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SOCIAL STIGMA INCREASES INSECURITY OF PEOPLE LIVING WITH HIV/AIDS- A Descriptive Study Conducted Among the HIV Positive People in Kerala

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ABSTRACT

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People living with HIV/AIDS (PLWHA) are stigmatized and looked at negatively by people at large. Stigma, discrimination, and prejudice extend its reach to people associated with HIV-positive people. This study examines the relationships among between social stigma and insecurity of people living with HIV/AIDS (PLWHA). The major aim of the study is to find out the way social stigma increases the level of insecurity in people living with HIV. The data were collected from 50 respondents, who are staff and members of working with network offices of CPK+ (Council of people living with HIV in Kerala). Individuals living with HIV/AIDS may be socially discriminated against based on whether they (a) Pose a threat to others' health, (b) deviate largely from group standards (c) elicit negative emotional reaction from others. Social stigma and insecurity are inter-related. Insecurity is the anxiety one experience when one feels vulnerable and insecure. Thus a person living with HIV is instinctively falling in the feeling of insecurity due to stigma attached with the disease. It is the deficiency in well being. It also indicates about a feeling of support less life. Social support theory hypothesizes that social support can serve to protect individuals against the negative effects of stressors, such as discrimination, by leading them to interpret stressful occasions less negatively.

INTRODUCTION

A global threat of twenty first century, AIDS is an epidemic leading a person to a gradual death. Medical sciences face a biggest challenge form HIV/AIDS as there is no cure for it. The magnitude of the people infected with HIV/AIDS cannot be precisely estimated because of the existing stigma attached to this epidemic and the isolation faced by

the patients. In many societies people living with HIV/AIDS are often seen as shameful and it has accompanied with social response of fear, denial, repression and discrimination. Asian countries and other societies pretended for a long time and for too long to believe that this was an epidemic of 'white sinners' only. India like other countries, ignored the problem as long as possible but in june 1988 AIDS

claimed one of its first officially known victim in India. And from then HIV/AIDS is been reported at various part of the country indicative of its furious spreading. It was reported that between 3,400,000 - 9,400,000 people were currently living with HIV/AIDS in India and with the epidemic described as most serious public health problem faced by the country since independence.(UNAIDS.2009).The HIV/AIDS pandemic has become a human, social and economic disaster with far reaching implications for individuals , communities and countries no other disease has so dramatically the current disparities and inequalities in health care access. Discrimination and his or her family by members of society .(UNICEF, 2009)People living with HIV are looked down through a critical eye of the society .They are forced to keep aloof from all the social gathering. Even their children are denied education .People with HIV often encounter discrimination especially because the disease is associated with homophobia and prostitutes.. Recognition that HIV/AIDS is now a world problem and that person with the disease are deserving of protection when the UN general assembly adopted a resolution to combat AIDS in June 2001. Representatives from 189 Nations participated in a historic three day submit on racism that ended with adoption of HIV / AIDS resolution. Muslim nations had objected to initial language that named groups vulnerable to HIV/AIDS, including homosexuals and prostitutes and with certain changes, they also accepted the document (Elizabeth Reichert, 2003).

The fear and stigma attached to the disease is not so great threat it would not be out of place to mention here that AIDS does not spared by social and casual contact, sharing of food, stencil, clothing, toilet seat, shaking hands, dry kissing, hugging, insect bites

Stigma and discrimination

The people living with HIV are treated negative by the society. A tendency to blame them and keep them aloof from the social gathering highlights the horror of HIV. These people are often a Zambia study, "In the end it was us that were stigmatizing ourselves. I feel people that are more educated, like nurses, find it most difficult to discuss and disclose their status ..." (Herek, G. M.,2009). AIDS stigma has been derived in to the following three categories

seen as disgraceful and this state is an increasing social problem. The society develops a totally isolated approach to people living with HIV. Because of this HIV related stigma the individuals find it difficult to lead a normal life with HIV.

HIV/AIDS- related stigma can be understood within the more general context of social stigma. Stigma is a complex, multifaceted phenomenon felt and manifested both delicately and plainly. Stigma can be subjectively experienced in multiple ways, depending on the nature of stigmatizing condition, as well as the social stature and circumstances of the particular individual being stigmatized against and perpetrating the stigmatizing action (Cumming J.1965)Social stigma is often the feeling of guilt or wrong doing that it tends to inculcate in the mind of those infected, 'shame' or loss of izzat (honor) in the minds of families and individuals which can result in, touching the saliva, tears and sweat of an infected person.

