HIV/AIDS RELATED DISCRIMINATION, STIGMATIZATION AND DENIAL

The epidemic of HIV infection and AIDS has been accompanies the world over by yet another epidemic of fear, stigma and discrimination(Mann ,1987).This has posed a challenge to those who are concerned about providing not only effective response to HIV/AIDS but also a humane one based on a concern for human rights and the principles of social justice.

Fear ,ignorance, lack of knowledge and denial about AIDS have led to reactions which have tragic effects on individuals, families and communities. These reactions may take direct forms such as exclusion of individuals and groups of people from social events and valued roles ,as well as direct forms such as avoidance and denial of HIV, that are more difficult to identify and obviate, and create a more pervasive environment of stigma and discrimination towards those affected. Such reactions are generated not only at the personal level but at the level of social institutions e.g. the church and religious groups(Betancourt ,1991),the educational ,employment ,health systems   and governments .Many of these reactions have been counter –acted by the provision of information about how HIV is and is not transmitted and through increased contact with those most affected ;nevertheless discriminatory behaviour   and practices   remain common in many countries.

Discrimination may be related to many factors including levels of HIV information, popular ideas and everyday conceptions about people living with HIV/AIDS   and prevailing   socio-cultural attitudes towards specific behaviours   for examples sexualomiscuity,homosexuality ,drug use .It may also be linked to individual perceptions of risk of infection and transmission and perceived vulnerability to HIV(Kippax et al,1992).HIV and AIDS related stigmatization and discrimination are complex social and cultural phenomenon which may take a range of forms , and which appear in different contexts.

Stigma has been defines as "an attribute which significantly discredits and a stigmatized person as one who possesses   "an undesired difference"(Goffman ,1963,)Goffman maintained that stigma is conceptualized by society based on what constitutes difference or deviance and it is applied by the society through rules and sanctions towards the affected group or individual.

Stigma may give rise to behaviour that is discriminatory and where the affected is blames .McGrath (1992) has argued that by assigning blame to an individual, group or institution ,society can to an extent absolve itself from responsibility and ignore or isolate in one form or another those with the disease or those at risk of HIV. For example some Ugandans blames Tanzanians for bringing AIDS across the border during the war(McGrath ,1992) and women, particularly sex workers have been seen as a source in many communities (de Bruyn,1992).Alternatively HIV has been seen as a disease of foreigners   and not the concern of local communities (Daniel,1991).Ignoring the existence of HIV and those at risk of infection are the forms of denial which have been commonly reported.

HIV and AIDS related stigmatization and discrimination present a major barrier for people wanting access to treatment and care and to education and information to prevent the transmission of HIV. People who are members of the already stigmatized groups within communities may find that access to needed services is inhibited by the attitudes and reactions from people providing those services(Gostin ,1992)and a fear of this response may prevent people from coming forward for information. This fear may also deter families from seeking support and assistance for both themselves and for those to whom they may be providing care. Furthermore ,the denial of HIV and beliefs about causes of illness may lead to responses such as use of local treatments ,faith healing ,witchcraft and medications which in some situations may harm of prove fatal to the individual (Lwihula et al ,1993).

The fear of diagnosis ,of others funding out the diagnosis and a lack of trust in the systems responsible for protecting confidential information ,are also factors which discourage people from seeking treatment and care(Gostin,1992).Those who know their diagnosis often device ways of hiding this out of fear and shame. This secrecy may help to reduce the social pressured ,but it may also increase the possibility of further transmission of HIV as people consequently are prevented from learning constructive ways of living with HIV infection.

Fears associated with the legality of aspects of the persons lifestyle may also impede their access to services and information. The illegality (or social disapproval)of homosexuality in some countries has increased the fear of those needing care and treatment(Wong et al,1986;Low et al ,1993).Similar concerns have been reported from sex workers and injecting drug users in those countries which outlaw these activities(Panos ,1990).Thus the mere fear of discrimination and stigmatization creates an environment of distrust and limits the extent to which needed services are accessed. Such 'distrust ,however, may also originate from legitimate concerns stemming from the initial reaction to the HIV pandemic.

The negative reactions triggered by HIV and AIDS are not unique in history and need to be examined in a historical framework. The management of previous epidemics and diseases has shown that perceptions of contagion has often led to the isolation and exclusion of infected people with the sanctions of public health legislation. Diseases which are sexually transmitted have frequently inspired reactions based on fear of contagion and contamination (Carrara,1994).Susan Sontag comments on the reactions of the threat of Syphilis earlier in the century by claiming that they led to the "removal of doorknobs and the installation of swinging doors on US Navy Ship[s and the disappearance of metal drinking cups affixed to public water fountains in the United States(Sontag,1989)

Unlike other infection diseases ,HIV has been accompanied by a threat of death and disfigurement which has added to the fears and fantasies surrounding the epidemic. This has resulted in characterizations ofn AIDS as a disfiguring and frightening disease ,with little hope of recovery or cure which threatens to devastate communities and societies .In

many Kenyan communities different names have been given to AIDS, the Agikuyu of Central province call it *Mukingo* which means a role,the Kambas of Eastern Province call AIDS *nyavu* ,implying thin ,the Luo from Nyanza province call it *Ayaki Matieka* that is the destroyer ,while young people call AIDS *Chairman* (meaning the head of all other diseases due to the fact that it has no cure).The isolation of infected individuals ,the refusal of hospital staff to enter the rooms of patients (Panos 1990) ,the expulsion of people from villages and towns (Taves,1988) and families being ostracized by neighbours are some of the examples of how people have reacted to their fear of the virus. This fear remains common despite information being increasingly widespread about HIV's limited modes of transmission.