



HIV/AIDS - SOCIAL STIGMA-A PRECURSOR TO MENTAL HEALTH DISORDERS LIKE DEPRESSION, ANXIETY, STRESS AND ROLE OF SOCIETY IN ITS MANAGEMENT

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Abstract

HIV/AIDS is increasingly becoming a medical as well as a social problem. The social problem needs to be understood and assessed and affecting factors like behavioral changes in need of counseling, awareness programmes and human rights need to be pursued strongly. Stigma can be conceptualized as a problem of 'they' and 'us' from interactions perspective. With an overview of the topic, it is clearly understood that there is a high level of stigma and discrimination with regards to human dignity.

Objectives-To understand the condition of social stigma of HIV/AIDS and role of society.

Method-Various research papers associated to stigma of HIV/AIDS were compiled from the internet.

Result-There are different forms of stigma like ignorance about the disease, fear of discrimination and consequent denial for testing and treatment, contribute to spread of the disease. Especially in women the disease status adds to vulnerability. The disease is often identified with groups like intravenous drug users and homosexuals. The groups who face a double stigma as a result of HIV are intravenous drug users and homosexuals.

Conclusion-Research is required to enable a better understanding of the varied forms of stigma taking place in the community and at the level of service providers along with awareness program which advocate awareness about the disease as well as human rights.

Keywords-HIV/AIDS, Social Stigma, Discrimination, Depression, Society's Role.

Introduction

HIV/AIDS is becoming a medical problem as well as a social problem. The social problem aspect requires an understanding of the determinants of risk behaviour and factors which influence behavioral changes related to the issues of treatment of opportunistic infections, antiretroviral therapy (ART) and prevention of secondary transmission. In India, the initial focus of prevention programme interventions was on increasing awareness and knowledge of HIV/AIDS. In the 90's era it became clear that only an increase in knowledge was just not enough to bring about a change in behaviour. However, in the absence of a cost-effective treatment or a vaccine, the behavioral change advocated for prevention of HIV transmission remains a viable option. Almost 87 % of infections are contracted sexually and the others like transfusion associated, intra-venous drug use and vertically transmitted infections account for the rest^{1,2}

It must be understood that the focus on behaviour change and prevention intervention is crucial. The consequences of the stigma associated with HIV/AIDS indicate two different situations. First, there is a lack of care and support for the HIV infected at both the levels of health care setting and community. Second, the associated fear of stigma which may dissuade majority of the individuals to get themselves tested^{3,4}.

Need of Topic

Societal stigma and discrimination takes various forms for various diseases hence indicating urgency for a focused treatment and preventive strategy. UNAIDS has stated that HIV/AIDS is a determinant of global epidemic also HIV/AIDS related stigma is one of the greatest and major barriers to the provision of treatment, care, and support to people living with HIV/AIDS (PLWHA). Stigma can affect areas of life as diverse as housing, employment, education, and most critically, access to health care. Hence it has become utmost essential to understand the disease and create awareness about the same and eradicate social discrimination and associated stigma for betterment of lives of both the infected and the healthy population at large.

Aim and Objectives

Aim-To understand the condition of social stigma of HIV/AIDS.

Objectives-To create awareness amongst the society regarding the disease and its transmission as those stigmatized face discriminations in almost all areas of life.

Material and Methods

Various research papers related to stigma of HIV/AIDS were compiled and studied from the internet.



➤ **The Stigma of HIV**

On any list of stigmatized conditions, ranking of HIV would be towards the top. HIV remains a huge priority as it has become a global public health issue. The development of new antiretroviral therapies and the delivery of antiretroviral therapy to infected patients are essential to controlling the epidemic. But also, equally important is the preventive aspect. (1) Stigma – (2) Fear – (3) unsafe behavior – (4) spread of infection. This is the argument for the link between the stigma of HIV and the Global HIV Epidemic. Discrimination and stigma both hinder the efforts to control the global epidemic of HIV/AIDS. Together, they comprise as major barriers in preventing further spread of infection, providing the adequate support, care and treatment, and diminishing the epidemic impact⁵. The following two claims are epidemiologically bound together. The first claim states that stigma is a determinant of the global epidemic. The second states that stigma affects the lives of PLWHA adversely. The second claim is of uncontroversial nature, and it is supported by considerable evidence which proves that stigma exacerbates the already heavily burdened PLWHA. Stigma may affect areas of life that are as diverse as employment, education, housing and most essentially the access to health care⁶.

