Stigma and HIV / AIDS

Module

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Contents

Overview

Stigma is a common human reaction to disease. Throughout history many diseases have carried considerable stigma, including leprosy, tuberculosis, cancer, mental illness, and many STDs (Sexually Transmitted Diseases).

HIV/AIDS is only the latest disease to be stigmatized.

Stigma and discrimination relating to HIV/AIDS (AIDS stigma) undermines public health efforts to combat the epidemic. AIDS stigma negatively affects preventive behaviors such as condom use, HIV test-seeking behavior, care-seeking behavior after diagnosis, quality of care given to HIV-positive patients, and perception and treatment of PLHA (People Living with HIV/Aids) by communities, families, and partners.
One of the most surprising elements of AIDS stigma is its frequency and wide distribution even where the epidemic is widespread and affecting many people.

Decreasing AIDS stigma is a vital step in stemming the epidemic. Given this situation, it is critical that those seriously concerned with community health issues, and the HIV/AIDS epidemic and its human toll do everything they can to reduce stigma.

This module seeks to promote understanding of what stigma is in order to help community workers to think about ways to combat it in their own communities.

How to Use the Module?

This module is arranged as a series of "**topics**", i.e. like chapters of a book. In each topic, you will find:

- Learning content for you to study

Topic 1 - Prejudice, Stigma and Discrimination

Prejudice, Stigma and Discrimination

Distinguishing between prejudice, stigma and discrimination:

Prejudice is a prevailing attitude inside a person, usually related to more than one group of people. It leads this person to quickly label others into groups, often in terms of a negative stereotype, which stigmatises the person. This negative label (stigma) leads the prejudiced person to discriminate against the stigmatised person, and even leads the stigmatised person to discriminate against him or herself. For example, some people may think all Chinese people are not honest: They will have this prejudice about Chinese people.

What is stigma?

Stigma is a quality in a person, which significantly diminishes or discredits that person in the eyes of others.

Factors contributing to HIV/AIDS stigma:

1. It is life threatening and incurable.

2. People are scared of contracting HIV.

3. The disease is associated with behaviours (such as promiscuity) that society disapproves of.

4. People are often seen as being responsible for becoming infected with HIV.

5. Religious or moral beliefs lead to thinking that HIV/AIDS is the result of sin or faulty living that deserves to be punished.

6. HIV/AIDS people are guilty of infecting others.

7. Young people with HIV/AIDS are more stigmatised than older people, and women more than men.

8. In some countries HIV/AIDS was associated with homosexuality and intravenous drug use, and these behaviours are already stigmatised by society.

Process of stigmatising:

1. Distinguish and labeling differences;

2. Associating differences with negative attributes;

3. Separating "us" from "them";

4. Decreasing status and increasing discrimination.

5. Stigmatising can only happen if the one group has power over the other group.

HIV/AIDS-related stigma

HIV/AIDS-related stigma refers to all unfavourable attitudes and beliefs directed toward people living with HIV/AIDS (PLWHA) or those perceived to be infected, and toward their significant others, close associates, social groups, and communities.

Stigmatising attitudes are often directed not only toward the person with HIV, but also toward behaviours believed to have caused the infection. Stigma is particularly pronounced when the behaviour linked to the origin of a particular disease is perceived to be under the individual's control, such as prostitution or injection drug use.

People who often are already socially marginalised—poor people, indigenous populations, men who have sex with men, injection drug users, and sex workers— frequently bear the heaviest burden of HIV/AIDS-related stigmatisation. People who are HIV-infected are

often assumed to be members of these groups, whether they are or not.

What is discrimination?

Discrimination occurs when a person is treated differently because he or she is seen to belong to a particular group.

Types of discrimination:

1. Direct discrimination at a person-to-person level: the person is devalued, rejected, blamed, discredited, discounted, and/or excluded.

2. Structural discrimination: the group is identified, excluded, devalued or blamed by non-personal rules, structures and systems.

