

# Coping with HIV/AIDS-Related Stigma and Discrimination: An Overview Based on a Personal Loss

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## ABSTRACT

Stigma and discrimination have a profound psychological and societal impact on individuals living with HIV/AIDS and their communities. This research offers an in-depth exploration of these challenges, drawing insights from a vast array of sources, such as articles, books, films, documentaries, websites, reports, resolutions, and famous stories. In order to provide valuable insights into building resilience and fostering supportive environments, the study simultaneously examines the coping mechanisms and strategies employed by the infected, as depicted in the literature used therein. The example of Miha, a young woman who faced societal biases despite her achievements, serves as a poignant reminder of the many sad narratives behind the statistics. This paper ultimately emphasizes the urgent need for continued efforts in awareness, education, and advocacy of combating HIV/AIDS-related stigma and discrimination, and culminates in a call for collective action, empathy, and a shared vision of an inclusive world.

**Keywords-** HIV/AIDS, stigma, discrimination, coping.

## I. INTRODUCTION

The Human Immunodeficiency Virus (HIV) targets the immune system, especially the CD4 cells (T cells) that help the immune system fend off infections. Without intervention, HIV reduces the number of CD4 cells, increasing vulnerability to infections or infection-related cancers and resulting in Acquired Immunodeficiency Syndrome (AIDS) over time. Once a person contracts HIV, they have it indefinitely. Individuals with HIV/AIDS often experience a range of cognitive, motor, and emotional issues, collectively referred to as HIV-Associated Neurocognitive Disorder (HAND). Common indicators encompass challenges related to focus, cognitive capacity, and recollection; diminished drive; heightened irritability; feelings of depression; and decreased physical speed. However, consistent antiretroviral therapy (ART) allows the infected to lead long, healthy

lives and decreases the risk of passing the virus to others. Although current treatments do not cure HIV/AIDS, they can control the virus effectively, enabling positive individuals to have lifespans comparable to those without the virus. Direct contact with certain body fluids from a person with HIV, such as blood, semen, vaginal fluids, rectal fluids, and breast milk, primarily leads to HIV contraction. Common transmission methods thus encompass unprotected sexual contact, sharing needles or syringes, receiving tainted blood products or organ transplants, and transmission from mother to child during childbirth or breastfeeding [1] [2]. Over the past decades, research has evolved from a sole focus on individual behaviors to understanding the environments where HIV/STI risk behaviors take place. According to a study's risk environment framework, these environments fall into physical, economic, social, and policy categories [3]. In essence, regular testing, safe sexual practices, and

preventive measures like expanding Needle and Syringe Program coverage and HIV screening tests during blood transfusion can greatly decrease the risk of contracting or transmitting HIV [4] [5].

Since its emergence in the late 20th century, when many labeled HIV/AIDS as the “gay plague”, the HIV/AIDS epidemic has not only posed a health challenge but has also exposed societal fears and misconceptions [6]. The history of HIV/AIDS thus intertwines with the ongoing trauma of stigma and discrimination, as those diagnosed usually face social exclusion and workplace biases. Stigma, perceived as a mark of disgrace associated with a particular circumstance, quality, or person, has consistently affected many of those with HIV/AIDS [7]. Discrimination, defined as unfair treatment due to the virus, compounds the challenges the infected individuals encounter [8]. The combination of stigma and discrimination thus creates environments where many with HIV/AIDS often feel marginalized, misunderstood, and mistreated, hence the need for coping mechanisms. Although they can all act as essential tools for handling the challenges of stigma and discrimination, some coping strategies might amplify the feelings of isolation and despair whereas others can foster resilience, understanding, and acceptance. While stigma and discrimination persist, many recent studies have centered on the growth and diversification of coping mechanisms due to new technology, which can foster improved mindsets and attitudes.

I have an emotional connection with this subject, through one of my dearest friends, an outstanding young woman who contracted the virus from a blood transfusion during her childhood. After graduating and then earning a Master’s degree from the University of Bucharest, she had to deal with numerous job rejections because of her health status but her optimism and forgiving nature always helped her move on. We once envisioned starting a venture to support stray animals, which would have offered her a life filled with dignity and purpose. Yet her untimely departure has left a void and now stands as a constant reminder of the urgent need to address the stigma and discrimination faced by those like her. I dedicate this research to Miha, a beacon of hope and resilience ...

## II. RESEARCH METHOD

While exploring the widespread issues of stigma and discrimination, this study aimed to identify the coping mechanisms that individuals living with HIV/AIDS had to employ on a daily basis. An extensive literature search on HIV/AIDS thus took place, which included browsing online databases and studying many types of materials. The search utilized keywords such as “HIV”, “AIDS”, “stigma”, “discrimination”, “coping strategies”, and other related terms. After the initial stage, numerous articles, books, films, documentaries, reports, and other resources were accessed in order to ensure a broad spectrum of viewpoints and results. A careful selection process then took place to choose the most representative and pertinent

literature, which required evaluating each source for its relevance, authenticity, and alignment with the study’s main theme.

The final sample included a significant mix of academic and non-academic, official and personal sources that could offer valuable insights into individual and societal behaviors and beliefs, and the coping strategies of those with HIV/AIDS. Given my nationality, certain Romanian reports and resolutions also became part of the study for a more comprehensive and authoritative view on the topic. Ultimately, the research methodology stems from a personal commitment to enriching the conversation on managing HIV/AIDS-related stigma and discrimination.

## III. GLOBAL PERSPECTIVES

Drawing from a multitude of materials, this study ultimately seeks to identify the most effective coping strategies in mitigating the challenges posed by stigma and discrimination. Below are the timelines of the resources used in this study as well as their approaches to the topic of stigma, discrimination, and coping.

### 3.1 Articles

#### *Stigma:*

Back in the mid-1990s, a study described how stigma adapted throughout the progression of the illness. Its trajectory thus starts with the *At Risk* phase, where individuals waiting for a diagnosis grapple with anxiety and fear. Upon receiving a positive HIV result, the infected face a shift in their personal identity, which represents the *Diagnosis* phase. In the *Latent* stage, the individuals with HIV have to deal with the challenges of disclosure and societal views. As the illness advances, the *Manifest* phase ensues, so this demographic will deal with social exclusion due to the visible signs of AIDS. The study underscores the importance of understanding this stigma trajectory in order for societies to offer those with HIV/AIDS the right support and interventions [9]. Delving into the social and psychological implications of blaming individuals with HIV/AIDS, another study underscored the association of AIDS with gay men and lesbians as their research identified an increased aggression toward this population segment. The application of attribution theory provides insights into public reactions to the health status of notable figures, indicating how causal responsibility inferences shape emotional responses. The findings highlight the importance of public policy and educational interventions for addressing the deeply ingrained prejudices and misconceptions surrounding HIV/AIDS [10]. Two years later, another paper showed that many older individuals viewed suicide as a coping mechanism to escape terminal illness, thus stressing the challenging intersection of age, HIV status, and mental health. The limitations of the study included the cross-sectional design and reliance on self-reported data. [11].

Through telephone surveys conducted over different time intervals, three researchers delved into the prevalence of misinformation and misconceptions about

HIV transmission during the 1990s in the United States. While overt expressions of HIV/AIDS-related stigma witnessed a decline, these shifts in public attitudes could not prevent the increase in inaccurate beliefs about the risks associated with casual social contact. Moreover, the study noted a rise in the belief that people with AIDS deserved their condition [12]. In the same year, three other scholars analyzed the phenomenon of internalized stigma among individuals living with HIV/AIDS. Their study thus shows how the infected internalize negative societal beliefs and stereotypes about their condition, which leads to self-stigmatization. The findings ultimately highlight the effects of internalized stigma on mental health outcomes, treatment adherence, social isolation, and coping mechanisms [13]. By connecting it to the reproduction of social differences, a paper proves how stigma reinforces and perpetuates existing inequalities, spanning class, race, gender, and sexuality. The authors reject individualistic approaches, advocating programmatic strategies that use the resistance of stigmatized individuals and communities as resources for effecting social change [14]. Three years later, yet another study focused on the impact of sexual orientation and the necessity of awareness campaigns and interventions. Like others before them, the authors aimed to uncover the implications of misconceptions, biases, and societal prejudices for the well-being and social acceptance of HIV-positive individuals, indicating that LGBTQ+ individuals faced intensified stigma due to historical links between HIV/AIDS and sexual orientation. The study references the just-world theory, which postulates that people blame victims for their misfortunes. The belief in a just world is discussed from two perspectives, explicit endorsement and a fundamental need, both indicating how societal trends influence prejudices against HIV-positive individuals and how attitudes can vary based on sexual orientation [15]. In a similar vein, another paper delves into the effects of HIV-related stigma among patients receiving antiretroviral therapy (ART) in Botswana. Once again, the findings highlight the widespread nature of HIV-related stigma, affecting patterns of disclosure, social interactions, and even HIV testing behaviors. An overwhelming 94% of patients kept their HIV status secret from their communities, and 69% did not even disclose it to family members. The fear of losing jobs due to HIV status was also prevalent, with 27% expressing such concerns. Moreover, 40% of patients delayed HIV testing due to the stigma associated with a positive result. The conclusion emphasizes that scaling up national ART programs necessitates targeted efforts to address stigma and its associated economic, social, and political factors [16]. Undoubtedly, the impact of stigma on various aspects of individuals' lives can lead to non-disclosure and delayed testing, thus hindering access to treatment and care. That is why a more sustainable theory of health-related stigma should be grounded in more empirical evidence in order to consider the diverse experiences of affected individuals across various cultural and social contexts. By building on

the lessons learned from the HIV/AIDS literature, another paper advocates a holistic understanding of health-related stigma, which can inform research, policies, and interventions aimed at reducing stigma and promoting social inclusion [17]. A year later, a similar study explored the influence of HIV-related stigma on HIV care and prevention providers within U.S. community-based organizations, using the HIV Provider Stigma Scale. The findings revealed that heterosexual HIV service providers, especially those with less experience in the HIV field, reported higher levels of stigma. Implications highlight the importance of sustaining the workforce, considering interventions to address stigma, and ensuring the optimal delivery of services to patients [18].

