

# Chapter 2 - Combating Stigma and Discrimination

Stigma is a powerful tool of social control. Stigma is often used to marginalize and exclude certain groups and populations. In the past 25 years, since the beginning of the AIDS pandemic, stigma and homophobia have been big hindrances to HIV prevention.

**EXERCISE:** **Individually**, take several moments and think about the term ‘stigma.’ How do you define it or what do you think stigma looks like in action? Write your thoughts on a separate piece of paper.

After several minutes of brainstorming, **discuss your thoughts as a group.** What did you come up with? What did others come up with? Write down those ideas on a piece of paper.

**Stigma can appear in many forms including:**

- \*Blame   \*Assumptions   \*Isolation
- \*Shame   \*Gossip   \*Rejection
- \*Judgment   \*Ridicule   \*Harassment
- \*Insult   \*Suspicion   \*Abuse
- \*Rejection   \*Neglect   \*Violence
- \*Homophobia   \*Racism   \*Loss

***Were any of the above items on your list?*** The items listed are just some of the ways stigma affects individuals living with HIV or AIDS. Now that you have come up with some great ideas about stigma and what it is, is it time you change the way you think about HIV and AIDS? We are all involved in stigmatizing people around us and may not even realize it. Discrimination against people who are living with HIV or AIDS is very prevalent and is

expressed in many overt and covert ways that people may not even realize they are contributing to the problem. Knowing what stigma is can help you fight against it and also enable your HIV ministry to fight more effectively against HIV/AIDS.

***Is your HIV ministry ready to take steps to address stigma and eradicate it?***



### **So what is stigma?**

Stigma generally refers to “labeling” someone as unacceptable or inferior. Stigma can be associated with a physical condition or disfigurement, moral blemish, membership in a despised group, or simply being different from the “norm.” The afflicted person may be cast off out the community, and may be made to feel like he or she has little or no worth. As a result, people who are stigmatized often experience shame, guilt, and rejection. The stigmatized person may be held responsible for the ills of the community, and the only way to cleanse the community would be isolation. The stigmatized person’s presence becomes a threat to the survival of the whole community. Stigmatization may be justified by saying the person’s suffering is inevitable because they have sinned and are now a threat to others. Isolating and excluding stigmatized individuals would be giving them “the punishment they deserve.”

HIV-related stigma refers to all unfavorable attitudes, beliefs, and policies directed at those living with HIV or AIDS. Unfavorable attitudes and beliefs may also be directed at the person’s friends, family, social groups or community. The family plays an important role in providing support to a

family member living with AIDS. However, not all families offer the needed support and encouragement to a person living with AIDS. Rather, they may turn their backs on their sick loved one and contribute to stigmatization.

Homophobia also increases HIV-related stigma. Homophobia is the fear of, aversion to, or discrimination against homosexuality. It can be seen as hatred, hostility, disapproval, or prejudice towards homosexual people and “deviant” sexual behaviors. Homophobia permeates the negative social attitudes about HIV/AIDS, sexuality and sexual behavior. Because of the association with gay and bisexual men at the beginning of the AIDS epidemic, many continue to hold the notion that AIDS is a “gay disease.”

Stigma affects all aspects of HIV prevention, diagnosis, treatment and care. The belief that AIDS is easily spread and that people should be blamed for their illness is a contributing factor in fostering stigma. Problems, however, can be addressed in AIDS education programs. In the earlier years of the AIDS epidemic education programs stressed that AIDS could not be spread by being in contact with someone who has sneezed or by using the same drinking glass. It is evident that education programs need to continue to remind people how AIDS is transmitted and how it is not. Your HIV ministry can be effective in educating the community about what AIDS is and how HIV is transmitted.

**Take several moments and ask yourself the following questions. Write your responses down on a separate piece of paper. You do not have to share your answers aloud.**

- Do you know what AIDS is? Do you know how HIV is transmitted?
- Are you angry with people who have HIV/AIDS?
- Do you contribute to the stigma that is fueling the AIDS epidemic?
- Do you believe AIDS is specific to certain groups and populations?
- Do you become angry when you see gay men?
- Are you afraid to be in a room with a person who has HIV/AIDS?

- Would you have separate eating utensils for a family member living with HIV/AIDS?
- If you work with an individual who has HIV/AIDS, would you avoid using the restroom?
- Do you agree with the CDC recommendation that everyone between the ages of 13 to 64 should be HIV tested?
- Do you know the facts to be able to accurately educate your church about HIV/AIDS? Do you still have questions?
- Are you ready to address the stigma that many people living with HIV/AIDS face on a daily basis?

**Below are two vignettes about individuals plagued by stigma.**

***John's story:***

For many years, John was a respected elder in his church on the North side of Chicago. While there were community resources regarding HIV/AIDS, when it came to HIV/AIDS education in the church, many people felt “this is not our problem.” Rather, they believed AIDS was specific to those who use drugs or among those who engage in “sinful sexual behavior.” In 1995, when John’s two children were 11 and 7, his wife died. The death certificate said pneumonia, but the doctors told John it may be AIDS and that he should be tested. John said he felt like dying when he heard his test results. He was desperate and needed advice so he went to the head pastor.

