



# Stigma Elimination

Population Specific  
Interventions

## Stigma- e messaging toolkit

Talking openly about HIV can help normalize the subject. It also provides opportunities to correct misconceptions and help others learn more about HIV. But be mindful of how you talk about HIV and people living with HIV.

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# Know how talk about HIV to avoid *stigma*



## The words we use matter.

### Keep in mind that

- When talking about HIV, certain words and language may have a negative meaning for people at high risk for HIV or those who have HIV.
- The society can do its part to stop HIV stigma by being intentional and thoughtful when choosing words, and choosing to use supportive—rather than stigmatizing—language when talking about HIV.

# STOP

## stigmatizing People with HIV



**“Do not** refer to us as people with Aids, we don’t have Aids but we have HIV”

The term **“patient”** implies a constant state of illness that can be misleading and demoralizing. **A stable person with HIV is not a patient**, call us clients (we collect and take treatment everyday but that does not mean we are sick

**“Unprotected/Unsafe sex”** is often associated with sex without a condom. There are numerous ways outside condom use to engage in safe sex to prevent HIV e.g. **Use of HAART/ PreP etc.**

**HIV transmitters:** Other people may say people who have an undetectable viral load have little risk of transmission. This is not true; **People with HIV who have an undetectable viral load do not/don’t transmit, will not/won’t transmit, People who are undetectable have effectively no risk of transmitting HIV.**

# HIV Stigma

## What is HIV Stigma



Stigma refers to the *negative attitudes and judgements* people have about others, based on an aspect of their identity. *Stigma leads to discrimination, social isolation and abuse.*



People who experience stigma are less likely to access the services and support they need to look after their health. *Stigma and discrimination is one of the main reasons why people are reluctant to test for HIV, share their HIV status with others, go on HIV treatment.*

**Stigma can be deadly.** It can result in people with HIV getting diagnosed late, when the virus may have already progressed to AIDS. This makes treatment less effective, increases the likelihood of passing on HIV, and leads to unnecessary deaths.

HIV stigma is linked to fears about HIV, which emerged at the beginning of the epidemic when little was known about how HIV was transmitted. Although there is now a lot of more information about this, HIV-related stigma persists

## There are different types of stigma

### external and internalised:

**External stigma** is negative attitudes and beliefs about people with HIV. It is the prejudice that comes with labelling an individual as part of a group that is believed to be socially unacceptable.

**Internalized stigma** or “self-stigma” happens when a person takes in the negative ideas and stereotypes about people living with HIV and start to apply them to themselves. HIV internalized stigma can lead to feelings of shame, fear of disclosure, isolation, and despair. These feelings can keep people from getting tested and treated for HIV.

# Stigma Elimination



## Population Specific Interventions

Addressing HIV stigma requires targeted interventions that consider the unique needs and challenges faced by different populations. Here's a breakdown of potential population-specific interventions aimed at eliminating HIV stigma:



### 01 Mental Health Support

Provide mental health services to reduce internalized stigma and increase self-esteem, self-efficacy, coping skills and quality of life.



### 02 Accessible Peer Support

Increase number and accessibility of support and peer groups as a fundamental part of HIV service provision to address internalized and experienced stigma



### 03 Family Education & Support Strategies

Raise awareness and knowledge among families of adults and young people living with HIV about how HIV is and is not transmitted in order to reduce stigmatizing avoidance behaviours, and about non-stigmatizing ways to support family members living with HIV (e.g. adherence support strategies, supported disclosure to trusted family members and peers).

### 04 Community Awareness Programs

Implement programmes that challenge drivers of stigma and discrimination among the public and foster supportive communities. Use mass communication strategies, social media campaigns, advertising campaigns, and education entertainment ("edutainment").

### 05 Engaging Opinion Leaders

Collaboration with influential community figures, including faith leaders, women's groups, local leaders, and celebrities, is essential. (e.g. faith leaders, women's groups, local leaders, celebrities).

### 06 Accessible Support Services Infrastructure

Ensure good-quality support services for people who experience stigma manifestations (e.g. gender based violence, discrimination, experienced stigma) are available, acceptable and accessible through developing sufficient infrastructure, training staff, and addressing barriers to services uptake (e.g. location of services, concerns around confidentiality, welcoming staff).





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## At the Work place

### 06 Access to HIV Services and Partnerships

Provide employees access to HIV services or developing partnerships with HIV service providers to help reduce the stigma surrounding HIV testing and treatment.

### 06 Non-Discrimination Policies and Practices

Ensure there is no discrimination on the basis of real or perceived HIV status in recruitment, continued employment, pursuit of equal opportunities or termination of contract.

### 06 Dissemination of Workplace HIV Policies

Disseminate information on existing HIV workplace policies and provisions to all staff members so they understand their rights and ways to address any policy violations; this includes training peer educators from all levels of the workplace to disseminate information.

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