



Addressing HIV Disclosure Challenges: Pre-Implementation Assessment of a Decision Aid Intervention Among PLHIV in Georgia

TAMAR ZURASHVILI

Problem Statement

- ▶ HIV-related stigma remains widespread in Georgia
- ▶ High levels of stigma are described in general healthcare settings
- ▶ HIV care remains centralized
- ▶ Research on HIV stigma is limited, and
- ▶ Existing stigma-reduction interventions are fragmented and of very low scale

**Doctoral Research Project -
Addressing HIV-related
stigma and discrimination
to improve HIV care
cascade in Georgia**



Key Findings from Dissertation Research

Stigma was another main reason for vaccine non-uptake among PLWH. According to our quantitative analyses, **the risk of disclosing their HIV status to vaccine providers was the main barrier for HIV-positive respondents.** This finding is in line with our qualitative findings. **During the IDIs, respondents noted that PLWH prefer not to disclose information about their HIV status.** Supposedly due to this barrier, most PLWH expressed that having vaccination services at HIV service sites would be convenient for getting a vaccination.

PLOS GLOBAL PUBLIC HEALTH


RESEARCH ARTICLE

HIV stigma and other barriers to COVID-19 vaccine uptake among Georgian people living with HIV/AIDS: A mixed-methods study

Tamar Zurashvili^{1,2*}, Tsira Chakhaia^{2,3*}, Elizabeth J. King^{4†}, Jack DeHovitz^{2†}, Mamuka Djibuti^{2†}

1 Faculty of Medicine, Ivane Javakishvili Tbilisi State University, Tbilisi, Georgia, **2** Partnership for Research and Action for Health, Tbilisi, Georgia, **3** School of Public Health, Georgia State University, Atlanta, Georgia, United States of America, **4** School of Public Health, University of Michigan, Ann Arbor, Michigan, United States of America, **5** Department of Medicine, SUNY Downstate Health Sciences University, Brooklyn, New York, United States of America

✉ These authors contributed equally to this work.
† EJK, JD and MD also contributed equally to this work.
* tzurashvili@prah.ge

 Check for updates

OPEN ACCESS

Citation: Zurashvili T, Chakhaia T, King EJ, DeHovitz J, Djibuti M (2024) HIV stigma and other barriers to COVID-19 vaccine uptake among Georgian people living with HIV/AIDS: A mixed-methods study. *PLOS Glob Public Health* 4(3): e0003069. <https://doi.org/10.1371/journal.pgph.0003069>

Editor: Muhammad Sale Musa, Yobe State University Teaching Hospital, NIGERIA

Received: October 11, 2023

Accepted: March 8, 2024

Published: March 28, 2024

Peer Review History: PLOS recognizes the benefits of transparency in the peer review process; therefore, we enable the publication of all of the content of peer review and author responses alongside final, published articles. The editorial history of this article is available here: <https://doi.org/10.1371/journal.pgph.0003069>

Copyright: © 2024 Zurashvili et al. This is an open access article distributed under the terms of the [Creative Commons Attribution License](https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Data Availability Statement: All relevant data are within the manuscript and its Supporting Information files.

Abstract

We conducted a study in Georgia to examine behavioral insights and barriers to COVID-19 vaccine uptake among people living with HIV (PLWH). Between December 2021–July 2022, we collected quantitative data to evaluate participants' demographics, COVID-19 knowledge, attitude, perception, and HIV stigma as potential covariates for being vaccinated against COVID-19. We conducted a multivariate analysis to define the factors independently associated with COVID-19 vaccination among PLWH. We collected qualitative data to explore individual experiences of their positive or negative choices, main barriers, HIV stigma, and preferences for receiving vaccination. Of the total 85 participants of the study, 52.9% were vaccinated; 61.2% had concerns with the disclosure of HIV status at the vaccination site. Those who believed they would have a severe form of COVID-19 were more likely to be vaccinated (OR = 23.8; 95% CI: 5.1–111.7). The association stayed significant after adjusting for sex, age, education level, living area, health care providers' unfriendly attitudes, and their fear of disclosing HIV status at vaccination places. Based on the qualitative study, status disclosure was a significant barrier to receiving care; therefore, PLWH prefer to receive COVID-19 vaccination integrated in HIV services. Conclusions: In this study, around half of the participants were not vaccinated against COVID-19. The main reasons for not being vaccinated included stigma, misleading health beliefs, and low awareness about COVID-19. An integrated service delivery model may improve vaccination uptake among PLWH in Georgia.

