

# Assessment of the Stigma Associated with the HIV in the Adolescents and Recommended Ways to Reduce the Stigma

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## *Astract*

Stigma is a major cause of discrimination as well as exclusion affecting people's self-esteem, disrupting their family relationships and limiting their ability to socialize, denying basic facilities such as housing and jobs ; it is a great hurdles for both mental well-being and effective treatment / care. Researcher finds that stigma leads to abuse of human rights. While Stigma is associated with many diseases, HIV/ AIDS is one of the diseases where the person has to bear not only the symptoms / health problems but face the stigma attached to it. Such stigma can only be curbed when people have appropriate sex education /awareness about HIV at the young age and this way learn to accept HIV positive people. This research primarily aims to investigate skills and attitudes of the school teachers especially those who teach biology and are responsible for imparting relevant education to the young people about the HIV positive people. A self-structured questionnaire was administered to the biology teachers of various schools of New Delhi in the Month of April 2017. The questionnaire aims to assess awareness level of the teachers on basic knowledge of HIV. 32 samples were collected from the various schools and information was processed through SPSS version. Results were evaluated with the application of cross tabulation and chi square tests and interpreted coming to final conclusion.

**Key words:** *Stigma, HIV/AIDS, Discrimination, Counselling, Adolescent group, Sex Education*

## **Introduction and Review of Literature**

Stigma always had a negative impact on the lives of people with whomsoever it is associated. Stigma of any disease makes the suffering double for the patients of that disease. There are many diseases in which stigma associated with them is in fact more than the disease and HIV is the one where the person has to bear not only the symptoms and health problems that come with the disease but also has to face the stigma associated with it.

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HIV is not new in India and the disease has been spreading in the country since 1986 when the first case of HIV was detected among the sex workers in the Chennai (Geeta.P, 2016). Since HIV is the preventable not curable disease, it is always associated with the high mortality. It has been almost 3 decades since the disease has been prevailing, still stigma is being attached to it that every HIV positive person has to bear throughout life. Not only physically but this stigma also extends on the mental and emotional level. A HIV positive person has to bear this stigma in various forms. For Example , the person is physically and verbally assaulted, socially isolated, barred from his/her rights and has to face consequences such as loss of family relations, employment and even financial loss (AIDS.Gov, 2014).

The main reason for HIV being a stigmatic disease is less awareness among the general population about



how the disease is transmitted . Usual perception of the people that it spreads mostly by heterosexual route Hence, most of the times it is considered that person got HIV infection by heterosexual route only (Fatoki, 2016) while there are other routes also by which HIV is transmitted which are not known to people.

HIV stigma in the society is prevalent since the inception of HIV in India and is very much prevalent even after 3 decades (Mariaet.al, 2016). It was observed that people in metropolitan cities like Mumbai and Bengaluru were reluctant to share the same utensils or clinics with HIV positive people (UNAIDS, 2001). Another study was found that to determine the stigma which is prevalent in the society, there is an association between the stigma, depression and quality of life and it has a great reflection on HIV positive people (Charles, Jeyaseelan, Pandian, Sam, Thenmozhi, & Jayaseelan, 2012)

Stigma for the HIV can only be reduced when people should be given correct sex education and awareness about HIV to the general population at the young age so that the society can accept HIV positive people with the open arms (Stangl & Grossman, 2013).

In this study, the sample study group is the school teachers and mainly biology teachers who are responsible for imparting sex education/ knowledge to the young students of class 8 and 9 standard. The study focuses on factors viz. the skills and the attitude of respondents themselves for the HIV positive people in order to investigate whether or not they have the correct values to educate younger generation for right attitude towards HIV.

### Objectives

The overall objective of the study was to evaluate about the knowledge and skill of the school teachers. The Study also finds out the attitude of teachers and students towards HIV Positive people and stigma observed by them for HIV People.

- To know about the basic knowledge/ skills towards HIV.
- To know the attitude towards HIV positive people.
- To analyse stigma towards HIV people.

### Research Methodology

Primary Data for the study were collected on the basis of the sample selected from various schools of Delhi. Random sampling techniques were used to collect information from the biology teachers of various schools of New Delhi using structured questionnaire.

Questionnaire pertains to the basic knowledge of HIV to assess the skill level of the teachers. Questionnaire also focuses on the behavioural attitude of the teacher and the students towards HIV positive people. This also includes variables associated with the stigma for the HIV. The Sample size is 30 respondents Out of the 32 samples taken, 10 samples (31.25 %) were taken from government schools and 22 samples (68.75%) were taken from private schools. There is almost an equal distribution of male and female teachers as male forms 46.9 % (15) and females constitute 53.1%. The majority of the teachers lie in the age group of 31- 40 years (59.4%, 19 in no.) which is second by 41-50 years (28.1%, 9 in no.).

