Perception of the College Students on Hiv/Aids Related Stigma, Discrimination and Social Exclusion

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Abstract

AIDS has certain socio-cultural notions of stigma emerging out of taboos and cultural practices relating to sexual behaviour, addiction to drugs, etc. Therefore, persons infected by HIV and AIDS are looked down upon as deviants, carry labels and therefore are excluded from the formal and informal settings.

This paper examines the perceptions of the undergraduate students on aspects of stigma, discrimination and social exclusion with respect to persons with HIV/AIDSwithin the socio-cultural context of Manipur.A semi-structured interview schedule is used to collect data from the students.

It is revealed that while a majority of the students are sympathetic towards HIV^+ persons and are against isolating them from the everyday life in the society, there are a few students who expressed their fear that if the HIV positive students attend the college, the virus may spread to other uninfected students. There arealso differences in attitudes of students in terms of gender, ethnicity, place of residence, etc. Surprisingly, almost all students expressed that they would not keep it a secret when one of their family member gets infected with HIV for various reasons.

KEYWORDS: Stigma, Discrimination, Exclusion, HIV/AIDS, PLHA

INTRODUCTION

Stigma is related to the negative thoughts and feelings towards an individual or social group where people believe that a particular illness, or something a person has done or feels, is shameful and brings dishonour on themselves, their family or their community. This stigma can often lead to prejudice resulting discrimination which refers to any form of distinction, exclusion and restriction affecting the individual.

It was Erving Goffman (1963) who introduced the concept of stigma, perhaps the most used until today in sociology. Drawing on his research with individuals who had experienced stigmatisation, including people with mental illness, physical deformities or socially 'deviant' behaviours, Goffman argued that the stigmatised individual is a person

whose normal identity is spoiled by the reactions of others. According to him, stigma can be seen as a relationship between an attribute and a stereotype and is a reference to depreciative attributes, weaknesses or disadvantages (Goffman, 1963). In other words, the stigmatised person is considered as possessing a different characteristic which is disapproved in the society and is treated differently by the community, who has misinformation and misinterpretations about the stigmatised one.

Further, Reingold (2001) elaborated the types of stigma into five groups: behaviours (abuse of alcohol and drugs, homosexuality, sexual abuse), structural abnormalities (facial anomalies, abnormalities of skin pigmentation), functional abnormalities (physical, motor, speech, vision, hearing, mental and others), contagious diseases (leprosy, AIDS, tuberculosis, sexually transmitted diseases), others (cancer). Under this scheme, we may understand that the stigma associated with HIV/AIDS falls into both behavioural as well as disease based stigmatisation. However, the stigma based on disease includes the sexually transmitted diseases which are also associated with a particular kind of social behaviour of an individual.

Importantly, stigmatisation is a process (Aggleton and Parker, 2002). The qualities to which stigma adheres (e.g. the colour of the skin, the way someone talks, the things that they do) can be quite arbitrary. Within a particular culture or setting, certain attributes are seized upon and defined by others as discreditable or unworthy. Stigmatisation, therefore, describes a process of devaluation rather than a thing (Aggleton and Parker, 2002:8).

As UNAIDS (2005) suggest, 'when stigma is acted upon, the result is discrimination'. Discrimination consists of actions or omissions that are derived from stigma and directed towards those individuals who are stigmatised. UNAIDS (2000) developed a protocol for the identification of discrimination against people with HIV/AIDS. According to the protocol, discrimination refers to any form of distinction, exclusion or restriction affecting a person, usually, but not only, by virtue of an inherent personal characteristic or the perception of belonging to a particular group- in case of HIV and AIDS, a person's confirmed or suspected HIV positive status, irrespective of whether or not there is any justification for these measures (UNAIDS, 2000: 9). In this sense, "discrimination" is the treatment of an individual or group with partiality or prejudice. Thus, it is an act or behaviour.

