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The Causes and Consequences of Labeling in Patients with HIV/AIDS

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Abstract: This study aims at analyzing social causes and consequences of labeling in patients with HIV/AIDS in Mashhad in 2009. The qualitative method and case study technique (life history) were used. The patients were all HIV-infected in a behavioral health center in Mashhad. They were all selected based on the types of risky analyses. The data were gathered using deep and semi-focused interviews. The results ultimately prove that the stigma of violation of patients' human rights and non-compliance to treatment is effective. In line with other studies inside and outside Iran, findings of this research show that stigma HIV/AIDS has both personal and public dimensions.

Keywords: Labels, Interactions, Self-concept, HIV/AIDS, Medical Judgments

Introduction

THE GROWING IMPORTANCE of the issue of the relationship between body and AIDS (acquired immune deficiency syndrome) shows that in the current culture, health system is more important than treatment system. If this is the case that chronic diseases are growing, that is because of the risky behavior of people (Gidens 1378). HIV unlike classic medical sciences is not a mere biological issue but it is influenced by social, economical and psychological conditions which are “beyond medical profession” (Gooya 1386). Perhaps HIV is the worst disease in the world which causes disrespect towards the patients. The research conducted throughout the continents has shown that there is a hostile attitude towards the patients. Stigmatization of AIDS-infected people is the result of various social influences such as attributing the responsibility of becoming infected and the belief that the infected people are “dirty” (Simbay 1823:2007).

HIV is a disgraceful disease which exists throughout the world and is associated with homosexual males, the drug addicts who use injection and negative social norms (prostitution, poverty) which are related to the behaviors causing HIV (Nyblade 339:2006, Robertson 373-372:1944, Gidenz 1386).

Although AIDS' stigma is known as important social issue and is well informed all over the world, a few researches are conducted in this regard in Iran to emphasize the role of culture and social environments to the spread of this disease. In the other hand, public concerns about this stigma and the related consequences and threats are increasing in Iran as well as other parts of the world which necessitates more investigation. Labeling associated with affected patients is widespread and common in Iran as a less developed country that needs

deeper consideration and knowledge. In the current situation, patients are more secluded by families and friends that lead to conciliation of disease and refusal to test. This may be hazardous to our society and the world beyond.

We mean by causes of labeling the real or perceived social situations that affected patients fill in their social environments that lead them to act or react against the social milieu with respect to their disease as to conceal it or refuse test or treatment. By the consequences, we mean the ways and strategies that patients may use in their social interactions with respect to their disease so as to conceal it or refuse test or treatment. So, causes are not separate from consequences in the world of the patients and therefore must be considered concurrently.

In this research the following questions will be examined due to the importance of labeling in the field of HIV studies:

1. Who labels the deviation on whom?
2. What are the outcomes of labeling for those who are labeled?

Literature Review

The main unjust process is the negative outcomes for the patients as a result of the disgraceful effect of HIV. These negative outcomes include deprivation of economical, social and political rights such as enjoying health care services (Parker & Aggleton 2003). The disgrace of HIV has the potential for creating other situations which have negative effects on the psychological health such as losing treatment insurance, social discriminations, unemployment, enjoying health care and the problems related to the services. This potential for social deprivation and discrimination that is related to the disgrace of HIV has consequences with regard to social interactions with different people particularly those who are important for HIV patients (Herek 1999, Leary & Schreindorfer 1998, cited from Nelson 171:2005).

Parker & Aggleton (2003) have identified four sources of stigma and discrimination including sexual dispositions, sex, race, ethnic and social class. The studies have shown that marginal groups like the poor, racial and local minorities especially the unmarried women are more vulnerable against the stigma and discrimination. Thus the infected people often carry a double stigma which one of them is related to their own illness and the other is related to the deviant behavior. The lack of knowledge, religious, social and cultural norms, values and beliefs about age and sex are also important effective factors (Deng 1562:2007).