3. Self-stigmatising: where the person internalises society's labels, believes them and lives accordingly.

Stigmatisation and discrimination

Stigmatisation reflects an attitude, but *discrimination* is an act or behaviour. Discrimination is a way of expressing, either on purpose or inadvertently, stigmatising thoughts.

Stigma and discrimination are linked. Stigmatised individuals may suffer discrimination and rights violations. Stigmatising thoughts can lead a person to act or behave in a way that denies services or entitlements to another person.

Stigma and discrimination have been documented in association with other illnesses, including tuberculosis and mental illness. However, HIV/AIDS-related stigma appears to be more severe.

What is Prejudice?

Prejudice is a premature judgment – a positive or a negative attitude towards a person or group of people that is not based on objective facts. Prejudice is usually based on stereotypes, which are over-simplified and over-generalized views of groups or types of people.

1. Prejudice resists facts.

- **Ms X:** Indians are such cheats! You are never safe in business with them.
- **Ms Y:** I work with an Indian man who is very honest. He is the one keeping all of us on the right path.
- **Ms X:** He's an exception. They are all cheats.

2. People who have lost status are more prejudiced than those who feel untouched.

After the fall of apartheid in South Africa, the people who stand to lose most (farmers, low status workers) are more prejudiced than the mid-level professionals in stable jobs.

3. If people are powerless, prejudice against them grows.

During Apartheid, Africans in South Africa had few constitutional guarantees. Even their presence in urban areas was defined not as a right, but a privilege. This increased prejudice against them.

4. Prejudice grows if it pays – if prejudiced people benefit from their prejudice.

Many Germans took over jobs and businesses from Jews, and later even their houses. It paid to be prejudiced.

5. Prejudice is transmitted from one person to another - parent to child, role model to follower.

If a parent or teacher shows overt prejudice towards certain people, the children learn that this is the "correct" attitude.

6. The weaker a group feels, the more it is prejudiced against people they see as "different".

The low-income families in a country are usually more prejudiced against immigrants from the rest of that country than the affluent families, since they see them as competition for jobs and other resources.

7. Prejudice is the opposite of tolerance.

The opposite of "I can't stand …." is, "It does not bother me" or "It is their life, their choice".

8. Prejudice is rooted in anger, not love.

A person talking about a group s/he is prejudiced about, usually use angry, rejecting words and tone.

9. Prejudice serves a number of functions:

• Supplies a scapegoat that can take the blame for all that is wrong.
• Gives an excuse not to care for or make provision for such groups.
• Makes one feel safe, by making the danger reside in "others", not "us".

Example:

• "Crime in USA is the fault of these Blacks who want everything they see".
• "It does not help to put a new school in a Black area, they will just vandalise it."
• "Our area has no Blacks, so we are still OK."

10. Prejudice pushes people apart, but all groups use it to increase their own comfort.

"We are different from *them*. We were raised differently, we think differently. We form a group."

Results of HIV/AIDS stigma:

1. Lack of disclosure, leading to lack of support.

2. Denial, leading to:

• further spread of the disease,

• poor health behaviour,

• limited access to prophylactic treatment.

3. Social isolation

4. Increased psychological suffering, internalized shame and poor self-concept.

5. Decreased access to services

• Due to fear of disclosure

• Due to attitudes and practices of health care providers

6. Poor communication between health care providers and PLWHA.

7. Financial insecurity.

8. Poor quality of life.


Meaning of Stigma?
Blaming people for bad behavior
Keeping at a distance
Avoiding contact with people
Isolating or rejecting
Shaming and blaming
Treating as different
Treating as outcasts
Treating people as inferior
Treating people with contempt
Condemning people for breaking social norms

Topic 2 - The Face of Stigma

The face of stigma

HIV/AIDS-related stigma is complex, dynamic, and deeply ingrained. The points below may provide help with a framework for developing and implementing interventions to address HIV/AIDS-related stigma and discrimination.

