

HIV/Aids & its Social Stigma: A Systematic Review

Ahongsangbam Sasnathoi Chanu¹, Deepika Bajwan², Nancy Thakur³, Monika Sharma⁴

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Abstract

HIV stands for human immunodeficiency virus. It weakens a person's immune system by destroying important cells that fight disease and infection. The human immunodeficiency virus (HIV) targets the immune system and weakens people's defense against many infections and some types of cancer that people with healthy immune systems can more easily fight off. As the virus destroys and impairs the function of immune cells, infected individuals gradually become immunodeficient. Immune function is typically measured by CD4 cell count.

The most advanced stage of HIV infection is acquired immunodeficiency syndrome (AIDS), which can take many years to develop if not treated, depending on the individual. AIDS is defined by the development of certain cancers, infections or other severe long term clinical manifestations. If HIV is not treated, it can lead to AIDS (Acquired Immunodeficiency Syndrome). There is currently no effective cure. Once people get HIV, they have it for life. Some groups of people in the United States are more likely to get HIV than others because of many factors, including their sex partners and risk behaviors. But with proper medical care, HIV can be controlled. People with HIV who get effective HIV treatment can live long, healthy lives and protect their partners.

Keywords: Virus; HIV; AIDS; Immune; Stigma.

INTRODUCTION

HIV infection in humans came from a type of chimpanzee in Central Africa. Studies show

that HIV may have jumped from chimpanzees to humans as far back as the late 1800s. The chimpanzee version of the virus is called simian immunodeficiency virus. It was probably passed to humans when humans hunted these chimpanzees for meat and came in contact with their infected blood. Over decades, HIV slowly spread across Africa and later into other parts of the world. HIV/AIDS has had a large impact on society, both as an illness and as a source of discrimination. The disease also has large economic impacts. There are many misconceptions about HIV/AIDS, such as the belief that it can be transmitted by casual non-sexual contact. In 2021, about 38 million people worldwide were living with HIV and 650,000

Author Affiliation: ^{1,4}Assistant Professor, ^{2,3}Associate Professor, Department of Community Health Nursing, Galgotias School of Nursing, Galgotias University, Greater Noida 201307, Uttar Pradesh, India.

Corresponding Author: Ahongsangbam Sasnathoi Chanu, Assistant Professor, Department of Medical Surgical Nursing, School of Nursing, Galgotias University, Greater Noida 201306, Uttar Pradesh, India.

E-mail: sasnathoi.chanu@golgotiasuniversity.edu.in

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deaths had occurred in that year.

SYMPTOMS

Most people have flu-like symptoms within 2 to 4 weeks after infection. Symptoms may last for a few days or several weeks. Some people have no symptoms at all. The only way to know if you have HIV is to get tested. The symptoms include:

1. Fever & Chills
2. Sorethroat
3. Night Sweating
4. Swollen Lymph Nodes
5. Fatigue
6. Rash
7. Muscle Ache
8. Sores of the mouth and genitals.

STAGES OF HIV

There are four stages of HIV and as with all illnesses, how it progresses, how long it takes and the affect it has on the individual depends on a number of factors for example, general health, lifestyle, diet etc.

Stage 1: Infection

HIV quickly replicates in the body after infection. Some people develop short lived flu-like symptoms for example, headaches, fever, sore throat and a rash within days to weeks after infection. During this time the immune system reacts to the virus by developing antibodies this is referred to as 'sero-conversion'.

Stage 2: Asymptomatic

As the name suggests, this stage of HIV infection does not cause outward signs or symptoms. A person may look and feel well but HIV is continuing to weaken their immune system. This stage may last several years (an average of 8 to 10 years) and without a HIV test many people do not know they are infected.

Stage 3: Symptomatic

Over time the immune system becomes damaged and weakened by HIV and symptoms develop. Initially they can be mild but they do worsen, symptoms include fatigue, weight loss, mouth ulcers, thrush and severe diarrhoea. The symptoms

are caused by the emergence of opportunistic infections; they are referred to as opportunistic infections because they take advantage of a person's weakened immune system. Some examples of opportunistic infections are PCP, toxoplasmosis, TB and kaposi sarcoma.