Discrimination tends to fall into two categories: (i) legislative forms of discrimination, which reflect stigma that has been officially sanctioned and legitimised through laws or policies and (ii) community-level forms, which reflects stigma in less formal contexts, such as the family, work place or and other structures of civil society (Population Council, 1999).

Ignorance and fear are said to underlie HIV related stigma. Inadequate understanding of the modes of HIV transmission leads to fear of transmission from casual contact (ICRW, 2002). This fear, combined with a better understanding of the deadliness of the disease, can lead to physical and social ostracisation of people living with HIV/AIDS (PLHA) and other forms of discrimination leading to social exclusion.

The basic premise of the present paper is that AIDS has certain socio-cultural notions of stigma emerging out of taboos and cultural practices relating to sexual

behaviour, addiction to drugs, etc. Therefore, persons infected by HIV and AIDS are looked down upon as deviants, carry labels and therefore are excluded from the formal and informal social settings. This paper provides the perceptions of the students on aspects of stigma, discrimination and social exclusion with respect to persons with HIV/AIDS. Attitudes related to issues such as, whether HIV positive students should be allowed to attend college, their willingness to share a meal with an HIV positive person, the students' desire to keep secret when one of their family members infected with HIV, etc. are raised.

METHODOLOGY

Data Collection

With a view to provide an objective empirical support to the present study, both primary and secondary sources are used. The primary data is collected from the under-graduate college students of Manipur, one of the HIV/AIDS high prevalence states in India, using a pre-tested, semi-structured interview schedule. The interview schedule included questions for assessing the stigma, discrimination and social exclusion perceptions of the students with respect to persons with HIV/AIDS.

Sample Selection

The study is conducted among the under-graduate students in Manipur. In the present study, multi-stage quota sampling is used to suit the purpose of the study. In the first instance, the colleges are selected based on their location in high, medium and low HIV prevalence districts of Manipur. Though all the nine districts in Manipur are affected by HIV, they vary in their degree of prevalence. For the present study, three colleges are selected from the three districts based on highly, medium and less affected districts by the epidemic in the state.

In all, 310 students, 162 men and 148 women students are interviewed. Of which, 54.2 percent are from the rural and 45.8 percent are from the urban areas of residence. The sampling procedure adopted at this stage of selecting respondents is purposive sampling keeping in view the intention of taking both men and women, and rural and urban students in nearly equal proportions. The data analysis, however, presents an additional variable of ethnic category (tribal or Meitei)[1] in order to enhance the understanding varying cultural contexts. However, it may be pointed out that the tribal and Meitei students are not equally distributed and sample has higher number of Meitei students compared to the tribal students.

RESULTS AND DISCUSSION

Attitude of Students towards HIV/AIDS Patients

The students are asked, *"Do you know anyone who has HIV or died from AIDS*?and, if they knew someone, *"how are you related to the person who is infected?''*.Table 1 and table 2 show the distribution of students who knew the AIDS patients and their relationship with them.

It is observed that a majority (60.6 percent) of the students have reported that they personally knew someone who is infected with HIV or died from AIDS. Almost an equal proportion of men and women students mentioned that they knew someone who is infected with HIV or died from AIDS. These included persons from their neighbourhood or their own families or their relatives. A majority (78.7 percent) of these HIV/AIDS patients are from the students' community itself. It is interesting to note that a few students (4.3 percent) revealed that the HIV/AIDS patient whom they knew is from their own family. However, they didn't know any student in their own college who is infected with the virus.

It is important to note here that students had known someone with AIDS within their family, community and relatives, even though they did not know the difference between HIV and AIDS**.** In the present study, only 38.7 percent of the students knew the difference between HIV and AIDS[2]. Here, a majority (60.6 percent) reported that they knew someone who has HIV or have died from AIDS. This reflects a serious gap in the way students are getting exposed to the disease and its effects on the general well being within the society. The study clearly brings out the need to address this gap through socialisation of students by adopting certain pedagogical interventions and also sensitisationprogrammes.

