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SYSTEMATIC REVIEW

The Driving Factors of Social Stigma Against People With HIV/AIDS: An Integrative Review

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ABSTRACT

Introduction: Social stigma of people living with HIV is a complex phenomenon and has a broad impact on coping with HIV. It is necessary to review the up-to-date, evidence-based literature to understand the social stigma. This study aimed to explore the driving factor of social stigma against people with HIV/AIDS based on empirical studies. **Methods:** This review used an integrated search of four databases: Web of Science, ScienceDirect, CINAHL (via EBSCOhost), and ProQuest to find articles published during 2014-2022. The search for the article used different combinations of keywords with Boolean operators, including "social stigma", "public stigma", "HIV", "factor", and "dimensional". Studies were selected based on inclusion criteria, focusing on factors that driving stigma against people with HIV/AIDS in community. **Results:** Twelve articles met the criteria and were used in the review. The factor that drives social stigma includes knowledge and information about HIV/AIDS, irrational and negative attitudes, and discriminatory behavior. **Conclusions:** Combining all these driving factors of social stigma in an adverse condition will cause unpleasant experiences for people with HIV. The impact of this stigma experience can be an obstacle in addressing the HIV problem. Thus, if we understand the factors driving the social stigma of HIV, strategic steps can be developed and implemented in mitigating and overcoming social stigma.

Keywords: HIV; Social Stigma; Knowledge; Attitude; Behavior.

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INTRODUCTION

People with HIV who live a lifetime with the disease because no drug can eliminate the virus must bear the consequences of this disease. The stigma of HIV also creates a negative burden and obstacle for people with HIV/AIDS. Stigma can arise from within or outside, although, in some findings, a stigma from people with HIV/AIDS tends to have a more substantial impact on handling the infection (1). People infected with HIV are treated as socially unusual. They are considered different from the majority of the masses and offensive and threatening to the communities (2).

This external stigma is known as social stigma. Social stigma can cause negative impacts. The high stigma will cause psychological problems for people with HIV/AIDS (PLWHA). People living with HIV/AIDS experience anxiety, fear, and even depression because they fear others will know their HIV-positive status. This negative impact will also cause people with HIV/AIDS to try their best to hide their status and not come to health services to get treatment (2). The social stigma will cause the process of giving antiretroviral drugs to be delayed and ultimately unable to maintain adherence to HIV treatment which must be done for life (3). The stigma that results in a reluctance to seek treatment for people living with HIV will worsen their health condition and even increase the prevalence of infection due to undetected spread, thus affecting fforts to reduce the rate of new infections in the community (4,5).

Stigma is a complex concept that deviates from society's social values and norms (6). Meanwhile, structurally social stigma in society can develop into an obstacle against a person and create a separation between the individual as a marginalized part. In this context, stigma is embedded in the social framework to create inferiority. This belief system can result in unequal access to treatment services or policymaking that

disproportionately and differently affects the population (7). Social stigma can also lead to disparities in access to services and the basic needs of each individual (8,9).

Several ideas have been developed to explain how social stigma develops in society, including the different factors that may cause the emergence of social stigma. To date, social studies have offered limited contributions to this literature (7). In most studies, stigma development focuses on social identities that result from cognitive, behavioral, and emotional processes (10). Several studies also reveal that the stigma of health problems generally refers to the dimensions of knowledge, attitudes, and behavior (11,12). However, the above view is not explicitly intended to explain the dimensions of social stigma but can be used as a basis for understanding the concept.

Thus, it can be seen through these various perspectives in explaining the dimensions of social stigma toward PLWHA that occurs in society. However, according to the development time, an in-depth and evidence-based review of the literature is needed to reveal better the multidimensional factors of social stigma against PLWHA. Therefore, This study aimed to explore the driving factor of social stigma against people with HIV/AIDS based on empirical studies.

METHODOLOGY

Search Strategy

An integrated review is used as the study method. This review provides an integrated analysis of the driving factors of the social stigma toward PLWHA in society. We systematically searched Web of Science, ScienceDirect, EBSCOhost, and ProQuest. Articles published within the last years (2014-2022). The search for articles on the driving factors for the emergence of social stigma against people with HIV/AIDS in society was the first identified from the Web of Science database. Then keywords and related words are placed and extracted from various sources—a comprehensive search using different combinations of keywords and Medical Subject Headings (MeSH) terms. The search for the article used different combinations of keywords with Boolean operators, including "social stigma" OR "public stigma" AND "HIV" AND "factor" OR "dimensional."

