# STIGMATISATION: AN IMPEDIMENT TO COUNSELLING AND TESTING OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN NIGERIA

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## ABSTRACT

*Stigmatization is pervasive problem that affects people, threatening an individuals psychologically and physical well being . This paper presents stigmatization as an impediment to counseling and testing of Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome (HIV/AIDS). Theories of HIV discussed include the hunter's theory, the oral polio vaccine theory and the conspiracy theory. The main thrust of these theories is the assertion that HIV was transferred from chimpanzee to humans. Stigma can be caused by some factors as; insufficient knowledge of HIV/AIDS and fear of contagion. Several types and forms of HIV/AIDS stigma were equally discussed. For instance a country's laws regarding HIV/AIDS discriminate people living with it. Also discussed is the impact of stigma on the individual. For example, fear of prejudice, discrimination, discrediting and discounting impacts behavior change, counseling and testing of HIV/AIDS. Recommendations offered suggests enacting of policies, use of improved skills and techniques as well as initiation of programmes that would help in tackling the manace of HIV stigmatization in Nigeria.*

## Introduction

Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome (HIV/AIDS) is today a house hold name. This is because of the devastating effects it has on national growth and development. The problem is no longer new in Nigerian educational institutions. Within the periods of its existence in the country, available data revealed a steady increase in its prevalence (federal ministry of health, 2002: 5) the rate at which the virus is spreading is fast and the effect cannot be overestimated. Stigma is a form of prejudice, discrimination, discrediting or discounting an individual faces in relation to HIV or AIDS (De-Bryn, 1999: 11). The psychological effect of stigma due to prejudice and discrimination tend to undermine prevention and management strategies. According to de-bryn People Living with HIV/AIDS

(PLHA) experience discrimination on an ongoing basis. This impact goes beyond individuals infected but also impacts the society, thereby disrupting the functioning of communities and complicating prevention and management of HIV/AIDS.

Counseling and testing (CT) is a powerful weapon against the spread of HIV/AIDS and a key entry point for medical, psychological and social supports. Ironically, CT is confronted with stigmatization problem. Stigmatization is pervasive problem that affects people, threatening an individual's psychological and physical well-being. This paper therefore discusses and presents stigma as an impediment to CT under the following subheadings: nature, and meaning of HIV/AIDS; stigmatization; causes; types and forms of HIV stigma; impacts of stigma on behavior change, identity and on counseling and testing; as well as relationship between stigma and resistance to counseling and testing of HIV/AIDS.

## Nature and Meaning of HIV and AIDS

Human Immunodeficiency Virus (HIV) is a lentivirus otherwise called 'slow virus' that attach human immune system (Abdullahi, 2003: 137). AIDS on the other hand is abbreviated as; Acquired Immune Deficiency Syndrome, a human vital disease that ravages the immune system, undermining the body's ability to defend itself from infection and diseases. AIDS leaves an infected person vulnerable to opportunistic infections. Such infections are harmless in healthy people, but in those whose immune systems have been greatly weakened, they can prove fatal (Masha, 2003: 154). Transmission of the virus occurs most commonly as a result of sexual intercourse. Infection with HIV does not necessary means AIDS. Some people with HIV infection may not develop any of the clinical illness that define full-blown disease of AIDS for ten years or more (Adler, 1987; 25-30). Experts prefer to use the term AIDS for cases where a person has reached the final, life threatening stage of HIV infection.

## Theories of HIV and AIDS

HIV is a lentivirus that attacks human immune system. The name 'lentivirus' literally means 'slow virus' because they take such a long time to produce any adverse effect in the body (Bailes, 2003:1713). HIV is generally believed to have evolved from a simian immune deficiency virus (SIV), commonly found among monkeys that are indigenous to West Central Africa (Gao, Bailes, Robertson & Chen, 1999: 463-466). Gao and associates claimed that chimpanzee were the source of

HI-1, and that the virus had at some point in time crossed from chimps to humans. It has been known for a long time that certain viruses can be transferred between animals and humans. Below are some of the most common theories about how such transfer took place, and how SIV became HIV in humans.

**The Hunters Theory**

This is the most commonly accepted theory. The accretion here is that, SIV was transferred to humans as a result of chimps being killed and eaten or their blood getting into cuts or wounds on the hunters (Cohen, 2000:88-104). Proponent of this theory asserts that every time the SIV passed from chimps to humans, it would have developed in more slightly different way within the body, and thus produced slightly different strains.

