



Social stigmas towards people living with HIV in the Sars-CoV-2 vaccination process

Estigmas sociales hacia personas viviendo con VIH en el proceso de vacunación anti Sars-CoV-2

Carlos Fernández-Silva^{1*} orcid.org/0000-0002-3610-7577

Francisco Hernández-Pérez¹ orcid.org/0000-0002-9128-7136

Edgar Vidal Vidal¹ orcid.org/0000-0002-1557-4096

1. Carrera de Enfermería, Universidad de Los Lagos. Puerto Montt, Chile.

Received: 17 May 2022

Revised: 01 Dec 2022

Accepted: 26 Dec 2022

Citation: Fernández-Silva C, Hernández-Pérez F, Vidal Vidal E. Social stigmas towards people living with HIV in the Sars-CoV-2 vaccination process. *Univ. Salud.* 2022; 24(Suppl 1):287-293. DOI: <https://doi.org/10.22267/rus.222403.284>

Abstract

Introduction: Social stigmas in people living with Human Immunodeficiency Virus (HIV) have been part of their history and can still be identified in today's care environments. **Objective:** To analyze the social stigmas in relation to the care of people living with HIV by those who provide the anti Sars-CoV-2 vaccination service. **Materials and methods:** A descriptive quantitative research were developed that included a census sample of 126 people. The scale of social stigma in the care of people with HIV/AIDS (Acquired immunodeficiency syndrome) was applied. The information was analyzed through SPSS version 25. **Results:** Most of the participants reported not knowing people with HIV, but they have been treated as users (54%) and considered that they are discriminated (88.1%). Although a low level of stigma was evidenced (71.4%), these are present in 85.7%. Having had contact as a user with people with HIV was associated with the level of stigma ($p=0.008$). **Conclusions:** It is necessary to promote training in which the complexity of the phenomenon is addressed and aspects such as social stigmas are identified, incorporating the biopsychosocial paradigm together with a gender perspective in favor of the comprehensive provision of care.

Keywords: Social stigma; HIV; mass vaccination; Sars-CoV-2. (Source: DeCS, Bireme).

Resumen

Introducción: Los estigmas sociales en personas que viven con VIH han sido parte de su historia y aún se puede identificar en los entornos actuales de atención. **Objetivo:** Analizar los estigmas sociales en relación con la atención de las personas que viven con VIH por parte de quienes otorgan el servicio de vacunación anti Sars-CoV-2. **Materiales y métodos:** Se desarrolló una investigación cuantitativa descriptiva que incluyó una muestra censal de 126 personas. Se aplicó la Escala de estigma social en la atención de personas con VIH/SIDA. La información fue analizada a través del SPSS versión 25. **Resultados:** La mayoría de participantes refirió no conocer a personas con VIH, pero sí les han atendido como usuarios (54%), y consideró que son discriminadas (88,1%). Pese a que se evidenció un nivel bajo de estimas (71,4%), éstos están presentes en el 85,7%. El haber tenido contacto como usuario con personas con VIH se asoció con el nivel de estigma ($p=0.008$). **Conclusiones:** Se requiere fomentar capacitaciones en las que se aborde la complejidad del fenómeno y se identifiquen aspectos como los estigmas sociales, incorporando el paradigma biopsicosocial y con perspectiva de género en pro de la prestación integral de los cuidados.

Palabras clave: Estigma social; VIH; vacunación masiva; Sars-CoV-2. (Fuente: DeCS, Bireme).

* Corresponding Author

Carlos Alberto Fernández-Silva

e-mail: carlosalberto.fernandez@ulagos.cl

Introduction

The Human Immunodeficiency Virus (HIV) has become a relevant issue for public health, given the increase in its incidence, which reaches 1.7 million new infections according to data provided by the Joint United Nations Programme on HIV/AIDS (UNAIDS), representing a health challenge worldwide⁽¹⁾.

For public health, the challenge is to achieve effective prevention strategies and to address the different human dimensions involved in individuals, such as biological, psychological, and/or social dimensions⁽²⁾.