Eligibility Criteria

The selection of articles in this integrative review must meet inclusion criteria based on PCC (participant/population, concept, context). So, the inclusion criteria for studies to be included in this review were as follows: (1) studies discussing factors that driving stigma against people with HIV/AIDS, (2) studies conducted in various areas that specifically address social stigma, (3) studies published in English, and (4) studies were original research with study design including quantitative or qualitative studies. Meanwhile, the exclusion criteria were as follows: (1) conference papers, commentary, editorials, theses, and other expert opinions (2) studies in languages other than English, (3) studies whose full text was not available, and (4) studies that were conducted on stigma against people with HIV/AIDS.

Study Selection and Data Extraction

Article selection was made by collecting articles obtained in a search on the databases. We transferred all articles from the search to the bibliography manager program (Mendeley). All duplicates' articles were excluded by the automatic duplication removal process in Mendeley's check for duplicates tool. If the bibliography manager software does not recognize an article, it is reviewed again and manually removed. Two reviewers worked separately to complete this manual selection.

The article review process was carried out by applying the eligibility criteria, and we filtered and assessed each article using two stages. In the first stage, the reviewer selects the article based on the title and abstract. Meanwhile, a thorough screening of the f ull-text articles specified in the first stage was carried out in the second stage. We examined the entire articles during the screening before deciding if the title or abstract needed to provide more information. Then, once we selected the articles, we recorded all articles' data in a spreadsheet for data extraction and charting. The extracted data included: the author, year, study design, and findings summary. To ensure accuracy, the same reviewer abstracted the data. We did not assess the studies' quality with the integrative review methodology.

RESULTS

Search Result

The first author to do an initial database search and evaluate the articles. We used the PRISMA Flowchart 2009 (13) to record the article review and selection process (see Fig. 1). The first search of the four databases yielded 259 results. Then, we collected all the articles and removed the duplicate reports. The articles were screened by title and abstract after duplicates removed (n=153). The sources sceened (n=23), if they were not peer-reviewed articles, publication less than ten years (2014-2022) or not related to factors driving stigma of HIV. In the next stage, an eligibility assessment was carried out on the sources (n=16), and reports that were not explicitly related to social stigma were excluded. Twelve articles were finally selected to be included after the remaining articles were screened for the discovery of significant social stigma. Finally, 12 papers were included in the synthesis (see Table I).

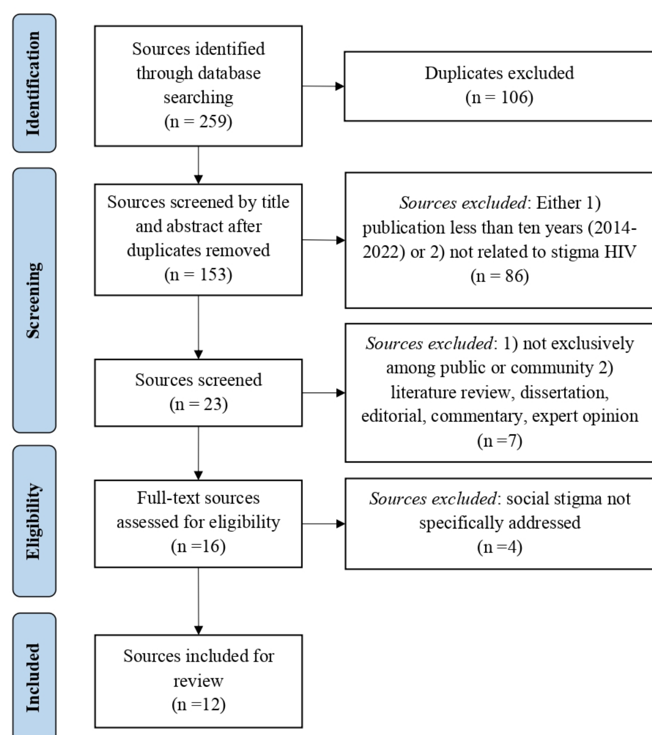

Figure 1 : PRISMA Flow Diagram of article and inclusion.

Characteristics of Studies

Based on Table I, most of the research reviewed was quantitative (n=7), and the rest was qualitative (n=5). Five studies applied a survey or cross-sectional design, one quantitative analysis used a stratified three-stage cluster design, and one used a prospective cohort study. All studies have a context associated with the driving factors of the social stigma toward PLWHA in society.