➤ **Stigma has a negative impact on everyone**

Stigma is a result of myths, but the effects of stigma are real. People infected with HIV face poor treatment in healthcare, educational, work settings, there is frequent erosion of their rights, and serious psychological damage. Stereotypes about who is at risk of HIV affect people who don't even have the virus. Some are shunned away from their community, which results into losing their livelihood, house, family. People are reluctant to seek healthcare services, disclose their HIV status, and take antiretroviral drugs is only due to fear of stigma and discrimination. There is a generalized unwillingness to take an HIV test which means that more and more people are diagnosed late, wherein the virus may have had already progressed to AIDS. Consequently, this makes treatment less effective, and increases the likelihood of transmitting HIV to others and resulting into early death.

Association has been established by research studies conducted on the effect of stigma on stress, depression, anxiety and quality of life.²⁶ Internalized stigma and felt stigma has been related to a higher level of depression. It has become evident that depression and anxiety are associated symptoms in people living with HIV. And avoidance of disclosure, internalized stigma are symptoms of depression. Also, depression, anxiety and stress may be drug induced and is a well-known side effect of Antiretroviral therapy in HIV infection²⁷. Substance abuse, poor family relations, alcohol abuse, HIV positive status of the spouse are related to causing depression, anxiety, stress. Timely diagnosis and intervention are crucial by health care providers because depression, stress is largely associated with decreased CD4 T lymphocytes, an increased viral load and increased mortality²⁸.

➤ **The prevention and possible solutions to eliminate the HIV stigma**

People need to have an easy, convenient access to diagnosis, prognosis and treatment. The government, in accordance with communities, institutions, charitable trusts needs to create structured programs which involve contacting people, training programs, providing legal interventions, homecare teams, rehabilitation programs, self-help groups, support groups and implementation of educational projects so as to accept and help people living with HIV/AIDS and to spread the awareness of prevention. Literacy is crucial in the battle against HIV/AIDS associated stigma. The presentation about the facts on HIV/AIDS will be a decent start. It should be considered that such research programs are limited by the small sample sizes. Patients avoid participating in research projects, social lives are devastated. A new generation of exceptional network of policymakers, thinkers, analyst, leaders, and scholars who fully acknowledge the range and magnitude of the stigma, need to be recruited as a team to reverse this phenomenon. Also, nongovernmental organizations, individual donors with the help of technology and media, and those genuinely interested in the future of the society should be provided with appropriate support for their valiant efforts of eliminating the stigma of HIV/AIDS.⁷

❖ **Society's Role Towards Ending Stigma**

Many individuals and organizations are fighting to end HIV/AIDS related stigma and improve the lives of PLWHA. Following points enlisted are the changes they have brought about-

➤ **Educate healthcare workers**

- Healthcare workers undertook a training program in Bangladesh, focus was on reducing stigma and discrimination against young people who access sexual health services⁸

➤ **Protect the privacy of people who are HIV positive**

- Laws that criminalize non-disclosure of HIV status deter the people from HIV testing, and those that put the responsibility of HIV prevention solely on the partner living with HIV⁹
- A Kenyan law in March 2015 demanded that people living with HIV have to disclose their HIV status and thereby criminalized HIV exposure. It was declared unconstitutional¹⁰

➤ **Removal of travel restrictions**

- Between 2008 and 2015, around the world, 24 laws restricting travel and residency for people with HIV were removed¹¹



- But there is still more work to be done: Brunei, Equatorial Guinea, Iran, Iraq, Jordan, Papua New Guinea, Qatar, Russia, Solomon Islands, United Arab Emirates, and Yemen still categorically refuse entry to people with HIV¹²