Attitudes and actions are stigmatising.

People are often unaware that their attitudes and actions are stigmatising. A word, action or belief may be unintentionally stigmatising or discriminatory toward an individual who is HIV-infected. People often exhibit contradictory beliefs and behaviours. For example, consider the following:

- A person who is opposed to stigmatisation or discrimination may simultaneously believe that PLWHA indulge in immoral behaviours, deserve what they get, or are being punished by God for their sins.

- A person who claims to know that HIV cannot be transmitted through casual contact may still refuse to buy food from a vendor who is HIV-infected or allow his family to use utensils once used by a PLWHA.

Choice of language may express stigma.

- Language is central to how stigma is expressed. People may not realise that they are stigmatising with their choice of words in referring to HIV disease or PLWHA.

- One way that language can be stigmatising is in the use of derogatory references to those with HIV/AIDS. Sometimes people refer to HIV, not by name, but rather indirectly as, for example, *"that disease we learned about"*.

Lack of knowledge and fear foster stigma.

Knowledge and fear interact in unexpected ways that allow stigma to continue. Although most people have some understanding of HIV transmission and prevention, many lack in-depth or accurate knowledge about HIV.

For example, many do not understand the difference between HIV and AIDS, how the disease progresses, the life expectancy of PLWHA, or that HIV/AIDS-related opportunistic infections (such as tuberculosis) are treatable and curable.

Others equate an HIV-positive test result with imminent death. The fear of death is so powerful that many people will avoid individuals suspected to have HIV—even though they know that HIV is not transmitted through casual contact.

Shame and blame are associated with HIV/AIDS.

Sexuality, morality, shame, and blame are associated with HIV/AIDS. Stigmatisation often centres on the sexual transmission of HIV. Many people assume that individuals who are HIV-infected must have been infected through sexual activities deemed socially or religiously unacceptable. People who are HIV-infected are often presumed to be

promiscuous, careless, or unable to control themselves, and therefore responsible for their infection.

Stigma makes disclosure more difficult.

Disclosure, the sharing of HIV status with others, is advocated but often difficult and uncommon in practice. Most people believe that disclosure of HIV infection should be encouraged. Yet many people infected with HIV avoid disclosing their HIV status for fear that doing so will subject them to unfair treatment and stigma. Some of the benefits of disclosure are the following:

- Disclosure can encourage partner(s) to be tested for HIV.
- Disclosure can help prevent the spread of HIV to partner(s).
- Disclosure allows individuals to receive support from partner(s), family, and/or friend(s).

Stigma can exist even in caring environments.

Care and support can co-exist with stigma. Caregivers who offer support to family members living with HIV/AIDS may also exhibit stigmatising and discriminatory behaviour (such as blaming and scolding). In many cases, the caregivers don't recognise this behaviour as stigmatising.

- Stigmatising attitudes exist even among those individuals, communities, community and healthcare workers who are opposed to HIV/AIDS-related stigma.

- People can have both correct and incorrect information about HIV at the same time. For example, an individual's understanding of

the routes of HIV transmission may be accurate in some respects but inaccurate in others.

- People express both sympathetic and stigmatising attitudes toward PLWHA.
- Families that provide genuine and compassionate care may sometimes stigmatise and discriminate against a family member with HIV/AIDS.