In a collective attempt to convey the challenges in defining, measuring, and addressing HIV/AIDS-related stigma, other researchers conducted a comprehensive review of the literature on this formidable barrier to effective responses to the epidemic. The multifaceted approach encompassed improved research methodologies and targeted interventions, as well as a deeper understanding of the socio-cultural dynamics perpetuating stigma [19]. Using a unique perspective, another study delves into the relationship between HIV/AIDS, motherhood, and national identity, as portrayed in relevant South African choreography. The article thus examines the term *mother-to-child transmission* of HIV/AIDS and its implications in the South African context while the choreography serves as a special medium to question societal perceptions, especially how women often get portrayed as the primary carriers and transmitters of the disease. The study also touches upon the historical role of South African women in the struggle against apartheid and their subsequent role in the fight against HIV/AIDS. The choreographic works discussed therein aim to challenge static representations of gender, race, sexuality, and the stigmatization associated with HIV/AIDS. Through dance, the article ultimately explores the cultural and societal beliefs attached to body fluids, transmission, and the broader implications of HIV/AIDS in the South African societal fabric [20]. In yet another attempt to address the conceptualization and measurement of HIV stigma mechanisms, two researchers introduced the HIV Stigma Framework as a way of comprehending how the social devaluation of HIV impacts both uninfected and infected individuals. Their study calls for more research into how individuals experience HIV stigma and its outcomes, with recommendations to consider these aspects when developing survey instruments [21]. A year onward, other scholars delved into the predictors of HIV testing acceptance among tuberculosis (TB) patients in North Ethiopia. The findings revealed that knowledge and stigmatic attitudes played pivotal roles in influencing the acceptance of HIV testing. The study's recommendations included tailored education for the community as well as TB patients in order to raise awareness about the benefits of HIV testing [22]. Another study focused on the creation and validation of the HIV

and Abuse Related Shame Inventory (HARSI), which measured the impact of shame on individuals with HIV, especially on those with a history of childhood sexual abuse (CSA). The findings showed that HIV-related shame could predict HIV transmission risk behaviors and reduced quality of life while CSA-related shame linked to depression, PTSD symptoms, and other negative outcomes [23]. In line with previous research, a more recent paper explored the mediating roles of internalized and anticipated HIV stigma in the relationship between perceived community stigma and various health and psychosocial outcomes. The study thus provided insights into how internalized, anticipated, and perceived stigma contributed to outcomes such as self-esteem, depressive symptoms, coping strategies, medication adherence, social support, and physician trust [24].

#### **Discrimination:**

A 2003 article discusses the challenges faced by men who have sex with men (MSM) in Dakar, Senegal, in the context of HIV vulnerability. Using ethnographic and survey methods, the study found that 43% of MSM reported verbal abuse from their families and communities, with some also facing the physical type. The research highlights the importance of providing non-stigmatizing sexual health services tailored to MSM's needs. Most participants expressed a preference for the formal health system, as long as they received respectful and confidential treatment [25]. Seven years later, another paper provides an encompassing overview of the challenges faced by MSM in developing nations. Through a range of studies and reports, the researchers examine societal recognition of gay rights as well as the prevalence of HIV among this population segment [26]. In a similar vein, the authors of a study on HIV-related discrimination in Romania interviewed 115 individuals from Bucharest, Constanța, and Neamț. Findings indicated that 52% felt discriminated while 72% reported discriminatory experiences. Despite 61% being aware of their rights, only 46% knew where to report discrimination, and just 5% did so. Participants recommended public HIV education, stricter discrimination penalties, and more involvement of HIV-positive individuals in anti-discrimination efforts. Conducted between December 2006 and January 2007, the research primarily involved Romanian Anti-AIDS Association (ARAS) beneficiaries due to HIV stigma. Additionally, the study included a questionnaire, further delving into the experiences and perceptions of the participants [27].

Regarding discrimination within healthcare settings, a 2005 study stresses the crucial need to increase awareness so that all infected individuals can receive equitable and respectful care [28]. Another study contributes insights into the perception and behavior of healthcare providers toward Ethiopian individuals living with HIV/AIDS. The rapid spread of the virus and disease in Ethiopia strained both the healthcare system and its providers, leading to concerns about safety, provider-patient relationships, and working conditions. Through a combination of quantitative and qualitative methods like

in-depth key informant interviews and focus group discussions, the study revealed that HIV/AIDS-related discrimination was particularly entrenched within the healthcare environment. Influenced by factors such as misconceptions about transmission and personal fears, providers would thus label patients based on HIV/AIDS-associated symptoms. The study recommends intensive training for healthcare providers, improving working conditions, and enhancing community awareness of HIV/AIDS [29]. Similarly, another study presents the attitudes of non-physician healthcare providers toward HIV/AIDS in Nigeria, also revealing gaps in knowledge about HIV transmission, along with misconceptions such as transmission through mosquito bites or handshakes [30]. Three years later, yet another article acknowledges the far-reaching consequences of stigma on care-seeking behavior and public health environments. As before, among the common causes of discrimination, the researchers emphasize a lack of awareness among healthcare workers alongside misconceptions about HIV transmission. Effective interventions, according to the study, should encompass individual, environmental, and policy levels. Showcasing strategies like equipping health workers with both knowledge and protective outfits, and fostering non-judgmental environments through participatory methods, the study highlights the potential for positive change in health providers' attitudes and behaviors [31]. In line with previous research, a study on Southwest Ethiopian healthcare system employed a cross-sectional quantitative approach, supplemented by qualitative interviews and Focus Group Discussions (FGDs), in order to reveal that HIV/AIDS-related discrimination was particularly linked to extra precaution, fear of work-related transmission, and lack of safety. The findings demonstrate that healthcare providers with higher HIV knowledge and education exhibit lower discrimination scores, so attending proper training can contribute to score reduction. Unofficial disclosure of clients' HIV sero-status by healthcare providers to ensure extra precautions was also noted, which underscored the need for community-based interventions to mitigate discrimination among healthcare providers [32].

Similarly, a more recent study highlights the existence of various forms of discrimination against people living with HIV/AIDS within healthcare settings in Surat, India. The findings specifically reveal instances of harassment from healthcare staff, unjust charges by private practitioners, changes in treatment modality, and the practice of taking extra precautions during treatment. Hiding one's HIV status due to fear of discrimination and avoiding doctors and hospitals emerged as strategies to cope with the challenges. The study ultimately underscores the need for sensitization and training of healthcare professionals to provide equitable and non-discriminatory care [33]. Two years later, another paper focused on the occurrence of discrimination among healthcare providers in Guangzhou, China. Conducted as a cross-sectional survey, the study involved a substantial number of



healthcare workers, and the findings illustrated a range of discriminatory behaviors such as administering tests without patient consent, differential treatment, patient information disclosure, and treatment refusal, based on fear of occupational exposure to HIV. Notably, the study advocates improved legal and regulatory protection for healthcare workers while emphasizing the need for a supportive environment for both people living with HIV/AIDS and healthcare providers [34].

#### **Coping:**

One year before the new millennium, a paper focused on the coping strategies and psychosocial experiences of middle-aged and older adults living with HIV/AIDS. The researchers noted that the factors contributing to depression consisted of HIV-related stigma, loneliness, self-reported memory problems, low energy, and the longing for a younger age. The study also found that women living with HIV/AIDS received fewer social assistance and therefore experienced more depression than men. In essence, lack of social support, coupled with stigma and financial difficulties, contributed to elevated depression and even suicidal ideation [35]. A later study also focused on coping strategies for older HIV-positive adults, who faced additional challenges such as comorbidities and ageism-related stigma. Given that these individuals often lacked support mechanisms from family and community, adaptive coping proved crucial for their emotional well-being. The study utilized the Ways of Coping Checklist and the HIV-Related Life Stressor Burden Scale to assess the coping strategies and stressors. The findings revealed elevated grief reactions, psychological distress, and depressive symptoms among participants. Recommendations emphasized the need for interventions tailored to older adults with HIV/AIDS [36]. Utilizing the framework of the Chronic Illness Quality of Life Model, three other researchers also delved into the complexities of depressive symptoms experienced by older adults diagnosed with HIV. A significant proportion of this demographic was found to grapple with moderate to severe depression, linked to diminished physical well-being and a lack of social support. Factors such as the nature of the loss, past drug use, and existing depressive symptoms further exacerbated the severity of depression. Notably, engagement coping and social support were found to be interrelated, the latter playing a crucial role in reducing cognitive-affective symptoms [37].

