Freedom to Adhere:

Democracy, wealth disparity, social capital as factors influencing HIV medication adherence

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Background

Structural challenges that impede Human Rights approaches to managing HIV

- · National level democracy rankings
- HIV criminalization
- · Wealth disparity
- Social capital

Limited evidence of relationship between structural challenges and health promoting behavior

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Theoretical framework

Ecosocial Theory

- Postulates that for every intervention or policy their is near simultaneous and reciprocal effects across social environmental levels of influence
- Requires dialog among ALL stakeholders to develop solutions

Social Epidemiology Methods

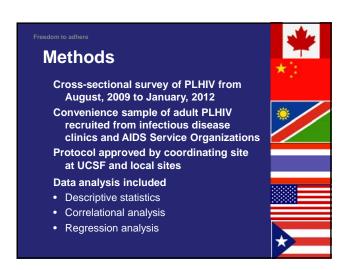
- Allows for a more balanced approach to explain contextual features of disease states observed in human populations
- Combines multiple sources of evidence not just health sector related

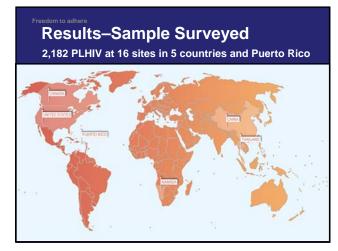
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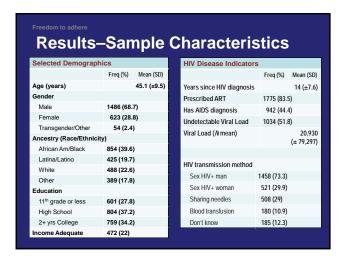
Research Aims

Among an international sample of PLHIV

- Determine if there are observable effects between the social structural factors of democracy, HIV criminalization, wealth disparity, perceived social capital and individual ART adherence
- Describe the nature of associations observed between social structural factors of democracy, HIV criminalization, wealth disparity, perceived social capital and individual ART adherence





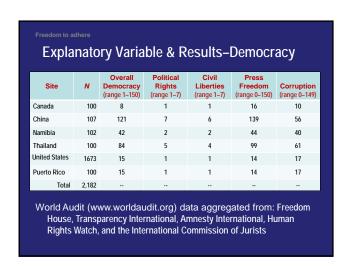


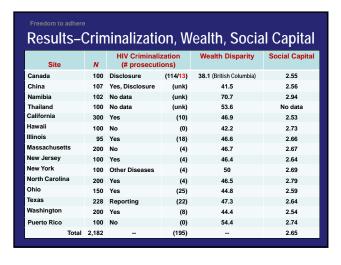
Research Aims 1 & 2: Evidence

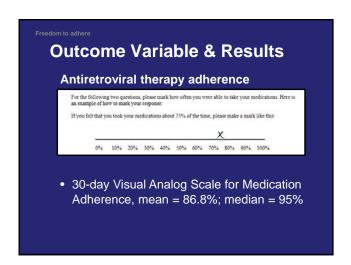
Studied 4 explanatory and 1 outcome variables to:

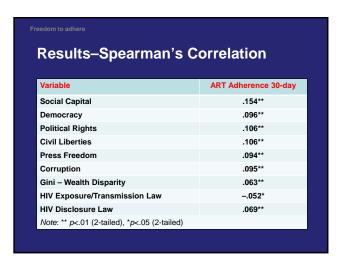
1. Determine if there are observable effects between social structural factors of democracy, HIV criminalization, wealth disparity, perceived social capital and individual ART adherence

2. Describe the nature of associations observed between social structural factors of democracy, HIV criminalization, wealth disparity, perceived social capital and individual ART adherence









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Results-Regression Analysis

Variables associated with self-reported 30-day HIV antiretroviral therapy adherence (F=7.265, p<0.01, adjusted R²=0.061)

- Block 1: demographic controls
- Block 2: social structural context & social capital
- · Block 3: Legal context

Total **social capital** score & demographic control variables (age, gender, ancestry, & education) were the only significant predictors of 30-day adherence

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Summary of Findings

Among PLHIV, living in more democratic societies with more political freedom is associated with better adherence than those in less democratic and politically unfree societies

Among PLHIV, living in jurisdictions where HIV is criminalized was associated with lower adherence than those living where HIV is not criminalized

PLHIV with more social capital were more adherent than those with less social capital

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Discussion

Factors at the social structural and legal context level were associated with HIV antiretroviral therapy adherence

We observed small effect sizes among social structural and legal context level

Observed effects we may indicate that social structural and legal context influences health promoting behaviors among PLHIV

Discussion

Our lack of predictive findings between 30-day HIV antiretroviral therapy adherence and social structural and legal context variables may have resulted from vastly different social systems represented across our study sites

These differences may account for the differential findings observed between PLHIV in China, Namibia, and Thailand when compared to North America

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Limitations

- · Large number of surveys from U.S.
- · Non-random recruitment may introduce bias
- Self-report survey data collection and lack of biological markers of adherence
- Use of U.S. Census bureau ancestry (race/ethnicity) categories complicates interpretation of international samples
- Challenge obtaining accurate and current legal and policy information related to HIV

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Conclusions

- Our results demonstrate interconnectedness of political, social and biomedical spheres in addressing PLHIV health care needs
- Decontextualized biomedical advances and models of intervention efficacy are insufficient for future HIV management
- Our results provide evidence for the importance of using intersectoral human rights based approaches to the management of HIV and its intersecting vulnerabilities globally

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Implications for Policy and Practice

Policy

 Nurses should continue to work with communities to address structural factors and "make the law work for the HIV response"

Practice

- Inform health care providers about their legal obligations in contexts of HIV criminalization
- Collaborate to reduce the harms caused by structural factors and address human rights violations

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Implications for Research

Research

- Study multi-level effects of structural factors influencing health outcomes among PLHIV and other vulnerable groups
- Determine baseline knowledge of HIV criminalization among health care workers, patients, and communities
- Develop strategies to intervene in contexts where structural factors may influence HIV prevention

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