To better understand these conditions, it is necessary to recall historical data since HIV appeared on the world scene in the late 1970s, being identified in Chile in the early 1980s, linking its diagnosis with homosexuals -or those who were part of sexual dissidence-, and those who were drug users or engaged in the sex trade. The difficulty of effective treatment linked HIV with death from acquired immunodeficiency syndrome (AIDS), and in addition to the above, the social imaginary was generated that HIV was a health problem that only affected a particular sector of the population, while its diagnosis was a death sentence.

From this context, besides the concerns for the physical deterioration and mortality caused by the progression of HIV in the organism. Also, there was a need to address aspects such as the fear and social rejection associated with living with the virus since it threatened the welfare of individuals who suffered from it.

Although timely and effective treatment currently allows people living with HIV to have a life expectancy like the population average. The mortality rate due to AIDS has decreased. Now, there is greater availability of treatments with fewer adverse effects, and other prevention strategies such as pre-exposure prophylaxis (PrEP), among other factors that favor their quality of life and well-being, it is evident that social stigmas continue to be present today^(3,4).

Such stigmas can be defined as attitudes, feelings, beliefs, and behaviors that arise from prejudice and lead to discrimination against a person, affecting their social, work, and family dynamics and, in turn, creating a barrier to access to health services. It then becomes a relevant issue in the health care approach,

considering the comprehensiveness of care, a principle declared in Chile as part of its health care model^(5,6).

When social stigmas come from health workers, aspects such as empathy, which are necessary to establish care relationships from a humanized perspective, are affected, generating a need to consider their presence as a lack of ethical aspects of deontological type⁽⁷⁾.

People with HIV were socially stigmatized by the professionals who participated in the COVID-19 vaccination process throughout Chile, which led the Ministry of Health to grant guidelines to facilitate their access and guarantee their confidentiality, following pressure from social organizations and non-governmental institutions working on HIV-related issues⁽⁸⁻¹⁰⁾.

The same situation was experienced in the main vaccination center located in southern Chile. For this reason, it was considered necessary to address it as a research topic, which led to establishing a general objective: To analyze the social stigmas concerning the care of people living with HIV by students, health professionals, and administrative staff in the context of COVID-19 vaccination in a vaccination center located in southern Chile.

Materials and methods

Type of study and population

The research was a quantitative descriptive and correlational cross-sectional study in which 126 people participated as a census sample, including health professionals, students, and administrative employees, who performed their professional, volunteer, or academic work at the principal anti Sars-CoV-2 vaccination site located in the southern part of Chile.

Selection criteria

The following were considered as inclusion criteria: people who directly or indirectly participated in the anti-Sars-CoV-2 vaccination campaign, from 18 years or older, and accepted their inclusion after the informed consent process. Exclusion criteria were those persons who, despite being involved in the vaccination process, would have been part of the research group or persons who functioned as

ministers of faith during the informed consent process.

Instrument

The "Social stigma scale for HIV/AIDS care" was used, developed by Tamayo in 2015⁽¹¹⁾, which reports a Cronbach's alpha of 0.70. The instrument has 15 questions with dichotomous response options, scoring 1 to the parameters in which stigma is evident. The final score was converted into a percentage and classified as low (less than 20%), medium (between 20% and 50%), and high (more than 50%). Additionally, the scale was complemented with questions that made it possible to establish participants' profiles concerning their sociodemographic and work or academic characteristics. The instrument was administered through a Google Forms®.

Ethical considerations

Individual participation was voluntary after the informed consent process. During the project phase, the research included ethical and legal aspects related to the investigation at a national level, which is why we had the favorable opinion of the Scientific Ethical Committee of the Reloncaví Health Service (Ord. 007 - 2021) and the authorization of the Municipal Health Department.

Information analysis

The information collected during the survey was organized in an Excel database and subsequently processed in the SPSS version 25 program, estimating descriptive statistics. Pearson's coefficient was used to establish the association between the variables, with p-values < 0.05 as significant.

Results

Concerning the participants' profile, most of them were between 18 and 29 years of age (75.4%), from urban areas (88.1%), predominantly female (76.2%), and with cis-gender and heterosexual identity (86.5%); had some religious practice (68.2%), and most of them were students in health careers (71.4%) in their second to the fourth year of their respective training programs.