In Ghana and most of Saharan African countries HIV/AIDS is broadly a consequence of sexual immorality or immoral behaviors. Thus the patients are considered responsible for the disease. In some cases infection is seen as a punishment from God in response to guilt such as fornication, carelessness in sexual and moral cases, drug or homo-sexuality (Kaldjian et al 1998: Ayranci 2005: quoto from Vlasi, Preko, Baidoo et al 256:2009). Apinundecha et al (2007) found that in spite of media advertizing the Thai do not have enough knowledge and understanding about prevention and contagion of this disease. False beliefs (reactions such as isolation of clothes and dishes) about the ways of contagion are many.

Chen et al (2005) showed that in some parts of China where there are a lot of HIV patients who have become infected because of risk behaviors, there are more negative feelings towards the PLWHA. These risky behaviors include commercial sex, drug using and blood selling (which are considered risk behaviors in china). In their research, Carr & Gramling (2004)

found that being labeled with AIDS in infected women is an obstacle in the way of receiving medical care in health and medical care centers. These patients experience rejection by their family members, friends, health supervisors, employers and the church. Sethosa and Pletzer (2005) showed that social support especially family support was significantly related to the disclosure of the status of HIV of children in south of Africa. In Lili and Sheng (2006) study the manner of family support for the infected is explored in Yunnan china and the findings showed that all of the attendants think that the main primary source for support is family. In Maman et al (2009) study in Thailand and South Africa, the attendants pointed to the anti-stigma advertizing of media that emphasize on the importance of respectful and kind behavior towards the infected. Sayles et al (2009) showed that the attendants who are stigmatized very much are more likely to have access to little support and medical care.

In a national poll in 2002 in South Africa it was shown that 26 per cent of the respondents were not willing to have meal with the infected even once, 18 per cent didn't want to sleep in the patient's room and 6 per cent were reluctant to speak with the person they knew was infected. In addition, the national poll in 2005 showed that labeling and discrimination towards the infected are the main effective obstacles in preventing HIV and also in providing remedy, care and support (Campbell, Foulis, Maimane, & Simbayi: 2005, Groenewald, Nannan, Bourne, Laubscher, & Bradshaw: 2005, Kalichman, Shisana & Simbayi: 2002, Shisana et al: 2005, cited from Airhihenbuwa, Okoror, Shefer, Brown, Iwelunmeor, Smith, Adam, Zungu, Dlakulu: 2009). The researchers have documented the personal and social consequences resulted from the disgrace of AIDS. Some of the negative psychological effects of AIDS include agitation, depression, guilt, living in seclusion, disorder in family dynamics, mental and physical violence, losing social support and a decline in making an effective relationship with health experts.

Qualitative studies on homosexual Latin males have shown that because of labeling, these men face problems such as poverty, discrimination, losing structural relationship with the relatives, inter-personal violence, high unemployment and inadequate educational performance.

Studies in Hannan, China show that the infected children experience isolation from the society, loneliness stigma and discrimination. Two main concerns of them include being forgotten and belittled by the elderly and the other children of the society and also having no friends. In South Africa, isolation is the main sign of stigma. People do not express their illness and the infected children are rejected by their friends. In surveys conducted on homosexual males it was shown that these people are never tested for their HIV. The respondents mentioned fear and the perception of danger were the main obstacles for not allowing to be tested. Cunningham et al (2002) showed that the growing perception of being stigmatized and the decreasing sense of responsibility have a negative effect on disclosure of the status of HIV. 10 per cent of people believed that the infected were dirty; 16 per cent said the infected should be ashamed of their situation while only 38 per cent of the patients said that they were ashamed. 13 per cent of people thought that the infected had done a wrong behavior so they deserved such a situation. While 41 per cent of the infected people felt responsible for their illness. In other surveys in South Africa, a considerable level of agitation was reported among the patients, which was somewhat a result of internalized stigma. The signs of AIDS depression in this representative group are more and broader than the general society of South Africa. Attendants in Varas-Diaz et al (2005) survey said that they were stigmatized

and rejected by their friends who became aware of their illness, or their friends suddenly ended their relationship with them.

Literatures showed that patients with AIDS/HIV have experienced social segregation that can lead to their poverty, criminality, decrease of self esteem, disappointment and stress. Unemployment, psychological and physical unhealthy, family breakdown, loss of education may be resulted consequently in case of disclosure.

