



## Social stigma in health care to people with HIV/AIDS by healthcare professionals and students. Literature review.

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### ABSTRACT

The number of people infected with the Human Immunodeficiency Virus (HIV) in Chile, and especially in the Biobío region, has increased over the last decade, which constitutes a warning sign for healthcare in our country. HIV infection is strongly conditioned by social factors, such as stigma and discrimination, which still are associated with it. These stigmas are manifested in various forms and lead to complex consequences that have a negative influence on prevention, diagnosis, treatment and quality of life. Therefore, it is necessary to identify them, in order to propose education strategies for managing HIV patients, starting from the academic training of healthcare students, who as future professionals will probably be in touch with these patients. The objective of this article is to review the phenomenon of social stigma in health care to people with HIV/AIDS by healthcare professionals and students.

**Keywords:** *discrimination, stigma, HIV, AIDS, students.*

### INTRODUCTION

The Acquired Immunodeficiency Syndrome (*AIDS*), first identified in 1981, is a disease caused by the Human Immunodeficiency Virus (*HIV*) (*Tamayo-Zuluaga et al., 2015; WHO, 2016; MINSAL, 2015; ONUSIDA, 2008*). The HIV epidemic is deemed as a significant public health issue around the world, since it causes the destruction of the organism's ability to fight different infections and diseases, which, without treatment, may cause death (*Tamayo-Zuluaga et al., 2015; Elizondo et al., 2015; Torres et al., 2010*). It has, thus, become one of the most fearsome diseases of the century, as it has produced an important negative social perception related to the social stigma. All of this despite the advances in antiretroviral therapy, which has turned this infection into a chronic disease with similar quality of life and life expectancy to those of the rest of the population (*Tamayo-Zuluaga et al., 2015; Elizondo et al., 2015; Guevara-Sotelo & Hoyos-Hernández, 2018*).

According to estimations of the World Health Organization (*WHO*) and the Joint United Nations Programme on HIV/AIDS (*UNAIDS*), at the end of 2016 there were 36.7 million people infected with HIV in the world. On the same year, 1.8 million people got infected and 1 million people died due to HIV-related causes. Particularly, Chile had 5,000 new HIV infections on that year and 61,000 people living with HIV (*ONUSIDA, 2019*).

HIV/AIDS diagnosis has a negative impact on individuals, which causes physical vulnerability, complications in all systems, affecting mainly the respiratory, digestive and central nervous system (*WHO, 2016; Lamotte, 2014*). It also produces social and psychological vulnerability, low self-esteem and anxiety, affecting not only the HIV carrier but also their complete environment, such as family, workmates and friends. On the other hand, it generates fear to death, the reaction of family members and being rejected by society (*Tamayo-Zuluaga et al., 2015; Elizondo et al., 2015; Guevara-Sotelo & Hoyos-Hernández, 2018; Lamotte, 2014; Varas-Díaz et al., 2008; Varas-Díaz &*

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Neilands, 2009; Wodajo et al., 2017).

The aim of this article is to review the phenomenon of social stigma in healthcare to people with HIV/AIDS by healthcare professionals and students.

## SOCIAL STIGMA OF HIV/AIDS

A stigma is a degrading social assessment or label that is attached to those who show undesirable social features. Stigmatization is the social process by which degrading social assessments or labels and the consequent emotional or behavioral responses are generated and maintained, thus causing and shaping social exclusion (Elizondo et al., 2015; Guevara-Sotelo & Hoyos-Hernández, 2018; Varas-Díaz et al., 2008; Varas-Díaz & Neilands, 2009; Rivas et al., 2009; Rosa & Varas, 2008). Different studies have revealed that people with HIV are one of the most stigmatized collective groups in the world. The perception of seriousness of the infection, along with wrong beliefs about its transmission through casual or social contact and the ability of controlling the stigma (*blaming people with HIV*) influence the detrimental attitudes (Elizondo et al., 2015; Guevara-Sotelo & Hoyos-Hernández, 2018; Varas-Díaz et al., 2008; Varas-Díaz & Neilands, 2009; Varas-Díaz et al., 2017; Wodajo et al., 2017; Rosa & Varas, 2008; Fuster-Ruiz et al., 2016).

