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## REVIEW ARTICLE


### Stigmatization and discrimination in patients with HIV/AIDS: A systematic literature review

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#### Abstract

Patients with AIDS commonly feel negative impressions of themselves; vice-versa, other people will lead to negative stigma. In addition, stigma has a significant impact, affecting themselves and how people treat them. This study aims to identify the impact and determinants of stigmatization and discrimination toward people with HIV/AIDS. A systematic review was used as the research design guided by the PRISMA framework. The researchers sought the other studies' results through several databases, including PubMed, ProQuest, ScienceDirect, Google Scholar, and Clinical Key for Nursing. Nineteen articles were reviewed, which highlighted that stigmatization and discrimination could be physical, verbal, and social. Our findings showed that stigmatization and discrimination occur in various forms because of accompanying factors. Several risk factors need to be reviewed as the starting point for developing measures to address stigmatization and discrimination.

**Keywords:** Mental health; nursing care; HIV; AIDS; Stigma; Discrimination

#### Introduction

Stigma or stigmatization is the social state of a person exiled because he has been labelled as unusual and has done something shameful. Stigmatization arises from society and is attached to victims who are influenced by the environment (Wahyu et al., 2016). When there is continuous stigmatization of people with HIV / AIDS (PLHIV) in the community, PLHIV tends to be excluded and isolated by the community because they are deemed incapable of complying with the standard behaviour (Maharani, 2018). This phenomenon is called discrimination. Discrimination is the impact of societal stigmatisation that interferes with parts of PLHIV life (Wahyu et al., 2016). Thus, discrimination is an attitude that distinguishes every discrete behaviour due to environmental factors or labelling factors (Subu et al., 2017). Transmission of HIV/AIDS has been related to deviant or taboo behaviour, resulting in people often giving a negative label to PLHIV (Wahyu et al., 2016).

In 2010, UNAIDS started a program of zero new HIV infections, zero AIDS-related deaths, and zero discrimination toward people living with HIV (PLHIV) (Beltran et al., 2020). Conducted from 2011 to 2017, a study in San Francisco unravelled a decrease in patient admission by 46% and deaths due to AIDS by 32%. However, 1.3% of patients still experienced stigmatization (Beltran et al., 2020). UNAIDS, in 2021 noted five regions that make the topic of stigmatization and discrimination a priority program for stopping HIV / AIDS. According to UNAIDS, in 2017, it was estimated that 68.7% of patients in Indonesia experience stigmatization, while according to RISKESDAS, in 2018 there were 14.7% of patients experienced stigmatization (Kemenkes, 2018). In India in 2006, 35.1% experienced discrimination, and this incidence decreased by 2.3% over the past ten years, slightly sinking to 32.8% in 2016 (UNAIDS, 2021). In previous similar studies, many studies have discussed the effectiveness of an intervention to reduce stigmatization and discrimination but have not discussed the factors and impacts of stigmatization and discrimination, even though it is necessary to find the root cause of this problem. So the purpose of this study was to identify the determinants and impacts of stigmatization and discrimination against people with HIV/AIDS.

## Method

This study is a systematic review to identify the determinants and impacts of stigmatization and discrimination against people with HIV / AIDS. The study used the PRISMA-P protocol (Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols). The review involved articles published from 2016 to 2021, in full texts, involving PLHIV as the respondents, and written in English. Eligibility was assessed using the PICOS framework (**Table 1**). Editorial texts and review articles fall into the exclusion criteria.

**Table 1.** PICOS Framework

PICOS framework	Inclusion Criteria
Population	People with HIV / AIDS
Intervention	No Intervention
Comparison	No Comparison
Outcome	Discusses determinants and impacts of stigmatization and discrimination among PLHIV
Study	cross-sectional study, case study, qualitative study and cohort

