

Stigma Among People Living With Aids (PLHIVs) in Iligan City

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Abstract

Alarmed with the rapid increase of HIV cases in the Philippines, the government has instituted Republic Act 8504 known as Philippine AIDS Prevention and Control Act of 1998. Down south, an ordinance on policies and measures to prevent and control STI, HIV/AIDS infections was promulgated in Iligan City. A non-government organization, known as Northern Mindanao AIDS Advocates (NorMAA) was organized to extend assistance to People Living with HIV (PLHIV) in the area by providing emotional recovery in terms of acceptance of their condition. With a very scarce if not nil local literature on PLHIV, it necessitates the conduct of this study. Conducted in Iligan City, the study aims to find out social stigma and coping mechanisms among PLHIV members of the NorMAA.

Using a qualitative design of key informant interviews which entails an in-depth interview, the study conducted a personal and individual interview with seven informants who were identified purposively using a snowball or referential sampling method. Research ethics of informed consent and confidentiality are strictly observed by the researchers in the conduct of data gathering and data presentation.

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Findings were analyzed using the social stigma of Erving Goffman (1963) and the social identity of Tajfel (1979). Labeled as Person Living with HIV (PLHIV) and having joined the NorMAA, the key interview informants acquired the social identity as PLHIV. With such identity and dreaded health conditions, two courses of action are found among the informants: disclosure and concealment of their social identity and health status as PLHIV. Those who disclosed their identity to their significant others had negative experiences which to them are a stigma. Those who preferred to conceal their identity as PLHIV attributed this to imagined stigma – forms of stigma which they imagined to experience once their health status is known by others.

Various forms of assistance from the government and NGOs like the NorMAA help the PLHIV cope with their health conditions. Despite their stigmatized social identity, most PLHIV maintained a positive outlook in life with better perceived life-chances.

Keyterms: Social Stigma, Social Identity, PLHIV, NorMAA

Introduction

The country's Department of Health under the Bureau of Epidemiology in the early quarter of 2017 reported that there are about 3,290 HIV antibody sero-positive individuals recorded in the Philippines which are 13% higher compared to last year. Ninety-five percent of reported cases were male and the median age is 28 years old. Among the several modes of transmission, sexual contact remains the top cause with 609 cases and 87% of those transmitted through sexual activities were among the males who engage sex with males. From the first HIV infection case recorded in the Philippines in the year 1984, there have been 42,912 HIV AB sero-positive individuals. Ninety-one percent (91%) of the total populations recorded were asymptomatic which means it does not show any symptoms upon reporting and twenty-seven percent were young individuals aged 15-24 years old.

A board member of Pinoy Plus Advocacy Pilipinas Inc., Noel Quinto, formulated an index on stigma among PLHIV in the Philippines. Several challenges as a result of stigma and discrimination were noted by Quinto (2011) which includes denial of HIV status individually, socially, and nationally, leading to delayed treatment, care, and support. There is

fear, anxiety, depression, apathy, anger, suicidal attempts, and revengeful behaviors. Certain groups of People Living with HIV (PLHIV) are also marginalized with the resurfacing of old prejudices and the emergence of new resentment towards HIV-positive individuals.

Cognizant of the increasing rate of HIV in the country, the Philippine government has enacted the Republic Act 8504 commonly known as the "Philippine AIDS Prevention and Control Act of 1998". This act promulgates policies and prescribes measures on how to prevent and control HIV and AIDS in the Philippines. It institutionalizes the nationwide HIV/AIDS information and educational program, the establishment of a comprehensive HIV/AIDS monitoring, and the strengthening of the Philippines National Aids Council law. Free, confidential, and with consent counselling and testing services are likewise offered. In Southern Philippines, in Iligan city, it has come up with a City ordinance No. 11-5677 entitled, *An Ordinance Promulgating Policies and Measures for the 3 Prevention and Control of Sexually Transmitted Infections (STD), HIV Infections/AIDS in Iligan City, and the Iligan City AIDS Council and Providing Penalties for Violations thereof and other Purposes*. This city ordinance is a recognition of the existence of People Living with HIV (PLHIV) in the locality. This is substantiated in the report of Oyao (2017) that 52 individuals have been diagnosed with HIV in Iligan City. From January to September 2017, 21 cases were recorded. Of this figure, 17 cases were assisted by the Northern Mindanao AIDS Advocate (NorMAA).