Synthesis of Results

A summary of the study and its results can be seen in Table I. Most studies deal specifically with the stigma against PLWHA and reveal factors or dimensions associated with a social stigma. Social stigma is a complex concept with various factors that drive the emergence of stigma. Several studies indicate that the psychosocial aspects that cause stigma to occur surrounding stigma include HIV knowledge, attitudes, and behavior aspects (14,15,22,24). Information, HIV-related knowledge gaps (5), and negative public attitudes (14) impact the stigmatization of PLWHA. Likewise, Fauk et al. (24) added that the lack of HIV knowledge could encourage stigma in PLWHA. In addition, Boniphace et al. (15) revealed that social stigma arises due to fear, gender norms, and security regarding the family's socio-economic status.

Four studies reveal that stigma experiences experienced by people with HIV/AIDS are grouped into abstract forms such as enacted, internalized, and anticipated stigma (17,18,20). One study examined, more specifically, stigma and social support. The study results revealed a more in-depth description of the interpersonal and intrapersonal experiences of HIV stigma and its relation to social support. Enacted stigma and social support have a negative correlation. However, there is no correlation between internalized stigma and social support. These two forms of experience are dimensions of HIV stigma (23). The same thing was expressed by Buleza Lamucene et al. (19) that one factor that facilitates the emergence of social stigma is support from family and peers.

A study by Akatukwasa et al. (18) describes the manifestation of the three forms of stigma experience in more detail. Enacted stigma manifests in segregation, humiliation, rejection, and physical and verbal discrimination. Internalized stigma manifests in feelings of shame, anxiety, feelings of worthlessness, and depression. Meanwhile, perceived or anticipated stigma is reflected in verbal violence, public ridicule, gossip, and fear. About the consequences of stigma, the impacts of these experiences of stigma are varied. The stigma manifested in negative attitudes causes discomfort when approaching PLWHA, prohibition of interacting with PLWHA, staying away from PLWHA (16), desire to separate PLWHA from society, and isolating or quarantining PLWHA (14).

The study of Dahlui et al. (21) and Buleza Lamucene et al. (19) emphasized that negative perceptions of PLWHA and fear of discrimination, which are ultimately identified with stigma, lead to prejudice and discrimination attitudes. In addition, the social stigma will hamper health services for PLWHA, the possibility of suicidal ideation in PLWHA, and economic difficulties (20).

DISCUSSION

The results of the synthesis found that there were three factors driving stigma against people with HIV/AIDS: knowledge and information about HIV/AIDS, irrational and negative attitudes, and discriminatory behavior. In addition, we found that the factors driving stigma against people with HIV also impact the emergence of consequences and experiences of stigma from these people with HIV. We try to describe the synthesis of this review in a framework of the stigma against people living with HIV/AIDS, can be seen in Figure 2.

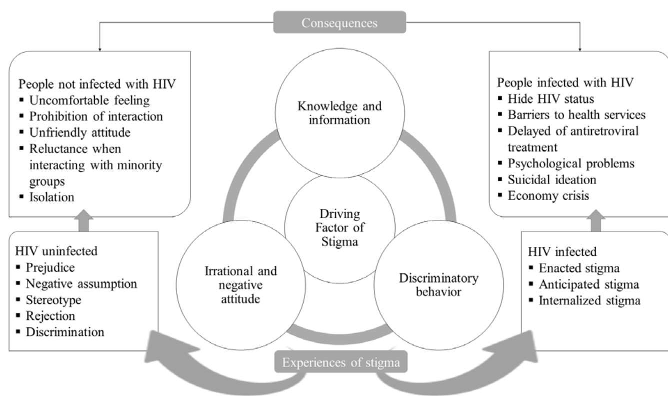

Figure 2 : A framework of the Stigma against People Living with HIV/AIDS.

Driving Factor of Social Stigma HIV

The driving factors of social stigma related to HIV include three aspects: knowledge and information related to HIV/AIDS, irrational and harmful attitudes, and discriminatory behavior (5,14,21,22,25). The knowledge factor triggers the emergence of stigma because a lack of knowledge or inaccurate information someone receives to understand a disease can obscure the facts about the disease. This unclear information will lead to confusion, giving rise to wrong assumptions. According to the research findings by Dahlui et al. (21), almost half of the 56.307 people involved in the study had a negative stigma toward PLWHA. People who have a stigma against PLWHA have relatively sufficient knowledge plus the level of education belonging to the lower middle class (88.8%).

