass media campaigns on ART availability. Finally, it is crucial that

NACO begin monitoring ART coverage of FSWs and other marginalized populations to

ensure equitable ART access.

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LA - eng

GR - 5 D43 TW001028/TW/FIC NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, Non-U.S. Gov't

PL - United States

TA - AIDS Patient Care STDS

JT - AIDS patient care and STDs



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JID - 9607225

RN - 0 (Anti-HIV Agents)

SB - IM

MH - Adult

MH - Anti-HIV Agents/*therapeutic use

MH - Female

MH - Focus Groups

MH - *HIV Infections/drug therapy/psychology

MH - *Health Knowledge, Attitudes, Practice

MH - *Health Services Accessibility

MH - Humans

MH - India

MH - Interviews as Topic

MH - Middle Aged

MH - National Health Programs

MH - Program Evaluation

MH - *Sex Work/psychology

MH - Stereotyping

MH - Young Adult

PMC - PMC2832653

EDAT- 2009/10/14 06:00

MHDA- 2010/02/05 06:00

PMCR- 2010/11/01

CRDT- 2009/10/14 06:00

PHST- 2009/10/14 06:00 [entrez]

PHST- 2009/10/14 06:00 [pubmed]

PHST- 2010/02/05 06:00 [medline]

PHST- 2010/11/01 00:00 [pmc-release]

AID - 10.1089/apc.2009.0035 [pii]

AID - 10.1089/apc.2009.0035 [doi]

PST - ppublish

**SO - AIDS Patient Care STDS. 2009 Nov;23(11):973-80. doi:
10.1089/apc.2009.0035.**

PMID- 32886693

OWN - NLM

STAT- MEDLINE

DCOM- 20201026

LR - 20201026



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IS - 1932-6203 (Electronic)

IS - 1932-6203 (Linking)

VI - 15

IP - 9

DP - 2020

TI - HIV risks and recent HIV testing among transgender women in Cambodia: Findings

from a national survey.

PG - e0238314

LID - 10.1371/journal.pone.0238314 [doi]

LID - e0238314

AB - BACKGROUND: Globally, the prevalence of HIV among transgender women remains much

higher than that of the general population, and a large proportion of them are

unaware of their HIV status. Transgender women are exposed to gender-based

violence and social stigma and discrimination in different settings that may

create significant barriers to receiving HIV prevention and care services. This

study aimed to identify factors associated with recent HIV testing among

transgender women in Cambodia. **METHODS:** We conducted a cross-sectional survey in

2016 among 1375 transgender women recruited from 13 provinces using a peer-based

social network recruitment method. We used a structured questionnaire for

face-to-face interviews and performed rapid HIV/syphilis testing onsite. We used

a multiple logistic regression analysis to identify factors associated with

recent HIV testing. **RESULTS:** Of the total, 49.2% of the participants reported

having an HIV test in the past six months. After controlling for other covariates, the odds of having an HIV test in the past six months was



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significantly lower among students (AOR 0.36, 95% CI 0.20-0.65), participants who perceived that they were unlikely to be HIV infected (AOR 0.50, 95% CI

0.32-0.78), and participants who reported always using condoms with male

non-commercial partners in the past three months (AOR 0.65, 95% CI 0.49-0.85)

relative to their respective reference group. The odds of having an HIV test in

the past six months was significantly higher among participants who had been

reached by community-based HIV services (AOR 5.01, 95% CI 3.29-7.65) and received

HIV education (AOR 1.65, 95% CI 1.06-2.58) in the past six months relative to

their respective reference group. **CONCLUSIONS:** Despite the widely available free

HIV testing services, more than half of transgender women in this study had not

received an HIV test in the past six months. Our findings suggest that a tailored

and comprehensive combination prevention program, in which HIV testing is linked

to care continuum and beyond, maybe an essential next step. Social media may have

the potential to be promoted and utilized among transgender women populations in

order to improve HIV testing and other prevention measures.

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LA - eng

GR - PEPFAR/PEPFAR/United States

PT - Journal Article

PT - Research Support, U.S. Gov't, Non-P.H.S.

DEP - 20200904

PL - United States

TA - PLoS One



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JT - PLoS one

JID - 101285081

SB - IM

MH - Adolescent

MH - Adult

MH - Cambodia/epidemiology

MH - Cross-Sectional Studies

MH - Female

MH - HIV/*isolation & purification

MH - HIV Infections/*diagnosis/epidemiology/virology

MH - Health Services Accessibility

MH - Humans

MH - Male

MH - Mass Screening/*statistics & numerical data

MH - Prevalence

MH - Risk Factors

MH - *Sexual Behavior

MH - Sexual Partners/*psychology

MH - Social Stigma

MH - *Surveys and Questionnaires

MH - Transgender Persons/*psychology/statistics & numerical data

MH - Young Adult

PMC - PMC7473569

COIS- The authors have declared that no competing interests exist.

EDAT- 2020/09/05 06:00

MHDA- 2020/10/27 06:00

PMCR- 2020/09/04

CRDT- 2020/09/04 17:10

PHST- 2020/03/26 00:00 [received]

PHST- 2020/08/13 00:00 [accepted]

PHST- 2020/09/04 17:10 [entrez]

PHST- 2020/09/05 06:00 [pubmed]

PHST- 2020/10/27 06:00 [medline]

PHST- 2020/09/04 00:00 [pmc-release]

AID - PONE-D-20-08627 [pii]

AID - 10.1371/journal.pone.0238314 [doi]

PST - epubli

SO - PLoS One. 2020 Sep 4;15(9):e0238314. doi: 10.1371/journal.pone.0238314.



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eCollection 2020.



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PMID- 16987051

OWN - NLM

STAT- MEDLINE

DCOM- 20061113

LR - 20240611

IS - 1087-2914 (Print)

IS - 1087-2914 (Linking)

VI - 20

IP - 9

DP - 2006 Sep

TI - Barriers to accessing antiretroviral therapy in Kisesa, Tanzania: a qualitative

study of early rural referrals to the national program.

PG - 649-57

AB - This community-based, qualitative study conducted in rural Kisesa District,

Tanzania, explores perceptions and experiences of barriers to accessing the

national antiretroviral programme among self-identified HIV-positive persons.

Part of wider operations research around local introduction of HIV therapy, the

study involved consultation with villagers and documented early referrals'

progress through clinical evaluation and, if eligible, further training and drug

procurement. Data collection consisted of 16 participatory group discussions with

community members and 18 in-depth interviews with treatment-seekers. Although

participants welcomed antiretroviral therapy, they feared that transportation and

supplementary food costs, the referral hospital's reputation for being unfriendly

and confusing, and difficulties in sustaining long-term treatment would limit





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accessibility. Fear of stigma framed all concerns, posing challenges for contacting referrals who did not want their status disclosed or expressed reluctance to identify a "treatment buddy" as required by the programme. To mitigate logistical barriers, transportation costs were paid and hospital visits facilitated. Participants reported satisfaction with eligibility testing, finding the process easier than anticipated. Most were willing to join a support group and some changed attitudes toward disclosure. However, both experienced and anticipated discrimination continue to hinder widespread antiretroviral therapy (ART) uptake. While simple measures to reduce perceived barriers improved initial access to treatment and helped overcome anxiety among early referrals, pervasive stigma remains the most formidable barrier. Encouraging successful referrals to share their positive experiences and contribute to nascent community mobilization could start to address this seemingly intractable problem.

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AU - Kaluvya S
FAU - Urassa, Mark
AU - Urassa M
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PL - United States
TA - AIDS Patient Care STDS
JT - AIDS patient care and STDs
JID - 9607225
RN - 0 (Anti-HIV Agents)
SB - IM
MH - Anti-HIV Agents/*supply & distribution/*therapeutic use
MH - Community Health Services/*standards/statistics & numerical data
MH - Efficiency, Organizational/standards
MH - Female
MH - HIV Infections/*drug therapy/epidemiology
MH - Health Knowledge, Attitudes, Practice
MH - Humans
MH - Male
MH - National Health Programs/*statistics & numerical data
MH - Patient Acceptance of Health Care/psychology
MH - Referral and Consultation/*standards
MH - Rural Health Services
MH - Tanzania/epidemiology
EDAT- 2006/09/22 09:00
MHDA- 2006/11/14 09:00
CRDT- 2006/09/22 09:00
PHST- 2006/09/22 09:00 [pubmed]
PHST- 2006/11/14 09:00 [medline]
PHST- 2006/09/22 09:00 [entrez]
AID - 10.1089/apc.2006.20.649 [doi]
PST - ppublish
SO - AIDS Patient Care STDS. 2006 Sep;20(9):649-57. doi: 10.1089/apc.2006.20.649.

PMID- 28325068

OWN - NLM



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STAT- MEDLINE

DCOM- 20180205

LR - 20181202

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Linking)

VI - 29

IP - 11

DP - 2017 Nov

TI - The relationship between health worker stigma and uptake of HIV counseling and

testing and utilization of non-HIV health services: the experience of male and

female sex workers in Kenya.

PG - 1364-1372

LID - 10.1080/09540121.2017.1307922 [doi]

AB - The barrier HIV-stigma presents to the HIV treatment cascade is increasingly

documented; however less is known about female and male sex worker engagement in

and the influence of sex-work stigma on the HIV care continuum. While stigma

occurs in all spheres of life, stigma within health services may be particularly

detrimental to health seeking behaviors. Therefore, we present levels of sex-work

stigma from healthcare workers (HCW) among male and female sex workers in Kenya,

and explore the relationship between sex-work stigma and HIV counseling and

testing. We also examine the relationship between sex-work stigma and utilization

of non-HIV health services. A snowball sample of 497 female sex workers (FSW) and

232 male sex workers (MSW) across four sites was recruited through a modified

respondent-driven sampling process. About 50% of both male and female sex workers

reported anticipating verbal stigma from HCW while 72% of FSW and 54% of MSW



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reported experiencing at least one of seven measured forms of stigma from HCW. In

general, stigma led to higher odds of reporting delay or avoidance of counseling

and testing, as well as non-HIV specific services. Statistical significance of

relationships varied across type of health service, type of stigma and gender.

For example, anticipated stigma was not a significant predictor of delay or

avoidance of health services for MSW; however, FSW who anticipated HCW stigma had

significantly higher odds of avoiding (OR=2.11) non-HIV services, compared to

FSW who did not. This paper adds to the growing evidence of stigma as a roadblock

in the HIV treatment cascade, as well as its undermining of the human right to

health. While more attention is being paid to addressing HIV-stigma, it is

equally important to address the key population stigma that often intersects with

HIV-stigma.

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AU - Kraemer J



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AU - Barker C

AD - b Palladium , Washington , USA.

LA - eng

GR - PEPFAR/PEPFAR/United States

PT - Journal Article

DEP - 20170322

PL - England



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Península de Yucatán

TA - AIDS Care
JT - AIDS care
JID - 8915313
SB - IM
MH - Adolescent
MH - Adult
MH - Aged
MH - *Attitude of Health Personnel
MH - Counseling/*statistics & numerical data
MH - Cross-Sectional Studies
MH - Female
MH - HIV Infections/*diagnosis/prevention & control/psychology
MH - Health Personnel/psychology/statistics & numerical data
MH - Health Services Accessibility/*statistics & numerical data
MH - Humans
MH - Kenya
MH - Male
MH - Middle Aged
MH - Sex Workers/*psychology/statistics & numerical data
MH - *Social Stigma
MH - Young Adult
OTO - NOTNLM
OT - Stigma
OT - discrimination
OT - female sex workers
OT - health care workers
OT - healthcare utilization
OT - male sex workers
EDAT- 2017/03/23 06:00
MHDA- 2018/02/06 06:00
CRDT- 2017/03/23 06:00
PHST- 2017/03/23 06:00 [pubmed]
PHST- 2018/02/06 06:00 [medline]
PHST- 2017/03/23 06:00 [entrez]
AID - 10.1080/09540121.2017.1307922 [doi]
PST - ppublish
SO - AIDS Care. 2017 Nov;29(11):1364-1372. doi:
10.1080/09540121.2017.1307922. Epub
2017 Mar 22.



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PMID- 32337631

OWN - NLM

STAT- MEDLINE

DCOM- 20201116

LR - 20210110

IS - 1661-8564 (Electronic)

IS - 1661-8556 (Print)

IS - 1661-8556 (Linking)

VI - 65

IP - 4

DP - 2020 May

TI - Factors influencing access of HIV and sexual and reproductive health services

among adolescent key populations in Kenya.

PG - 425-432

LID - 10.1007/s00038-020-01373-8 [doi]

AB - OBJECTIVES: The objective of this study is to identify enablers and barriers in

access of HIV and sexual reproductive health (SRH) services among adolescent key

populations (KP) in Kenya. METHODS: A cross-sectional study using qualitative

methods was conducted between October 2015 and April 2016. A total of 9 focus

group discussions and 18 in-depth interviews were conducted with 108 adolescent

KPs in Mombasa, Kisumu and Nairobi Counties of Kenya. Data were recorded

digitally, translated, transcribed and coded in NVivo10 prior to analysis.

RESULTS: Adolescent KPs preferred to access services in private health due to

increased confidentiality, limited stigma and discrimination, access to adequate

amount of condoms, friendly and fast-tracked services. Negative health provider

attitudes made adolescent KPs dislike accessing health care in public health



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facilities. There was a lack of adolescent key population's policies and

guidelines on HIV and SRH. **CONCLUSIONS:** The study has demonstrated existing

enablers and barriers to provision of HIV/SRH services for an at-risk population

for which limited data exist. The results provide a basis for program redesign

involving the adolescent KPs to minimize barriers for access to HIV/SRH services.

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FAU - Lilian, Otiso

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LA - eng

GR - KCO/LVCT Health/HIV/UNICEF/

GR - AIDS/2015/006/UNICEF/

PT - Journal Article





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Hospital Regional de
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DEP - 20200426

PL - Switzerland

TA - Int J Public Health

JT - International journal of public health

JID - 101304551

SB - IM

MH - Adolescent

MH - Attitude to Health

MH - Child

MH - Condoms/supply & distribution

MH - Confidentiality/psychology

MH - Cross-Sectional Studies

MH - Female

MH - HIV Infections/epidemiology/psychology

MH - Health Services Accessibility/*organization & administration

MH - Humans

MH - Interviews as Topic

MH - Kenya

MH - Male

MH - Prejudice/psychology

MH - Qualitative Research

MH - Reproductive Health Services/*organization & administration

MH - Social Stigma

MH - Young Adult

PMC - PMC7275021

OTO - NOTNLM

OT - Adolescent key populations

OT - Adolescents

OT - Men who have sex with men (MSM)

OT - People who inject drugs

OT - Sex workers

COIS- The author(s) declare(s) that there is no conflict of interest.

EDAT- 2020/04/28 06:00

MHDA- 2020/11/18 06:00

PMCR- 2020/04/26

CRDT- 2020/04/28 06:00

PHST- 2019/06/11 00:00 [received]

PHST- 2020/03/12 00:00 [accepted]

PHST- 2020/02/03 00:00 [revised]



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AID - 10.1007/s00038-020-01373-8 [pii]

AID - 1373 [pii]

AID - 10.1007/s00038-020-01373-8 [doi]

PST - ppublish

SO - Int J Public Health. 2020 May;65(4):425-432. doi: 10.1007/s00038-020-01373-8.

Epub 2020 Apr 26.

PMID- 34649507

OWN - NLM

STAT- MEDLINE

DCOM- 20211018

LR - 20241231

IS - 1471-2334 (Electronic)

IS - 1471-2334 (Linking)

VI - 21

IP - 1

DP - 2021 Oct 14

TI - Gender minority stress and access to health care services among transgender women

and transfeminine people: results from a cross-sectional study in China.

PG - 1065

LID - 10.1186/s12879-021-06782-5 [doi]

LID - 1065

AB - BACKGROUND: Transgender and gender diverse individuals often face structural

barriers to health care because of their gender minority status. The aim of this

study was to examine the association between gender minority stress and access to

specific health care services among transgender women and transfeminine people in

China. METHODS: This multicenter cross-sectional study recruited participants





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between January 1st and June 30th 2020. Eligible participants were 18 years or older, assigned male at birth, not currently identifying as male, and living in

China. Gender minority stress was measured using 45 items adapted from validated

subscales. We examined access to health care services and interventions relevant

to transgender and gender diverse people, including gender affirming

interventions (hormones, surgeries), human immunodeficiency virus (HIV) and

sexually transmitted infections (STIs) testing, pre-exposure prophylaxis (PrEP)

and post-exposure prophylaxis (PEP). Multivariable regression was used to measure

correlations between gender minority stress and access to health care service.

RESULTS: Three hundred and twenty-four people completed a survey and data from

277 (85.5%) people were analyzed. The mean age was 29 years old (standard

deviation [SD]=8). Participants used hormones (118/277, 42.6%), gender

affirming surgery (26/277, 9.4%), HIV testing (220/277, 79.4%), STI testing

(132/277, 47.7%), PrEP (24/276, 8.7%), and PEP (29/267, 10.9%). Using gender

affirming hormones was associated with higher levels of discrimination (adjusted

odds ratio [aOR] 1.41, 95% confidence interval [CI] 1.17-1.70) and internalized

transphobia (aOR 1.06, 95%CI 1.00-1.12). STI testing was associated with lower

levels of internalized transphobia (aOR 0.91, 95%CI 0.84-0.98). **CONCLUSIONS:** Our

data suggest that gender minority stress is closely related to using health



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services. Stigma reduction interventions and gender-affirming medical support are needed to improve transgender health.

CI - © 2021. The Author(s).

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LA - eng

GR - No. 19CSH018/National Social Science Fund of China/

GR - NIAID K24AI143471/NH/NIH HHS/United States

**GR - 5T32AI007001-42/the STD/HIV T32 Predoctoral Training Program
from the National**

Institute of Allergy and Infectious Diseases/

GR - 81903371/National Natural Science Foundation of China/

GR - R25 AI140495/NH/NIH HHS/United States

GR - K24 AI143471/AI/NIAID NIH HHS/United States

**GR - 2017YFE0103800/National Key Research and Development Pro-
gram of China/**

GR - P30 AI050410/AI/NIAID NIH HHS/United States

GR - T32 AI007001/AI/NIAID NIH HHS/United States

**GR - NIAID 5P30AI050410/Center for AIDS Research, University of
North Carolina at**

Chapel Hill/

PT - Journal Article

PT - Multicenter Study

DEP - 20211014

PL - England

TA - BMC Infect Dis

JT - BMC infectious diseases

JID - 100968551

SB - IM

MH - Adult

MH - Female

MH - Humans

MH - Male

MH - Cross-Sectional Studies

MH - Health Services Accessibility

MH - *HIV Infections

MH - *Pre-Exposure Prophylaxis

MH - *Sexual and Gender Minorities



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MH - *Transgender Persons

MH - Young Adult

PMC - PMC8514805

OTO - NOTNLM

OT - China

OT - Gender diverse

OT - Gender minority stress

OT - Gender-affirming care

OT - Sexual health

OT - Transgender

COIS- Dr. Weiming Tang is an associate editor of BMC Infectious Diseases, and Dr.

Joseph D. Tucker is a section editor of BMC Infectious Diseases. The authors

declare that they have no competing interests.

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PHST- 2021/10/14 00:00 [pmc-release]

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AID - 6782 [pii]

AID - 10.1186/s12879-021-06782-5 [doi]

PST - epubish

SO - BMC Infect Dis. 2021 Oct 14;21(1):1065. doi: 10.1186/s12879-021-06782-5.

PMID- 30819203

OWN - NLM

STAT- MEDLINE

DCOM- 20190729

LR - 20200225

IS - 1478-4505 (Electronic)

IS - 1478-4505 (Linking)



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VI - 17

IP - 1

DP - 2019 Feb 28

TI - 'Virus Carriers' and HIV testing: navigating Ukraine's HIV policies and

programming for female sex workers.

PG - 23

LID - 10.1186/s12961-019-0415-4 [doi]

LID - 23

AB - BACKGROUND: There are an estimated 80,100 female sex workers (FSWs) in Ukraine,

of whom 7% are living with HIV. Early HIV diagnosis continues to be a public

health priority in Ukraine as only approximately 54% of people living with HIV

are diagnosed nationwide. This study aims to analyse the content, context and

discourse of HIV testing policies among female sex workers in Ukraine and how

these policies are understood and implemented in practice. METHODS: To analyse

past and current national policies, we searched the database of the Ukrainian

Parliament and the Ministry of Health for relevant policy documents (e.g.

legislation and orders). To analyse the day-to-day practice of those involved in

the implementation of these HIV programmes, we conducted face-to-face

semi-structured interviews with key stakeholders. All data were coded using

deductive thematic analysis initially guided by the Policy Triangle, a framework

which addresses policy content, the process of policy-making, the health policy

context, actors involved in policy formulation and implementation. RESULTS: HIV

testing policies are formed and implemented in the post-Soviet context through a



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vertical system of AIDS clinics, resulting in the separation of key affected populations from the rest of the health system. Successive testing policies have been strongly influenced by international donors and non-governmental organisations. Furthermore, a lack of government funding for HIV prevention created a gap that international donors and local non-governmental organisations covered to ensure the implementation of testing policies. Their role, however, had limited influence on the Ukrainian government to increase funding for prevention, including testing of FSWs. Since the early 1990s, when stigmatising and discriminatory forced/mandatory HIV testing was applied, these approaches were slowly replaced with voluntary testing, self-testing and assisted HIV testing, yet stigma was found to be a barrier among FSWs to access testing.

CONCLUSION: Poor governance and the fragmentation of the health system, ongoing health sector reforms, shrinking international funding, and persisting stigma towards people living with HIV and sex workers might impede the continuity and sustainability of HIV testing programmes. Local civil society may now have the opportunity to contribute to the development and further implementation of HIV testing policies in Ukraine.

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LA - eng

PT - Journal Article



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DEP - 20190228

PL - England

TA - Health Res Policy Syst

JT - Health research policy and systems

JID - 101170481

MH - Ambulatory Care Facilities

MH - Carrier State/diagnosis

MH - Databases, Factual

MH - *Delivery of Health Care/economics

MH - Female

MH - *Financing, Government

MH - Government

MH - HIV

MH - HIV Infections/*diagnosis/prevention & control/virology

MH - *Health Policy/economics

MH - Humans

MH - International Cooperation

MH - *Mass Screening/economics

MH - Organizations

MH - *Sex Workers

MH - Social Discrimination

MH - *Social Stigma

MH - Stakeholder Participation

MH - Surveys and Questionnaires

MH - Ukraine

PMC - PMC6394058

OTO - NOTNLM

OT - FSWs

OT - HIV

OT - Policy analysis

OT - Ukraine

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AID - 415 [pii]

AID - 10.1186/s12961-019-0415-4 [doi]

PST - epublish



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SO - Health Res Policy Syst. 2019 Feb 28;17(1):23. doi: 10.1186/s12961-019-0415-4.

PMID- 36579144

OWN - NLM

STAT- PubMed-not-MEDLINE

LR - 20230614

IS - 1925-4040 (Print)

IS - 1925-4059 (Electronic)

IS - 1925-4040 (Linking)

VI - 12

IP - 12

DP - 2022 Dec

TI - Standard Precautions are for everyone: The role of HIV stigma and implications

for nursing education in India.

PG - 69-76

LID - 10.5430/jnep.v12n12p69 [doi]

AB - BACKGROUND AND OBJECTIVE: Standard Precautions (SP) are infection control

procedures universally applicable to every patient. Though SP reduces disease

transmission, their implementation is dependent on the knowledge and skills of

healthcare workers (HCWs). Poor knowledge regarding the appropriate use of SP can

cause fear among HCWs, leading to stigma and discrimination while treating people

living with HIV (PLWH). Stigma and discrimination are known barriers for PLWH to

access HIV care services. The aim of the study was to assess nursing student

knowledge of SP, SP self-efficacy and SP perceived efficacy of nursing students,

and (2) to assess the association between SP knowledge, perceived efficacy, and

intention to utilize unwarranted precautions, like using double gloves while



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treating PLWH. **METHODS:** This paper analyzes baseline (non-randomized) data of a cluster randomized controlled trial amongst 1868 Indian nursing students. Data was collected using computer-administered structured questionnaire. The associations between the measures were done using multiple, logistic and poisson regression models. **RESULTS:** Although 97% nursing students could identify SP, only 35.5% understood that they need to be used with all patients. Awareness of the importance of using SP with all patients was positively associated with self-efficacy. Students performing high-risk tasks frequently were significantly more likely to be confident in their ability to correctly use SP, but also had higher intention to use unwarranted precautions. **CONCLUSIONS:** Existing teaching and training programs for HCWs need to provide clear guidelines and emphasize on the correct use of SP with all patients. This will increase both skills and confidence in their abilities (self-efficacy).

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LA - eng

GR - P30 MH062246/MH/NIMH NIH HHS/United States

GR - R01 MH093257/MH/NIMH NIH HHS/United States

PT - Journal Article

DEP - 20220818

PL - Canada

TA - J Nurs Educ Pract

JT - Journal of nursing education and practice

JID - 101632523

PMC - PMC9793881

MID - NIHMS1856381

OTO - NOTNLM

OT - HIV

OT - Nursing students

OT - Self-efficacy

OT - Standard precautions



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COIS- Conflicts of Interest Disclosure The authors declare that there is no conflict of interest.

EDAT- 2022/12/30 06:00

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PHST- 2022/12/29 02:47 [entrez]

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AID - 10.5430/jnep.v12n12p69 [doi]

PST - ppublish

SO - J Nurs Educ Pract. 2022 Dec;12(12):69-76. doi:

10.5430/jnep.v12n12p69. Epub 2022

Aug 18.

PMID- 16006211

OWN - NLM

STAT- MEDLINE

DCOM- 20050804

LR - 20220409

IS - 0899-9546 (Print)

IS - 0899-9546 (Linking)

VI - 17

IP - 3

DP - 2005 Jun

TI - HIV vaccine acceptability among women at risk: perceived barriers and

facilitators to future HIV vaccine uptake.