AIDS related stigma refer to the prejudice, discounting, discrediting, and discrimination directed at people perceived to have AIDS /HIV and individuals, groups and communities with which they are associated. AIDS stigma is expressed around the world in a variety of ways.

In many societies people living with HIV/AIDS are often seen as shameful. In some cases, It is linked perversion and those infected will be punished. Also in some societies HIV/AIDS is seen as the result of personal irresponsibility. Sometimes, HIV/AIDS are believed to bring shame up on the family or community. And whilst, negative response to HIV/AIDS unfortunately widely exist, they often feed up on and reinforce dominant ideas of good and bad with respect to sex and illness, and proper and improper behaviours.(www.hivaidsstigma.edu).

While health workers living with HIV may face the same kinds of stigma as their patients because of perceived improper or immoral behaviours, their self-blame and shame may be compounded by their relatively higher social and educational status in the community. As noted by one hospital manager in

- 1. Instrumental AIDS Stigma---A reflection of the fear and appreciation that are likely to be associated with any deadly and transmissible illness.
- 2. Symbolic AIDS Stigma—the use of HIV/AIDS to expresses attitudes towards the social groups or 'lifestyles' perceived to be associated with the diseases

3. Courtesy AIDS Stigma –stigmatization people connected to the issue of HIV/AIDS or HIV positive people.

Stigma is often accompanied by discrimination affecting the care and support supposed to be given to a patient. A stigmatizing social environment, however poses barriers at all stages of diseases. People living with HIV sometimes hides their disease in fear of discrimination.

Stigma related to HIV/AIDS appears to be more severe than that associated with other life treating conditions. It also extends beyond the disease itself to providers and even volunteers with the care of people living with HIV stigmatized individuals may suffer discrimination that can lead to the loss of employment and housing, estrangement from family and society and even increased risk of violence (www.govpublications.stigma.htm).

Stigma and Insecurity

People with HIV/AIDS face wide spread discrimination from all sectors of society. Stigma and discrimination surrounding HIV/AIDS serve as barrier to the proper care ,treatment and support of people living with HIV and discourage people from seeking counseling and testing -important aspects of prevention and treatment efforts . circumstances emphatically resulted in developing fear of insecurity on their future life. Because of this fear of insecurity, the identified PLWHA thus do not seek care and support, nor do they contribute to reducing the future transmission. These individuals find it unable to handle and face the daily social situations and it has a negative effect on his/her complete personality. Thus social stigma and insecurity are interred related.

Insecurity by definition is an anxiety one experience when one feels vulnerable and insecure. Thus a person living with HIV is instinctively falling in the feeling due to stigma attached with the disease. It is the deficiency in the well being. It also indicates about a feeling of support-less life. (Mahadevan, kuttan. Et al.2005) So in a society a person living with HIV is forced to keep him away from normal social set up.

The social stigma leads insecurity to a person living with HIV generate most difficult life situations and his life becomes harder. Social , financial and emotional insecurity is a severe fact that a person living with HIV faces. In social gathering he is looked upon with blaming eyes and it is difficult to continue

his job. More than that even from his family itself he is thrown away.

They are neglected off form the social support that they are supposed to get and which they very much require to continue to leave as purposeful individual members of the society. Even children are not spared even though it is no mistake of theirs.

Study Analysis

This study revealed the reality that though Kerala claims of 100% literate, still the prejudice and stigma is existing among the rich and poor equally. The study also helped in identifying the repulsive approach of the society has a direct effect in the lives of HIV positive individuals and that led to create a sense of insecurity that discouraging the HIV positives to face situations boldly. The study was made to find out the way social stigma increases the level of insecurity in people living with HIV.

The present study conducted among HIV positive people, who are employees and members of district network offices of CPK+ (Council of People living with HIV/AIDS in Kerala).

CPK+ is an NGO working for the wellbeing of HIV positive people in Kerala. The organization has network offices in almost all the district of Kerala state. The organization employs only HIV+ people in their roll. It is an organization for the welfare of HIV+ people by the HIV + people. A proportionate random sampling method were employed for selecting 50 respondents from 8 district offices of the CPK+ organization. The population elements were scattered over a wider area including the of districts Thiruvananthapuram, Kollam, Pathananthitta ,Alappuzha, Eranakulam, Kottayam, Thrissur and Idukki. The 50 respondents are staff and members of the above mentioned districts network offices of Council of people living with HIV in Kerala (CPK+).

