



NATIONAL ASSOCIATION OF SOCIAL WORKERS  
**WORLD AIDS DAY 2002**

## HIV/AIDS Stigma: Making the Connection to Discrimination and Prejudice

### ARE YOU HIV PREJUDICED?

HIV remains a highly stigmatized condition and HIV-related discrimination is widespread. People often harbor irrational fears toward people with HIV. There are several factors that contribute to these fears.

- The association of HIV with the taboo subjects of blood, sex, and death.
- Fears of plague and contagion are based on myths and lack of understanding about how HIV is transmitted.
- The impact HIV has on social groups already marginalized within our culture, for example, African Americans, women, gay and bisexual men, and injection drug users.

Although HIV/AIDS have some similarities to other life-threatening illnesses, no other illness currently results in such devastating feelings of social isolation, loss of jobs, and other financial repercussions, and prejudice and discrimination (World AIDS Day 2002).

### HOW IS HIV/AIDS ASSOCIATED WITH STIGMA?

The stigma of AIDS is nearly as old as AIDS itself. When the epidemic emerged in 1981, it was perceived as a deadly disease that was transmissible from person to person (NASTAD, 2001). Furthermore, AIDS was closely associated with disfavored minority groups and culturally and historically taboo behaviors, such as homosexuality, drug use, and commercial sex work. The combination of these factors led to societal hostility as well as government indifference. Although knowledge of HIV transmission has increased, more than 20 years later stigma still persists. Most notably, the incidence of HIV infection has steadily increased in communities of color, poorer populations, and among men who have sex with men, all whom are already subject to prejudice and discrimination (NASTAD, 2001). All things considered, AIDS stigma becomes yet another life obstacle in the path of many of the very people who already have far too many social, economic, and personal obstacles to overcome. Thus, combating stigma remains an important task for all social workers.

### TWO LEVELS OF STIGMA: INDIVIDUAL AND SOCIETAL

AIDS stigma represents a set of shared values, attitudes, and beliefs that can be conceptualized at both the individual and societal level.

*At the individual level*, AIDS stigma takes the form of behaviors, thoughts, and feelings that express prejudice against people living with HIV (PWHIV), and can also be experienced by persons perceived to be living with HIV/AIDS (NASTAD, 2001). Concerns about stigma affects an individual's decision to get tested, access health care, and may lead the individual to withhold information about their status from family members, friends, and care providers.

*At the societal level*, AIDS stigma is manifested in laws, policies, popular discourse, and the social conditions of PWHIV and those at risk of infection (NASTAD, 2001). NASW recognizes that people with HIV/AIDS, and sometimes even those that have been tested for the virus, continue to face discrimination in employment, military service, housing, access to health services, social and community programs, and basic civil and human rights (NASW, 2000). Additionally, NASTAD (2001) has identified ways in which societal stigma emerges in the form of laws, regulations, and policies that single out people with HIV. For example:

- Local school boards refusal to enroll HIV-positive children.
- Forcible segregation of HIV-positive prisoners in Alabama.
- Courts steadily chipping away at the protections afforded to HIV-positive individuals under the Americans with Disabilities Act (ADA).

### HOW IS STIGMA AN OBSTACLE TO HIV PREVENTION?

The practical and psychological burdens of stigma create formidable obstacles to effective HIV prevention. HIV-negative individuals at risk, particularly those who are members of high profile groups; gay men of color or injecting drug users, may so internalize stigma that they feel that it is inevitable, and perhaps even "deserved" that they will become infected with HIV (NASTAD, 2001).

Stigma also has the effect of making some people believe they are not at risk, when they indeed may very well be. This attitude may result from the fact that those who tend to project AIDS stigma onto groups of "others" may discount their actual personal risk because they do not belong to stigmatized groups. Stigma can also lead to a form of denial that

deters some people from testing for HIV or otherwise seeking treatment; even though it is well established that earlier medical intervention can dramatically improve health outcomes.

## WHAT IS NASW'S POLICY ON HIV/AIDS?

The National Association of Social Workers' policy on HIV/AIDS addresses biopsychosocial service delivery, primary and secondary education and prevention, political action, and research. The policy statement begins with the following: "HIV/AIDS has become a mainstream disease. All social workers have either HIV positive clients or clients who are at risk of becoming infected with HIV. Given the high incidence of HIV, the social work profession must take an active stance to mitigate the overwhelming psychological and social effects, including the inequality of access to medical care and the lack of education and prevention in the United States and internationally" (NASW, 2000, p.5).

## WHAT DOES MY PROFESSIONAL CODE OF ETHICS HAVE TO SAY?

The NASW *Code of Ethics* addresses stigma, prejudice, and discrimination on several different levels. Standard 4: Social Workers' Ethical Responsibilities as Professionals, specifically outlines ways in which social workers can deal with discrimination.

### 4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.

## HOW CAN I FIND OUT MORE ABOUT HIV/AIDS TRANSMISSION AND PREVENTION ISSUES?

HIV, or human immunodeficiency virus, is a retrovirus that can cause a breakdown of the body's immune system, leading in many cases to the development of acquired immune deficiency syndrome (AIDS) and related infections or illnesses. AIDS is the name originally given to an array of diseases and malignancies that occur in individuals who previously had healthy immune systems. Certain "markers" (opportunistic infections, cancers, T cell count) now constitute a diagnosis of AIDS. For more information: [www.socialworkers.org/practice/hiv\\_aids](http://www.socialworkers.org/practice/hiv_aids)

## WHAT CAN I DO TO HELP?

**Work to dispel the myths and stereotypes about HIV/AIDS.** For example, share accurate information about how HIV is transmitted. Be knowledgeable about confidential and anonymous HIV testing as well as treatment options.

**Work to affect change on a local, national, and international level.** For example, get involved in community-sponsored events. Lobby your elected officials to increase funding for AIDS education, treatment, and prevention. Get involved in global events such as World AIDS Day.

**Increase awareness, stay informed, and share information with family and friends.**

For example, encourage discussion with family, friends, and colleagues about HIV/AIDS prevention and early intervention strategies. Because HIV/AIDS does not discriminate, everyone is directly or indirectly affected by HIV/AIDS. Keep the lines of communication open in order to tear down barriers, breaking isolation and fear.

**Work toward culturally competent practice with all clients.**

Have an awareness and understanding of the implication and role of (for example) racism, sexism, class conflict, and homophobia in meeting the needs of clients and families affected by HIV/AIDS. In addition to a sense of "self awareness" of one's own culture, work to be sensitive to cultural differences while advocating respect for individual differences. Because cultural competence is not static, maintaining cultural proficiency is a long-term commitment (Diaz, 2002).

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