Theoretical Foundations

There are different descriptions for stigma and the common feature among them is the emphasis on objective and subjective connections of social actors. Link & Phlan (2006) claim that five convergent factors for causing stigmatization include: 1-the identification and labeling of human differences 2-prevalent cultural beliefs that relate the labeled person to negative clichés 3-the classification of labeled people and discriminating between “us” and “them” 4 labeled people experience losing their station and are confronted with discrimination which will lead to unequal results 5-access to political, economical and social power by the predominant group which will lead to the negation, rejection and discrimination of the labeled group

Goffman (1963) described stigma “as a feature that discredits the people deeply” and will lead to tarnished position and discredit of the person in society. Stigmatization happens in the case of irremediable and severe diseases and also with the contagion way of diseases that are related to the person’s behavior especially those behaviors that might not correspond to the social norms. Stigma is deeply rooted in the social structure of the society as a whole and also in the values and norms that govern the routine life. In socio-psychological terms stigma is described as something that is broadly related to deviation from prevalent social norms. Herek (1999) has described stigma of HIV as bigotry, contempt, discredit and discrimination towards the people who are supposed to be infected.

Berger & Lockman (1966) within the paradigm of social constructionism point out that people always make their reality by the social interactions and the continuation of belief beyond these interactions. The theories of illness and social construction of health show that although the illness is real the ways of experiencing it and the related meanings are different. Thus illness and health social construction examines which social forces shape the ideas about health, recognition, illness and death.

social constructionists show that what people know about AIDS is mainly drawn from the meanings related to the controversial nature of HIV contagion and also the fate of homosexuals, prostitutes and drug addicts. thus the knowledge and meanings related to AIDS is constructed socially (Freund and McGuire 1999; Barbour and Huby 1998; Weitz 1991, Goldstein 1990, cited from: Harris 23:2010).

But most of the analyses of the causes and the consequences of labeling as infected are based on symbolic interactionism approach. The symbolic interactionists are interested in how people interpret social world in order to find out how people in the field of health, experience illness or what they perceive of other people’s illness. They also emphasize the importance of self-concept as the central predictor of behavior that is shaped by mutual interactions with the “significant other” (Gidenz, 236:1386, Thompson & Brownfield 23:2005). In this view labeling of AIDS is the result of an interpretation that according to Kolly, the image of the person about the attitudes of the others toward him has a determinant effect on his own view and feeling about himself.

Power is also a means by which the attendants in a mutual interaction become able to affect the other people's behavior. When the shameful signs of the disease appear there is little chance for being accepted as a "normal" person. The label of being deviant might have an effect on the self-concept of the person and is likely to lead to more negative actions in future. Disgrace and deviance might be approved and felt and while the approval of stigma and deviance indicate discrimination by the others, feeling disgrace and deviance indicate an internal feeling of embarrassment which is often disturbing and is faced with the fear of disability against discrimination. The negative effects of disgrace and deviance on the professional lives of the people or the labeled with chronic and disabling conditions such as those who are infected with HIV/AIDS have been felt. Swendeman (2006) emphasizes that both kinds of stigma will cause the illness severity to get worse and it is less likely for the infected with a high level of illness to disclose their status, and the infected women experience a higher level of stigmatization. Freeman claims that embarrassment and guilt are created because of the difference between the image of the person of his ideal self and the image of his perceived self.

In fact for the person who has such mental concepts, both kinds of his image of himself are shaped in a wrong way in this way the image of the ideal self is idealistic but the image of the perceived self is very negative. The issue of the disablement of AIDS basically is not considered as a personal feature or weakness but is derived from the society reaction towards the biological reality of the infected people. Both theories of labeling and neutralization are analyzed based on the mutual action approach. Stigmatization of a phenomenon is multidimensional. Three kinds of stigmatization related to HIV/AIDS include 1-self-stigma that happens by self-deprecation 2-the perception of stigma that is related to fear. If they tell the others about their status they will be stigmatized. 3-the approval of stigma which happens when the people actively are subject to real or visual discrimination because of their situation. Self-stigma happens when the members of a discredited group become aware of bigotry and discrimination in society and approve and internalize these beliefs, feelings and behaviors. The main issue in labeling theory is the relationship between behavior and social reaction to it.

