

# Social theories on hiv

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Social theories on HIV Social theories on HIV Erving Goffman and social theory Sociology obliges an individual to comprehend HIV/AIDS in a milieu beyond its biological ground. The relationship between HIV and its influence on households, orphans, communities, individuals and the government has been noted. Therefore, social theories have been used to explain this relationship. Most social theories on HIV focus on the stigma that shapes the illnesses and people living with it. Stigma related to HIV is known as prejudice, discrimination or discrediting directed at individuals perceived to have the HIV virus, and the society with which they live in (Goffman, 1963). Erving Goffman is a social theorist who carried out research on the stigma and how it affects people. Goffman clarifies stigma as norms or attributes that are deeply discriminating to a person. He asserts that stigma comprises a unique discrepancy between actual and virtual social identity. According to Goffman, the process of stigmatization takes place in contexts of mixed social interactions, which force the stigmatized person to confront or face the causes and effects of stigma. Goffman states that when a person becomes stigmatized, the stigmatization leads to a stigmatized person who has to learn to give in or accept their perceived status or deviance in society. Once stigmatization takes place, it is likely to develop two groups. They include the person stigmatized and the wise or people who are not stigmatized (Goffman, 1963). Stigmatization about HIV/AIDS and the society is a result of the information that people have. This information is enshrined in people in form of stigma symbols, prestige symbols, and disidentifiers. These symbols, with which people are frequently identified with, have social data or information that is utilized to make judgments about others in society. These judgments can be either negative or positive depending on the issue. It is <https://assignbuster.com/social-theories-on-hiv/>

important to note that negative judgment will lead to stigma. Goffman asserts that people have the ability to be in control of the social data or information that we utter to the world. One way of distancing oneself from propagating stigmatized information is through passing, biographical others and covering. In this sense, biographical others implies that people tend to remove or dissociate themselves from propagating negative information about others instead, they tend to look for new identity since they aim escaping stigmatization. In passing, a stigmatized person tries to hide the discrediting and discriminative information that is known about them. For example, HIV patients and their families may decide not to tell any person about their status. For the covering part, a stigmatized person tends to physically hide the discriminating information. For example, a HIV positive patient may decide to hide in the house because they fear being in the public. Goffman argues that it is important to educate the society about how to act towards a person who is stigmatized and permitting normal individuals time to react to the problems that take place in mixed social contact (Bhana, 2008). AIDS-related stigma as occurring at several various levels of society: we learn that AIDS-related stigma occurs not only in small contexts, but large social contexts as well (i. e., from families to governmental response). Furthermore, this type of research highlights the fact that, although after thirty years of HIV/AIDS in our global society, AIDS-related stigma still persists to varying degrees. In addition, because this portion of the research targets specific populations to measure their stigmatization towards those living with HIV/AIDS, we have the advantage of knowing how specifically AIDS-related stigma “ works” at varying levels. With this in mind, solutions tailored to specific circumstances could be developed to reduce AIDS-related

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stigma. Social contract theory Allport developed this theory. He claims that various types of social contact have influential clout in either reducing or increasing prejudice held towards out-group members (Allport, 1958). The various levels of contact are casual contacts, acquaintances, residential contacts, occupational contacts, and goodwill contacts. Although Allport's theory was developed in terms of prejudiced attitudes towards ethnic groups, specifically Blacks, here his argument is extended into the purview of AIDS-related stigma. What follows is a discussion of this extension. Our contact with the out-group is limited and has no meaning, because there is no substantial contact occurring; there is no significant relationship with the member of the out-group. Allport warns that casual contacts are likely to not decrease, but instead increase prejudice. Casual contacts with persons living with AIDS (PLWAs) would occur when an individual is socially distant from a PLWA; that is, the individual does not have a significant relationship with a PLWA (as in friendship, family member, coworker, and colleague) (Herek, 2005). In order to deal with stigma, Allport talks of goodwill contacts, which are contacts resulting from the "goodwill" intention of people to reduce prejudice of the out-group. This in turn can reduce the level of stigmatization of people living with HIV. References Allport, G. W. (1958). *The Nature of Prejudice*. Garden City, NY: Addison-Wesley. Bhana, D. (2008). "Beyond stigma? Young children's responses to HIV and AIDS." *Culture, Health & Sexuality* 10(7): 725-738. Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. New York, NY: Simon & Schuster, Inc. Herek, G. (2005). "AIDS and Stigma." Pp. 121-129 in *The Sociology of Health & Illness: Critical Perspectives.*, edited by P. Conrad. New York, NY: Worth Publishers