Likewise, other studies reveal that inadequate knowledge about HIV can encourage stigma against people with HIV. Research on HIV knowledge in 1548 adolescents found that the average ability was low, 7.0 (SD=2.3) out of 13, while the stigma that emerged was high, with an average of 27.12 (SD=6.71) out of 45. Moreover, these studies found that knowledge strongly predicted stigmatizing attitudes towards PLWHA (R2= 0.047, F=12.57, p=0.000) (25). The knowledge gap that a person has will also lead to the stigmatization of PLWHA (14,24).

The knowledge factor has a significant negative relationship with discriminatory attitudes towards PLWHA. The survey result of 7821 people found that people with less knowledge of HIV tended to discriminate against PLWHA (41%) compared to those with a better understanding (26). Thus, inadequate knowledge triggers the emergence of stigma. False knowledge or misperceptions will start negative attitudes toward people with HIV and eventually develop into a stigma.

The second factor that drives the emergence of HIV stigma in society is the aspect of negative attitudes. As previously stated, the negative attitude aspect has the role of creating stigma. The community's negative attitude regarding PLWHA has gradually led to widespread stigmatization. A survey conducted on 3481 people during a public HIV/AIDS awareness campaign in Jeddah, Saudi Arabia, found that almost all respondents had a negative attitude towards PLWHA; more than 40% suggested PLWHA should be isolated. Less than 20% supported the PLWHA (14). Another study revealed that a person's attitude or group significantly correlates with HIV/AIDS stigma (p-value = 0.007) (27).

Similarly, Sohn & Park's (25) research suggests that the attitude aspect is also a predictor of stigma emergence. In his study, respondents showed high discriminatory behavior towards PLWHA. The attitudes they led were disgusted with PLWHA, not wanting to sit close to PLWHA, blaming those infected with HIV, and suggesting that PLWHA be exiled to quarantine facilities. Similar to that found by Dahlui et al. (21), people who have a negative attitude toward PLWHA tend to criticize PLWHA for bringing this disease into the community. If this negative attitude is not handled correctly, it will lead to negative behavior, namely discrimination.

The HIV-related stigma becomes a reality and is expressed through irrational or negative judgments, attitudes, and actions towards PLWHA (28). Therefore, behavior becomes the third dimension of social stigma against PLWHA. In stigma, the form of behavior that becomes one of the manifestations is discriminatory behavior. This behavioral aspect is known to have a close relationship with the concept of stigma. Vlassoff et al. (29) said that HIV stigma is prevalent in all communities. This stigma event gives rise to social disqualifications such as marginal behavior. For example, the study results revealed that several married HIV-positive couples were rejected by society and expelled until they were left to die alone. This incident proves that the negative aspects of behavior carried out by the community are a form of social stigma.

Therefore, the dimension that plays a role in the emergence of stigma in society includes knowledge and information, irrational and negative attitudes, and discriminatory behavior. People will practice stigma against PLWHA if they lack knowledge about HIV, have a negative attitude, and manifest in actual negative behavior. Therefore, a strategy to overcome the stigma that covers all these dimensions is necessary so that the incidence of stigma does not occur and the treatment of HIV can be carried out comprehensively.