The alarming rise of Filipinos affected by HIV is sociological interest. People living with HIV (PLHIV) need to be studied to shed light on their lifestyles, health conditions, and struggles. Despite the number of PLHIV in the country, they remain faceless and anonymous because they are seldom studied for fear of social stigma. In recent information on AIDs through mass media, Cagayan de Oro was identified as having a high rate of AIDs. The seeming absence of sociological study on PLHV is noticeable in Region 10, hence this study. Conducted in Iligan, an adjacent city of Cagayan de Oro, the study's two-fold objectives are to identify types of social stigma experienced by PLHIVs and to determine the coping mechanisms employed by the PLHIVs.

Brief Literature Review

The framework of this study is drawn from the theories of Erving Goffman's social stigma, and Tajfel and Turners social identity. Goffman

(1963) defines social stigma as a "deeply discrediting" attribute in the context of a set relationship. The disapproval of an individual by others in society is based on his social characteristics. It causes an individual to be mentally classified by others in undesirable, rejected stereotypes rather than in an accepted normal one. According to Kleinman (2009), the modern idea of stigma owes a great deal to Goffman, who viewed stigma as a process based on the social construction of identity. Persons who become associated with a stigmatized condition thus pass from a "normal" to a "discredited" or "discreditable" social status. Stigma in this study is manifested in the various negative experiences of the informants as Person Living with HIV or commonly known as PLHIV.

In the study of Tajfel (1975), in conceptualizing a group, it can be a collection of individuals who perceive themselves to be a member of the same social category, share some emotional involvement in the common definition of themselves, and achieve some degree of social consensus about the evaluation of their group and their membership of it. By being a member of the NorMAA, the PLHIVs then acquired a social identity with their common feelings of oneness and acceptance as described by Tajfel.

The literature review is based on the three major sections, first is the definition of theories being used, the second section includes journals and studies on stigma and the third section is the state and city laws on HIV.

Theory of Social Stigma by Erving Goffman (1963) is the major proponent of this study. The early conceptualization of studies of stigma was concentrated on the "undesirable felt differences" and "negative attributes that convey devalued social identity". This means a person whose moral characteristics and personality does not fit the moral identification base on the social norms. We label this individual as substandard or defective. In discussing the participation of NorMAA to the identity of the informants, the researcher also tapped Henri Tajfel and John Turner's Theory on Social Identity (1975). Social identity theory stipulated that a person's sense of how they identify themselves is based on the group they belong to. Tajfel (1979) proposes that the group where we belonged gives us a sense of social identity. In the manner of evaluation intergroup behavior, Tajfel (1979) emphasizes the comparison of ingroup and outgroup behavior which are very bias. This intergroup behavior determines the kind of discrimination experienced as part of the group.

Several studies revealed several stigma experiences of the participants. A journal of Epidemiology and Community Health by

Arthur Kleinman and Rachel Hall-Clifford (2001) defined stigma in social, cultural, and moral processes. They have pointed out that stigma focuses heavily on psychological approaches and unable to acknowledge the moral context on the understanding of stigma and stigmatized individuals. Kamau (2012) also pointed out that in public schools of Kenya three main types of stigma were identified, namely, enacted or actual, internalized, and felt the stigma. Stigma and discrimination involved parents, teachers, and peers, who were synonymously referred to as "stigmatizers" (Kamau, 2012). Enacted stigma includes stigmatization by parents wherein parents determined the type of treatment pupils accorded Children Living with HIV/AIDS (CLWHA) while in school.

Moreover, state and city laws that protect and help the PLHIV were also presented in this study. RA 8504 mandated everyone to not discriminate PLHIV thus protecting them by the 100% confidentiality. Also, the discrimination in health institutions is prohibited since they are the frontline offices in monitoring, providing care and support to PLHIV. The law that protects every PLHIV in the Philippines and has been approved since February 13, 1998, signed by President Fidel V. Ramos. In a local scenario, a City Ordinance No. 11-5677 entitled, An Ordinance Promulgating Policies and Measures for the 3 Prevention and Control of Sexually Transmitted Infections (STD), HIV Infections/AIDS in Iligan City, and the Iligan City AIDS Council and providing penalties for violations thereof and other purposes, aims to strengthen the responses of the local into more effective and sustained action plans on HIV and AIDS cases in Iligan City. Furthermore, it shall also develop partnerships and collaboration, and implement a policy that will help the local government in combating HIV and AIDS through planning, programming, allocate budget towards related programs on HIV. Thus, amidst the rise of stigma cases among PLHIVs, these laws and ordinances shall be their teeth in fighting for justice and protect them from the cruelty of this world. Also, this study aims to help spread awareness about the deadly disease and reveal the effects of being stigmatized by the people surrounding them which eventually can help the government in drafting policies beneficial in the future.

