開発協力文献レビュー

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「スティグマの軽減に向けた介入実証研究レビュー
～社会的弱者への援助の在り方を考える～」

Reviewed Article: Stangl, A. L., Lloyd, J. K., Brady, L. M., Holland, C. E., & Baral, S. (2013). A systematic review of interventions to reduce HIV-related stigma and discrimination from 2002 to 2013: how far have we come?
Journal of the International AIDs society, 16 (2), 1-14.
URL: http://www.jiasociety.org/index.php/jias/article/view/18734

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本レビューの目的と概要

包摂的な成長への社会的弱者への援助（協力）の妨げの一つとして「スティグマ(Stigma)」の問題がある。「スティグマ」とは、ハンディキャップなどの弱みを持つ個人に対して、周りの他者や社会集団が形成する負のイメージやレッテルで、当該個人が社会構成員として周囲から受容されることに負の影響を与える要因である。具体的には、感染病、肉体的・精神的障害、犯罪歴などがあり、それらの属性を保持する個人はその他の個人、組織、社会などから排除・差別される危険性を持つ社会的弱者である。こういった社会的弱者が恥の感情を抱いたり差別を恐れたりすることで援助を拒否したり、実際援助（協力）を受けたことによってより差別経験が増えるなどといった悪循環を防ぐことが効果的な援助（協力）を行う上で重要になってくる。

公衆衛生の領域においては、先行研究により HIV 感染のスティグマが妨げとなって、感染者が適切な治療やサポートプログラムに参加できていないことが明らかとなり、問題意識が高まっている。本開発援助（協力文献）レビューでは、HIV 感染者のスティグマを低減させるために実施された介入に関する 48 の実証研究を体系的にレビューした論文を、理論的枠組みを中心に要約した。同論文の結果を踏まえると、スティグマを低減させるために実施する介入を成功させるには、１）複数の対象に同時に働きかけること、２）幾つかの介入手法を組み合わせること、さらに３）感染者を多く持ち、さらに別のスティグマを抱えている集団等に働きかけること、が効果的であると考えられる。

こうした留意点や、同論文（Stangl 他、2013）で紹介された理論的枠組みについては、HIV 感染者のスティグマに特化したものではなく、その他スティグマ全般（ジェンダー、身体障害者、精神病患者、その他感染病ではない病気など）に応用可能なので、幅広く多くの方に参考にしてほしい。また、エビデンスに基づいた実務を推進する意味でも、特定の地域、対象者、介入法などについての実証事例を参照したい場合、この Stangl 他の論文（オープンアクセス可）を実務者が活用することをお勧めする。

Purpose and summary of the current review

One of the obstacles for inclusive growth is stigma associated with disadvantaged individuals. Stigma is a set of negative and often unfair beliefs that a society or group of people

has about individuals with a particular trait or disadvantage, and it negatively impacts the way those individuals are included in a society or group. Individuals with infectious disease, physical disability, mental disorder, or criminal record, for instance, are socially disadvantaged as they are often at the risk of being excluded and discriminated by other individuals, organizations, and a society. They may refuse to participate in an intervention due to a sense of shame or fear of discrimination and, at times, participation in an intervention may indeed escalate stigmatization processes. It is important to carefully design interventions to avoid such an unwanted dynamic.

In the field of public health, there is a growing awareness of stigma being a bottleneck for successful interventions. A number of studies have shown that stigma associated with HIV infected individuals hampers efforts to prevent new infections and engage people in HIV treatment and support programs. The current review summarizes a systematic review[1] of 48 empirical studies which assessed the effectiveness of interventions to reduce HIV stigma and discrimination, and introduces theoretical framework set forth by Stangl et al. (2013). Based on the results of the systematic review, I draw the following three lessons for successful interventions: 1) it is ideal to address multiple levels of targets simultaneously; 2) it is ideal to combine multiple kinds of intervention strategies; and 3) it is efficient to target groups that experience intersecting stigma where epidemics are concentrated.