Introduction

HIV/AIDS and SARS-CoV-2 (COVID-19) are two major public health problems worldwide. Compared with the HIV-negative persons, people living with HIV(PLWH) have greater risk

Key Findings from Dissertation Research

- ▶ In the entire sample, over 40% did not disclose their status to sexual partner
- ▶ Among those with treatment interruptions, 35.3% reported that they do not disclose their status to their sexual partner.
- ▶ A significant number of participants struggled with disclosing their status—over 90% reported difficulty in doing so, and 86.9% admitted to hiding their HIV status from others.
- ▶ PHC providers with discriminatory belief supporting PLWH separation were less likely to agree that they should care for HIV patients compared to those without such belief

BMC Health Services Research

Title: Exploring factors associated with primary healthcare providers' attitude towards HIV services provision in Georgia



Title: Disclosing HIV status to sexual partner: findings from a People Living with HIV Stigma Index 2.0 study in the country Georgia.

Objective 2 - Addressing HIV Disclosure Challenges: Pre-Implementation Assessment of a Decision Aid Intervention Among PLHIV in Georgia

- ▶ Successfully funded under the TDR/WHO Small Grants Programme
- ▶ The proposed pre-implementation assessment aims to explore and address the barriers and facilitators associated with implementing HIV status disclosure DA interventions among PLHIV in Georgia.

Planned Activities

- ▶ Selection of the intervention (Desk review / NGT sessions with providers and PLHIV to prioritize available DA Interventions best suitable for Georgian PLHIV)
- ▶ In-depth interviews with PLWH to explore cultural, interpersonal, and structural factors influencing HIV status disclosure decisions, using the PEN-3 Cultural Model as a guiding framework
- ▶ In-depth interviews with Providers to explore barriers and facilitator to implementing selected disclosure DA intervention, using CFIR as a guiding framework

The PEN-3 Cultural Model

PEN-3 Dimension & Component	Information Collected
Cultural Identity	
Person	Individual experiences, feelings, motivations, fears, and outcomes related to making decision about HIV status disclosure; variation by disclosure recipient.
Extended Family	Influence of family members on making disclosure decisions, including support or discouragement and changes in family relationships post-disclosure.
Neighborhood	Community-level influences
Relationships & Expectations	
Perceptions	Personal and community beliefs about disclosure
Enablers	Facilitators and barriers to disclosure, such as healthcare access, support services, laws, policies
Nurturers	Influence of social relationships (friends, partners, groups) and cultural/religious norms on disclosure decisions
Cultural Empowerment	
Positive	Cultural strengths and supportive community beliefs that encourage openness and reduce stigma around HIV
Existential	Cultural traditions or practices related to health/privacy/family that affect disclosure decision
Negative	Cultural norms or beliefs that hinder disclosure

Implementation Framework - CFIR

CFIR Domain / constructs	Information collected
Innovation	
Relative Advantage	Perceived advantages of the disclosure DA over existing practices; perceived value-added for PLWH and providers
Adaptability	Suggestions for adapting the DA tool's content or format to suit local context or needs of PLWH in Georgia
Complexity	Perceptions of how difficult or complicated it would be to integrate the DA tool into routine service delivery
Trialability	Opinions about piloting the DA tool before full implementation and willingness to participate in pilot testing
Design Quality and Packaging	Perceptions of the DA tool's structure, content, delivery format, and appropriateness for clients
Cost	Expected costs for implementing the DA tool (e.g., training, staff time, materials) and budget



Implementation Framework - CFIR

CFIR Domain / constructs	Information collected
Inner Setting	
Tension for Change	Perceived need for the DA tool; whether it addresses an unmet gap in disclosure support for PLWH
Compatibility	Extent to which the DA tool aligns with existing workflows, staff roles, and clinical procedures
Relative Priority	Priority level of implementing the DA tool compared to other ongoing interventions or services
Incentive Structures	Incentives that could promote adoption, such as recognition, rewards, or professional development, monetary incentives
Available Resources	Availability and adequacy of resources such as staff time, space, materials, and equipment
Access to Knowledge and Information	Training and information needs to effectively use and deliver the DA tool



Implementation Framework - CFIR

CFIR Domain / constructs	Information collected
Individuals	
Capability	Confidence in knowledge, skills, and ability to deliver the DA intervention
Motivation	Readiness and openness to adopt a new DA tool within personal clinical practice
Implementation facilitators, leaders, team members	Leads to implement the innovation
Outer Setting	
Critical Incidents Policies & Laws Local Conditions	Any major events, including policies, laws or other changes in recent years that might affect the implementation of an intervention
Local Attitudes	Community needs, concerns, and barriers related to HIV status disclosure
Financing	Funding availability, donor interest, and sustainability considerations for implementation



As a result

- ▶ Documented barriers and facilitators will be mapped onto implementation framework
- ▶ ERIC - for selecting implementation strategies



Final deliverables

- ▶ Manuscripts:
 - ▶ A Culturally Grounded Exploration of HIV Status Disclosure Decisions in Georgia
 - ▶ Barriers and Facilitator to Implementing disclosure DA intervention among PLWH in Georgia



Next Steps

- ▶ Ultimately, the project aims to lay the foundation for a future pilot trial of the DA intervention in Georgia
 - ▶ R21
 - ▶ R01



Questions for Discussion

- ▶ The order of the activities?
- ▶ Any suggestion for improvement