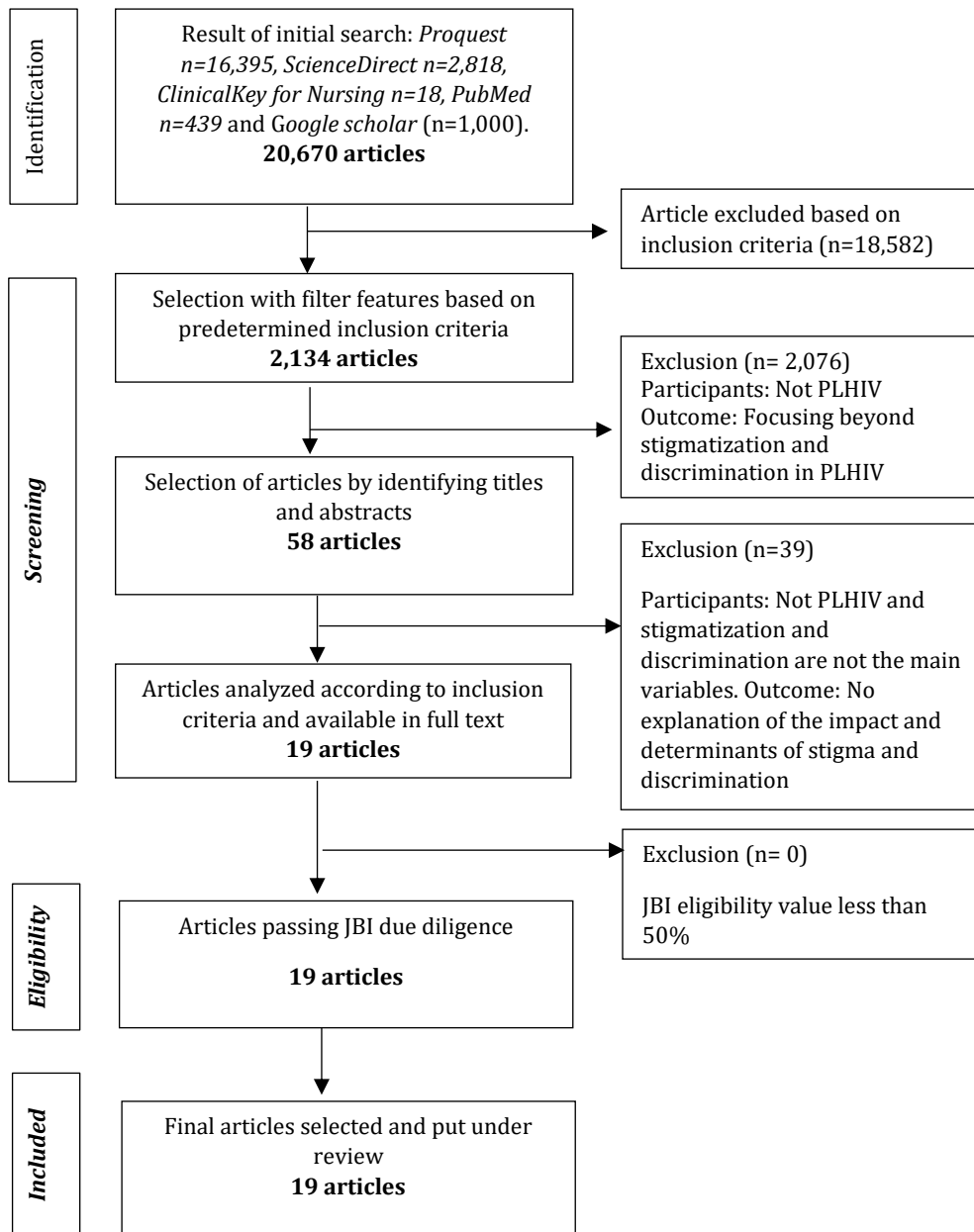
Article searches were conducted using the keywords ("Stigmatization" OR "Stereotyping") AND ("Discrimination") AND ("HIV" OR "PLHIV" OR "PLWH") AND ("AIDS" OR "PLWA" OR "PLHA"), each of which was meant to associate with Medical Subject Headings (MeSH). The databases used to obtain relevant articles were Science Direct, Proquest, Clinical Key for Nursing, Pubmed, and Google Scholar. Data collection is carried out in the following ways: 1) entering keywords into the database's search box, 2) Filtering data with predetermined inclusion criteria, 3) downloading the results and inserting them into the citation manager program, 4) Screening titles and abstracts, 5) Conducting critical appraisal tools with JBI to data that has been screened 6) Data that has passed the previous stage is included into the research.