Further, to assess the attitude of students towards HIV infected persons and AIDS patients, the students are asked the question: *"Should HIV positive students be allowed to attend the college or not?*" Table 3 shows the distribution of students in this regard.

It is clear that a majority (88.4 percent) of the students are sympathetic towards HIV positive persons and are against isolating them from the everyday life. These students have a positive attitude towards HIV/AIDS patients and they reported that they wouldn't have any problem when HIV positive students are allowed to attend the college. They expressed that HIV is not transmitted in sitting together, shaking hands with people with HIV or AIDS, casual contact such as sitting next to an infected person, gathering, touching each other, etc. At the same time, there were a small number (11.6 percent) of students who expressed their fear that if the HIV positive students attend the college, the virus may spread to other uninfected students.

These findings could be related to the awareness of the students about the modes of HIV transmission. An overwhelming majority of the students (89.6 percent) reported that they knew two or more than two correct modes of HIV transmission[3]. Though small in proportion, but significant, nearly 10 percent of the students knew just one correct mode (8.4 percent) or nil (1.9 percent). Most of these students mentioned the transmission of HIV through sharing of infected syringes among the intravenous drug users.

Interestingly, there is significant difference between men and women students in their attitude towards the HIV/AIDS patients. More women than men students were against allowing the HIV positive students attending college. For instance, about 21.3 percent of the women students were against them are women while the corresponding figure for men is only 2.5 percent. Similarly, there are also differences in proportion in terms of place of residence and ethnicity.

It may be observed that there is a significant difference in the proportion of students who didn't want HIV infected students to attend the college. For instance, out of those who didn't want HIV infected students to attend college, a majority (94.4 percent) are from the rural areas. This reflects the low level of awareness about the modes of HIV transmission among the rural students.

It is also clear that there are significant differences in the perception in terms of their ethnic backgrounds (tribal and non-tribal) with reference to those who wanted to allow HIV infected students to attend college and those who didn't want. For example, among those who wanted HIV infected students to attend the college, a majority (75.2 percent) belonged to Meitei community. However, among those who didn't want HIV infected students attending college, a majority (94.4 percent) belonged to the tribal community. Thus, we may note that the proportion of Meitei students is more compared to the tribal students who are sympathetic towards HIV positive persons and are against isolating them from the society.

However, it is interesting to discuss some of the responses of the students. According to a tribal student, "they (HIV infected students) are the most dangerous to attend the college. We should not allow them to attend college in any condition, because the virus may spread to other uninfected students". Another Meitei student argues, "why shouldn't, they are also human beings. HIV is not transmitted to others when they attend the college. Those students who reported that HIV positive students should not attend college, might not know how the virus is transmitted from an infected to another uninfected person". For yet another student, "I don't have any problem when HIV positive students attend college. I know how HIV is transmitted and how it is not transmitted. But I do not have interest to interact with them". Such responses from the students arise because of their lack of knowledge and awareness about HIV/AIDS and STDs, specially from those tribal and rural home backgrounds whose educational levels are found to be lower than that of the urban and Meitei family backgrounds.

The students are asked, "*Would you be willing to share a meal with an HIV infected person or not?*" (Table 4).

Interestingly, an overwhelming majority (83.2 percent) of the students expressed their willingness to share a meal with an HIV positive person or AIDS patient. A small number of students even reported that they have shared meals with HIV positive person. But a few who have expressed their willingness to share a meal mentioned that the person should be known to them, otherwise they are unwilling to share a meal with HIV/AIDS patients. For instance, according to a women student, "I know how HIV is transmitted and how it is not transmitted. So, I don't have any problem in sharing a meal with an HIV positive person or AIDS patient. But he/she should be a known person to me. Otherwise, I wouldn't share. With strangers, I feel uncomfortable in sharing a meal. This is not related to his/her HIV status at all". This perception may be in line with the general apathy shown by individuals to interact with those who are complete strangers in an interactive situation. Thus, it is not surprising that some students do not want to share a meal if the HIV/AIDS infected person is not known to them.