**The Oral Polio Vaccine (OPV) Theory**

This is rather a more controversial theory which postulates that HIV was transferred via medical intervention. Proponent believes that HIV can be traced to the testing of an oral polio vaccine called 'chat', given to about a million people in the Belgian Congo, Rwanda, and Burundi in the late 1950s (Cohen, 2000:88-104). Many have contested this theory and insist that the oral administration of the vaccine would seem insufficient to cause infection in most people (Blancou, 2001: 1045-1046). In order words, SIV/HIV needs to get directly into the blood stream to cause infection.

**The Contaminated Needle Theory**

This is an extension of the original 'hunter' theory. This theory posits that the discriminate use of unsterile syringes during inoculation to inject multiple patients would rapidly have transferred any viral particles (within a hunter's blood) from one person to another. This can create a huge potential for the virus to mutate and replicate in each new individual it entered, even if the SIV within the original person infected had not yet converted to HIV (Gao *et al*, 1999:436-444).

**The Colonialism Theory**

The colonialism or 'Heart of Darkness' theory is one of the more recent theories to have entered into the debate. It is again based on the basic hunter's premise, but more thoroughly explains how this original infection could have led o any epidemic. According to Chitnis, Rawls and Moore (2000), SIV/HIV found their ways into humans as the result of poor health, poor sanitation, scarcity of food and extreme physical demands in

the labour camps which resulted to weakened immune system. This occurred during colonial rules in the late 19th and early 20th century, in areas such as French Equatorial Africa and Belgian Congo.

## The Conspiracy Theory

Some say that HIV is a 'conspiracy theory' or that it is artificially made by man. A recent survey by Fears (2005) identified a significant number of African American who believed HIV was manufactured as part of a biological warfare programme, designed to wipe out large numbers of black and homosexual people in he survey, the US Special Cancer Virus Programme (SCVP) was said to have collaborated with the CIA to manufacture the virus. Linked with this theory is the belief that the virus was spread either deliberately or inadvertently to thousands of people all over the world through the small pox inoculation programme, or to gay men through hepatitis B vaccine trials.

## HIV/AIDS Stigmatization

HIV/AIDS is a virus that is found in the body. Stigma is found in the thoughts of people and communities, when people believe that a particular illness or something a person has done or feels is shameful and brings disgrace on themselves, their family or despised and avoided by the community. Barlett (2007) defined stigma as a deeply discrediting attribute that reduces a person to someone who is in some way and can therefore be demigrated. It is a pervasive problem that affects health globally, threatening an individual's psychological and physical well being.

In other words, stigma is a sign of social unacceptability or shame or disgrace attached to something. There are many different types of stigma in societies, but in this paper, stigma refers to all the negative thoughts and feelings that people have about HIV/AIDS, about those who have it their families and even about discussing it. Because of this stigma, individuals, families and whole communities often discriminate against others in ways that cause great sufferings. Stigma also can impede counseling and testing thereby undermining successful HIV/AIDS management.

## Causes of HIV/AIDS Stigmatization

HIV/AIDS is not the only disease that is stigmatized, there are other conditions such as epilepsy, mental illness, cancer, tuberculosis, and syphilis that are also stigmatized both in the past and the present. What distinguishes of HIV/AIDS from many illnesses and diseases, however, are the many dimensions of HIV/AIDS related stigma as:

1. HIV/AIDS is a life threatening disease.
2. People are scared of contacting HIV.
3. The disease's association with behaviours such as sex is already stigmatized in many societies.
4. People living with HIV/AIDS are often thought of as being responsible for becoming infected.
5. Religious or moral beliefs that lead some people to believe that having HIV/AIDS is the result of moral fault (such as promiscuity or deviant sex) that deserves to be punished.
6. Insufficient knowledge, misconceptions and fear about how HIV is transmitted and the potential or capacity of people living with HIV/AIDS
7. Lack of recognition of stigma

It is the combination of these stigmas, together with their strength, that makes it difficult for students and other youth to access HIV/AIDS counseling. Together with the widespread belief that HIV/AIDS is shameful makes some people to deny the fact that they are likely to be infected or affected.

