

Special Article

Social Stigma and HIV/AIDS

Petros Ouzounakis, RN, MSc

General Hospital of Alexandroupoli, Greece

Aikaterini Frantzana, RN, MSc, PhD(c)

RN, MSc, George Papanikolaou General Hospital of Thessaloniki, Greece

PhDc European University Cyprus, Nicosia, Cyprus

Christos Iliadis, RN, MSc

Private Diagnostic Health Center Thessaloniki, Greece

Kiriaki Tachtsoglou, RN, MSc

General Hospital "G. Gennimatas" Thessaloniki, Greece

Vassiliki Diamantidou, MD, MSc, PhD(c)

Pathologist, Internist, 251, Air Force Hospital, Athens, Greece

PhDc Clinical Epidemiology Laboratory, Faculty of Nursing, National and Kapodistrian University of Athens, Greece

Lambrini Kourkouta, BSc, PhD

Professor, Nursing Department, International Hellenic University, Thessaloniki, Greece

Correspondence: Kourkouta Lambrini, Professor, Nursing Department, International Hellenic University, Thessaloniki, Greece Email: laku1964@yahoo.gr**Abstract****Introduction.** The social stigma experienced by patients with AIDS/HIV infection affects intensely their mental health and functioning.**Purpose.** Delving into the impact of social stigma on patients suffering from AIDS/HIV infection.**Methodology.** This narrative review was based on the bibliographic search of reviews and research studies drawn from the international databases. The exclusion criterion of the articles was the language other than English, French and Greek language.**Results.** Social stigma separates people living with HIV from the rest of society. Unfortunately, HIV-positive people were stigmatized as people who were dangerous to public health whilst photos of the disease from terminally ill AIDS patients were used as a means of "intimidating" young people against the infection. Thus, causing society to be disgusted not only with the disease but also with the people suffering from it. Discrimination and stigmatization of HIV-positive people could stand out as discrimination at work, in the family and in the community, and even as discrimination by health professionals.**Conclusions.** In modern societies, we need to adopt policies that will promote the integration of HIV-positive people, efficiently and effectively resocializing them; so they can fit in all social structures.**Keywords:** AIDS/HIV infection, stigma, society, social stigma.**Introduction**

AIDS is defined as Acquired Immune Deficiency Syndrome. AIDS is manifested through disturbances in cellular and humoral immunity caused by the Human Immune Deficiency Virus (HIV) virus. (Rambaut et

al, 2004) The virus causes damage to the human immune system, attacking T-lymphocytes, thus making the sufferer's body susceptible to many infections. (Fauci, 2003)

The exact timing of the onset of AIDS is not fully known. There are reports of the virus

occurring in humans, probably, from the 17th century. (Sharp et al, 2011) Most researchers agree that the virus was transmitted to humans through monkeys – chimpanzees, initially in the regions of Central Africa that carry the Simian Immunodeficiency Virus (SIV), which closely resembles human HIV. (Lu et al, 2015)

Since the 1970s, the transmission of HIV infection seems to take an epidemic form in Europe and America while in 1981 in the USA the first announcement is issued by the US government about the appearance of a new hitherto unknown disease who seemed to affect mainly homosexual men and injecting drug users (IDU). (Nakashima, 2003)

In 1982, AIDS was described for the first time clinically in the USA, with characteristic symptoms of the disease Kaposi's sarcoma (KS) and pneumonia from pneumocystis carinii (PCP). In 1985, it became possible to detect the virus through antibodies in the blood, thus marking the beginning of blood testing before transfusion, thus increasing the level of safety for transfused patients. Finally, in 1986 the entire scientific community came up with a common name for the virus that causes AIDS, the Human Immunodeficiency Virus (HIV). (Montagnier, 2002; Papadopoulos et al, 2009)

Initially, it was thought that AIDS concerned only specific groups of people with certain behaviors, mainly homosexual men, intravenous drug users, Haitian immigrants to the USA and haemophilia patients. Consequently, those individuals were targeted and stigmatized to the greatest extent. (Achuarro, 2010)

The purpose of this narrative review study is to delve into the impact of social stigma on patients suffering from AIDS/HIV infection.

