

# Understanding Stigma

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One of the more pressing issues in the primary and secondary prevention of HIV/AIDS is stigma. The original definition of stigma is that it is a sign or mark, cut or burned into the body, whose purpose was to identify the marked as morally blemished individuals to be avoided by others (Goffman, 1963). Those marked were often slaves, criminals, or traitors. Currently, individuals who are labeled with a stigma are those who have a spoiled identity in the eyes of others and this blemish renders that person susceptible to social devaluation.

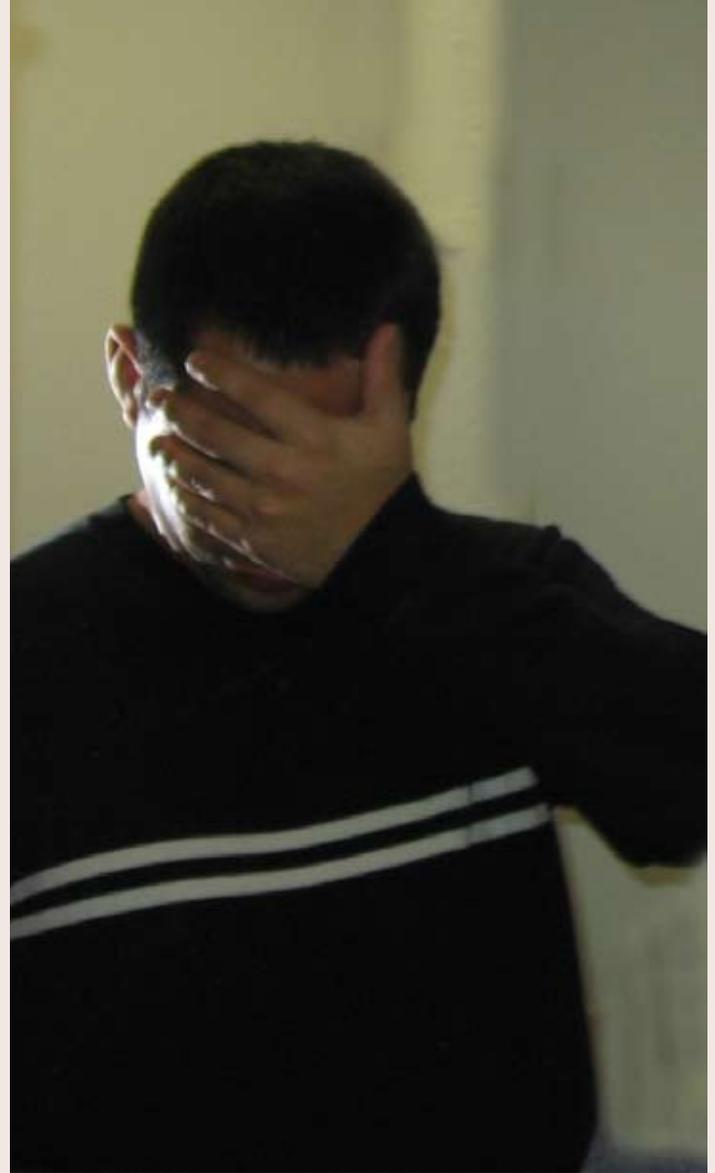
## RESOURCES

A stigma, by its very nature, is a mark which legitimizes treating that individual in some ways less humanely than those without the mark. Furthermore, to be stigmatized often means that one is not even considered human. In feeling stigmatized, the individual may often have chronic self-presentation concerns specifically worrying about how to interact with other people and how to selectively disclose about the nature of his or her stigma.

The stigmatization of HIV/AIDS and specific groups at risk, such as men who have sex with men and injection drug users, may not only impact self-esteem, but may also interfere with voluntary testing, counseling and treatment.

Consequently, stigma-mitigating strategies at the national and community prevention level need to focus on four areas.

1. We must consider how stigma impacts public health in that it may hinder early recognition and treatment of HIV and other STDs.
2. We must focus on those individuals that may be stigmatizing others. Therefore, social marketing campaigns that enhance compassion reduce blame, and correct misapprehensions of risk are needed.
3. When considering stigma, strategies must also take into account the emotional impact of stigma on those that are stigmatized. In turn, counseling, peer-support groups, and therapeutic communities should be available.
4. Stigma may also influence social policy with effects on research priorities, human rights, and access to health care and social services. Research needs to include documenting the burden from the stigma throughout different health



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systems, social, and cultural settings; and evaluating practical approaches for intervention programs. Such research should consider stigma from various vantage points; these include the experience of stigma among those experiencing the problem, and stigmatizing attitudes, beliefs, and behavior in the general population and among health care providers and community leaders. Together we can collaborate to combat the effects of stigma on HIV/AIDS prevention efforts.