Further, interestingly, there is a small proportion of students who expressed their unwillingness to share a meal in fear of the virus. About 16.8 percent of the students did

not want to share a meal with HIV positive person. Again, more men than women students expressed their willingness toshare a meal with HIV infected or AIDS patient. Further, more women than men students expressed their unwillingness to share a meal. For instance, about 92.5 percent of the men students expressed their willingness to share the meal and the corresponding figure for women is 73.3 percent.

It is also found that there is no significant difference in proportion of students coming from rural and urban areas in terms of their willingness to share a meal with an HIV infected or AIDS patient. However, there are significant differences in terms of those who expressed their unwillingness to share the meal. Out of those who expressed their unwillingness in sharing a meal, a majority (76.9 percent) are from the rural areas. Similarly, those who have expressed their willingness to share a meal with HIV infected or AIDS patients, a majority (76.7 percent) are Meiteis. However, those who expressed their unwillingness to share a meal, a majority (80.8 percent) are tribal students. According to many Meitei students, HIV is not transmitted by sharing a meal, drinking water or eating food fromthe same utensil used by an infected person, casual contact, etc. All these could be related to the lower level of awareness about the ways of HIV transmission among the rural as well as tribal students. It is also found that about 10.3 percent of the students knew only one correct mode or didn't know other modes of HIV transmission. Almost all these students are either from rural or tribal backgrounds.

Stigma attached to the disease

In order to examine the stigma attached to HIV/AIDS, the students are asked, "if a member of their family got infected with HIV, would they want to keep it a secret without revealing it to others"? Table 5 shows the responses of students in terms gender, place of residence and ethnicity.

Surprisingly, an overwhelming proportion (93.5 percent) of students expressed that they would not keep it a secret when one of their family members is infected with HIV. The students reported that keeping it as a secret wouldn't bring any good to the family. This would help in further spread of the virus to other uninfected persons. Some of them even explained by giving examples the harm of keeping it a secret. For instance, a Meitei women student said, "If my brother/sister gets infected with the virus and tries to keep it a secret, this may result in long lasting adverse consequences. My brother/sister will get married someday. If he/she keeps it without revealing his/her HIV status to his/her partner, the virus will be transmitted to his/her partner, then to their children. So, what is the need of keeping it a secret". Another student reported, "HIV positive people need social support, encouragement and wishes to remain healthy, good thinking so that their lives may extend for atleast few more years. By keeping it a secret without letting others know may help in the further spread of the virus to other persons who didn't know that the family member is HIV positive. The family member who is HIV positive may donate blood to somebody".

Further, it is found that a few (5.8 percent) of the students expressed their desire to keep it a secret when any of their family members get infected with the AIDS virus. This group of students reported that the people infected with HIV are looked down with hatred and the family is ostracised sometimes from the neighbourhood. It is due to the

fear of loss and rejection, they expressed that it is better not to reveal the infection to anybody. It will be interesting to discuss here a few responses of the students. A tribal woman student narrated some incidents that were happening in her village.

> "When a person becomes infected with the virus and if other villagers come to know about this, they would inform the village chief/head. The village chief/head would call up the head of the family where the HIV infected person lives. He would advise the head of the family not to keep the HIV positive member in their family or in the village. If the head of the family fails to follow the village chief/head's advice, the family has to face many consequences like social boycott of the family in the village. At the same time, if a person or family show sympathy to the affected family by continuing the normal ties, that person or family also may face the same fate".

Thus, this example clearly presents how the stigma, discrimination and exclusion take place in the case of individuals, families and the communities in a traditional social setting.

Gender-wise, there is not much significant difference except that almost all the women students reported that they wouldn't keep it a secret when one of their family members get infected with the virus. More men than women students reported that they didn't want to reveal to others when one of their family members get infected with the AIDS virus. They expressed that it is better to keep it a secret instead of facing the societal stigma and discrimination.

