



Fact Sheet 4:

## HIV-RELATED STIGMA AND DISCRIMINATION

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AIDS is a global pandemic. People living with HIV and AIDS are, to varying degrees, stigmatised throughout the world.

Around the world, HIV stigma is expressed through social ostracism, personal rejection, direct and indirect discrimination and laws that deprive people living with, and affected by, HIV and AIDS of their basic rights. In the United Kingdom, HIV and AIDS-related discrimination in employment, health care, insurance and education have all been widely reported since the beginning of the epidemic.

### What are Stigma and Discrimination?

**Stigma** is a form of prejudice that discredits or rejects an individual or group because they are seen to be different from ourselves or from the mainstream. When people act on their prejudice, stigma turns into discrimination.

**Discrimination** can be defined as any action or measure that results in someone being treated unfairly because they belong or are perceived to belong, to a particular group (e.g. a gay man discriminated against because of his sexual orientation).

### What are HIV-related Stigma and Discrimination?

**HIV-related stigma** arises mostly from fear and ignorance about the disease and/or hostility and existing prejudices about the groups most affected by it (e.g. gay men, Black Africans).

**HIV-related discrimination** is the unfair treatment of people on the basis of their actual or suspected HIV status. Discrimination against people living with HIV and AIDS also extends to those with whom HIV and AIDS are associated in the public mind.

**HIV-related discrimination is unique.** Unlike other kinds of disability discrimination, it is often linked with and reinforces other forms of discrimination such as racism and homophobia.

### What factors contribute to HIV-related stigma and discrimination?

- HIV is a life threatening condition;
- Lack of understanding about the disease (e.g. myths and misconceptions about how HIV is transmitted);
- Association of HIV with specific behaviours or lifestyles (e.g. homosexuality, injecting drug use);
- Existing prejudices towards population groups already stigmatised and discriminated against because of their race, gender and/or sexual orientation; and
- Irresponsible and biased media reporting of HIV-related news.

## **Examples of HIV-related discrimination**

For people living with HIV, or those assumed to be HIV-positive, no area of life is untouched by stigma and no area of life is invulnerable to discrimination.

### **Employment**

Examples of discriminatory practices include pre-employment HIV testing, denial of employment to people who test positive, harassment in the workplace and pressure to resign. NAT has developed a resource pack aimed at employers to prevent stigma discrimination in the workplace. To find out more visit [www.areyouhivprejudiced.org](http://www.areyouhivprejudiced.org)

### **Housing**

Examples of discrimination include refusal to rent a property for no stated reason, harassing a tenant and eviction for no stated reason.

### **Insurance**

Some insurers require an HIV test before providing insurance, or refuse to provide health and life insurance to gay men, regardless of their HIV status.

### **Education**

HIV-positive teachers can be dismissed through irrational fear of transmission to children, and the widespread fear of AIDS has led many adults to take extreme measures in an effort to prevent HIV-positive children from attending school.

### **Services**

Service providers can also discriminate, especially in relation to access to health care. Examples include general practitioners, surgeons, nurses or dentists refusing to treat patients with HIV or suspected of being HIV-positive, providing discriminatory standards of health care, or adopting unnecessary infection control measures. NAT has a resource pack to help tackle stigma and discrimination in healthcare. Go to [www.areyouhivprejudiced.org](http://www.areyouhivprejudiced.org) to find out more.

## **What is the impact of HIV stigma and discrimination?**

Responding to HIV and AIDS with blame or abuse towards people living with, or affected by, HIV and AIDS, simply forces the epidemic underground, creating the ideal conditions for HIV to spread.

### **This is because:**

- Stigma and discrimination threaten the effectiveness of HIV prevention and care programmes by discouraging individuals from coming forward for testing and seeking information on how to protect themselves and others.
- Stigma and discrimination have a destructive impact on disadvantaged, already stigmatised and marginalised communities.
- Discrimination against people living with, or affected by, HIV and AIDS, or those assumed to be infected violates fundamental human rights, in particular the right to be free from discrimination.