On a more general note, other scholars explored the psychological challenges faced by HIV-positive individuals who exhibited heightened levels of grief, depression, anxiety, and/or traumatic stress. The severity of the feelings was influenced by escape-avoidance and self-controlling mechanisms, as well as factors like the type of loss, depressive symptoms, and a history of drug use. The research provides crucial insights into the emotional complexities of HIV-positive individuals and the importance of support mechanisms in navigating their grief [38]. A 2005 study explores the benefits of a group intervention designed to assist HIV-positive individuals

in managing HIV/AIDS-related bereavement. While suggesting gender-specific responses, the cognitive-behavioral bereavement coping group intervention demonstrated its effectiveness in positively influencing the health-related quality of life for both HIV-positive men and women. The findings ultimately underscore the critical need for interventions that holistically address both the emotional and physical well-being of this demographic [39]. In the same year, other researchers also examined the influence of gender and ethnicity on the coping strategies of bereaved HIV-positive individuals, and discovered that gender and ethnicity indeed had significant effects on spiritual coping, independent of perceived social support. Thus, women and ethnic minorities employed spirituality for coping, while white men used it the least, and white women used avoidant coping more than white men. Ultimately, the nuanced ways in which different groups process grief underscores the need for culturally sensitive interventions [40]. A year later, a new study delved into the connection between race, social support, and coping strategies among HIV-positive gay and bisexual men. Aiming to comprehend how racial backgrounds impacted coping mechanisms, the study emphasized the complex intersection of race, sexual orientation, health, and social support while it linked high social support to active coping and low support to self-destructive responses. The findings acknowledge racial variations in coping and thus underscore the requirement for culturally sensitive interventions, especially for those facing double stigma, related to both race and HIV status [41].

Since coping strategies significantly influence how individuals deal with stress, effective coping can lead to better psychological outcomes. A 2009 study introduced a group intervention model based on cognitive-behavioral coping and delivered it in a social support group context. The model comprised components like building social support, addressing challenges related to AIDS loss, and implementing adaptive coping strategies. The results indicated that participants could experience significant reductions in depression, grief reactions, intrusive experiences, demoralization, and psychological distress both immediately after the intervention and at a 3-month follow-up. Further research was recommended to validate the findings and explore long-term benefits of cognitive-behavioral coping strategies integrated within a supportive group setting for bereaved HIV-positive individuals [42]. In line with the previous works, yet another study explored the hypothesis that the impact of stigma-related stressors on psychological well-being varied based on the coping strategies employed by people living with HIV/AIDS. By examining 200 participants, the study scrutinized self-reported enacted stigma, felt stigma, coping mechanisms, depression, anxiety, and self-esteem. The results highlight the relationship between felt stigma and coping strategies on individuals' self-reported depression, anxiety, and self-esteem. Thus, participants who employed disengagement and experienced increased

felt stigma reported higher levels of anxiety and depression whereas this association was less pronounced among those who employed engagement [43]. In a similar vein, other researchers explored the psychological impact of childhood sexual abuse (CSA) on HIV-infected individuals, and how a coping intervention like Living in the Face of Trauma (LIFT) could reduce traumatic stress. The findings showed elevated grief reactions and distress related to losses while LIFT's effectiveness in reducing traumatic stress was mediated by decreases in avoidant coping strategies [44]. In 2015, another article investigated how people from Tamil Nadu, South India coped with being HIV-positive. Shame, worthlessness, fear of ostracism, guilt, and anger were among the feelings triggered by stigma. As a result, participants navigated various coping strategies, including clear knowledge of HIV, seeking social support, selective disclosure of their status, empowerment through employment, and participation in positive networks [45]. A 2016 study explored the utilization of provider-initiated HIV testing and counseling (PITC) among adult outpatient department (OPD) patients in a specific region of Ethiopia. The findings revealed that, while 78.4% of participants utilized PITC, a substantial portion refused to do so. Low knowledge about HIV, along with individual factors such as marital status, gender, awareness about PITC, and prior HIV testing, influenced PITC utilization. The study recommends strengthening targeted health information, through mass media and awareness campaigns, to enhance PITC uptake among adult OPD patients, and peer education to overcome barriers to testing [46]. More holistically, other scholars explored the impact of integrated yoga (IY) intervention on the landscape of HIV-related stigma, particularly on anxiety, depression, and CD4 counts. Conducted in Northeast Brazil, the study found that practicing IY for a month could lead to a significant reduction in depression and an improvement in immunity, as evidenced by increased CD4 counts in HIV-1 infected adults. The research thus emphasizes the potential benefits of yoga as a complementary approach in the conventional management of HIV-1 infection, highlighting its role in enhancing psychological well-being and boosting immunity [47]. Two years later, a new study also examined the potential advantages of yoga as a stress management tool for individuals diagnosed with HIV/AIDS in Northeast Brazil. The research utilized a systematic review and meta-analysis approach to assess the impact of yoga interventions on psychological distress among the infected. Once again, the findings indicate that yoga can significantly reduce psychological distress and can improve overall well-being in this population. However, the literature remains limited due to the small number of studies available at the moment. The article therefore emphasizes the need for more randomized controlled trials with objective measures of HIV-related outcomes to further evaluate the benefits of yoga for people living with HIV/AIDS [48]. In the same country, another paper employed a cross-sectional quantitative

analysis, with 331 participants receiving treatment at an outpatient clinic, and utilized the Coping Strategies Inventory to gather data. The findings indicated the predominance of emotion-centered coping methods, such as positive reappraisal, along with the influence of various sociodemographic, clinical, and lifestyle variables on these coping strategies. For instance, individuals who practiced a religion or lived with family members exhibited higher mean scores in several coping factors. Once again, the research underscores the importance of understanding the psychological and social aspects affecting people living with AIDS in order to provide comprehensive and interdisciplinary care [49]. In 2019, several researchers delved into the reasons why people living with HIV in France engaged or refrained from physical activity (PA). Their study recognized the numerous benefits of PA, such as improved physical and mental health, yet noted that a significant portion of this population remained inactive. Through face-to-face semi-structured interviews with 15 participants, the research aimed to identify the barriers and facilitators influencing their involvement in PA. The seven men and eight women, recruited from hospitals in central and southern France and undergoing antiretroviral therapy, ranged in age from 40 to 65. While the interviews focused on participants' perceptions and beliefs about PA in their daily lives, the study also used the Dijon PA Score to assess participants' activity levels, categorizing them as active, inactive, or seasonal exercisers. The findings revealed a multidimensional perspective, with barriers and facilitators spanning physical, psychological, and socio-environmental domains. Thus, despite recognizing the benefits of PA, many HIV-positive individuals faced barriers such as respiratory issues, low energy levels, lack of motivation, and environmental challenges. On the other hand, factors like family support, community environment, and structured exercise routines served as facilitators. The study ultimately underscores the need for tailored interventions and promotional strategies to encourage PA among people living with HIV in France [50].

Similarly, a systematic review and meta-analysis examined the impact of mind-body therapies, specifically meditation and yoga, on the immune system and mental health of people living with HIV. The study incorporated 19 randomized controlled trials with a total of 1,300 participants. The results indicated that such therapies significantly improved CD4 T-cell counts, a crucial marker of immune function in the infected. Additionally, the efficacy of these interventions on CD4 improvement appeared more pronounced in individuals with lower baseline CD4 counts and fewer years since their HIV diagnosis. The analysis thus revealed that meditation and yoga significantly reduced symptoms of stress, depression, and anxiety while enhancing quality of life. The findings ultimately suggest that integrating cost-effective meditation and yoga practices into the routine care of people living with HIV could offer potential benefits, especially for those diagnosed more recently and

with lower initial CD4 counts [51]. Another systematic review and meta-analysis aimed to explore the effects of different exercise interventions on symptoms of depression, physical activity levels, and social participation in individuals living with HIV/AIDS. The study included various randomized controlled trials that evaluated a diverse range of exercise modalities and intensities, from brisk walking to more intensive gym classes, such as aerobic exercise, resistance training, and combined regimes. Given the variety in exercise protocols' duration and frequency, the findings suggested that exercise training could indeed improve physical activity levels and social participation and could thus help alleviate symptoms of depression in this population. Like others of its kind, the study emphasizes the potential value of incorporating exercise as a complementary therapy for people living with HIV/AIDS. However, the overall evidence remains inconclusive, indicating a dire need for more research on this topic [52]. In order to provide more valuable insights for healthcare professionals and researchers, yet another systematic review focused on the impact of self-managed home and community exercise interventions on physical activity levels, body adiposity, and other health indices. The authors noted that adults with HIV often faced challenges such as increased health care expenses due to frequent hospital admissions. Furthermore, the study explored the integration of technology in HIV-related healthcare and fitness, which could guide clinicians in recommending proper exercise regimens and ultimately shape the design of future research and trials in this area [53]. Similarly, a 2022 study focused on the physical health of children and adolescents on antiretroviral therapy in Mozambique. Evaluating indicators such as body composition, physical fitness, and habitual physical activity levels, the study compared the physical health of HIV+ subjects with non-HIV+ Mozambican peers from urban and rural areas. Preliminary findings suggested that this demographic experienced negative impacts on their somatic growth, physical fitness, and regular physical activity due to factors like socioeconomic status, mitochondrial toxicity, and psychosocial circumstances. Additionally, many children and adolescents living with HIV appeared to be smaller, had lower body weight, and entered puberty later than their healthy peers. The final results thus indicated that a significant proportion of the HIV+ subjects were classified as unfit, especially in areas such as abdominal strength and endurance. However, no noticeable difference was observed in flexibility. Overall, the research underscores the need for a deeper understanding of the multifaceted challenges faced by children and adolescents living with HIV in Mozambique, especially concerning their physical health and well-being [54].