Table I : Result of reviewed studies

Author, Year	Study Design	The Findings Summary
Arifin et al., 2022 (5)	Cross-sectional study	Knowledge or information about HIV contributes to stigmatized attitudes among young women. Sufficient knowledge about HIV influences stigmatizing attitudes.
Alwafi et al., 2018 (14)	Survey study	Attitudes towards PLWHA are overall negative; more than 40% suggest that PLWHA be isolated. The knowledge gap and negative attitudes of the community impact the stigmatization of PLWHA.
Boniphace et al., 2022 (15)	Qualitative study	Factors that cause social stigma include fear of getting tested for HIV, gender norms, and concerns about social conditions. In addition, social stigma is formed due to concerns that impact the family's economic status.
George et al., 2020 (16)	Cross-sectional study	Stigma related to HIV arises because of the fear of being infected with HIV and the emergence of discomfort when close to people infected with HIV. The studies showed that some respondents tried to forbid their children from playing with HIV-infected people and stay away from their families.
Zhang et al., 2016 (17)	Cross-sectional study	Dangerous behaviors such as commercial sex and substance use injections affect perceived stigma, internal stigma, and gradual stigma. Social support negatively affects perceived stigma, internal stigma, and prescribed stigma.
Akatukwasa et al., 2021 (18)	Qualitative study	The experience of stigma against people with HIV/AIDS spans many dimensions. Enacted stigma includes separation, verbal and physical discrimination, humiliation, and rejection. Internalized stigma leads to feelings of shame, fear, worthlessness, and depression. Anticipated stigma has verbal abuse, public ridicule, gossip, and anxiety.
Buleza Lamucene et al., 2022 (19)	Qualitative study	Social stigma is related to fear of discrimination, HIV-positive status, side effects of HIV drugs, financial barriers, and refusal of treatment. Facilitating factors for social stigma include peer support and family healthcare
Hua et al., 2014 (20)	Qualitative interviews design	Stigma against people with HIV can be internalized, enacted, and perceived stigma. Meanwhile, the impact of social stigma causes barriers to access to health services, self-isolation in people with HIV, the emergence of suicidal ideation, and economic difficulties.
Dahlui et al., 2015 (21)	A stratified cluster design	HIV stigma is pervasive in all communities. Moreover, stigma related to HIV gives rise to dimensions of social disqualification, such as socially marginalized behavior, which is sometimes associated with aspects of homosexuality, illegal sex work, or substance abuse.
Pachuau et al., 2022 (22)	Cross-sectional study	Social stigma related to HIV is influenced by lack of proper knowledge, negative perceptions, and negative cultural aspects.
Takada et al., 2014 (23)	Prospective cohort study	Enacted stigma has a negative relationship with social support. The negative relationship shows that the stigma will decrease if social support is adequate. Although in general, social and emotional support is associated with the stigma against HIV.
Fauk et al., 2021 (24)	Qualitative study	Stigma and discrimination against PLWHA can occur in families, communities, and health services. The stigma is caused by a lack of knowledge and fear of disease transmission. In addition, social and moral conditions also affect stigma.

Experience and Consequences of Social Stigma

Stigma can occur from two sides, from the view of people infected with HIV and those who are not infected. The stigma in people infected with HIV becomes an unpleasant experience and even exacerbates infection in people living with HIV. The stigma experience form can be grouped into three major components: enacted stigma, internalized stigma, and anticipated stigma (17,18,20,30). The stigma that comes from the public is usually preceded by enacted stigma and anticipated stigma—enacted stigma or stigma that arises from the environmental treatment of PLWHA. However, this stigma can also occur and be felt from within PLWHA. Kulesza et al. (31) said that enacted stigma refers to the experience of rejection and discrimination from the community.

Enacted stigma or stigma that arises from the environmental treatment of people living with HIV emerges and is felt within the person infected with HIV. For example, Mars et al. (32) say that enacted stigma refers to the experience of rejection and exclusion from the environment. Similarly, Kalichman et al. (33) stated that enacted stigma is a stigma that occurs due to stigmatization experiences such as negative assumptions, stereotypes, and discrimination.

Based on enacted stigma carried out by other people against PLWHA due to different perceptions of PLWHA, thus forming an experience that PLWHA is something that must keep away. According to Akatukwasa et al. (18), experiences with enacted stigma include humiliation, rejection, verbal discrimination, physical discrimination, and acts of aggression. Therefore, this treatment will broadly impact every PLWHA who experiences it, or those who hear it will also be concerned about an unpleasant experience.

Anticipated stigma is how a stigmatized person is prepared to receive stigmatized treatment, such as rejection and negative behavior from other people or the environment in the future (33). Even negative environmental treatment of PLWHA can come from the experience of anticipated stigma. Anticipated stigma is how PLWHA is prepared to accept rejection and negative behavior from other people or society (31). Anticipation made by PLWHA provides a negative experience for PLWHA due to concerns that arise so that PLWHA who are not ready will experience negative impacts. Experience forms resulting from anticipated stigma include gossip, public ridicule, verbal violence, and fear (18).

The last stigma mechanism in people infected with HIV is internalized stigma. According to Kalichman et al. (33), internalized stigma occurs within you to adopt negative beliefs and feelings associated with a social stigma. Internalized stigma can cause feelings of shame, worthlessness, anxiety, and depression (18). HIV-infected individuals experience this experience. Internalized stigma can also be categorized as self-stigma, namely negative feelings, thoughts, and devaluations that arise from identifying the stigmatized group (30)—experiences for PLWHA who feel internalized stigma affect mental health and distance them from family members or friends.