PG - 253-67

AB - The purpose of this study is to explore perceived barriers and facilitators to

the uptake of future U.S. Food and Drug Administration-approved HIV vaccines

among women at elevated risk for HIV. We conducted four client focus groups (N =

41) and one focus group of women's health care professionals (N =9). Participants



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were recruited from diverse community agencies and health care clinics in Los

Angeles using purposive, venue-based sampling. Data were analyzed using narrative

thematic analysis and Ethnograph qualitative software. Barriers to HIV vaccine

uptake included fear of vaccine-induced HIV infection, reproductive side effects,

injection concerns, gendered roles and power dynamics, HIV stigma,

discrimination, affordability, and mistrust. The provision of affordable and

accessible HIV vaccines, ideally through routine care, along with culturally

tailored, gender-specific HIV vaccine intervention and policy, can ensure the

full potential of HIV vaccines to empower women to protect themselves against HIV

infection.

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AU - Seiden DS

LA - eng

GR - P30 MH 58107/MH/NIMH NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, Non-U.S. Gov't

PT - Research Support, U.S. Gov't, P.H.S.



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PL - United States

TA - AIDS Educ Prev

JT - AIDS education and prevention : official publication of the International Society

for AIDS Education

JID - 9002873

RN - 0 (AIDS Vaccines)

SB - IM

MH - *AIDS Vaccines

MH - Adolescent

MH - Adult

MH - Female

MH - Focus Groups

MH - Humans

MH - Los Angeles

MH - Middle Aged

MH - Patient Acceptance of Health Care/*psychology

EDAT- 2005/07/12 09:00

MHDA- 2005/08/05 09:00

CRDT- 2005/07/12 09:00

PHST- 2005/07/12 09:00 [pubmed]

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AID - 10.1521/aeap.17.4.253.66529 [doi]

PST - ppublish

**SO - AIDS Educ Prev. 2005 Jun;17(3):253-67. doi:
10.1521/aeap.17.4.253.66529.**

PMID- 18576162

OWN - NLM

STAT- MEDLINE

DCOM- 20081125

LR - 20211020

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Print)

IS - 0954-0121 (Linking)

VI - 20

IP - 6

DP - 2008 Jul



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TI - Conceptualizing antiretroviral adherence in Beijing, China.

PG - 607-14

LID - 10.1080/09540120701660379 [doi]

AB - International health experts agree that China is on the verge of an AIDS crisis.

In response, the Chinese government initiated the "Four Frees and One Care"

policy in 2003 to decrease economic barriers and increase access to antiretroviral therapies for people with HIV. However, long-term treatment

success requires not only access, but high rates of medication adherence. This

qualitative interview study with 29 persons receiving HIV care at Beijing's Ditan

Hospital identified barriers to and facilitators of medication adherence. The

interviews were guided by an a priori conceptual model of adherence with four

components: access, knowledge about medications, motivation, and proximal cues to

action. Barriers to adherence were related to stigma and fear of discrimination;

the medications themselves (including side-effects and complicated dosing

regimens); and other economic issues (i.e. costs of transportation, lab tests and

hospitalizations). Facilitators included participants' strong will to live, use

of electronic reminders and family support. These results support the conceptual

model and suggest that successful interventions must minimize stigma as it

negatively affects all components of the model for adherence.

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FAU - Lu, L

AU - Lu L

FAU - Zhang, F

AU - Zhang F

LA - eng

GR - R34 MH074364/MH/NIMH NIH HHS/United States

GR - R34-MH074364/MH/NIMH NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PL - England

TA - AIDS Care

JT - AIDS care

JID - 8915313

RN - 0 (Anti-Retroviral Agents)

SB - IM

MH - Adolescent

MH - Adult

MH - Aged

MH - Anti-Retroviral Agents/*therapeutic use

MH - Child

MH - Child, Preschool

MH - China

MH - Cross-Sectional Studies

MH - Female

MH - HIV Infections/*drug therapy/psychology

MH - *HIV-1

MH - Health Knowledge, Attitudes, Practice

MH - Health Services Accessibility/standards

MH - Humans





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MH - Male
MH - Medication Adherence/*psychology
MH - Middle Aged
MH - Motivation
MH - Prejudice
MH - Qualitative Research
MH - Truth Disclosure
PMC - PMC3530611
MID - NIHMS422662
EDAT- 2008/06/26 09:00
MHDA- 2008/12/17 09:00
PMCR- 2012/12/26
CRDT- 2008/06/26 09:00
PHST- 2008/06/26 09:00 [pubmed]
PHST- 2008/12/17 09:00 [medline]
PHST- 2008/06/26 09:00 [entrez]
PHST- 2012/12/26 00:00 [pmc-release]
AID - 794403707 [pii]
AID - 10.1080/09540120701660379 [doi]
PST - ppublish
SO - AIDS Care. 2008 Jul;20(6):607-14. doi: 10.1080/09540120701660379.

PMID- 31135515
OWN - NLM
STAT- MEDLINE
DCOM- 20200915
LR - 20250103
IS - 1552-6917 (Electronic)
IS - 1055-3290 (Print)
IS - 1055-3290 (Linking)
VI - 30
IP - 5
DP - 2019 Sep-Oct
TI - Differentiated Antiretroviral Therapy Distribution Models: Enablers
and Barriers
to Universal HIV Treatment in South Africa, Uganda, and Zimbabwe.
PG - e132-e143
LID - 10.1097/JNC.0000000000000097 [doi]



SALUD
SECRETARÍA DE SALUD



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AB - Emerging HIV treatment distribution models across sub-Saharan Africa seek to

overcome barriers to attaining antiretroviral therapy and to strengthen adherence

in people living with HIV. We describe enablers, barriers, and benefits of

differentiated treatment distribution models in South Africa, Uganda, and

Zimbabwe. Data collection included semistructured interviews and focus group

discussions with 163 stakeholders from policy, program, and patient levels. Four

types of facility-based and 3 types of community-based models were identified.

Enablers included policy, leadership, and guidance; functional information

systems; strong care linkages; steady drug supply; patient education; and peer

support. Barriers included insufficient drug supply, stigma, discrimination, and

poor care linkages. Benefits included perceived improved adherence, peer support,

reduced stigma and discrimination, increased time for providers to spend with

complex patients, and travel and cost savings for patients. Differentiated

treatment distribution models can enhance treatment access for patients who are

clinically stable.

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FAU - Sharer, Melissa

AU - Sharer M

FAU - Davis, Nicole

AU - Davis N

FAU - Eagan, Sabrina

AU - Eagan S

FAU - Haruzivishe, Clara

AU - Haruzivishe C



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FAU - Katana, Milly
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FAU - Makina, Ndinda
AU - Makina N
FAU - Amanyeiwe, Ugochukwu
AU - Amanyeiwe U
LA - eng
PT - Journal Article
PL - United States
TA - J Assoc Nurses AIDS Care
JT - The Journal of the Association of Nurses in AIDS Care : JANAC
JID - 9111870
RN - 0 (Anti-HIV Agents)
RN - 0 (Anti-Retroviral Agents)
SB - IM
MH - Anti-HIV Agents/*supply & distribution/therapeutic use
MH - Anti-Retroviral Agents/*supply & distribution/therapeutic use
MH - Antiretroviral Therapy, Highly Active/*methods
MH - Community Health Services/*organization & administration
MH - Female
MH - Focus Groups
MH - HIV Infections/*drug therapy/psychology
MH - Health Services Accessibility
MH - Humans
MH - Interviews as Topic
MH - Male
MH - Medication Adherence/*psychology
MH - Patient Care Team
MH - *Patient-Centered Care
MH - Program Development
MH - Qualitative Research
MH - Social Capital
MH - *Social Stigma
MH - South Africa
MH - Uganda
MH - Zimbabwe
MH - Assessment of Medication Adherence
PMC - PMC6756295





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COIS- This study was funded by the generous support of the American people through the

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High Impact Interventions for an AIDS-free Generation (AIDSFree), number

AID-OAA-A-14-00046. The contents are the responsibility of AIDSFree and do not

necessarily reflect the views of USAID, PEPFAR, or the United States Government.

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be relevant to content are disclosed at the end of this article.

EDAT- 2019/05/29 06:00

MHDA- 2020/09/17 06:00

PMCR- 2019/09/23

CRDT- 2019/05/29 06:00

PHST- 2019/05/29 06:00 [pubmed]

PHST- 2020/09/17 06:00 [medline]

PHST- 2019/05/29 06:00 [entrez]

PHST- 2019/09/23 00:00 [pmc-release]

AID - JANAC-D-18-00229 [pii]

AID - 10.1097/JNC.0000000000000097 [doi]

PST - ppublish

SO - J Assoc Nurses AIDS Care. 2019 Sep-Oct;30(5):e132-e143. doi: 10.1097/JNC.0000000000000097.

PMID- 27167631

OWN - NLM

STAT- MEDLINE

DCOM- 20171004

LR - 20250331

IS - 1573-3254 (Electronic)

IS - 1090-7165 (Linking)

VI - 20

IP - 10

DP - 2016 Oct



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TI - The Role of Structural Barriers in Risky Sexual Behavior, Victimization and

Readiness to Change HIV/STI-Related Risk Behavior Among Transgender Women.

PG - 2212-2221

LID - 10.1007/s10461-016-1424-8 [doi]

AB - This study examines the role of structural barriers experienced by a

community-based sample of 63 HIV-positive and negative transgender women that may

elevate HIV infection and transmission risks. Separate hierarchical linear

multiple regression analyses tested the association between structural barriers

(e.g., unemployment, lack of food, shelter) and condomless anal sex acts, abuse,

and readiness to change risk behavior, while controlling for other related

factors. Among this primarily Hispanic and African-American sample, HIV-positive

and negative transgender women experienced a similar number of structural

barriers and experiencing structural barriers was significantly associated with

an increased number of condomless anal sex acts ($p = .002$), victimization

($p = .000$) and a decreased readiness to change HIV-related risk behavior

($p = .014$). Structural-level interventions are needed to address this elevated

risk among this underserved and hard-to-reach population.

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LA - eng

GR - UR6 PS000422/PS/NCHHSTP CDC HHS/United States

PT - Journal Article

PL - United States

TA - AIDS Behav

JT - AIDS and behavior

JID - 9712133

SB - IM

EIN - AIDS Behav. 2017 Jul;21(7):2215. doi: 10.1007/s10461-016-1440-8.

PMID: 27435072

MH - Adult

MH - Black or African American/statistics & numerical data

MH - Attitude of Health Personnel

MH - Crime Victims/psychology/*statistics & numerical data

MH - Discrimination, Psychological

MH - Female

MH - HIV Infections/epidemiology/*transmission



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MH - HIV Seronegativity
MH - *HIV Seropositivity
MH - *Health Services Accessibility
MH - *Healthcare Disparities
MH - Hispanic or Latino/statistics & numerical data
MH - Humans
MH - Middle Aged
MH - Patient Acceptance of Health Care
MH - *Risk-Taking
MH - Sexual Behavior
MH - Social Stigma
MH - Social Support
MH - Substance-Related Disorders
MH - Transgender Persons/*psychology/statistics & numerical data
MH - Male
OTO - NOTNLM
OT - African American
OT - Condom use
OT - HIV
OT - Hispanic
OT - Structural barriers
OT - Transgender
EDAT- 2016/05/12 06:00
MHDA- 2017/10/05 06:00
CRDT- 2016/05/12 06:00
PHST- 2016/05/12 06:00 [entrez]
PHST- 2016/05/12 06:00 [pubmed]
PHST- 2017/10/05 06:00 [medline]
AID - 10.1007/s10461-016-1424-8 [pii]
AID - 10.1007/s10461-016-1424-8 [doi]
PST - ppublish
SO - AIDS Behav. 2016 Oct;20(10):2212-2221. doi: 10.1007/s10461-016-1424-8.

PMID- 26643459
OWN - NLM
STAT- MEDLINE
DCOM- 20160908
LR - 20220408

IS - 1758-2652 (Electronic)

IS - 1758-2652 (Linking)

VI - 18

IP - Suppl 5

DP - 2015

TI - Fundamental concerns of women living with HIV around the implementation of Option

B+.

PG - 20286

LID - 10.7448/IAS.18.6.20286 [doi]

LID - 20286 [doi]

AB - INTRODUCTION: In 2011, the Global Plan towards the Elimination of New HIV

Infections among Children by 2015 and Keeping Their Mothers Alive was launched to

scale up efforts to comprehensively end vertical HIV transmission and support

mothers living with HIV in remaining healthy. Amidst excitement around using

treatment as prevention, Malawi's Ministry of Health conceived Option B+, a

strategy used to prevent vertical transmission by initiating all pregnant and

breastfeeding women living with HIV on lifelong antiretroviral therapy,

irrespective of CD4 count. In 2013, for programmatic and operational reasons, the

WHO officially recommended Option B+ to countries with generalized epidemics.

limited access to CD4 testing, limited partner testing, long breast-feeding

duration or high fertility rates. **DISCUSSION:** While acknowledging the opportunity

to increase treatment access globally and its potential, this commentary reviews

the concerns of women living with HIV about human rights, community-based support

and other barriers to service uptake and retention in the Option B+ context.



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Option B+ intensifies many of the pre-existing challenges of HIV prevention and treatment programmes. As women seek comprehensive services to prevent vertical transmission, they can experience various human rights violations, including lack of informed consent, involuntary or coercive HIV testing, limited treatment options, termination of pregnancy or coerced sterilization and pressure to start treatment. Yet, peer and community support strategies can promote treatment readiness, uptake, adherence and lifelong retention in care; reduce stigma and discrimination; and mitigate potential violence stemming from HIV disclosure.

Ensuring available and accessible quality care, offering food support and improving linkages to care could increase service uptake and retention. With the heightened focus on interventions to reach pregnant and breastfeeding women living with HIV, a parallel increase in vigilance to secure their health and

rights is critical. CONCLUSION: The authors conclude that real progress towards

reducing vertical transmission and achieving viral load suppression can only be

made by upholding the human rights of women living with HIV, investing in

community-based responses, and ensuring universal access to quality healthcare.

Only then will the opportunity of accessing lifelong treatment result in

improving the health, dignity and lives of women living with HIV, their children

and families.

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LA - eng

PT - Journal Article

DEP - 20151201

PL - Switzerland

TA - J Int AIDS Soc

JT - Journal of the International AIDS Society

JID - 101478566



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SB - IM

MH - Adult

MH - CD4 Lymphocyte Count

MH - Coercion

MH - Female

MH - HIV Infections/immunology/*prevention & control/psychology

MH - Humans

MH - Infectious Disease Transmission, Vertical/*prevention & control

MH - Malawi

MH - Pregnancy

MH - Residence Characteristics

MH - Violence

MH - Women's Rights

PMC - PMC4672458

OTO - NOTNLM

OT - PMTCT

OT - adherence

OT - eMTCT

OT - implementation science

OT - qualitative research

OT - retention

OT - vertical transmission

EDAT- 2015/12/09 06:00

MHDA- 2016/09/09 06:00

PMCR- 2015/12/01

CRDT- 2015/12/09 06:00

PHST- 2015/05/08 00:00 [received]

PHST- 2015/09/07 00:00 [revised]

PHST- 2015/09/22 00:00 [accepted]

PHST- 2015/12/09 06:00 [entrez]

PHST- 2015/12/09 06:00 [pubmed]

PHST- 2016/09/09 06:00 [medline]

PHST- 2015/12/01 00:00 [pmc-release]

AID - 20286 [pii]

AID - 10.7448/IAS.18.6.20286 [doi]

PST - epublish

SO - J Int AIDS Soc. 2015 Dec 1;18(Suppl 5):20286. doi:

10.7448/IAS.18.6.20286.

eCollection 2015.



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PMID- 26377824

OWN - NLM

STAT- MEDLINE

DCOM- 20160610

LR - 20181113

IS - 1477-7517 (Electronic)

IS - 1477-7517 (Linking)

VI - 12

DP - 2015 Sep 17

TI - Preference of methadone maintenance patients for the integrative and

decentralized service delivery models in Vietnam.

PG - 29

LID - 10.1186/s12954-015-0063-0 [doi]

LID - 29

AB - BACKGROUND: Integrating and decentralizing services are essential to increase the

accessibility and provide comprehensive care for methadone patients. Moreover,

they assure the sustainability of a HIV/AIDS prevention program by reducing the

implementation cost. This study aimed to measure the preference of patients

enrolling in a MMT program for integrated and decentralized MMT clinics and then

further examine related factors. **METHODS:** A cross-sectional study was conducted

among 510 patients receiving methadone at 3 clinics in Hanoi. **Structured**

questionnaires were used to collect data about the preference for integrated and

decentralized MMT services. Covariates including socio-economic status;

health-related quality of life (using EQ-5D-5 L instrument) and HIV status;

history of drug use along with MMT treatment; and exposure to the discrimination



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within family and community were also investigated. Multivariate logistic

regression with polynomial fractions was used to identify the determinants of

preference for integrative and decentralized models. RESULTS: Of 510 patients

enrolled, 66.7 and 60.8 % preferred integrated and decentralized models,

respectively. The main reason for preferring the integrative model was the

convenience of use of various services (53.2 %), while more privacy (43.5 %) was

the primary reason to select stand-alone model. People preferred the

decentralized model primarily because of travel cost reduction (95.0 %), while

the main reason for not selecting the model was increased privacy (7.7 %). After

adjusting for covariates, factors influencing the preference for integrative

model were poor socioeconomic status, anxiety/depression, history of drug

rehabilitation, and ever disclosed health status; while exposure to community

discrimination inversely associated with this preference. In addition, people who

were self-employed, had a longer duration of MMT, and use current MMT with

comprehensive HIV services were less likely to select decentralized model.

CONCLUSION: In conclusion, the study confirmed the high preference of MMT

patients for the integrative and decentralized MMT service delivery models. The

convenience of healthcare services utilization and reduction of geographical

barriers were the main reasons to use those models within drug use populations in





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Vietnam. Countering community stigma and encouraging communication between patients and their societies needed to be considered when implementing those models.

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LA - eng

GR - P30 AI094189/AI/NIAID NIH HHS/United States

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20150917

PL - England

TA - Harm Reduct J

JT - Harm reduction journal

JID - 101153624



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RN - 0 (Narcotics)
RN - UC6VBE7VIZ (Methadone)
SB - IM
MH - Adult
MH - Comorbidity
MH - Cross-Sectional Studies
MH - Female
MH - HIV Infections/epidemiology/prevention & control
MH - *Harm Reduction
MH - Health Services Accessibility/*statistics & numerical data
MH - Humans
MH - Male
MH - Methadone/*therapeutic use
MH - Narcotics/therapeutic use
MH - Opiate Substitution Treatment/*statistics & numerical data
MH - Patient Acceptance of Health Care/*statistics & numerical data
MH - Quality of Life
MH - Socioeconomic Factors
MH - Substance Abuse, Intravenous/epidemiology/*rehabilitation
MH - Surveys and Questionnaires
MH - Vietnam/epidemiology
PMC - PMC4574353
EDAT- 2015/09/18 06:00
MHDA- 2016/06/11 06:00
PMCR- 2015/09/17
CRDT- 2015/09/18 06:00
PHST- 2015/06/21 00:00 [received]
PHST- 2015/08/23 00:00 [accepted]
PHST- 2015/09/18 06:00 [entrez]
PHST- 2015/09/18 06:00 [pubmed]
PHST- 2016/06/11 06:00 [medline]
PHST- 2015/09/17 00:00 [pmc-release]
AID - 10.1186/s12954-015-0063-0 [pii]
AID - 63 [pii]
AID - 10.1186/s12954-015-0063-0 [doi]
PST - epublish
SO - Harm Reduct J. 2015 Sep 17;12:29. doi: 10.1186/s12954-015-0063-0.

PMID- 30913899



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OWN - NLM

STAT- MEDLINE

DCOM- 20200211

LR - 20200211

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Linking)

VI - 31

IP - 8

DP - 2019 Aug

TI - "Even if you're HIV-positive there's life after if you take your medication":

experiences of people on long-term ART in South Africa: a short report.

PG - 973-978

LID - 10.1080/09540121.2019.1597960 [doi]

AB - South Africa's national antiretroviral treatment (ART) programme, initiated in

2004, is the largest HIV treatment programme in the world with an estimated 4.2

million people on ART. Today, an HIV diagnosis is no longer associated with

certain death, but is rather a manageable chronic disease, with all HIV-positive

patients now eligible to receive treatment. In this study, we explore patient

experiences at the onset of the ART programme, including facilitators and

barriers around decision-making along the HIV care cascade (HIV testing, ART

initiation, retention, and adherence). We conducted twenty-four in-depth

interviews among adults (≥18 years old) who initiated ART between April 2004 and

March 2005 and were alive, on treatment at enrolment (October 2015-March 2016) at

a large public-sector clinic in Johannesburg, South Africa. Data were analysed

using a thematic analysis approach. Patients cited physical wellbeing,





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responsibility for raising children, supportive clinic staff and noticeable

improvements in health on ART as key facilitators to continued care. In contrast,

changing clinic conditions, fear of side-effects and stigma were mentioned as

barriers. This study provides a unique lens through which to evaluate factors

associated with long-term retention and adherence to ART at a crucial time in ART

programming when more people will be initiating life-long treatment. We must

continue to focus on supportive and empathetic clinic environments, more

convenient ways to access medication for patients, and developing tools or

interventions that continue to address the issues of stigma and discrimination

and build the support networks for all those on treatment.

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University of the**

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LA - eng

GR - PEPFAR/PEPFAR/United States

PT - Journal Article

PT - Research Support, U.S. Gov't, Non-P.H.S.

DEP - 20190327

PL - England

TA - AIDS Care

JT - AIDS care

JID - 8915313

RN - 0 (Anti-Retroviral Agents)

SB - IM

MH - Adult

MH - Anti-Retroviral Agents/*therapeutic use

MH - Female

MH - HIV Infections/*drug therapy/psychology

MH - Humans

MH - Interviews as Topic

MH - Male

MH - *Medication Adherence

MH - Middle Aged

MH - Qualitative Research

MH - Quality of Life/*psychology

MH - *Social Stigma

MH - South Africa

MH - Young Adult

OTO - NOTNLM

OT - Antiretroviral therapy

OT - adherence

OT - disclosure



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OT - initiation

OT - quality of care

OT - stigma

OT - testing

EDAT- 2019/03/28 06:00

MHDA- 2020/02/12 06:00

CRDT- 2019/03/28 06:00

PHST- 2019/03/28 06:00 [pubmed]

PHST- 2020/02/12 06:00 [medline]

PHST- 2019/03/28 06:00 [entrez]

AID - 10.1080/09540121.2019.1597960 [doi]

PST - ppublish

**SO - AIDS Care. 2019 Aug;31(8):973-978. doi:
10.1080/09540121.2019.1597960. Epub 2019
Mar 27.**

PMID- 26643455

OWN - NLM

STAT- MEDLINE

DCOM- 20160908

LR - 20220129

IS - 1758-2652 (Electronic)

IS - 1758-2652 (Linking)

VI - 18

IP - Suppl 5

DP - 2015

**TI - Advancing the sexual and reproductive health and human rights
of women living**

**with HIV: a review of UN, regional and national human rights norms
and standards.**

PG - 20280

LID - 10.7448/IAS.18.6.20280 [doi]

LID - 20280 [doi]

**AB - INTRODUCTION: The right to sexual and reproductive health (SRH)
is an essential**

**part of the right to health and is dependent upon substantive
equality, including**

**freedom from multiple and intersecting forms of discrimination
that result in**





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exclusion in both law and practice. Nonetheless, general and specific SRH needs

of women living with HIV are often not adequately addressed. For example,

services that women living with HIV need may not be available or may have

multiple barriers, in particular stigma and discrimination. This study was

conducted to review United Nations Human Rights Council, Treaty Monitoring Bodies

and Special Rapporteur reports and regional and national mechanisms regarding SRH

issues of women living with HIV. The objective is to assess areas of progress, as

well as gaps, in relation to health and human rights considerations in the work

of these normative bodies on health and human rights. **METHODS:** The review was

done using keywords of international, regional and national jurisprudence on

findings covering the 2000 to 2014 period for documents in English; searches for

the Inter-American Commission on Human Rights and national judgments were also

conducted in Spanish. Jurisprudence of UN Treaty Monitoring Bodies, regional

mechanisms and national bodies was considered in this regard.

RESULTS AND

DISCUSSION: In total, 236 findings were identified using the search strategy, and

of these 129 were selected for review based on the inclusion criteria. The

results highlight that while jurisprudence from international, regional and

national bodies reflects consideration of some health and human rights issues

related to women living with HIV and SRH, the approach of these bodies has been





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largely ad hoc and lacks a systematic integration of human rights concerns of

women living with HIV in relation to SRH. Most findings relate to non-discrimination, accessibility, informed decision-making and accountability.

There are critical gaps on normative standards regarding the human rights of

women living with HIV in relation to SRH. **CONCLUSIONS: A systematic approach to**

health and human rights considerations related to women living with HIV and SRH

by international, regional and national bodies is needed to advance the agenda

and ensure that policies and programmes related to SRH systematically take into

account the health and human rights of women living with HIV.

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AD - Department of Reproductive Health and Research, World Health Organization,

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LA - eng

GR - 001/WHO_/World Health Organization/International

PT - Journal Article

PT - Review

DEP - 20151201

PL - Switzerland

TA - J Int AIDS Soc

JT - Journal of the International AIDS Society



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JID - 101478566

SB - IM

MH - Female

MH - HIV Infections/*prevention & control

MH - Health Services Accessibility

MH - Humans

MH - Reproductive Health

MH - *Reproductive Health Services

MH - Social Responsibility

MH - United Nations

MH - Women's Rights/*standards

PMC - PMC4672403

OTO - NOTNLM

OT - HIV

OT - human rights

OT - sexual and reproductive health

OT - women living with HIV

EDAT- 2015/12/09 06:00

MHDA- 2016/09/09 06:00

PMCR- 2015/12/01

CRDT- 2015/12/09 06:00

PHST- 2015/05/07 00:00 [received]

PHST- 2015/10/05 00:00 [revised]

PHST- 2015/10/14 00:00 [accepted]

PHST- 2015/12/09 06:00 [entrez]

PHST- 2015/12/09 06:00 [pubmed]

PHST- 2016/09/09 06:00 [medline]

PHST- 2015/12/01 00:00 [pmc-release]

AID - 20280 [pii]

AID - 10.7448/IAS.18.6.20280 [doi]

PST - epubish

**SO - J Int AIDS Soc. 2015 Dec 1;18(Suppl 5):20280. doi:
10.7448/IAS.18.6.20280.**

eCollection 2015.