### 3.2 Chapters

First of its kind, a 2013 academic book defines stigma as a discrediting attribute that leads to discrimination, and presents a comprehensive compilation of empirical research across diverse cultural contexts. By providing

valuable insights into real-life situations, each chapter thus aims to help healthcare providers offer more culturally sensitive services based on the experiences of individuals and groups with HIV/AIDS [55].

#### *Stigma & Discrimination:*

By exploring the nature of prejudice and societal perceptions of HIV/AIDS, two researchers focus on the mechanisms of internalized, anticipated, and enacted stigmas. The chapter underscores the importance of viewing HIV stigma as a social process and highlights the need to recognize the structural and interpersonal drivers of HIV stigma within specific sociocultural contexts to craft effective interventions. Given that individuals with HIV often grapple not only with their positive status but also with drug use, sex work, race/ethnicity, and poverty, the study also illuminates how HIV stigma intertwines with these intersecting stigmas, influencing the overall experiences of these individuals. The chapter wraps up by spotlighting South Africa as a case study for the intricacies of confronting HIV-related stigma within specific cultural landscapes [56]. A novel conceptual framework connects the structure of AIDS stigma to gender as a societal structure, emphasizing the importance of understanding the gendered experiences of stigma. One scholar thus focuses on the intersection of gender dynamics and AIDS stigma while showing how gender relations contribute to the perpetuation of AIDS stigma and how men and women often experience stigma differently. The chapter also highlights the significance of a gender analysis in creating effective AIDS prevention programs [57]. Similarly, two other experts examine gender disparities in HIV-related stigma perception and community support among individuals with HIV/AIDS in Thailand. Analyzing the variations in stigma experiences and community backing between Thai men and women living with HIV/AIDS, the study reveals that males receive less community support and therefore perceive higher levels of stigma compared to females. Marital status and geographical location also influence stigma experiences. The study ultimately emphasizes the need for tailored interventions to address gender-specific challenges faced by HIV-positive people in Thailand [58].

#### *Coping:*

Exploring societal contexts, another chapter considers the importance of family support and culturally sensitive interventions while yet another discusses the management of HIV-status disclosure through healthcare providers [59] [60]. Focusing on stigma within healthcare settings, other researchers advocate more sensitive and patient-centered care practices [61]. Exploring the human interactions in China, one study promotes awareness campaigns that challenge sociocultural norms and rely on empathy and understanding [62] while a similar one highlights the societal norms and beliefs that contribute to stigma's impact on Colombian people living with HIV/AIDS. The latter also explores ethical and legal responses to stigma while emphasizing the role of healthcare institutions. Coping strategies involve

community engagement, awareness campaigns, and policy interventions to foster a more inclusive environment [63]. Some researchers focus on the internalized stigma experienced by African Americans living with HIV and use qualitative data to develop a preliminary scale that can assess the severity of stigma. Their study highlights the impact of stigma on treatment adherence and health outcomes, and the need for culturally appropriate interventions to reduce stigma. The coping strategies presented therein entail development of support networks, fostering self-acceptance, and integrating culturally sensitive interventions into healthcare settings [64]. Yet another study underscores the need for individual and societal interventions to address discriminatory attitudes in Puerto Rico. By analyzing the sympathy and discriminatory attitudes of women in public housing, the author proves that challenges still persist while many start to believe in inclusive education and workplaces [65]. Coping strategies consist of fostering awareness, correcting misconceptions, and utilizing personal stories to combat stigma. By exploring HIV-related stigma among Latinos on the US-Mexico border, a scholar emphasizes the unique sociocultural context of the region. The study advocates for culturally tailored interventions that can address the psychological impact of stigma and promote a supportive environment for disclosure [66]. The next study reveals how HIV-related stigma in South Africa can lead to death, immorality, and deviation from cultural norms. The researchers call for awareness campaigns to challenge misconceptions, foster community support, and address the internalized stigma that affects the psychological well-being of HIV-positive women and their willingness to disclose their status [67]. Yet another research focuses on the layered stigmatization faced by men who have sex with men in South Africa due to sexual orientation and HIV status. The chapter underscores the need for creating MSM-friendly health facilities, combating homophobic norms, and ensuring access to comprehensive healthcare services [68]. Similarly, two studies explore the emergence of gay identities in China and the discrimination faced by MSM due to clashes with traditional values. The researchers emphasize the need for innovative prevention efforts, culturally tailored interventions, and proper education for bridging the gap between traditional beliefs and modern realities [69] [70].

Categorizing spaces as personal and impersonal, empowering and disempowering, two scholars delve into the spatiality of HIV status revealing and discrimination in India. The study advocates creating safe spaces for disclosure, addressing the challenges of various settings, and designing interventions tailored to the spatial context [71]. Adding to the stigma literature, another chapter focuses on comparing the experiences of HIV-positive and HIV-negative gay men in Australia. The findings indicate that, while HIV-positive men reported low levels of stigma in terms of attributions of responsibility and social distancing, they faced higher negative emotional

reactions and also exclusion from sexual or romantic partnerships. Surprisingly, stigma experiences were similar between HIV-positive and HIV-negative men, which reveals a serostatus divide within the gay community. Coping strategies entailed addressing emotional impacts of stigma, promoting inclusivity, and reducing serostatus-based divisions [72]. The next study explores the stigmatization of HIV and Hepatitis C co-infection among gay men in London. Hepatitis C was thus found to be more stigmatizing within the gay male subculture than HIV, despite both being sexually transmitted. The chapter highlights the emotional toll of hierarchical stigmatization, particularly in a subculture where HIV serosorting prevails, and therefore calls for raising awareness, promoting empathetic ownership, and fostering an inclusive community environment [73].

While it affects service accessibility and individuals' self-esteem, stigma can also lead to the formation of solidarity networks that can challenge discriminatory norms. A chapter introduces the People Living with HIV Stigma Index as a transformative research model, implemented in the UK and Malawi. The study discusses power, participation, and social change aspects, and reflects on research team experiences and the adaptable nature of the index. The findings highlight the importance of addressing stigma through collaborative and adaptable research models [74]. Underscoring the role of spirituality and the Black church in HIV/AIDS prevention, two scholars discuss faith-based strategies to mitigate stigma experiences within the African American population, particularly in older adults that live with HIV/AIDS in the rural South. The chapter's insights are drawn from the authors' work in a high-prevalence area, highlighting the importance of culturally sensitive approaches [75]. The last two studies in the academic book explore the experiences of Thai individuals living with HIV/AIDS in two regions, and those of women in Central Thailand. Despite the transformative impact of HIV diagnosis on self-worth and societal disgust, individuals employed selective disclosure to reconnect with supportive networks, foster meaning and reevaluate their worth. Coping mechanisms included seeking support from groups and Buddhist teachings to find purpose and normalcy. Drawing on multiple references to provide comprehensive insights, the second study also discusses public policy responses to HIV/AIDS, community participation interventions to reduce stigma, and the roles of Buddhist temples in providing support. Both findings underline the importance of community involvement and spiritual guidance in empowering those with HIV/AIDS to lead dignified lives [76] [77].

### 3.3 Books

Beyond the academic field, works like *Borrowed Time* and *Body Counts* provide intimate accounts of living with HIV/AIDS while *Fairyland* narrates a daughter's journey amidst the crisis and her bond with her gay father [78] [79] [80]. Next, *My Own Country* offers a unique physician's perspective on treating AIDS patients in a



rural environment whereas *Pedro and Me* highlights the transformative power of personal stories in challenging societal prejudices [81] [82]. On the other hand, journalistic accounts like *And the Band Played on* and *How to Survive a Plague* critique the societal, political, and medical responses to the crisis while the realm of advocacy, politics, and activism is further explored in powerful plays like *The Normal Heart* and *Angels in America* [83] [84] [85] [86]. Last but not least, fictional works like *Tell the Wolves I'm Home* and *The Great Believers* explore profound themes of love, loss, and resilience while *Tales of the City* captures the essence of San Francisco's LGBTQ+ community during the epidemic's early days [87] [88] [89].

From personal struggles and societal challenges to political activism and human resilience, each book ultimately contributes to a holistic understanding of the epidemic, and the stigmas intertwined with it, capturing its multifaceted impact on individuals and society.