From Table-3, it was further realised that more than half (52.2%) of the respondents with knowledge believe that HIV/AIDS can be cured, though 47.8% of the respondents stated while almost 67 % of respondent from the group without knowledge believe that it is not curable. On the other hand more than half (66.7%) of the respondents do not know about the difference between HIV/AIDS has stated that HIV/AIDS is not curable.

In Table-4, analysis shows that of 65.6% of respondents having knowledge about HIV/AIDS reported that the most appropriate way to establish a good relationship with children of 13-18 years were sports or music and also asking them about their likes. Lesser percentage of respondents without knowledge this knowledge find this channel to be effective.

As far as knowledge in dealing with the children is concerned, it is seen that the teachers who know the correct age group of the young people as defined by NACO answered maximum number of questions correctly. 76.9% of the teachers know that the taking decisions on the behalf of the children is not the correct method of counselling them. They should be given correct information and should be given an opportunity to take decisions themselves.

Data Analysis and Interpretation of Results: Data were processed using frequency distribution, cross tabulation and chi square tests

H01: There is no difference in perception of HIV / AIDS between two groups on transmission of these disease

**Table 1 : Frequency Distribution**

<b>S.No.</b>			<b>Total</b>	
1.	Government School	10	10	
2.	Private School	22	22	
3.	Grand Total	32	32	
<b>S.No.</b>	<b>Age Group</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Total</b>
1.	Under 25 Year	1	3.1	1
2.	26-30 Years	2	6.3	2
3.	31-40 Years	19	59.4	19
4.	41-50 Years	9	28.1	9
5.	51 and above	1	3.1	1
6.	Grand Total	32	100	32

Source : Generated by authors on the basis of responses

**Table 2a: The most common source of HIV transmission Cross tabulation**

		<b>the most common source of HTV transmission</b>			
<b>Group</b>	<b>HIV and AIDS heterosexual</b>	<b>Blood transfusion</b>	<b>injection drug use</b>	<b>blood products infusion</b>	<b>% of Total</b>
With knowledge of HIV/AIDS Yes	31.2%	25.0%	9.4%	6.2%	71.9%
With Knowledge of HIV/AIDS No.	3.1%	3.1%	9.4%	12.5%	28.1%
Total %	34.4%	28.1%	18.8%	18.8%	100.0%

**Table 2b: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.090 <sup>a</sup>	3	.028
Likelihood Ratio	9.087	3	.028
Linear-by-Linear Association	6.684	1	.010
N of Valid Cases	32		

a. 6 cells (75.0%) have expected count less than 5. The minimum expected count is 1.69.

**Table 2c: Symmetric Measures**

	Value		Approx. Sig.
Nominal by Nominal	Phi	.533	.028
	Cramer's V	.533	.028
N of Valid Cases	32		
a. Not assuming the null hypothesis.			
b. Using the asymptotic standard error assuming the null hypothesis.			

H02: There is no difference in attitude towards curability of HIV / AIDS between groups

**Table-3**

**Is there any difference in HIV and AIDS \* HIV / AIDS is curable Cross tabulation between two groups and attitude towards curability of HIV/AIDS**

Group	HIV / AIDS is curable% difference within groups		Total
	Yes	No	
Having Knowledge about HIV	52.2%	47.8%	100.0%
Without Knowledge about HIV	33.3%	66.7%	100.0%



**Table 4: Child be Informed about being tested for HIV**

Child be informed about being tested for HIV	most appropriate way to establish a good relationship with children of 13 - 18 years		% of Total
	find a fun relaxing activity to do together with them such as discussing a magazine and interesting object	find about about their interests such as sports or music and ask them about their likes and dislikes	
Having knowledge about HIV/AIDS	18.8%	45.9%	65.6%
Not having knowledge about HIV/AID	15.6%	18.8%	34.4%
% of Total	34.4%	65.6%	100.0%

Source: :Authors' calculation on the basis of survey

H03: There is no difference between teachers age and attitude towards HIV / AIDS affected people

**Table 5: Teacher's Age vs. Attitude towards HIV+ people**

Age group of teachers	Attitude towards HIV+ people(% within age)				Total
	love and care	Prayers	Support	treating like normal	
under 25 years	100.0%	0	0	0	100.0%
26-30 years		50.0%	0	50.0%	100.0%
31- 40 years	15.8%	5.3%	36.8%	42.1%	100.0%
41-50 years	33.3%	11.1%	44.4%	11.1%	100.0%
51 and above	100.0%	0	0	0	100.0%
Total 100%	25.0%	9.4%	34.4%	31.2%	100.0%

Source: :Authors' calculation on the basis of survey

**Table 5b: Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.383 <sup>a</sup>	12	.277
Likelihood Ratio	13.715	12	.319
Linear-by-Linear Association	.679	1	.410
N of Valid Cases	32		

a. 18 cells (90.0%) have expected count less than 5. The minimum expected count is .09.