Methodology

This is a qualitative research design that employed a key informant interview method which entails an individualized interviewing

of select informants who are well versed and familiar with the subject matter being studied. The researchers gathered information from seven members of a non-government organization called Northern Mindanao AIDS Advocate (NoRMAA) in Iligan City. NoRMAA has the advocacy of giving care, support, and hopes to people living with HIV. The sample group of 7 individuals was selected purposively based on their social identity as Person Living with HIV (PLHIV) and as members of the NorMAA. There could be more than seven participants in the study, however, only 7 out of the 12 PLHIV members signified and confirmed their participation in the study. One of the researchers in this study was once a peer educator and advocate on HIV and thus had access to NorMAA and knew some of its officers. Through referral method or snowball sampling, the first few informants helped the researcher in identifying other members of the organization who eventually agreed to be included in this study. Strict research ethics on informed consent and confidentiality were observed.

Iligan City was selected as the research locale because of its nearness to Cagayan de Oro, known to have a high incidence of HIV and due to the establishment of the Northern Mindanao AIDS Advocates (NorMAA) organization in the city.

Findings of the Study

Seven (7) People living with HIV (PLHIV) members of the NorMAA served as informants in this study. The typical PLHIV in this study was a 30-year-old male Catholic, residing in Iligan City at the time of the study, diagnosed with HIV for 2.5 years and was continually undergoing Anti-retroviral Therapy (ART). As a result of ART medication, all of them experienced some physical reactions such as skin discoloration, sweating with an unusual odour or foul smell. Others reported feelings of numbness, weakness, irritation, and discomfort. PLHIVs also disclosed their unhealthy lifestyle before being diagnosed with HIV such as having unsafe and casual sex, vices like smoking and drinking, and going out late at night. All of which were changed due to their health conditions.

Forms of Social Stigma: Real and Imagined by PLHIV

Focusing on stigma, it appears that there are two types found among the Key Informant- PLHIVs: real and imagined. Real stigma is

those actual negative experiences of discrimination and non-acceptance from family members and friends upon disclosure of their HIV status. One informant suffered from being terminated from work due to his health condition. Their family members, mostly from their fathers, were angry and labelled them as dirty, gay, and *dukerok* (sex-maniac). However, sympathetic reactions from their mothers were also felt by the informants.

Angry reactions were expressed in hurtful words as narrated by some informants:

That's an ugly disease, it's for the defiled!

You're a sex maniac, active in lustful things!

That's what you get for being gay, dirty, and keeps on roaming around.

Stinkier than shit!

These negative reactions also included blaming the informants for getting the dreaded disease of HIV. Being gay or homosexual connotes being dirty and lustful. Built into these negative reactions were ugly labels for the PLHIV informants. Thus, informants experienced social stigma from their family members with the negative reactions and labels they received. All of the informants voluntarily disclosed their status to their family members but one case was accidentally known by a family member.

It is because of fear of being stigmatized that 5 informants preferred to conceal their HIV identity to some of their family members and friends. Also, informants were scared to open up their health conditions to some of their friends because of the stigma attached to HIV, all informants did not disclose their identity to the general public and other social groups. This could be their strategy to avert stigma. Fears of being an outcast, rejected, not accepted are what the PLHIVs could think of once their true PLHIV identity is known. Rejection is showed in various forms to them: not accepted, being avoided, discriminated, being the butt of jokes, name callings, fear that family will judge them as fond of sex and dirty. According to Goffman (1963), an individual with stigmatized identity is one who does not have full acceptance, struggling and striving to adjust to what is said to be normal to the society. In order to be among the "normal people", they chose to keep their PLHIV identity confidential. Nevertheless, despite concealing their health status and identity, the informants already suffered from imagined stigma because they were already bothered as to the many possible negative reactions

and treatments to them by other people. Hence, these are imagined stigma, although not yet experienced these already caused inward troubles to the informants. A related study conducted by Yeboah et al. (2017) in China, reported societal discrimination and stigmatization were strongly felt by PLHIVs.