### 3.4 Films

The realm of cinema has also provided a powerful medium to explore the multifaceted dimensions of the HIV/AIDS epidemic, delving deep into personal struggles and emotional turmoil. Like the play with the same name, *The Normal Heart* chronicles the harrowing early years of the epidemic in New York City, emphasizing the profound emotional challenges faced by gay men [90]. On a more personal note, *An Early Frost* offers a poignant narrative of a young lawyer grappling with societal judgment after his diagnosis while *Yesterday* captures the resilience and challenges of a young mother diagnosed with AIDS in rural South Africa [91] [92]. On the activist front, *And the Band Played on* provides a comprehensive look at the early days of the epidemic. Adapted from Randy Shilts' journalistic account, the film underscores the political apathy, challenges in the medical community, and the ensuing activism that emerged in response to the crisis [93]. On the societal front, *Philadelphia* and *Stigma* also spotlight the discrimination and prejudices faced by those with HIV/AIDS. The former narrates the legal battle of a lawyer who faces discrimination due to his diagnosis, highlighting the broader societal biases [94]. In the same vein, *Stigma* delves into the deep-rooted misconceptions and prejudices associated with the disease as it chronicles the harrowing journey of two African women, mother and daughter, who contract HIV while serving as traditional birth attendants in a village. The mother succumbs to societal stigmatization, which leads to her tragic demise. Her daughter faces similar ostracization, especially after her mother's AIDS diagnosis becomes public knowledge. Moreover, when she steps into her mother's shoes, Vanessa too contracts the virus, despite taking more precautions. On the brink of ending her life, a beacon of hope emerges in the form of an individual who believes in her, challenging outdated perceptions. This support empowers Vanessa to transform her life, moving away from her village and using her experience to become a

motivational speaker and support those with AIDS. While her success prompts some from her past to seek reconciliation, Vanessa grapples with the complexities of forgiveness, which means that sometimes it might be too late [95].

Ultimately, these films paint a vivid cinematic tableau of the HIV/AIDS epidemic, emphasizing the personal challenges, societal biases, and the indomitable spirit of activism. Beyond their common theme, they will all stand as a testament to the enduring human spirit that can battle against the stigmas and prejudices of any time in the history of humankind.

### 3.5 Documentaries

The HIV/AIDS epidemic has been extensively documented, each broadcast offering a poignant exploration into the persistent prejudices faced by those with HIV/AIDS. *How to Survive a Plague* provides a historical perspective, chronicling the early days of the epidemic and the rise of activism. Brutally accurate, like the book written years later, the program paints a vivid picture of societal and political apathy, juxtaposed against the relentless spirit of the HIV/AIDS community [96]. In a similar vein, *The Lazarus Effect* delves into the transformative power of antiretroviral drugs in sub-Saharan Africa, highlighting the disparities in treatment access and the societal stigmas that compound these challenges [97]. More personal, *Common Threads: Stories from the Quilt* offers a touching tribute to lives lost to AIDS. The NAMES Project AIDS Memorial Quilt, with each panel symbolizing a life, stands as a testament to personal stories of love, loss, and the overarching shadow of discrimination [98]. *Positive Youth* shifts the focus to the younger generation as it attempts to elucidate the unique challenges they face, from grappling with their diagnosis to confronting societal biases. The documentary also underscores the crucial role of support, education, and advocacy in helping young people combat stigma and lead fulfilling lives [99].

From a coping perspective, these emblematic documentaries stand as powerful testaments to the personal stories, societal challenges, and the indomitable spirit of communities that have battled against the prejudices related to HIV/AIDS.

### 3.6 Websites

Since coping stigma and discrimination stands as a vital component of the global response to HIV/AIDS, certain websites play a key role in sharing accurate information, challenging false beliefs, and supporting those affected.

The HIV/AIDS section of the World Health Organization (WHO) provides a detailed look at global strategies, guidelines, and resources on mental health and psychosocial support for individuals with HIV/AIDS [100]. Advocating for fast, comprehensive, and coordinated global action against the HIV/AIDS epidemic, the Joint United Nations Program on HIV/AIDS (UNAIDS) leads in addressing stigma and discrimination through campaigns and initiatives to shift societal views and ensure the rights of the affected. Like WHO, UNAIDS

also offers resources and tools to help individuals and communities manage the emotional and social challenges of the disease [101]. Similarly, the HIV/AIDS Section of the U.S.-based Centers for Disease Control and Prevention (CDC) provides information for both the American audience and the global community, highlighting counseling, support groups, and the significance of community understanding [102]. Sponsored by the U.S. National Institutes of Health, AIDSinfo serves as an information center for HIV/AIDS clinical trials and treatment. While mainly focusing on medical data, AIDSinfo also recognizes the challenges of stigma and discrimination, and stresses the value of patient confidentiality, respect, and mental health support [103]. TheBody, another vital website, offers a wide range of HIV/AIDS information while including a personal stories section, where people share their HIV/AIDS experiences. By offering a platform for these valuable narratives, TheBody humanizes the disease and challenges false beliefs [104]. Based in the UK, Avert.org tackles stigma and discrimination with their educational resources, offering extensive information on prevention, treatment, and support. The British website also has a section on living with HIV, where people offer insights and advice on managing the emotional and social facets of the disease. Their recently introduced digital brand, Be in the KNOW, consistently offers captivating and user-friendly information about sexual health and HIV to the younger population, mainly in East and Southern Africa. This also serves the educators and healthcare professionals within their localities [105] [106]. The U.S. government's HIV.gov provides resources and strategies to address stigma and discrimination on both personal and community levels. As with the previous websites, HIV.gov underscores the significance of mental health and offers materials to assist individuals in managing the challenges of living with HIV/AIDS [107].

In Romania, the UNOPA website belongs to a unique non-governmental federation named the National Union of Organizations of People Affected by HIV/AIDS. Its main objective is advocacy – that is, promoting and defending the rights of those infected and affected by HIV/AIDS in Romania [108]. Another important online resource is CNLAS. The website offers in-depth analyses of the current HIV/AIDS landscape in Romania for stakeholders and policy makers as well as comprehensive snapshots of Romania's HIV/AIDS scenario from 1985 to the present, highlighting the challenges faced by children with HIV/AIDS, the relationship between drug use and HIV, and the testing rates among pregnant women. The annual HIV/AIDS statistics therein are sourced from the HIV/AIDS confirmation files received from the Regional Centers for the Evaluation and Monitoring of HIV/AIDS. These files are then processed by the Department for Monitoring and Evaluation of HIV/AIDS in Romania, which belongs to the National Institute of Infectious Diseases “Prof. Dr. Matei Balș” in Bucharest. The official reports underscore

the challenges that Romania still faces in its battle against HIV/AIDS, emphasizing the gaps in HIV surveillance, treatment, prevention, and testing [109].

### **3.7 Famous stories**

Since its beginning, the HIV/AIDS epidemic has permeated all facets of society, including the entertainment and sports sectors. Commendably, several personalities had the courage to reveal their HIV-positive status, thus reshaping societal perspectives and attitudes toward those living with HIV/AIDS.

Freddie Mercury, the iconic lead vocalist of Queen, made his AIDS diagnosis public just a day before his demise in 1991. His untimely death brought the ailment to the forefront of global attention and spurred significant fundraising initiatives for AIDS research. In his honor, the annual Freddie Mercury Tribute Concert for AIDS Awareness has raised substantial amounts for the cause [134]. In a similar vein, the basketball community was stunned in 1991, when Magic Johnson announced his HIV-positive status, which led to his immediate retirement from the NBA. Over the years, Johnson has ardently advocated for HIV/AIDS awareness, emphasizing the importance of early detection, treatment, and the possibility of leading a fulfilling life post-diagnosis [135]. Additionally, Olympic gold medalist diver Greg Louganis, in his 1995 autobiography, shed light on the discrimination he endured within the sports industry, underscoring the persistent stigma tied to HIV/AIDS, even amongst top-tier athletes [136]. In 2015, actor Charlie Sheen's public declaration of his HIV-positive status sparked widespread discourse about the disease. Sheen's transparency about his diagnosis, treatment journey, and the challenges he faced, such as blackmail attempts, highlighted the contemporary issues encountered by those living with HIV, even in an era of advanced medical care [137].

By sharing their personal journeys, these prominent figures have amplified awareness and dispelled many myths associated with HIV/AIDS, thereby igniting broader societal discussions on the importance of inclusivity and compassion. Furthermore, by living their truths, the survivors have inspired countless individuals, proving that, with the right support and treatment, one can lead a prosperous life despite an HIV diagnosis.

### **3.8 Resolutions**

On the legal front, many countries have fortified their frameworks in order to protect the infected from discrimination. These laws span various facets of daily life, from schooling and housing to employment and healthcare. For instance, guidelines in many nations explicitly shield individuals living with HIV/AIDS from workplace discrimination, and several countries have even prohibited mandatory HIV testing for employment [110]. Entities like government sectors, Non-Governmental Organizations (NGOs), and Human Rights Commissions actively champion the implementation of these laws. Additionally, legal associations extend free services to the

infected, ensuring they are well-informed of their rights and avenues for redress.