The research design used in the study was descriptive and it focus on particular aspects of the problem that helping to gather more accurate information regarding the problem. The selected respondents are in the age group of 20- to 50 and 68% of them are females.

When considering the education level of the respondents 75% have either SSLC or +2 qualification. More than half of the respondents are married and 64% belongs to the Hindu religion. Half of the respondents are staff working with CPK+. Taking in to consideration, the duration of being HIV

+, 64% have 1-5 years of duration and 30% have 6-10 years of duration.

Findings

Even though the respondents are employees and members of the organization, 60% of them feel that they are facing a discrimination moderately and a majority of them have negative personal reflections . The level of stigma is higher in work place than in the family and in social situations it found to be low. Comparing the level of stigma different district Alappuzha and Thiruvananthapuram having highest level of stigma on HIV.

It is highly evident from this study that more than 80% of HIV positives have undergone feeling if insecurity. But a majority of them are moderately insecure in their families. Even in their work place the insecurity is higher while it is low in social relationships. It is evident that female respondents are feeling more insecurity than that of male. Another crucial result is found out that the level of stigma decreases with the increase in duration of being HIV positive. It was interesting that those HIV positive people who are staff of the organization CPK+ have very low level of insecurity than other respondents who are members of CPK+. Though the level of social stigma is high in respondents coming from Muslim background, the insecurity level is found to be very low.

Regarding the insecurity variable it is observed that as age increases there is increase in the level of insecurity. The level of insecurity is more visible among female respondents than that in the male respondents. Insecurity is high among widowed respondents. Another notable finding is that as the education increases the level of insecurity predominantly high. This may be due to multiple factors associated with employment, income and social relationships.

Insecurity level is high in respondents with duration of being HIV positive from the below one year as well as above 10 years. Level of insecurity is more in respondents coming from district of Thiruvananthapuram.

Suggestions

The investigators put forward some notable suggestions to get reduce the stigma, discrimination and feelings of insecurity on HIV/AIDS people.

*Social support and ample counseling must be provided to individual with HIV/AIDS to lessen their personal stigma.

*Secondly, information on agencies like CPK+, INP+ must be made available easily which could help HIV positive individuals to come up in the social platforms for lead a normal life.

*Thirdly, more support is required from social and religious institutions, NGO's, and other civil society organizations.

*Lastly, anti retroviral therapy should be made available in every district hospitals with ensuring proper timely support to the needy HIV positives.

Conclusion

All over the world HIV/AIDS is causing devastation by destroying individuals, families and communities and taking away hope for the future. Such individuals are in a very difficult situation and social stigma is like 'rubbing salt to the wound'. When an individual isolated from the society, he feels a sense of insecurity which makes the individual vulnerable to all other situations. There were various causes in the lives of these respondents for being HIV positive like unprotected sex, infected mother to child, and some does not know how it all happened. The result of the study shows that the level of social stigma and insecurity varies from person to person though the basis is the same.

The Social workers can directly help the people living with HIV to come in open and speak for themselves through various initiatives. Lot needs to be done in removing this stigma which is bringing insecurity in the minds of people living with HIV .It is so vital to remember that, "Fight AIDS - Not People with AIDS"

REFERENCES

UNAIDS.2009: Report on the Global AIDS

Epidemic.In:http://data.usaids.org/pub/glo
bal & Report/2006/GR06 en.zip.

Cumming J. On the Stigma of mental illness.

Community Mental Health,1965;1:135-143

Elizabeth Reichert, 2003 Social Work and Human Rights, Jaipur and New Delhi, Rawat Publications

Herek, G. M. (2009). Sexual prejudice. In T. Nelson (Ed.), *Handbook of prejudice* (pp. 439-465). New York: Psychology Press

Leary M and Saleindorfer L. The stigma of HIV and AIDS: Rubbing salt in the wound. In: Barber A (es.). HIV and Social Interaction, Sage, 1998;12-30.

ISSN: 2321-676X

Engender Health- KSACS (2002) Stigma and Discrimination in Health Setting in Kerala, Thiruvanathapauram.

Mahadevan, kuttan. Et al.(2005)Health Promotion, Prevention of HIV /AIDS and population regulation. NEW Delhi: BR publishing Corporation.