Methodology: The methodology followed was based on the bibliographic search of review and research studies, which were drawn from the international databases Medline, Pubmed, Cinahl and the Greek database Iatrotek, with keywords such as AIDS / HIV infection, stigma, society, social stigma. The criterion for excluding the articles was the language other than English, French and Greek.

Social Stigma

A matter of great contention refers to stigmatization of individuals or groups that society perceives as "different" or deviating from social norms consisting it as a crucial social issue with multilevel implications. Stigma is recognized as the most critical obstacle to the treatment of mental disorders and the improvement of patients' quality of life, with such implications that it constitutes a modern challenge on a global scale. (Sartorius, 1999)

The term stigma, which has prevailed internationally in scientific literature, comes from the ancient Greek language and specifically from the verb 'stizo', which literally means 'I put a stigma on someone by burning or engraving as a sign of dishonor or punishment'. In ancient Greece the stigma was a mark engraved or imprinted by burning on slaves or criminals and traitors, so as to point out their social inferiority or present them as 'morally defiled', thus dictating their social alienation. (Economou et al, 2020) Stigma is a social construction, inextricably linked to the existence of a spectrum of different social identities. (Dovidio et al, 2020)

Three distinct types of stigmas characterize the individual. They concern physical appearance, internal functions (physical and mental) or the way the person disposes and uses his body. Despite the differences between them, they all bring to the fore the various social stereotypes from which it deviates. (Ouzounakis et al, 2023)

For Goffman, the process of stigmatization is marked by the existence of a socially undesirable characteristic of diversity, which, when visible in social interaction, acts as a disparaging factor for the identity of the person who bears it. The term stigma refers both to the diversity trait itself and the dynamics triggered by its existence in social relations. Stigma leads to practices of separating the person who carries this a 'shameful' trait, from the rest of society. As a result, the cause of this socially rejected diversity ends up defining the identity of the stigmatized person as a whole, devaluing the individual and undermining his social status. (Goffman, 1970)

Social stigma in the context of health is the negative relationship between an individual or group of people who share certain characteristics and a particular disease. In an outbreak of the disease, these people may experience labeling, stereotypes to discrimination, social segregation, and loss of social status because of their perceived association with the disease. (Papathanasiou, 2013)

Besides, society invents categories, establishes the means of classifying individuals into them, and assigns specific meanings to a certain range of traits, defining some as normal and ordinary and others as unnatural and degrading. Social practices of categorization and social exclusion are diffused, inscribed, and maintained in people's daily encounters. (Goffman, 1970)

Many times, recording in the consciousness of a social group a person who is considered as weak or dependent on society, forms for him an attitude of superiority, strong towards the weak, resulting in the destruction of dignity and its obliteration by the first group. (Kouroumplis, 2020)

The meaning that the term "stigma" retains to this day, refers to the existence of a socially derogatory characteristic or quality that alienates the person who bears it from the rest of society. In the modern world, among other qualities of the individual that indicate deviation from social norms (e.g. in relation to sexual orientation, criminal record, belonging to minority groups, etc.), intense stigmatizing burden also involves "signs" or characteristics that are indicative of a medical pathology or biological abnormality. In this context, diseases that cause stigmatization and discrimination against sufferers have been leprosy and tuberculosis in the past, as well as AIDS in modern times. (Lopez, 2002)

How HIV/AIDS Patients Experience Social Stigma

A phenomenon that causes concern and strongly affects the mental health and functionality of HIV-positive people is the social stigma they experience due to infection. (Achuarro, 2010) In the first decades of HIV/AIDS outbreak, due to insufficient knowledge about the disease and lack of effective medication – unlike today –

infection was a fatal, in most cases, disease. Therefore, HIV-positive people were stigmatized as people who were dangerous to public health, while photos of the disease from patients in the final stage of AIDS were used as a means of "intimidating" young people against the infection, causing society's aversion not only to the disease but also to people who suffered from it. (Taggart et al, 2015)

