

# STIGMA AND DISCRIMINATION TOWARDS PEOPLE LIVING WITH HIV/AIDS IN SRINAGAR JAMMU AND KASHMIR

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## ABSTRACT

*Since 1981 AIDS is an alarming issue of public health. 40.1 million people died because of AIDS globally. This silent killer kills people not only physically but also psychologically, emotionally, and socially too. The present study was to investigate the effect of stigma and discrimination among people living with HIV/AIDS. HIV stigma and discrimination are major projects facing humans residing with HIV (PLHIV) globally. This study assessed the stigmatization and discrimination experienced by people living with HIV (PLWHIV) within families, and communities, and highlights issues of HIV stigma as a social process in Srinagar (J&K). A total of 95 participants (43.6%) males, and (56.8%) females were interviewed about stigma and discrimination towards them. The findings showed that participants experienced stigma and discrimination across settings, including in families and neighborhoods, communities, and workplaces. The poor and middle economic classes and unemployed patients reported more stigmatization and discrimination from the community. Stigma is a fundamental determinant of health that directly affects patient quality of life.*

**Keywords:** *HIV stigma ,discrimination, social process, Srinagar  
Kashmir.*

FUSION : April-Sept. 2022

Vol.XX & XXI

ISSN 2231-2005

## **1. Introduction**

Health is considered a worldwide social goal and a fundamental human right of every human being. A healthy person is an asset to any society. However, the illness caused by HIV and its possible fatal consequences is a major health challenge. AIDS is becoming a major cause of adult mortality that challenges conventional views of public health progress.<sup>1</sup> Human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) have been reported as a major public health problem for decades, with an estimated 38.4 million people globally living with the infection.<sup>2</sup> It has been difficult for the person with HIV/AIDS to live with this “Social disease” than with clinical manifestations of the HIV. HIV/AIDS-related Stigma and Discrimination had been as killing as the disease itself. HIV/AIDS-related stigma can be due to the fear of illness, fear avoidance, or fear of being verbally abused and is characterized by negative identity, and social distance, which very often leads to discrimination and violation of human rights.<sup>3</sup> Stigma and discrimination, in addition to being a universal problem permeating boundaries, operate at multiple levels in our society, that is, within individuals, families, communities, institutions, and media, and in government policies.<sup>4</sup>

Stigmatization associated with AIDS is underpinned by many factors, including a lack of understanding of the illness, misconceptions about how HIV is transmitted, lack of access to treatment, irresponsible media reporting on the epidemic, the incurability of AIDS, and prejudice and the fears related to the number of socially sensitive issues including sexuality, disease and death, and drug use.<sup>5</sup> Several studies have reported that stigma and discrimination towards PLHIV often occur within families by parents, siblings, relatives or in-laws.<sup>6,7</sup>

Other studies also found that humiliation, feeling the useless feeling of disgrace, blameworthy, and lonely, fear of the unknown, and occupying

self with worrying thoughts lead to self-isolation from society. They are taking alternative therapies or self-medication because of Fear of rejection as they are afraid to take medicine in front of others<sup>8,9,10</sup> Everywhere, all over the world there is a negative social attitude towards PLHIV despite the levels of knowledge about HIV/AIDS, precisely due to the routes of HIV transmission.

It is believed that AIDS is coupled with a group of people whose social and sexual behavior does not favor community authorization.<sup>5</sup> Although stigma is generated within the society, it is supreme to understand where and how stigma has formed in exceptional cultural and supporting positions and discrimination should be acknowledged since socio-cultural beliefs, ethics and morals are related to cultural backgrounds.<sup>8</sup> A man rejects his sister-in-law and her son after knowing her HIV status.<sup>9</sup> Saki M et al. also mention that HIV positive women in society are treating as prostitutes which prevent PLHIV from taking treatment in a hospital.<sup>8</sup>

It is essential to open this complex societal constitution, to further inform how social processes influence and broadcast discriminatory and stigmatizing attitudes and behaviors towards the PLHIV.

This information will contribute significantly to the present topic and information about social, psychological, and emotional impacts on PLHIV in Srinagar. HIV-related stigma includes a range of stigmatizing experiences, such as avoidance behaviors, gossip, verbal abuse, and, social rejection. Discrimination can include the above stigmatizing behaviors where they affect the enjoyment of rights, as well as physical abuse, denial of health or social services, and denial or loss of employment or education opportunities. People may experience intersectional discrimination or stigma on several grounds, including race, disability, and, socioeconomic status.<sup>11</sup> Stigma index analysis found that HIV-related crime caused or contributed to job loss in more than 50% of cases in 7 of 11 countries with data.<sup>12</sup> A

woman and her child were rejected by her sister's husband after knowing her HIV status.<sup>9</sup> Saki M et al. also mentioned that society treats HIV-positive women as prostitutes, preventing PLHIV from being treated in a hospital.<sup>8</sup> The People Living with HIV are facing a Stigma and discrimination everywhere in family, society, and at workplaces.