HIV/AIDS-related stigma and discrimination have multiple consequences that affect the development of the epidemic and reinforce the existing social inequalities, especially those related to gender, sexuality and ethnicity (Elizondo et al., 2015; Rivas et al., 2009). The stigma experienced by people with this disease is an obstacle to access to healthcare and treatment continuity (Guevara-Sotelo & Hoyos-Hernández, 2018; Varas-Díaz et al., 2008; Varas-Díaz & Neilands, 2009).

The acts of discrimination and stigma against people living with HIV/AIDS (PLWHA) informed by healthcare providers include: lack of will to attend PLWHA, provision of poor health care to PLWHA (*compared to other patients*), disclosure of the serological status regarding HIV without the patient's permission and referral of PLWHA because the staff refuses to treat them. For PLWHA, stigma, discrimination and absence of social support have been associated with negative effects in the psychological and physical well-being, such as episodes of depression, lower self-esteem, increased virus transmission and progression to the disease's final stage (ONUSIDA, 2017; Santos et al., 2018).

Early diagnosis and timely treatment are hindered when healthcare students and professionals stigmatize people with HIV/AIDS, thus increasing the risk of spreading the pandemic (Tamayo-Zuluaga et al., 2015; Rosa & Varas, 2008; Santos et al., 2018). Therefore, it is key that all healthcare staff is aware

of the importance of avoiding rejection practices, due to the severe consequences that these imply for individual and collective health (Tamayo-Zuluaga et al., 2015; Rey et al., 2007). In different studies, healthcare professionals are rarely mentioned as source of social support for PLWHA, which might be related to the patients' limited perception of the offered support. Another reason for this might be the insufficient experience and training of healthcare professionals regarding the care of PLWHA (Caliari et al., 2017; Santos et al., 2018).

Healthcare staff has the responsibility and the commitment of providing quality health care to all people without any discrimination. However, there is still lack of knowledge about the disease, myths and beliefs related to HIV/AIDS that result in practices of social stigma towards seropositive people and those with a suspected infection (Tamayo-Zuluaga et al., 2015; Rivas et al., 2009; Munévar-Torres et al., 2016).

The knowledge about HIV represents an important tool to lower the levels of stigma towards infected people. So, with a deeper knowledge about the disease, less stigmatizing notions will appear (Rosa & Varas, 2008; ONUSIDA, 2017). As long as stigmatizing notions are still present in contexts where healthcare is provided, PLWHA will face problems when receiving health care or will not resort to it when needed (Elizondo et al., 2015; Guevara-Sotelo & Hoyos-Hernández, 2018; Varas-Díaz et al., 2008; Varas-Díaz & Neilands, 2009; Varas-Díaz et al., 2017; Wodajo et al., 2017; Rosa & Varas, 2008).

On studies conducted on Nursing and Medicine students, fear of contagion and negative emotions towards the attention of PLWHA have been found (Rosa & Varas, 2008). These findings make it necessary to offer more and better professional training in the HIV area for healthcare students, especially in terms of perception of contagion risk, treatment management and counselling for populations susceptible to contagion (Rosa & Varas, 2008; Munévar-Torres et al., 2016).

On the other hand, women diagnosed with HIV during pregnancy experience similar problems to those of any non-pregnant woman with this condition, regarding stigmatization and rejection in healthcare facilities. These attitudes are indicators of the degree to which certain stigmas are accepted by the culture, which tend to be usual in healthcare staff (*in this case obstetricians, physicians, nurses*), who act in a discriminatory manner in these scenarios (Munévar-Torres et al., 2016).

In the area of mental health, people living with HIV have a greater risk of developing these type of diseases. For this reason, it is vital to identify mental health issues among PLWHA. Nevertheless, on many occasions these are neither diagnosed nor treated. These people are likely to avoid revealing their psychological status to healthcare staff due to fear of stigma and discrimination (ONUSIDA, 2018). It is also possible that the staff

lacks the abilities or training needed for detecting psychological symptoms or that they are not able to perform the necessary actions for providing quality healthcare when the symptoms are detected (Rosa & Varas, 2008; ONUSIDA, 2018).