Furthermore, it is found that among those who want to keep it a secret, urban students (88.9 percent) are more than those from rural areas (11.1 percent). This finding is contradictory from the general belief that urban people have better knowledge about HIV/AIDS than rural people and that the stigma and discrimination related to HIV/AIDS arises because of low awareness of HIV/AIDS among the general people. So, stigma and discrimination is higher among rural people where there is low level of awareness of HIV/AIDS. However, it may be noted that there are no significant differences in the proportion of students from Meitei and tribal communities who want to keep HIV infection a secret when one of their family members get infected with the virus.

Thus, the responses of a small proportion of students who want to keep it a secret when one of their family members gets infected with HIV are relevant. It is the HIV patients themselves who do not want to reveal their status of infection to anybody because of fear of loss of prestige to himself/herself as well as that of the family. Interview with a few HIV infected persons during the fieldwork, makes this amply clear. For instance, according to one HIV positive person:

> "Before I got infected with the AIDS virus I had seen how other people think about the HIV patients and how they try to avoid them. So, I don't want to reveal my HIV status to anybody, even to all of my family members…….Only when people become aware of the important aspects of the HIV/AIDS I would like to reveal my HIV status to others, otherwise it is better to die in this situation without revealing"[4].

For another HIV positive person:

> "…Nobody will come near me, eat/share with me in the hotel, nobody will want to work with me, I will be an outcast there if once I reveal my HIV status to others. I have seen people change when they interact with HIV positive or AIDS patients. All these are happening because many people don't know how HIV is not transmitted and how it spreads from one person to another"[5].

For yet another HIV positive IDU:

> "...I went for treatment at a hospital in the beginning. Then, I stopped. I sometimes felt that government hospital(s) discriminate (against) drug users ... and use bad language ...If my illness was not severe I treated (myself) at home, specially when I have abscess due to drug injecting. But when the abscess is not cured easily...I went to Community Care Centers for treatment. Latter I came to think, it was better not to go to the hospital and reveal my HIV positive status there…"[6].

Thus, there are evidences of stigma and discrimination against HIV positive patients.

CONCLUSION

HIV/AIDS stigma, discrimination and exclusion are strongly associated with the awareness level of the disease itself among the people. People heard of HIV/AIDS but it includes misinformation as well. Lack of correct information, like 'IDUs and sexual workers are the only people who can get infected with HIV', 'HIV/AIDS once infected, the person would die soon', etc. increase the stigmatisation and discrimination. HIV/AIDS-related stigma and discrimination take different forms and are manifested in different contexts. Family responses to infected members are also influenced by community awareness of the disease. Families that include an individual with HIV, fear isolation and ostracism within the community.

While a majority of the students are sympathetic towards HIV positive persons and are against isolating them from the everyday life in the society, there are a few students who expressed their fear that if the HIV positive students attend the college, the virus may spread to other uninfected students. There are also differences in attitudes of students in terms of gender, ethnicity and place of residence. Similarly, while, a majority of the students expressed their willingness to share a meal with an HIV positive person or AIDS patient, a few have reported that they would do so only if the person is known to them. More importantly, a small proportion of students expressed their unwillingness to share a meal in fear of contracting the virus. Surprisingly, almost all students expressed that they would not keep it a secret when one of their family member gets infected with the AIDS virus for various reasons. For some, keeping it a secret may further spread the virus to other uninfected persons. But, when it comes to the everyday life experiences of the HIV/AIDS affected, there has been definite evidence that once the general public know of the HIV/AIDS status, they discriminate and treat them with apathy, indifference and contempt.

[1]Meiteis are the dominant ethnic group/community inhabiting in the Manipur's valley region while tribals mostly in hill areas.