### **Objectives.**

1. To identify determinants of HIV-related stigma faced by people living with HIV in Srinagar J&K.
2. To identify the source of stigma and discrimination towards HIV/AIDS patients
3. To know the level of discrimination towards HIV/AIDS patients.

### **Methodology**

**Procedure** The study was conducted in Kashmir province of Jammu and Kashmir State consisted sample of 95 AIDS patients, selected through purposive sampling technique from SKIMS , ART center Srinagar . Prior to administrating the Stigma and Discrimination towards People Living with HIV/AIDS in Srinagar, the researcher got permission from concerned authority. While meeting each patient individually proper rapport was established and they were told about the purpose of meeting . During examination the researcher helped those patients who had difficulty in understanding the statements , after 15-25 min the patient handed over the questionnaire to the researcher and were thanked for their cooperation .

### **Ethical issues**

Ethical was obtained from clearance from Institution Ethics committee SKIMS and study was initiated after getting approval from institution's ethical committee.

Table 1. Sociodemographic Characteristics of the Study Participants

Age Group	Numbers of Respondents	Percentage %
Below 20 years	7	7.36
20-35 years	28	29.4
35-50 years	42	42.2
Above 50 years	18	18.9
<b>SEX</b>		
MaleFemale	4154	43.656.8
<b>Marital status</b>		
MarriedUnmarried	6728	70.529.4

A total of 95 PLWHA respondents were interviewed to assess their personal experience with regard to HIV/AIDS-related stigma and discrimination. A large proportion of the study were (56.8%, n = 54), female participants were in the age-group of 35 to 50 years, were males and married (63.5%, n = ). The sociodemographic characteristics of the study participants are shown in [Table 1](#). (42.2%, n = 42).

Table 2: Source of Faced stigma and discrimination (multiple responses)

S.no	Source	Number	Percentage
1	Family	38	40
2	Neighbor	27	28.4
3	Community	10	10.5
4	Hospital	8	8.4
5	None	12	12.5
	Total	95	100

**Figure 1 Faced Stigma and discrimination**

A majority 87.%) of the respondents said they had faced discrimination due to their HIV/AIDS status in some form or the other. A startling 40% said they faced discrimination from their family,(28.4%), from neighbor, (10.5) from Community,(8.4) from hospital and (12.5%) of respondents did not face any discrimination.

**Table 3****Distribution of respondents by Experiences stigma and discrimination in the Community/ neighborhood**

Experiences in the Community/ Neighborhood	Number	Percentage
Negative identity	67	70.5
Socially boycotted	38	40
Neighbors/ Not invited for social functions	40	42.1
Verbally abused/teased	15	15.8
Avoidance	13	13.6
Affected Marital prospects of children and Siblings	37	38.9
Children not allowed to play with other children	27	28.4

The data reveals that the respondent perceived and experienced HIV/AIDS stigma as a stain on their character and reputation caused due by their assumed dishonorable conduct (Table 3). They disclosed that people associated AIDS with immoral sexual behavior and stained and tarnished their character and reputation. About 70.5% of the respondents mentioned that they have negative identity in the society. The respondents further mentioned that the negative labels which the people imposed on them were

fixed and irreversible and attached a stigma to them for a lifetime. 40% of respondents were socially boycotted (42.1% were not invited for social functions by neighbors. (15.8) They mentioned that they were called 'names' teased and gossiped by the people around them, (13.6%) were avoided by society and family, (38.9%) says that it affected our marital prospects of children and Siblings, (28.4%) respondents says that their children were not allowed to play with other children in neighborhood.

**Table no 4.**  
**Distribution of respondents by their Actual experiences with stigma and Discrimination.**

Enacted stigma	Number	Percentage
Experienced HIV/AIDS stigma and discrimination	83	87.3
Did not experience HIV/AIDS stigma and Discrimination	12	12.6
Total	95	100.00

## CONCLUSION

On the basis of the findings in the study the results show that factors associated with stigma and discrimination is highly affecting the lives of people living with HIV/AIDS (PLHIV). They have social and psychological problems. Most of the AIDS patients are isolated by their families, neighborhood and community. They have fear of social discrimination and isolation, of being avoided or shunned by others fear of damaging the family's social reputation, loss of reputation in the family and society. Thus it is important that people living with HIV/AIDS need to be to provide more counseling, educational, social and economical support for battling HIV/AIDS.

But there should be emotional support too they need love, care, trust, encouragement, affection. Thus it is our social responsibility to stand with them. Using mass media /social media with positive messages and

images would also drop positive attitudes towards HIV/AIDS among the population and could potentially change social values.

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