

Reducing AIDS-related social stigma: the importance of educational interventions

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Introduction

HIV infection has become one of the most important epidemics worldwide, which has a significant impact on mortality, morbidity, and overall quality of life and health care utilization. Worldwide, HIV/AIDS is stigmatized. Stigma is an individual or social phenomenon which causes isolation of the sick person from the society or fear of the sick person. Since AIDS is not only a health problem, but it is a social problem which affects all aspects of life including mental, physical, social and spiritual.^{1,2} This means that a person with AIDS, in addition to enduring life with fear, pain, uncertainty and despair about the future of the disease and a close picture of death, receives from the society a feeling of rejection, discrimination, humiliation and other types of worries and sanctions.^{3,4} The fear of judgment or discrimination from others can deeply affect the way people with the disease view themselves and how they cope with the disease. This experience may cause people to blame themselves and they deserve mistreatment and even give up the right to treatment and use of other social benefits. This is associated with destructive effects on the prevention, care and treatment of AIDS.⁵ Stigma, both internal (from the individual) and external (from the society), not only leads to social deprivation and discrimination, But it can have a negative effect on personal and social health lack of sufficient knowledge about AIDS, misconception about the ways of transmission of this disease, lack of information and public awareness, lack of access to medical services and the feeling that AIDS is incurable cause social stigma. This stigma from the society is strongly related to the decrease in mental health and social health of these people and leads to a decrease in self-confidence.⁶ Especially, the lack of proper information about the methods of disease transmission has caused these people to be recognized as criminals in the society.

The high level of negative judgment and discrimination indicates the low level of education in the field of social factors affecting diseases. Education plays an important role in increasing society's awareness and highlighting the human rights of AIDS patients like other human beings.⁷ Therefore, it seems that the most important factor in reducing stigma is educational interventions, so that with the key strategy of education, it is possible to improve knowledge and change people's attitudes (8). So that the results of the studies confirm this issue. For example, educational radio programs significantly reduced the stigma in groups of people living with HIV in India. Another study in India, the intervention group received six 45-minute sessions on HIV and AIDS, coping with stigma, nutrition and life skills classes. In Ethiopia an intervention over 7 years that included non-health-care professionals who offered integrated home-based care and support for families and orphans, stigma reduction, and income-generating activities at the community level found positive changes in community attitudes. These interventions were in the form of social and home care program services; based on social cognitive theory. Another example of interventions was holding workshops with the aim of increasing

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people's awareness, which was focused on understanding HIV stigma, personal strengths, and disclosure management. These workshops were often followed by workshops for partners, friends, peer support groups, or small support teams of neighbor's, relatives, and friends trained together to provide psychosocial and adherence support in countries such as Uganda and Kenya.⁹ Different approaches can be used for training such as the use of theory or models that consider both cognitive and behavioral elements, including social learning theory, social action theory, and social cognitive theory. The second approach is face-to-face interventions or interventions through radio and telephone programs. A third approach is interventions through the training of professionals such as research workers, social workers, or health care professionals, including nurses, psychologists, therapists, public health practitioners, and community health care workers. The last approach of interventions is psycho-educational interventions that include skill building, empowerment, and social support approaches. The education focused particularly on providing information related to HIV/AIDS, safe health behaviors, managing negative feelings, coping with stigma, and building support networks. Skill building programs were provided for building a variety of skills, such as stress reduction, stigma coping, and decision-making skills. Empowerment approach focused on enhancing participants' self-esteem, self-efficacy, social relationships, and human rights. Social support programs focused on providing emotional and informational support, such as establishing contact with peers. So, in general, most interventional and educational studies show the positive effect of reducing stigma, it can be concluded that the common interventions demonstrating positive trends to reduce self-stigma and recommendation for future studies.

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Conflicts of interest

The authors declares that there are no conflicts of interest.

References

1. Moradi G, Mohraz M, Gouya MM, et al. Health needs of people living with HIV/AIDS: from the perspective of policy makers, physicians and consultants, and people living with HIV/AIDS. *Iran J Public Health*. 2014;43(10):1424–1435.
2. Masoodi M, Farhadi A. Family social support rate of HIV positive individuals in Khorram Abad. *Yafteh*. 2013;3(7):43–47.
3. Tavakol M, Nikaie D. Stigmatized the physician - patient communication and treatment in patients with HIV/AIDS. *Journal of Bioethics*. 2012;2(5):11–43.
4. Yuh JN, Ellwanger K, Potts L, et al. Stigma among HIV/AIDS patients in Africa: a critical review. *Procedia-Social and Behavioral Sciences*. 2014;140:581–585.
5. Gharacheh M, Ranjbar F. Editorial Letter” HIV-related stigma: a dilemma in the prevention of HIV spread. *Iran Journal of Nursing*. 2018;31(114):1–5.
6. MacLean JR, Wetherall K. The association between HIV-Stigma and depressive symptoms among people living with HIV/AIDS: a systematic review of studies conducted in South Africa. *J Affect Disord*. 2021;287:125–137.
7. Mohammadi M, Oh KM, Tanner S. HIV stigma reduction interventions among health care providers and students in different countries: a systematic review. *Curr HIV Res*. 2022;20(1):20–31.
8. Zarei N, Joulaei H, Darabi E, et al. Stigmatized attitude of healthcare providers: a barrier for delivering health services to HIV positive patients. *Int J Community Based Nurs Midwifery*. 2015;3(4):292–300.
9. Andersson GZ, Reinius M, Eriksson LE, et al. Stigma reduction interventions in people living with HIV to improve health-related quality of life. *Lancet HIV*. 2020;7(2):129–140.