Combating HIV-related stigma: An experience from Eastern India

Sir,
In 1987, Jonathan Mann, Director of World Health Organization’s (WHO) Global Program on AIDS, had identified three distinct epidemics: (i) HIV infection, (ii) AIDS epidemic, and (iii) HIV/AIDS stigma.[1] AIDS-related stigma and discrimination were referred to as prejudice, negative attitudes, abuse, and maltreatment directed at people living with HIV/AIDS (PLWHA).[2] It can result in PLWHA being shunned by family, peers, and the wider community; poor treatment in healthcare and education settings; an erosion of rights; and psychological damage and can negatively affect the success of testing and treatment. AIDS-related stigma and discrimination exist worldwide, although they manifest themselves differently across countries, communities, religious groups, and individuals.

India has the third largest HIV epidemic in the world. In 2015, HIV prevalence in India was an estimated 0.26%.[3] The National AIDS Control Program-IV has made the elimination of stigma and discrimination a
Hence, we tried to explore the stigmatizing pattern among PLWHA in Eastern India and assessed their coping strategies for quality of life (QOL) appraisal. A descriptive, cross-sectional study was undertaken among PLWHA attending HIV outpatient clinic (n = 120). Enrolment was done through snowballing method. A brief semi-structured interview schedule was used to elicit data on sociodemographics. Stigma was assessed using a 40-item four-point scale; QOL assessed using the 26-item WHO-QOL-BREF scale. We found that nearly 96.7% of subjects reported being stressed. Interestingly, stigma was mostly confronted in sociofamilial context. Fear of being stigmatized was higher (69.2%) compared to those who actually faced stigma (27.5%). Internalizing of stigma had a negative correlation with QOL in the psychological domain (P < 0.01), although proportion experiencing actual stigma experienced an above moderate QOL. Multiple coping strategies such as “Altruism,” “Anticipation,” and “Humor” were identified. Actual stigma experienced among PLWHA was far less as compared to the fear of being stigmatized; however, this leads to increased stressful situations on part of the affected. As a result, various coping strategies were embraced although such self-taught coping appeared to be only modestly helpful in managing perceived stigma. Hence, PLWHA should rise above stigma, avoid internalizing their stigmatized feelings, and work toward a better QOL.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

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Access this article online

Quick Response Code: [Scan to access]
Website: www.ijstd.org
DOI: 10.4103/ijstd.IJSTD_29_17

How to cite this article: Lahiry S, Mukherjee A, Mukherjee A, Choudhury S, Sinha R. Combating HIV-related stigma: An experience from Eastern India. Indian J Sex Transm Dis 2020;41:133-4.

Submitted: 06-Mar-2017
Accepted: 30-Dec-2019
Revised: 13-Jan-2018
Published: 18-Jun-2020

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