
THE EFFECTS OF HIV - RELATED DISCRIMINATION ON PEOPLE LIVING WITH HIV AND AIDS – A REVIEW

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ABSTRACT

This paper highlights the effects of HIV- related discrimination on people living with HIV (PLWHA) and provides recommendations on how to minimize its occurrence. Discrimination as defined by the Joint United Nations Action Committee on HIV and AIDS protocol for identification of discrimination against people living with HIV, refers to any form of arbitrary distinction, exclusion or restriction affecting people because of their confirmed or suspected HIV - position Status. Discrimination can occur at the level of the individual HIV persons, their relations and even the community. At the level of the individual, it causes undue anxiety and distress; these factors in themselves contribute to ill health. It causes the person to feel ashamed, conceal his HIV-Status and withdraws from participating in more positive social responses. The effects of discrimination on PLWHA are debilitating, including: loss of income, limiting access to treatment, creating social difference, imposing stigma and increasing poverty. This paper recommends: enforcement of legal actions against violation of human rights, massive community campaign against discrimination, HIV positive persons testifying of their status within their locality and decentralization of care centers.

Keywords: *HIV/AIDS, discrimination.*

INTRODUCTION

HIV (Human Immune Deficiency Virus) is a very small germ that causes AIDS (Acquired Immune Deficiency Syndrome). People living with HIV can be active and productive members of the society, especially when given the necessary support. Okoh (2006) opined that this could be achieved through a holistic approach that extends greater access to psychosocial, economic strengthening support and care for people living with HIV (PLWHA). Psychosocial support is an ongoing process of meeting emotional, social mental and spiritual needs, all of which are considered essential elements of meaningful and positive human development. It places great emphasis on the individual's psychological and emotional needs, the need for social interactions (Oko, 2006). The Joint United Nation Programme on HIV and AIDS (2006) identified HIV - related discrimination as a major barrier to providing widespread HIV prevention and treatment. The advances in the social and biomedical science, while vitally important to monitoring an effective response, do nothing to mitigate the shortages of friendship and human compassion that frequently hinder progress towards the prevention of HIV drives. In a nationally representative study on perception regarding HIV infected persons in Nigeria by Kola, Olaronke and Jennifer (2003) with Eight Thousand, Eight Hundred and Fifty - Two (8,852) respondents, the results revealed that majority (64.3%) of the respondent expressed discriminatory attitude as measured by their readiness to disclose that

a member of their family, was HIV positive. A personal interview with 54 staff of Federal University of Technology conveniently selected from non - health related departments; showed that 52 (96.3%) of the staff interviewed, held that HIV infection is a dreaded disease and people confirmed positive should not be allowed close body contact nor interacted with. The issue of discrimination against HIV - positive persons is a serious one, more so, when people from the citadels of learning that should educate the public are also involved in the act of discrimination. Discrimination against people with HIV and AIDS is not just violation of human rights; it is also an ineffective public health measure. The national policy on HIV and AIDS is aimed at controlling the spread of the infection, and to mitigate its impact to the point where it is no longer of public health, social and economic problem; such that all Nigerians will be able to achieve socially and economically productive lives free of the disease and its attendants impact (Federal Government of Nigeria, 2004). People's attitudes are shaped by what they know, what they hear, what the social norms and beliefs are and their exposure to new information or knowledge. Aside from the news and media advertised campaign against discrimination of PLWHA, there is a need for theoretically documented report on the effects of discrimination on people living with HIV and AIDS. It is against this background that this paper is written; specifically to: explain the concept of HIV - related discrimination; highlight the effects of HIV - related discrimination on PLWHA and provide recommendations on how to stop HIV - related discrimination.

Discrimination Explained

The meaning of discrimination is taken almost for granted, as though it were obvious on the basis of simple common usage. Importantly, while many writers have tended to view discrimination as an expression of ethnocentrism, or a dislike of the unlike, more recent analyses have concentrated on patterns of dominance and oppression, viewed as expressions of a struggle for power and privilege (Nworuh, 2010). This emphasis is useful in helping us think about HIV/AIDS related discrimination, and the manner in which it contributes to processes of social exclusion and inclusion. Discrimination concerns the legal, institutional and procedural ways people are denied access to their rights because of their real or perceived HIV status (UNAIDS, 2008). Discrimination, as defined by UNAIDS protocol for identification of discrimination against people living with HIV, refers to any form of arbitrary distinction, exclusion or restriction affecting people because of their confirmed or suspected HIV - positive status (UNAIDS 2008). Discrimination can occur at different levels: at the level of the individual or at the level of the community or society as a whole. Across the world, there have been numerous instances of HIV/AIDS - related discrimination. People with HIV/AIDS (or who are believed to have HIV/AIDS) have been segregated in schools and hospitals, refused employment, denied the right to marry and form lasting relationships, required to submit themselves to HIV tests in connection with travel or even to return to their home country, and attacked or even killed because of their sero - positive status (Bharat & Aggleton, 2010).