PMID- 24378516

OWN - NLM

STAT- MEDLINE

DCOM- 20150331



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LR - 20191210

IS - 2325-9574 (Print)

IS - 2325-9574 (Linking)

VI - 14

IP - 1

DP - 2015 Jan-Feb

TI - HIV treatment as prevention in Jamaica and Barbados: magic bullet or sustainable response?

PG - 82-7

LID - 10.1177/2325957413511113 [doi]

AB - This discursive article introduces HIV treatment as prevention (TasP) and

identifies various models for its extrapolation to wider population levels.

Drawing on HIV surveillance data for Jamaica and Barbados, the article identifies

significant gaps in HIV response programming in relation to testing, antiretroviral treatment coverage, and treatment adherence, thereby highlighting

the disparity between assumptions and prerequisites for TasP success. These gaps

are attributable, in large part, to sociocultural impediments and structural

barriers, severe resource constraints, declining political will, and the

redefinition of HIV as a manageable, chronic health issue. Antiretroviral

treatment and TasP can realize success only within a combination prevention frame

that addresses structural factors, including stigma and discrimination, gender

inequality and gender-based violence, social inequality, and poverty. The

remedicalization of the response compromises outcomes and undermines the

continued potential of HIV programming as an entry point for the promotion of

sexual, health, and human rights.



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CI - © The Author(s) 2013.

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LA - eng

PT - Journal Article

DEP - 20131230

PL - United States

TA - J Int Assoc Provid AIDS Care

JT - Journal of the International Association of Providers of AIDS Care

JID - 101603896

RN - 0 (Anti-Retroviral Agents)

SB - IM

MH - Anti-Retroviral Agents/therapeutic use

MH - Antiretroviral Therapy, Highly Active

MH - Barbados/ethnology

MH - Discrimination, Psychological

MH - *HIV Infections/drug therapy/ethnology/prevention & control

MH - *Health Services Accessibility

MH - Humans

MH - Jamaica/ethnology

MH - Medication Adherence

MH - Public Health

MH - *Social Stigma

MH - *Socioeconomic Factors

OTO - NOTNLM

OT - HIV infections

OT - chemoprevention

OT - health resources

OT - political will

OT - stigma and discrimination



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EDAT- 2014/01/01 06:00

MHDA- 2015/04/01 06:00

CRDT- 2014/01/01 06:00

PHST- 2014/01/01 06:00 [entrez]

PHST- 2014/01/01 06:00 [pubmed]

PHST- 2015/04/01 06:00 [medline]

AID - 2325957413511113 [pii]

AID - 10.1177/2325957413511113 [doi]

PST - ppublish

SO - J Int Assoc Provid AIDS Care. 2015 Jan-Feb;14(1):82-7. doi:

10.1177/2325957413511113. Epub 2013 Dec 30.

PMID- 32587119

OWN - NLM

STAT- MEDLINE

DCOM- 20210209

LR - 20240730

IS - 1757-790X (Electronic)

IS - 1757-790X (Linking)

VI - 13

IP - 6

DP - 2020 Jun 24

TI - Missed opportunity to diagnose HIV with Pneumocystis carinii pneumonia as its sequela.

LID - 10.1136/bcr-2020-235386 [doi]

LID - e235386

AB - Pneumocystis carinii pneumonia (PCP) is an opportunistic infection of the lung

occurring primarily in patients with HIV infection with a CD4 cell count

<200 mm(3), solid organ transplant recipients and those taking immunosuppressive

therapy. The 1980s heralded the HIV pandemic, turning PCP into a major medical

and public health problem worldwide. Manifestations of unusual infections such as

pneumocystis and Kaposi's sarcoma, were, after all, the first signs of the





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emerging pandemic to be recognised and may indeed, be the presenting feature of a previously undiagnosed HIV infection. With the advent of pneumocystis chemoprophylaxis and the initiation of highly active antiretroviral therapy, there has been a decreased incidence in developed countries, but it remains high in developing countries. Unfortunately, late presentation of HIV remains a problem resulting in significant morbidity and mortality. The authors report the case of a new diagnosis of HIV infection in a 45-year-old woman, presenting with a dry cough, dyspnoea, unintentional weight loss and PCP. Two weeks after commencing highly active antiretroviral therapy, she was diagnosed with immune reconstitution inflammatory syndrome. Research shows that stigma and discrimination in the healthcare setting contributes to keeping individuals from accessing HIV prevention, care and treatment services and adopting key preventive behaviours. The barriers to HIV testing and stigma eradication in primary care will be explored as well as missed opportunities to diagnosis HIV in primary care in individuals presenting with signs and symptoms of immunosuppression, in this case shingles.

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LA - eng

PT - Case Reports

PT - Journal Article

DEP - 20200624

PL - England

TA - BMJ Case Rep

JT - BMJ case reports

JID - 101526291

SB - IM

MH - AIDS-Related Opportunistic Infections/*diagnosis/microbiology

MH - CD4 Lymphocyte Count

MH - Female

MH - HIV Infections/*diagnosis/microbiology

MH - Humans

MH - Middle Aged

MH - Missed Diagnosis

MH - *Pneumocystis carinii

MH - Pneumonia, Pneumocystis/*diagnosis/microbiology

PMC - PMC7319719

OTO - NOTNLM

OT - HIV / AIDS

OT - respiratory system

COIS- Competing interests: None declared.



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EDAT- 2020/06/27 06:00

MHDA- 2021/02/10 06:00

PMCR- 2022/06/24

CRDT- 2020/06/27 06:00

PHST- 2020/06/27 06:00 [entrez]

PHST- 2020/06/27 06:00 [pubmed]

PHST- 2021/02/10 06:00 [medline]

PHST- 2022/06/24 00:00 [pmc-release]

AID - 13/6/e235386 [pii]

AID - bcr-2020-235386 [pii]

AID - 10.1136/bcr-2020-235386 [doi]

PST - epubli

SO - BMJ Case Rep. 2020 Jun 24;13(6):e235386. doi: 10.1136/bcr-2020-235386.

PMID- 28282249

OWN - NLM

STAT- MEDLINE

DCOM- 20170605

LR - 20181202

IS - 1557-7449 (Electronic)

IS - 1087-2914 (Print)

IS - 1087-2914 (Linking)

VI - 31

IP - 3

DP - 2017 Mar

TI - Health Provider Views on Improving Antiretroviral Therapy Adherence Among Men Who

Have Sex with Men in Coastal Kenya.

PG - 113-121

LID - 10.1089/apc.2016.0213 [doi]

AB - HIV-positive Kenyan men who have sex with men (MSM) are a highly stigmatized

group facing barriers to care engagement and antiretroviral therapy (ART)

adherence. Because care providers' views are important in improving outcomes, we

sought the perspective of those serving MSM patients on how to optimize ART





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adherence in a setting where same-sex behavior is criminalized. We conducted 4

focus group discussions with a total of 29 healthcare workers (HCWs) experienced

in providing HIV care to MSM. The semistructured, open-ended topic guide used was

based on an access-information-motivation-proximal cues model of adherence, with

added focus on trust in providers, stigma, and discrimination. Detailed

facilitator notes and transcripts were translated into English and reviewed for

common themes. The HCW identified adherence challenges of MSM patients that are

similar to those of the general population, including HIV-related stigma and lack

of disclosure. In addition, HCWs noted challenges specific to MSM, such as lack

of access to MSM-friendly health services, economic and social challenges due to

stigma, difficult relationships with care providers, and discrimination at the

clinic and in the community. HCWs recommended clinic staff sensitivity training,

use of trained MSM peer navigators, and stigma reduction in the community as

interventions that might improve adherence and health outcomes for MSM. Despite

noting MSM-specific barriers, HCWs recommended strategies for improving HIV care

for MSM in rights-constrained settings that merit future research attention. Most

likely, multilevel interventions incorporating both individual and structural

factors will be necessary.

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LA - eng

GR - R34 MH099946/MH/NIMH NIH HHS/United States

PT - Journal Article

DEP - 20170222

PL - United States

TA - AIDS Patient Care STDS

JT - AIDS patient care and STDs

JID - 9607225

SB - IM

MH - Adolescent

MH - Adult

MH - Attitude of Health Personnel

MH - Female

MH - Focus Groups

MH - HIV Infections/*drug therapy/psychology

MH - Health Knowledge, Attitudes, Practice

MH - Health Personnel/*psychology

MH - Health Services/*statistics & numerical data

MH - Health Services Accessibility

MH - *Homosexuality, Male/ethnology/psychology

MH - Humans

MH - Interviews as Topic

MH - Kenya

MH - Male

MH - *Medication Adherence

MH - Middle Aged

MH - Motivation

MH - Patient Acceptance of Health Care



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MH - Peer Group
MH - Qualitative Research
MH - *Social Stigma
MH - Stereotyping
MH - Truth Disclosure
MH - Young Adult
PMC - PMC5359680
OTO - NOTNLM
OT - HIV-AIDS
OT - Kenya
OT - adherence
OT - antiretroviral therapy
OT - healthcare providers
OT - men who have sex with men
COIS- No competing financial interests exist.
EDAT- 2017/03/11 06:00
MHDA- 2017/06/06 06:00
PMCR- 2017/03/01
CRDT- 2017/03/11 06:00
PHST- 2017/03/11 06:00 [entrez]
PHST- 2017/03/11 06:00 [pubmed]
PHST- 2017/06/06 06:00 [medline]
PHST- 2017/03/01 00:00 [pmc-release]
AID - 10.1089/apc.2016.0213 [pii]
AID - 10.1089/apc.2016.0213 [doi]
PST - ppublish
SO - AIDS Patient Care STDS. 2017 Mar;31(3):113-121. doi:
10.1089/apc.2016.0213. Epub
2017 Feb 22.

PMID- 30601061
OWN - NLM
STAT- MEDLINE
DCOM- 20191107
LR - 20200309
IS - 1557-7449 (Electronic)
IS - 1087-2914 (Print)
IS - 1087-2914 (Linking)
VI - 33

IP - 1

DP - 2019 Jan

TI - Transgender and Other Gender-Diverse Youth's Progression Through the HIV

Continuum of Care: Socioecological System Barriers.

PG - 32-43

LID - 10.1089/apc.2018.0078 [doi]

AB - Transgender and other gender-diverse youth (TGDY) are disproportionately affected

by HIV and in need of developmentally and culturally appropriate services as they

progress along the HIV continuum of care (CoC). We conducted a phenomenological

analysis of 66 in-depth interviews with TGDY living with HIV (ages 16-24) from 14

cities across the United States about their experiences within the different

stages of the HIV CoC. TGDY described experiencing a wide variety of barriers

across each examined stage of the HIV CoC, including HIV testing, linkage to

care, retention in care, initiation of antiretroviral therapy, and adherence to

antiretroviral therapy. Within these CoC stages, TGDY experienced barriers to

care across all socioecological systems, including the sociocultural systems.

clinic/organizational systems, and interpersonal systems. Barrier themes remained

relatively constant for all stages of the CoC, although the way each thematic

category of barrier (e.g., the theme of societal oppression and discrimination)

within the sociocultural level) was experienced varied by stage. Although overall

thematic categories were typically not focused solely on threats to participants'

gender identity and expression, specific descriptions of the nature of the



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thematic barriers were related to gender identity and gender expression.

Implications of the findings for future research and practice are discussed.

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CN - Adolescent Medicine Trials Network for HIV/AIDS Interventions

LA - eng

GR - U01 HD040474/HD/NICHD NIH HHS/United States

GR - U01 HD040533/HD/NICHD NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural



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PL - United States

TA - AIDS Patient Care STDS

JT - AIDS patient care and STDs

JID - 9607225

SB - IM

MH - Adolescent

MH - *Attitude of Health Personnel

MH - *Continuity of Patient Care

MH - Discrimination, Psychological

MH - Female

MH - HIV Infections/diagnosis/*drug therapy/ethnology/psychology

MH - *Health Services Accessibility

MH - Humans

MH - Interviews as Topic

MH - Male

MH - Mass Screening

MH - *Patient Navigation

MH - Qualitative Research

MH - *Social Stigma

MH - Transgender Persons/*psychology

MH - United States

MH - Young Adult

PMC - PMC6338455

OTO - NOTNLM

OT - HIV continuum of care

OT - qualitative

OT - socioecological

OT - transgender

OT - youth

COIS- None of the authors has any institutional or commercial affiliations that might

pose a conflict of interest regarding the publication of this article.

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IR - Emmanuel

FIR - Straub

IR - Straub

FIR - Bruce

IR - Bruce

FIR - Kerr



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IR - Kerr
FIR - Belzer
IR - Belzer
FIR - Tucker
IR - Tucker
FIR - Franco
IR - Franco
FIR - D'Angelo
IR - D'Angelo
FIR - Trexler
IR - Trexler
FIR - Carr
IR - Carr
FIR - Sinkfield
IR - Sinkfield
FIR - Douglas
IR - Douglas
FIR - Tanney
IR - Tanney
FIR - DiBenedetto
IR - DiBenedetto
FIR - Franklin
IR - Franklin
FIR - Smith
IR - Smith
FIR - Henry-Reid
IR - Henry-Reid
FIR - Bojan
IR - Bojan
FIR - Balthazar
IR - Balthazar
FIR - Futterman
IR - Futterman
FIR - Campos
IR - Campos
FIR - Wesp
IR - Wesp
FIR - Nazario
IR - Nazario



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FIR - Reopell
IR - Reopell
FIR - Abdalian
IR - Abdalian
FIR - Kozina
IR - Kozina
FIR - Baker
IR - Baker
FIR - Wilkes
IR - Wilkes
FIR - Friedman
IR - Friedman
FIR - Maturo
IR - Maturo
FIR - Gaur
IR - Gaur
FIR - Flynn
IR - Flynn
FIR - Dillard
IR - Dillard
FIR - Hurd-Sawyer
IR - Hurd-Sawyer
FIR - Paul
IR - Paul
FIR - Head
IR - Head
FIR - Sierra
IR - Sierra
FIR - Secord
IR - Secord
FIR - Cromer
IR - Cromer
FIR - Walters
IR - Walters
FIR - Houston
IR - Houston
FIR - George-Agwu
IR - George-Agwu
FIR - Anderson



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IR - Anderson

FIR - Worrel-Thorne

IR - Worrel-Thorne

FIR - Mayer

IR - Mayer

FIR - Dormitzer

IR - Dormitzer

FIR - Massaquoi

IR - Massaquoi

FIR - Gelman

IR - Gelman

FIR - Reirden

IR - Reirden

FIR - Hahn

IR - Hahn

FIR - Bernath

IR - Bernath

FIR - C Wilson

IR - C Wilson

FIR - C Partlow

IR - C Partlow

FIR - G Price

IR - G Price

EDAT- 2019/01/03 06:00

MHDA- 2019/11/08 06:00

PMCR- 2020/01/01

CRDT- 2019/01/03 06:00

PHST- 2019/01/03 06:00 [entrez]

PHST- 2019/01/03 06:00 [pubmed]

PHST- 2019/11/08 06:00 [medline]

PHST- 2020/01/01 00:00 [pmc-release]

AID - 10.1089/apc.2018.0078 [pii]

AID - 10.1089/apc.2018.0078 [doi]

PST - ppublish

**SO - AIDS Patient Care STDS. 2019 Jan;33(1):32-43. doi:
10.1089/apc.2018.0078.**

PMID- 31533730

OWN - NLM





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STAT- MEDLINE

DCOM- 20200615

LR - 20200615

IS - 1477-7517 (Electronic)

IS - 1477-7517 (Linking)

VI - 16

IP - 1

DP - 2019 Sep 18

**TI - I could take the judgment if you could just provide the service:
non-prescription**

syringe purchase experience at Arizona pharmacies, 2018.

PG - 57

LID - 10.1186/s12954-019-0327-1 [doi]

LID - 57

AB - BACKGROUND: Community pharmacies are important for health
access by rural

populations and those who do not have optimum access to the
health system,

because they provide myriad health services and are found in most
communities.

This includes the sale of non-prescription syringes, a practice that
is legal in

the USA in all but two states. However, people who inject drugs
(PWID) face

significant barriers accessing sterile syringes, particularly in states
without

laws allowing syringe services programming. To our knowledge, no
recent studies

of pharmacy-based syringe purchase experience have been
conducted in communities

that are both rural and urban, and none in the Southwestern US.
This study seeks

to understand the experience of retail pharmacy syringe purchase
in Arizona by

PWID. **METHODS:** An interview study was conducted between
August and December 2018

with 37 people living in 3 rural and 2 urban Arizona counties who
identified as



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current or former users of injection drugs. Coding was both a priori and

emergent, focusing on syringe access through pharmacies, pharmacy experiences

generally, experiences of stigma, and recommendations for harm reduction services

delivered by pharmacies. RESULTS: All participants reported being refused syringe

purchase at pharmacies. Six themes emerged about syringe purchase: (1) experience

of stigma and judgment by pharmacy staff, (2) feelings of internalized stigma,

(3) inconsistent sales outcomes at the same pharmacy or pharmacy chain, (4)

pharmacies as last resort for syringes, (5) fear of arrest for syringe possession, and (6) health risks resulting from syringe refusal.

CONCLUSIONS:

Non-prescription syringe sales in community pharmacies are a missed opportunity

to improve the health of PWID by reducing syringe sharing and reuse. Yet, current

pharmacy syringe sales refusal and stigmatization by staff suggest that

pharmacy-level interventions will be necessary to impact pharmacy practice. Lack

of access to sterile syringes reinforces health risk behaviors among PWID. Retail

syringe sales at pharmacies remain an important, yet barrier-laden, element of a

comprehensive public health response to reduce HIV and hepatitis C among PWID.

Future studies should test multilevel evidence-based interventions to decrease

staff discrimination and stigma and increase syringe sales.

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LA - eng

PT - Journal Article

DEP - 20190918

PL - England

TA - Harm Reduct J

JT - Harm reduction journal

JID - 101153624

SB - IM

MH - Adult

MH - Aged

MH - Arizona

MH - Female

MH - Group Purchasing/*legislation & jurisprudence

MH - HIV Infections/prevention & control/transmission

MH - *Harm Reduction

MH - Health Services Accessibility/legislation & jurisprudence

MH - Hepatitis C/prevention & control/transmission

MH - Humans

MH - Interview, Psychological

MH - Male

MH - Middle Aged

MH - Needle Sharing/*legislation & jurisprudence

MH - Pharmacies/*legislation & jurisprudence

MH - Social Stigma

MH - Substance Abuse, Intravenous/*rehabilitation

MH - Syringes/*supply & distribution

MH - Young Adult

PMC - PMC6751644

OTO - NOTNLM

OT - HIV



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OT - Hepatitis C

OT - Stigma

OT - Syringe access

COIS- The authors declare that they have no competing interests.

EDAT- 2019/09/20 06:00

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AID - 10.1186/s12954-019-0327-1 [pii]

AID - 327 [pii]

AID - 10.1186/s12954-019-0327-1 [doi]

PST - epubliish

SO - Harm Reduct J. 2019 Sep 18;16(1):57. doi: 10.1186/s12954-019-0327-1.

PMID- 25043380

OWN - NLM

STAT- MEDLINE

DCOM- 20150304

LR - 20231110

IS - 1758-2652 (Electronic)

IS - 1758-2652 (Linking)

VI - 17

IP - 1

DP - 2014

TI - Maximizing the benefits of antiretroviral therapy for key affected populations.

PG - 19320

LID - 10.7448/IAS.17.1.19320 [doi]

LID - 19320 [doi]

AB - INTRODUCTION: Scientific research has demonstrated the clinical benefits of

earlier initiation of antiretroviral treatment (ART), and that ART can markedly





reduce HIV transmission to sexual partners. Ensuring universal access to ART for

those who need it has long been a core principle of the HIV response, and

extending the benefits of ART to key populations is critical to increasing the

impact of ART and the overall effectiveness of the HIV response. However, this

can only be achieved through coordinated efforts to address political, social,

legal and economic barriers that key populations face in accessing HIV services.

DISCUSSION: Recent analyses show that HIV prevalence levels among key populations

are far higher than among the general population, and they experience a range of

biological and behavioural factors, and social, legal and economic barriers that

increase their vulnerability to HIV and have resulted in alarmingly low ART

coverage. World Health Organization 2014 consolidated guidance on HIV among key

populations offers the potential for increased access to ART by key populations,

following the same principles as for the general adult population. However, it

should not be assumed that key populations will achieve greater access to ART

unless stigma, discrimination and punitive laws, policies and practices that

limit access to ART and other HIV interventions in many countries are addressed.

CONCLUSIONS: Rights-based approaches and investments in critical enablers, such

as supportive legal and policy environments, are essential to enable wider access

to ART and other HIV interventions for key populations. The primary objective of





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ART should always be to treat the person living with HIV; prevention is an

important, additional benefit. ART should be provided only with informed consent.

The preventive benefits of treatment must not be used as a pretext for failure to

provide other necessary HIV programming for key populations, including

comprehensive harm reduction and other prevention interventions tailored to meet

the needs of key populations. An end to AIDS is only possible if we overcome the

barriers of criminalization, stigma and discrimination that remain key drivers of

the HIV epidemics among key populations.

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LA - eng

GR - P30 AI094189/AI/NIAID NIH HHS/United States

GR - T32 AI02623/AI/NIAID NIH HHS/United States

GR - T32AI02623/AI/NIAID NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, Non-U.S. Gov't

DEP - 20140718

PL - Switzerland

TA - J Int AIDS Soc

JT - Journal of the International AIDS Society

JID - 101478566

RN - 0 (Anti-Retroviral Agents)

SB - IM

MH - Adult

MH - Anti-Retroviral Agents/*therapeutic use

MH - Antiretroviral Therapy, Highly Active/*methods

MH - Disease Transmission, Infectious/*prevention & control

MH - Female

MH - Global Health

MH - Guidelines as Topic

MH - HIV Infections/*drug therapy/*prevention & control



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MH - Health Policy
MH - *Health Services Accessibility
MH - Humans
MH - Male
MH - Time Factors
MH - World Health Organization
PMC - PMC4104298
OTO - NOTNLM
OT - HIV/AIDS
OT - human rights
OT - treatment
EDAT- 2014/07/22 06:00
MHDA- 2015/03/05 06:00
PMCR- 2014/07/18
CRDT- 2014/07/22 06:00
PHST- 2014/06/20 00:00 [received]
PHST- 2014/06/30 00:00 [revised]
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PHST- 2014/07/22 06:00 [pubmed]
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PHST- 2014/07/18 00:00 [pmc-release]
AID - 19320 [pii]
AID - 10.7448/IAS.17.1.19320 [doi]
PST - epublish
SO - J Int AIDS Soc. 2014 Jul 18;17(1):19320. doi: 10.7448/IAS.17.1.19320.
eCollection
2014.

PMID- 28476153
OWN - NLM
STAT- MEDLINE
DCOM- 20180522
LR - 20220330
IS - 1472-698X (Electronic)
IS - 1472-698X (Linking)
VI - 17
IP - 1
DP - 2017 May 5



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TI - "When they know that you are a sex worker, you will be the last person to be

treated": Perceptions and experiences of female sex workers in accessing HIV services in Uganda.

PG - 11

LID - 10.1186/s12914-017-0119-1 [doi]

LID - 11

AB - BACKGROUND: HIV prevalence among female sex workers (FSWs) in high burden

countries in sub-Saharan Africa varies between 24 and 72%, however their access

to HIV services remains limited. This study explored FSWs' perspectives of the

barriers and opportunities to HIV service access in Uganda.

METHODS: The

cross-sectional qualitative study was conducted between October and December

2013. Twenty-four focus group discussions were conducted with 190 FSWs in 12

districts. Data were analysed using manifest content analysis, using Atlas.ti

software, based on the socio-ecological model. RESULTS: FSWs indicated that HIV

services were available and these included condoms, HIV testing and treatment,

and management of sexually transmitted infections. However, access to HIV

services was affected by several individual, societal, structural, and policy

related barriers. Individual level factors included limited awareness of some

prevention services, fears, and misconceptions while societal stigma was

prominent. Structural and policy level barriers included inconvenient hours of

operation of the clinics, inflexible facility based distribution of condoms,





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interruptions in the supply of condoms and other commodities, and limited package

of services with virtually no access to lubricants, HIV pre- and post-exposure

prophylaxis, and support following client perpetrated violence. Policies such as

partner testing and involvement at antenatal care, and using only one facility

for antiretroviral drug refills hindered HIV service uptake and retention in

care. FSWs had major concerns with the quality of services especially

discrimination and rude remarks from providers, denial or delay of services, and

potential for breach of confidentiality. However, some FSWs reported positive

experiences including interface with friendly providers and participated in

formal and informal FSW groups, which supported them to access health services.

CONCLUSION: Despite availability of services, FSWs faced major challenges in

access to services. Comprehensive multilevel interventions targeting individual,

societal, structural and policy level barriers are required to increase access to

HIV services among FSWs in Uganda. Policy and institutional adjustments should

emphasize quality friendly services and expanding the package of services to meet

the needs of FSWs.

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LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20170505

PL - England

TA - BMC Int Health Hum Rights

JT - BMC international health and human rights

JID - 101088678

SB - IM

MH - Adult

MH - Cross-Sectional Studies

MH - Female



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MH - Focus Groups

MH - HIV Infections/epidemiology/prevention & control/*therapy

MH - *Health Services Accessibility

MH - Humans

MH - Male

MH - Sex Workers/*psychology/statistics & numerical data

MH - Sexual Partners

MH - *Social Stigma

MH - Uganda

PMC - PMC5420144

OTO - NOTNLM

OT - Care and treatment

OT - Female sex workers

OT - HIV/AIDS

OT - Prevention

OT - Sub-Saharan Africa

OT - Uganda

EDAT- 2017/05/10 06:00

MHDA- 2018/05/23 06:00

PMCR- 2017/05/05

CRDT- 2017/05/07 06:00

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PHST- 2018/05/23 06:00 [medline]

PHST- 2017/05/05 00:00 [pmc-release]

AID - 10.1186/s12914-017-0119-1 [pii]

AID - 119 [pii]

AID - 10.1186/s12914-017-0119-1 [doi]

PST - epubliish

SO - BMC Int Health Hum Rights. 2017 May 5;17(1):11. doi: 10.1186/s12914-017-0119-1.