## Results

A total of 20,670 articles were located in the following clusters: Proquest n=16395, Science Direct n=2818, ClinicalKey for Nursing n=18, PubMed n=439, and Google Scholar (n=1000). These initial articles were screened according to the inclusion criteria, resulting in 19 papers being included, while 20,604 articles were excluded because they did not meet the requirements. Also, 47 duplicate articles were excluded. These 19 articles were identified and screened for diligence using the Joanna Briggs Institute (JBI). Eventually, only 19 articles were used in this systematic review study (**Figure 1**). Of the nineteen articles under review, this study has highlighted the following themes: stigmatization and discrimination reported in four pieces; the acceptance and impact of stigmatization and discrimination documented in five articles; and the determinants of stigmatization and discrimination documented in ten articles. These studies are conducted in different parts of the globe, but the majority are held in Africa and Asia, involving eleven studies and eight studies, respectively. Thirteen articles use a cross-sectional research design.

## Discussion

This research states that respondents experienced physical stigmatization, such as isolation from doing handshakes, kissing their children, and feeding others. Suicidal ideation and discrimination of goods by families against PLHIV are also common discrimination (Made et al., 2020), which makes them separated from their families, such as using different cutlery and social distancing (Fauk, Hawke, Mwanri, & Ward, 2021). Some other studies also report that people do not want to use the same tools of work as PLHIV and are given warnings to stay away from neighbours (Njejimana & Hern, 2021), which may cause the loss of financial support from family (Quoc et al., 2019). Verbal stigmatization, such as being reviled by family and neighbours to die immediately, discussed by neighbours regarding diseases (Njejimana & Hern, 2021), and revealing the HIV / AIDS status of PLHIV by health workers and families (Fauk et al. 2021; Made et al., 2020). Generally, the public view HIV/ AIDS as a sin, so PLHIV deserve the stigma. Stigmatization and discrimination also occur in the social dimension of PLHIV, such as rejection for having relationships with others, getting married, and having children. In addition, there is rejection from the family and husbands/wives, and eventually, their spouse looks for new partners. Discrimination is also evident in community service institutions, religious places, and workplaces (Made et al., 2020). PLHIV also had difficulty finding a job because of their HIV status. They were not invited to parties by neighbours and were expelled from their homes (Njejimana & Hern, 2021).



**Figure 1.** Study selection process

They have less opportunity to receive particular services due to their status (Fauk et al., 2021). The findings from this study prove that PLHIV has experienced various forms of stigmatization. These include direct stigmatization (exclusion and isolation) and indirect one (innuendo and the spread of HIV status) verbally, physically, and socially. Socio-demographic determinants include education, gender, and economic status of PLHIV. PLHIV with low education tends to experience misinformation related to the treatment of HIV/AIDS (Letamo, 2019). This finding is aligned with the results of research in Cameroon, which points out that higher education leads to a more positive attitude to PLHIV stigma while at the same time lowering distress (Tamungang et al., 2020; Ncitakalo et al., 2021).

**Table 1.** Study findings

<b>Author</b>	<b>Study Design</b>	<b>Respondents</b>	<b>Result</b>
Osman Sheikh Abdirahman	<i>Cross-Sectional</i>	200 PLHIV	Ignorance and poverty are factors in the development of stigmatization and discrimination.
Atem Bethel Ajong, et al.	<i>Cross-Sectional</i>	308 PLHIV	poor education is a factor of stigmatization and discrimination
Innocent Arinaitwe, et al.	<i>Cross-Sectional</i>	252 PLHIV	Food security is a factor that leads to stigma
Charity Konadu Asamoah, et al.	<i>Cross-Sectional</i>	3573 PLHIV	Knowledge prevents stigmatization
Yigrem Ali Chekole, et al.	<i>Cross-Sectional</i>	403 PLHIV	female, divorced, widows, insufficiently educated and addicted to alcohol lead to stigma
Chia-Hui Yu et al.	<i>Qualitative Study</i>	19 PLHIV	People's perspectives lead to stigma
Desak Made Sintha Kurnia Dewi, et al.	<i>Qualitative Study</i>	19 PLHIV	Stigmatization and discrimination due to external factors
Nelsensius Klau Fauk, et al.	<i>Qualitative Study</i>	92 PLHIV	Stigmatization and discrimination occur in all sets
Leyanna Susan George	<i>Qualitative Study</i>	14 PLHIV	Stigmatization and discrimination due to external factors
Nithin Kumar et al.	<i>Cross-Sectional</i>	104 PLHIV	Stigmatization and discrimination related to drug therapies
Phoenix K, et al.	<i>Qualitative Study</i>	15 PLHIV	Stigmatization and discrimination occur in all sets
Amal Ben Moussa, et al.	<i>Cross-Sectional</i>	604 PLHIV	low education, unemployment, lack of a partner, and divorce lead to stigmatization
Nolusindiso Ncetakalo, et al.	<i>Cross-Sectional</i>	2521 PLHIV	Low education and community prejudice are factors related to stigmatization and discrimination.
Nestor Njeimana, et al.	<i>Qualitative Study</i>	114 PLHIV	Stigmatization and discrimination due to specific factors.
Davoud Pourmarzi, et al.	<i>Cross-Sectional</i>	120 PLHIV	Living in a village and having low support lead to stigmatization
Motunrayo A. Shodimu, et al.	<i>Cross-Sectional</i>	15639 PLHIV	Stigmatization and discrimination related to knowledge of HIV
Ngwi Constance Tamungang, et al.	<i>Cross-Sectional</i>	389 PLHIV	Stigmatization and discrimination due to specific factors
Phung Quoc Tat Than, et al.	<i>Cross-Sectional</i>	1133 PLHIV	Stigmatization and discrimination due to specific factors
Ebisa Turi et al.	<i>Cross-Sectional</i>	418 PLHIV	Stigmatization and discrimination lead to poor social support