In Nigeria, there have been numerous cases of discrimination on the grounds of HIV/AIDS. Because of HIV/AIDS - related discrimination, the rights of people living with HIV/AIDS and their families are often violated, simply because they are known or presumed to have HIV/AIDS. This violation of rights increases the negative impact of the epidemic at many levels. At the level of the individual, for example, it causes undue anxiety and distress - factors that in themselves contribute to ill health. At the level of the community, it causes families and groups to feel ashamed, to conceal their association with the epidemic, and to withdraw from participation in more positive social responses. And at the level of society as a whole, discrimination against people with HIV/AIDS and human abuses reinforce the mistaken belief that it is acceptable that those infected with HIV/AIDS should be ostracized and blamed. In **Trinidad and Tobago**, children with HIV/AIDS have been denied access to primary school because of parental fears and anxieties. "I totally disagree with children with HIV being in schools with our children," a mother was reported as saying on a television talk show. Another caller, responding to the news that HIV positive children were about to enter primary school; called on the authorities to "build a (special) school for those children." (www.aegis.com/news).

In **Chile**, there have been numerous reports of people having lost their jobs once their HIV status is known. In **Peru**, soccer - player Eduardo Esidio was removed from the University Sports Club professional team in January 1999 when it was discovered that he was HIV positive. The directors of the club argued that his presence in the locker room endangered the rest of the players, and that other teams would refuse to play against them. In **Mexico**, the Human Rights Commission castigated staff at O'Horan Hospital in Merida, Yacatan, for serious irregularities in the medical care afforded to people with HIV/AIDS, including grave lack of medical care, breach of confidentiality and lack of respect for human rights. In **Costa Rica**, efforts were made to transfer Minor Navarro, a school teacher in a small community near San Jose, to a new posting after his sero status became known. Navarro declined the transfer and took his case directly to the Education Ministry, which at first declined to act. After protests from a variety of groups, the country's ombudsman intervened requiring the transfer decision to be observed. In **Brazil**, in spite of the widely acknowledge quality of the Ministry of Health's national STI/AIDS program, discrimination continues to be left not only by people living with HIV and AIDS, but by groups perceived to be affected by the epidemic. Some civil service entry procedures continue to require HIV tests as part of the medical examinations (www.aegis.com/news).

Effects of HIV - Related Discrimination

Discrimination is not only an obstacle to HIV prevention, care and treatment of PLWHA, but is among the epidemics worst consequence (Onwuliri & Jolayemi 2006). HIV - related discrimination consist of negative attitudes towards those infected or suspected of being infected with HIV and those affected by AIDS by association, such as orphans or children and families of people living with HIV (Spiegel 2004). The effects of these discriminatory attitudes include:

Discrimination Limits Access to Treatment

Fear of discrimination can delay diagnosis and therefore delay entry into treatment and adoption of a healthy lifestyle. There is no motivation to be tested. In the same way, many women being afraid of the arising discrimination due to HIV; refuse to comply with formula feeding rather than breast feeding. According to Nworuh (2010), even those who are aware of their status, discrimination can limit access to care and treatment as many are not able to acknowledge even to their families that they are infected, so are denied that level of care. In the study of Nyblade (2000), in Botswana and Zambia showed that fear of discrimination prevented people from participating in voluntary counseling and testing (VCT). According to UNAIDS report 2008, people and communities most affected by HIV and AIDS are those with little or no access to fundamental social and economic rights. Denying the rights of people with HIV/AIDS limits their ability to care for themselves and their families.

Discrimination Creates Social Differences.

One major effect of HIV - related discrimination is creating a social difference among people, then in turn legitimizing and perpetuating this social inequality (Parker, Aggleton & Attawell, 2002). Discrimination is a cruel social process that offers some feeling of protection to the powerful, while increasing the load on the individual or group that is victimized in the process. Discrimination is perpetrated against communities which are perceived to be more affected by HIV, be those physical criteria, such as skin colour, sexual orientation, and type of work, such as prostitution (Wojcicki, 2008).

Discrimination Imposes Guilt and Blame.

Religious groups intentionally or inadvertently discriminate PLWHA by making explicit or implicit judgments against those who are infected with HIV. Attempts to label the epidemic as God's punishment for sinners, have often been documented. To be able to blame others is psychologically reassuring as it divides the society into "US" and "Others" that are guilty as a result of their behaviour. They are seen as guilty not only of getting themselves ill, but also of infecting 'innocents'. This increased the stigma load borne by those groups seen as responsible (UNAIDS, 2008). The attachment of gender discrimination to HIV has led to women being blamed for spreading the epidemic. Thus, women are expected to provide sexual service to men generally, be chaste and pure, and take on the responsibility of preventing pregnancy and disease (Leclerc - Madlala, 2002). In all relationships discrimination counteracts trust. This often leaves those infected alone and distanced from the rest of their communities, colleagues and even family. The fear of discrimination has been shown to create problems for disclosure, since disclosure has the common reaction of rejection, leaving the person living with HIV alone (Mwambu, 2008).