Examples of stigmatisation and discrimination

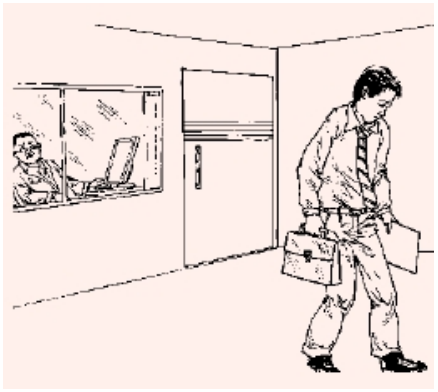
In health services

- Refusing to provide care, treatment, and support to PLWHA
- Providing poor quality of care for PLWHA
- Breaking confidentiality

- Providing care in stand-alone settings (such as clinics for sexually transmitted infections) that further stigmatise and segregate.
- Using infection-control procedures (such as gloves) **only** with patients thought to be HIV-positive, rather than with all patients
- Advising or pressuring PLWHA to undergo procedures, such as abortion or sterilisation that would not be routinely suggested for others

In the workplace

- Requiring testing before employment



- Refusing to hire people who are HIV-infected
- Mandating (you must do it) periodic HIV testing
- Being dismissed because of HIV status
- Breaking confidentiality
- Refusing to work with colleagues who are HIV-infected because of fear of contagion

In the context of religion

- Denying participation in religious/spiritual traditions and rituals (such as funerals) for PLWHA
- Restricting access to marriage for PLWHA
- Restricting participation of PLWHA in religious activities

In the family and local community

- Isolating people who are HIV-infected
- Restricting participation of PLWHA in local events
- Refusing to allow children who are HIV-infected or HIV-affected in local schools
- Ostracising of partners and children of PLWHA
- Using violence against a spouse or partner who has tested HIV-positive
- Denying support for bereaved family members, including orphans

Topic 3 - Effects of Stigma

Effects of stigma

Stigma is disruptive and harmful at every stage of HIV/AIDS, from prevention and testing to treatment and support.

For example, people who fear discrimination and stigmatisation are less likely to seek HIV testing while those who have been diagnosed may be afraid to seek necessary care. PLWHA also may receive sub-standard care from workers who stigmatise them.

- Stigma may reduce an individual's choices in healthcare and family/social life.

- Stigma may limit access to measures that can be taken to maintain health and quality of life.

HIV/AIDS-related stigma fuels new HIV infections.

- Stigma may deter people from getting tested for the disease.

- Stigma may make people less likely to acknowledge their risk of infection.

- Stigma may discourage those who are HIV-infected from discussing their HIV status with their sex partners and/or those with whom they share needles.

- Stigma may deter PLWHA from adopting risk-reduction practices that may label them as HIV-infected.

Stigma and discrimination can lead to social isolation.

Studies have found that both men and women who are HIV-infected face social isolation, rumours and gossip, ejection from the home, rejection by the community, and verbal abuse.

- ***"There are those who will tell you face-to-face that you are no longer needed in their friendship, those who will just isolate you."***
- ***"People make jokes about HIV-infected people and point fingers at them."***

Stigma and discrimination can limit access to services.

HIV/AIDS-related stigma and discrimination may discourage individuals from contacting health and social services, thereby increasing the risk of transmission to partners or children. In many cases, those people most in need of information, education and counselling will not benefit from these services—even when they are available.

Secondary stigma (stigma by association)

The effects of stigma often extend beyond the infected individual to stigma by association also known as secondary stigma.

Secondary stigma is evidenced in statements like ***"If I sit near someone with AIDS, others will think that I have AIDS too."***

HIV/AIDS programme social workers and educators have often reported that they were sometimes stigmatised because of their work with PLWHA.

Stigma and Prevention of Mother to Child Transmission (PMTCT) services

Stigma and discrimination pose distinct challenges to the delivery of PMTCT services. Notably, in many areas women may avoid replacement feeding because they know that they will be labelled as HIV-infected if they are not breastfeeding.

The children of mothers who participate in PMTCT programmes may experience secondary stigmatisation because people assume that they are HIV-infected

Consequences of stigma in PMTCT programmes

- Discourages women from accessing antenatal care services
- Prevents people from receiving HIV testing and, as a result, PMTCT services
- Discourages women from discussing their HIV tests and disclosing results to their partner(s)
- Discourages women from accepting PMTCT interventions eg, ARV teatment and prophylaxis

- Discourages the use of recommended PMTCT safer infant-feeding practices (replacement feeding or early cessation of breastfeeding)

National level

It is essential to secure both formal and informal support at the national level, without which local initiatives will struggle to succeed.