PMID- 30994743

OWN - NLM

STAT- MEDLINE

DCOM- 20200203

LR - 20200203



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IS - 1678-4464 (Electronic)

IS - 0102-311X (Linking)

VI - 35

IP - 4

DP - 2019

TI - Experiences of transgender women/transvestites with access to health services:

progress, limits, and tensions.

PG - e00111318

LID - S0102-311X2019000400504 [pii]

LID - 10.1590/0102-311X00111318 [doi]

AB - Given both the changes in sexual customs, norms and policies and the persistent

patterns in Brazil, the article analyzes the experiences of transgender

women/transvestites with access to health services and discusses sexual/gender

discrimination and their demands for gender transition and AIDS prevention

services. The study involved interviews with nine transgender women/transvestites

23-45 years of age from low-income strata in the Baixada Fluminense region of

Greater Metropolitan Rio de Janeiro, Brazil, in 2016 and observation of contexts

of prostitution and sociability. Compared to the violence experienced years

previously, the narratives of transgender women/transvestites highlight important

social strides. They report that health professionals do not discriminate against

them based on their condition, although they resist calling them by their social

names. This embarrassment and the structural problems of the Brazilian Unified

National Health System (SUS) are minimized by the agency of trans women/transvestites in obtaining care, such as recourse to contact networks and





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awareness of their civil rights. The narratives on their search for body changes

for transitioning often reveal a tense combination of the technologies offered by

health services and those managed by transvestites themselves. Although AIDS

policies focus on measures for trans women/transvestites, HIV prevention is not

among their main demands on health services. There are subjective barriers for

accessing services, resulting from internalized stigma and the association of HIV

infection with their living conditions. Improvement in healthcare for the

trans/travestite population requires a debate on structural problems in the SUS,

the defense of its expanded view of care, and investments in professional

training.

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LA - eng

LA - por

PT - Journal Article

TT - Experiências de acesso de mulheres trans/travestis aos serviços de saúde:

avanços, limites e tensões.

DEP - 20190408

PL - Brazil

TA - Cad Saude Publica

JT - Cadernos de saude publica





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JID - 8901573

SB - IM

EIN - Cad Saude Publica. 2019 May 2;35(4):eER111318. doi: 10.1590/0102-311XER111318.

PMID: 31066784

MH - Adult

MH - Brazil

MH - Delivery of Health Care

MH - Female

MH - Gender Identity

MH - HIV Infections/prevention & control

MH - Health Services Accessibility

MH - *Health Services for Transgender Persons

MH - Humans

MH - Male

MH - Middle Aged

MH - Qualitative Research

MH - Social Discrimination

MH - *Transgender Persons

MH - *Transvestism

MH - Young Adult

EDAT- 2019/04/18 06:00

MHDA- 2020/02/06 06:00

CRDT- 2019/04/18 06:00

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PHST- 2019/04/18 06:00 [entrez]

PHST- 2019/04/18 06:00 [pubmed]

PHST- 2020/02/06 06:00 [medline]

AID - S0102-311X2019000400504 [pii]

AID - 10.1590/0102-311X00111318 [doi]

PST - ppublsh

SO - Cad Saude Publica. 2019;35(4):e00111318. doi: 10.1590/0102-311X00111318. Epub

2019 Apr 8.

PMID- 29550446

OWN - NLM

STAT- MEDLINE



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Península de Yucatán

DCOM- 20180913

LR - 20181202

IS - 1878-3511 (Electronic)

IS - 1201-9712 (Linking)

VI - 70

DP - 2018 May

TI - Access to hepatitis C virus treatment: Lessons from implementation of strategies

for increasing access to antiretroviral treatment.

PG - 65-68

LID - S1201-9712(18)30063-8 [pii]

LID - 10.1016/j.ijid.2018.03.004 [doi]

AB - At September's 2017 United Nations General Assembly, a state-of-the-art HIV

medicine was announced to be made available at just \$75 per person per year.

There have been a number of strategies that the global AIDS community and

countries have utilized to reduce prices and make antiretrovirals (ARVs)

accessible for people living with HIV/AIDS. There appears to be an opportunity

for the treatment of hepatitis C virus infection using direct-acting antivirals

(DAAs) to benefit from the often painful and laboured history of driving down the

prices of ARVs. In general, the success of lowering prices for ARVs has stemmed

from the politics needed to initially support generic entry into the on-patent

market. The use of flexibilities present in the World Trade Organization's

Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) have

been used to overcome patent barriers, with the use of compulsory licenses and/or

the threat of their use as instruments for strengthening the bargaining power in





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price negotiations. These strategies have been combined with new financing

mechanisms that have promoted more effective procurement and price negotiations.

Partnership among the different stakeholders has also been critical in this

regard. Countries have also invested in their health systems and implemented

several strategies to reduce stigma and discrimination to increase access to and

improve utilization of ARVs. This article suggests that any future international

initiatives to increase access to DAAs can learn from these lessons surrounding

price reduction, improved financing, advocacy, as well as health systems

strengthening and stigma reduction. Adopting and reconfiguring these strategies

will also incur substantial savings in time, money and lives.

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LA - eng

PT - Journal Article

DEP - 20180314

PL - Canada

TA - Int J Infect Dis



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JT - International journal of infectious diseases : IJID : official publication of the

International Society for Infectious Diseases

JID - 9610933

RN - 0 (Anti-Retroviral Agents)

SB - IM

MH - Anti-Retroviral Agents/*therapeutic use

MH - HIV Infections/*drug therapy

MH - *Health Services Accessibility

MH - Hepatitis C/*drug therapy

MH - Humans

OTO - NOTNLM

OT - Acces to medicines

OT - Antiretrovirals

OT - Direct-acting antivirals

OT - HIV

OT - Hepatitis C virus

EDAT- 2018/03/20 06:00

MHDA- 2018/09/14 06:00

CRDT- 2018/03/19 06:00

PHST- 2017/12/21 00:00 [received]

PHST- 2018/03/06 00:00 [revised]

PHST- 2018/03/09 00:00 [accepted]

PHST- 2018/03/20 06:00 [pubmed]

PHST- 2018/09/14 06:00 [medline]

PHST- 2018/03/19 06:00 [entrez]

AID - S1201-9712(18)30063-8 [pii]

AID - 10.1016/j.ijid.2018.03.004 [doi]

PST - ppublish

SO - Int J Infect Dis. 2018 May;70:65-68. doi: 10.1016/j.ijid.2018.03.004.

Epub 2018

Mar 14.

PMID- 27188762

OWN - NLM

STAT- MEDLINE

DCOM- 20170424

LR - 20221207

IS - 1552-6917 (Electronic)



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Península de Yucatán

IS - 1055-3290 (Print)

IS - 1055-3290 (Linking)

VI - 27

IP - 5

DP - 2016 Sep-Oct

TI - Displacement and HIV: Factors Influencing Antiretroviral Therapy Use by Ethnic

Shan Migrants in Northern Thailand.

PG - 709-21

LID - S1055-3290(16)30035-8 [pii]

LID - 10.1016/j.jana.2016.04.006 [doi]

AB - Migrant populations face increased HIV vulnerabilities, including limited access

to antiretroviral therapy. Civil conflict in Myanmar has displaced thousands of

people from the minority Shan ethnic group into northern Thailand, where they

bear a disproportionate HIV burden. To identify barriers and facilitators of

antiretroviral therapy use in this population, we conducted a rapid ethnographic

assessment and case study with a clinical sample of Shan migrants receiving

treatment for HIV in a district hospital in Chiang Mai, Thailand, Thai nurses

providing their care, and health care administrators (n = 23). Barriers included

fears of arrest and deportation, communication difficulties, perceived social

marginalization, limited HIV knowledge, and lack of finances. Facilitating

factors included hospital-based migrant registration services and community

outreach efforts involving support group mobilization, referral practices, and

radio broadcasts. These findings provided a contextualized account to inform

policies, community interventions, and nursing practice to increase treatment





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access for minority migrant groups.

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FAU - Murray, Jordan K

AU - Murray JK

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AU - Yang JS

FAU - Wood, Michele M

AU - Wood MM

LA - eng

GR - T37 MD001368/MD/NIMHD NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, Non-U.S. Gov't

DEP - 20160424

PL - United States

TA - J Assoc Nurses AIDS Care

JT - The Journal of the Association of Nurses in AIDS Care : JANAC

JID - 9111870

RN - 0 (Anti-Retroviral Agents)

SB - IM

MH - Adult

MH - Anti-Retroviral Agents/*therapeutic use

MH - Antiretroviral Therapy, Highly Active

MH - Asian People

MH - Communication Barriers

MH - Ethnicity

MH - Fear

MH - Female

MH - HIV Infections/*drug therapy/ethnology

MH - Health Knowledge, Attitudes, Practice

MH - *Health Services Accessibility

MH - Humans

MH - Language

MH - Male

MH - Myanmar/ethnology





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DCOM- 20190911

LR - 20240922

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Print)

IS - 0954-0121 (Linking)

VI - 30

IP - sup5

DP - 2018 Aug

TI - HIV care engagement and ART adherence among Kenyan gay, bisexual, and other men

who have sex with men: a multi-level model informed by qualitative research.

PG - S97-S105

LID - 10.1080/09540121.2018.1515471 [doi]

AB - Gay, bisexual, and other men who have sex with men (GBMSM) are highly stigmatized

and male-male sex is often criminalized in sub-Saharan Africa, impeding access to

quality care for sexual health, HIV prevention, and treatment. To better

understand HIV care engagement and antiretroviral therapy (ART) adherence among

GBMSM in this context, a conceptual model incorporating sociocultural factors is

needed. We conducted a qualitative study of barriers to and facilitators of HIV

care engagement and ART adherence among Kenyan GBMSM, informed by a conceptual

model based on an access, information, motivation, and behavioral skills

(access-IMB) model, with trust in providers and stigma and discrimination as a

priori factors of interest. We conducted 30 semi-structured interviews with

HIV-positive Kenyan GBMSM, of whom 20 were taking ART and 10 had not yet

initiated treatment. A deductive approach was used to confirm the relevance of



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basic concepts of the access-IMB model, while an inductive approach was used to

identify content that emerged from men's lived experiences. Access-related

information, motivation, and behavioral skills appeared relevant to HIV care

engagement and ART adherence, with stigma and discrimination appearing

consistently across discourse exploring facilitators and barriers. Trusted

providers and supportive family and friends helped many men, and resilience-related concepts such as selective disclosure of GBMSM status,

connection to lesbian, gay, bisexual, and transgender (LGBT) organizations,

self-acceptance, goal-setting, social identity and altruism emerged as important

facilitators. Findings suggest a need to increase support from providers and

peers for Kenyan GBMSM living with HIV infection. In addition, they point toward

the potential value of interventions that provide opportunities to build or

enhance one's sense of community belonging in order to improve HIV care

engagement and promote ART adherence for this vulnerable population.

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LA - eng

GR - R01 HD007796/HD/NICHD NIH HHS/United States

GR - K24 MH093243/MH/NIMH NIH HHS/United States



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GR - R34 MH099946/MH/NIMH NIH HHS/United States
GR - R25 MH067127/MH/NIMH NIH HHS/United States
GR - 203077/Z/16/Z/WT_/Wellcome Trust/United Kingdom
GR - R37 HD007796/HD/NICHD NIH HHS/United States
GR - P30 AI027757/AI/NIAID NIH HHS/United States
GR - WT_/Wellcome Trust/United Kingdom
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, Non-U.S. Gov't
DEP - 20190122
PL - England
TA - AIDS Care
JT - AIDS care
JID - 8915313
RN - 0 (Anti-HIV Agents)
SB - IM
MH - Adult
MH - Africa South of the Sahara
MH - Anti-HIV Agents/*therapeutic use
MH - *Bisexuality
MH - HIV Infections/*drug therapy
MH - *Homosexuality, Male
MH - Humans
MH - Kenya
MH - Male
MH - Mass Screening
MH - Middle Aged
MH - Motivation
MH - Patient Compliance
MH - Peer Group
MH - Qualitative Research
MH - *Sexual and Gender Minorities
MH - Social Stigma
MH - Stereotyping
MH - Young Adult
PMC - PMC6430645
MID - NIHMS1512323
OTO - NOTNLM
OT - HIV/AIDS





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OT - antiretroviral therapy

OT - men who have sex with men

OT - resilience

OT - social discrimination

OT - social stigma

OT - treatment adherence

EDAT- 2019/01/23 06:00

MHDA- 2019/09/12 06:00

PMCR- 2019/03/27

CRDT- 2019/01/23 06:00

PHST- 2019/01/23 06:00 [pubmed]

PHST- 2019/09/12 06:00 [medline]

PHST- 2019/01/23 06:00 [entrez]

PHST- 2019/03/27 00:00 [pmc-release]

AID - 1515471 [pii]

AID - 10.1080/09540121.2018.1515471 [doi]

PST - ppublish

SO - AIDS Care. 2018 Aug;30(sup5):S97-S105. doi:

10.1080/09540121.2018.1515471. Epub

2019 Jan 22.

PMID- 17032573

OWN - NLM

STAT- MEDLINE

DCOM- 20061206

LR - 20191110

IS - 1548-3568 (Print)

IS - 1548-3568 (Linking)

VI - 3

IP - 4

DP - 2006 Nov

TI - Evolving trends in medical care-coordination for patients with HIV and AIDS.

PG - 149-53

AB - HIV/AIDS is a condition characterized by a variety of medical and social needs

that affect individuals over time. System-level problems of access, rising costs



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of care, and varying quality of HIV/AIDS care in addition to the individual

barriers to care such as stigma, perceived discrimination, competing needs, and

co-morbid conditions have highlighted the importance of using comprehensive

approaches to care delivery. Several types of services have been proposed to

improve care coordination for various diseases, including case management,

community health workers, promotoras, and patient navigators. In this paper, we

will review the characteristics of care coordination interventions for persons

with HIV and the findings in the literature about their association with HIV

health outcomes. We will conclude with a discussion of the implications and

important areas for further investigations on this topic.

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LA - eng

PT - Journal Article

PT - Review

PL - United States

TA - Curr HIV/AIDS Rep

JT - Current HIV/AIDS reports

JID - 101235661

SB - IM

MH - Acquired Immunodeficiency Syndrome/therapy

MH - Community Health Services/*trends

MH - Community Health Workers



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MH - HIV Infections/*therapy

MH - Humans

MH - *Interdisciplinary Communication

MH - Patient Care Management/*trends

MH - Social Welfare/*trends

RF - 50

EDAT- 2006/10/13 09:00

MHDA- 2006/12/09 09:00

CRDT- 2006/10/13 09:00

PHST- 2006/10/13 09:00 [pubmed]

PHST- 2006/12/09 09:00 [medline]

PHST- 2006/10/13 09:00 [entrez]

AID - 10.1007/s11904-006-0009-y [doi]

PST - ppublish

SO - Curr HIV/AIDS Rep. 2006 Nov;3(4):149-53. doi: 10.1007/s11904-006-0009-y.

PMID- 25925192

OWN - NLM

STAT- MEDLINE

DCOM- 20160126

LR - 20220321

IS - 1654-9880 (Electronic)

IS - 1654-9716 (Print)

IS - 1654-9880 (Linking)

VI - 8

DP - 2015

**TI - HIV-related knowledge, perceptions, attitudes, and utilisation of
HIV counselling**

**and testing: a venue-based intercept commuter population survey
in the inner city**

of Johannesburg, South Africa.

PG - 26950

LID - 10.3402/gha.v8.26950 [doi]

**AB - BACKGROUND: HIV counselling and testing (HCT) and knowledge
about HIV have been**

**key strategies utilised in the prevention and control of HIV/AIDS
worldwide. HIV**





knowledge and uptake of HCT services in sub-Saharan Africa are still low. This

study was conducted to determine factors associated with HCT and HIV/AIDS

knowledge levels among a commuter population in Johannesburg, South Africa.

OBJECTIVE: To identify the factors associated with HCT uptake among the commuter

population. **DESIGN:** A simple random sampling method was used to select

participants in a venue-based intercept survey at a taxi rank in the Johannesburg

Central Business District. Data were collected using an electronic questionnaire.

Logistic regression analysis assessed factors associated with HIV testing

stratified by gender. **RESULTS:** 1,146 respondents were interviewed, the majority

(n=579, 50.5%) were females and (n=780, 68.1%) were over 25 years of age. Overall

HCT knowledge was high (n=951, 83%) with more females utilising HCT facilities.

There was a significant difference in HIV testing for respondents living closer

to and further away from health facilities. Slightly more than half of the

respondents indicated stigma as one of the barriers for testing (n=594, 52%,

p-value=0.001). For males, living with a partner (aOR: 1.68, 95% CI: 1.02-2.78,

p-value: 0.041) and possessing a post-primary education were positively

associated with testing (aOR: 2.00, 95% CI: 1.15-3.47, p-value: 0.014), whereas

stigma and discrimination reduced the likelihood of testing (aOR: 0.40, 95% CI:

0.31-0.62, p-value: <0.001). For females, having one sexual partner (aOR: 2.65,





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95% CI: 1.19-5.90, p-value: 0.017) and a low perceived benefit for HIV testing

(aOR: 0.54, 95% CI: 0.30-0.96, p-value: 0.035) were associated with HIV testing.

CONCLUSION: The overall HIV/AIDS knowledge was generally high. Gender-specific

health education and HIV intervention programmes are needed for improved access

to HCT services. One favourable intervention would be the use of home-based HCT programmes.

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LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20150428

PL - United States

TA - Glob Health Action

JT - Global health action

JID - 101496665

SB - IM

MH - Adult

MH - *Counseling

MH - Female

MH - HIV Infections/*diagnosis/epidemiology/*psychology

MH - *Health Knowledge, Attitudes, Practice

MH - Humans

MH - Male

MH - Mass Screening/organization & administration

MH - Patient Acceptance of Health Care/psychology

MH - Perception

MH - Residence Characteristics

MH - Sex Factors

MH - Sexual Behavior

MH - Social Stigma

MH - Socioeconomic Factors

MH - South Africa/epidemiology

MH - Urban Population

PMC - PMC4414782

OTO - NOTNLM

OT - HCT

OT - HIV/AIDS



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OT - Johannesburg

OT - commuter population

OT - stigma

EDAT- 2015/05/01 06:00

MHDA- 2016/01/27 06:00

PMCR- 2015/04/28

CRDT- 2015/05/01 06:00

PHST- 2014/12/11 00:00 [received]

PHST- 2015/02/22 00:00 [revised]

PHST- 2015/03/20 00:00 [accepted]

PHST- 2015/05/01 06:00 [entrez]

PHST- 2015/05/01 06:00 [pubmed]

PHST- 2016/01/27 06:00 [medline]

PHST- 2015/04/28 00:00 [pmc-release]

AID - 26950 [pii]

AID - 10.3402/gha.v8.26950 [doi]

PST - epublish

**SO - Glob Health Action. 2015 Apr 28;8:26950. doi:
10.3402/gha.v8.26950. eCollection
2015.**

PMID- 20640954

OWN - NLM

STAT- MEDLINE

DCOM- 20110224

LR - 20220310

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Print)

IS - 0954-0121 (Linking)

VI - 22

IP - 11

DP - 2010 Nov

**TI - "We fear the police, and the police fear us": structural and
individual barriers**

**and facilitators to HIV medication adherence among injection drug
users in Kiev,
Ukraine.**

PG - 1305-13

LID - 10.1080/09540121003758515 [doi]



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AB - Ukraine has one of the most severe HIV/AIDS epidemics in Europe, with an

estimated 1.63% of the population living with HIV/AIDS in 2007.

Injection drug

use (IDU) remains the predominant mode of transmission in Kiev - the capital and

largest city. Prior reports suggest that the HIV infection rate among IDUs in

Kiev reaches 33%, and many have poor and inequitable access to highly active

antiretroviral therapy (HAART). Among those with access to HAART, little is

understood about barriers and facilitators to HAART medication adherence. In May

2009, two semi-structured focus groups were conducted with HIV-infected IDUs

seeking treatment at the City AIDS Center, Kiev. The goal was to use this

information to adapt and tailor, to Ukrainian culture, an evidence-based

intervention for improving adherence to HAART. All 16 participants attributed HIV

infection to IDU. Their average age was 31.6 (SD=7.0), average time with HIV 5.7

years (SD=4.0), average time on HAART 2.5 years (SD=1.7), average time as IDU

14.6 years (SD=6.8), and 88% were on opioid substitution therapy. The most

salient themes related to adherence barriers included: (1) harassment and

discrimination by police; (2) opioid dependence; (3) complexity of drug regimen;

(4) side effects; (5) forgetting; (6) co-occurring mental health problems; and

(7) HIV stigma. Facilitators of adherence included: (1) cues for pill taking; (2)

support and reminders from family, significant other, and friends; (3) opioid



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substitution therapy; and (4) wanting improved health. Additional factors

explored included: (1) knowledge about HAART; (2) storage of medications; and (3)

IDU and sexual risk behaviors. Findings highlighted structural and individual

barriers to adherence. At the structural level, police discrimination and

harassment was reported to be a major barrier to adherence to opioid substitution

therapy and HAART. Privacy and stigma were barriers at the individual level.

Recommendations for adherence interventions included education, training, and

identification cards to show police that medication was for treatment of HIV, not

for abuse; and involving family members and other systems of support for HIV

treatment.

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FAU - Woody, George

AU - Woody G

LA - eng

GR - K05 DA017009/DA/NIDA NIH HHS/United States

GR - P60-DA-005186-22/DA/NIDA NIH HHS/United States

GR - P60 DA005186/DA/NIDA NIH HHS/United States

GR - K05DA17009/DA/NIDA NIH HHS/United States



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GR - R21 DA021073/DA/NIDA NIH HHS/United States
GR - R21DA021073/DA/NIDA NIH HHS/United States
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PL - England
TA - AIDS Care
JT - AIDS care
JID - 8915313
RN - 0 (Anti-HIV Agents)
SB - IM
MH - Adult
MH - Anti-HIV Agents/therapeutic use
MH - Antiretroviral Therapy, Highly Active/*psychology
MH - Drug Users/*psychology
MH - Female
MH - Focus Groups
MH - HIV Infections/drug therapy/etiology/*psychology
MH - Humans
MH - Male
MH - Medication Adherence/*psychology
MH - Opioid-Related Disorders/complications/psychology
MH - *Police
MH - *Prejudice
MH - Risk-Taking
MH - Ukraine
PMC - PMC2952728
MID - NIHMS224280
EDAT- 2010/07/20 06:00
MHDA- 2011/02/25 06:00
PMCR- 2011/11/01
CRDT- 2010/07/20 06:00
PHST- 2010/07/20 06:00 [entrez]
PHST- 2010/07/20 06:00 [pubmed]
PHST- 2011/02/25 06:00 [medline]
PHST- 2011/11/01 00:00 [pmc-release]
AID - 924492984 [pii]
AID - 10.1080/09540121003758515 [doi]
PST - ppublish
SO - AIDS Care. 2010 Nov;22(11):1305-13. doi: 10.1080/09540121003758515.





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PMID- 31185994

OWN - NLM

STAT- MEDLINE

DCOM- 20191023

LR - 20200309

IS - 1475-9276 (Electronic)

IS - 1475-9276 (Linking)

VI - 18

IP - 1

DP - 2019 Jun 11

TI - Health needs, health care seeking behaviour, and utilization of health services

among lesbians, gays and bisexuals in Addis Ababa, Ethiopia.

PG - 86

LID - 10.1186/s12939-019-0991-5 [doi]

LID - 86

AB - BACKGROUND: Studies show that sexual and gender minorities have unique health

care needs and encounter complicated problems to access health services. Drawing

on the intersectionality approach, this paper examines the intersecting factors

that determine health care seeking behaviour and utilization of health care

services among Lesbians, Gays and Bisexuals (LGB) in Ethiopia including the

diversity in experiences of these determinants and differences in the coping

mechanisms to navigate these challenges within the LGB group. Despite the

importance, there remains a paucity of evidence on the topic in Ethiopia.

METHODS: A concurrent mixed method design was used including survey of 100 LGB,

and in-depth interviews and an FGD with 10 and 8 participants, each respectively.

The quantitative data was analysed using descriptive statistics. Qualitative data



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was analysed thematically and triangulated with quantitative data.

RESULTS: The

results show that heteronormativity intersects with LGB's social position (sexual

identity, social network and class) to influence health care need, health seeking

behaviour or access to health services. Sexual health and mental health problems

are main concerns of LGB, who reported to live under acute anxiety and fear of

being exposed, or bringing shame and humiliation to themselves or their families.

One of the main emerging themes from the research is the link between mental

health and risky sexual practices. Risk perception to HIV was high among LGB,

with two-thirds reporting high risk. Only 37.5% (33/88) stated being always

motivated to seek care when sick and the rest cited the following barriers that

stifled their health seeking behaviour and utilization of health care services:

Stigma and discrimination (83%), shame and embarrassment (83%), fear of being

discovered (78%), lack of LGB friendly services (45%), affordability (18%),

distance (17%), and health care professional refusal (10%).

CONCLUSION:

Homophobia and criminalization of homosexuality, and heteronormativity of health

care services intersect with LGB's social position resulting in heterogeneity of

risk, diversity of sexual and mental health needs, and difference in coping

mechanisms (disadvantages and privilege). The main implication of the study is

the need to recognize the existence of LGB and their diverse sexual and mental





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health needs, and link them to appropriate health care and psycho-social services

including HIV/AIDS prevention and treatment.