The neutralization theory explains that people should adjust their beliefs rather than adjust their behavior with the dominant norms. This approach is particularly related to the condition of risk behaviors. According to neutralization theory today an increasing number of behaviors is labeled as unhealthy or dangerous by epidemiology and public health and the risk behaviors have become the goal for improving health by interference and concentration on the person as the only source of risk. In reality the person with risky label escapes with especial techniques such as making scapegoat. We can consider scapegoat as something that is the border between the two clichés "them" (the risky people) and "us" (healthy ones) (Douglas 1992 cited from Peretti-Watel and Paul Matti6 76:2006). Failure in recognizing HIV in an HIV test or not telling about it to the partner because of the stigma of the disease might lead to risky behaviors to last longer and as a consequence to the speed of its contagion. The educated people stigmatize the infected less than the others. There are two types of stigma: internal stigma and external stigma.

The external stigmatization of HIV can be internalized by the infected people and as a result of a negative self-image, they internalize embarrassment or guilt or the other manifestations of stigma.

But stigma is not always internalized and in so many cases the infected keep a positive self-image. The internal and external stigmatizations of HIV/AIDS not only lead to social deprivation and discrimination but also have the power to influence the health of the person and the society.

Ignorance, lack of exact information about HIV/AIDS and misunderstanding about its contagion ways are the common sources of disgrace. Thus cultural social beliefs, values and morals in local frame, play an important role in stigma and discrimination (Zhou 285:2007). An important outcome of stigma is discrimination in which the person is treated unfairly because he/she is considered as deviant (Sringernyuang & Zhang 1561:2007). The quality of the lives of the infected people is strongly influenced by the consequences of not being socially accepted, deprivation from services, losing educational and professional opportunities and violence. If the infected people hide their situation from the colleagues, friends and the family, they will not receive desirable support and this will cause a far less satisfaction of life. Stigma is a process of becoming disgraceful due to the cliché concepts.

Conclusions Derived from Theories

1. There is a positive relationship between violation of human rights of the infected person and the level of stigmatization of being infected with AIDS/HIV. Because of being labeled the patients see their human rights as being violated.
2. There is a positive relationship between risky behaviors (medical judgment) of the patients and the level of HIV stigma. Because the AIDS labeling is related to risky behaviors such as moral and sexual carelessness and taking drugs.
3. There is a positive relationship between carelessness to health related activities by the patient and an increase of AIDS stigma. Stigma has the potential to influence the health of the person and the society.
4. There is a positive relationship between prejudgment and rumors about the patient and an increase of HIV stigma. The negative clichés are risen by the label of deviant behavior.

Method

A qualitative method is used by Sociologists in understanding issues related to the sensitive and private matters of people's lives. In a qualitative study on AIDS/HIV the goal is understanding the phenomena through the eyes of the attendants in the certain social and institutional context of them. Thus for becoming aware of "how stigmatization has happened", entering into that environmental context and thinking deeply about it seems necessary, so that descriptions, feeling and social relationships according to the related theories are analyzed. Here the technique of case study is used and the unit of observation and analysis is the infected person with HIV/AIDS. The sample includes all those patients infected with HIV in behavioral health and consultation center located in Mashhad. The method of selection is that of purposive sampling, and those people with valuable experiences about the related issue have been selected.

The sampling in this qualitative research has focused on two parts. First it has focused on people and situations. Here data were selected from among them and then after an interview

the focus was on the selection from the gathered data. Interpretation and conclusion is then based on them.

This method of theoretical sampling is considered as the main method of qualitative research.

The main instrument of gathering data has been extensive interview. Both interviewing and the interpretation need a lot of time and attention. To increase our success we became familiar with the patients and made them rely on us and we checked for their interest to participate. Our aim was to examine cultural structure by it. In this way we have the same understanding of it as the infected people. The aim of the interview was to show the knowledge (beliefs and experience of the interviews) through the response. Here the researcher can shape his theory during the process of collecting data, its interpretation and the knowledge resulted from them.