National level activities that affect HIV/AIDS related legislation and healthcare practice may include the following:

- Support and advocate legislation that protects the rights of PLWHA as human beings and patients

- Support legislation that protects the legal rights of all people in healthcare, education, and employment

- Advocate for laws supporting anti-discrimination policies—at the administrative, budgetary, and judicial levels

- Support national efforts to scale-up treatment of HIV with antiretroviral (ARV) drugs for those in need

- Advocate for quality treatment programmes for people with drug addictions

- Involve consumers in national advocacy and elicit their help in designing, developing and evaluating programmes and policies

- Advocate for sufficient funding for HIV/AIDs services and staff training

- Publicise programme successes by inviting national and local politicians to clinics to see how programmes work

- Ensure that the problems and solutions are communicated to those who have the power and authority to address them when issues require national level solutions (such as national shortages in ARV prophylaxis and shortages in the supply of breastmilk substitutes)

Community level

HIV/AIDS education and training

Provide HIV/AIDS education and training to members of the community, especially key opinion leaders, traditional birth attendants, traditional healers, healthcare staff in referring organisations, religious leaders, and managers in private industry. Educational and informational initiatives can accomplish the following:

- Increase knowledge about HIV
- Increase awareness of issues faced by PLWHA
- Increase awareness of domestic violence faced by newly diagnosed women
- Communicate, through community leaders, that violence against women is inappropriate, immoral, and/or illegal
- Encourage leaders to make their workplaces HIV-friendly

- Promote HIV prevention activities as an integral part of community and healthcare and HIV/AIDS prevention and treatment
- Educate the community about PMTCT interventions (including ARV prophylaxis and safer infant-feeding practices), stressing the importance of community and family support in PMTCT initiatives
- Increase referrals to and from HIV/AIDs services
- Secure the involvement of community members and PLWHA in organising, developing, and delivering HIV education, prevention, and support programmes

Topic 4 - Community Awareness

Community awareness of HIV/AIDs interventions

Increase community awareness of HIV/AIDs interventions to help men and women recognise their roles and responsibilities in protecting themselves and their families against HIV infection.

Greater community awareness should also strengthen social support for the partner, extended family, and community. The people who cope the best with their HIV infection tend to be those who have social and family support.

For example, families and close friends can help remind those with HIV infection take their medicines on time. If the person with HIV is pregnant, family members often help ensure that she gives birth at the health centre and that she takes her ARV medication. They can also help ensure that the baby receives ARV medication and support infant-feeding methods that reduce the risk of HIV transmission.

Community partnerships

Build partnerships with monastries, churches, schools, and social or civic organisations when developing HIV/AIDs services. Promoting HIV/AIDs services in community organisations will enhance sustainability and will help develop a broad base of support for the HIV/AIDs initiative.

Community level interventions

Additional community level interventions may include the following:

- Facilitating the exchange of information and ideas among community and healthcare workers and other PLWHA through roundtable case discussions and social activities
- Providing input into curricula for students in community work and healthcare professions (nurses, midwives, physicians)

PLWHA involvement

Invite PLWHA to become involved in local initiatives. Doing so will empower them. It will also help the community realise that PLWHA are not the cause of the HIV/AIDS problem but are part of the solution.

Involving PLWHA in initiatives will:

- Help PLWHA gain and practice life skills in communication, negotiation, conflict resolution, and decision-making, which empowers them to challenge HIV/AIDS-related stigma and discrimination

- Encourage PLWHA to join together to challenge stigma and discrimination.

- Promote the active involvement of PLWHA in local activities to foster positive perceptions of people living with HIV

- Support the establishment of PLWHA organisations and networks.