67.5% reported that they did not know anyone close to them living with HIV; however, 54% did refer that they had addressed users with this health condition. There was a 68.3% lack of training about HIV, and most (88.1%) considered that people with HIV experience discrimination (Table 1).

Table 1. Sociodemographic profile and generalities related to HIV. Puerto Montt, 2021

Variable	Frequency	Percentage
Age in entire years		
18 to 23	57	45.2
24 to 29	38	30.2
30 to 35	19	15.1
36 to 41	2	1.6
42 to 47	8	6.3
48 to 53	0	0
≥ 54	2	1.6
Location		
Urban	111	88.1
Rural	15	11.9
Genre		
Female	96	76.2
Male	30	23.8
Other	0	0
Identity/role		
Cis gender heterosexual	109	86.5
Person who identifies with the LGTBIQ+ collective.	16	12.7
Cis gender, with occasional same-sex sexual relations	1	0.8
Religion		
Catholic	56	44.4
Evangelic	21	16.7
None	40	31.7
Other	9	7.1

Profession or trade		
Student	90	71.4
Professional	36	28.6
Academic year		
1	2	1.7
2	17	13.5
3	24	19.0
4	33	26.2
5	14	11.1
Not applicable	36	28.5
Do you know people living with HIV?		
Yes	41	32.5
No	85	67.5
In a work or training context, have you cared for people living with HIV?		
Yes	68	54
No	58	46
In the last 5 years, have you received any training on HIV issues?		
Yes	40	31.7
No	86	68.3
Do you believe that people with HIV are outcast or discriminate against?		
Yes	111	88.1
No	15	11.9

When analyzing the information according to classification, 71.4% presented a low level, 27.8% a medium level, and 0.8% an important level of stigma, the latter evidenced in a health professional.

Most of the surveyed population demonstrated some level of stigma (85.7%, n=108), and among those who showed no stigma (14.3%, n=18), the majority corresponded to students of health careers, reaching 15 subjects.

In the individual evaluation of the questionnaire responses, it was possible to identify that there is still a lack of knowledge about various aspects of HIV and its transmission. It is noteworthy that 13 people

(10.3%) stated that "they would only care for people with HIV/AIDS because of ethical or professional commitment," and 2 (1.6%) responded that "they agree with the rejection of people with HIV/AIDS."

The analysis between the participants' profile variables and the level of stigma was significant for those who have cared for people living with HIV in the work or training context ($p=0.008$). No relationship was evident between the level of stigma and the other variables ($p \geq 0.05$) (Table 2).

Table 2. Association between profile variables and level of stigma

Profile variable	Correlation coefficient *	p - value **
Age	-0.121	0.177
Gender	0.008	0.933
Identity, role	0.077	0.389
Location	-0.125	0.164
Religion	-0.108	0.228

Profession or trade	0.060	0.507
Academic year	-0.069	0.445
Do you know people living with HIV?	0.109	0.225
In the work or training context Have you cared for people living with HIV?	0.235**	0.008
In the last 5 years, have you received any training on HIV issues?	-0.081	0.365
Do you believe that people with HIV are outcast or discriminate against?	0.031	0.731

* Pearson's coefficient

** Significant correlation for values <0.05

Discussion

Since most participants were students in the health area, characteristics such as age and female gender predominance have been evidenced in research conducted in this type of population^(12,13).

The results on the perception of people living with HIV as being outcast or discriminated against coincide with research that has shown the presence of social stigmas and discrimination on the part of professionals and students in health careers^(7,14).

Regarding training about HIV, its contribution to improving professional-user interaction has been demonstrated, and at the same time, making possible the construction of public policies which recognize aspects of promotion, prevention, and follow-up, including the existing social esteem towards this type of population⁽¹⁵⁾.

For these reasons, the training deficit is an aspect that needs attention from both health institutions and those that train human resources in health, especially if we consider that this is a relevant issue given its prevalence worldwide, nationally, and particularly in the Los Lagos region in Chile⁽¹⁶⁾, where the investigation was developed.

