Promoting Protection against HIV and Reducing HIV-Based Stigma and Shame in Rural South India

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Purpose:

The purpose of my project was to attempt to decrease the stigma and shame experienced by HIV+ people in Namakkal, Tamil Nadu. Stigma is a major problem faced by HIV+ people in India, and in many ways is more difficult to bear than the physical processes of the disease. Many of the HIV+ patients whom I spoke to at the Government Hospital of Namakkal conveyed that they had lost nearly all of their social support after people in their communities learned of their HIV+ status. Stigma and discrimination are issues for HIV+ people at all levels of society and in all castes (the caste system still remains intact throughout India). Often times, people will avoid getting tested or will avoid accessing health care due to the difficulty of facing an HIV+ diagnosis and due to their fear of community ostracism thereafter. Many people whom therapy would benefit instead die of AIDS for this very reason.

Method:

I addressed the problem of HIV-based stigma and shame through a teaching program that I presented in a number of villages. My goals were the following:

- To teach the facts about how HIV can and cannot be transmitted, stressing the fact that people cannot contract HIV through any type of casual contact with HIV+ people.
- To educate that HIV is now a treatable disease with which people can live for decades, with proper medical treatment.
- To present the audience with stories from and about HIV+ people. For this, I was fortunate to have an HIV+ colleague who shared his story about his life with HIV. Additionally, I showed short videos that dramatized HIV+ people in real-life situations.
- To strengthen the grass-roots organizations in Namakkal that are working to protect basic rights of HIV+ people. I did this by promoting several of them in my presentation and through a pamphlet that I created and distributed.

Results and Discussion:

I conducted eight village-based teaching programs and two textile mill-based teaching programs, each consisting of a 20-minute power-point presentation of the basic facts about HIV, a five-minute "positive speaker" presentation by my colleague, and two five-minute videos. Interspersed within all this were question & answer periods. Additionally, I distributed pamphlets that summarized the HIV facts and listed the various health and social care resources available to HIV+ people in Namakkal. In total, I reached approximately 750 adults and distributed approximately 750 pamphlets.

In most cases, it was clear that I was updating people on the facts about HIV, such as that it is now a treatable disease, and that it is possible for an HIV+ women, through proper medical interventions, to have HIV- children. It was also very clear that my audiences appreciated what I was trying to teach them. Most important to me, however, was the fact that people showed great interest in what my HIV+ colleague had to say about his own experience with the disease. This was the prime indication that people were being reached by our message of acceptance of HIV+ people. My most successful program was one at which a member of the audience made the announcement – for the first time publicly to his community – that he was HIV+ and was not afraid or ashamed of people knowing about it. I took that as a sign that I had been successful, at least on that night, of creating a safe space in which shame and stigma against HIV+ people were over-powered.

It is not possible to tell, however, whether my programs have made any long-standing change in peoples' perceptions of HIV/AIDS. Also, I am fully aware that this type of intervention is just a very small drop into an ocean – the fact that I reached only 750 people in a country of more than a billion says enough. This is not to discount the fact that every little bit is important, but rather to acknowledge that any meaningful change will come only from unrelenting, long-term work at many different levels. I believe this kind of work is most effectively executed when partnerships are made between those of us in the west, who have comparatively more power, and stakeholders on the ground.

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