Data Analysis

The interviewees of this study were seven patients from behavioral consultation center. Four of them were men and the rest were women. Their age was between 37 and 44 years old and only one of them was a 16 year old student who had become infected by his mother. They had studied for 10 to 14 years. One of them was a man who had a high educational degree from abroad. He was not married and didn't know how he had been infected with AIDS. All of the women were married. Another man was about to marry and the rest of men were about to divorce.

All of these three men had become infected through injection. All of them except the student one had jobs. By considering the theoretical approaches and the result of the interview, the statements of the research are examined and analyzed:

- There is a positive relationship between the violation of human rights of the infected person and the level of stigma of being infected with AIDS/HIV. When the stigma is more obvious, there is a little opportunity for being accepted as a "normal" person. Here they are reminded consistently that they are not "normal".

"All of my family members and relatives know my situation and because of that they have isolated me; all of them have rejected me because they know my situation".

The patients have problems in their inter-personal relations, in addition to the weakness of the immune system of their bodies resulted from their illness. When their disgrace becomes known they will experience a kind of tension in their interactions with people. The labeled are troubled greatly when entering school, when getting married and getting job.

"If my employer knows, he'll certainly fire me."

"If the people know it they won't let me go to their houses."

"Neither my teacher nor the other students and the manager know about my being infected with HIV."

In the dormitory where I live the advisor and the doctor told me not to tell anyone."

If I tell them, their treatment changes, they will be afraid of me. Because the level of awareness of our people is very low. When they know about it they even don't look at me.

Even they may prevent me from going to school. I am afraid of the students' parents".

The image of the person on the attitude of the others toward himself has a determinant effect on his view and his feelings about himself. Labeling him as a deviant might influence his self-conception and lead to more negative actions in future. Self-stigma happens through disappointment, stress, depression, self-reproach or self-deprecation.

"After my infection, my desires have become less; I don't think about anything. I've been troubled. My body has become weaker; I'm more disappointed, I'm afraid of future. I want to die before going to hospital and I don't want anyone to know. If they know about it, we'll not be respected in that world even by our family members and relatives".

Goffman claims that in "the broader society" both the labeled people and those who live with them "are treated the same". Theoretically and practically those who have a close relationship with the infected, will experience the effects of HIV related stigma and suffer. It means that when they become disgraceful they will adjust themselves differently with mental adjustments such as agitation, emotional disorder and satisfaction with life.

"before my life being destroyed I did not notice these things but now that my wife's family have forced her to divorce because of my HIV, I'm very depressed I can't stand these things, it's a long time I even haven't smoked a cigar, but it is a few days my nerves are on edge, the doctor has prescribed me Meth a done. I smoke cigars and take pills for feeling calmer".

Normal people treat the infected by both hatred and sympathy towards them. Perhaps the main thing is that the labeled people experience a kind of assault to their private life which is unfamiliar for the unlabeled. If we even don't care about the things normal people say to the infected, their nonverbal behavior can provide us with exact information about the psychic pressure and tension in the presence of the infected person.

"You know that if you tell them about it, this will certainly influence their behaviors, they will leave you whether you like it or not because in their eyes you are abnormal and ill and they are normal and healthy. The outcomes of this kind of illness in Iran are social deprivation, discrimination and rejection. Then they say don't lie. If you don't lie they will treat you worse than before. When you go to a dentist you dare not say. Why? Because if you say he will look at you which means go away or he says more respectfully I'm afraid or excuse me there's no time for appointment".

The infected person in fact has no psychic means of defense against the disgraceful identity which has been appointed to him. Even this can be the approval of the identity which the society has given him as a worthless person.

- There is a positive relationship between carelessness about health related activities by the infected person and an increase in HIV stigmatization. The internal and external stigmatization of HIV/AIDS not only leads to social deprivation and discrimination but also has the potential to influence the status of the health of the person and the society. Stigma is related to refusing to give a test for those sexual diseases which spread person to person, delay in seeking medical care, reluctance about disclosure of HIV to others, carelessness towards cure of it and lack of self assessment of psychic and physical health. The effects of being disgraceful influence many fields of the person's life very subtly and the life quality of the infected people is influenced strongly by the outcomes of social rejection, deprivation of services, losing educational and professional opportunities.