However, healthcare professionals must be trained to recognize and treat common disorders of mental health, substance abuse, and also to refer the patients to specialized attention. The integration of mental health programs and HIV helps to prevent more infections and improve the health and well-being of people affected by HIV (Rosa & Varas, 2008; ONUSIDA, 2018).

Additionally, according to some studies, most of PLWHA visit the dentist once or more times a year looking for dental attention, since they are aware that oral diseases affect the general health status (Elizondo et al., 2015). However, despite people agree that dentists must receive training in healthcare to PLWHA, that it is important to notify the dentist about their serodiagnosis of HIV and that there is trust on the confidentiality of the dental record (Elizondo et al., 2015; Valenzuela & Casas, 2007; MINSAL, 2010); eventually, they do not notify the dentist about their serodiagnosis of HIV (Elizondo et al., 2015). (Elizondo et al., 2015; WHO, 2018; Torres et al., 2010). Consequently, HIV/AIDS diagnosis is hidden by the affected person in order to avoid possible social rejection, problems arising from the patient-dentist relationship and the right to not revealing the serodiagnosis (Tamayo-Zuluaga et al., 2015; Elizondo et al., 2015; Guevara-Sotelo & Hoyos-Hernández, 2018; Varas-Díaz et al., 2008).

The aforementioned poses a workplace risk for the dentist and the rest of the staff working in the clinic or dental office, not only in the case of HIV but also for other bloodborne pathogens, such as the Hepatitis B and C viruses. Likewise, this fact represents a risk for the own health of PLWHA, since the dentist will not be able to provide appropriate clinical treatment and might prescribe drugs that strengthen or antagonize antiretroviral therapy (Elizondo et al., 2015).

These professionals often provide healthcare to PLWHA without the adequate preparation. This might increase the levels of stigmatization experienced by PLWHA, which is why, professional training regarding HIV/AIDS is key (Rosa & Varas, 2008; ONUSIDA, 2017). Every healthcare student and professional needs to be trained not only in their area of expertise but also to manage HIV from multiple perspectives. For example, mental health professionals must be prepared to face the organic, chemical and emotional symptoms of a patient undergoing retroviral therapy. Psychologists, despite not treating the infection process, should receive professional training regarding the implications of the infection on their patients' lives. Similarly, a medical professional should be able to face questions about death, complaints associated to symptoms of depression on

PLWHA and other issues related to medication, such as the use of antidepressants and antipsychotics along with retroviral therapy (Rosa & Varas, 2008).

## QUALITY HEALTHCARE TO PEOPLE WITH HIV/AIDS

All the services aimed at counselling and detecting HIV infections should adhere to the five key principles recommended by the WHO: consent, confidentiality, counselling, correct test results and connection/linkage to prevention, care and treatment (WHO, 2018).

HIV tests should remain voluntary: the people's right to decline to take them must be acknowledged. Forced or coerced testing, either by a healthcare professional, an authority, a sexual partner or a family member, is unacceptable, as it contradicts the good practice of public health and constitutes a violation of human rights (Valenzuela & Casas, 2007; MINSAL, 2010; WHO, 2018).

Precisely in Chile, there is a campaign named "HIV/AIDS" and the National Control Plan for HIV/AIDS, launched on May 18th 2018, aims to establish it as a chronic disease and avoid stigmatization of HIV carriers. This will be done through the promotion of prevention methods, the mass use of rapid HIV tests, making people aware that HIV may affect anybody and tearing down myths related to the disease (MINSAL, 2018).

The Global Health Sector Strategy on HIV 2016-2021 states that ending the AIDS epidemic will require a rapid acceleration of the responses over the next five years and, then, sustain the efforts to 2030 and beyond. This can only be achieved through a renewed political commitment, additional resources and technical and programmatic innovations. Likewise, it will guide the efforts aimed at accelerating and concentrating the initiatives for the prevention of the virus transmission, allow more people to know about their serological status, enable all infected people to receive antiretroviral treatment and long-term, comprehensive health care, and it will help to face the stigmatization and discrimination experienced by these people, which are extremely widespread (WHO, 2016).

Despite the fact that HIV is a public health issue in Chile with a strong social burden and that the healthcare providers' role is key, the stigma presented by healthcare students towards PLWHA is still unknown.

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