**Types or forms of HIV/AIDS Stigma**

HHIV/AIDS stigma has been seen all over the world, although they manifest themselves differently between countries, communities, religious groups and individuals. Alexandrova, (2004) identified two types of HIV related stigma as; felt or internal stigma and enacted or external stigma. Felt or internal stigma refers to how someone thinks about himselves in relation to HIV/AIDS and how he believes that the public perceives him with HIV. It could refer to the shame associated with the illness and fear of being perceived discriminated against. In other words, it is a stigma which leads to unwillingness to seek help and access resources (UNAIDS, 2008:67). Enacted stigma on the other hand refers to actual experience of discrimination. According to Bunting (1996), enacted stigma leads to discrimination of the basis of HIV status or association with someone who is living with HIV/AIDS.

**HIV/AIDS**

AIDS related stigma can lead to discrimination towards people living with HIV/AIDs. AIDs

related discrimination means that people are treated negatively and denied opportunities on the basis of their HIV status. This discrimination can occur at all levels of a person's daily life, for example, when they wish to travel, use health care facilities or get a new job. HIV/AIDS- related stigma and discrimination can occur in various forms. Some includes the following;

**Government**

A country's law, rules and policies regarding HIV/AIDs can have a significant effect on the lives of people living with HIV/AIDS. In 2008, UNAIDS reported that 67% of countries now have some form of legislation in place to protect PLHA from discrimination. However, Ban Ki-Moon, secretary general of the united nation, believed that almost all permit at least some form of discrimination (Joyonline, 2008:3-9). There are many ways that governments can actively discriminate against people or communities with (or suspected of having) HIV/AIDS. Below are some examples of government level stigma and discrimination against people living with HIV/AIDS.

1. The USA, Armenia, Brunei, Iraq, South Korea, Moldova, and Saudi Arabia restrict people with HIV/AIDS from entering their country (Newstatesman, 2008: 14).

2. President Museveni of Uganda supports the national policy of dismissing or not promoting members of the armed forces who test HIV positive (UNAIDS, 2003:56).

3. The Chinese government advocates compulsory HIV testing for any Chinese citizen who has been living outside of the country for more than a year (China view, 2007:24).

4. The UK legal system can prosecute individuals, who pass the virus to some body else, even if they did so without intent (UNAIDS, 2003:56).

5. The United Arab Emirates (UAE) immediately deports any expatriates with HIV/AIDS (Rahimi, 2007:37).

Many of these laws, particularly those that insist on the compulsory notifications of HIV/AIDS cases, or the restriction of an infected person's right to travel justified on the grounds that, the disease poses a public health risk.

**Health Care**

The withholding of treatment, hospital staff refusing to treat patients, HIV testing without consent, lack of confidentiality and denial of hospital facilities and medicines are all ways that PLHA can experience stigma and discrimination in healthcare settings. Such responses are often fuelled by ignorance of HIV transmission routes amongst doctors, midwives, nurses and hospital staff. Lack of confidentiality has been repeatedly mentioned as a particular problem in health care settings. Many people living with HIV/AIDS do not get to choose how, when and to whom to disclose their HIV status.

Studies in India, Indonesia, the Philippines and Thailand found that 34% of respondents reported breaches of confidentiality by health workers (WHO, 1988:133). Doctors in healthcare setting in resource-poor areas with limited or no drugs have reported a frustration with the lack of opinions for treating people with HIV/AIDS, who were seen as 'doomed' to die (stigma research, 2004:37). This frustration may mean that aids patients are not prioritized or are actively discriminated against. Fear of exposure to HIV/AIDS as a result of lack of protective equipment is another factor fuelling discrimination among doctors and nurses in under-resourced clinics and hospitals.

**Community**

Community level stigma and discrimination towards people living with HIV/AIDS is found all over the world. A community's reaction to somebody living with HIV/AIDS can have a huge effect on that person's life. If the reaction is hostile a person may be ostracized and discriminated against and may be forced to leave their home, or change their daily activities such as shopping, socializing or schooling. Community level stigma and discrimination can manifest as ostracism, rejection and verbal and physical abuse. In extreme circumstances it has extended to acts of violence and murder. Aids related murders have been reported in countries as diverse as Brasil, Columbia, Ethopia, India, South Africa and Thailand. In December 1998, Gugu Dhlamini was stoned and beaten to death by neighbours in her township near Durban, South Africa, after speaking openly on world aids day about her HIV status (associated press, 1998: 12).