A divorced man who has two children says:

“My exwife has got married again. I don't know whether she is infected or not. The others don't understand us because they don't accept us basically. In fact they feel no responsibility towards us. They tell to each other don't have contact with him. With these kinds of behaviors if you know nothing (about HIV status) your life is easier.”

“When the society doesn't help us, there remains the hatred towards us without being punished legally. When the media don't want to say true things, we are labeled, they should hear us. The help should be mutual. Both we and the society should help each other. If the society provides us with services I'll try to for example marry an infected woman, I'll do not betray others, I will not lie about my illness (an unmarried person with diploma).”

The stigma of being ill is reflective of a threat or a main potential problem for feeling happy or against the individual identity. Because of this the people use different strategies for refusing or moderating it.

“Those who inject drugs are many but none of them is willing to give a test perhaps they know about their illness and are afraid of AIDS stigma. they do nothing due to fear of stigma, if you give a test and it shows that you are infected you don't know how people will treat you if they know about it, if they even say nothing they bother you by their kind of looking. They escape from us. Many of the families due to fear of losing face do not give a test or their level of education is low. The uneducated mostly make a rumor, they see a horrible picture of AIDS and then they become frightened themselves”.

In all stages of the illness, stigma is a major concern. The infected people experience different stages including the stage of being afraid of becoming infected with AIDS, the stages before recognition and the stage when they will die soon. The responses of the infected show they are willing to cure themselves and do not hide and receive help. On the other hand if the people are held responsible for their deviant behaviors, reactions towards them will be as a kind of punishment.

“I held English language improving classes for two shifts, if one of the parents knows about my infection they won't let their children come here and these are the things which force us to hide our illness.”

Being infected not only makes it hard to work but it's also a problem in getting married. All we can do is to say nothing to our partner in marriage. The society should have relation with us. There should be a kind of relationship in which we accept each other mutually; To be honest, I've got sexual relationships but I'm not afraid because I've observed all of health related rules".

The experience of stigma is in fact the central part of becoming infected with HIV/AIDS.

- There is a positive relationship between risk behaviors (medical judgment) of the infected person and the level of HIV/AIDS stigma.

The labeling of AIDS is inseparably in association with other stigmas related to risk behaviors such as carelessness in moral and sexual matters, homosexuality and taking drugs.

The person experiences the role of a patient when he violates social norms. Thus this illness is related to guilt or some moral defects. This kind of relationship between the disease and guilt up to now has had an important effect on illnesses such as AIDS that are spread widely in society.

Cliché beliefs of people often indicate that the infected person is responsible for his own illness.

If this is the case, then the person's behavior should be punished (should be controlled compulsorily) and not be treated. In the people's eyes the medical profession models for explaining the illness had a high level of legitimacy.

"Most of the people see these patients as betrayers and say they are troubled because of their guilt. They say the guilty person should be punished like this. It was not our fault to become infected. There was no syringe in prison we needed one so all of us borrowed it from each other".

The illegitimate patient is considered a patient when the person is suffering from an illness or situation which others stigmatize it.

People believe that perhaps the person is somewhat responsible for his own illness.

AIDS is the most obvious example of disgraceful disease which has been stigmatized and has an influence on being considered a patient by the patient himself.

This cliché which says they are themselves responsible for their own situation will cause negative or disordered feeling towards helping and cooperating with them and will lead to their reproach.

"We are worried about people's negative judgments. They think what a big sin we have done so that we deserve this illness. They are suspicious of us morally. I myself because of being injured mentally in the war became a drug addict; you tell me the society should judge about it; what is my fault in becoming infected. We were not infected willingly, the society caused it. AIDS has grown because of a dictation to drugs they believe we have had sexual relationships and are addicts. that's why they hate us, they say we should die, no we are human like you, whatever you need is needed for us too even we need it more; a house, job, services, ..."
"People consider this illness as a guilt, fear, terror, death, shamelessness, illegitimate sexual relationship especially for women the disgrace is much more than men".

- There is a positive relationship between prejudgments and rumors about the infected people and an increase of HIV/AIDS stigma.

Social constructionists show that what a person knows about AIDS is mainly drawn from the meanings related to the controversial nature of HIV contagion and also the connections with regard to prostitutes, drug users.