## **Responding to HIV stigma and discrimination**

In order to respond effectively to HIV stigma and discrimination, a range of strategies that tackle prejudice and protect people's rights needs to be implemented.

### **Existing anti-discrimination legal framework**

Anti-discrimination law is currently made up of three main statutes dealing with sex, race and disability respectively. These are the Sex Discrimination Act 1975, Race Relations Act 1976, and the Disability Discrimination Act 1995 (soon to be amended, see below).

Also, since December 2003, the Employment Equality (Sexual Orientation) Regulations 2003 prohibit sexual orientation discrimination in employment and vocational training. New regulations prohibiting discrimination on grounds of religion or belief are also in force.

### **Developments in the Law**

The Disability Discrimination Bill 2003 became law in Spring 2005 and some of its provisions will become legally enforceable in December 2005. The amendments made to existing law will go some way to improving the legal rights of people living with HIV. In particular, the new Act extends legal protection from discrimination to people with HIV from the moment of diagnosis. Previously the law covered only people with HIV at the symptomatic stage and those previously symptomatic or diagnosed with AIDS.

In May 2004 the Government published a White Paper on the setting up of a single Commission for Equality and Human Rights (CEHR), and a consultation has recently been completed. The proposed CEHR will take on the responsibilities of the three existing equality Commissions; the Commission for Racial Equality (CRE), the Disability Rights Commission (DRC) and the Equal Opportunities Commission (EOC), and will also provide institutional support for the Human Rights Act. The Government intends the CEHR to be in place by 2007, with all of the current equality commissions incorporated into it by 2008/2009.

However, there are still areas for improvement. Anti-discrimination laws need to be simple to understand and easy to use. At the moment there are a range of laws that treat gender, race and disability discrimination differently and provide different levels of protection. While the setting up of the CEHR and the Disability Discrimination Bill are a huge step forward, they do not go far enough and anomalies in other areas of discrimination will remain. All of these laws should be combined into a **Single Equality Act**, which would set out in one place the rights on individuals not to be discriminated against and the duties of employers, public bodies and the providers of goods and services to prevent such discrimination. For more information about NAT's campaign for a Single Equality Act go to: <http://www.nat.org.uk/documents/KIS.pdf>

### **Education**

Education is a key component in any strategy to reduce or prevent stigma and discrimination against people with HIV and the communities most affected by the virus. Three kinds of educational programs should be prioritised: public, professional and focussed education.

Public education is required to maintain or increase knowledge amongst the general population about HIV. In addition, because of the frequency that discrimination occurs in healthcare settings, education of health care workers is a priority, as is the

education of other professional groups. Public and professional educational programs need to be supported by efforts with particular communities or populations. This might include schools, faith communities or the work place, or amongst groups disproportionately affected by the virus, such as African and gay communities.

NAT's ARE YOU HIV PREJUDICED? Campaign has been designed to challenge HIV-related stigma and discrimination by giving information about HIV, illustrating the impact of stigma and discrimination, and providing ways of tackling discrimination. Two education packs have been produced as part of this campaign, one aimed at tackling discrimination in the workplace, and one aimed at the primary health care setting (e.g. GPs, dentists). Both these packs provide people working in the relevant setting with information, ideas, and good practice guides to tackle discrimination and comply with the new legal framework.

### **Community mobilisation**

Networks and organisations involving and representing people from communities most affected by HIV and AIDS should be developed.

These networks and organisations have historically played a vital role in working for the social and political changes necessary to prevent, challenge and eliminate HIV discrimination.

For more information on NAT's HIV stigma and discrimination programme, visit [www.areyouhivprejudiced.org](http://www.areyouhivprejudiced.org)

The National AIDS Trust (NAT) is the UK's leading independent policy and campaigning voice on HIV and AIDS.

We develop policies and campaign to halt the spread of HIV and AIDS, and improve the quality of life of people affected by HIV, both in the UK and internationally.

We aim to prevent the spread of HIV and AIDS, ensure people living with HIV have access to treatment and care, and eradicate HIV-related stigma and discrimination.

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