In addition, for many decades the view – phobia that prevailed was that any social contact, even a simple handshake with an HIV-positive person, could transmit the virus. Even more intense and critical than social stigma is the moral stigmatization of HIV-positive people. HIV-positive, and especially gay HIV-positive men, were met with anger and rage by part of society who directly blamed them for their disease, considering them solely responsible for it, or even as "criminals" who without any responsibility spread the virus. (Berger et al, 2001; Ouzounakis, 2021):

1. Discrimination at work

There are many cases of people who, after reporting their HIV / AIDS infection in their occupational environment, lost their jobs or were subjected to such pressure that they were forced to resign. But losing one's job also causes other losses, such as insurance capacity and income.

2. Discrimination in the family and community

HIV-positive people are marginalized, to such an extent that they feel that even with their physical presence they consist a hazard to the non-positive ones. The family environment may distance itself and alienates itself from the HIV-positive person. The family – social environment can limit contacts with him, while it is not rare for HIV-positive people to be forced to use only specific or not to use certain common rooms such as the toilet.

3. Discrimination by health professionals

Unfortunately, there are many reported cases where health professionals refuse to provide services to HIV-positive people. Their hospitalization often in single rooms increases the feeling of stigma, while sometimes the

staff uses protective measures, beyond those provided for personal protection (such as caps, high protection masks, medical gowns), thus causing strong negative emotions to patients. (Berger et al., 2001)

The cautious – if not hostile – social reaction towards HIV/AIDS patients is also seen in the response of healthcare workers, with a large share of the blame attributed to the lack of knowledge about prevention and ways of transmission of the virus. The nursing staff seems particularly divided. There are many nurses who refuse to care people with HIV/AIDS; Almost 20% of participants seriously considered abandoning their profession for fear of being infected by biological samples, with these concerns stemming mainly from ignorance and misinformation about AIDS. (Juan et al., 2004)

This discrimination is also evident through the legislation implemented by many countries, creating barriers to the provision of effective HIV/AIDS prevention and treatment services. For example, Greece only repealed Health Provision 39A/2012 in April 2015, which restricted numerous fundamental rights, contributing to the targeting of vulnerable groups, such as drug users, sex workers and immigrants. (Ouzounakis et al., 2023)

The consequences of the above are multiple for HIV/AIDS people, with an impact on a social, economic, and psycho-emotional level. Apart from the symptomatology of the disease, they seem to experience multiple losses such as losing their gains and balances, which exacerbates their symptoms and their stigma. (Ouzounakis et al., 2023)

Knowledge on transmitting and preventing the virus has significantly reduced stigma, making society more tolerant of issues of sexual differentiation.

Conclusions: Unfortunately, seropositivity continues to be synonymous with stigma and marginalization, resulting in many HIV carriers experiencing multiple discrimination, whilst having limited opportunities in all areas of their social and personal lives. Nowadays, fortunately, it is now widely known how to treat and prevent the possibility of an HIV infection. Obviously, recently this

tendency has been improved compared to the past, but additional measures are needed both at a state and social level. What is needed is the adoption of health policies that guarantee that everyone has the right to health. Specific actions and policies should be designed to promote the inclusion of these people by fundamentally and effectively resocializing them.