Training programmes for PLWHA

By participating in interventions (such HIV prevention and care education) as volunteers, advisors, board members, or paid employees, PLWHA will demonstrate their ability to remain productive

members of the community. This normalises the experience of living with HIV infection.

HIV/AIDs programme level

HIV/AIDs services should be integrated into and supported by the local community. Although HIV/AIDs programmes often reflect the communities in which they are based, they can take the lead in challenging long-held community perceptions and practices, including stigmatisation of and discrimination against PLWHA.

Integration of HIV/AIDs interventions into antenatal care services

Integrate all HIV/AIDs interventions into mainstream antenatal care (ANC) services for all women. Offer voluntary HIV testing and education to all clinic attendees, regardless of their perceived HIV risk. Mainstreaming (or bundling) HIV services with routine ANC services helps normalise HIV/AIDS.

Educational sessions

Offer group or individual education sessions (onsite and offsite), which can help draw attention to the role that partners play in HIV transmission and reduce stigmatisation.

Couples counselling offers another opportunity to reduce the blame and emphasise the couple's shared responsibility.

When male partners do not normally attend ANC clinics, HIV/AIDs MTCT programmes should reach out to them in male-friendly settings (eg workplaces, barber shops, tea shops, bars, cafeterias).

Healthcare worker training

Educate and train community and healthcare workers. The success or failure of a HIV/AIDs programme depends upon the attitudes, skills, and experience of its employees. Training community and healthcare workers at all levels (manager, community worker, heathcare worker, nurse, midwife, physician, social worker, counsellor and outreach worker) is critical to the success of all HIV/AIDs initiatives.

Employee training should include:

- Complete and accurate information about the transmission of HIV and the risks factors for infection
- Activities that address HIV/AIDS-related stigma

Understanding the perspectives and rights of PLWHA and their families

In addition to presenting information, it is important for educational initiatives to address employee attitudes, correct mis-information, and assess skills.

Educate community and healthcare workers to better understand the perspectives and rights of PLWHA and their families. Without adequate HIV-related education, staff may have irrational fears, practice inappropriate care, and use stigmatising language and behaviour.

Accordingly, training community and healthcare workers to reduce stigmatising behaviour will address assumptions about the educational, social, economic, and class status of PLWHA and encourage participants to examine their prejudices.

During training activities, strive to increase awareness of the language used to describe HIV/AIDS and PLWHA. The training should include:

- Exercises designed to encourage participants to explore personal attitudes and prejudices that might lead them to use stigmatising language

- Summaries of institutional confidentiality, anti-discrimination, and infection control policies as well as the consequences of policy breaches and grievance procedures

Confidentiality of PLWHA

Safeguarding a persons confidentiality by developing policies and procedures and establishing discrete plans for implementing them.

Confidentiality policies should include:

- Directions on how to record and securely store any information that has been obtained

- Assurances that neither PLWHA nor any of their files (whether paper or electronic) will be labelled to reveal HIV status

- Assurances that all consultations with a PLWHA, from the initial contact , will respect personal information

The confidentiality policy should emphasise that all personal conversations should take place in private settings.

It should also establish:

- Policies for disclosure of medical information to a person's family (which should only occur with the person's informed consent)

- Policies for addressing and disciplining breaches of confidentiality

- Requirements for staff confidentiality training

- The critical importance of confidentiality and the effects that breaches may have on individual patients and the HIV/AIDs service as a whole

Role models

Anyone working in the HIV?AIDS field should serve as a role model by treating PLWHA just as they would treat people assumed to be HIV-negative. Community and healthcare workers are role models, and their attitudes toward PLWHA are often imitated in the community. The aim should be to normalise all casual contacts with PLWHA.

Knowing the local community

Getting to know the local community, will help to identify local HIV-related stereotypes and rumours. These misconceptions can be addressed at appropriate times during HIV/AIDs services.
HIV/AIDs workers should address such issues as stereotyping, during counselling and educational sessions.

