

# Addressing HIV / AIDS Stigma and Discrimination in India: Insights from the NFHS (2019-2021)

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**Abstract:** HIV - related stigma and discrimination remain significant barriers to combating the HIV/AIDS epidemic, particularly in India. This study utilizes data from the National Family Health Survey (2019–2021) to analyse public attitudes and behaviours towards people living with HIV (PLHIV). Findings reveal that misconceptions and lack of awareness about HIV transmission contribute to stigma and discrimination in healthcare, workplaces, schools, and social settings. For instance, a substantial proportion of respondents expressed unwillingness to interact with or treat PLHIV equally, demonstrating the need for extensive awareness and behavioural change programs. These stigmatizing behaviours deter individuals from seeking testing and treatment, exacerbating the spread of the disease and its social impact. Promoting accurate knowledge through social media, mass media, and community initiatives like red ribbon clubs and national adolescent education programs can help address these challenges. Effective policy interventions and collaborative efforts are essential to reduce stigma and achieve the goal of ending the HIV/AIDS epidemic by 2030.

**Keywords:** HIV stigma, AIDS discrimination, public awareness, healthcare inequality

## 1. Introduction

Stigma and discrimination are among the greatest challenges in the fight against human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), especially in India. HIV - related stigma refers to negative attitudes and beliefs about people with HIV, while discrimination involves behaviours stemming from those beliefs. These challenges are rooted in a lack of awareness and knowledge about the disease (1).

This article aims to analyse findings from the NFHS (2019–2021) concerning HIV stigma and discrimination, highlight their implications, and propose strategies to address these issues.

## 2. Methods

This study uses data from the NFHS (2019–2021), which surveyed individuals aged 15–49 across India. Responses to seven indicators related to attitudes and behaviours toward PLHIV were analysed to assess stigma and discrimination.

## 3. Results

### 1) General Attitudes Toward HIV Disclosure

Approximately 60.1% of respondents stated they would not hide a family member's HIV - positive status, while 39.9% preferred secrecy. Fear of discrimination was a primary driver of this attitude, which can contribute to delayed testing and treatment (5).

### 2) Misconceptions About HIV Transmission

- **Vendor Interaction:** 66.75% of respondents were willing to buy vegetables from an HIV - positive vendor, but 34% incorrectly believed transmission could occur through casual contact (6).
- **Healthcare Settings:** While 65.1% agreed that HIV - positive patients could be treated in public hospitals, 34.9% opposed shared healthcare facilities (7).

### 3) Stigma in Education and Workplaces

- **Educational Settings:** About 70.6% supported the inclusion of HIV - positive children in schools with HIV - negative peers. However, lingering stigma can hinder educational opportunities (8).
- **Workplaces:** 70.7% approved of HIV - positive individuals working alongside HIV - negative colleagues, yet workplace discrimination persists (9).

### 4) Composite Positive Attitudes

Only 23.65% of respondents demonstrated positive attitudes across all indicators, underscoring widespread stigma and misconceptions (12).

## 4. Discussion

The findings reveal that stigma impacts PLHIV in multiple domains: healthcare, education, workplaces, and social interactions. Misconceptions about HIV transmission exacerbate fear, deterring individuals from seeking testing or treatment. Stigma also affects the mental health and social security of PLHIV, contributing to increased morbidity and mortality (10).

To achieve the global goal of ending the HIV/AIDS epidemic by 2030, addressing stigma is essential. Awareness campaigns and policy interventions must target misconceptions and promote inclusive attitudes.

## 5. Recommendations

- 1) **Expand Awareness Campaigns:** Programs such as Red Ribbon Clubs and the National Adolescent Education Programme (NAEP) should be scaled up. Mass media, including social media, television, and newspapers, can play a critical role in spreading accurate information (15).
- 2) **Policy and Advocacy:** Governments and NGOs should implement workplace and healthcare anti - discrimination policies. Regular training for healthcare professionals and employers is essential to foster inclusivity (16).

- 3) **Community Engagement:** Community - based initiatives should encourage open discussions about HIV/AIDS to reduce stigma and promote acceptance (17).
- 4) **Youth Education:** HIV education must be integrated into school curricula to address misconceptions early and normalize discussions about the disease (3).

## 6. Conclusion

HIV - related stigma and discrimination remain significant barriers to prevention, treatment, and care in India. Addressing these issues requires a multi - pronged approach involving education, policy reform, and community engagement. By fostering acceptance and reducing fear, India can make significant strides toward achieving the global goal of ending the HIV/AIDS epidemic by 2030.

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