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LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20190611

PL - England

TA - Int J Equity Health

JT - International journal for equity in health

JID - 101147692

SB - IM

MH - Adaptation, Psychological

MH - Adult

MH - Emotions

MH - Ethiopia

MH - Female

MH - Health Behavior

MH - Health Services

MH - *Health Services Accessibility

MH - Healthcare Disparities

MH - *Homophobia

MH - Humans

MH - Male

MH - *Mental Health

MH - *Patient Acceptance of Health Care/psychology

MH - Sexual Behavior

MH - *Sexual Health

MH - *Sexual and Gender Minorities



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MH - *Sexuality
MH - Social Identification
MH - Social Networking
MH - Social Stigma
MH - Socioeconomic Factors
MH - Surveys and Questionnaires
MH - Young Adult
PMC - PMC6560764
OTO - NOTNLM
OT - Ethiopia
OT - Health seeking behaviour
OT - Heteronormativity
OT - Intersectionality
OT - LGB
OT - Stigma

COIS- The authors declare no competing interest.

EDAT- 2019/06/13 06:00

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PHST- 2019/03/22 00:00 [received]

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PHST- 2019/06/13 06:00 [pubmed]

PHST- 2019/10/24 06:00 [medline]

PHST- 2019/06/11 00:00 [pmc-release]

AID - 10.1186/s12939-019-0991-5 [pii]

AID - 991 [pii]

AID - 10.1186/s12939-019-0991-5 [doi]

PST - epublish

SO - Int J Equity Health. 2019 Jun 11;18(1):86. doi: 10.1186/s12939-019-0991-5.

PMID- 25725803

OWN - NLM

STAT- PubMed-not-MEDLINE

LR - 20191120

IS - 1448-5028 (Print)

IS - 1448-5028 (Linking)



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VI - 12

IP - 3

DP - 2015 Jun

TI - 'Drug users stick together': HIV testing in peer-based drop-in centres among

people who inject drugs in Thailand.

PG - 263-8

LID - 10.1071/SH14107 [doi]

AB - Introduction Although there is a well recognised need for novel approaches to HIV

testing, particularly for marginalised populations at high risk for HIV

infection, there remains a dearth of information on the acceptability of

peer-based HIV testing among people who inject drugs (PWID).

METHODS: Between

July 2011 and June 2012, 22 in-depth interviews were conducted with PWID

participating in the Mitsampan Community Research Project in Bangkok, Thailand.

Semi-structured interviews explored willingness to access rapid HIV testing

delivered by a healthcare professional or a trained peer within peer-based

drop-in centres. Audio-recorded interviews were transcribed verbatim and a

thematic analysis was conducted. RESULTS: All participants indicated interest in

accessing rapid HIV testing by a healthcare professional at peer-based drop-in

centres due to the advantage of receiving immediate results. Experiencing stigma

and discrimination by healthcare workers and wanting to avoid administrative

barriers in hospitals were also reported as reasons for why PWID preferred HIV

testing in peer-based settings. Peer support and shared lived experiences were



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repeatedly mentioned as benefits of peer-based testing. However, some concerns

regarding peer-delivered testing were expressed and included a fear of peers'

violating confidentiality and concerns regarding peers' qualifications for

conducting an HIV test. **CONCLUSION:** Many PWID in this study sample noted the

value of a peer-based approach to receiving testing and indicated their

willingness to access rapid HIV testing in peer-based drop-in centres. The

findings from this study highlight the potential for novel peer-based methods to

complement existing HIV services in an effort to improve access to testing among

this population.

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LA - eng

PT - Journal Article

PL - Australia

TA - Sex Health

JT - Sexual health

JID - 101242667

SB - IM

EDAT- 2015/03/03 06:00

MHDA- 2015/03/03 06:01

CRDT- 2015/03/02 06:00

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PHST- 2015/03/03 06:00 [pubmed]

PHST- 2015/03/03 06:01 [medline]

AID - SH14107 [pii]

AID - 10.1071/SH14107 [doi]

PST - ppublish

SO - Sex Health. 2015 Jun;12(3):263-8. doi: 10.1071/SH14107.

PMID- 16834458

OWN - NLM

STAT- MEDLINE

DCOM- 20070212

LR - 20241219

IS - 1549-1676 (Electronic)

IS - 1549-1277 (Print)

IS - 1549-1277 (Linking)

VI - 3

IP - 7

DP - 2006 Jul





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95% CI = 1.2-2.1). Individuals with stigmatizing attitudes toward people living with HIV and AIDS were less likely to have been tested for HIV/AIDS (AOR = 0.7, 95% CI = 0.5-0.9) or to have heard of routine testing (AOR = 0.59, 95% CI = 0.45-0.76). While experiences with voluntary and routine testing overall were positive, 68% felt that they could not refuse the HIV test. Key barriers to testing included fear of learning one's status (49%), lack of perceived HIV risk (43%), and fear of having to change sexual practices with a positive HIV test (33%). **CONCLUSIONS:** Routine testing appears to be widely supported and may reduce barriers to testing in Botswana. As routine testing is adopted elsewhere, measures should be implemented to assure true informed consent and human rights safeguards, including protection from HIV-related discrimination and protection of women against partner violence related to testing.

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LA - eng
GR - K24 AA015287/AA/NIAAA NIH HHS/United States
GR - T32 MH019105/MH/NIMH NIH HHS/United States
GR - K-24 AA015287/AA/NIAAA NIH HHS/United States
GR - T32 MH19105/MH/NIMH NIH HHS/United States
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, Non-U.S. Gov't
PL - United States
TA - PLoS Med
JT - PLoS medicine
JID - 101231360
SB - IM
EIN - PLoS Med. 2006 Oct;3(10):e395
MH - AIDS Serodiagnosis/methods/psychology/*statistics & numerical data
MH - Adult
MH - Attitude to Health
MH - Botswana/epidemiology
MH - Confidentiality
MH - Cross-Sectional Studies
MH - *Diagnostic Tests, Routine/psychology
MH - Fear
MH - Female
MH - HIV Infections/*epidemiology/prevention & control/psychology
MH - HIV Seroprevalence
MH - *Health Knowledge, Attitudes, Practice
MH - Health Policy
MH - *Human Rights
MH - Humans
MH - Male
MH - *Mass Screening/psychology/statistics & numerical data
MH - Middle Aged
MH - National Health Programs



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MH - Prejudice

MH - Refusal to Participate

MH - Risk

MH - Safe Sex

MH - Sexual Behavior

MH - Violence

MH - Voluntary Programs

PMC - PMC1502152

COIS- Competing Interests: The authors have declared that no competing interests exist.

EDAT- 2006/07/13 09:00

MHDA- 2007/02/13 09:00

PMCR- 2006/07/18

CRDT- 2006/07/13 09:00

PHST- 2005/09/26 00:00 [received]

PHST- 2006/04/13 00:00 [accepted]

PHST- 2006/07/13 09:00 [pubmed]

PHST- 2007/02/13 09:00 [medline]

PHST- 2006/07/13 09:00 [entrez]

PHST- 2006/07/18 00:00 [pmc-release]

AID - 05-PLME-RA-0518R3 [pii]

AID - 10.1371/journal.pmed.0030261 [doi]

PST - ppublish

SO - PLoS Med. 2006 Jul;3(7):e261. doi: 10.1371/journal.pmed.0030261.

PMID- 23285268

OWN - NLM

STAT- MEDLINE

DCOM- 20130723

LR - 20211021

IS - 1932-6203 (Electronic)

IS - 1932-6203 (Linking)

VI - 7

IP - 12

DP - 2012

TI - Positive attitudes to pediatric HIV testing: findings from a nationally

representative survey from Zimbabwe.

PG - e53213



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Península de Yucatán

LID - 10.1371/journal.pone.0053213 [doi]

LID - e53213

AB - OBJECTIVE: Early HIV testing and diagnosis are paramount for increasing treatment

initiation among children, necessary for their survival and improved health.

However, uptake of pediatric HIV testing is low in high-prevalence areas. We

present data on attitudes towards pediatric testing from a nationally

representative survey in Zimbabwe. **METHODS:** All 18-24 year olds and a proportion

of 25-49 year olds living in randomly selected enumeration areas from all ten

Zimbabwe provinces were invited to self-complete an anonymous questionnaire on a

personal digital assistant, and 16,719 people agreed to participate (75% of

eligibles). **RESULTS:** Most people think children can benefit from HIV testing

(91%), 81% of people who looked after children know how to access testing for

their children and 92% would feel happier if their children were tested. Notably,

42% fear that, if tested, children may be discriminated against by some community

members and 28% fear their children are HIV positive. People who fear

discrimination against children who have tested for HIV are more likely than

their counterparts to perceive their community as stigmatizing against HIV

positive people (43% vs. 29%). They are also less likely to report positive

attitudes to HIV themselves (49% vs. 74%). Only 28% think it is possible for

children HIV-infected at birth to live into adolescence without treatment.





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Approximately 70% of people (irrespective of whether they are themselves parents)

think HIV-infected children in their communities can access testing and

treatment. **CONCLUSIONS:** Pediatric HIV testing is the essential gateway to

prevention and care services. Our data indicate positive attitudes to testing

children, suggesting a conducive environment for increasing uptake of pediatric

testing in Zimbabwe. However, there is a need to better understand the barriers

to pediatric testing, such as stigma and discrimination, and address the gaps in

knowledge regarding HIV/AIDS in children.

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FAU - Benedikt, Clemens

AU - Benedikt C

FAU - Copas, Andrew





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AU - Copas A
FAU - Cowan, Frances M
AU - Cowan FM
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
DEP - 20121228
PL - United States
TA - PLoS One
JT - PloS one
JID - 101285081
SB - IM
MH - Adult
MH - *Attitude to Health
MH - Child
MH - Female
MH - HIV Infections/*diagnosis/epidemiology/psychology
MH - HIV-1/physiology
MH - Health Knowledge, Attitudes, Practice
MH - Humans
MH - Male
MH - Mass Screening/methods/*psychology
MH - Middle Aged
MH - Stereotyping
MH - Surveys and Questionnaires
MH - Young Adult
MH - Zimbabwe/epidemiology
PMC - PMC3532106
COIS- Competing Interests: The authors have declared that no
competing interests exist.
EDAT- 2013/01/04 06:00
MHDA- 2013/07/24 06:00
PMCR- 2012/12/28
CRDT- 2013/01/04 06:00
PHST- 2012/08/22 00:00 [received]
PHST- 2012/11/27 00:00 [accepted]
PHST- 2013/01/04 06:00 [entrez]
PHST- 2013/01/04 06:00 [pubmed]
PHST- 2013/07/24 06:00 [medline]



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PHST- 2012/12/28 00:00 [pmc-release]

AID - PONE-D-12-25556 [pii]

AID - 10.1371/journal.pone.0053213 [doi]

PST - ppublish

SO - PLoS One. 2012;7(12):e53213. doi: 10.1371/journal.pone.0053213.

Epub 2012 Dec 28.

PMID- 26616121

OWN - NLM

STAT- MEDLINE

DCOM- 20180206

LR - 20190109

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Print)

IS - 0954-0121 (Linking)

VI - 27 Suppl 1

IP - sup1

DP - 2015

TI - Characteristics of HIV-infected adolescents enrolled in a disclosure intervention

trial in western Kenya.

PG - 6-17

LID - 10.1080/09540121.2015.1026307 [doi]

AB - Knowledge of one's own HIV status is essential for long-term disease management,

but there are few data on how disclosure of HIV status to infected children and

adolescents in sub-Saharan Africa is associated with clinical and psychosocial

health outcomes. We conducted a detailed baseline assessment of the disclosure

status, medication adherence, HIV stigma, depression, emotional and behavioral

difficulties, and quality of life among a cohort of Kenyan children enrolled in

an intervention study to promote disclosure of HIV status. Among 285

caregiver-child dyads enrolled in the study, children's mean age was 12.3 years.





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Caregivers were more likely to report that the child knew his/her diagnosis (41%)

compared to self-reported disclosure by children (31%). Caregivers of disclosed

children reported significantly more positive views about disclosure compared to

caregivers of non-disclosed children, who expressed fears of disclosure related

to the child being too young to understand (75%), potential psychological trauma

for the child (64%), and stigma and discrimination if the child told others

(56%). Overall, the vast majority of children scored within normal ranges on

screenings for behavioral and emotional difficulties, depression, and quality of

life, and did not differ by whether or not the child knew his/her HIV status. A

number of factors were associated with a child's knowledge of his/her HIV

diagnosis in multivariate regression, including older age (OR 1.8, 95% CI

1.5-2.1), better WHO disease stage (OR 2.5, 95% CI 1.4-4.4), and fewer reported

caregiver-level adherence barriers (OR 1.9, 95% CI 1.1-3.4). While a minority of

children in this cohort knew their HIV status and caregivers reported significant

barriers to disclosure including fears about negative emotional impacts, we found

that disclosure was not associated with worse psychosocial outcomes.

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LA - eng

GR - R01 MH099747/MH/NIMH NIH HHS/United States

GR - 1R01MH099747-01/MH/NIMH NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PL - England

TA - AIDS Care

JT - AIDS care

JID - 8915313

SB - IM

MH - Adolescent

MH - *Adolescent Behavior

MH - Caregivers/psychology

MH - Child

MH - *Child Welfare

MH - Female

MH - HIV Infections/*psychology

MH - Humans

MH - Kenya

MH - Male

MH - Medication Adherence

MH - Quality of Life

MH - Social Stigma

MH - Surveys and Questionnaires

MH - *Truth Disclosure

PMC - PMC4685612

OTO - NOTNLM

OT - HIV

OT - adolescents

OT - disclosure

OT - mental health

OT - resource-limited setting

EDAT- 2015/12/01 06:00



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MHDA- 2018/02/07 06:00

PMCR- 2015/12/21

CRDT- 2015/12/01 06:00

PHST- 2015/12/01 06:00 [entrez]

PHST- 2015/12/01 06:00 [pubmed]

PHST- 2018/02/07 06:00 [medline]

PHST- 2015/12/21 00:00 [pmc-release]

AID - 1026307 [pii]

AID - 10.1080/09540121.2015.1026307 [doi]

PST - ppublish

SO - AIDS Care. 2015;27 Suppl 1(sup1):6-17. doi:
10.1080/09540121.2015.1026307.

PMID- 21326962

OWN - NLM

STAT- MEDLINE

DCOM- 20110427

LR - 20211020

IS - 1729-0503 (Electronic)

IS - 1680-6905 (Print)

IS - 1680-6905 (Linking)

VI - 10

IP - 2

DP - 2010 Jun

TI - Barriers to use of antiretroviral drugs in Rakai district of Uganda.

PG - 120-9

AB - BACKGROUND: About 75% of people living with HIV/AIDS (PHAs) who need

antiretroviral therapy have no access to these drugs in low-income countries.

OBJECTIVE: To investigate the barriers to use of ART in Rakai district of Uganda.

METHODS: We interviewed 38 key informants and 384 PHAs. Data was collected on:

education/mobilization for ART, sources of information for ART, beliefs regarding

ART, social support, use of alternative medicine, stigma/discrimination towards



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PHAs, distance to ART centres, transport costs to ART centres, waiting time, and

on suggestions as how to improve the use of ART. RESULTS: The major barriers

mentioned regarding use of ART included: inadequate mobilization, long waiting

time at ART treatment centres, high cost of transport to reach ART centres,

stigma/discrimination towards PHAs and inadequate number of health workers to

attend to PHAs. CONCLUSIONS: Access to antiretroviral therapy could be

ameliorated by: improving community education using innovative approaches such as

through music, dance and videos, increasing the number of providers who are able

to provide ART as through engagement of non health professionals in ART care,

bringing ART nearer to where people live and instituting measures aimed at

reducing stigma/discrimination such as through involvement of PHAs in

demystifying HIV/AIDS.

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FAU - Peterson, S

AU - Peterson S

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PL - Uganda

TA - Afr Health Sci

JT - African health sciences

JID - 101149451



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RN - 0 (Anti-HIV Agents)
SB - IM
MH - Adult
MH - Aged
MH - Anti-HIV Agents/economics/*therapeutic use
MH - Delivery of Health Care/*organization & administration
MH - Fear
MH - Female
MH - HIV Infections/*drug therapy/economics
MH - *Health Knowledge, Attitudes, Practice
MH - *Health Services Accessibility
MH - Healthcare Disparities
MH - Humans
MH - Interviews as Topic
MH - Male
MH - Middle Aged
MH - Social Stigma
MH - Socioeconomic Factors
MH - Uganda
MH - Young Adult
PMC - PMC2956290
OTO - NOTNLM
OT - ART access
OT - HIV/AIDS
OT - Stigma/discrimination
OT - Uganda
OT - task-shifting
EDAT- 2011/02/18 06:00
MHDA- 2011/04/28 06:00
PMCR- 2010/06/01
CRDT- 2011/02/18 06:00
PHST- 2011/02/18 06:00 [entrez]
PHST- 2011/02/18 06:00 [pubmed]
PHST- 2011/04/28 06:00 [medline]
PHST- 2010/06/01 00:00 [pmc-release]
AID - jAFHS.v10.i2.pg120 [pii]
PST - ppublish
SO - Afr Health Sci. 2010 Jun;10(2):120-9.





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PMID- 30257574

OWN - NLM

STAT- MEDLINE

DCOM- 20200131

LR - 20200131

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Linking)

VI - 31

IP - 4

DP - 2019 Apr

TI - Quality of care and HIV service utilization among key populations in Zambia: a

qualitative comparative analysis among female sex workers, men who have sex with

men and people who use drugs.

PG - 460-464

LID - 10.1080/09540121.2018.1524119 [doi]

AB - HIV epidemic control requires improving access and uptake of HIV services by key

populations (KPs). In Zambia, the behaviors of female sex workers (FSWs), men who

have sex with men (MSM), and people of who use drugs (PWUD) are criminalized, and

little information exists about their HIV/STI service use. Using a quality of

care (QOC) framework, we compared barriers to and opportunities for HIV/STI

service access and uptake among the three KPs. We conducted in-depth interviews

and focus group discussions with 314 KP members between July 2013 and September

2015 in eight districts. Poorer QOC was received at public health facilities

compared to private, NGOs and traditional healers. Stigma and discrimination,

confidentiality, and legal prosecution were barriers to service use and more

salient among MSM than FSWs and PWUD. Invasive facility policies were barriers





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and more prominent among FSWs than MSM and PWUD. Service unavailability was of equally high salience among MSM and PWUD than FSWs. Comfort in the clinic and perceived treatment effectiveness were facilitators for all three KPs. The health care experiences of KPs are not monolithic; HIV/STI service improvement strategies should address the concerns and be tailored to the needs of each key population.

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FAU - Tun, Waimar
AU - Tun W
AD - a Population Council , Washington , DC , USA.
LA - eng
PT - Comparative Study
PT - Journal Article
PT - Research Support, U.S. Gov't, P.H.S.
DEP - 20180927
PL - England
TA - AIDS Care
JT - AIDS care
JID - 8915313
SB - IM
MH - Adolescent
MH - Adult
MH - Attitude of Health Personnel
MH - Delivery of Health Care/*methods
MH - Evaluation Studies as Topic
MH - Female
MH - Focus Groups
MH - HIV Infections/epidemiology
MH - Health Services/*statistics & numerical data
MH - Health Services Accessibility/*statistics & numerical data
MH - Homophobia
MH - *Homosexuality, Male
MH - Humans
MH - Interviews as Topic
MH - Male
MH - *Quality of Health Care
MH - *Sex Workers
MH - Social Discrimination
MH - *Social Stigma
MH - Zambia
OTO - NOTNLM
OT - Sub-Saharan Africa
OT - criminalization





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OT - drug use

OT - healthcare facilities

OT - stigma

EDAT- 2018/09/28 06:00

MHDA- 2020/02/01 06:00

CRDT- 2018/09/28 06:00

PHST- 2018/09/28 06:00 [pubmed]

PHST- 2020/02/01 06:00 [medline]

PHST- 2018/09/28 06:00 [entrez]

AID - 10.1080/09540121.2018.1524119 [doi]

PST - ppublish

SO - AIDS Care. 2019 Apr;31(4):460-464. doi:
10.1080/09540121.2018.1524119. Epub 2018
Sep 27.

PMID- 30642303

OWN - NLM

STAT- MEDLINE

DCOM- 20190218

LR - 20211130

IS - 1471-2458 (Electronic)

IS - 1471-2458 (Linking)

VI - 19

IP - 1

DP - 2019 Jan 14

TI - "We are not gays... don't tell me those things": engaging 'hidden'
men who have sex

with men and transgender women in HIV prevention in Myanmar.

PG - 63

LID - 10.1186/s12889-018-6351-3 [doi]

LID - 63

AB - BACKGROUND: In Myanmar, HIV is concentrated among key
populations, yet less than

half of the estimated 250,000 men who have sex with men (MSM)
and transgender

women (TW) report recent HIV testing. As many as 50% of MSM and
TW may conceal

their same-sex preferences and behaviors, yet little is known about
the barriers





faced by those who are locally regarded as 'hidden' - that is, MSM who do not

disclose same-sex preferences and/or identify as gay. This study explored

specific barriers to accessing HIV testing and other prevention services among

'hidden' MSM to inform appropriate models of service delivery. **METHODS:** In-depth

interviews with MSM (n=12) and TW (n=13) and focus group discussions (FGD)

with MSM and TW community members, leaders and key informants (n=35) were

undertaken in Yangoon during June - September 2015. Participants were recruited by

word-of-mouth by trained peer data collectors. Responses to questions from

semi-structured guides were transcribed and coded using Atlas Ti. Codes were

based on key domains in the guides and applied to transcripts to identify and

analyze emerging themes. **RESULTS:** Fear of stigma and discrimination and the need

to meet gender expectations were key reasons for non-disclosure of same-sex

preferences and behaviors; this typically manifested as avoidance of other MSM

and settings in which sexual identity might be implicated. These concerns

influenced preference and interaction with HIV services, with many avoiding

MSM-specific services or eschewing HIV testing services entirely. The

difficulties of engaging hidden MSM in HIV prevention was strongly corroborated

by service providers. **CONCLUSION:** Hidden MSM face multiple barriers to HIV

testing and prevention. Strategies cognizant of concerns for anonymity and



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privacy, such as One-Stop Shop services and online-based health promotion, can

discretely provide services appropriate for hidden MSM. Enhanced capacity of

peer-service providers and mainstream health staff to identify and respond to the

psychosocial challenges reported by hidden MSM in this study may further

encourage service engagement. Overarching strategies to strengthen the enabling

environment, such as legal reform and LGBTI community mobilisation, can lessen

stigma and discrimination and increase hidden MSM's comfort and willingness to

discuss same-sex behavior and access appropriate services.

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LA - eng

GR - P30 AI094189/AI/NIAID NIH HHS/United States

GR - 109067-57-HGMM/amfAR, The Foundation for AIDS Research (US)/

PT - Journal Article

DEP - 20190114

PL - England

TA - BMC Public Health

JT - BMC public health

JID - 100968562

SB - IM

MH - Adolescent

MH - Adult

MH - Data Collection

MH - Disclosure

MH - *Fear

MH - Female

MH - Focus Groups

MH - HIV

MH - HIV Infections/diagnosis/*prevention & control

MH - *Health Services Accessibility

MH - *Homosexuality, Male/psychology

MH - Humans



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MH - Male

MH - Myanmar

MH - *Patient Acceptance of Health Care

MH - Privacy

MH - *Sexual Behavior

MH - *Sexual and Gender Minorities/psychology

MH - Social Discrimination

MH - Social Stigma

MH - Transgender Persons

MH - Young Adult

PMC - PMC6332568

OTO - NOTNLM

OT - HIV testing

OT - Men who have sex with men

OT - Myanmar

OT - Sexual orientation concealment

OT - Stigma and discrimination

COIS- ETHICS APPROVAL AND CONSENT TO PARTICIPATE: Ethics approval was granted by Johns

Hopkins University Institutional Review Board and the Myanmar Department of

Medical Research. Written informed consent was obtained from all individual

participants included in the study. CONSENT FOR PUBLICATION: Not applicable.

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PHST- 2019/01/14 00:00 [pmc-release]

AID - 10.1186/s12889-018-6351-3 [pii]

AID - 6351 [pii]

AID - 10.1186/s12889-018-6351-3 [doi]

PST - epublish

SO - BMC Public Health. 2019 Jan 14;19(1):63. doi: 10.1186/s12889-018-6351-3.

PMID- 33934712

OWN - NLM

STAT- PubMed-not-MEDLINE

LR - 20210507

IS - 2055-7426 (Electronic)

IS - 2055-7426 (Linking)

VI - 6

IP - 1

DP - 2021 May 3

**TI - Improving public health service delivery response to address
contraceptive needs**

**of socio-economically disadvantaged HIV positive people in
Maharashtra, India.**

PG - 14

LID - 10.1186/s40834-021-00159-4 [doi]

LID - 14

**AB - BACKGROUND: People living with HIV (PLHIV) receive free
antiretroviral treatment**

**(ART) in public health facilities of India. With improved life
expectancy, unmet**

**sexual and reproductive health needs of PLHIV have to be
addressed through a**

**converged programmatic response strategy. Evidence shows that
socioeconomically**

**disadvantaged women are most vulnerable to high reproductive
morbidity,**

**especially HIV positive women with an unmet need of
contraception. METHODS:**

**Programmatic convergence by linking ART and family planning
services were**



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strengthened at two public health facilities (district hospitals)
generally

accessed by disadvantaged socio-economic sections of the society.

Barriers to

linking services including stigma and discrimination were
addressed through

analysis of existing linkage situation, sensitization and training of
healthcare

providers and system-level interventions. This facilitated provider-
initiated

assessment of contraceptive needs of PLHIV, counseling about dual
contraception

using a couple approach, linkage to family planning centers and
maintaining data

about these indicators. Six hundred eligible PLHIV seeking care at
ART centers

were enrolled and followed up for a duration of 6 months.

Acceptance of family

planning services as a result of the intervention, use of dual
contraception

methods and their determinants were assessed. RESULTS: Eighty-
seven percent HIV

couples reached FP centers and 44.6% accepted dual methods at
the end of the

study period. Dual methods such as oral contraceptive pills (56.2%),
IUCDs

(19.4%), female sterilization (11.6%), injectable contraception (9.9%)
and

vasectomy (2.9%) in addition to condoms were the most commonly
accepted methods.

Condom use remained regular and consistently high throughout.

The study witnessed

seven unintended pregnancies, all among exclusive condom users.

These women

availed medical abortion services and accepted dual methods after
counseling.