Thus, the knowledge and related meanings to AIDS are constructed socially.

Labeling is one of the signs that will cause people to think negatively.

Under these conditions the infected person is set aside from the usual social life and social roles.

“Those who become aware of my HIV are treating me differently in Norouz. I wanted to kiss them but they didn’t come forward. They didn’t even shake hands. In parties when I’m beside them they gradually change their place.”

In this sense, disgrace is considered as a feature of disgraceful people, not as something that others assign to people because of anger and negative feelings they have towards the patients which will cause them to believe it is incurable; they are rejected and cause them to accept rules that threaten their personal rights.

“If the manager of the school knows about it, he will not let me go to school, if he knows he will change my seat. Even it is likely that the students’ parents complain about this. My roommates do not know what will happen if they know? I don’t know perhaps they will no more eat food or play with me. Our school shows AIDS as something fearful to children. People have no true belief about this illness”

The real causes of rejecting the infected people still need a careful thought.

Perhaps there is this unreasonable fear that the disease can spread from person to person.

“all of stigmatization is because of unawareness. We say people are right but they should know the ways of contagion of AIDS. Its contagion is not through eating or kissing. The manner of contagion is something else which does not threat people in routine life. False beliefs should not be conveyed to people”

“People have made rumors about AIDS; they say terrifying stories to each other. They say the infected people are revengeful. In poor areas if the families know that somebody is infected with AIDS they will leave the neighborhood. They say if you eat from the food of an infected person you’ll be infected though there are so many drug addicts that use injection”.

The common sources of disgracefulness are often ignorance, lack of exact information about AIDS/HIV and misunderstanding about its ways of contagion.

Discussion

In the analysis of statements, it became obvious that different interviews said same things and we expressed their feelings about stigma subjectively (self-concept and mental-psychological effects) and objectively (relationships and job related activities). The attendants were

rarely willing to tell about their illness to their family. The result showed that stigma has many negative effects in social relationships and collapse of sources of social support and acceptance, especially family relationships. This finding is consistent with the results of previous research. They rarely were willing to inform friends and colleagues because it was very likely that they would be rejected by them. They also felt negative changes after being infected, with regard to stigma in their negative self image. They said all the time that their human rights have been violated. In interviewer's view, the AIDS labeling was related to other stigmas about risky behaviors such as carelessness about sexual and moral matters and drug use. Here they guessed perhaps the person is responsible for his infection. The result of interviews approves this statement that there is a positive relationship between lack of health, related activities and HIV/AIDS stigma. It was shown that there is a relationship between clichés and an increase in HIV/Aids stigma and for this reason most of the people think it will likely spread by accidental contacts. Modern medical profession has to trace the developments occurred in the field of social sciences. The issue of AIDS is a multidimensional concept which on the one hand is related to medical profession and health and on the other hand is related to social matters.

Generally we can say that this study reflects a lack of informative programs for the general public and those groups who are subject to the risk of becoming infected. It also shows having cliché thoughts about HIV that are the main obstacles of doing health related activities. Because of cultural matters it was obvious that they denied risk behaviors (sexual relationship).

Those who were infected through injection said their lack of awareness was the main reason.

The most important issues mentioned by them included hiding their illness for the fear of being stigmatized and discriminated, being afraid of sadness of family members, fear of losing connection and rejection. This confirms the claims of the present research and is consistent with the findings that were reported by other researchers. This thought that deviance is merely an issue of social construction causes great concern for those attending the assessment of immorality and corruption (Warren & Laufer 842:2009). Although the improving availability to anti-bacteria treatments might be a factor in reducing stigma it doesn't cause it to disappear, and in general it will not reduce fear of being stigmatized between the infected (Wolfe et al2008).

Conclusion

The result showed that some structural factors like population size of youth and wide networks of their relationships has an effect on sexual behaviors of the young. Also, religious beliefs and appropriate social relationships can help society members to be loyal and clean. Society can be healthier if infected members are included in the social networks. A review on the social reaction, deviance description, control and social treatment may have positive effects on the labeled patients and (not always consciously) play a significant role in improving their chance of living.

While the societies may intend to treat infected people, this will be dependent upon how people can cause backfire and damages.

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