Stage 4: AIDS/Progression of HIV to AIDS

There is no single test for AIDS; doctors will look at a variety of symptoms including the CD4 count, the viral load and the presence of opportunistic infections in order to make an AIDS diagnosis

TRANSMISSION

1. ***Bodily fluids that transmit HIV:*** Only certain body fluids from a person who has HIV can transmit HIV. These fluids include blood, semen (cum), pre-seminal fluid (pre-cum), rectal fluids, vaginal fluids, and breast milk.
2. ***Transmission from one person to another:*** Most people get HIV through anal or vaginal sex, or sharing needles, syringes, or other drug injection equipment (for example, cookers). But there are powerful tools to help prevent HIV transmission.
3. ***Transmission from a mother to her baby:*** HIV can be transmitted from a mother to her baby during pregnancy, birth, or breastfeeding. However, it is less common because of advances in HIV prevention and treatment. This is called perinatal transmission or mother-to-child transmission. Mother-to-child transmission is the most common way that children get HIV. Recommendations to test all pregnant women for HIV and start HIV treatment immediately have lowered the number of babies who are born with HIV. If a woman with HIV takes HIV medicine as prescribed throughout pregnancy and childbirth, and gives HIV medicine to her baby for 4 to 6 weeks after birth, the risk of transmission can be less than 1%.
4. ***Transmission from sharing needles, syringes, or other drug injection equipment:*** People are at high risk for getting HIV if they share needles, syringes, or other drug injection equipment (for example, cookers) with someone who has HIV. Never share needles or other equipment to inject drugs, hormones, steroids, or silicone. Sharing needles, syringes, or other injection equipment increases your risk for getting hepatitis B and hepatitis C, and other infections.

RARE WAYS THAT HIV HAS BEEN TRANSMITTED

Little to no Risk

1. Oral Sex
2. Workplace
3. Medical Care
4. Food Contamination
5. Biting and Spitting
6. There is no risk of transmission through unbroken skin.
7. There are no documented cases of HIV being transmitted through spitting as HIV is not transmitted through saliva.
8. Touching
9. Tattoos and Body Piercings

Factors that Increase the Risk of Getting or Transmitting HIV

1. **Viral Load:** Viral load is the amount of HIV in the blood of someone who has HIV. The higher someone's viral load, the more likely that person is to transmit HIV.
2. **Other Sexually Transmitted Diseases:** If the person has another sexually transmitted disease (STD), they may be more likely to get or transmit HIV. Getting tested and treated for STDs can lower your chances of getting or transmitting HIV and other STDs.
3. **Alcohol and Drug Use:** When a person is drunk or high, you're more likely to engage in risky sexual behaviors like having sex without protection (such as condoms or medicine to prevent or treat HIV). Being drunk or high affects your ability to make safe choices.

HIV Superinfection

When a person with HIV gets another type, or strain, of the virus it is called HIV superinfection. The new strain of HIV can replace the original strain or remain along with the original strain.

Superinfection may cause some people to get sicker faster because the new strain of the virus is resistant to the medicine (antiretroviral therapy or ART) they're taking to treat the original strain. Hard-to-treat superinfection is rare. Taking medicine to treat HIV can help protect someone from getting a superinfection.

PREVENTION

A. Prevention during sex:

Choose sexual activities with little to no risk

1. Use Condoms the Right Way Every Time You Have Sex
2. Take PrEP: PrEP (pre-exposure prophylaxis) is medicine people at risk for HIV take to prevent HIV.
3. Decide Not to Have Sex
4. Get tested and treated for other STDs
5. If the partner has HIV, encourage the partner to get and stay in treatment

B. Prevention from injection drug use:

1. Never share needles, syringes, or other drug injection equipment
2. PrEP pill - PrEP (pre-exposure prophylaxis) is medicine people at risk for HIV take to prevent HIV.
3. Don't have sex when you're high on drugs
4. If you do share needles, syringes, or other drug injection equipment, use bleach to clean them
5. Decide not to inject drugs.

C. Prevention from transmitting HIV to baby:

1. Get Tested for HIV As Soon As Possible to Know Your Status
2. Take Medicine to Prevent HIV if You Do Not Have HIV But Are at Risk
3. Take Medicine to Treat HIV

Post Exposure Prophylaxis

PEP (post-exposure prophylaxis) means taking medicine to prevent HIV after a possible exposure. PEP should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV.

HIV Stigma

HIV stigma is negative attitudes and beliefs about people with HIV. It is the prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable.