Issued by the United Nations General Assembly (UNGA), the 2001 Declaration of Commitment and the 2006 Political Declaration represented the collective stance and commitments of the international community toward addressing the epidemic. The first resolution recognized HIV/AIDS as a global emergency, setting out concrete targets to reverse the epidemic by 2015, while the second built upon its predecessor, reaffirming previous commitments and setting new targets while including universal access to HIV prevention and treatment by 2010. After providing technical expertise and data during their drafting, UNAIDS monitored global progress against the commitments made, regularly publishing reports that tracked advancements in combating HIV/AIDS. Furthermore, the agency coordinated the efforts of various UN entities in the HIV/AIDS response, ensuring that the promises made in the UNGA declarations translated into concrete actions on the ground [111] [112] [113]. The 2011 Political Declaration reviewed the progress made since the previous resolutions, noting that despite significant advancements, the epidemic remained a major human catastrophe, with millions affected. The official document commended the efforts of various stakeholders, including governments, UN agencies, and civil society, in addressing the epidemic, and highlighted the importance of international cooperation, the role of research, and the need for affordable medicines in the fight against HIV/AIDS [114].

In June 2021, UNGA adopted a new declaration, which committed world leaders to addressing gender inequalities, restrictive laws, as well as various forms of discrimination, in order to halt the global AIDS epidemic by 2030. The political document received 165 votes in favor, with 4 against, and no abstentions. Notable figures, including Charlize Theron, a UN Messenger of Peace, and Yana Panfilova, a young woman from Ukraine living with HIV, delivered remarks on the need for change and addressing stigma. Winnie Byanyima, the Executive Director of UNAIDS, lauded the declaration as a foundation for renewed global efforts against HIV/AIDS. Amina J. Mohammed, Deputy Secretary-General of the United Nations, highlighted the central role of UNAIDS in achieving the Sustainable Development Goals and eradicating this public health threat by 2030. The adoption of this declaration thus signifies a renewed global focus on the challenges and barriers in the fight against HIV/AIDS [115] [116].

The Romanian government has also made notable strides in its approach to the HIV/AIDS epidemic over the years. Law No. 584/2002, established on 29th October 2002 and modified as of 1st April 2013, sets forth measures to prevent the spread of AIDS in Romania and safeguard individuals with HIV and AIDS. The law underscores the importance of HIV prevention, the fight against AIDS, and the protection of affected individuals.

It also mandates the promotion of HIV prevention information in educational institutions and ensures medical care, antiretroviral treatment, and continuous training for medical personnel. The law guarantees the rights of HIV/AIDS patients to education, work, and social protection, emphasizing that their health status cannot be grounds for dismissal. Funding for these initiatives comes from various sources, including the state budget and the PHARE community program. The law also stresses the confidentiality of HIV-related data, with legal consequences for intentional transmission. In essence, this legislation offers a holistic approach to HIV/AIDS prevention, treatment, and patient rights in Romania [117]. In addition, the National Strategy for 2004-2007 was formulated during a time when Romania faced a unique challenge with the epidemic, particularly among children, largely due to unsafe medical practices in previous years, such as unscreened blood transfusions and the repeated use of syringes. As a result, its primary objectives were to prevent new HIV transmissions and ensure access to treatment and care. However, Romania encountered many challenges during that period, such as the limited access to life-saving antiretroviral drugs and the significant stigmatization and discrimination against HIV/AIDS patients. Additionally, there was a pressing need for widespread education and awareness campaigns to inform the public about the disease [118]. On the other hand, the National Strategy for 2022-2030 was developed in a context where the global understanding of HIV/AIDS had significantly advanced. With the benefit of better resources, medical advancements, and a more integrated approach both at the European and global levels, this strategy aligns with the UNAIDS 90-90-90 objectives, aiming to diagnose 90% of all HIV-positive persons, provide antiretroviral therapy (ART) for 90% of those diagnosed, and achieve viral suppression for 90% of those treated. A core principle of this official plan is to guarantee equal and continuous access to prevention, medical care, and social services for those living with HIV/AIDS, without any form of discrimination. Nevertheless, stigmatization still remains, as does the inaccessibility to services, especially in the case of vulnerable groups [119]. Comparing the two strategies, both emphasize the importance of preventing HIV transmission, combating stigma and discrimination, and improving access to treatment and care. However, the most recent one benefits from a more globalized and integrated approach and places a greater emphasis on human rights and addressing inequalities.

At present, experts in the field of HIV/AIDS are calling for the funding and implementation of the National Strategy for 2022-2030. In a debate organized by the UNOPA Federation on June 15, 2023, the need to accelerate the funding and implementation of the measures in the strategy was highlighted. Over 100 experts discussed the steps of the strategy, funding sources, and priority actions in the field of prevention, education, testing, diagnosis, and treatment of HIV in



Romania. Senator Adrian Streinu Cerceles emphasized the need to find funds and accessible HIV testing for everyone while Adriana Pistol, Secretary of State in the Ministry of Health, spoke about the importance of the strategy and the support of the Ministry. In a similar vein, the President of CNAS, Adela Cojan, mentioned the measures in the New Framework Contract to be implemented from July 1, 2023, while Iulian Petre, Executive Director of UNOPA, also stressed the importance of funding and implementing the new strategy [120].

### 3.9 Reports

In the global quest to understand the barriers to effective prevention, treatment, and care, several pivotal reports provide insights into the challenges and proposed solutions. One such contribution was the 2006 report by the United States Agency for International Development (USAID), which explored the feasibility of quantifying the multi-dimensional nature of HIV/AIDS-related stigma in developing countries in order to assess interventions and monitor program outcomes [121]. Similarly, the 2003 UNAIDS report from Geneva underscored the perpetuation of societal misconceptions about HIV/AIDS and advocated public awareness campaigns, legal reforms, and community-based interventions [122]. During the XVI International AIDS Conference in Toronto, the UNAIDS Executive Director, Dr. Peter Piot, called for the development of robust tools and strategies to counter the profound effects of stigma on individuals' mental health and healthcare accessibility [123]. The 2007 UNAIDS report further emphasized the integration of anti-discrimination measures into national AIDS initiatives, championing community-led initiatives as effective strategies [124]. Recognizing the gravity of the relationship between stigma, notably pronounced among Black and Latino gay men, and the prevalence of sexually transmitted HIV, two prominent organizations, the National Alliance of State and Territorial AIDS Directors (NASTAD) and the National Coalition of STD Directors (NCSDD), embarked on an exhaustive three-year study. Their findings culminated in a blueprint comprising several strategic recommendations, from promoting advancements in treatment to the importance of adherence to treatments like Pre-Exposure Prophylaxis (PrEP) [125].

Regarding Romania's HIV/AIDS past, the 2006 Human Rights Watch report painted a grim picture of the challenges still faced by HIV-infected children and adolescents after the crisis in the late 1980s and 1990s. Despite a significant demographic of HIV-positive individuals aged 15 to 19 at the time, Romania kept grappling with widespread discrimination, which affected proper education, medical care, and employment opportunities. The report emphasized the importance of international collaboration and financing to instigate meaningful change in Romania, and shed light on the breaches of confidentiality regarding HIV status and the legal challenges faced, especially by women and girls [126].

A recent report offers a thorough examination of the HIV/AIDS landscape in Romania in the last four

decades, also touching upon the UNAIDS 90-90-90 targets. The document delves into the history of the HIV epidemic in Romania from 1985 to 2020, noting a cohort of long-term survivors, infected between 1987 and 1990, now aged 29-35. The majority of new HIV cases in 2020 were among males, with the age groups 25-35 and 15-24 being the most affected. Heterosexual transmission was predominant, but cases among Men who have Sex with Men (MSM) and Injecting Drug Users (IDU) were also notable. The current standards of care in Romania emphasize universal access to treatment, challenges in mother-to-child transmission, and the rise in new HIV cases among the youth and MSM. Future projections, based on data from the Burnet Institute/Optima HIV, indicate that Romania, with its current budget and strategies, is on a path to achieve significant reductions in HIV incidence and mortality [127]. Over the last three years, Romania has seen a steady increase in the cumulative number of HIV/AIDS cases. As of the end of 2021, there were 27,336 reported cases since 1985. This number slightly increased to 27,409 by 1st December 2022 and further to 27,436 by the end of that year. By 30th June 2023, the cumulative cases reached 27,465. The number of new cases detected each year has varied, with 318 new cases in 2021, 100 in 2022, and 129 in the first half of 2023. Throughout these periods, the most common route of HIV/AIDS transmission has consistently been heterosexual contact [128] [129] [130] [131].

On 1 December 2022, UNAIDS emphasized the theme *Equalize* for World AIDS Day, highlighting persistent inequalities that had perpetuated the AIDS pandemic. The *Equalize* campaign called for collective action, urging everyone to confront and rectify disparities that hindered progress in eradicating AIDS. UNAIDS advocated for enhancing HIV services, reforming laws and policies to combat stigma, and promoting technology sharing for equitable access to advanced HIV science. Data from UNAIDS showed that the global response to HIV had faced challenges over the past two years, with significant disparities remaining in accessing basic HIV services. Activities organized in November 2022 led up to World AIDS Day, with events held globally. UNAIDS showcased these events through shared photos and videos. UNAIDS Executive Director, Winnie Byanyima, emphasized the collective responsibility to address inequalities, stating that everyone benefited when tackling these issues [132] [133].

## IV. DISCUSSION

The ramifications of an HIV/AIDS diagnosis extend far beyond the immediate physical health concerns. This article synthesizes findings from an extensive review of academic and non-academic literature, including famous narratives, to shed light on the coping mechanisms of those affected as well as their lived experiences.