References

- Achuarro, S. (2010). Quality of life of patients with HIV/AIDS and comprehensive nursing care. *Rev Inst Med Trop*, 5(1), 19 -33.
- Berger, B.E., Ferrans, C.E., Lashley, F.R. (2001). Measuring stigma in people with HIV: Psychometric assessment of the HIV stigma scale. *Research in Nursing & Health*, 24 (6), 518 – 529.
- Dovidio, J.F., Major, B., Crocker, J. (2020). Stigma: Introduction and overview. In T.F. Heatherton, R.E. Cleck, M.R. Hebl, J.G. Hull (Eds.). *The social psychology of stigma*, New York: Guilford Press
- Economou, M., Behraki, A., Charitsi, M. (2020). The stigma of mental illness: Historical review and theoretical framework. *Psychiatry*, 31(1), 36-46.
- Fauci, AS. (2003). HIV and AIDS: 20 years of science. *Nat. Med*, 9, 839 – 843.
- Goffman, E. (1970). *Stigma: Notes on the Management of Spoiled Identity*. Penguin, Harmondsworth
- Juan, C.W., Siebers, R., Wu, F.F.S., Wu, C.J., Chang, Y.J., Chao, C. (2004). The attitudes, concerns, gloving practices and knowledge of nurses in a Taiwanese hospital regarding AIDS and HIV. *International Journal of Nursing Practice*, 10(1), 32–38.
- Kouroumplis, P. (2020). *The right to difference. The effects of social prejudices and institutional interventions on the lives of people with disabilities – interdisciplinary analysis with emphasis on historical approach*. Athens: Sakkoula
- Lopez-Ibor, J.J. (2002). The WPA and the fight against stigma because of mental diseases. *World Psychiatry*, 1,16–20.
- Lu, D.Y., Wu, H.Y., Lu, T.R. (2015). The Origins of HIV. *Advances in Pharmacoepidemiology & Drug Safety*, (4)5, 1 – 2.
- Montagnier, L. (2002). *Historical Essay: A History of HIV Discovery*. *Science*, 298(5599), 1727–1728.
- Nakashima, A.K., Fleming, P.L. (2001). *HIV/AIDS Surveillance in the United States, 1981–2001*.
- JAIDS (2003) *Journal of Acquired Immune Deficiency Syndromes*, 32:68 – 85.

- Ouzounakis, P., Frantzana, A., Iliadis, Ch., Sialakis, Ch., Kaptanoglu, A.Y., Kourkouta, L. (2023). Shame and HIV infection: A narrative review. *World Journal of Advanced Research and Reviews*, 18(3), 1504 – 1508.
- Ouzounakis, P., Kourkouta, L., Frantzana, A., Iliadis, Ch., Tsaloglidou, A., Koukourikos, K., Sialakis, Ch., Alexopoulos, E. (2023). Satisfaction of Patients with HIV/AIDS Infection from the Care Provided in the Special Infection Unit of University General Hospital of Alexandroupoli. *Materia Socio Medica*, 35(3), 184 – 189.
- Ouzounakis, P., Sialakis, Ch., Iliadis, Ch., Kleisiaris, Ch., Adamakidou, Th., Kourkouta, L. (2023). The Meaning of Quality in Health Services. *Prog Health Sci*, 13(1), 42 – 46.
- Ouzounakis, P. (2021). Assessment of satisfaction concerning health services, provided at the Infections Unit of Alexandroupoli University General Hospital, for People Living with Human Immunodeficiency Virus (PLHIV).” Postgraduate Curriculum "Administration of Health Units of the NHS". Hellenic Open University. Alexandroupoli
- Papadopoulos – Eleopulos, E., Turner, V.F., Papadimitriou, J.M. (2009). Has Gallo proven the role of HIV in AIDS? *Emergency Medicine*, 5(2), 113–123.
- Papathanasiou, C. (2013). VIH/SIDA et responsabilité. Représentations sociales et construction de la responsabilité dans le contexte du VIH en Grèce. Saarbrücken: Editions Universitaires Européennes
- Rambaut, A., Posada, D. (2004). Crandall KA, Holmes EC. 2004. The causes and consequences of HIV evolution. *Nat Rev Genet*, 5, 52 – 61.
- Sartorius, N. (1999). One of the last obstacles to better mental health care: the stigma of mental illness. In: Guimün J, Fischer W, Sartorius N (eds) *The image of madness*. Karger, Basel
- Sharp, P.M., Hahn, B.H. (2011). Origins of HIV and the AIDS Pandemic. *Cold Spring Harbor Perspectives in Medicine*, 1(1), 1 – 23.
- Taggart, T., Grewe, M.E., Conserve, D.F., Gliwa, C., Isler, M.R. (2015). Social media and HIV: a systematic review of uses of social media in HIV communication. *Journal of medical internet research*, 17(11), e248.