I propose that the lessons and the theoretical framework drawn from the systematic review in the current report are not limited to HIV related stigma but applicable to other kinds of stigma in general (e.g., gender, physical disability, mental disorder, other non-epidemic diseases), and thus recommend them to wide audience. Furthermore, I would like to encourage practitioners to utilize this review article by Stangl et al. (available online) to locate relevant empirical evidence for particular locations, targets, and kinds of interventions as a reference for their projects.

1. Method of the systematic review by Stangl et al. | Stangl らの横断的レビューの手法

Initially 2096 potentially relevant peer-reviewed articles and 272 grey literature reports were identified and inspected for inclusion criteria. Inclusion criteria are 1) use of pre- and post-test measures, 2) clear descriptions of the intervention and sampling methods, and 3) publication in English. A total of 48 (40 peer-reviewed articles, 6 grey literature reports, and 2 dissertations) met the criteria and included for further analysis.

Majority of the studies used quasi-experimental designs while only seven studies used randomized controlled trial. The measures for stigma used varied substantially across studies: some used extensive and validated measures whereas some studies used few and non-validated items.

[1] Due to the lack of standardized reporting of stigma related outcomes, a meta-analysis was not conducted.

2. Coverage of empirical studies | 対象とする先行研究の内訳

Interventions	介入法	Examples	例	# of studies	実証数[2]
Information-based	written information in a brochure	38
Skills building	participatory learning sessions to reduce negative attitudes	32
Contact with affected groups	interactions between PLHIV and the general public	14
Counseling/Support	support groups for PLHIV	7
Structural	altering laws or workplace policies to protect PLHIV	6
Biomedical	antiretroviral treatment/ medical male circumcision/ universal testing	4

Geographical Areas | 対象地域	# of studies | 実証数
Asia and Pacific Regions	18
East and South Africa	17
North America/ Central Europe	5
West and Central Africa	4
Latin America	2
Others	2

Note: PLHIV = People living with HIV

Targets | 対象者	# of studies | 実証数
Students	10
Healthcare workers	10
Community members	8
PLHIV	8
Youths	3
Caregivers	2
Teachers	2
Others	5

3. Theoretical frameworks for the systematic review | 横断的レビューの理論的枠組み

Stangl et al. set forth theoretical frameworks to analyze the 48 empirical studies in regards to 1) processes in which stigma can be led to maladaptive health-seeking behaviors and 2) levels of socio-ecological targets for interventions which could buffer against the stigmatizing processes. There are four domains of processes and five levels of targets proposed. They are summarized in the tables below.

[2] Multiple intervention categories were often combined in an intervention program.

Concepts	概念	Definitions	定義	Examples	例
Drivers	**内的スティグマ要因**	Individual-level factors that influence the stigmatization process negatively	- lack of awareness of stigma and its harmful consequences - fear of HIV infection through casual contact with people living with PLHIV - fear of economic ramifications or social breakdown due to HIV-positive family and community members - negative stereotypes towards PLHIV and key populations at highest risk of HIV infection
Facilitators	**外的スティグマ要因**	Societal-level factors that influence the stigmatization either positively or negatively	- protective or punitive laws - availability of grievance redress systems - awareness of rights - structural barriers at the public policy level - cultural and gender norms - existence of social support for PLHIV
Intersecting Stigmas	**重複するスティグマ**	Cross-cut stigmatized categories that put PLHIV more vulnerable	- gender - profession - migrancy - drug use - poverty - marital status - sexual and gender orientation
Manifestations	**スティグマの表出**	Immediate psychological consequences of a stigma being applied to individuals or groups	- anticipated stigma: fear of experiencing stigma if HIV status becomes known - perceived stigma: perceptions about how PLHIV are treated in a given context - internalized stigma: reduction of self-worth - shame - enacted stigma: experiencing stigmatizing behaviors outside the purview of the law - discrimination: experiencing stigmatizing behaviors within the purview of the law - resilience: ability to overcome threats to development after stigma is experienced

Five levels of targets	5つの介入対象レベル	Examples	例
Individual	knowledge/ attitudes/ skills
Interpersonal	family/ friends/ social networks
Organizational	organizations/ social institutions/ work-place
Community	cultural values/ norms/ attitudes
Public policy	national and local laws/ regulations

4. Main findings of the systematic review | 横断的レビューにおける主な結果

The majority (79%) of the studies found reduction in stigma while others showed moderated effects (i.e., reduction applies only to a subset of population). Interventions typically included two or more intervention strategies to reduce HIV-related stigma and discrimination, focusing on a single stigma domain, mostly drivers, and targeting individuals as direct beneficiaries (Figure 1). Studies with biomedical interventions only showed no effect or an increase in stigma.