➤ **Support people living with HIV to work through internalized stigma**

- A training program was created in India where women living with HIV could learn the various coping and stigma-reduction strategies. In addition to the training, some of the women were provided with ASHA—a local woman who is trained in HIV issues, an accredited social health activist. The ASHA's accompanied the women to health appointments in health centres, gave them advice on how to cope with and address HIV associated discrimination. Six months after the training sessions, the women who had been supported by an ASHA had reported major reductions in internalized stigma and were more likely to follow the treatment protocol, and exhibited fewer depressive symptoms as compared to those who did not have an ASHA assisting them¹³

➤ **Improve the status of women**

- Women living with HIV are judged harshly owing to HIV being associated with promiscuity and the gender-based double-standard that a “good woman” would not have engaged in activities that could lead to acquisition of HIV.¹⁴
- Women living with HIV experience stigma and discrimination from their friends, family, and community, and sometimes from healthcare workers¹⁵

Women experience more of HIV related stigma as compared to men, including more intense feelings of a negative self-image, and more of public stigma surrounding to how their community perceives views them.¹⁶ A lot of work needs to be done to improve the status of HIV/AIDS positive women worldwide. Likewise, various support groups for women with HIV can help other individual women to navigate from these challenges.

➤ **Fight inequality and discrimination**

- People who usually are marginalized from society are transgender, men who have sex with men, drug users and sex workers. They face legal and social inequalities which put them at a higher risk of HIV infection. Stigma and social discrimination against these groups affects their health negatively, and reduces their access to healthcare which includes HIV testing and treatment¹⁷
 - Many people experience varied forms of discrimination not only related to their HIV status, but also in relation to gender, sexual orientation, race, etc. This discrimination can have an impact on these people across various components of their lives¹⁸
 - Both UNAIDS and WHO advocate for the decriminalization of sex work to prevent the spread of HIV, and it is predicted that this could reduce new HIV infections in female sex workers by 33-46% over the span of next 10 years^{19,20,21}
- However, legal advances are not enough; cultural norms also need to change for change in perspective.

➤ **Listen to people living with HIV**

People who have lived with experience of a disease or social reality deserve a voice and position in decisions that are going to affect them. This also means that people with HIV must be at the forefront of the movement to end HIV/ AIDS stigma.

- **Start with yourself**-There is a lot of work to be done to end HIV/AIDS stigma, but we as a society can help make a positive substantial difference. We need to educate ourselves, our colleagues, friends and family, the society at large to help create awareness thereby reducing the stigma.

Conclusion

HIV/AIDS related stigma poses a problem for everyone in the society hence, imposing severe hardships on the people who are bound to be its targets and it thus ultimately interferes with treatment and prevention of HIV infection. Emphasis on the elimination, eradication of HIV/AIDS related stigma will enable in creating a social climate which will be conducive to an effective, rational and compassionate response to this epidemic.^{22, 23}

The government and the public health managers need to address the following types of HIV/AIDS stigmatization:

- (a) A morally based blame on those who are infected.
- (b) Eliminating the categories of risk groups as it gives false security to its marginalized group.
- (c) The civil rights issues and problems, human rights centered approaches are to be enforced.

A major challenge is that which requires frequent debates, the human rights approach will prove to be a long-term investment for HIV/AIDS removal of stigma, treatment and prevention.

There is an urgent need to bring an understanding between the rights of the individual, who is at risk of exposure and the condemnation because of the stigma, and the rights of the rest of the society for the effective overall development of large scale



effective public health programme. A human rights approach lies at the heart and base of any HIV/AIDS related programme which seeks to prevent HIV transmission, create awareness and support those already infected^{24, 25}

In the long run, the HIV infection spread centering on the human rights would emphasize on minimizing the erosion of the cultural, social, economic and political impact this pandemic has caused. The human rights approach has a major role in reducing the stigma of HIV/AIDS.

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