Female index participants, concordant couples, counseling by
doctors and women





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with CD4 count above 741 had higher odds of accepting dual contraception methods.

Standard operating procedures (SOP) were developed in consultation with key

stakeholders to address operational linkage of HIV and family programs.

CONCLUSION: The study saw significant improvement in acceptance of dual

contraception by PLHIV couples as a result of the intervention. Implementation of

SOPs with supportive supervision can ensure efficient linkage of programs and

provide holistic sexual and reproductive healthcare for PLHIV in India.

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GR - F.N.T - 11020/27/2013 - NACO (R&D)/National AIDS Control Organisation/

PT - Journal Article

DEP - 20210503

PL - England

TA - Contracept Reprod Med

JT - Contraception and reproductive medicine

JID - 101703414

PMC - PMC8091514

OTO - NOTNLM

OT - Dual contraception

OT - HIV-FP linkage

OT - Prevention of parent to child transmission

OT - Unintended pregnancy

OT - Unmet need for contraception

OT - Women living with HIV

COIS- The authors declare that they have no competing interests.

EDAT- 2021/05/04 06:00

MHDA- 2021/05/04 06:01

PMCR- 2021/05/03

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AID - 159 [pii]

AID - 10.1186/s40834-021-00159-4 [doi]

PST - epubli

SO - Contracept Reprod Med. 2021 May 3;6(1):14. doi: 10.1186/s40834-021-00159-4.

PMID- 30179530

OWN - NLM

STAT- MEDLINE

DCOM- 20190702

LR - 20200309

IS - 1557-7449 (Electronic)

IS - 1087-2914 (Print)

IS - 1087-2914 (Linking)

VI - 32

IP - 9

DP - 2018 Sep

TI - Improving HIV Care Engagement in the South from the Patient and Provider

Perspective: The Role of Stigma, Social Support, and Shared Decision-Making.

PG - 368-378

LID - 10.1089/apc.2018.0039 [doi]

AB - Initial linkage to medical care is a critical step in the HIV care continuum

leading to improved health outcomes, reduced morbidity and mortality, and

decreased HIV transmission risk. We explored differences in perspectives on

engagement in HIV care between people living with HIV who attended (Arrived)

their initial medical provider visit (IMV) and those who did not (Missed), and

between patients and providers. The study was conducted in two large





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majority/minority HIV treatment centers in the United States (US) south, a

geographical region disproportionately impacted by HIV. The Theory of Planned

Behavior informed semistructured interviews eliciting facilitators and barriers

to engagement in care from 53 participants: 40 patients in a structured sample of

20 Missed and 20 Arrived, and 13 care providers. Using Grounded Theory to frame

analysis, we found similar perspectives for all groups, including beliefs in the

following: patients' control over care engagement, a lack of knowledge regarding

HIV within the community, and the impact of structural barriers to HIV care such

as paperwork, transportation, housing, and substance use treatment. Differences

were noted by care engagement status. Missed described HIV-related

discrimination, depression, and lack of social support. Arrived worried what

others think about their HIV status. Providers focused on structural barriers and

process, while patients focused on relational aspects of HIV care and personal

connection with clinics. Participants proposed peer navigation and increased

contact from clinics as interventions to reduce missed IMV. Context-appropriate

interventions informed by these perspectives are needed to address the expanding

southern HIV epidemic.

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LA - eng

GR - K23 AI081538/AI/NIAID NIH HHS/United States

GR - K23 AI112477/AI/NIAID NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, Non-U.S. Gov't





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PL - United States
TA - AIDS Patient Care STDS
JT - AIDS patient care and STDs
JID - 9607225
RN - 0 (Anti-HIV Agents)
SB - IM
MH - Adolescent
MH - Adult
MH - Anti-HIV Agents/*therapeutic use
MH - *Continuity of Patient Care
MH - *Decision Making
MH - Delivery of Health Care
MH - Female
MH - Focus Groups
MH - Grounded Theory
MH - HIV Infections/complications/*drug therapy/psychology
MH - Health Behavior
MH - *Health Services Accessibility
MH - Healthcare Disparities
MH - Humans
MH - Interviews as Topic
MH - Male
MH - Middle Aged
MH - Patient Acceptance of Health Care/*psychology
MH - Qualitative Research
MH - *Social Stigma
MH - *Social Support
MH - Substance-Related Disorders/*complications
MH - United States
PMC - PMC6121178
OTO - NOTNLM
OT - HIV
OT - care continuum
OT - care engagement
OT - qualitative research
OT - social
OT - stigma
COIS- Ank Nijhawan receives funding from Gilead Sciences, Inc.
Otherwise, no competing





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financial interests exist.

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PHST- 2018/09/05 06:00 [pubmed]

PHST- 2019/07/03 06:00 [medline]

PHST- 2019/09/01 00:00 [pmc-release]

AID - 10.1089/apc.2018.0039 [pii]

AID - 10.1089/apc.2018.0039 [doi]

PST - ppublish

SO - AIDS Patient Care STDS. 2018 Sep;32(9):368-378. doi:
10.1089/apc.2018.0039.

PMID- 24666174

OWN - NLM

STAT- MEDLINE

DCOM- 20150223

LR - 20250103

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Print)

IS - 0954-0121 (Linking)

VI - 26

IP - 10

DP - 2014

TI - Lost-to-care and engaged-in-care HIV patients in Leningrad Oblast,
Russian

Federation: barriers and facilitators to medical visit retention.

PG - 1249-57

LID - 10.1080/09540121.2014.897910 [doi]

AB - Sixty-nine percent of the 1.5 million Eastern Europeans and
Central Asians with

HIV live in the Russian Federation. Antiretroviral therapy (ART) is
effective but

cannot help those who leave treatment. Focus groups with patients
who dropped out

of ART for ≥ 12 months (lost-to-care, LTCs, n = 21) or continued for ≥ 12
months





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(engaged-in-care; EICs; n = 24) were conducted in St. Petersburg.
Structural

barriers included stigma/discrimination and problems with
providers and accessing

treatment. Individual barriers included employment and caring for
dependents,

inaccurate beliefs about ART (LTC only), side-effects, substance use
(LTCs,

present; EICs, past), and depression. Desire to live, social support,
and

spirituality were facilitators for both; EICs also identified positive
thinking

and experiences with ART and healthcare/professionals.

Interventions to

facilitate retention and adherence are discussed.

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LA - eng

GR - R01 DA026336/DA/NIDA NIH HHS/United States

GR - U10 DA013043/DA/NIDA NIH HHS/United States



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GR - PEPFAR/PEPFAR/United States

PT - Journal Article

PT - Research Support, U.S. Gov't, Non-P.H.S.

DEP - 20140325

PL - England

TA - AIDS Care

JT - AIDS care

JID - 8915313

RN - 0 (Anti-HIV Agents)

SB - IM

MH - Adult

MH - Anti-HIV Agents/adverse effects/supply & distribution/*therapeutic use

MH - Depression

MH - Employment

MH - Female

MH - Focus Groups

MH - HIV Infections/*drug therapy/*psychology

MH - *Health Knowledge, Attitudes, Practice

MH - Health Services Accessibility

MH - Humans

MH - Male

MH - Medication Adherence/*psychology

MH - Middle Aged

MH - Patient Dropouts/*psychology/statistics & numerical data

MH - Prejudice

MH - Professional-Patient Relations

MH - Russia/epidemiology

MH - Social Stigma

MH - Social Support

MH - Spirituality

MH - Substance-Related Disorders/epidemiology

MH - Young Adult

MH - Assessment of Medication Adherence

PMC - PMC4087045

MID - NIHMS572880

OTO - NOTNLM

OT - AIDS

OT - HIV

OT - Russian Federation

OT - attrition

OT - positive psychology

OT - retention

EDAT- 2014/03/29 06:00

MHDA- 2015/02/24 06:00

PMCR- 2015/10/01

CRDT- 2014/03/27 06:00

PHST- 2014/03/27 06:00 [entrez]

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PHST- 2015/10/01 00:00 [pmc-release]

AID - 10.1080/09540121.2014.897910 [doi]

PST - ppublish

SO - AIDS Care. 2014;26(10):1249-57. doi: 10.1080/09540121.2014.897910.

Epub 2014 Mar

25.

PMID- 28782335

OWN - NLM

STAT- MEDLINE

DCOM- 20171122

LR - 20231104

IS - 1758-2652 (Electronic)

IS - 1758-2652 (Linking)

VI - 20

IP - 1

DP - 2017 Jul 28

TI - Elimination of HCV as a public health concern among people who inject drugs by

2030 - What will it take to get there?

PG - 22146

LID - 10.7448/IAS.20.1.22146 [doi]

LID - 22146

AB - INTRODUCTION: Globally, there is a considerable burden of HCV and HIV infections

among people who inject drugs (PWID) and transmission of both infections



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continues. Needle and syringe programme (NSP) and opioid substitution therapy

(OST) coverage remains low, despite evidence demonstrating their prevention

benefit. Direct-acting antiviral therapies (DAA) with HCV cure >95% among PWID

provide an opportunity to reverse rising trends in HCV-related morbidity and

mortality and reduce incidence. However, HCV testing, linkage to care, and

treatment remain low due to health system, provider, societal, and patient

barriers. Between 2015 and 2030, WHO targets include reducing new HCV infections

by 80% and HCV deaths by 65%, and increasing HCV diagnoses from <5% to 90% and

number of eligible persons receiving HCV treatment from <1% to 80%. This

commentary discusses why PWID should be considered as a priority population in

these efforts, reasons why this goal could be attainable among PWID, challenges

that need to be overcome, and key recommendations for action. DISCUSSION:

Challenges to HCV elimination as a global health concern among PWID include poor

global coverage of harm reduction services, restrictive drug policies and

criminalization of drug use, poor access to health services, low HCV testing,

linkage to care and treatment, restrictions for accessing DAA therapy, and the

lack of national strategies and government investment to support WHO elimination

goals. Key recommendations for action include reforming drug policies

(decriminalization of drug use and/or possession, or providing alternatives to





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imprisonment for PWID; decriminalization of the use and provision of sterile

needles-syringes; and legalization of OST for people who are opioid dependent),

scaling up and improving funding for harm reduction services, making health

services accessible for PWID, supporting community empowerment and

community-based programmes, improving access to affordable diagnostics and

medicines, and eliminating stigma, discrimination, and violence against PWID.

CONCLUSIONS: The ambitious targets for HCV elimination set by WHO are achievable

in many countries, but will require researchers, healthcare providers, policy

makers, affected communities, advocates, the pharmaceutical and diagnostics

industries, and governments around the world to work together to make this

happen.

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LA - eng

GR - National Health and Medical Research Council/International

PT - Journal Article

PL - Switzerland

TA - J Int AIDS Soc

JT - Journal of the International AIDS Society

JID - 101478566

SB - IM

CIN - J Int AIDS Soc. 2017 Oct;20(2). doi: 10.1002/jia2.25005. PMID: 29049854

MH - *Disease Eradication

MH - Government Programs

MH - Harm Reduction

MH - Hepatitis C/epidemiology/etiology/*prevention & control

MH - Humans

MH - Incidence

MH - Opiate Substitution Treatment

MH - Public Health

MH - Substance Abuse, Intravenous/*complications/drug therapy

PMC - PMC5577699

OTO - NOTNLM

OT - HCV

OT - HIV

OT - NSP

OT - OST

OT - control

OT - drug users

OT - elimination

OT - hepatitis C



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COIS- JG is a consultant/advisor and has received research grants from Abbvie, Cepheid,

Bristol Myers Squibb, Gilead Sciences and Merck/MSD. GD is a consultant/advisor

and has received research grants from Abbvie, Bristol Myers Squibb, Gilead,

Merck, Janssen and Roche. JKR has received honoraria for consulting or speaking

at educational events from Abbott, Abbvie, Bionor, BMS, Cipla, Gilead, Janssen,

Merck and ViiV. MBK received research grants for investigator initiated trials

from Merck and ViiV Healthcare; consulting fees from ViiV Healthcare,

Bristol-Meyers Squibb, Merck, Gilead and AbbVie.

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PMCR- 2017/07/28

CRDT- 2017/08/08 06:00

PHST- 2017/08/08 06:00 [entrez]

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PHST- 2017/11/29 06:00 [medline]

PHST- 2017/07/28 00:00 [pmc-release]

AID - 1356039 [pii]

AID - 10.7448/IAS.20.1.22146 [doi]

PST - ppublish

SO - J Int AIDS Soc. 2017 Jul 28;20(1):22146. doi: 10.7448/IAS.20.1.22146.

PMID- 25361205

OWN - NLM

STAT- MEDLINE

DCOM- 20150126

LR - 20181113

IS - 1557-7449 (Electronic)

IS - 1087-2914 (Print)

IS - 1087-2914 (Linking)

VI - 28

IP - 12

DP - 2014 Dec



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Península de Yucatán

TI - Shame, guilt, and stress: Community perceptions of barriers to engaging in

prevention of mother to child transmission (PMTCT) programs in western Kenya.

PG - 643-51

LID - 10.1089/apc.2014.0171 [doi]

AB - While global scale-up of prevention of mother-to-child transmission of HIV

(PMTCT) services has been expansive, only half of HIV-infected pregnant women

receive antiretroviral regimens for PMTCT in sub-Saharan Africa. To evaluate

social factors influencing uptake of PMTCT in rural Kenya, we conducted a

community-based, cross-sectional survey of mothers residing in the KEMRI/CDC

Health and Demographic Surveillance System (HDSS) area. Factors included

referrals and acceptability, HIV-related stigma, observed discrimination, and

knowledge of violence. Chi-squared tests and multivariate regression analyses

were used to detect stigma domains associated with uptake of PMTCT services. Most

HIV-positive women (89%) reported blame or judgment of people with HIV, and 46%

reported they would feel shame if they were associated with someone with HIV. In

multivariate analyses, shame was significantly associated with decreased

likelihood of maternal HIV testing (Prevalence Ratio 0.91, 95% Confidence

Interval 0.84-0.99), a complete course of maternal antiretrovirals (ARVs) (PR

0.73, 95% CI 0.55-0.97), and infant HIV testing (PR 0.86, 95% CI 0.75-0.99).

Community perceptions of why women may be unwilling to take ARVs included stigma,



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guilt, lack of knowledge, denial, stress, and despair or futility.
Interventions

that seek to decrease maternal depression and internalization of
stigma may

facilitate uptake of PMTCT.

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AU - Zierler B

FAU - Voss, Joachim

AU - Voss J

FAU - John-Stewart, Grace

AU - John-Stewart G

LA - eng

GR - K24 HD054314/HD/NICHD NIH HHS/United States

GR - P30 AI027757/AI/NIAID NIH HHS/United States

GR - R24 HD056799/HD/NICHD NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PL - United States

TA - AIDS Patient Care STDS

JT - AIDS patient care and STDs

JID - 9607225

RN - 0 (Anti-HIV Agents)

SB - IM

MH - Adult

MH - Anti-HIV Agents/*therapeutic use

MH - Community-Based Participatory Research

MH - Cross-Sectional Studies

MH - Female

MH - *Guilt

MH - HIV Infections/drug therapy/*prevention & control/psychology

MH - Health Services Accessibility

MH - Humans

MH - Infant

MH - Infant, Newborn

MH - Infectious Disease Transmission, Vertical/*prevention & control

MH - Interviews as Topic

MH - Kenya

MH - Mothers/*psychology

MH - Multivariate Analysis

MH - Patient Acceptance of Health Care/*statistics & numerical data

MH - Perception

MH - Pregnancy

MH - Pregnancy Complications, Infectious/epidemiology/*prevention & control

MH - Program Evaluation

MH - Regression Analysis

MH - Rural Population

MH - Social Stigma

MH - Stress, Psychological/*psychology

PMC - PMC4250952

EDAT- 2014/11/02 06:00

MHDA- 2015/01/27 06:00

PMCR- 2015/12/01

CRDT- 2014/11/01 06:00

PHST- 2014/11/01 06:00 [entrez]

PHST- 2014/11/02 06:00 [pubmed]

PHST- 2015/01/27 06:00 [medline]

PHST- 2015/12/01 00:00 [pmc-release]

AID - 10.1089/apc.2014.0171 [pii]

AID - 10.1089/apc.2014.0171 [doi]



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PST - ppublish

**SO - AIDS Patient Care STDS. 2014 Dec;28(12):643-51. doi:
10.1089/apc.2014.0171.**

PMID- 29848007

OWN - NLM

STAT- MEDLINE

DCOM- 20190923

LR - 20200306

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Print)

IS - 0954-0121 (Linking)

VI - 30

IP - sup2

DP - 2018 Jun

**TI - Marginalization and social change processes among lesbian, gay,
bisexual and**

transgender persons in Swaziland: implications for HIV prevention.

PG - 33-40

LID - 10.1080/09540121.2018.1468011 [doi]

**AB - Swaziland has among the highest national adult HIV prevalence
globally. There is**

**limited knowledge of HIV vulnerabilities and prevention
engagement among lesbian,**

**gay, bisexual and transgender (LGBT) persons in the context of
Swaziland's**

**criminalization of consensual same-sex practices. This study
explored social**

**processes of marginalization to assess how they could potentiate
HIV**

**vulnerabilities and limit engagement in HIV prevention services.
Additionally, we**

**assessed positive change to better understand existing strategies
employed by**

**LGBT persons to challenge these HIV prevention barriers. Guided by
community-based research methodology and conducted in
Mbabane and Manzini,**

**Swaziland, data were collected by LGBT peer-research assistants
(PRA) in**





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collaboration with an LGBT community organization in Manizini.
Semi-structured

interviews were conducted by trained PRAs and explored HIV
prevention, including

experiences of stigma and coping. Audio files were transcribed
verbatim,

translated to English, and analyzed using thematic techniques.
Among participants

(n = 51; mean age: 26.47, SD: 4.68), 40 self-identified as gay or lesbian
(78.4%),

11 bisexual (22.6%), and 12 (23.5%) identified as transgender. Findings
highlighted three primary processes of marginalization and
positive change in

structural, community, and internal domains. First, structural
marginalization,

which included criminalization, healthcare discrimination, and a
scarcity of LGBT

tailored HIV prevention resources was challenged by grassroots
networks created

to access and share specific HIV resources with LGBT persons and
the Ministry of

Health. Second, community marginalization included stigma and
multi-dimensional

forms of violence, however, this was met with LGBT persons
providing mutual peer

support, including for accessing HIV testing services. Thirdly,
internal

marginalization comprised of self-stigma and associated sexual risk
practices was

contrasted with coping strategies focused on self-acceptance,
stemming from

social support and leading to healthcare utilization. Jointly, these
findings can

inform the implementation of community-based and rights
affirming HIV prevention

and care cascade strategies that improve coverage of services with
LGBT persons

in Swaziland.

FAU - H Logie, Carmen



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AU - Madau V

AD - e The Rock of Hope , Manzini , Swaziland.

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AU - Nhlengethwa W

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FAU - Baral, Stefan

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LA - eng

GR - R01 MH110358/MH/NIMH NIH HHS/United States

GR - T32 HD049339/HD/NICHD NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, Non-U.S. Gov't

DEP - 20180530

PL - England

TA - AIDS Care

JT - AIDS care

JID - 8915313

SB - IM

MH - Adolescent
 MH - Adult
 MH - Attitude of Health Personnel
 MH - Bisexuality/*psychology
 MH - Discrimination, Psychological
 MH - Eswatini/epidemiology
 MH - Female
 MH - HIV Infections/diagnosis/*prevention & control
 MH - *Health Services Accessibility
 MH - Homosexuality, Female/*psychology
 MH - Homosexuality, Male/*psychology
 MH - Humans
 MH - Male
 MH - Mass Screening
 MH - Middle Aged
 MH - Patient Acceptance of Health Care/*statistics & numerical data
 MH - Qualitative Research
 MH - *Social Change
 MH - *Social Marginalization
 MH - *Social Stigma
 MH - Social Support
 MH - Transsexualism/*psychology
 MH - Young Adult
 PMC - PMC6425475
 MID - NIHMS1514974
 OTO - NOTNLM
 OT - HIV prevention
 OT - Swaziland
 OT - bisexual and transgender
 OT - gay
 OT - lesbian
 OT - qualitative
 OT - stigma
 COIS- Conflict of interest: None to declare.
 EDAT- 2018/06/01 06:00
 MHDA- 2019/09/24 06:00
 PMCR- 2019/06/01
 CRDT- 2018/06/01 06:00
 PHST- 2018/06/01 06:00 [pubmed]



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PHST- 2019/09/24 06:00 [medline]

PHST- 2018/06/01 06:00 [entrez]

PHST- 2019/06/01 00:00 [pmc-release]

AID - 10.1080/09540121.2018.1468011 [doi]

PST - ppublish

SO - AIDS Care. 2018 Jun;30(sup2):33-40. doi:
10.1080/09540121.2018.1468011. Epub 2018
May 30.

PMID- 27760688

OWN - NLM

STAT- MEDLINE

DCOM- 20170920

LR - 20231111

IS - 1758-2652 (Electronic)

IS - 1758-2652 (Linking)

VI - 19

IP - 7(Suppl 6)

DP - 2016

TI - PrEP implementation in the Asia-Pacific region: opportunities,
implementation and
barriers.

PG - 21119

LID - 10.7448/IAS.19.7.21119 [doi]

LID - 21119 [doi]

AB - INTRODUCTION: HIV epidemics in the Asia-Pacific region are
concentrated among men

who have sex with men (MSM) and other key populations. Pre-
exposure prophylaxis

(PrEP) is an effective HIV prevention intervention and could be a
potential game

changer in the region. We discuss the progress towards PrEP
implementation in the

Asia-Pacific region, including opportunities and barriers.

DISCUSSION: Awareness

about PrEP in the Asia-Pacific is still low and so are its levels of use.

A high

proportion of MSM who are aware of PrEP are willing to use it. Key
PrEP





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implementation barriers include poor knowledge about PrEP, limited access to

PrEP, weak or non-existent HIV prevention programmes for MSM and other key

populations, high cost of PrEP, stigma and discrimination against key populations

and restrictive laws in some countries. Only several clinical trials, demonstration projects and a few larger-scale implementation studies have been

implemented so far in Thailand and Australia. However, novel approaches to PrEP

implementation have emerged: researcher-, facility- and community-led models of

care, with PrEP services for fee and for free. The WHO consolidated guidelines on

HIV testing, treatment and prevention call for an expanded access to PrEP

worldwide and have provided guidance on PrEP implementation in the region. Some

countries like Australia have released national PrEP guidelines. There are

growing community leadership and consultation processes to initiate PrEP

implementation in Asia and the Pacific. **CONCLUSIONS:** Countries of the

Asia-Pacific region will benefit from adding PrEP to their HIV prevention

packages, but for many this is a critical step that requires resourcing. Having

an impact on the HIV epidemic requires investment. The next years should see the

region transitioning from limited PrEP implementation projects to growing access

to PrEP and expansion of HIV prevention programmes.

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FAU - Anand, Tarandeep

AU - Anand T

AD - The Thai Red Cross AIDS and Research Centre, Bangkok, Thailand.

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FAU - van Griensven, Frits

AU - van Griensven F

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FAU - Lo, Ying-Ru

AU - Lo YR

AD - World Health Organization, Regional Office for the Western Pacific, Manila, Philippines.

LA - eng

GR - 001/WHO_/World Health Organization/International

PT - Journal Article

DEP - 20161018

PL - Switzerland

TA - J Int AIDS Soc

JT - Journal of the International AIDS Society

JID - 101478566

RN - 0 (Anti-HIV Agents)

SB - IM



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MH - Anti-HIV Agents/*therapeutic use

MH - Asia

MH - Australia

MH - Female

MH - HIV Infections/drug therapy/*prevention & control

MH - Health Knowledge, Attitudes, Practice

MH - Humans

MH - Male

MH - Mass Screening

MH - *Pre-Exposure Prophylaxis

MH - Social Stigma

MH - Thailand

PMC - PMC5071746

OTO - NOTNLM

OT - MSM

OT - PrEP awareness

OT - PrEP policy

OT - PrEP use

OT - demonstration studies

OT - implementation

OT - pre-exposure prophylaxis

OT - the Asia-Pacific region

COIS- IZ and AG have received research funding and in-kind supply of study medication

(Truvada) from Gilead Sciences, Inc. NP, TA, SJ and YRL have no conflict of

interest to declare.

EDAT- 2016/10/21 06:00

MHDA- 2017/09/21 06:00

PMCR- 2016/10/18

CRDT- 2016/10/21 06:00

PHST- 2016/03/28 00:00 [received]

PHST- 2016/06/28 00:00 [revised]

PHST- 2016/07/12 00:00 [accepted]

PHST- 2016/10/21 06:00 [pubmed]

PHST- 2017/09/21 06:00 [medline]

PHST- 2016/10/21 06:00 [entrez]

PHST- 2016/10/18 00:00 [pmc-release]

AID - 21119 [pii]





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AID - 10.7448/IAS.19.7.21119 [doi]

PST - epubli

**SO - J Int AIDS Soc. 2016 Oct 18;19(7(Suppl 6)):21119. doi:
10.7448/IAS.19.7.21119.
eCollection 2016.**

PMID- 23909807

OWN - NLM

STAT- MEDLINE

DCOM- 20141013

LR - 20221207

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Print)

IS - 0954-0121 (Linking)

VI - 26

IP - 3

DP - 2014

**TI - Accessing HIV testing and treatment among men who have sex
with men in China: a
qualitative study.**

PG - 372-8

LID - 10.1080/09540121.2013.824538 [doi]

**AB - Barriers to HIV testing and HIV care and treatment pose
significant challenges to**

**HIV prevention among men who have sex with men (MSM) in China.
We carried out a
qualitative study to identify barriers and facilitators to HIV testing
and**

**treatment among Chinese MSM. In 2012, seven focus group (FG)
discussions were**

**conducted with 49 MSM participants in Nanjing, China. Purposive
sampling was used**

**to recruit a diverse group of MSM participants. Semi-structured
interviews were**

**conducted to collect FG data. Major barriers to testing included
gay- and**

**HIV-related stigma and discrimination, relationship type and
partner**





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characteristics, low perception of risk or threat, HIV is incurable or equals

death, concerns of confidentiality, unaware that testing is offered for free, and

name-based testing. Key facilitators of testing included engaging in high-risk

sex, sense of responsibility for partner, collectivism, testing as a part of

standard/routine medical care, MSM-friendly medical personnel, increased

acceptance of gay/bisexual men by the general public, legal recognition and

protection of homosexuals, and home self-testing. Barriers to treatment included

negative coping, nondisclosure to families, misconceptions of domestically

produced antiretroviral drugs (ARVs) and the benefits of treatment, and costs

associated with long-term treatment. Facilitators of treatment included sense of

hopefulness that a cure would be found, the cultural value of longevity, peer

social support and professional psychological counseling, affordable and

specialized treatment and care, and reduced HIV-related stigma and

discrimination. Finally, for both testing and treatment, more educational and

promotional activities within MSM communities and among the general public are

needed.

