

HIV | AIDS STIGMA

Humans are fascinating creatures. When we do not understand something, we fear it. When we fear something, we attempt to calm ourselves by labeling it. We create groups: the "in group" to which we belong and in which we feel comfortable and "out groups" of people that we believe are different from us. By identifying with our "in group" and marginalizing those in the "out groups" we enhance our self-esteem. We make judgments and feel morally superior to those others. We feel safe and secure in our place in society. Unfortunately, we accomplish this at the expense of those we have marginalized. This is the process of social stigmatization.

While social discomfort and discrimination are associated with a variety of medical illnesses, HIV/AIDS is among the most stigmatized medical conditions in the world. HIV/AIDS has historically been linked with subgroups of men and women who are already marginalized within our society, including gay men and injection drug users. Homophobia, racism, and classism contribute to prejudice against persons living with HIV/AIDS. Misinformation about HIV transmission abounds. For example, a recent study indicates that forty percent of adults in the US believe that HIV transmission can occur by sneezing, coughing, or sharing a drinking glass. Such misinformation creates fear. Combine that fear with societal discomfort with previously marginalized groups of persons and it is easy to see the power of HIV/AIDS-related stigma.

Stigma against persons living with HIV/AIDS is harmful on many levels. Fear of stigma may lead many to avoid testing, thereby delaying treatment and increasing the likelihood of transmission. For those knowingly living with HIV, studies have shown that higher levels of HIV stigma are strongly associated with symptoms of depression, anxiety, and hopelessness. The psychological distress due to social rejection, disapproval, and discrimination compromises motivation to adhere to medical treatment and safer sex practices. Furthermore, research has shown a correlation between lower levels of social support and faster disease progression.

Stigmatizers also suffer from HIV/AIDS-related stigma. By assuring themselves that they are "not one of them", stigmatizers often fail to recognize their own behaviors that may put them at risk for HIV transmission. They may fail to test for HIV. And they may experience feelings of guilt and remorse when a family member, friend, or co-worker reveals their HIV+ status.

The way to combat HIV/AIDS-related stigma is to remind ourselves and others that HIV is an infectious disease that affects everyone. The virus does not discriminate based on sexual orientation, gender, race, or socioeconomic status. It holds no moral judgment. There are no "in groups" nor "out groups" with HIV. There are only individuals living with a medical condition. Additionally, we must all examine our own internalized beliefs about others to become aware of the subtle ways in which we identify with our "in group" and marginalize those we see as different from us. We must educate ourselves and others and speak out when we hear something that is not true. And finally, get to know people living with HIV/AIDS and treat them with the dignity and respect that we all deserve. In seeing our commonalities rather than fearing our differences, we can all work together to overcome the devastating effects of HIV/AIDS-related stigma.

Amy Parrish

Western North Carolina AIDS Project
Educator