

# 1. INTRODUCTION

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Since the beginning of the epidemic, people living with HIV/AIDS<sup>1</sup> or believed to be vulnerable to infection have consistently reported being the target of stigma and discrimination. Experiences such as loss of family, friends, work and housing, verbal and physical abuse have been widely documented across social and political boundaries.

Not only are incidences of stigma and discrimination upsetting to the individual affected and may cause serious problems wherever they occur, but stigma and discrimination in health care settings<sup>2</sup> can have particularly severe consequences. Fear of being identified as vulnerable to infection or as HIV-positive prevents many people from coming forward for voluntary testing, with the result that they are less likely to adopt measures to protect themselves and others from the virus. Inappropriate behavior towards those who are ill can lead to depression, social isolation and a worsening of their condition, which in turn places a greater burden on those who care for them. Furthermore, international conventions agree that discrimination against people with HIV/AIDS is often also an abuse of their human rights.

As the first step in its goal towards contributing to the fight against HIV/AIDS-related stigma and discrimination, this review combines a survey of documentation with an analysis of the phenomenon derived from an overview of that documentation. Regrettably, a lack of consistency in approach and narrowness in interpretation have often led to a restricted perspective, to occasional lack of clarity and sometimes to assumptions which are not supported by the evidence. Therefore, to clarify the issue, Chapter 2 examines the different components of stigma and discrimination and the way in which they interact.

Chapters 3 (from a global perspective) and 4 (Latin America and the Caribbean) examine stigma and discrimination in health care settings. The primary foci are (a) health workers<sup>3</sup> knowledge, attitudes and practices, and (b) the experiences of people living with HIV/AIDS. These chapters confirm two major gaps in information – whether and how far health workers' attitudes are reflected in their behavior, and the extent to which people with HIV have positive experiences in health care settings.

Despite incomplete information, there is enough evidence of good practice available for Chapter 5 to give a comprehensive overview of a range of actions that can combat stigma and discrimination in the health services. Chapter 6 synthesizes this into potential strategies. A comprehensive bibliography, with papers grouped according to their subject matter, is given in Chapter 7.

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<sup>1</sup> In this document, “people (living) with HIV/AIDS” refers to all individuals who have contracted HIV whatever their situation. The phrase “patients with HIV/AIDS” only refers to individuals in situations where they are receiving health care.

<sup>2</sup> In this document, the phrase “health care settings” refers to any place where a health worker (see below) provides professional services, including hospitals, clinics (including dental, clinics, clinics for the treatment of sexually transmitted infections etc), nursing homes and any settings where such services are provided, including public places where health care is given, such as following accidents in the home or street.

<sup>3</sup> In this document, the phrase “health workers” refers to all individuals who work in the health services and deal directly with patients, whether or not they provide health care: this includes doctors, psychologists, dentists, nurses and nursing assistants, occupational therapists, receptionists and other administrative staff.