The findings associated with PLHIV with decent education affirm that the more PLHIV are educated, the lower their perception of stigmatization. The results on gender show that women tend to experience more stigmatization and discrimination 2.4 times greater than men (Ali dan Tarekegn, 2021; Simegneu et al., 2021). Women in developing countries have weak decision-making power in society, so their HIV/AIDS status will worsen their condition (Simegneu et al., 2021; Ajong et al., 2018). The analysis conducted by the researchers showed how gender was affected by the respondents' socio-demographics, such as religion and culture. Research in India shows that male PLHIV is

stigmatized more than women because men in India are considered breadwinners (Nyamathi et al., 2013). Therefore, gender is not an absolute determinant of stigmatization and discrimination because of many socio-demographic and cultural factors.

Furthermore, PLHIV with high income tend to experience fewer incidences of stigmatization (Moussa et al., 2021; Abdirahman et al., 2017; Simegnew et al., 2021). Within Resource Theory, these studies have shown that people with high income or social status are less likely to experience stigmatization (Beck, 1995). This has concluded that PLHIV with a high income or economic stability is less vulnerable to stigmatization. Research in southern Africa shows that low education can make PLHIV misunderstand HIV (Ncitakalo et al., 2021). Lack of knowledge and illiteracy related to HIV transmission and prejudice in society is strongly related to the formation of stigmatization and discrimination (Asamoah, Asamoah, & Agardh, 2017). To that end, decent literacy can help to reduce the stigma and prevent HIV / AIDS (Bogale, Boer, & Seydel, 2009). Ecological models theory explains how individual factors, namely knowledge, literacy, behaviour, beliefs, and character, can affect one's health and actions (RHI, 2022). The research findings in Kenya show that education is significantly related to stigmatization and discrimination, resulting in misperceptions of HIV/AIDS transmission (Abdirahman, Ndege, & Walekhwa, 2017). As such, good knowledge and literacy can reduce stigmatization in society.

Environmental factors influence food security, social support, and media exposure, which also relates to stigmatization and discrimination. Food security can be connected to resource theory, where the social degree is measured by food security which affects the nutrition of PLHIV. The economic status of PLHIV influences both. A higher social level is associated with lower negative experiences (Beck, 1995). In addition to food security, social support for PLHIV can provide a sense of belonging, care, and affection so that PLHIV feel psychologically better at controlling the disease compared to those with lower social support and self-esteem (Matsumoto et al., 2017). In addition, social support and care are the most critical factors affecting the life quality of PLHIV (Li et al., 2017). Thus, the higher the social support received by PLHIV, the less likely it is for PLHIV to experience stigmatization and discrimination. The life quality of PLHIV is influenced by media exposure to PLHIV. Some respondents experience stigmatization through the media (T.V. or radio), mainly when showing HIV / AIDS as a cursed disease (Mo & Ng, 2017). This incident supports the labelling theory by Howard Becker and the stigmatization theory by Goffman in 1963. The media has become a tool that potentially negatively labels PLHIV, making people gradually think that HIV / AIDS is a cursed disease and that PLHIV deserves to be shunned (Ardianti, 2017; Maharani, 2018). Therefore, food security, social support, and media exposure can affect the stigmatization and discrimination against PLHIV.

