

Stigma and HIV

Why it exists & what can we do about it?

Imagine going to the doctor to be treated for what you thought was bronchitis and the doctor takes a look at your face and says, “You *look like* you’ve got AIDS. We can’t treat you.” That’s what happened to Daniel in 1989 (see Patient Success Stories below). The disease was new, deadly, and the way it was transmitted, unknown. Fear was rampant. The fear led to negative, assumptions based on personal values about people who were infected. The result was a harmful stigma surrounding HIV and AIDS. And it still exists.



Consider these statistics (in the United States alone):

- 20% would not be comfortable with having a HIV-positive person as a friend.
- 27% believe HIV can be contracted by sharing a drinking glass.
- 33% would not support a HIV-positive woman making the decision to have a child.
- The suicide rates of HIV-infected people are 3 times higher than the rates of the general population. Stigma and discrimination are contributing factors.

One would think that with the advances in treatment and knowledge about HIV, the stigma would have disappeared. *Why does it still exist?*

Reasons

There are many reasons the stigma of HIV exists even now, and most are related to fear, ignorance and/or religious or moral beliefs. Because it is a life-threatening disease and still there is a lot of inaccurate information regarding its transmission, so many are fearful of their personal risk of infection. Also, HIV is associated with behaviors that are already stigmatized in most societies, such as homosexuality, drug addiction, prostitution or promiscuity. The fact that many people become infected through sex carries its own moral baggage. Finally, religious beliefs lead some to define an HIV diagnosis as a punishment for deviant behavior.

Results



The stigma of HIV and AIDS has led to discrimination, negative attitudes, abuse, maltreatment, poor choices by the infected person and even death. Many believe that the stigma, and all associated with it, is worse than the disease. These negative attitudes fuel the transmission of the disease and greatly increase the destructive impact associated with the epidemic. Although HIV was no longer a death sentence, the stigmatization of patients can prevent them from seeking medical attention, potentially affecting their health and productivity.

People living with HIV are often shunned by family, peers, and the community, enduring insults and gossip. The result is a feeling of isolation – exclusion from one’s social networks (family, friends, co-workers). The ensuing feelings of shame can lead to psychological damage including negative self-worth, depression and suicide.

Low self-esteem opens a person up to abuse in relationships. A recent study found that approximately 20% of women (globally) report that fear of gender-based violence has inhibited their sexual or HIV-related communication with a partner (whether they are infected or are attempting to avoid infection).

Stigma is especially traumatizing when expressed by healthcare professionals. Negative attitudes of healthcare personnel are linked to *reluctance* to interact with HIV-positive patients and in some cases, outright refusal. Shame and blame is a major obstacle to prevention and treatment

HIV-related stigma is a significant public health problem; it creates very real obstacles for people living with HIV in obtaining treatment, housing, education, and employment, all of which are essential to their health. Because HIV, and the behaviors or identities associated with it—such as being gay or using drugs—are still stigmatized, confirming or disclosing one’s HIV status is still widely perceived as socially dangerous. In short, HIV stigma discourages testing, as well as prevention methods such as condom-use, and it creates confusion about how HIV is and is not transmitted. HIV-related stigma is also tied to—and compounded by—stigma and discrimination associated with poverty, race, sex, and gender identity. To eliminate the disease, we need to eliminate the stigma. *But how?*

Solutions

Testing. In a brilliant, but simple and painfully obvious solution, the CDC has managed to address the stigma that surrounds HIV-testing. The CDC recommends that all Americans between the ages of 13 and 64 receive HIV testing during the normal course of medical care. By having people automatically receive HIV-testing when they seek medical care, whether it be for a routine physical or when they are admitted to emergency, the stigma surrounding testing is removed. Testing now becomes part of the normal part of health care behavior and culture. Instead of people having to actively seek testing, they are instead automatically offered testing and must actively opt-out of the testing if they choose to do so.

Communication. Programs can help to eliminate stigma by severing the link between HIV and the sensitive and often taboo social issues that are associated with its transmission, in particular sex and intravenous drug use. This can be done without sacrificing effective communication of information about prevention. For example, messages, programs and policies should discuss the behaviors that can lead to HIV transmission without direct reference to particular individuals or groups to avoid the temptation to single out these groups as the transmitters. Also because people may be uncomfortable discussing some of the norms and values typically associated with HIV and AIDS, it is important to create safe spaces with a trusted facilitator for people to openly discuss their fears and opinions that can lead to stigmatizing behavior.

Work with media to create national guidelines for reporting on and discussing HIV and AIDS in a non-stigmatizing way. The guidelines should cover topics such as language use; delivery of accurate and precise information on transmission, risks, prevention, treatment and care (rather than vague and sensationalized stories); and how people with HIV and AIDS should be represented in the media.



Resolve contradictions. Increase stigma visibility and avoid inconsistencies, such as those between good intentions and stigmatizing behavior. For example, an HIV-negative person may want to comfort a person with HIV or AIDS, but then refuses to touch him or her.

In general, the stigma and discrimination surrounding HIV and AIDS takes away the basic human rights of HIV-positive individuals. They are universal rights. In other words, all people have human rights because they are human. Human rights originate from the self-respect and self-worth of each human being. We are all worthy of respect.

Resources

<http://www.avert.org/hiv-aids-stigma.htm>

<http://www.nigeriabestbusinessdirectory.com/un-launches-global-campaign-on-hiv-stigma-and-discrimination/>

<http://www.hivlawandpolicy.org/>

<http://www.hivlawandpolicy.org/resourceCategories/view/36>

<http://www.medscape.com/viewarticle/715780>

<http://www.suite101.com/content/hivtesting-a25303>

<http://www.aidslaw.ca/publications/interfaces/downloadFile.php?ref=39>

<http://www.icrw.org/files/publications/HIV-AIDS-Stigma-Finding-Solutions-to-Strengthen-HIV-AIDS-Programs.pdf>