

The worsening effects of stigma and discrimination on hiv aid statistics in the U...

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The Worsening Effects of Stigma And Discrimination on HIV/AIDS statistics in the US

America is, no doubt, envied by the rest of the world for the position it holds among nations; it leads not only in ridding the world of its greatest problems, which includes but not limited to terrorism and HIV/AIDS, but also in technology. Yet, even with the very best of technologies, HIV/AIDS has defied the very best of the technologies, with the numbers infected increasing, although at a decreasing rate, rather than decreasing wholesomely. The above notwithstanding, it was shocking to learn that out of the more than 1.2 million individuals in the United States living with HIV infection, a whopping 16%, approximately 200,000 infected individuals, are not aware of their status partly due to the stigmatization and discrimination associated with the disease, thus, the continued spread with more than 50,000 new infections annually (Herek 1107).

Stigma impedes testing and disclosure efforts, thereby hampering care support for people living with HIV and even the spread of the disease.

Although the United States has been at the forefront in the fight against the deadly disease globally, the problem with regards to the disease in its own backyard is indescribably gigantic. Like many of the Americans without enough information on the disease, I have to admit that I have been part of the problem myself through my actions that has been stigmatizing and discriminatory in a way to those living with HIV/AIDS (Kaiser Family Foundation 2-3). Like many Americans with misguided understanding of the mechanisms of HIV transmission, leading to the overestimation of the risks of casual contact, I have harbored, for as long as I can remember, the feeling

that infected individuals deserve their illnesses, and so to their discrimination for being personally irresponsible. More than any group, I have had the most negative attitude towards gay men and the self-injecting drug users.

In a country where nearly half (48%) have had sex for the first time and/or repeatedly at before the age of 17, the risk of the spread of the disease is but very obvious (Finer and Philbin 886-7). Comparatively, I am now aware of the dynamics of the disease, and more than anything, has taken it upon myself to spread the knowledge acquired on the precautionary measures as well as advocacy for testing and a change of attitude on the disease and people living with it. As Vanable, et al. note, HIV related stigma and discrimination prevents millions of people from coming forward for testing, but does well to obstruct treatment (476). Since many of the infected individuals have neither the health nor the energy to create awareness and change in a traditionally hostile environment, it is my intention to bring more awareness on the same through a self-directed Positive Living as well as Stigma and discrimination Reduction campaign for the At-Risk Adolescents and Youth within my immediate environment. Such efforts will be sustained by intensive youth outreach programs that promotes, among other issues, dialogue among ourselves as a community, increased voluntary counseling and testing utilization, and most importantly, positive behavioral change among Adolescents and Youth in general.

Work cited

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