**Impact of Stigma on Counseling and Testing**

Counseling is a face to face interaction or process of establishing a rapport between two people Masha (2002) defines

counseling as an interpersonal interaction and dialogue between a client and someone who is trained and skilled in counseling. The client feels the need for help and the counselor is an impartial person who is not associated with the client and who is skilled in listening, attending, supporting, and guiding. World Health organization (1988) posit that counseling in HIV/AIDs is a relationship between a client and a counselor in order to prevent transmission of HIV/AIDs infection and to provide social and psychological support to those already infected, their families and close associates. In connection with HIV infection counseling provides information in an understandable, consistent and culturally acceptable way on the need to change in order to prevent infection. This involves discussion on issues like means of transmission, protected or saver sex practices, low risk or high risk practices as well as risk free practices and substitute forms of behaviour (SWAAN, 1987:56).

Testing in relation to HIV/aids is a laboratory routine procedure taken to confirm the presence of HIV on human body and to ascertain the level of damage it has caused to the body cells. The standard laboratory test used to detect HIV antibodies in the body fluid is the enzyme. Linked Immunosorbent Assay (ELISA): In the test, a blood sample is mixed with ELISA substance. If HIV antibodies are present, there will be a color change in the mixture due to binding of HIV antibodies to the ELISA substance. This test is said to be reliable when performed two or three months after infection with HIV. Experts posits that the combination of the ELISA and the western Blot tests more than 99.9 percent accurate in detecting and diagnosing HIV infection within twelve weeks following exposure (CDC, 2003: 52 - 540). Discovering that one is HIV positive brings with it a multitude of anxieties and concerns that result from fear and uncertainty about how others react. These anxieties and concerns may prevent students from disclosing their status to family or friends and benefiting from their support or the support from the institutions, from accessing health care benefits, health care services, HIV/AIDs counseling or other services (Alexadrova, *et al*: 2004:43).

**Relationship of Stigma and Resistance to Counseling and Testing**

Resistance to counseling refers to unconscious rejection or opposition that impedes a successful face to face interaction between the counselor and the client. Saye (2003) defines resistance as an act of opposition that jeopardized the purpose of counseling. Resistance to HIV counseling may emanate as

the result of stigma. Stigma is one of the variables people take into consideration when they have to deal with issues related to HIV counseling. Fear of negative consequences of testing also had an effect in finding out why American college students did not go for counseling and testing (Barth, Cook & Fischoft, 2002: 153-159).

Refusal to disclose HIV status is form of resistance (Mnyanda, 2006:78). It is indeed a complex problem that may be due to stigma and discrimination. Studies in South Africa revealed that people only disclose their statuses if they perceive stigma to be at acceptable levels (Etiebet *et al.*, 2004: 37-46; Kalichman & Simbayi, 2003: 125-142). Levels of disclosure are very low because of fear of stigma and discrimination. Pawinski & Laloo (2000), surveyed 726 HIV- positive clients at two counseling centers in Kwazulu and Natal and found that 65 percent and 92 percent respectively had not disclosed their status to anyone. This trend is not unusual in Nigeria, the level of disclosure is quite low because of the stigma attached to it. Some prefer to die rather than being subjected to prejudice and discrimination.

## Conclusion

At this juncture, it is pertinent to say that HIV stigma is a powerful psychological constraint that continues to impede counseling and testing, which is believed to be the entry point for effective management and intervention of HIV/AIDs. The phobia that is often formed in respect to discrimination and prejudice accounts for why people resist counseling and testing. Stigma may occur as a result of preformed believe or bits of wrong and concocted information called stereotyping. The interplay between stigma and stereotyping no doubt can adversely truncate the effort of counselors and other stakeholders in the management of HIV/AIDs pandemic.

## Recommendations

The following recommendations are suggested;

1. There should be effective policies that would enhance voluntary counseling and testing in schools and community settings.
2. School administrators should provide enabling environment that would enhance assessment, self determination and self disclosure among students.
3. Parents should endeavour to provide correct and adequate information on HIV/AIDs to their children. This would help HIV

stereotyping and stigmatization.

4. Non-Governmental Organisations should advocate and initiate programmes that would empower students with accurate information on HIV/AIDs; develop positive attitude to CT; overcome prejudice and discrimination and live a healthy life.

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