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FAU - Yan, Hongjing

AU - Yan H

FAU - Yang, Chuankun



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Península de Yucatán

AU - Yang C
FAU - Raymond, H Fisher
AU - Raymond HF
FAU - Li, Jianjun
AU - Li J
FAU - Yang, Haitao
AU - Yang H
FAU - Zhao, Jinkou
AU - Zhao J
FAU - Huan, Xiping
AU - Huan X
FAU - Stall, Ron
AU - Stall R
LA - eng
GR - P30 MH062246/MH/NIMH NIH HHS/United States
GR - UL1 TR000005/TR/NCATS NIH HHS/United States
GR - R00 MH093201/MH/NIMH NIH HHS/United States
GR - K99MH093201/MH/NIMH NIH HHS/United States
GR - K99 MH093201/MH/NIMH NIH HHS/United States
PT - Journal Article
PT - Research Support, N.I.H., Extramural
DEP - 20130802
PL - England
TA - AIDS Care
JT - AIDS care
JID - 8915313
SB - IM
MH - Adaptation, Psychological
MH - Adolescent
MH - Adult
MH - Anxiety
MH - *Asian People
MH - China/epidemiology
MH - Educational Status
MH - *Focus Groups
MH - HIV Infections/diagnosis/*prevention & control/psychology
MH - Health Education
MH - Health Knowledge, Attitudes, Practice
MH - Health Services Accessibility





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MH - *Homosexuality, Male/ethnology/psychology
MH - Humans
MH - Male
MH - Mass Screening
MH - Middle Aged
MH - Peer Group
MH - Qualitative Research
MH - Sexual Behavior/psychology/*statistics & numerical data
MH - *Sexual Partners/psychology
MH - Social Stigma
MH - Social Support
MH - Surveys and Questionnaires
PMC - PMC4053186
MID - NIHMS511060
COIS- There are no conflicts of interest
EDAT- 2013/08/06 06:00
MHDA- 2014/10/14 06:00
PMCR- 2015/03/01
CRDT- 2013/08/06 06:00
PHST- 2013/08/06 06:00 [entrez]
PHST- 2013/08/06 06:00 [pubmed]
PHST- 2014/10/14 06:00 [medline]
PHST- 2015/03/01 00:00 [pmc-release]
AID - 10.1080/09540121.2013.824538 [doi]
PST - ppublish
SO - AIDS Care. 2014;26(3):372-8. doi: 10.1080/09540121.2013.824538.
Epub 2013 Aug 2.

PMID- 17689378
OWN - NLM
STAT- MEDLINE
DCOM- 20071214
LR - 20161124
IS - 1873-4758 (Electronic)
IS - 0955-3959 (Linking)
VI - 18
IP - 4
DP - 2007 Aug



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TI - Scaling up HIV treatment, care and support for injecting drug users in Vietnam.

PG - 296-305

AB - BACKGROUND: People living with HIV/AIDS (PLWHA) in developing countries are

rarely consulted about ways to promote their health and well-being. This study

sought to identify and understand, from the perspective of PLWHA, challenges and

opportunities for improving access to HIV treatment, care and support in Vietnam,

a resource-limited setting with an epidemic driven by injecting drug use.

METHODS: PLWHA trained in participatory research methods completed fieldwork and

data collection and co-facilitated focus groups with injecting drug users (IDUs)

in Ho Chi Minh City. Qualitative data were analysed in Vietnamese and English

using an inductive approach to code and compare content and identify key themes.

RESULTS: Results suggest considerable barriers to scaling up in this setting.

Against a backdrop of punitive government policies, including mandatory detention

of IDUs and sex workers, and widespread stigma and discrimination, many PLWHA

lived with the fear of discovery and the threat of abandonment. Lack of

confidentiality, limited financial resources and restricted access to essential

medications provided powerful disincentives to health service utilisation.

CONCLUSIONS: Opportunities for scaling up lie firstly in expanding access to

confidential HIV counselling and testing. However, in the absence of affordable,

quality care and access to anti-retroviral therapy, IDUs are unlikely to see



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testing as worthwhile. Efforts to scale up also need to address structural

barriers including stigma and discrimination, poverty and institutional capacity.

Finally, PLWHA in Vietnam are a significant but underutilised resource and

consideration should be given to overcoming barriers to building confidence and

capacity within affected communities.

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FAU - Coupland, Heidi

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FAU - Musson, Rachel

AU - Musson R

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20070117

PL - Netherlands

TA - Int J Drug Policy

JT - The International journal on drug policy

JID - 9014759

RN - 0 (Anti-Retroviral Agents)

SB - IM

MH - Acquired Immunodeficiency Syndrome/complications/drug therapy/epidemiology/psychology

MH - Adolescent

MH - Adult

MH - Anti-Retroviral Agents/*therapeutic use

MH - Attitude of Health Personnel

MH - Attitude to Health

MH - Data Collection

MH - Disease Outbreaks



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MH - Female

MH - Focus Groups

**MH - *HIV Infections/complications/drug
therapy/epidemiology/psychology**

**MH - Health Services Accessibility/economics/*statistics & numerical
data**

MH - Humans

MH - Male

MH - Middle Aged

MH - Prejudice

MH - Sex Work

MH - Social Support

MH - Socioeconomic Factors

MH - Substance Abuse, Intravenous/*complications/epidemiology

MH - Vietnam/epidemiology

EDAT- 2007/08/11 09:00

MHDA- 2007/12/15 09:00

CRDT- 2007/08/11 09:00

PHST- 2006/05/25 00:00 [received]

PHST- 2006/12/10 00:00 [revised]

PHST- 2006/12/11 00:00 [accepted]

PHST- 2007/08/11 09:00 [pubmed]

PHST- 2007/12/15 09:00 [medline]

PHST- 2007/08/11 09:00 [entrez]

AID - S0955-3959(06)00253-2 [pii]

AID - 10.1016/j.drugpo.2006.12.006 [doi]

PST - ppublish

**SO - Int J Drug Policy. 2007 Aug;18(4):296-305. doi:
10.1016/j.drugpo.2006.12.006.**

Epub 2007 Jan 17.

PMID- 22989529

OWN - NLM

STAT- MEDLINE

DCOM- 20130122

LR - 20250331

IS - 1758-2652 (Electronic)

IS - 1758-2652 (Linking)

VI - 15



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IP - 2

DP - 2012 Sep 7

TI - "We don't exist": a qualitative study of marginalization experienced by

HIV-positive lesbian, bisexual, queer and transgender women in Toronto, Canada.

PG - 17392

LID - 10.7448/IAS.15.2.17392 [doi]

AB - BACKGROUND: Lesbian, bisexual, queer and transgender (LBQT) women living with HIV

have been described as invisible and understudied. Yet, social and structural

contexts of violence and discrimination exacerbate the risk of HIV infection

among LBQT women. The study objective was to explore challenges in daily life and

experiences of accessing HIV services among HIV-positive LBQT women in Toronto,

Canada. METHODS: We used a community-based qualitative approach guided by an

intersectional theoretical framework. We conducted two focus groups; one focus

group was conducted with HIV-positive lesbian, bisexual and queer women (n = 7)

and the second with HIV-positive transgender women (n = 16). Participants were

recruited using purposive sampling. Focus groups were digitally recorded and

transcribed verbatim. Thematic analysis was used for analyzing data to enhance

understanding of factors that influence the wellbeing of HIV-positive LBQT women.

RESULTS: Participant narratives revealed a trajectory of marginalization.

Structural factors such as social exclusion and violence elevated the risk for

HIV infection; this risk was exacerbated by inadequate HIV prevention





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information. Participants described multiple barriers to HIV care and support, including pervasive HIV-related stigma, heteronormative assumptions in

HIV-positive women's services and discriminatory and incompetent treatment by

health professionals. Underrepresentation of LBQT women in HIV research further

contributed to marginalization and exclusion. Participants expressed a

willingness to participate in HIV research that would be translated into action.

CONCLUSIONS: Structural factors elevate HIV risk among LBQT women, limit access

to HIV prevention and present barriers to HIV care and support. This study's

conceptualization of a trajectory of marginalization enriches the discussion of

structural factors implicated in the wellbeing of LBQT women and highlights the

necessity of addressing LBQT women's needs in HIV prevention, care and research.

Interventions that address intersecting forms of marginalization (e.g. sexual

stigma, transphobia, HIV-related stigma) in community and social norms, HIV

programming and research are required to promote health equity among LBQT women.

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FAU - Tharao, Wangari

AU - Tharao W

FAU - Loutfy, Mona R

AU - Loutfy MR



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LA - eng
GR - Canadian Institutes of Health Research/Canada
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
DEP - 20120907
PL - Switzerland
TA - J Int AIDS Soc
JT - Journal of the International AIDS Society
JID - 101478566
SB - IM
MH - Adult
MH - Bisexuality/*psychology
MH - Canada
MH - Female
MH - Focus Groups
MH - HIV Infections/diagnosis/drug therapy/*psychology
MH - Homosexuality, Female/*psychology
MH - Humans
MH - Middle Aged
MH - Patient Acceptance of Health Care/psychology/statistics & numerical data
MH - Social Marginalization/*psychology
MH - Transgender Persons/*psychology
MH - Male
PMC - PMC3494165
EDAT- 2012/09/20 06:00
MHDA- 2013/01/23 06:00
PMCR- 2012/09/07
CRDT- 2012/09/20 06:00
PHST- 2012/04/20 00:00 [received]
PHST- 2012/06/12 00:00 [revised]
PHST- 2012/07/11 00:00 [accepted]
PHST- 2012/09/20 06:00 [entrez]
PHST- 2012/09/20 06:00 [pubmed]
PHST- 2013/01/23 06:00 [medline]
PHST- 2012/09/07 00:00 [pmc-release]
AID - 17392 [pii]
AID - JIAS-15-17392 [pii]
AID - 10.7448/IAS.15.2.17392 [doi]





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Península de Yucatán

PST - e-publish

SO - J Int AIDS Soc. 2012 Sep 7;15(2):17392. doi: 10.7448/IAS.15.2.17392.

PMID- 18767210

OWN - NLM

STAT- MEDLINE

DCOM- 20081114

LR - 20220330

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Linking)

VI - 20

IP - 7

DP - 2008 Aug

TI - HIV-related stigma, service utilization, and status disclosure among truck

drivers crossing the Southern borders in Brazil.

PG - 764-70

LID - 10.1080/09540120701506796 [doi]

AB - HIV-related stigma and discrimination (S&D) have been shown to impede prevention,

care and treatment. Yet, few quantitative studies have tested the associations

between stigma, service utilization and status disclosure, especially in

countries with concentrated HIV epidemics. Surveys, administered to a random

sample of 1,775 truck drivers crossing Southern borders in Brazil, included items

on multiple conceptual domains of S&D, such as fear of casual contact and blame

towards people living with HIV/AIDS. Pearson's chi-square tests and logistic

regression were used to examine correlations. Less stigma (both individual items

and grouped as a scale) was significantly correlated with VCT use ($p \leq 0.001$),

knowing where to get tested ($p \leq 0.001$) and willingness to disclose HIV-positive





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test results ($p=0.013$). Findings indicate that stigma is an important barrier to

HIV testing and disclosure among truck drivers in Southern Brazil. Learning more

about stigma is important given the growing assertions that testing is a

'critical gateway' to HIV prevention and treatment. As access to HIV testing and

treatment improves, providers increasingly need to understand and address how

stigma acts as a barrier to services.

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AU - Lippman SA

FAU - Chinaglia, M

AU - Chinaglia M

FAU - Díaz, J

AU - Díaz J

LA - eng

PT - Journal Article

PL - England

TA - AIDS Care

JT - AIDS care

JID - 8915313

SB - IM

MH - Adaptation, Psychological

MH - Adult

MH - Brazil

MH - Cross-Sectional Studies

MH - Emigration and Immigration

MH - HIV Infections/prevention & control/*psychology

MH - *HIV-1

MH - Health Knowledge, Attitudes, Practice

MH - Health Surveys

MH - Humans



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MH - Male

MH - Patient Acceptance of Health Care/*psychology

MH - *Prejudice

MH - Social Isolation

MH - *Stereotyping

MH - Transportation

MH - *Truth Disclosure

EDAT- 2008/09/04 09:00

MHDA- 2008/11/15 09:00

CRDT- 2008/09/04 09:00

PHST- 2008/09/04 09:00 [pubmed]

PHST- 2008/11/15 09:00 [medline]

PHST- 2008/09/04 09:00 [entrez]

AID - 10.1080/09540120701506796 [doi]

PST - ppublish

**SO - AIDS Care. 2008 Aug;20(7):764-70. doi:
10.1080/09540120701506796.**

PMID- 24242266

OWN - NLM

STAT- MEDLINE

DCOM- 20140623

LR - 20211021

IS - 1758-2652 (Electronic)

IS - 1758-2652 (Linking)

VI - 16

IP - 3 Suppl 2

DP - 2013 Nov 13

**TI - A brief, standardized tool for measuring HIV-related stigma among
health facility**

**staff: results of field testing in China, Dominica, Egypt, Kenya,
Puerto Rico and**

St. Christopher & Nevis.

PG - 18718

LID - 10.7448/IAS.16.3.18718 [doi]

LID - 18718 [doi]

**AB - INTRODUCTION: Within healthcare settings, HIV-related stigma is
a recognized**



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barrier to access of HIV prevention and treatment services and yet, few efforts

have been made to scale-up stigma reduction programs in service delivery. This is

in part due to the lack of a brief, simple, standardized tool for measuring

stigma among all levels of health facility staff that works across diverse HIV

prevalence, language and healthcare settings. In response, an international

consortium led by the Health Policy Project, has developed and field tested a

stigma measurement tool for use with health facility staff. METHODS: Experts

participated in a content-development workshop to review an item pool of existing

measures, identify gaps and prioritize questions. The resulting questionnaire was

field tested in six diverse sites (China, Dominica, Egypt, Kenya, Puerto Rico and

St. Christopher & Nevis). Respondents included clinical and non-clinical staff.

Questionnaires were self- or interviewer-administered. Analysis of item

performance across sites examined both psychometric properties and contextual

issues. RESULTS: The key outcome of the process was a substantially reduced

questionnaire. Eighteen core questions measure three programmatically actionable

drivers of stigma within health facilities (worry about HIV transmission,

attitudes towards people living with HIV (PLHIV), and health facility environment, including policies), and enacted stigma. The questionnaire also

includes one short scale for attitudes towards PLHIV (5-item scale, $\alpha=0.78$).

CONCLUSIONS: Stigma-reduction programmes in healthcare facilities are urgently





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needed to improve the quality of care provided, uphold the human right to

healthcare, increase access to health services, and maximize investments in HIV

prevention and treatment. This brief, standardized tool will facilitate inclusion

of stigma measurement in research studies and in routine facility data

collection, allowing for the monitoring of stigma within healthcare facilities

and evaluation of stigma-reduction programmes. There is potential for wide use of

the tool either as a stand-alone survey or integrated within other studies of

health facility staff.

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AU - Li L

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AU - Lohiniva AL

FAU - McLean, Roger

AU - McLean R

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AU - Turan JM

FAU - Varas-Díaz, Nelson

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FAU - Kwena, Zachary

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FAU - Thomas, Wendell

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LA - eng

GR - R01 MH081778/MH/NIMH NIH HHS/United States

GR - P30 MH058107/MH/NIMH NIH HHS/United States

GR - R01MH081778-04S1/MH/NIMH NIH HHS/United States

GR - R01 MH080694/MH/NIMH NIH HHS/United States

GR - PEPFAR/PEPFAR/United States

PT - Evaluation Study

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, Non-U.S. Gov't

PT - Research Support, U.S. Gov't, Non-P.H.S.

DEP - 20131113

PL - Switzerland

TA - J Int AIDS Soc

JT - Journal of the International AIDS Society

JID - 101478566

SB - IM

MH - *Attitude of Health Personnel

MH - Discrimination, Psychological/*physiology

MH - Female

MH - HIV Infections/diagnosis/drug therapy/prevention & control/*psychology

MH - *Health Personnel

MH - Humans

MH - International Cooperation

MH - Male

MH - Pregnancy

MH - Psychology/*methods

MH - *Social Stigma

MH - *Surveys and Questionnaires

PMC - PMC3833189

OTO - NOTNLM

OT - AIDS

OT - HIV

OT - HIV stigma

OT - discrimination

OT - evaluation





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OT - health facilities

OT - measurement

OT - monitoring

OT - stigma

OT - stigma-reduction programmes

EDAT- 2013/11/28 06:00

MHDA- 2014/06/24 06:00

PMCR- 2013/11/13

CRDT- 2013/11/19 06:00

PHST- 2013/04/29 00:00 [received]

PHST- 2013/08/16 00:00 [revised]

PHST- 2013/08/29 00:00 [accepted]

PHST- 2013/11/19 06:00 [entrez]

PHST- 2013/11/28 06:00 [pubmed]

PHST- 2014/06/24 06:00 [medline]

PHST- 2013/11/13 00:00 [pmc-release]

AID - 18718 [pii]

AID - 10.7448/IAS.16.3.18718 [doi]

PST - epubli

**SO - J Int AIDS Soc. 2013 Nov 13;16(3 Suppl 2):18718. doi:
10.7448/IAS.16.3.18718.**

PMID- 27855692

OWN - NLM

STAT- MEDLINE

DCOM- 20171004

LR - 20181113

IS - 1472-698X (Electronic)

IS - 1472-698X (Linking)

VI - 16

IP - 1

DP - 2016 Nov 17

**TI - Knowledge and exercise of human rights, and barriers and
facilitators to claiming**

**rights: a cross-sectional study of female sex workers and high-risk
men who have**

sex with men in Andhra Pradesh, India.

PG - 29

LID - 29



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AB - BACKGROUND: HIV prevention interventions recognize the need to protect the rights

of key populations and support them to claim their rights as a vulnerability

reduction strategy. This study explores knowledge of human rights, and barriers

and facilitators to claiming rights, among female sex workers (FSWs) and

high-risk men who have sex with men (HR-MSM) who are beneficiaries of a community

mobilization intervention in Andhra Pradesh, India. **METHODS:** Data are drawn from

a cross-sectional survey (2014) among 2400 FSWs and 1200 HR-MSM. Human rights

awareness was assessed by asking respondents if they had heard of human rights

(yes/no); those reporting awareness of rights were asked to spontaneously name

specific rights from the following five pre-defined categories: right to health;

dignity/equality; education; property; and freedom from discrimination.

Respondents were classified into two groups: more knowledgeable (could identify

two or more rights) and less knowledgeable (could identify one or no right).

Univariate and bivariate analyses and chi-square tests were used. Data were

analyzed using STATA 11.2. **RESULTS:** Overall 17% FSWs and 8% HR-MSM were not aware

of their rights. Among those aware, 62% and 31% respectively were aware of just

one or no right (less knowledgeable); only around half (54% vs 57%) were aware of

health rights, and fewer (20% vs 16%) aware of their right to freedom from

discrimination. Notably, 27% and 17% respectively had not exercised their rights.



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Barriers to claiming rights among FSWs and HR-MSM were neighbors (35% vs 37%), lack of knowledge (15% vs 14%), stigma (13% vs 22%) and spouse (19% FSWs).

Community organizations (COs) were by far the leading facilitator in claiming

rights (57% vs 72%). **CONCLUSIONS:** The study findings show that awareness of human

rights is limited among FSWs and HR-MSM, and a large proportion have not claimed

their rights, elevating their HIV vulnerability. For a sustained HIV response,

community mobilization efforts must focus on building key populations' awareness

of rights, and addressing the multiple barriers to claiming rights, with a view

to creating a safe environment where vulnerable groups can demand and use

services without fear of stigma, discrimination and violation of rights.

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LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20161117

PL - England

TA - BMC Int Health Hum Rights

JT - BMC international health and human rights

JID - 101088678

SB - IM

MH - Adult

MH - Awareness

MH - Cross-Sectional Studies

MH - Female

MH - HIV Infections/*prevention & control

MH - *Health Knowledge, Attitudes, Practice

MH - Health Services Accessibility

MH - *Homosexuality, Male

MH - *Human Rights

MH - Humans

MH - India

MH - Male

MH - Personhood

MH - Residence Characteristics

MH - *Sex Work

MH - Sex Workers

MH - Social Behavior

MH - *Social Discrimination

MH - Social Stigma

MH - Spouses

MH - Surveys and Questionnaires

PMC - PMC5112884

OTO - NOTNLM

OT - Community mobilization

OT - Female sex workers

OT - HIV

OT - Human rights



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OT - India

OT - Men who have sex with men

EDAT- 2016/11/20 06:00

MHDA- 2017/10/05 06:00

PMCR- 2016/11/17

CRDT- 2016/11/19 06:00

PHST- 2016/04/09 00:00 [received]

PHST- 2016/10/18 00:00 [accepted]

PHST- 2016/11/19 06:00 [entrez]

PHST- 2016/11/20 06:00 [pubmed]

PHST- 2017/10/05 06:00 [medline]

PHST- 2016/11/17 00:00 [pmc-release]

AID - 10.1186/s12914-016-0102-2 [pii]

AID - 102 [pii]

AID - 10.1186/s12914-016-0102-2 [doi]

PST - epubish

**SO - BMC Int Health Hum Rights. 2016 Nov 17;16(1):29. doi:
10.1186/s12914-016-0102-2.**

PMID- 23216369

OWN - NLM

STAT- MEDLINE

DCOM- 20131031

LR - 20151119

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Linking)

VI - 25

IP - 8

DP - 2013 Aug

**TI - Female sex workers and access to social and health services in
Catalonia:**

Influence of region of origin and place of work.

PG - 1033-8

LID - 10.1080/09540121.2012.748872 [doi]

**AB - The objectives of the study were to describe the use of social and
health**

**services (SHS) of female sex workers (FSW) in Catalonia according
to place of**



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work and region of origin, and explore the barriers these women encountered when

accessing these services. Quantitative and qualitative methods were combined. A

questionnaire-based survey (n = 400) was conducted from October 2009 to January

2010, and complemented by focus group discussions technique (n = 23). More than

60% of FSW had used health services (HS) in the last 6 months (no differences by

context of work and region of origin). Nevertheless, there were differences in

the characteristics of health resources used. Although all women in clubs

contracted the private HS provided by the club itself, they were those who least

benefited from social services (SS), in particular Eastern-Europe women (24.6% in

the last 6 months). The stigma and discrimination that FSW women suffer were one

of the main barriers to access SHS. Women from Eastern Europe who worked in clubs

were the most isolated and vulnerable women. Access to the public health system

must continue to be provided for all FSW, assuring confidentiality and

diminishing the burden associated with discrimination which they generally feel.

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Península de Yucatán

FAU - Casabona, J
AU - Casabona J
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
DEP - 20121207
PL - England
TA - AIDS Care
JT - AIDS care
JID - 8915313
SB - IM
MH - Adult
MH - Cross-Sectional Studies
MH - Europe, Eastern/ethnology
MH - Female
MH - Focus Groups
MH - Health Care Surveys/*methods/*statistics & numerical data
MH - Health Services Accessibility/*statistics & numerical data
MH - Humans
MH - Sex Workers/*statistics & numerical data
MH - Sexually Transmitted Diseases/*prevention & control
MH - Social Stigma
MH - Spain
MH - Surveys and Questionnaires
EDAT- 2012/12/12 06:00
MHDA- 2013/11/01 06:00
CRDT- 2012/12/11 06:00
PHST- 2012/12/11 06:00 [entrez]
PHST- 2012/12/12 06:00 [pubmed]
PHST- 2013/11/01 06:00 [medline]
AID - 10.1080/09540121.2012.748872 [doi]
PST - ppublish
SO - AIDS Care. 2013 Aug;25(8):1033-8. doi:
10.1080/09540121.2012.748872. Epub 2012
Dec 7.

PMID- 32375696
OWN - NLM
STAT- MEDLINE



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DCOM- 20210125

LR - 20210125

IS - 1471-2393 (Electronic)

IS - 1471-2393 (Linking)

VI - 20

IP - 1

DP - 2020 May 6

TI - "It is good, but I can't afford it ..." potential barriers to adequate prenatal

care among Afghan women in Iran: a qualitative study in South Tehran.

PG - 274

LID - 10.1186/s12884-020-02969-x [doi]

LID - 274

AB - BACKGROUND: An estimated 96% of registered refugees in Iran are Afghan. Almost

half of them are young women at the reproductive age. The adequate maternity care

is crucial for healthy pregnancy. There is limited knowledge regarding the access

and adequacy of maternity care among Afghan women in Iran. The reports from

ministry of health (MOH) implicate higher prevalence of perinatal complications

in Afghan population. This mainly attributed to the inadequate prenatal care

during pregnancy. Therefore, this paper explores the potential barriers to

prenatal care among Afghan women in Iran. METHODS: Using convenience sampling,

thirty pregnant Afghan women were recruited at three community health centers

with the highest number of Afghan visitors in Tehran, the capital city of Iran.

