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Stigma/Discrimination Against People Living With HIV/AIDS

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Abstract

Background of the Study: HIV/AIDS stigma/discrimination exists around the world, including ostracism, rejection, discrimination, and avoidance. Consequences of stigma and discrimination against PLHIV may result in low turn-out for HIV counseling and testing, identity crisis, isolation, loneliness low self-esteem and lack of interest in containing the disease. Much HIV/AIDS stigma or discriminating involves homosexuality, bisexuality, promiscuity, sex workers, and intravenous drug use.

Aim and Objectives: The main aim of the present study is to understand the stigma/discrimination against people living with HIV/AIDS through published articles across the globe and objectives of the study is to describe the how much and what extent HIV/AIDS patients have experienced stigma/discriminated in health care setting, providers and in public.

Methods and Materials: The published articles in the context of stigma/discrimination against people living with HIV/AIDS was collected from various sources like Google scholars, printed journals, back volume of journals and conference processing, the collected article was analyzed in thematically and documented based on the aim and object of this paper.

Results & Conclusion: Scientific studies showed that the people living with HIV/AIDS stigmatizes and discriminatory in different places such as health care settings, health care providers and indentified the form of stigmatization and discrimination are delayed or denied care, excessive precaution, blame and humiliation, fear of contact, delay of service, substandard service, impoliteness of health care providers, breach of confidentiality and poor patient follow-up

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INTRODUCTION

Stigma/discrimination against people living with HIV/AIDS is a major barrier to the HIV response in India. India's National AIDS Control Program IV has made the elimination of stigma/discrimination as a major focus. In 2018 implementation on the HIV/AIDS Prevention and control Act 2014 began. The law criminalizes stigma/discrimination against people living with HIV/AIDS including employment, health care, education, public facilities, public office, protection property and insurance rights. People living with HIV continue to experience high level of discrimination. In 2016, around 27 percent of the adults demonstrated a discriminatory attitude towards people living with HIV, it has to be a slight improvement on the 2006 level of 35 percent.

UNAIDS data (2019) HIV and AIDS in India report highlights that stigma/discrimination are very common within the health care sector. A study of doctor, nurses and ward staff in government and non-government clinics in Mumbai and Bangalore in year of 2013 found discriminator attitude. This included a willingness to prohibit women living with HIV from having children (55.0 to 89.0 percent), endorsement of mandatory testing for female sex workers (94.0 to 97.0 percent) and surgery patients (90.0 to 99 percent), and stating that people who acquired HIV through sex or drugs got what they deserved (50.0 percent to 83.0 percent)

STIGMA/DISCRIMINATION AGAINST PEOPLE HIV/AIDS IN A GLOBAL CONTEXT

UNAIDS data, 2019 report highlights that many people across the region still lack basic knowledge about HIV/AIDS. The level of stigma towards people living with HIV remain high: more than half of people surveyed in Ethiopia shows that they would avoid buying vegetables from a vendor living with HIV, and 42.0 percent believed that children living with HIV should not be allowed to attend school with other children. The driver and facilitators of HIV-related discrimination UNAIDS data 2018 highlights that percentage of women aged 15-49 years who reported

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discriminatory attitude towards people living with HIV, percentage of health facilities staff who hold stigmatizing views about people living with HIV and proportion of married people aged 15-49 years who experience physical or sexual violence from a male-intimate partner in the past 12 months, percentage of people living with HIV who have experienced verbal or physical harassment, percentage of key population who have experienced verbal, physical or sexual violence, Percentage of people living with HIV who report experiences of HIV related discrimination in health care setting

AVOIDANCE OF HEALTH CARE BECAUSE OF STIGMA/DISCRIMINATION

- Avoidance of health care among sex workers,
- Avoidance of health care among gay and other men who have sex with men,
- Avoidance of health care among people who inject drug,
- Avoidance of health care among transgender people

UNDERSTANDING OF STIGMA/DISCRIMINATION AGAINST PEOPLE LIVING WITH HIV/AIDS

Many scientific studies were conducted in the context of stigma/discrimination against people living with HIV/AIDS across the globe. The researchers in their studies focused on how much and what extent the people living with HIV/AIDS were faced stigma/discrimination in different place such as health care settings and public places. The findings of collected studies are given below.

