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How Increased Testing for HIV/AIDS Reduces Stigma in the United States

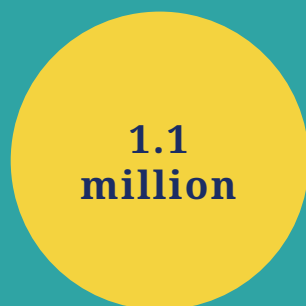
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What are HIV and AIDS?

HIV is a virus transmitted through bodily fluids that decreases the amount of an individual's CD4 cells, a special type of white blood cell integral to a healthy immune system. AIDS is the disease which results from leaving this virus untreated ("What Are HIV and AIDS?").

Who Does HIV Affect?



the number of people in the US currently living with HIV ("U.S. Statistics")



the proportion of new diagnoses in the South ("U.S. Statistics")



the proportion of diagnoses among gay and bisexual men ("U.S. Statistics")

What is Stigma?

In this case, stigma is defined as "when a person living with HIV experiences negative feelings or thoughts about their HIV status." On average, 8 in 10 HIV patients report having these experiences ("Standing Up to Stigma"). The official HIV Stigma Scale recognizes four key components: 1) enacted stigma, 2) disclosure concerns, 3) negative self-image, and 4) concern with public attitudes (Janice 199).

Why Should We Care?

Stigma is one of the main reasons why most HIV-positive people do not receive treatment (Janice 198). This affects both their physical and mental health. They are susceptible to opportunistic infections, or illnesses that easily bypass their weakened immune systems ("Symptoms of HIV"). In addition, they are far more likely to experience depression, anxiety, and suicidal ideation (Courtenay-Quirk 57).

How Can We Reduce HIV/AIDS-Related Stigma?

One city which has been making large strides in combating HIV/AIDS stigma is Washington, D.C. Although the nation's capital is a major hub for health policy and research, around three percent of its population is HIV positive. One goal attempting to decrease the number of people with HIV/AIDS is reducing stigma so that people will receive treatment without fear of such barriers (Greenberg 1678). The most effective example is actively promoting testing for sexually transmitted infections (STIs), rather than simply offering this service. This includes testing for HIV in routine medical settings instead of this being a separate endeavor altogether (Greenberg 1679). Also, clinics expanded the amount of couples testing, where both partners could be tested and receive results together (Greenberg 1681). Furthermore, policymakers are employing several widespread marketing techniques, including one called "Ask for the Test." This campaign is another method which encourages people to be aware of their HIV status (Greenberg 1680). This increased transparency and visibility is especially powerful in reducing feelings of stigma. Overall, these policies led to earlier HIV diagnoses, meaning the infection could be more easily treated in its initial stages. The effects were significant, with the average individual's CD4 count 50 percent higher after diagnosis (Greenberg 1679).

In addition, the effort to end HIV/AIDS targeted youth in particular, specifically by increasing the availability of condoms in school and implementing comprehensive sex education programs (Greenberg 1682). Also, there has been a significant expansion of community-based initiatives, particularly with religious and youth-focused agencies, in dealing with issues surrounding HIV/AIDS. This results in less of all types of STIs, more people being educated, and thus less prejudice towards those who test positive (Greenberg 1683).

The Policies	The Results	What Now?
<ul style="list-style-type: none"> actively promote STI testing increase sex education in schools organize community-based initiatives around HIV/AIDS 	<div style="text-align: center;">  <p>50%</p> <p>the proportional increase of the average individual's CD4 cell count</p> </div>	<ul style="list-style-type: none"> expand these policies to other localities adapt them to the specific needs of each area over time, adjust initiatives accordingly for maximum efficiency

Next Steps

Overall, it is highly difficult to create a "model" response to HIV. As a result, there should be a greater amount of the types of policies which were successfully implemented in Washington, D.C. For one thing, the test trials have been proven to work well, though to what extent has yet to be determined (Greenberg 1687). This proves its effectiveness, in addition to efficiency. The latter criterion is most likely met because of the smaller size of D.C. relative to other large cities. However, if done carefully within smaller subsections of a city, these policies could prove to be quite effective.

Wherever the policies are implemented, they must adapt to the various needs of each community, creating a dynamic, ever-evolving system of treating HIV. HIV clinics may expand to provide primary healthcare in addition to treating opportunistic infections which result from a weakened immune system. Everyone, including health departments and clinics, must be flexible with funding, as there is not an infinite budget to spend on this issue. After some decades of such significant effort, the HIV/AIDS epidemic in the U.S. may be eradicated once and for all.

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