Women's rights

Ensure that women diagnosed with HIV are educated about where to turn for help.

Peer and community support

Facilitate peer and community support. Recognise that support groups provide an opportunity for those people who are HIV-infected to share experiences and be linked to other support services. HIV/AIDs programmes can facilitate such support groups by:

- Supporting mentoring programmes. People who are HIV-infected and have received successful treatment (of any form) can act as mentors to educate, counsel, and support others who are HIV-infected.

- They can share personal experiences to encourage adherence to treatment, help with making decisions, and assist with negotiating care and support services.

Involving PLWHAs in HIV/AIDs programmes can help address stigma and discrimination issues and promote better understanding of and support for those with HIV infection.

Counselling and education for PLWHA

Counselling and education for PLWHA, provided either within the HIV/AIDs service or through linkages to other services, can address HIV-related stigma in a number of ways:

- Counsellors can support PLWHA to disclose their HIV status to family and eventually to friends. As more people disclose their HIV status, PLWHA become more visible, which encourages community acceptance of PLWHA.

- Counsellors should be trained to ask all their patients, particularly women, about domestic violence. Women found to be at risk of physical, verbal, or emotional abuse should receive support and referrals.

Role of HIV/AIDs programme managers

It is vital for HIV/AIDs programme managers to ensure that policies and procedures are in place to protect individuals from discrimination and stigmatisation. HIV/AIDs programme managers also play an important role in the development, implementation, and enforcement of confidentiality policies. Some of the actions managers can take to reduce stigma and discrimination include the following:

- Maintain policies against discriminatory recruitment and employment practices.

- Support workers who are HIV-infected so they continue to perform optimally in their positions.

- Offer flexible hours and access to healthcare services.

- Establish policies that guarantee all patients equal treatment regardless of HIV status.

- Ensure procedures for reporting discrimination and protocols for disciplining staff who breach the non-discrimination policy.

- Promote the programme's policies to staff and patients, and remind patients that they can file a complaint if they feel they have been the target of discrimination.

In addition, programme managers can also help ensure that all staff follow universal precautions, which may reduce the stigma associated with fear of infection.

The manager can:

- Update the facility's infection control policy as necessary.

- Ensure ongoing access to infection control supplies and equipment.

- Make sure that staff members apply universal precautions at all times.

- Discipline employees who breach the universal precautions policy.

Key points

- While stigmatisation reflects an attitude, discrimination is an act or behaviour.
- Discrimination is often defined in terms of human rights and entitlements in health care, employment, the legal system, social welfare, and reproductive and family life.
- Stigma and discrimination are interlinked. Stigmatising thoughts can lead to discrimination and human rights violations.
- Human rights declarations affirm that all people have the right to be free from discrimination on the basis of HIV/AIDS status.

- HIV/AIDs programme staff have a responsibility to respect the rights of all men, irrespective of their HIV status.
- HIV/AIDS-related stigmatisation and discrimination may discourage PLWHA from accessing key HIV services. It may also:
  - Discourage disclosure of HIV status
  - Reduce acceptance of safer infant-feeding practices
  - Limit access to education, counselling, and treatment even when services are available and affordable
- HIV/AIDs programme staff can help reduce stigma and discrimination in the healthcare setting, in the community, and on the national level.
- Encourage HIV/AIDs staff to serve as role models by treating PLWHA just as they would treat patients assumed to be HIV-negative.
- Involve PLWHAs in every aspect of the HIV/AIDs programme.
- Promote partner participation and community support.

Appendix

International Guidelines on HIV/AIDS and Human Rights

GUIDELINE 1:

States should establish an effective national framework for their response to HIV/AIDS, which ensures a coordinated, participatory, transparent and accountable approach, integrating HIV/AIDS policy and programme responsibilities across all branches of government.

GUIDELINE 2:

States should ensure, through political and financial support, that community consultation occurs in all phases of HIV/AIDS policy design, programme implementation and evaluation and that community organisations are enabled to carry out their activities, including in the field of ethics, law and human rights, effectively.