General Effect of Discrimination

Traditionally, women are the primary care givers in the African Community, Nigeria inclusive; hence the greater burden of providing care falls on them. Girls are the first to be withdrawn

from schools in the event of dwindling family resources and these reduces their level of educational achievement, future earning capacity and also reduce exposure to HIV prevention messages. Their increased domestic work load and insufficient psychological and social support may lead to resentment. Children affected by HIV/AIDS spoke of their experiences of discrimination. They face verbal and physical discrimination at schools and in the community (Spiegel, 2004). Orphans have also been identified as a major security threat for the future (Kola & Jennifer, 2003). While this may be a rational call for resources and intervention, it does also lay the basis for them to be identified as a special group for discrimination. Discrimination would clearly worsen the situation of orphaned and vulnerable children, excluding them even further from resources and support.

Research throughout Asia reveals disturbing levels of discrimination in healthcare settings, workplace and schools as well as in the neighbourhoods and communities of those living with or affected by HIV and AIDS. In a study conducted in India, 100 percent of the respondents said that they experienced discrimination in health care facilities once the diagnosis was confirmed. A further 37 percent noted workplace discrimination leading to financial difficulties (Kola & Jennifer, 2003) Discrimination extends beyond the level of social stigma and its emotional impact. In Thailand, one study found that households with an HIV - positive family member faced discrimination at many levels. Family businesses were not patronized, children of HIV infected parents were avoided and discrimination towards those related to a family affected by HIV and AIDS persisted beyond the death of the family member. (Kola and Jennifer, 2003) While attitudes may be changing, albeit slowly; families are losing income because of discrimination and children are losing important years of education. A Provincial Health Officer in Northern Thailand noted that although there is compassion for those living with HIV, discrimination persisted in the workplace and at school because of fear and lack of information about the ways HIV is spread. If such discrimination persists in a country with a relatively successful national AIDS programme and widespread awareness about HIV, the potential levels of discrimination in other countries in the region who are just starting to realize the extent of their epidemic is of serious concern.

Increases Poverty

While the cost of the epidemic affect everyone, research reveals that poorer households are disproportionately affected both in terms of the likelihood of their being affected by HIV/AIDS and in their ability to cope with the resulting cost. Poorer households are generally less educated and less informed about HIV prevention, having less access to prevention methods, and has fewer resources to draw from when faced with caring for a family member living with HIV/AIDS (Kalichman, 2004). Sociocultural factors also affect a family's ability to care for sick family member. Extended families, for example are often better able to manage an illness in the household than nuclear - type families, due to their shared accommodation. The impact of illness on family income also depends on the nature of employment. Families who are self - employed can share work and cope with the loss of a productive family member more easily than others (Nworuh, 2010). Given the nature of a HIV transmission, children

risk losing both parents once infected with HIV. This increases the number of dependent orphans in families and communities already stressed by limited resources, compounded by the fact that those with HIV/AIDS are often the family members in their most productive years. Resources available for basic health care, food and education are considerably more limited in families who have lost family members to AIDS or who are caring for someone with HIV/AIDS. (Deacon, Prosalendis & Stepheny, 2004). In addition to the financial burden of caring for a family member with recurrent illness, the time available for basic household maintenances, cooking and childcare is reduced to take care of the ill family member. In these situations, children are also at increase risk of becoming malnourished. In many cases, children are taken out of school in order to help care for a sick family member or help in a family business due to parent's illness. Sometimes children of HIV - affected families feel forced to leave school because they are ostracized by their peers. Sometimes families can no longer afford even minimal school fees, books and transport needed for children to be able to go to school (Kola & Jennifer, 2003).

RECOMMENDATIONS

The need to reinforce legal actions against violation of human rights cannot be over emphasized. Our national and state government should ensure conditions that allow individuals realize their rights. So far, HIV- Support groups are trying, but more work need to be done at community based mobilization against discrimination and not just stop at media level. Discussions about HIV and its related discrimination should be taken to village squares and youth town halls of communities on their gathering days. The matter of discrimination against people living with HIV should be discussed in the community's indigenous dialect with some HIV- Positive persons, from same community sharing their experience of discriminations. Let there be more local testifiers, people living with HIV from a particular locality giving testimony of their ability to cope with the virus and live a normal and healthy life. This will alleviate the fears people have about HIV being a death sentence. Let the care and vaccine distribution centers be decentralized to cover the rural and grassroots population. This step will make it easy for people to access health services even when they are HIV positive.

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