Data were collected through face-to-face interviews in Persian language using an

interview guide. The interviewers were two bilingual Afghan graduate midwifery





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students. Each interview lasted for an hour. The questions regarding the concerns and experienced obstacles in seeking prenatal care were asked. The interviews were transcribed into original language (Persian) and analyzed using content analysis and further translated back into English. The main themes were extracted grouping the similar codes and categories after careful consideration and consensus between the researchers. **RESULTS:** The financial constraints and lack of affordable health insurance with adequate coverage of prenatal care services, particularly the diagnostic and screening tests, were the most frequent reported obstacles by Afghan women. In addition, personnel behavior, transportation issues, stigma and discrimination, cultural concerns, legal and immigration issues were also mentioned as the source of disappointment and inadequate utilization of such services. **CONCLUSIONS:** The findings of present study emphasize the necessity of available and most importantly, affordable prenatal care for Afghan women in Iran. Providing an affordable health insurance with adequate coverage of prenatal and delivery services, could reduce the financial burden, facilitate the access, and ensure the maternal and child health in this vulnerable population. The issues of fear and concern of deportation must be removed for at least illegal Afghan mothers to ensure their access to maternity care and improve the health of both mother and offspring.

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Kyoto, Japan.

LA - eng

PT - Journal Article

DEP - 20200506

PL - England

TA - BMC Pregnancy Childbirth

JT - BMC pregnancy and childbirth

JID - 100967799

SB - IM

MH - Adolescent

MH - Adult

MH - Afghanistan/ethnology

MH - Community Health Centers/economics

MH - Female

MH - Health Services Accessibility/*economics

MH - Humans

MH - Iran/epidemiology

MH - Maternal Health Services/*economics

MH - Patient Acceptance of Health Care

MH - Pregnancy

MH - Prenatal Care/*economics

MH - Qualitative Research

MH - Refugees

MH - Young Adult

PMC - PMC7201652

OTO - NOTNLM

OT - Afghan women

OT - Barrier

OT - Iran

OT - Prenatal care

COIS- The authors declare no conflict of interests.

EDAT- 2020/05/08 06:00

MHDA- 2021/01/26 06:00

PMCR- 2020/05/06

CRDT- 2020/05/08 06:00

PHST- 2020/02/08 00:00 [received]

PHST- 2020/04/23 00:00 [accepted]

PHST- 2020/05/08 06:00 [entrez]

PHST- 2020/05/08 06:00 [pubmed]



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PHST- 2021/01/26 06:00 [medline]

PHST- 2020/05/06 00:00 [pmc-release]

AID - 10.1186/s12884-020-02969-x [pii]

AID - 2969 [pii]

AID - 10.1186/s12884-020-02969-x [doi]

PST - epubish

**SO - BMC Pregnancy Childbirth. 2020 May 6;20(1):274. doi:
10.1186/s12884-020-02969-x.**

PMID- 27391995

OWN - NLM

STAT- MEDLINE

DCOM- 20170926

LR - 20231111

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Print)

IS - 0954-0121 (Linking)

VI - 28 Suppl 2

IP - sup2

DP - 2016 Mar

**TI - I don't know what I am doing because I am doing everything:
perceptions and**

**experiences of nurses about HIV counselling and testing among
children in Free**

State Province, South Africa.

PG - 21-8

LID - 10.1080/09540121.2016.1176670 [doi]

**AB - Although HIV/AIDS constitute a significant health burden among
children in South**

**Africa, testing and counselling of exposed children are inadequate.
It is**

**therefore imperative that factors relating to paediatric HCT services
offered by**

**health workers are examined. This study was conducted to explore
and describe the**

**perceptions and experiences of trained professional nurses
regarding HIV**

**counselling and testing among children. We conducted six focus
group discussions**





among trained professional nurses in health facilities in a district in Free

State Province, South Africa. All verbatim transcripts were analysed with a

thematic approach and emergent codes were applied. Forty-seven trained

professional nurses participated in the study and two of them were males. The age

of the participants ranges from 38 to 60 years while the median age was 50 years.

Most participants in the focus groups explained how HCT occurs during regular

health talks and that lay counsellors are doing most of the counselling. While a

few participants thought that children should not be bothered with HCT, most of

them seek consent from caregivers for HIV test for children. While children whose

parents are negative are usually not tested, most children are tested only when

they become ill. Identified barriers to HCT among children include refusal of

consent, work overload, lack of encouragement, and poor record keeping.

Participants recommended improvement of issues relating to community mobilization

and increasing trained staff strength for optimal paediatric HCT service

delivery. Developing guidance and policies with respect to obtaining consent,

recruiting more health providers, and addressing structural issues in the society

to reduce stigma and discrimination were identified as key priority issues by

majority of the participants. The perspectives of these participants who provide

paediatric HCT services offer vital insight which may be useful to inform policy

interventions.





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FAU - Serenata, Celia

AU - Serenata C

AD - a Clinton Health Access Initiative , South Africa.

LA - eng

PT - Journal Article

PL - England

TA - AIDS Care

JT - AIDS care

JID - 8915313

SB - IM

MH - Adult

MH - Caregivers

MH - Child

MH - *Counseling

MH - Delivery of Health Care



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MH - Focus Groups
MH - HIV Infections/*diagnosis/prevention & control
MH - Health Facilities
MH - *Health Knowledge, Attitudes, Practice
MH - Humans
MH - Male
MH - Mass Screening
MH - Middle Aged
MH - *Nurses/psychology
MH - Pediatric Nursing
MH - Perception
MH - Primary Health Care/*methods
MH - Social Stigma
MH - South Africa
PMC - PMC5013755
OTO - NOTNLM
OT - HCT
OT - children
OT - counselling
OT - nurses
OT - perceptions
OT - testing
EDAT- 2016/07/09 06:00
MHDA- 2017/09/28 06:00
PMCR- 2016/09/07
CRDT- 2016/07/09 06:00
PHST- 2016/07/09 06:00 [entrez]
PHST- 2016/07/09 06:00 [pubmed]
PHST- 2017/09/28 06:00 [medline]
PHST- 2016/09/07 00:00 [pmc-release]
AID - 1176670 [pii]
AID - 10.1080/09540121.2016.1176670 [doi]
PST - ppublish
SO - AIDS Care. 2016 Mar;28 Suppl 2(sup2):21-8. doi:
10.1080/09540121.2016.1176670.

PMID- 26188413
OWN - NLM
STAT- MEDLINE



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DCOM- 20160215

LR - 20210226

IS - 1552-6917 (Electronic)

IS - 1055-3290 (Print)

IS - 1055-3290 (Linking)

VI - 26

IP - 5

DP - 2015 Sep-Oct

TI - "You're in a world of chaos": experiences accessing HIV care and adhering to

medications after incarceration.

PG - 542-55

LID - S1055-3290(15)00139-9 [pii]

LID - 10.1016/j.jana.2015.06.001 [doi]

AB - Most HIV-infected inmates leave prison with a suppressed viral load; many,

however, become disconnected from care and nonadherent to medications during

reentry to community life. In this secondary data analysis of focus groups (n =

6) and in-depth interviews (n = 9) with 46 formerly incarcerated HIV-infected

people during reentry, we used an inductive analytic approach to explore the

interplay between individual, interpersonal, community, and structural factors

and HIV management. Participants described barriers and facilitators to care

engagement and adherence at each of these four levels, as well as a milieu of HIV

and incarceration-related stigma and discrimination. The constellation of

barriers and facilitators created competing demands and a sense of chaos in

participants' lives, which led them to address reentry-related basic needs (e.g.,

housing, food) before health care needs. Interventions that simultaneously



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address multiple levels, including augmenting employment and housing

opportunities, enhancing social support, and reducing stigma, are needed.

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FAU - Wohl, David

AU - Wohl D

FAU - Golin, Carol E

AU - Golin CE

LA - eng

GR - P30-AI050410/AI/NIAID NIH HHS/United States

GR - K24-HD069204/HD/NICHD NIH HHS/United States

GR - K24 DA037101/DA/NIDA NIH HHS/United States

GR - R01DA030793-01/DA/NIDA NIH HHS/United States

GR - P30 AI050410/AI/NIAID NIH HHS/United States

GR - R01 DA030793/DA/NIDA NIH HHS/United States

GR - K24 HD069204/HD/NICHD NIH HHS/United States

GR - K24DA037101-01/DA/NIDA NIH HHS/United States

GR - P2C HD050924/HD/NICHD NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

DEP - 20150614

PL - United States

TA - J Assoc Nurses AIDS Care

JT - The Journal of the Association of Nurses in AIDS Care : JANAC

JID - 9111870

SB - IM

MH - Adult

MH - *Continuity of Patient Care



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MH - Female
MH - Focus Groups
MH - HIV Infections/*drug therapy/psychology
MH - Health Services Accessibility
MH - Humans
MH - Interviews as Topic
MH - Male
MH - *Medication Adherence
MH - Middle Aged
MH - *Patient Acceptance of Health Care
MH - Prisoners/*psychology
MH - Prisons
MH - Qualitative Research
MH - Social Adjustment
MH - *Social Stigma
MH - Social Support
MH - Socioeconomic Factors
PMC - PMC4540691
MID - NIHMS700385
OTO - NOTNLM
OT - HIV
OT - health care access
OT - incarceration
OT - medication adherence
OT - stigma
COIS- Disclosures The authors report no real or perceived vested interests that relate
to this article that could be construed as a conflict of interest.
EDAT- 2015/07/21 06:00
MHDA- 2016/02/16 06:00
PMCR- 2016/09/01
CRDT- 2015/07/20 06:00
PHST- 2015/01/15 00:00 [received]
PHST- 2015/06/07 00:00 [accepted]
PHST- 2015/07/20 06:00 [entrez]
PHST- 2015/07/21 06:00 [pubmed]
PHST- 2016/02/16 06:00 [medline]
PHST- 2016/09/01 00:00 [pmc-release]
AID - S1055-3290(15)00139-9 [pii]



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Península de Yucatán

AID - 10.1016/j.jana.2015.06.001 [doi]

PST - ppublish

SO - J Assoc Nurses AIDS Care. 2015 Sep-Oct;26(5):542-55. doi:

10.1016/j.jana.2015.06.001. Epub 2015 Jun 14.

PMID- 25330196

OWN - NLM

STAT- MEDLINE

DCOM- 20150622

LR - 20211021

IS - 1932-6203 (Electronic)

IS - 1932-6203 (Linking)

VI - 9

IP - 10

DP - 2014

TI - Risk factors for delayed entrance into care after diagnosis among patients with

late-stage HIV disease in southern Vietnam.

PG - e108939

LID - 10.1371/journal.pone.0108939 [doi]

LID - e108939

AB - BACKGROUND: We surveyed HIV patients with late-stage disease in southern Vietnam

to determine if barriers to access and service quality resulted in late HIV

testing and delays from initial diagnosis to entry into HIV care.

METHODOLOGY:

196 adult patients at public HIV clinics with CD4 counts less than 250 cells/mm³

completed a standardized questionnaire. We used multivariate analysis to

determine risk factors for delayed entry into care, defined as >3 months time

from diagnosis to registration. RESULTS: Common reasons for delayed testing were

feeling healthy (71%), fear of stigma and discrimination in the community (43%),

time conflicts with work or school (31%), did not want to know if infected (30%),



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and fear of lack of confidentiality (27%). Forty-five percent of participants

delayed entry into care with a median CD4 count of 65 cells/mm³.

The most common

reasons for delayed entry were feeling healthy (51%), fear of stigma and

discrimination in the community (41%), time conflicts with work or school (33%),

and fear of lack of confidentiality (26%). Independent predictors for delayed

entry were feeling healthy (aOR 3.7, 95% CI 1.5-9.1), first positive HIV test at

other site (aOR 2.9, CI 1.2-7.1), history of injection drug use (IDU) (aOR 2.9,

95% CI 1.1-7.9), work/school conflicts (aOR 4.3, 95% CI 1.7-10.8), prior registration at another clinic (aOR 77.4, 95% CI 8.6-697), detention

or

imprisonment (aOR 10.3, 95% CI 1.8-58.2), and perceived distance to clinic (aOR

3.7, 95% CI 1.0-13.7). **CONCLUSION:** Delayed entry into HIV care in Vietnam is

common and poses a significant challenge to preventing AIDS and opportunistic

infections, decreasing mortality, and reducing HIV transmission. Improved

linkages between testing and care are needed, particularly for patients who feel

healthy, as well as incarcerated and drug-using populations who may face

structural and social barriers to accessing care.

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LA - eng

PT - Journal Article

PT - Research Support, U.S. Gov't, Non-P.H.S.

DEP - 20141016

PL - United States

TA - PLoS One

JT - PloS one

JID - 101285081



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SB - IM

MH - Adult

MH - Female

MH - HIV Infections/*diagnosis/*epidemiology/mortality/transmission

MH - Humans

MH - Male

MH - *National Health Programs

MH - Patient Acceptance of Health Care/*statistics & numerical data

MH - Risk Factors

MH - Time Factors

MH - Vietnam/epidemiology

PMC - PMC4199603

COIS- Competing Interests: The authors have declared that no competing interests exist.

EDAT- 2014/10/21 06:00

MHDA- 2015/06/24 06:00

PMCR- 2014/10/16

CRDT- 2014/10/21 06:00

PHST- 2014/06/17 00:00 [received]

PHST- 2014/08/26 00:00 [accepted]

PHST- 2014/10/21 06:00 [entrez]

PHST- 2014/10/21 06:00 [pubmed]

PHST- 2015/06/24 06:00 [medline]

PHST- 2014/10/16 00:00 [pmc-release]

AID - PONE-D-14-24396 [pii]

AID - 10.1371/journal.pone.0108939 [doi]

PST - epublish

SO - PLoS One. 2014 Oct 16;9(10):e108939. doi:

10.1371/journal.pone.0108939.

eCollection 2014.

PMID- 15022954

OWN - NLM

STAT- MEDLINE

DCOM- 20040505

LR - 20041117

IS - 1536-0288 (Print)

IS - 1536-0288 (Linking)

VI - 17



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IP - 3-4

DP - 2003

TI - Pain and palliative care for people living with HIV/AIDS in Asia.

PG - 91-104; discussion 105-6

AB - Millions of people living with HIV/AIDS (PLHA) in Asia need access to palliative

care as part of a comprehensive response to their support needs.

There are many

causes of pain in HIV/AIDS, and its prevalence is as high if not higher than in

cancer, but it is frequently undertreated. Access to adequate pain relief and

palliative care is impeded by the barriers which face PLHA in Asia. These include

few care and support services, lack of recognition and acknowledgement of pain in

HIV/AIDS by health care professionals, widespread stigma and discrimination

especially towards vulnerable groups such as injecting drug users, government

regulatory mechanisms which make access to opioids even more difficult for the

care services which have developed and a lack of understanding of or advocacy for

pain relief and palliative care in the literature on HIV/AIDS care and support.

During the growth of palliative care in Asia, there is opportunity for advocates

of palliative care and care for PLHA to collaborate to influence national policy.

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LA - eng

PT - Journal Article

PL - England

TA - J Pain Palliat Care Pharmacother

JT - Journal of pain & palliative care pharmacotherapy



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JID - 101125608

RN - 0 (Analgesics, Opioid)

SB - IM

MH - Analgesics, Opioid/supply & distribution/therapeutic use

MH - Asia/epidemiology

MH - Developing Countries

MH - HIV Infections/epidemiology/*physiopathology

MH - *Health Services Accessibility

MH - Humans

MH - Pain/*drug therapy/etiology

MH - Palliative Care/*methods

MH - Prevalence

MH - Quality of Life

EDAT- 2004/03/17 05:00

MHDA- 2004/05/07 05:00

CRDT- 2004/03/17 05:00

PHST- 2004/03/17 05:00 [pubmed]

PHST- 2004/05/07 05:00 [medline]

PHST- 2004/03/17 05:00 [entrez]

PST - ppublish

SO - J Pain Palliat Care Pharmacother. 2003;17(3-4):91-104; discussion 105-6.

PMID- 30717715

OWN - NLM

STAT- MEDLINE

DCOM- 20190429

LR - 20200225

IS - 1472-6963 (Electronic)

IS - 1472-6963 (Linking)

VI - 19

IP - 1

DP - 2019 Feb 4

TI - Differentiated service delivery: a qualitative study of people living with HIV

and accessing care in a tertiary facility in Ghana.

PG - 95

LID - 10.1186/s12913-019-3878-7 [doi]

LID - 95



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AB - BACKGROUND: In 2014, the Joint United Nations Program on HIV/AIDS (UNAIDS) set

out a treatment target with the objective to help end the AIDS epidemic by 2030.

This was supported by the UNAIDS '90-90-90' target that by 2020, 90% of all

people living with HIV (PLHIV) will know their HIV status; 90% of all those

diagnosed with HIV will be on sustained antiretroviral therapy; and 90% of all

people receiving antiretroviral therapy will have viral suppression. The concept

of offering differentiated care services using community-based models is

evidence-based and is suggested as a means to bring this target into reality.

This study sought to explore the possible predictors and acceptability of

Community-based health service provision among PLHIV accessing ART services at

the Cape Coast Teaching Hospital (CCTH) in Ghana. **METHODS:** A qualitative study,

using 5 focus group discussions (FGD) of 8 participants per group, was conducted

at the HIV Clinic in CCTH, in the Central Region of Ghana. **Facilitators**

administered open-ended topic-guided questions. Answers were audio recorded,

later transcribed and combined with notes taken during the discussions. **Themes**

around Facility-based and Community-based service delivery and sub-themes

developed from the codes, were verified and analyzed by the authors, with the

group as the unit for analysis. **RESULTS:** Participants expressed preference for

facility-based service provision with the construct that, it ensures comprehensive health checks before provision of necessary medications. PLHIV in





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this study wished that the facility-based visits be more streamlined so "stable

clients" could visit twice in a year to reduce the associated time and financial

cost. The main barrier to community-based service delivery was concerns about

stigmatization and abandonment in the community upon inadvertent disclosure of

status. **CONCLUSIONS:** Although existing evidence suggests that facility-based care

was relatively more expensive and time consuming, PLHIV preferred facility-based

individualized differentiated model to a community-based model. The fear of

stigma and discrimination was very strong and is the main barrier to

community-based model among PLHIV in this study and this needs to be explored

further and managed.

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LA - eng

PT - Journal Article

DEP - 20190204



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PL - England
TA - BMC Health Serv Res
JT - BMC health services research
JID - 101088677
RN - 0 (Anti-Retroviral Agents)
SB - IM
MH - Adult
MH - Anti-Retroviral Agents/therapeutic use
MH - Delivery of Health Care/*organization & administration
MH - Female
MH - Focus Groups
MH - Ghana
MH - HIV Infections/*drug therapy
MH - Health Services Accessibility/*organization & administration
MH - Humans
MH - Male
MH - Middle Aged
MH - Program Evaluation
MH - Qualitative Research
MH - *Tertiary Healthcare/organization & administration
PMC - PMC6360720
OTO - NOTNLM
OT - ART
OT - Differentiated Model of Care
OT - Ghana
OT - PLHIV
COIS- ETHICS APPROVAL AND CONSENT TO PARTICIPATE: Approval
was obtained from the
Institutional Review Board of the University of Cape Coast (IRB-
UCC) for the
research. The participants enrolled in the study gave written
informed consent
after full explanation of the procedure in the language and/or
dialect they best
understood. CONSENT FOR PUBLICATION: Not Applicable
COMPETING INTERESTS: The
authors declare no competing interest, financial or otherwise.
PUBLISHER'S NOTE:



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PMCR- 2019/02/04

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PHST- 2019/02/06 06:00 [pubmed]

PHST- 2019/04/30 06:00 [medline]

PHST- 2019/02/04 00:00 [pmc-release]

AID - 10.1186/s12913-019-3878-7 [pii]

AID - 3878 [pii]

AID - 10.1186/s12913-019-3878-7 [doi]

PST - epublish

SO - BMC Health Serv Res. 2019 Feb 4;19(1):95. doi: 10.1186/s12913-019-3878-7.

PMID- 31514798

OWN - NLM

STAT- MEDLINE

DCOM- 20200924

LR - 20200924

IS - 1449-8987 (Electronic)

IS - 1448-5028 (Linking)

VI - 16

IP - 6

DP - 2019 Nov

**TI - Socioeconomic and psychosocial factors are associated with poor
treatment**

outcomes in Australian adults living with HIV: a case-control study.

PG - 548-553

LID - 10.1071/SH18138 [doi]

**AB - Background A substantial minority of patients living with HIV
refuse or cease**

**antiretroviral therapy (ART), have virological failure (VF) or develop
an**





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AIDS-defining condition (ADC) or serious non-AIDS event (SNAE). It is not

understood which socioeconomic and psychosocial factors may be associated with

these poor outcomes. METHODS: Thirty-nine patients with poor HIV treatment

outcomes, defined as those who refused or ceased ART, had VF or were hospitalised

with an ADC or SNAE (cases), were compared with 120 controls on suppressive ART.

A self-report survey recorded demographics, physical health, life stressors,

social supports, HIV disclosure, stigma or discrimination, health care access,

treatment adherence, side effects, health and treatment perceptions and financial

and employment status. Socioeconomic and psychosocial covariates significant in

bivariate analyses were assessed with conditional multivariable logistic

regression, adjusted for year of HIV diagnosis. RESULTS: Cases and controls did

not differ significantly with regard to sex (96.2% (n = 153) male) or age (mean

(\pm s.d.) 51 ± 11 years). Twenty cases (51%) had refused or ceased ART, 35 (90%)

had an HIV viral load >50 copies mL⁻¹, 12 (31%) were hospitalised with an ADC and

five (13%) were hospitalised with a new SNAE. Three covariates were independently

associated with poor outcomes: foregoing necessities for financial reasons

(adjusted odds ratio (aOR) 3.1, 95% confidence interval (95% CI) 1.3-7.6, P =

0.014), cost barriers to accessing HIV care (aOR 3.1, 95% CI 1.0-9.6, P = 0.049)

and lower quality of life (aOR 3.8, 95% CI 1.5-9.7, P = 0.004).

CONCLUSIONS:



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Despite universal health care, socioeconomic and psychosocial factors are associated with poor HIV outcomes in adults in Australia. These factors should be addressed through targeted interventions to improve long-term successful treatment.

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LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PL - Australia

TA - Sex Health

JT - Sexual health

JID - 101242667

RN - 0 (Anti-HIV Agents)

SB - IM

MH - Anti-HIV Agents/therapeutic use

MH - Australia

MH - Case-Control Studies

MH - Female

MH - HIV Infections/drug therapy/*psychology

MH - Humans

MH - Male

MH - Middle Aged

MH - Patient Acceptance of Health Care/*psychology/statistics & numerical data

MH - Psychology

MH - Socioeconomic Factors

MH - Surveys and Questionnaires



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MH - Treatment Outcome

MH - Treatment Refusal/*psychology/statistics & numerical data

EDAT- 2019/09/14 06:00

MHDA- 2020/09/25 06:00

CRDT- 2019/09/14 06:00

PHST- 2018/07/30 00:00 [received]

PHST- 2019/04/16 00:00 [accepted]

PHST- 2019/09/14 06:00 [pubmed]

PHST- 2020/09/25 06:00 [medline]

PHST- 2019/09/14 06:00 [entrez]

AID - SH18138 [pii]

AID - 10.1071/SH18138 [doi]

PST - ppublish

SO - Sex Health. 2019 Nov;16(6):548-553. doi: 10.1071/SH18138.

PMID- 23445406

OWN - NLM

STAT- MEDLINE

DCOM- 20150403

LR - 20151119

IS - 1360-0451 (Electronic)

IS - 0954-0121 (Linking)

VI - 25

IP - 12

DP - 2013

TI - Scoring satisfaction among patients, attending ART Centre of a medical college in North-West India.

PG - 1477-80

LID - 10.1080/09540121.2013.774313 [doi]

AB - Patient satisfaction is a measurable concept comprising multidimensional elements

such as access to care, quality of the provider patient interpersonal relationship and affordability of care. This further influences the decisions to

seek care and outcomes of diseases. Although stigma and discrimination are

potential barriers to effective implementation of the antiretroviral therapy

(ART) programme, higher satisfaction levels of patients are also crucial for

treatment adherence. A hospital-based cross-sectional study was conducted at the

ART centre of IG Medical College, Shimla from November 2008 through May 2009.

Three hundred and eighty four consecutive adult (≥ 18 years) patients attending

the ART centre and on ART who consented to participate in the study were

enrolled. Of the 384 patients, 209 (54.4%) were males. Majority were in the age

bracket of 25-44 years. About 61.6% of the patients were satisfied to the

services being provided. Mean Patient Satisfaction Questionnaire (PSQ) scores

were the highest for technical quality of care and lowest for financial aspects.

About 69.4% of the patients were satisfied towards their care provider. Although

a majority of the patients were satisfied, several areas of patient care need

improvement.

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FAU - Bhardwaj, Ashok

AU - Bhardwaj A

FAU - Raina, Sunil Kumar

AU - Raina SK

FAU - Chander, Vishav

AU - Chander V

LA - eng



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Península de Yucatán

PT - Journal Article

DEP - 20130227

PL - England

TA - AIDS Care

JT - AIDS care

JID - 8915313

RN - 0 (Anti-Retroviral Agents)

SB - IM

MH - Acquired Immunodeficiency Syndrome/drug therapy

MH - Adult

MH - Anti-Retroviral Agents/*therapeutic use

MH - Communication

MH - Cost of Illness

MH - Cross-Sectional Studies

MH - Female

MH - HIV Infections/*drug therapy

MH - Health Facilities/*standards

MH - *Health Services Accessibility

MH - Humans

MH - India/epidemiology

MH - Male

MH - Patient Satisfaction/*statistics & numerical data

MH - Physician-Patient Relations

MH - Professional Competence

MH - Quality of Health Care

MH - Quality of Life

MH - Social Stigma

MH - Surveys and Questionnaires

MH - Time Factors

EDAT- 2013/03/01 06:00

MHDA- 2015/04/04 06:00

CRDT- 2013/03/01 06:00

PHST- 2013/03/01 06:00 [entrez]

PHST- 2013/03/01 06:00 [pubmed]

PHST- 2015/04/04 06:00 [medline]

AID - 10.1080/09540121.2013.774313 [doi]

PST - ppublish

SO - AIDS Care. 2013;25(12):1477-80. doi: 10.1080/09540121.2013.774313.

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SALUD
SECRETARÍA DE SALUD



Hospital Regional de
Alta Especialidad de la
Península de Yucatán



2023
AÑO DE
**Francisco
VILLA**
EL REVOLUCIONARIO DEL PUEBLO