GUIDELINE 3:

States should review and reform public health laws to ensure that they adequately address public health issues raised by HIV/AIDS, that their provisions applicable to casually transmitted diseases are not inappropriately applied to HIV/AIDS and that they are consistent with international human rights obligations.

GUIDELINE 4:

States should review and reform criminal laws and correctional systems to ensure that they are consistent with international human rights obligations and are not misused in the context of HIV/AIDS or targeted against vulnerable groups.

GUIDELINE 5:

States should enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups, people living with HIV/AIDS and people with disabilities from discrimination in both the public and private sectors, ensure privacy and confidentiality and ethics in research involving human subjects, emphasise education and conciliation and provide for speedy and effective administrative and civil remedies.

GUIDELINE 6:

States should enact legislation to provide for the regulation of HIV-related goods, services and information, so as to ensure widespread availability of qualitative prevention measures and services, adequate HIV prevention and care information, and safe and effective medication at an affordable price.

GUIDELINE 7:

States should implement and support legal support services that will educate people affected by HIV/AIDS about their rights, provide free legal services to enforce those rights, develop expertise on HIV-related legal issues and utilise means of protection in addition to the courts, such as offices of ministries of justice, ombudspersons, health complaint units and human rights commissions.

GUIDELINE 8:

States, in collaboration with and through the community, should promote a supportive and enabling environment for women, children and other vulnerable groups by addressing underlying prejudices and inequalities through community dialogue, specially designed social and health services and support to community groups.

GUIDELINE 9:

States should promote the wide and ongoing distribution of creative education, training and media programmes explicitly designed to change attitudes of discrimination and stigmatisation associated with HIV/AIDS to understanding and acceptance.

GUIDELINE 10:

States should ensure that government and the private sector develop codes of conduct regarding HIV/AIDS issues that translate human rights principles into codes of professional responsibility and practice, with accompanying mechanisms to implement and enforce these codes.

GUIDELINE 11:

States should ensure monitoring and enforcement mechanisms to guarantee the protection of HIV-related human rights, including those of people living with HIV/AIDS, their families and communities.

GUIDELINE 12:

States should cooperate through all relevant programmes and agencies of the United Nations system, including UNAIDS, to share knowledge and experience concerning HIV-related human rights issues and should ensure effective mechanisms to protect human rights in the context of HIV/AIDS at international level.

Source: *HIV/AIDS and Human Rights International Guidelines, Revised Guideline 6: Access to prevention, treatment, care and support*. Geneva, August 2002, pp 10–12.

Glossary

Apartheid - An official policy of racial segregation formerly practiced in the Republic of South Africa

Contradictory - Not consistent with itself

Disclosure: make information (or a secret) about oneself known.

Discrimination - Unfair treatment of a person, racial group, or minority

Exhibit - To show

Homosexuality - Sexual orientation to persons of the same sex

Immigrant – A person who comes to a country where they were not born in order to settle there

Misconceptions - A false or mistaken view, idea, or belief

Ostracising - To exclude from a group

Prejudice - A preconceived preference or idea

Prophylactic - Prevention of or protective treatment for disease

Protocols - Code of conduct or rules of appropriate behavior

Perspectives – The way a person views things

Promiscuous - Having casual sexual relations frequently with different partners

Prostitution - Engaging in sex acts for hire

Psychological - The emotional and behavioral characteristics of an individual

Scapegoat - One that is made to bear the blame of others.

Stereotyping - A set of characteristics or a fixed idea considered to represent a particular kind of person

Stigma - A mark of social disgrace

Sources

Pictures:

http://www.icrw.org/publications/understanding-and-challenging-hiv-stigma-cambodia-edition

Understanding and Challenging HIV Stigma – Toolkit for Action
(ICRW : International Center for Research on Women - USAid)