Personally, HIV/AIDS affects the physiological and self-esteem of PLHIV, which leads to depression. Physical changes due to HIV / AIDS include changes in their skin, such as lesions and drastic weight loss (Mo & Ng, 2017). This makes PLHIV unconfident and causes them to experience behavioural changes that alienate them from the environment due to their lack of self-confidence (Yu et al., 2021). Lack of self-confidence will pose various effects on PLHIV, namely anxiety, hopelessness, fear of the outside world, and low self-confidence. These negative traits are intertwined with the incidence of depression and suicide (Nguyen et al., 2019; Kalomo, 2018). Cognitive triad theory underlines three important indicators pertinent to self, environment, and future (McLeod, 2015). In the first indicator, PLHIV experiences a lack of self-confidence and despair. The environmental hand is related to the lack of social support, and the future arrows deal with the hopelessness in seeking treatment or continuing their life. The current physiological state results in decreased self-confidence, as manifested in anxiety, fear, despair, and alienation, which leads to depression and even suicidal ideation.

The incidence of stigmatization in PLHIV causes problems for them and adversely impacts their relationships with others, such as social isolation, loss of social support, and loss of obedience in carrying out treatment. According to Sigmund Freud, social isolation aims at self-defence by having interactions with others that affect self-esteem and self-concept (Baumeister, Dale, & Sommer, 1998). This can be seen from the findings in this study, where PLHIV experienced a breakup with their couples and family because the family did not accept them (Yu et al., 2021). In addition, people tend to avoid hanging out with PLHIV (Pourmarzi et al., 2017). Moreover, PLHIV experiences loss of respect, divorce, hostility toward others, and loss of social support (Mo & Ng, 2017). Social support provides a sense of belonging, care, and affection for PLHIV, so they can have more energy to control the disease psychologically (Matsumoto et al., 2017; Li et al., 2017). Social support can involve emotional support, appreciation, material, information, and social network (Rahakbauw, 2018). Taylor, in 1999 said that social support could reduce psychological distress and anxiety by preventing health disorders due to decreased body functions (Rahakbauw, 2018). Good social support also affects the assessment of PLHIV related to existing stressors and gives new hope to PLHIV to continue their treatment (treatment adherence).

The fast-moving and dynamic social system affects people's behaviour, interactions, perceptions, and health. (Christensen & Kenney, 2009). For example, PLHIV experience incidents of stigmatization and discrimination in the

workplace, which may be in the form of unilateral termination, biased information related to diseases from PLHIV by the media, and delays in treatment which eventually make them seek alternative health care (Mo dan Ng, 2017; George, 2019; Kumar et al., 2017). According to turnover intention theory, discomfort, differences, or gaps between PLHIV and other employees may arise due to PLHIV's perception of themselves and the interpersonal problems between PLHIV and other employees, which gradually leads to resignation or staying afloat (Cosgrave, 2018). Business owners tend to expel PLHIV disease because the stigma in society against HIV / AIDS is still wrong. This is done to maintain the brand value or reputation that has been built (Išoraitė, 2018). Therefore, the social system may gradually reduce the financial level of PLHIV and their life quality in the long term.

### **Conclusion**

Stigmatization and discrimination can include physical, verbal, and social dimensions. The incidents of stigmatization and discrimination can impact PLHIV personally, interpersonally, and socially. Factors that accompany and trigger stigmatization and discrimination relate to education, poverty, length of care, and social support. Factors and impacts as the result of this study that start the incidence of stigmatization and discrimination need to be reviewed in developing programs to nullify stigmatization and discrimination or to make policies for stakeholders in the future. Therefore, For future studies and the sustainability of the next research, this systematic review can be used to select variables to find the correlation between the factors/determinants.

### **Author's declaration**

The authors made substantial contributions to the conception and design of the study and took responsibility for data analysis, interpretation, and discussion of results. For manuscript preparation, all the authors read and approved the final version of the paper.

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### **Availability of data and materials**

All data are available from the authors.

### **Competing interests**

The authors declare no competing interest.

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