A recurrent theme in all the materials is the persistence of stigma and discrimination, and the adjacent range of negative beliefs, feelings, and attitudes toward individuals living with HIV/AIDS. According to the literature, there are several types of stigma: personal, where individuals endorse negative beliefs about those with HIV/AIDS; perceived, where the infected feel that society holds negative views about them; enacted stigma, which involves actual experiences of discrimination due to one's HIV status; anticipated stigma, which refers to the fear or expectation of facing discrimination or negative reactions in the future because of one's HIV status; and internalized or felt stigma, where individuals with HIV/AIDS accept and internalize the negative beliefs and feelings about themselves. All types can manifest in various ways, including social ostracization, discrimination in healthcare and employment, and negative self-worth, thus hindering prevention, testing, and treatment efforts. These prejudices usually stem from a lack of comprehensive knowledge about the virus and the disease, together with the misconceptions surrounding their transmission. A new theoretical model links the structure of AIDS-related stigma to gender as a societal construct, underscoring the need to recognize the gender-specific experiences of stigma. Despite global efforts to ensure institutional support and strategies to combat stigma and discrimination, the infected continue to grapple with breaches of confidentiality, non-consensual HIV testing, verbal harassment, and even denial of treatment.

Within the emotional landscape of an HIV diagnosis, individuals often oscillate between feelings of fear, sadness, and anger. With appropriate treatment and support, these intense emotions could gradually subside unless societal rejection amplifies these feelings, further straining the mental health of the affected. All the materials used in this study underscore the indispensable role of support systems in the lives of people living with HIV/AIDS (PLHA). Support groups thus emerge as vital platforms, offering a sanctuary for HIV-positive individuals to share experiences, express emotions, and learn from peers. Health care providers, too, are pivotal in this ecosystem as they often serve as the initial point of contact, guiding individuals to these support groups and addressing their emotional well-being. When not succumbing to discriminatory attitudes themselves, healthcare providers can recommend a combination of therapies and medications, tailored to help individuals navigate emotions like anxiety, depression, and the associated stigma.

Many of the studies reviewed employed either quantitative or qualitative research methodologies, or even a blend of both. The dependent variables encapsulated manifestations of stigma and discrimination against PLHA and/or their coping strategies. In contrast, independent variables encompassed socio-demographic characteristics, levels of HIV knowledge, training on stigma-related topics, and perceived institutional support. Quantitative data was usually collected through pre-tested

self-administered questionnaires, telephone or cross-sectional surveys, or randomized controlled trials, and then interpreted using factor analysis, T-tests, Pearson's correlation, multiple linear regression analyses, and other statistical approaches. In contrast, qualitative data was sourced through key-informant and semi-structured interviews, focus group discussions (FGDs), and content analysis of press reports, among others.

Several studies have utilized attribution theory as a framework to investigate HIV/AIDS stigma and examine how different attributions relate to stigmatizing attitudes and behaviors. By understanding these cognitive processes, researchers and practitioners can better address and combat the pervasive stigma associated with HIV/AIDS. The notion of perceived responsibility refers to the fact that individuals contracting the virus through controllable behaviors, such as unprotected sex or drug use, might face heightened blame and stigma compared to those acquiring it through uncontrollable means, like blood transfusions. This perceived controllability can lead to discrimination, especially if the individual is thought to have had the power to prevent contraction but did not. External attributions, such as viewing HIV/AIDS as a result of moral failings, can amplify fear and avoidance behaviors. Additionally, the just-world theory posits that people believe in the inherent fairness of the world, so everyone gets what they deserve. When applied to studies on HIV/AIDS-related stigma and discrimination, this existential model indicates that the infected are often perceived as deserving of their condition due to presumed moral failings or risky behaviors. This belief system can therefore lead to heightened blame and stigmatization, as people may think those with HIV/AIDS brought the condition upon themselves. Such perceptions invariably result in discrimination, social ostracization, and reluctance to support or empathize with affected individuals, as society seeks to rationalize the illness as a consequence of personal choices rather than a complex interplay of factors.

In some of the reviewed studies, several frameworks and scales have been employed to understand and measure the multifaceted nature of stigma. For instance, the HIV Provider Stigma Scale assesses healthcare providers' stigmatizing attitudes and behaviors toward HIV patients while the HIV Stigma Framework delves into the processes and consequences of stigma, considering both the experiences of those with HIV and societal perceptions. The HIV and Abuse Related Shame Inventory (HARSI) gauges the shame associated with HIV, especially in the context of past abuse, whereas the HIV-Related Life Stressor Burden Scale measures the cumulative stress experienced by those with HIV, encompassing factors like disclosure concerns and treatment issues. In a similar vein, the Chronic Illness Quality of Life Model evaluates the impact of HIV as a chronic illness on an individual's quality of life, considering both medical and psychosocial dimensions. Lastly, the People Living with HIV Stigma Index, as a

global tool used to document the experiences of people living with HIV, captures the prevalence and forms of stigma and discrimination these individuals face on a daily basis.

## V. COPING SUMMARY

While there have been significant advancements in understanding and treating HIV/AIDS, the shadows of stigma and discrimination still loom large, hence the persistence of the suicidal risk, especially when disclosing one's HIV status. Thus, addressing these issues not only upholds human rights but also promotes respect and understanding for those affected. The adaptive mechanisms elucidated in this paper, buttressed by institutional support and legal safeguards, can assist PLHA in their individual and collective journeys, advocating a more inclusive and empathetic society.

According to the studies used therein, those who rely on disengagement and feel heightened stigma often show increased anxiety and depression levels. In contrast, those using engagement control techniques exhibit a diverse range of coping strategies. Communication plays a crucial role in dispelling myths about HIV/AIDS and reducing discriminatory views. Innovative prevention methods include culturally tailored interventions, educational initiatives, and even purposive choreography. An informed individual can make better health decisions and even educate others. Furthermore, group interventions can assist HIV-positive individuals in dealing with AIDS-related bereavement. Open dialogues about feelings and experiences with trusted individuals will help build a strong networking system that can include friends, family, and healthcare providers. Moreover, a strengths-based approach can enhance one's perception of social support, especially in the case of older adults. Some studies also emphasize the importance of a gender perspective in AIDS prevention programs, along with the crucial role healthcare providers play in the disclosure process.

Commendably, support groups and peer counseling offer platforms for sharing stories in order to reduce negative feelings. In some cases, however, HIV-associated neurocognitive disorders (HAND) can become so severe that the infected may require medical intervention as well as a frequent record of the symptoms. For a more personalized approach, professional counseling and therapy can provide invaluable guidance on recognizing and avoiding stress-inducing situations as well as practicing adequate self-care. In a holistic manner, relaxation techniques like meditation, yoga, and deep breathing, combined with faith-based strategies and even crying spells, can help release built-up tension, manage stress, and promote well-being. Moreover, engaging in physical activities, ensuring adequate rest, maintaining a balanced diet, and moderating caffeine and nicotine intake can serve as proper outlets for stress and anger. Additionally, awareness campaigns can challenge cultural norms and promote empathy, so engaging the community

while implementing policy interventions can create a more inclusive environment. Furthermore, the infected celebrities that have shared their stories have implicitly transformed their personal challenges into powerful advocacy platforms, underscoring the essence of human resilience and the critical need for empathy and acceptance.

More specifically, some studies have utilized a range of tools to delve into the challenges confronted by individuals with the virus. The Ways of Coping Checklist evaluates strategies that individuals employ when they encounter stressful events. The Coping Strategies Inventory measures the different ways individuals manage and respond to stress, providing insights into both effective and maladaptive coping mechanisms. Another significant tool, Living in the Face of Trauma (LIFT), seeks to bolster coping skills for women with HIV. Last but not least, the cognitive-behavioral bereavement coping group intervention introduces group-based approaches to tackle HIV/AIDS stigma and discrimination.

In summation, while societal transformation remains a long-term goal, people with HIV/AIDS can use various tools and strategies to face their challenges. Through a comparative analysis across diverse materials, the current research underscores the detrimental effects of coping behaviors like distraction, resignation, avoidance, defensiveness, aggressiveness, solitude, and isolation, as they can exacerbate distress, mood disturbances, and societal perceptions, potentially leading to depression and even suicide. Conversely, strategies such as positive involvement, information seeking, reliance on others, and positive understanding have been shown to mitigate mood disturbances and bolster self-esteem. The research thus emphasizes the importance of awareness campaigns, tailored and culturally sensitive interventions, community engagement, as well as understanding the relationship between stigma, cultural norms, and societal attitudes. In the end, coping strategies should leverage the resilience of stigmatized communities to bring about societal change.

## VI. LIMITATIONS

The current study, while comprehensive in its approach, has certain limitations. Firstly, the reliance on literature review as the primary method might not capture the full breadth of personal experiences. Direct interviews or surveys with affected individuals could have provided more nuanced insights. Secondly, the study's focus on literature available in online databases and referenced books might have inadvertently excluded valuable grassroots reports or firsthand accounts not available in mainstream publications. This limitation could lead to potential biases in the representation of lived experiences. Additionally, the study's emphasis on coping derived from the literature might not encompass all the coping mechanisms employed by individuals in diverse cultural and socio-economic contexts. The strategies discussed therein might therefore reflect a bias toward those documented in academic and official reports, potentially

overlooking indigenous or community-specific coping mechanisms, as presented in fiction, memoirs, documentaries, or films. Also, the personal motivation behind the study, while driving a deep commitment to the topic, might introduce subjective biases in the selection and interpretation of literature. The narrative approach, while valuable in presenting a cohesive story, might sometimes prioritize certain perspectives over others, leading to potential imbalances in representation.