Stigma and having had experiences of care for people living with HIV was a factor that promoted a low level of stigma; however, this is an aspect that requires further exploration to identify the factors that lead to support, generate, or mitigate social stigmas that create barriers to care^(17,18).

The fact that most of the participants expressed some level of social stigma is relevant, and a small number of subjects showed that there was evidence of being in favor of rejection towards people living with HIV. In addition, they considered that their care would be provided only because of the professional duty that it entails. These aspects can make it difficult to establish therapeutic links necessary to develop empathic and genuine care, which are part of humanization and one of the principles of the integral health care model, from which the patient is considered the center of care^(6,19-21).

The need to develop training that addresses knowledge related to HIV not only as a biomedical issue is evident since it should also include topics related to ethical aspects of health. These should enable reflection and recognition of these, not only from their correspondence with the legislative-regulatory duty to be but also as a deontological aspect necessary to establish horizontal human relationships in the context of care, to achieve the welfare of those who experience situations that affect their health⁽²²⁾.

The incorporation of gender aspects is another relevant issue in training, where the concept of intersectionality⁽²³⁾ is relevant, considering cultural diversity and processes such as migration, which has been remarkable in recent years in Chile, together with the results of research in which the expression of social stigmas towards people due to race and ethnicity, and/or for identifying themselves as women, have become evident^(24,25,26,27).

Conclusions

It is necessary then, that the HIV approach as a subject of education and training responds to the complexity of this phenomenon. In addition to its biomedical nature, it is necessary to recognize its history and the experiences of the people who suffer from it, to identify and address aspects such as social stigmas, and to incorporate paradigms like the biopsychosocial and spiritual, with a gender perspective, to contribute to the provision of care from a holistic perspective.

Recommendations: The results of the present research encourage further exploration of this topic from other research designs or with samples that allow the generalization of the results, in addition to addressing the stigma perspective from people living with HIV in the context of their health care; issues acknowledged as the main limitations.

Acknowledgments: to the Puerto Montt Municipal Health Department, to Felipe González and Viviana Barría, nursing professionals who coordinated the vaccination center and provided support during the research process, to Fernanda Elizabeth Montané, a nursing student at Universidad De Los Lagos, who provided support during the data collection process.

Funding: None.

Conflict of Interest: None declared by the authors.

