



Stigma and discrimination towards HIV infected people in India: Concerns and dilemmas

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Abstract

The paper analyses various issues in connection with the privacy of HIV infected people in India. It also investigates the stigma and discrimination as well as privacy challenges faced by the people living with HIV/AIDS (PLWHA) communities in India. The primary goal of the study is to gather information regarding the statistics, prevalent rate of HIV infection among various groups including vulnerable sections, root causes of HIV infection, human rights and humanitarian issues and contributions of governmental and non-governmental agencies in India for AIDS awareness programmes. Thanks to the contributions of NAACO and other voluntary organisations there is a decline of HIV prevalence rate in India. Due to the stigma and discrimination, the HIV infected people are afraid of disclosing their status. For the Prevention of the further spread of HIV, disclosure of HIV-positive status is imperative. In a human right perspective privacy of HIV infected people should be protected.

Keywords: civil Society, human rights, HIV, UNAIDS, NAACO

Introduction

People living with HIV (PLHIV) face a number of challenges worldwide, including HIV stigma and prejudice. This paper examines the factors influencing HIV stigma and discrimination against people living with HIV in families, communities, and healthcare settings. People with HIV (PLHIV) were viewed as being stigmatised and discriminated against because of a lack of understanding about the virus, a fear of getting HIV, and societal and moral attitudes of HIV and PLHIV. In order to improve understanding of HIV and increase the acceptability of PLHIV in families, communities, and healthcare settings, HIV education for family, community, and healthcare personnel is necessary. HIV continues to be a major global public health issue that has taken the lives of millions of people around the world. Human immunodeficiency virus (HIV) targets the immune system of human beings and weakens their immunity against infections. When the virus destroys the function of immune cells, the infected individuals gradually lose their immunity. HIV can be transmitted from different sources such as HIV-infected mothers to child; by direct contact with HIV-infected body fluids such as blood, sperm and vaginal fluids etc. India has the third largest HIV epidemic in the world after South Africa and Nigeria., India had around 2.14 million people living with HIV in 2017. India's epidemic is concentrated among key affected populations, including sex workers and men who have sex with men. (AVERT 2017) [2]. In India, the first cases of HIV/AIDS were reported in the mid 80's among commercial sex workers in Mumbai and Chennai and injecting drug users in the north-eastern State of Manipur. Several studies in India have been identified some groups as high risk groups such as injecting drug users, Men having sex with Men(MSM)and female sex workers (FSW). Female sex workers were the epicentre of the epidemic in the early days. India has recently embarked on an HIV prevention strategy that is strongly associated with lower rates of infection in low- and high-risk groups. (Paranjape, 2016). It is estimated that the rate of new HIV infection cases in India has dropped significantly. HIV prevalence in high-risk groups (HRGs) is significantly higher than in the general population. While drug use is increasing in many new pockets for injection transmission and men having sex with men, sex mode continues to be the main means of transmission. Most infections are caused by heterogeneous transmission. However, in the Northeast, drug use is the leading cause of the epidemic. Sex work continues to be the most important source of HIV infection in India, as a large number of clients are affected by sex workers. (NAACO, 2010). The four southern states in India, Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu and the north-eastern states of Manipur and Nagaland are classified as high HIV prevalence states in India. The states like Mizoram, Nagaland, Andhra Pradesh, Telangana and Karnataka, the HIV prevalence is more than double the national average. Assam, Chandigarh, Delhi Jharkhand, Punjab, Tripura and Uttarakhand are relatively few HIV-affected states / UTs in India (Paranjape, 2016). In south India, Kerala is safer than the neighbouring states of Tamil Nadu, Andhra Pradesh and Karnataka.

Various national and international programs have been implemented in connection with HIV prevention. Many human rights activists, organizations, government departments and NGOs are actively involved in HIV prevention efforts. The Government of India has initiated several programs to prevent the spread of HIV among the populace.

HIV Statistics in India

Despite a decline in HIV infections, India still has an estimated 24.01 lakh HIV infected people, including 51,000 children. According to the centre, the majority of these patients are clustered in eight states, including Andhra Pradesh, Karnataka, Tamil Nadu, and Telangana. According to the government's HIV Estimation 2021 report, there are 24.01 lakh HIV-positive individuals living in India, with women making up roughly 45 percent (10.83 lakh) of this total and children under the age of 12 making up 2 percent (about 51,000). Maharashtra (3.94 lakh) has the largest estimated number of PLHIV, followed by Andhra Pradesh (3.21 lakh), Karnataka (2.76 lakh), Uttar Pradesh (1.78 lakh), Tamil Nadu (1.63 lakh), Telangana (1.56 lakh), and Bihar (1.43 lakh). Together, these eight states make up 72% of India's projected PLHIV population. The prevalence of HIV/AIDS is generally reducing in India. Since 2010, the number of new HIV infections each year in India has decreased by 46%, according to HIV Estimation 2021, she stated. Globally, the number of new HIV infections each year has reduced by 32% since 2010, according to UNAIDS' 2022 data sheet. The most recent UNAIDS report, which was published last week, lists India as one of the nations whose HIV infections significantly decreased despite COVID-19 and other disasters.

