



HIV/AIDS Stigma

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Abstract

HIV/AIDS epidemic has affected the world in many ways since the 1980s. Community dynamics and people interaction is only one parameter that has been harmed and continues to be a public health problem. Stigmatization against people living with HIV increases depression and decreases treatment success, representing a current challenge for the world and the UNAIDS goal to end the AIDS epidemic by 2030. The multidisciplinary approach works fighting stigma in communities; education, increase the availability of testing and treatment, more staff support, and counseling are some effective interventions.

Introduction

The XXI century has faced multiple challenges, one of them is the HIV/AIDS epidemic. Despite the multiple advances in Infectious Diseases regarding HIV/AIDS management, social stigma continues to target people living with this condition. Stigma is the devaluation of a person under the eyes of others and is commonly seen when society believes that other people have lower social value due to undesirable conditions or characteristics such as race, overweight, mental health issues, contagious illnesses, etc. Since first recognized, HIV/AIDS has been a stigmatizing disease all around the world, were patients used to die from AIDS with little or no help from the healthcare system, especially due to the lack of knowledge about this condition. With the advantage of more accessible pharmacological therapy, continuously updated HIV/AIDS guidelines, improved testing methods, and patient's follow-up, still the stigma persists.

Why is the stigma still present in the XXI century? I believe the cause is multifactorial. There is a combination of limited access to information, countries with weak healthcare systems that failed to provide adequate care for HIV/AIDS patients, treatment cost, limits in disease control, and lack of social interventions to help to flip HIV infection/AIDS concept towards a chronic disease instead of a death sentence.

The stigma in the United States has been decreased over the years, mostly due to a combined effort between healthcare professionals, governmental agencies, healthcare workers, and nonprofit organizations working to increase the education in the general population. These initiatives have increased testing, diagnosis, and early treatment, providing appropriate care with

little or no cost to the affected patient. Developing countries worldwide have a different story... Universal access to information has characterized this last 20 years, including the development and massification of social media and the internet. This access to information in developing economies is more limited when compared to countries like the US, affecting poorer communities. Even though different agencies including WHO and UNAIDS have been working with HIV/AIDS awareness and education for years, misconceptions about transmission risk and severity of the infection still exist. At the beginning of the HIV epidemic, discrimination against people living with HIV caused fear, fear to test positive to a deadly disease, so HIV silently kept spreading more and more. Discrimination hasn't stopped over the years and is not limited to HIV-positive persons, also affects the LGBTQIA+ community, being worse in developing economies when compared with first-world countries.

Discussion

The healthcare system is different in every country, mostly because it is very expensive to provide universal care at a low cost. Developing countries have weaker healthcare systems that often fail to maintain appropriate quality and quantity, making overall access to medical care difficult, including HIV/AIDS prevention, testing, treatment, and follow-up. Programs developed to provide HIV treatment helps with stigma in society. Roura et al. [1] analyzed the effect of Antiretroviral Therapy (ART) initiation on HIV/AIDS stigma and found a paradoxical effect in Tasmania. Self-stigma decreased and confidence increased in people living with HIV after initiation of ART, but society stigmatized those upon knowing that

they were provided with HIV treatment. Also, they were believed to spread the disease more as a consequence of their self-confidence. Nowadays, after clinical trials have been conducted, we know people living with HIV on ART who are compliant with medication and keep undetectable viral loads, essentially cannot transmit the virus even though exposure happens.

Turan et al. [2] described the psychological mechanisms responsible for worsening health status and outcomes in stigmatized people. The proposed means are related to the decrease in power, social status, and connections, decreasing overall available resources. Another important outcome of stigma is social isolation, generally associated with a lack of support system impeding them get a better outcome. Turan proposes also the relationship with maladaptive coping behavior such as addictions, avoidance of social interaction, and increase in physiological stress, highly associated with an increase in depression. The overall impact of HIV stigma is related, but not limited to, decreased screening testing and diagnosis, poor medication adherence, lack of disease control, and increase in advanced disease.

To reduce HIV/AIDS stigma, Thapa et al. [3] reviewed the research regarding intervention techniques. These practices are based on multiple community and healthcare settings interventions that have demonstrated efficacy in decreasing stigma. HIV/AIDS awareness is one of the most important, as discussed above. Education has always been a cornerstone in fighting against disparities in society, especially when talking about discrimination against specific population/culture. Making people aware of HIV/AIDS and normalizing the topic in regular conversation changes the mind settings of the population and makes them more open to accepting it, socially speaking.

Education techniques shouldn't be the only intervention; the most effective strategy is combining multiple approaches at the same time. Health service promotion (ie. increase in testing offer, home testing programs, increase in medication availability, counseling with HIV testing, medication coverage by insurance) increase the confidence of patients and engages them more in the care. Multiple countries have community programs with the aim of offering these services, making them widely available and not difficult to obtain for patients. As law is a mandate in democratic countries, the formulation of laws protecting the right for people living with HIV and historically stigmatized populations (eg. LGBTQIA+), could help decrease stigma and fear, improving overall outcome. All of this should be part of a combined strategy

and support system that doctors, nonprofit organizations and healthcare facilities coordinate. Nobody should be ashamed of freely being him/her/their selves in the community, when that happens, we fail as a society to that person.

Conclusion

In summary, public health, the government, and the healthcare system must prioritize HIV/AIDS stigma as an important threat towards UNAIDS goal of ending the HIV/AIDS epidemic and successfully by 2030, meeting the 95-95-95 goal of 95% of people living with HIV know their status, 95% of diagnosed people are in ART and 95% of ART patients are virally suppressed. Education, increase in regulatory support, building trust with patients and community from the healthcare system, and offering a support system to HIV/AIDS patients are some of the strategies that need to start, or continue, being implemented. A combined effort from different medical societies and governmental agencies for increased testing, the spread of home-based testing in high HIV prevalent societies, increase in preventive measures offering and free of charge treatment also have demonstrated decrease stigma, increase medication compliance and, a better outcome when measuring HIV infection control.

Over the years, research and clinical trials have been opening the eyes of society and showing the truth of HIV infection, helping to decrease stigmatization and giving the opportunity of HIV/AIDS positive persons to be accepted in the community. This statement is true for a highly developed world with a strong healthcare system, but developing countries are yelling for help. Stigmatization in some African and Latin American countries happen every day, decreasing the quality of life of people living with HIV. There's a long road ahead, but with coordinated actions, we can decrease and even make disappear HIV/AIDS stigma by showing society that this infection is a chronic illness rather than a death sentence.

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