Chi square test was used to estimate the strength of association between the age of the teacher and their attitude towards HIV positive people. Since the value of P is 0.277 which is more than 0.05. So there is no association between age of the teacher and their attitude towards HIV Positive people. So Null hypothesis is rejected and alternate hypothesis is accepted.

**Table 6: Difference between Groups with or without Knowledge about HIV/AIDS vs. Attitude towards HIV+ people**

Group with or without knowledge of HIV/AIDS	love and care	Prayers	Support	treating like Normal	Total
With Knowledge	21.7%	13.0%	39.1%	26.1%	100.0%
Without Knowledge	33.3%	0.0%	22.2%	44.4%	100.0%
Total	25.0	9.4%	34.4%	31.2%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.757 <sup>a</sup>	3	.431
Likelihood Ratio	3.548	3	.315
Linear-by-Linear Association	.032	1	.858
N of Valid Cases	32		

a. 5 cells (62.5%) have expected count less than 5. The minimum expected count is .84.

**Interpretation** - In the table 5, 62.5 % cells have expected count less than 5. The minimum expected count is .84 and  $p = .431$ . This suggests that there is a weak association between the two variables and a person who doesn't know the difference between HIV / AIDS can still hold a positive attitude towards HIV/AIDS positive people (40% treat them as normal and 37.5 % show love and care towards them). As from the table we can see that persons who doesn't know the difference also treats HIV positive patients as normal. The attitude of people towards HIV people are not based upon their level of knowledge about the HIV.

It has been analysed from the table 6 that those people who knew the difference of HIV and AIDS have treated 21.7 % of HIV infected people with love and care,

13% of HIV/AIDS people were treated with prayers, 39.1% of people treated by them with support and 26.1% of the people were treated as normal like other human .

Analysis further revealed that nearly one third (33.3%) of the HIV/AIDS positive people were treated with love and care by those who were not know the difference in HIV/AIDS, less than one third (22.2%) of the HIV positive people were supported by them, nearly half (44.4%) of the HIV Positive people were treated as normal by them.

Chi square test was used to estimate the strength of association between those who know or do not know the difference in HIV/AIDS and the attitude towards HIV positive people. Since the value of P is 0.431 which is more than 0.05. So there is no association between



those who know or do not know the difference in HIV/AIDS and the attitude towards HIV positive people.

### Discussion & Conclusion

Our study finds that in India whatever education is given to the students regarding HIV, it is given by their biology teachers and no one from the NACO or other organization is coming forward to impart knowledge specifically about HIV, its prevention and the stigma associated with it. It is also seen that the limited knowledge and that too only from academic point of view are transferred to students about HIV. Secondly, not much preference is given to stigma associated with the HIV and the focus remains on the HIV, its signs and symptoms and route of transmission.

The person living with HIV has to bear various kind of stigma in their life like being gossiped about, social isolation, physical and mental harassment. The social isolation is the most common form of stigma. Three Attitudinal Variables are statistically tested for any difference between teachers having knowledge about HIV and AID and not having knowledge for example :  
 (1) most common sources of transmission of HIV/AIDS  
 (2) Teacher's Age Vs. Attitude towards HIV+ people  
 (3) Groups with or with out Knowledge about HIV/AIDS Vs. Attitude towards HIV+ people.

While Perceptions on channels of transmission of HIV are different for two groups with or without knowledge, as far as attitude of teachers towards HIV+ people is concerned, both groups with or without knowledge about HIV+ have a positive attitude towards them and have supportive and caring attitude towards them. None of them believes in shrew away HIV+ people.

### Suggestions

HIV+ people in India are still facing troubles as HIV is associated with stigma even after more than 25 years, HIV is still considered a taboo and this stigma is more among the young people. The study was conducted to know the skill level of teachers who are providing knowledge regarding HIV and the attitude of teachers and students towards HIV+ people.

However some of the suggestions for combating with the stigma associated with HIV are:-

- Stigma of any disease is prevalent because people are not fully aware about the disease and its route of transmission and stigma arises because people are not aware how the disease spreads and how it can be prevented. Stigma can only be reduced if full

knowledge is given to the people especially adolescents.

- HIV should not be taught only for academic purposes but extra attention should be given to impart proper sex education so that adolescents can prevent themselves from HIV and can also have a positive attitude towards HIV+ people and can accept them as normal.
- Special classes for the same topic should be held regularly in the school where representatives from organizations like NGO's or NACO can come to impart knowledge about HIV and related topics.
- HIV+ people should be accepted socially by the family members, community.
- Regular counseling sessions can be taken by school teachers in HIV+ people so that they didn't lose their self-confidence and can live their life with self-respect and dignity.

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