[2] This paper is a part of my larger study, "**Education, Culture and Health Practices: Socialisation and AIDS Awareness among Students in Manipur**", Ph.D. thesis submitted to Jawaharlal Nehru University, New Delhi, India. In the study, it was found that only 38.7 percent of the students knew the difference between HIV and AIDS.

[3] In my larger study, it was found that an overwhelming majority of the students (89.6 percent) reported that they knew two or more than two correct modes of HIV transmission

[4,5,6] In the larger study, in-depth interviews were conducted with HIV/AIDS patients in order to construct case studies of the patients. These were the responses from the HIV/AIDS patients.

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Table 1: Do you know anyone personally who has HIV or have died from AIDS?

Gender	Do you know anyone personally who has HIV or have died from AIDS?		Total
	Yes	No	
Men	94(58.8)	66(41.3)	160(100.0)
Women	94(62.7)	56(37.3)	150(100.0)
Total	188(60.6)	122(39.4)	310(100.0)

Note: Figures in parenthesis are in percent. The same will be applicable to all the tables presented in the study.

Table 2: Relationship with the Student

Do you know anyone personally who has HIV or died from AIDS?	Relationship with the student				Total
	Family Member	Community Member	Relative	Don't know	
Yes	8(4.3)	148(78.7)	32(17.0)	0(0.0)	188(100.0)
No	0(0.0)	0(0.0)	0(0.0)	122(100)	122(100.0)
Total	8(2.6)	148(47.7)	32(10.3)	122(39.4)	310(100.0)

Table 3: Should HIV positive student be allowed to attend college?

Variables	Should HIV positive student be allowed to attend college?		Total
	Yes	No	
Gender			
Men	156(97.5)	4(2.5)	160(100.0)
Women	118(78.7)	32(21.3)	150(100.0)
Total	274(88.4)	36(11.6)	310(100.0)
Place of residence			
Rural	134(48.9)	34(94.4)	168(54.2)
Urban	140(51.1)	2(5.6)	142(45.8)
Total	274(100.0)	36(100.0)	310(100.0)
Category of students			
Tribal	68(24.8)	34(94.4)	102(32.9)
Meitei	206(75.2)	2(5.6)	208(67.1)
Total	274(100.0)	36(100.0)	310(100.0)

Table 4: Are you willing to share a meal with an HIV positive person?

Variables	Are you willing to share a meal with an HIV positive person?		Total
	Yes	No	
Gender			
Men	148(92.5)	12(7.5)	160(100.0)
Women	110(73.3)	40(26.7)	150(100.0)
Total	258(83.2)	52(16.8)	310(100.0)
Place of residence			
Rural	128(49.6)	40(76.9)	168(54.2)
Urban	130(50.4)	12(23.1)	142(45.8)
Total	258(100.0)	52(100.0)	310(100.0)
Category of students			
Tribal	60(23.3)	42(80.8)	102(32.9)
Meitei	198(76.7)	10(19.2)	208(67.1)
Total	258(100.0)	52(100.0)	310(100.0)

Table 5: Do you want to keep it a secret when a member of the family gets infected with HIV?

Variables	Do you want to keep it a secret when a member of the family gets infected with HIV?			Total
	Yes	No	No response	
Gender				
Men	16(10.0)	144(90.0)	0(0.0)	160(100.0)
Women	2(1.3)	146(97.3)	2(1.3)	150(100.0)
Total	18(5.8)	290(93.5)	2(0.6)	310(100.0)
Place of residence				
Rural	2(11.1)	164(56.6)	2(100.0)	168(54.2)
Urban	16(88.9)	126(43.4)	0(0.0)	142(45.8)
Total	18(100.0)	290(100.0)	2(100.0)	310(100.0)
Category of students				
Tribal	4(22.2)	96(33.1)	2(100.0)	102(32.9)
Meitei	14(77.8)	194(66.9)	0(0.0)	208(67.1)
Total	18(100.0)	290(100.0)	2(100.0)	310(100.0)