INTRODUCTION TO THE STANDARDIZED METHODOLOGY

PLHIV Stigma Index 2.0 Webinar Series

6 July 2022
STANDARDIZED METHODOLOGY

- Launched in 2020
- Agreed set of standard methods and principles that must be followed by all Stigma Index implementations
- Strengthens overall quality and allows comparisons over time and across different settings

1. Determine the geographical scope
2. Calculate the sample size and determine target population
3. Determine the sampling strategy
4. Venue-based sampling
5. Limited chain referral sampling
GEOGRAPHICAL SCOPE

- SNU = subnational administrative unit (e.g., region, province, etc.)
- Map out different SNUs in the country
- Select SNUs to be included in the study, based on relevant characteristics:
  - HIV prevalence
  - Availability of services
  - Existing PLHIV and KP organizations
  - Rural vs urban areas
  - [Other important geographical differences]
- Selected SNUs must cover at least 50% of the estimated PLHIV population in the country
Based on a key area of the questionnaire: *fear or avoidance of seeking healthcare by PLHIV due to anticipated stigma*
- Data from previous PLHIV Stigma Index implementation
- If not available: data from a neighbouring country with similar epidemic, or regional data

Use of PLHIV Stigma Index calculator to determine the minimum sample size needed
- [https://hall.shinyapps.io/PLHIV_Stigma_Sample_Size_Calculator/](https://hall.shinyapps.io/PLHIV_Stigma_Sample_Size_Calculator/)

At least 25% of the sample must be allocated to key population participants
- Each key population group must consist of at least 50 participants

PLHIV not linked to care and/or treatment must be included
SAMPLING APPROACH

Combination of venue-based sampling and limited chain referral sampling
- 75% recruited through venue-based sampling
- 25% recruited through limited chain referral

Venue-based sampling
Proportional sampling at geographic sites where people living with HIV may visit:
- treatment facilities
- community venues

Limited chain referral sampling
Leveraging social networks for limited chain-referral sampling
VENUE-BASED SAMPLING (VBS)

- Venue identification:
  - Recruit PLHIV Community Liaisons (PLHIV or knows PLHIV through occupation or social interaction) to identify venues where to recruit participants
  - Interview PLHIV community liaisons
  - Deduplicate lists of venues

- Should include a variety of venues (i.e., not only healthcare facilities)

- Venue verification process
  - Contact venue coordinator/manager and make necessary arrangements

- Determine time interval for sampling
  - TLS = time location sampling
  - How many possible participants can be found at a certain venue per day

- At a certain time-interval, possible participants will be approached and asked to participate
LIMITED CHAIN REFERRAL (LCR)

- Form of snowball sampling, but limited to ensure diversity in the sample

- Participants will receive 3 business cards to distribute to their peers
  - Business cards will include contact details of the PLHIV Stigma Index country coordinator, so possible participants can actively reach out if they wish to participate

- Country coordinator will check eligibility, and if eligible, make arrangements for the interview

- Number of business cards to distribute may vary according to the sample composition and the need to recruit participants from certain populations
  - E.g., existing participants from underrepresented populations may be given a higher number of business cards to distribute to their peers