Support from Government and NGO

Availing of assistance from government and non-government sectors is a means among PLHIVs in coping with their health condition. Government agencies such as Department of Social Welfare and Development (DSWD) City Social Welfare And Development (CSWD), and Philippine Charity Sweepstakes Office (PCSO) provided financial and hospitalization assistance. Northern Mindanao Medical Center (NMMC) was the main treatment hub for PLHIV in northern Mindanao which provided ARV medication. The local government unit of Iligan City has provided Pre and Post-Counselling before its free HIV testing. However, as perceived by the PLHIV the city government is not sympathetic to their health plight with its poor implementation of city ordinances which were supposed to address the needs of PLHIVs in the city.

NorMAA provided different types of training, seminars, and social gathering for PLHIV to cope with emotional recovery and acceptance of health conditions and identity. PLHIV underwent a series of counselling for fast and full acceptance of their health identity. Also, they provided training for parents and direct family members to help cope with the emotional crisis in dealing with family members who are diagnosed with HIV. In a related study conducted by Hormazd N. Sethna of Case Western Reserve University (2014), World Bank defines NGOs as important organizations in pursuing activities relieving suffering and most especially in the prevention and treatment of HIV/AIDS. Particularly, NGOs and government agencies help set trends on the advocacy of persons with HIV, targets specific vulnerable groups, and improved access to health and emotional care.

Their Coping Strategies

PLHIV informants further detailed their coping strategies and mechanisms which helped them in their health ordeal. Having a good support system such as their family, friends, and NorMAA, proved to be an effective coping mechanism for the informants. They also had personal

strategies to deal with their stigmatized health identity such as self-determination, positive mind setting, focusing on self and family, and avoiding negative people. Similarly, the study of Ying-Xia Zhang from China (2014) which tackled the importance of interpersonal and intrapersonal approaches in coping mechanisms like consistent avoidance or being passive and the problem-focused approach. These two coping mechanisms were also among the informants' responses which help them deal with the stigma and discrimination from different individuals and social groups.

Conclusion

The findings include that the typical PLHIV in this study is a male homosexual whose fragile health condition left him two options: disclosure and/or concealment of his health status to the important persons in their lives – family members, friends, and workmates.

Goffman's (1963) theory of social stigma emphasized how other members of society discredit the status of an individual which in return affected the behavior of that individual. This framework lends support to the PLHIV informants who, upon disclosure of their health status and identity to their family, friends, and workmates, discrimination, suffered from stigma. This stigmatized condition produced an act of devaluing one's self among informants. However, the disclosure of status also provided the informant's words of relief and encouragement among other family members, friends, and workmates. Goffman's (1963) theory of social stigma also delved into individuals' ways of coping which varies across social groups, time, and situations. Those who opted to conceal or hide their health conditions from their significant others attribute it to imagined stigma, the fear of being outcast, discriminated, rejected.

Various support provided by the government, non-government, loved ones, and friends provided the PLHIV with coping strategies in meeting their health, emotions, financial, and medical needs. With NorMAA's intervention, PLHIV were able to improve their self-confidence and acceptance. These findings are supported by Tajfel's (1979) notion of positive social identity with NorMAA as part of the in-group that develops self-esteem.

The PLHIV in this study lacks the appreciation of the local government's support for their health plight. While there are city ordinances on AIDs already in place, the informants felt they have not received the assistance due to them from the local government.

Recommendation

There are identified areas recommended for future researchers:

For theory, it is recommended that for future studies other frameworks such as symbolic interactionism, functionalism, agency-structure, postmodernism will be used in analyzing the lives of PLHIV.

For methodology, it is recommended for future studies will try to strengthen the methodology by expanding the number of informants for more concrete analysis of data. The survey method using probability sampling is also recommended. Qualitative methods like life stories, focus group-discussions are also recommended.

For suggested related topics, it is recommended for future researchers to do a study on the components of national and local ordinances on STI, AIDS, HIV, and the effects of their implementation. Future researchers also could do a comparative analysis of social stigma and emotional recovery between members and non-members of NorMAA or other organizations supporting PLHIV.

For local government units, it is recommended that ordinances on financial and medical support to PLHIVs be reviewed regularly for relevance. It is also recommended that its local health units be active in monitoring PLHIVs and in conducting a free test of HIV and come up with measures in preventing the spread of the dreaded disease.

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