

Curbing Stigma: A Promising Step Forward in the Fight Against HIV / AIDS

Deepika C Khakha *

HIV/AIDS is a global epidemic, a major health challenge of modern times. On a ranked list of stigmatised conditions, HIV would lie atop. In many developing countries, stigma and discrimination together pose one of the most significant challenges in stemming the spread of HIV/AIDS. AIDS-related stigma is a serious problem in developing countries. The negative impact on social relationships, social support provision and psychological well-being of persons living with HIV/AIDS (PLWHA) is pervasive.

The term stigma is any condition, attribute, trait or behaviour that symbolically marked off the bearer as culturally unacceptable or inferior with consequent feelings of shame, guilt and disgrace (Goffman, 1963). Stigma associated with HIV/AIDS negatively impacts people's decisions whether to be tested for the virus. Stigma is very crucial aspect that needs to be understood in the management of PLWHA.

Different Types of Stigma Faced by PLWHA

HIV-related Stigma: It is multi-layered, tending to build upon and reinforce negative connotations through the association of HIV and AIDS with already marginalised behaviours such as sex work, drug use, homosexual and transgender practice. It also reinforces fears of outsiders and otherwise vulnerable groups, such as prisoners and migrant individuals living with HIV and often believed to deserve their HIV-positive status as a result of having done something wrong.

Perceived Stigma: It covers all types of stigmatising behaviour towards a person living with HIV/AIDS (PLWHA).

Self Stigma refers to the thoughts and behaviours stemming from persons' own negative perceptions about themselves based on their HIV status.

Associated Stigma involves stigma that results from persons association with PLWHA.

Why stigma is related to HIV and AIDS?

Several factors influence stigmatisation of PLWHA.

* Lecturer, College of Nursing, AIIMS, New Delhi.

First, perceived contagiousness of HIV is related to fear and stigmatisation. Although HIV/AIDS is not contagious in every day contact, many people respond with fear and social rejection.

A second factor is perceived seriousness, that is people also respond negatively to PLWHA because of the life-threatening nature of the disease and its association with death.

Thirdly, people tend to respond with less pity, stronger anger and more stigmatisation towards PLWHA who are held personally responsible for the onset of the disease, e.g., due to unsafe sexual behaviour.

Fourth, when people attribute HIV infection to norm-violating behavior e.g. homosexuality, they tend to react with negative emotions and stigmatisation. Families may reject PLWHA not only because of their status but also because HIV/AIDS is associated with promiscuity, homosexuality and drug use (Mawar, 2004). Family's responses to infected individuals are heavily influenced by community perceptions of the disease. The families with PLWHA may fear isolation and ostracism within the community and discrimination reinforces them to conceal an HIV diagnosis, which in turn may cause considerable stress and depression (Chandra, 2002).

Reason for Stigma among Health Care Providers

Factors contributing to these stigmatising and discriminatory responses include lack of knowledge, moral attitudes and perception that caring for PLWHA is pointless because HIV is incurable. Health care providers harbour negative attitudes to PLWHA and demonstrate a preference not to treat them. Contributing to the above responses are ignorance and lack of knowledge about HIV/AIDS transmission and perceived incurability of the disease. These conspire to make it appear pointless to offer quality care.

Consequence of Stigma

AIDS stigma interferes with HIV prevention, diagnosis and treatment. Family, friends and neighbors often alienate PLWHA. Also, fear of rejection and stigmatisation within the home and local community may prevent PLWHA from revealing their sero-status to family members (McGrath, 1993). This has

spread rapidly, giving rise to anxiety and prejudices against the groups most affected as well as individual infected and affected by HIV and eventual discrimination they suffer, are tragic consequences of HIV disease. There is loss of social support and PLWHA may face emotional or physical violence. PLWHA have been reported numerous mental and physical effects from stigma, including fear, isolation, anxiety, depression and poor psychological functioning (Venable, 2006).

An Indian study (Bharat, 1999) indicates that the discrimination is prevalent in every sphere of society, including the home, the community, the workplace and the health care sector. In context where HIV/AIDS is highly stigmatised, fear of HIV / AIDS-related stigma and discrimination may cause individuals to isolate themselves to the extent that they no longer feel part of the civil society and are unable to gain access to services and support they need. In extreme cases, this has led to premature death through suicide.

What can nurses do to comfort stigma?

To help patients with stigmatising conditions effectively, nurses and other health care providers must have a better understanding of what stigma is, how is it experienced and ways they can work with their patients to minimize stigma and its effects.

It has become just as important to combat the stigma as it is to develop medical cures to prevent or control the spread of HIV. Changes in attitudes are not that easy. Eliminating stigma completely remains at this stage only a dream, but an overview of the research suggests that something can be done through a variety of interventions such as focused information dissemination, counselling, coping skills acquisition and direct contact with someone that is living with HIV or AIDS for the care providers (Brown, 2001).

Some of the suggestive interventions are:

- ◆ People living with HIV/AIDS need to be educated on their basic human rights, which will enable them to enforce it through the legal process.
- ◆ In order to mitigate the effects of discrimination and stigma, institutions should implement their HIV/AIDS policies based on sound information and taking into account the rights of everybody. HIV negative people also need to be educated so as to create an environment free of fear of HIV-biased social attitudes.
- ◆ Interventions should create greater recognition

about stigma and discrimination. People should become aware that stigma exists, that it can take certain forms, that it is harmful, and that each person can contribute to reducing stigma

- ◆ Programmes for lay people should provide in-depth knowledge about all aspects of HIV and AIDS. These should provide safe spaces to discuss stigma-related values and beliefs.
- ◆ Interventions should use the language of the target population. This can be accomplished through participation of the target population in intervention development and pre-tests.

Conclusion

Reduction of stigma would lead to promising results in HIV/AIDS prevention, treatment, care and support. Throughout history, societies have stigmatised groups of different kinds for various reasons, mostly due to ignorance, misconceptions and superstitions. The stigma reduction interventions with focus on empowering the PLWHA shall lead to positive coping behaviours such as improved relationship with others, spiritual growth, self motivation and better quality of life.

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