Like Believing that only certain groups of people can get HIV. Making moral judgments about people who take steps to prevent HIV transmission. Feeling that people deserve to get HIV because of their choices

DISCRIMINATION

While stigma refers to an attitude or belief, discrimination is the behaviors that result from those attitudes or beliefs. HIV discrimination is the act of treating people living with HIV differently than those without HIV.

For example: A health care professional refusing to provide care or services to a person living with HIV. Refusing casual contact with someone living with HIV. Socially isolating a member of a community because they are HIV positive. Referring to people as HIV or Positives.

CAUSES OF HIV STIGMA

HIV stigma is rooted in a fear of HIV. There are still misconceptions about how HIV is transmitted and what it means to live with HIV today. The lack of information and awareness combined with outdated beliefs lead people to fear getting HIV. Additionally, many people think of HIV as a disease that only certain groups get. This leads to negative value judgements about people who are living with HIV.

Effects of HIV Stigma and Discrimination

HIV stigma and discrimination affect the emotional well being and mental health of people living with HIV. People living with HIV often internalize the stigma they experience and begin to develop a negative self image. They may fear they will be discriminated against or judged negatively if their HIV status is revealed.

“Internalized stigma” or “self stigma” happens when a person takes in the negative ideas and stereotypes about people living with HIV and start to apply them to themselves. HIV internalized stigma can lead to feelings of shame, fear of disclosure, isolation, and despair. These feelings can keep people from getting tested and treated for HIV.

Measures to Control HIV Stigma

1. **Educate healthcare workers:** Healthcare workers should be given education and training program focusing on reducing stigma and discrimination against young people who access sexual health services.
2. **Protect the privacy of people who are HIV positive:** Laws that criminalize HIV non-disclosure, exposure, and transmission deter people from HIV testing, and put the

responsibility of HIV prevention solely on the partner living with HIV.

3. **Remove travel restrictions:** Between 2008 and 2015, around the world, 24 laws restricting travel and residency for people with HIV were removed. But there is still more work to be done: Brunei, Equatorial Guinea, Iran, Iraq, Jordan, Papua New Guinea, Qatar, Russia, Solomon Islands, United Arab Emirates, and Yemen still categorically refuse entry to people with HIV.
4. **Support people living with HIV to work through internalized stigma:** In India, a training program was created where women living with HIV could learn coping and stigma-reduction strategies. In addition to training, some of the women were provided with an ASHA. The ASHAs accompanied the women to health appointments, and gave them advice on how to cope with and address HIV-related discrimination.
5. **Improve the status of women:** Women living with HIV are often harshly judged, due to HIV being associated with promiscuity and the gendered double standard that a “good woman” would not engage in activities that could lead to HIV acquisition. Women living with HIV not only experience stigma and discrimination from their friends, family, and community, but also from healthcare workers. They also experience more HIV related stigma than men, including more feelings of negative self image, and more public stigma surrounding how their community views them. A lot needs to be done to improve the status of women worldwide. In the meantime, support groups for women with HIV can help individual women to navigate these challenges.
6. **Fight inequality and discrimination:** People who are marginalize, including trans women, men who have sex with men, sex workers, and drug userface legal and social inequities which put them at higher risk of HIV infection. Many people experience multiple forms of discrimination not just that related to their HIV status, but also with respect to gender, sexual orientation, race, etc. This can affect people across many components of their lives. Law changes can help to improve people’s health and reduce stigma. But legal advances are not enough, cultural norms also need to change.
7. **Listen to people living with HIV:** People with lived experience of a disease or social reality

deserve a voice in decisions that affect them. This means that people with HIV must be at the forefront of the movement to end HIV and AIDS stigma.

8. ***Start with yourself:*** There's a lot to be done to end HIV stigma, but you can help make a difference. Educate yourself and your friends: get the facts about HIV transmission and prevention.

CONCLUSION

HIV/AIDS is the deadliest epidemic of our time. Over 22 million people have already lost their lives, and more than 42 million are currently living with HIV/AIDS. Even if a vaccine for HIV were discovered today, over 40 million people would still die prematurely as a result of AIDS. There is currently no effective cure for HIV. Strategies such as abstinence (not having sex), never sharing needles, and using condoms the right way every time you have sex. With proper medical care, HIV can be controlled.

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