Human Rights of HIV infected people

Human rights are basic rights of human beings regardless of gender, religious identity or nationality. Human beings and their rights are constitutionally protected. Many human rights issues they face in a civilized society like unemployment, lack of education, medical facilities, discrimination, stigma towards HIV infected persons and problems related to marriage and adoptions, invites adequate attention. HIV and human rights are intrinsically linked with each other. The prevalence of HIV weakens the activities of the universalization of human rights. Each person has the right to health including access to health services and the right to equal treatment and dignity. Many people face human rights barriers arise from discriminatory laws and practices concern with health status, gender identity and sexual orientation. People who face these barriers are often the most marginalized and stigmatized in society and the most vulnerable to HIV. By enabling effective response, it is essential to protect, promote, respect and fulfil the human rights of HIV infected people and to ensure they have access to the health services they need. Human rights protection is essential for safeguarding human dignity. Several states in the world treated sex work, drug use etc. are criminal activities that push HIV affected people away from vital HIV health services and confine their facility to demand their human rights. Even in countries where homosexuality is not illegal, fear of the authorities is turning many men into sex with men who are unaware of their legal rights, away from vital HIV and health services (UNESCO, 2013) ^[14].

Many countries criminalize the use of drug s and many of people who inject drugs away from vital HIV and health services due to the fear of police. Many people who inject drugs do not sterile syringes or other injecting equipment. Anti-prostitution laws and policies criminalize sex workers. Stigma and discrimination toward sex workers include verbal, physical and sexual abuse, mandatory HIV testing etc. This led to widespread human rights abuses by state authorities. The HIV infection rate among sex workers is approximately eight times more than other living with HIV adults globally. People living with HIV face serious human rights violations such as access to health care, the right to dignity and the right to employment. This stigma and discrimination increase the vulnerability to HIV infected people. The impact of HIV-related stigma and discrimination is far-reaching. There is a far-reaching impact on stigma and discrimination towards HIV infected persons. They denied health care facilities including family planning services, violating sexual and reproductive health rights. The stigma and discrimination also act as a powerful barrier to healthcare access to HIV people. This discrimination prevails in the workplace also. Women living with HIV and their children can also be refused medical treatment and their HIV status revealed to partners and family members without their consent. The International Covenant on Economic, Social and Cultural Rights ensures health right includes access to goods, services and conditions necessary for the realization of the highest attainable standard of health (Article 12).

Human rights are essential for reducing the number of people living with HIV. The human rights-based approach provides a common framework for translating international and national human rights documents into nationwide practice programming and improving universal access to health and HIV-specific programs. Human rights standards are outlined in international and regional treaties, covenants, conventions, and laws. All countries signatory to these documents are legally committed to enforcing and monitoring the enforcement of these rights. The International Covenant on Civil and Political Rights provides for the right to equality, privacy and dignity. These rights apply to all persons, including those affected by HIV. The Convention on the Elimination of all Forms of Discrimination against Women covers women's rights and gender equality

Children's rights are protected by all international human rights instruments specifically under the Convention on the Rights of the Child. These rights are relevant to HIV prevention, care and support for children such as child sexual abuse, trafficking, prostitution, sexual exploitation and child care and support. Right to education is one of the most important rights of children; Article 26 of the Universal Declaration of Human Rights guarantees this. To eliminate stigma and discrimination and prevention of HIV every child should provide HIV-related

education is an essential component of effective prevention and care programmes. The right to privacy is a human right and Article 17 of the International Covenant on Civil and Political Rights ensures this to all accordingly everyone has the right to protect the law against such interference or attacks. The right to privacy includes physical privacy concerning the confidentiality of all information relating to a person's HIV status.

The right to freedom of peaceful assembly and association is also denied to HIV infected persons. They should be protected against such discrimination based on HIV status and their admission to trade unions, continuation as members in conformity with ILO's instructions. The human rights obligations of States to prevent discrimination and to assure medical service and medical attention for everyone in the event of sickness require States to ensure that no one is discriminated against in the health-care setting based on their HIV status (UNAIDS, 2006) ^[11].

The stigma and discrimination of people with the human immunodeficiency virus (HIV) are effective barriers to HIV prevention. It is necessary to understand the extent and the underlying causes of stigma/discrimination to develop strategies to reduce them. HIV / AIDS-related stigma and discrimination occur everywhere, but they can have more serious consequences in health care settings. Many people do not disclose their HIV status, fearing the stigma and discrimination that continues to be a real barrier for people accessing health services despite improvements. Particularly vulnerable are young women seeking protection from sexually transmitted diseases, HIV diagnosis and treatment.

Due to the persistent nature of AIDS-related stigma the HIV infected people expressed fears of disclosure that might lead to rejection by their families or partners, or losing their jobs. The discrimination include being isolated and forced to use separate kitchen utensils, and keeping to "their own room. Inaccurate beliefs about HIV transmission can lead to more fear and discrimination, which can further stigmatise people living with HIV. HIV-positive MSM, can find themselves vulnerable to rejection from family and friends when they have not disclosed their sexual preference: (Allanise, 2010) ^[1]

One major cause of reluctance to disclose HIV status, for fear of being rejected by one's spouse, sexual partner, or family members; losing one's job; being ostracised in the community (Allanise,2010) ^[1] Prevention of the further spread of HIV, disclosure of HIV-

Conclusion

The medical and social facts about AIDS have projected the need to protect the confidentiality of HIV-related health care information into a prominent place in current public policy. Confidentiality is needed not only to prevent the risk of serious invasions of privacy that occur from disclosure, but also as a means for controlling the epidemic by encouraging voluntary testing. In this article I have proposed a general analytical system for determining whether, in particular cases, breaches of confidentiality for HIV-related information are appropriate. This includes identifying the extent to which personal privacy and the trust essential for preserving the integrity of the professional-client relationship are implicated if confidentiality were to be breached, and weighing the extent to which access to HIV-related information is necessary to further important interests. It is a fact that unrestrained use of drugs and alcohol makes these people engaging in unsafe sexual activities. Prevent and reduce HIV transmission through targeted programming of education and awareness among targeted groups and take initiatives to reduce new cases. NACO is focused on reducing stigma and discrimination and enhancing services

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