“John, you are a disgrace to the Church. If you want to keep your position in this church you must not tell anyone about your illness, and if anyone asks you are to tell them you have cancer,” said the pastor. John decided to do the opposite of what he’d been instructed. He felt this was a prime time to shed light on the realities of AIDS. He didn’t want to treat his illness as taboo or as something that would go away if he didn’t talk about it. He felt if he shared his story, others in the church would learn that AIDS does not discriminate. He disclosed his HIV status only to find he would suffer from

ridicule, blame, and stigmatization. John's children also suffered from his illness. They were teased and separated from the others at school. Without a job or money John felt hopeless. John said if it hadn't been for his children, he would have killed himself.

One day, John met a person who is an AIDS counselor/advocate. John said, "This man saved my life. He offered me education, advice and options." Today, John has established a new ministry in his community. He has made many friends, he is accepted and his ministry is a great value to those he serves. John said he does not feel like a contagious rash, but rather someone who gives hope to others. John does not regret disclosing his status and he knows he can help change how the church views HIV/AIDS.

***Keisha's story:***

Keisha lives in suburban Northfield. Keisha is a high school senior and spends most of her evenings participating in youth activities in her church and has a very promising future, especially within the ministry at her church. One day, while attending a community youth revival she met Xavier. They hit it off well during the revival and continued to see one another after the revival was over. They spent a lot of time together and even talked about marriage after they graduated high school. They both loved one another and knew they would spend the rest of their lives together. Keisha felt it was right to share an invaluable part of herself with Xavier. One day, shortly after the two had been sexually intimate Xavier went to Keisha's house and delivered the news that he is HIV-positive, and had known for several years.

He told her he was sorry and never meant to hurt her. He told her she should probably be tested. Keisha has not seen Xavier since. Her mother took her to a clinic over 75 miles away, where no one would know her. The test came back positive and Keisha's father has not said a word to her since that dreaded day.

Seeking support, Keisha went to her youth and senior pastors. Rather than console Keisha and offer hope and acceptance, she was condemned and then the pastor preached publicly about her sinfulness. Other parents in the church threatened to remove their children from the youth activities unless she left the church. At home, Keisha has her own dishes and bedding and the family built an extra bathroom with a shower in her room that only she would use. When people come to visit she is sent to her room. Keisha

suffers from discrimination in more ways than one. Not only is she HIV-positive but she is also part of the minority group in her community and only one of few African Americans in her school. At 17, Keisha feels her life is over.

The previous stories are familiar to anyone living with HIV or AIDS. In both examples, the church has contributed more to the problem than the solution. Despite the progress society has made, those living with HIV or AIDS continue to be plagued by stigma. Often, people are judgmental because they do not know the facts. Discrimination and stigma in the church and community is a major obstacle in effectively preventing HIV. In order to reduce the prevalence of HIV/AIDS, the stigma associated with it must be confronted.

**Eight suggestions for combating stigma and homophobia:**

1. Stop seeing HIV/AIDS as an ‘us’ and ‘them’ issue. AIDS IS IN THE CHURCH.
2. Base education on real experiences, not idealistic expectations about human behavior.
3. Encourage theological and ethical reflection of HIV/AIDS.
4. Recognize people living with HIV/AIDS as a valuable resource.
5. Build welcoming, non-stigmatizing communities.
6. Break the conspiracy of silence.
7. Pray for people living with HIV/AIDS openly in your congregation.
8. Preach and talk about HIV in a loving, non-judgmental, non-homophobic way.

### **Additional tips on how your ministries can get involved:**

- Develop and implement training, policies and procedures for your ministry staff.
- Coordinate educational seminars and provide HIV prevention materials.
- Involve people living with AIDS in your educational seminars.
- Show the diversity of the epidemic.
- Be proactive and partner with other AIDS organizations and become a community advocate for people living with HIV.
- Collaborate with other faith-based organizations and leaders from the community.
- Confront stigmatizing messages in the media and in your congregation.
- Speak to your congregation about compassion, love, hope, and healing that will shatter the stigma, judgment, and homophobia that is often associated with HIV/AIDS.
- Coordinate and partner with local HIV testing providers to arrange HIV testing at or near your church.
- **Stay committed and remember to work as a team.**



**EXERCISE:** As an individual, do you or have you done things that contribute to stigma? (You don't have to answer aloud but write down any thoughts you have on a piece of paper.)

- Can you see how homophobia contributes to the hindrance of HIV prevention?
- As a ministry, what have you done to confront stigma? Have you done everything you could? Is there more your ministry can do?
- Can you talk openly about the love of God to those who seek to stigmatize based on sexual orientation?

**How can you take what you have learned in this section and implement it into your ministry?** Your help is needed in the fight against HIV/AIDS and your ministry is a valuable resource. Churches and faith based organizations are strongly encouraged to take a stand against stigma and discrimination and to confront the religious, social, cultural and political customs and behaviors that foster stigma.