References

1. Ministerio de Salud de Chile. Informe Nacional: evolución de la infección por VIH/SIDA Chile 1984-2012 [National Report: evolution of HIV/AIDS infection in Chile, 1984-2012]. *Rev. Chil. Infectol* [Online]. 2015 Feb; 32(Suppl 1):17-43. DOI: 10.4067/S0716-10182015000100003.
2. ONUSIDA. Hoja informativa 2021, estadísticas mundiales sobre el VIH [Online]. Geneva (CHE): ONUSIDA; 2021 [cited 2021 May 26]. Available from: https://www.unaids.org/sites/default/files/media_asset/U_NAIDS_FactSheet_es.pdf
3. Bouza E, Arribas JR, Alejos B, Bernardino JJ, Coiras M, Coll P, et al. Past and future of HIV infection. A document based on expert opinion. *Rev. Esp. Quimioter* [Online]. 2022; 35(2):131-56. DOI: 10.37201/req/083.2021.
4. Ministerio de Salud de Chile. Plan nacional de prevención y control del VIH/SIDA e ITS 2018-2019 [Online]. Santiago (CHL): Ministerio de Salud de Chile; 2020 [cited 2021 Jan 6]. Available from: https://diprece.minsal.cl/wp-content/uploads/2019/06/2019.06.12_PLAN-NACIONAL-VIH-SIDA-E-ITS.pdf
5. Sáez Álvarez EJ, Burguete Ramos MD, Martínez Riera JR, Moreno Rupérez FD. Estigma social percibido y estrategias de afrontamiento en personas con enfermedad mental [Perceived Social Stigma and Coping Mechanisms in People with Mental Illness]. *Rev. Esp. Enferm. Salud Ment* [Online]. 2018; (5):15-20 DOI: 10.35761/reesme.2018.5.03.
6. Ministerio de Salud de Chile. Orientaciones para la Implementación del modelo de atención Integral de Salud familiar y comunitaria: Dirigidos a Equipos de Salud [Online]. Santiago (CHL): Ministerio de Salud de Chile, Subsecretaría de Redes asistenciales, División de Atención Primaria. 2013 [cited 2021 Jan 20]. Available from: <https://www.minsal.cl/portal/url/item/e7b24eef3e5cb5d1e0400101650128e9.pdf>
7. Campillay M, Monárdez M. Estigma y discriminación en personas con VIH/SIDA, un desafío ético para los profesionales sanitarios [Stigma and discrimination in people with HIV/AIDS, an ethical challenge for health professionals]. *Rev. Bioét. Derecho* [Online]. 2019; (47):93-107. DOI: 10.1344/rbd2019.0.26805.
8. Subsecretario de Redes Asistenciales. Ordenanza B22 No 706 del 16.02.2022. Modificación documento "Consideraciones de vacunación contra SARS-COV-2 en personas con VIH/SIDA". 2021 Feb 16. Available from: <https://diprece.minsal.cl/wp-content/uploads/2021/08/ORD-706-16-02-2021.pdf>
9. Diario Constitucional. Activista interpone recurso de protección contra Ministerio de Salud por vulnerar el derecho de confidencialidad de personas con VIH en protocolo de vacunación contra el COVID-19 [Online]. 2021 Feb 8. Available from: <https://www.diarioconstitucional.cl/2021/02/08/activista-interpone-recurso-de-proteccion-contra-ministerio-de-salud-por-vulnerar-el-derecho-de-confidencialidad-de-personas-con-vih-en-protocolo-de-vacunacion-contra-el-covid-19>
10. Carvajal C. Pacientes con VIH rechazan protocolo de vacunación del Minsal [Online]. Diario Uchile. 2021 Feb 4 [cited 2022 Apr 29]. Available from: <https://radio.uchile.cl/2021/02/04/pacientes-con-vih-rechazan-protocolo-de-vacunacion-del-minsal>
11. Tamayo Zuluaga B, Macías-Gil Y, Henao Peláez JN, Cardona Arias JA, Cabrera-Orrego R. Estigma social en la atención de personas con VIH/SIDA por estudiantes y profesionales de las áreas de la salud, Medellín, Colombia [Social Stigma in the Care Service of People with Hiv/AidS for Students and Professionals of the Areas of Health, Medellín, Colombia]. *Rev. Cienc. Salud*. 2015; 13(1):9-23. DOI: 10.12804/revsalud13.01.2015.01.
12. Tejuca Martínez M. Universidad y feminización: la experiencia cubana [University and feminization: the Cuban experience]. *Educ. Pesqui* [Online]. 2020; 46:e216073. DOI: 10.1590/S1678-4634202046216073.
13. Dueñas Díaz S, Román J. ¿Por qué somos todas mujeres? Un abordaje exploratorio sobre la incidencia de mandatos de género en la experiencia formativa de estudiantes de un profesorado de educación primaria [Why are we all women? An exploratory approach on the incidence of gender mandates in the formative experience of students of a primary education teaching staff]. *Prax. Educ* [Online]. 2021; 25(2):1-14. Available from: <https://cerac.unlpam.edu.ar/index.php/praxis/article/view/5605>
14. Domínguez-Fabars A, Quintana-Polanco I, Gómez-Trujillo N. Comportamiento de la discriminación hacia el homosexualismo en estudiantes de medicina [Behavior of the discrimination toward the homosexuality students