Social stigma against PLWHA, including the experience of being enacted, internalized, and anticipated stigma, is closely related to its impact on physical and psychological health and the opportunity to get proper care for PLWHA. The stigma that refers to people not infected with HIV is a stigma that arises from other people, the environment, or even the community, which is known as social stigma. Social stigma or social stigma of HIV is an opposing view or critical assessment of PLWHA from the external environment. The components of social stigma include prejudice, stereotypes, and discrimination. Likewise, Link & Phelan (34) explain that stigma can be defined as a social process arising from structured components such as labeling, stereotypes, separation, loss of status, and discrimination. This concept explains that the stigma formed when associated with a social context is a social stigma or public stigma.

First, prejudice is an abstract treatment or emotional reaction or feeling that a person has towards a group or group members. The emotions or feelings that arise have a negative tendency (35). In the concept of stigma, prejudice is an attitude or affective response rooted in discrimination and detrimental behavior of individuals based on minority groups (36). According to Hseih et al. (37), prejudice directed against people with HIV is related to enacted stigma because prejudice or demeaning people comes from external sources. The enacted stigma experienced by PLWHA appears to be preceded by prejudice from the external environment.

Even the existence of prejudice against groups of people infected with HIV also becomes an obstacle in the process of HIV care. The study of Shangani et al. (38) found that sexual prejudice against people from HIV-susceptible groups has a negative association with comfort in providing health care by nurses and health workers. Strong prejudices from health workers impact discomfort for clients and health workers when providing health services. Prejudice becomes an obstacle during the interventions for PLWHA or even suspected of being infected with HIV (39).

The second experience of social stigma is stereotypes. Stereotypes are cognitive traits, misconceptions, or subjective beliefs about a character and behavior of a person or group (40). Stereotypes represent a mental component within the scope of stigma (36). Stereotypes are closely related to the inaccuracy in interpreting a problem so that, in the end, it causes labeling of

the problem. Stereotypes of social stigma imply a widespread view of people infected with HIV. As a result, people with HIV will be labeled as part of a stigmatized group and become a marginalized group. Stereotypes will also lead people to reject others, and people who experience negative stereotypes will likely experience psychological problems (41).

The last experience is discrimination. Discrimination is a behavior or decision to discriminate against a person or group based on a characteristic. Discrimination is also a form of stigma in the behavioral component (36). For example, discrimination can be expressed in non-verbal behavior, unfriendly attitude, and reluctance when interacting with minority groups. In addition, discrimination can manifest through behaviors such as social, economic, or health access (42,43).

Likewise, discrimination against PLWHA is a manifestation of discriminatory behavior because of their disease status. For example, Arefaynie et al. (44) say that discrimination against people living with HIV arises from believing that individuals with HIV are contaminated or have something dirty inside them. This discrimination is shown in various ways, such as subtle discrimination through verbal expressions of dislike to more tangible treatments such as taking social rights and the right to health services.

Social stigma against people with HIV has a complex impact on biological, psychological, and social aspects (43). The effect of stigma on individuals with HIV causes serious problems. The high stigma against people living with HIV will cause psychological issues, such as worry, fear, and even depression for anxiety that others will know their HIV-positive status. This negative impact will also cause PLWHA to try to hide their status and refuse to come to health services for treatment (2,45). The fear of interacting renders the treatment process, such as giving antiretroviral drugs, delayed and ultimately unable to maintain adherence to HIV treatment which must be done for life (3).

Stigma is a complex concept that deviates from society's social values and norms (6). Meanwhile, structurally social stigma in society can develop into an obstacle against a person and create a separation between the individual as a marginalized part. In this context, the stigma is incorporated into the social framework to develop a sense of inferiority. This belief system can lead to unequal access to treatment services and policies that disproportionately impact the population (7). Social stigma can also lead to inequality in access to services and the basic needs of each individual (8,9).

CONCLUSION

Current evidence generally points to the idea that people with HIV feel significant social stigma related to their condition. Social stigma against people with HIV from the environment, family, friends, and society has a reasonably broad dimension. The factors that drive social stigma include knowledge and information, irrational and negative attitude, and discriminatory behavior. If in an adverse condition, combining all these factors will cause unpleasant experiences for PLWHA. The impact of this experience of stigma can be an obstacle in addressing the HIV problem.

This collection of literature evidence provides an opportunity to develop a framework for understanding social stigma dimensions, including the driving factors, experiences of stigma, and the consequences of stigma. This framework is intended to guide systematic research to improve understanding of the social stigma associated with HIV. In addition, the results of this literature search become the basis for developing various strategic steps in mitigating and overcoming them.

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