A 25 numbers of women living with HIV were reported overt stigma/discrimination and 15 women were expressed witnessing behavior that they perceived to be stigmatizing and discriminatory in health care setting and the author identified the cause of stigma and discrimination were: public perception of migrants and HIV, fear of contamination and institutional policies on HIV management and also the respondents were reported that the forms of stigma and discrimination. They were delayed or denied care, excessive precaution, blame and humiliation. The author also found the consequence of stigma and discrimination. They were emotional stress, inconsistent health-care-seeking behavior and non-disclosure to non-HIV treating personal Arrey, A. E., Bilsen, J., Lacor, P., &Deschepper, R. (2017) and Wodajo, B.

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S., Thupayagale-Tshweneagae, G., &Akpor, O. A. (2017) found that the factors attributable to stigma/discrimination against people living with HIV such as fear of contact, delay of service, substandard service, denial of care, impoliteness of health care providers, breach of confidentiality and poor patient follow-up.

More than one third 36.7 percent of the patients were experienced stigma and/or discrimination, meager 13.3 percent of the patients were experienced harassment from health care staff, of those, they were charged extra by private practitioner. Change of treatment modality from invasive to oral was observed in 13.3 of the patients and practice of taking extra precautions while treating people living with HIV/AIDS was experienced by 44.4 percent of the patients and also found to be that meager 16.7 percent of the participants were avoiding doctor/hospital, and talking the drugs over counter for minor illness due to fear of stigma and/or discriminatory from health care staff, it was found by Patel, B. H., Srivastava, R. K., Sharma, R., &Moitra, M. (2016) and Saki, M., Kermanshahi, S. M. K., Mohammadi, E., &Mohraz, M. (2015) found that people living with HIV/AIDS have experienced that multidimensional stigma (social, self and treatment system stigma), rejection and insult and discrimination in receiving health service and the authors concluded that stigma and discrimination play an important role in patients lives and hinder them from accessing the treatment.

Dahlui, M., Azahar, N., Bulgiba, A., Zaki, R., Oche, O. M., Adekunjo, F. O., &Chinna, K. (2015) found that, out of 56307 men and women aged 15-49 years , half of them in Nigeria have HIV related stigma, younger person, men, those without formal education and those within poor wealth index are more likely to have stigma towards People living with HIV/AIDS. Moreover, respondents who married are more likely to have stigma on People living with HIV/AIDS and more likely to blame People living with HIV/AIDS for brining disease to the community.

Male HIV patients were reported significantly higher mean level of internalizing stigma than female patients, whereas, women patients were reported significantly higher score for enacted stigma than men patients, it was found by Malavé, S., Ramakrishna, J., Heylen, E., Bharat, S., & Ekstrand, M. L. (2014) and Kingori, C., Reece, M., Obeng, S., Murray, M., Shacham, E., Dodge, B., & Ojakaa, D.

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(2012) found that one fourth 25.9 percent of the patients reported experiencing high levels of felt stigma related to other people's attitude towards their condition, ostracizing, and a disruption of their personal life and they were likely to not adhere to prescribed HIV medication and also not disclose their HIV zero status to one other person. Those who also experienced felt stigma related to a disruption of their personal lives while medication by depression was likely to report poor overall health.

CONCLUSION

The review article is understood that considerable percentage of the people living with HIV/AIDS have experienced multidimensional stigma (social, self and treatment system stigma), rejection and insult and discrimination in receiving health service in health care settings and by health care providers. Different authors were identified the form of stigma/discrimination which are delay or denied care, excessive precaution, blame and humiliation, fear of contact, delay of service, substandard service, impoliteness of health care providers, breach of confidentiality and poor patient follow-up.

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