Conclusion | 結論

The review paper by Stangl et al. provided theoretical frameworks (i.e., domains of processes and targets for interventions) for analyzing stigmatizing processes which can help us thinking about effective intervention programs. While each program should be analyzed individually for its best practice, I draw three general lessons for building effective interventions based from the findings by Stangl et al.

I. It is ideal to address multiple levels of targets, not only stigmatized individuals but also social networks surrounding the target individuals, organizations, and public policies, for a sustainable impact because stigmatizing processes are sustained by people who stigmatize others as well as those who are stigmatized.

II. It is ideal to combine multiple kinds of intervention strategies, especially for biomedical interventions. Biomedical interventions could increase visibility of the disease by unwanted disclosure of seropositive status, and inadvertently result in stigmatizing processes. Therefore, supplemental intervention strategies, such as counseling and support groups, are needed for success of biomedical interventions.

III. Targeting groups that experience intersecting stigma where epidemics are concentrated (e.g., gay-lesbian, racial minority) is an effective strategy to maximize participation to intervention programs.

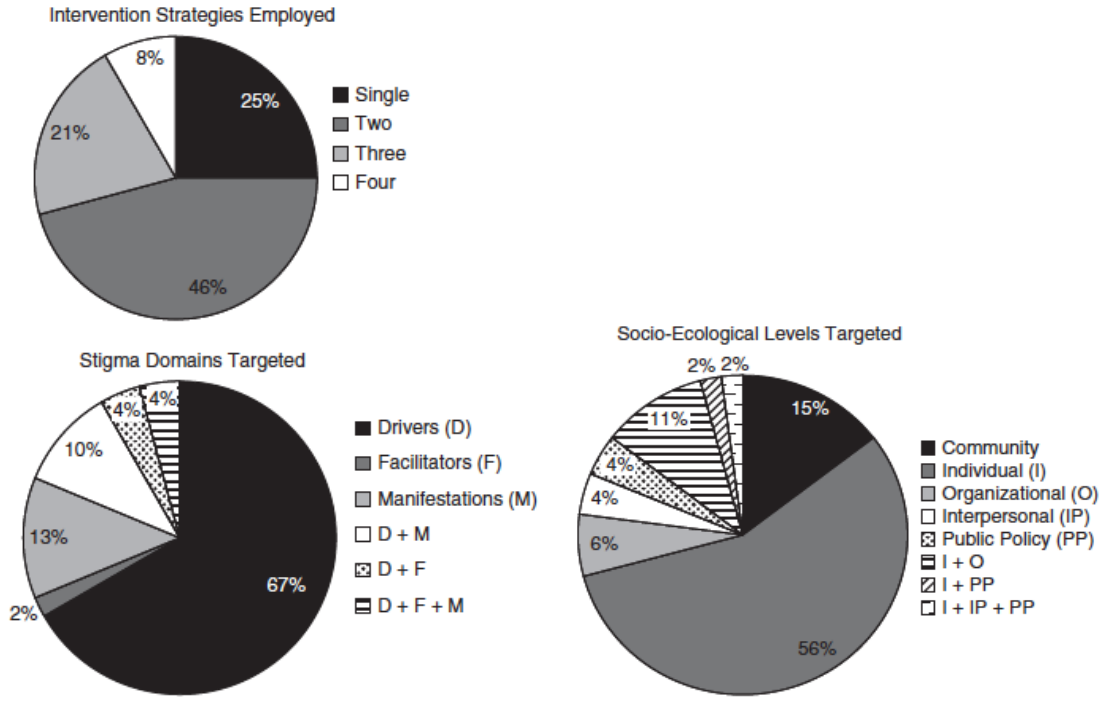

Figure 1. Domains and levels targeted and approaches employed in the 48 studies (Charts above are taken from the paper by Stangl et al.)