Lastly, while the study offers a global perspective, the nuances of stigma and discrimination in specific regions, cultures, or communities might not have received adequate attention. The diverse nature of the HIV/AIDS experience across the globe therefore necessitates more localized and context-specific studies to cover the myriad challenges and coping mechanisms.

## VII. FUTURE RESEARCH

The diverse nature of the HIV/AIDS experience across the globe necessitates more localized and context-specific studies. First and foremost, there is still a palpable need for research on the development and implementation of positive coping mechanisms. While this study has highlighted several effective strategies, there remains a vast expanse of uncharted territory. Future research could delve into the nuances of these strategies, exploring their applicability across diverse cultural, socio-economic, and demographic contexts. For instance, how do these strategies manifest in rural settings as compared to urban environments? Or how do they resonate with different age groups, especially the younger generation who might be grappling with the dual challenges of adolescence and an HIV diagnosis? Additionally, there is a pressing need to study the long-term efficacy of these coping mechanisms. While some might offer immediate relief, their long-term implications remain largely unexplored. Future research could therefore focus on longitudinal studies that track the mental and emotional well-being of individuals over extended periods, providing insights into the sustainability of these coping mechanisms.

Another pivotal area of exploration is the continued role of societal structures in fostering an inclusive and empathetic environment. While individual coping mechanisms are crucial, societal acceptance and support can significantly amplify their effectiveness. Future studies could thus delve deeper into the role of educational institutions, workplaces, healthcare systems, and even media in shaping societal perceptions about HIV/AIDS. What sustainable interventions can be implemented at these institutional levels to foster a more inclusive environment? How can curriculums be modified to include comprehensive HIV/AIDS education, dispelling myths and fostering empathy? Furthermore, the advent of advanced technology represents a great opportunity to explore digital interventions. How can technology be leveraged to provide support to those living with HIV/AIDS? Could virtual support groups,

teletherapy, or even AI-driven interventions offer better solace and guidance? Lastly, while this study has drawn extensively from academic and non-academic literature, there is still a wealth of knowledge embedded in personal narratives, grassroots organizations, and community-driven initiatives. Future research could therefore adopt a more participatory approach, tapping into the voices, experiences, and insights of those living with HIV/AIDS.

Ultimately, while this comprehensive study provides a foundational understanding of the coping mechanisms the infected employ in the face of stigma and discrimination, it only represents a stepping stone. The path ahead is still rife with research opportunities that can deepen the present understanding of HIV/AIDS phenomenon while paving the way for tangible, impactful interventions to foster a world where the infected are embraced with empathy and respect.

### 7.1 Quantum solution

The world of quantum computing, seen as a groundbreaking technological evolution, offers immense potential for various fields, with medicine standing out as a particularly anticipated beneficiary. Quantum computing draws its foundation from quantum mechanics principles, enabling the processing of vast information simultaneously. In contrast to traditional computers, which rely on binary bits and therefore face limitations in handling complex problems, quantum computers use qubits, which have the ability to exist in several states simultaneously and can therefore execute intricate calculations at speeds never seen before [138]. In the hope of addressing complex diseases such as HIV/AIDS, the capabilities of quantum technologies could thus reveal previously unthought-of solutions.

Drug discovery and development still present a significant challenge in HIV/AIDS research, so the goal remains to find effective drugs that target the virus without causing harsh side effects. As quantum computers, with their unmatched computational power, can emulate the detailed interactions between molecules, proteins, and viruses, they can dramatically shorten drug discovery timelines, thus enabling researchers to sift through numerous molecular combinations and pinpoint potential drug candidates with greater accuracy. HIV/AIDS has genetic factors that influence its progression and how the body responds to treatments. Quantum computing could therefore expedite the analysis of extensive genomic datasets, pinpointing patterns and mutations crucial for a deeper understanding of the disease and customizing treatments based on individual genetic makeups. Moreover, given the virus's ability to mutate and adapt, quantum computers could aid in developing predictive models that consider these mutations, equipping healthcare professionals to anticipate changes and modify treatment plans as needed. Beyond just computing, the wider range of quantum technologies, including quantum sensing and communication, holds the potential to transform diagnostics and the security of patient data. For instance, quantum sensors



might identify subtle changes in the body at disease onset, much earlier than conventional methods. At the same time, quantum communication can ensure the encryption and security of sensitive patient data, especially information related to conditions like HIV/AIDS [139] [140].

Thus, as quantum technologies evolve and intertwine with medical research, diseases like HIV/AIDS, which have profoundly impacted humanity, might eventually become a thing of the past.

## VIII. CONCLUSION

From its emergence to the present, the HIV/AIDS epidemic has exposed deep-seated societal prejudices and misconceptions, beyond its medical implications, so the disease will always stand as a testament to humanity's capacity for both cruelty and compassion. Facing an HIV diagnosis invariably triggers a spectrum of emotions, from sadness and denial to fear and depression, hence the vital importance of open communication. Discussing feelings with health care providers, trusted friends, or support groups can therefore foster understanding and empathy. Knowledge about HIV can also alleviate the feelings of fear and anxiety while engaging with support groups or volunteering at HIV service organizations can empower both the infected and those who really want to help. However, while some strategies apply universally, others are deeply personal, shaped by individual experiences, cultural contexts, and societal norms together. In order for the infected to seek proper treatments and surround themselves with supportive individuals, societal change remains paramount. As the world moves forward, the pressing need for collective introspection and action grows stronger. Governments, institutions, communities, and individuals must therefore remain united to create a stronger global environment, where acceptance supersedes the multifaceted and ever-evolving nature of stigma and discrimination associated with HIV/AIDS.

This paper delved into the complexities of living with HIV/AIDS, aiming to offer holistic insights for future interventions and research. The review process involved a comprehensive search across several medical and health-related databases in order to identify relevant articles, studies, and other materials about coping with HIV/AIDS-related stigma and discrimination. After screening the identified literature, the study extracted relevant data and insights into coping strategies, personal experiences, as well as the impact of stigma and discrimination. Given the significant variation in the sources in terms of context, methodology, and focus, the research ultimately offered a narrative summary of the findings. Thus, by conducting a rigorous literature review from an empathizer's perspective, the paper seeks to deepen the understanding of stigma and discrimination against individuals with HIV/AIDS while revealing a range of effective coping strategies.

Miha's story serves as a poignant reminder of the human faces behind the statistics. Her resilience against overwhelming prejudices reflects the strength and tenacity of countless others like her. The dream she nurtured, of creating a venture to support stray animals, symbolizes the aspirations of many living with HIV/AIDS – to lead lives filled with purpose, dignity, and acceptance. Ultimately, this tribute to Miha serves as a plea for empathy, understanding, and collective responsibility. With concerted efforts, informed interventions, and a shared vision of an inclusive world, a more compassionate future indeed seems possible.

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**ANNEX**

The subsequent survey is a product of all the materials employed in this research. It could therefore hold promise for future investigations into the validation and application of HIV/AIDS-related stigma and discrimination.

***HIV/AIDS Stigma, Discrimination, yet Coping Questionnaire (HASDYCOQ)***

***Demographics***

- 1. Age: \_\_\_\_\_
- 2. Gender:
  - Male
  - Female
  - Non-binary
  - Prefer not to say
  - Other: \_\_\_\_\_
- 3. Location: \_\_\_\_\_
- 4. Occupation: \_\_\_\_\_
- 5. HIV Status:
  - Positive
  - Negative
  - Unknown
  - Prefer not to say

***Stigma and Discrimination***

- 6. Have you ever felt discriminated against because of your HIV status or perceived status?
  - Yes
  - No
- 7. In which of the following areas have you experienced discrimination? (Select all that apply)
  - Employment
  - Healthcare
  - Social gatherings
  - Family
  - Education
  - Other: \_\_\_\_\_
- 8. Have you ever been verbally abused or harassed due to your HIV status or perceived status?
  - Yes
  - No
- 9. Have you ever been physically abused or harassed due to your HIV status or perceived status?
  - Yes
  - No

10. Do you feel that there is a general stigma in society related to HIV/AIDS?

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

***Coping Strategies***

11. How do you typically cope with experiences of discrimination or stigma? (Select all that apply)

- Talk to friends or family
- Seek professional counseling
- Engage in hobbies or activities
- Avoid discriminatory situations
- Join support groups
- Other: \_\_\_\_\_

12. Do you believe that your coping strategies are effective in helping you deal with stigma and discrimination?

- Yes
- Somewhat
- No

13. Have you ever sought professional help or counseling to deal with experiences of stigma or discrimination?

- Yes
- No

14. Are there specific resources or interventions you wish were available to help you cope with HIV/AIDS-related stigma and discrimination?

- Yes
- No

***General***

15. In your opinion, what are the most common misconceptions about HIV/AIDS in society?

\_\_\_\_\_

16. What do you believe can be done to reduce HIV/AIDS-related stigma and discrimination in society?

\_\_\_\_\_

Thank you for participating in this questionnaire. Your responses will help in understanding and addressing HIV/AIDS-related stigma and discrimination more effectively.