- medicine]. *Santiago* [Online]. 2019; (148):120-8. Available from: <https://santiago.uo.edu.cu/index.php/stgo/article/view/4841>
15. Cobos-Sanchiz D, Morón-Marchena JA, Castilla KP. El papel de la educación para la salud en la prevención del VIH/sida: una aproximación desde la educación para el desarrollo en Centroamérica [The role of education for health in preventing HIV and AIDS: An education for development approach in Central America]. *Educación* [Online]. 2020; 56(2):315-31. DOI: 10.5565/rev/educar.1084.
 16. Cáceres-Burton K. Informe: Situación epidemiológica de las infecciones de transmisión sexual en Chile, 2017 [Report: Epidemiological situation of sexually transmitted infections in Chile, 2017]. *Rev. Chil. Infectol* [Online]. 2019; 36(2):221-33. DOI: 10.4067/S0716-10182019000200221.
 17. Crockett KB, Turan B, Whitfield S, Kay ES, Budhwani H, Fifolt M, *et al.* Patient and Provider Perspectives on HIV Stigma in Healthcare Settings in Underserved Areas of the US South: A Mixed Methods Study. *AIDS Behav* [Online]. 2022; 26(Suppl 1):112-24. DOI: 10.1007/s10461-021-03470-y.
 18. Greenwood GL, Wilson A, Bansal GP, Barnhart C, Barr E, Berzon R, *et al.* HIV-Related Stigma Research as a Priority at the National Institutes of Health. *AIDS Behav* [Online]. 2022; 26(Suppl 1):5-26. DOI: 10.1007/s10461-021-03260-6.
 19. Bernal Ordoñez LK, Guzmán García M, Escobar Arias M, Arboleda Palomino D. (De)humanization of hospital care in Colombia: A systematic review. *Cienc. Innov. Salud* [Online]. 2021; 286-98. DOI: 10.17081/innosa.137.
 20. Gonzalez Manso ME, Nawa Pagotto MU, Laszlo Torres R. Percepciones de alumnos de medicina sobre las potencialidades y limitaciones para el cuidado humanizado [Medical students' perceptions about the potential and limitations of humanized care]. *Interface* [Online]. 2021; 25:e200394. DOI: 10.1590/interface.200394.
 21. Duque Ortiz C, Arias-Valencia MM. Relación enfermera-familia en la unidad de cuidados intensivos. Hacia una comprensión empática [Nurse-Family Relationship in the Intensive Care Unit. Towards an Empathic Understanding]. *Rev. Cienc. Salud* [Online]. 2021; 19(1):1-20. DOI: 10.12804/revistas.urosario.edu.co/revsalud/a.10059.
 22. Jiménez Gutiérrez M, Regalado Castro KD, Bernal Becerril ML, Godínez Rodríguez M de los Á. El estigma en las personas que viven con VIH: un asunto de ética y justicia [Stigma in People Living with HIV: a Matter of Ethics and Fairness]. *CuidArte* [Online]. 2019; 8(15):96-103. DOI: 10.22201/fesi.23958979e.2019.8.15.69160.
 23. Crenshaw K. Mapping the Margins: Intersectionality, Identity Politics, and violence against Women of Color. *Stanford Law Rev* [Online]. 1991; 43(6):1241-99. DOI: 10.2307/1229039.
 24. Algarin AB, Zhou Z, Cook CL, Cook RL, Ibañez GE. Age, Sex, Race, Ethnicity, Sexual Orientation: Intersectionality of Marginalized-Group Identities and Enacted HIV-Related Stigma Among People Living with HIV in Florida. *AIDS Behav* [Online]. 2019; 23(11):2992-3001. DOI: 10.1007/s10461-019-02629-y.
 25. Daniel NA, Hassan SA, Mohamed F, Sheikh N, Basualdo G, Schwartz R, *et al.* Harambee! 2.0: The Impact of HIV-Related and Intersectional Stigmas on HIV Testing Behaviors Among African Immigrant Communities in Seattle, Washington. *AIDS Behav* [Online]. 2022; 26(Suppl 1):149-64. DOI: 10.1007/s10461-021-03396-5.
 26. Ventura-Elías C, González-Ortega Y, Chaparro-Díaz L. Significado de cuidado en las relaciones de personas que viven con VIH/SIDA [The meaning of care in the relationships of people living with HIV/AIDS]. *Univ. Salud* [Online]. 2021; 23(3):228-39. DOI: 10.22267/rus.212303.236.
 27. Barros B, Chagas A, de Azevedo R, Fecury L, Paulino H. Reflexões humanísticas em serviço de atendimento especializado em HIV [Humanistic reflections in a specialized HIV care service]. *Rev. Bioét* [Online]. 2020; 28(1):34-7. DOI: 10.1590/1983-80422020281364.