



Canada's source for
HIV and hepatitis C
information

La source canadienne
de renseignements sur
le VIH et l'hépatite C

From *HIV in Canada: A primer for service providers*

Stigma and discrimination

Key Points

- Stigma and discrimination can negatively impact HIV testing rates and the ability of people living with HIV to seek treatment, care and support.
- Results of a national study show that people living with HIV in Canada are still affected by stigma and discrimination.

Stigma is a form of prejudice that discredits or rejects an individual or group because they are seen to be different from ourselves or from the mainstream. When people act on their prejudice, stigma turns into discrimination. HIV-related stigma arises mostly from fear and ignorance about the disease and/or hostility and existing prejudices about the groups most affected by it (e.g., gay men). HIV-related discrimination is the unfair treatment of people on the basis of their actual or suspected HIV status. Discrimination against people living with HIV also extends to those populations at risk of HIV (e.g., men who have sex with men and people who injection drugs).

The stigma associated with HIV can lead to isolation, which can affect the quality of life of people living with HIV. Stigma and discrimination can also make people who are at risk of HIV less willing to be tested and those with HIV less able to seek treatment, care and support. Blaming people living with or affected by HIV for their situation or abusing them forces the epidemic underground, creating the ideal conditions for HIV to spread.

Canadians' attitudes and opinions toward people living with HIV were assessed in a national study in 2012. In this study, 69% of respondents felt that people may be unwilling to disclose their HIV status because of the stigma associated with HIV. Furthermore, 55% felt that people with HIV may experience difficulty with basic activities such as finding housing, healthcare or employment because of the stigma. The results of the survey also show that stigma and discrimination still exist in Canada for people living with HIV. Seventy-one percent of Canadians have little tendency to stigmatize people living with HIV, although 22% hold a moderate degree of stigma toward people with HIV and another 7% exhibit a high level of stigma. Many community-based organizations have developed initiatives to reduce stigma and discrimination against people living with HIV and/or communities affected by HIV.

Resource

[HIV and AIDS stigma and discrimination](#) – AVERT.org

Sources

1. EKOS Research Associates Inc. *2012 HIV/AIDS attitudinal tracking survey. Final report.* October 2012. Available from: <http://www.catie.ca/sites/default/files/2012-HIV-AIDS-attitudinal-tracking-survey-final-report.pdf>
2. *Leading together: Canada takes action on HIV/AIDS*. Available from: <http://www.leadingtogether.ca/>
3. Canadian HIV/AIDS Legal Network. *A plan of action for Canada to reduce HIV/AIDS related stigma and discrimination.* Toronto: Canadian HIV/AIDS Legal Network; 2004. Available from: <http://www.aidslaw.ca/site/wp-content/uploads/2013/04/Plan+of+Action+-+Bklt+-+Discrimination+-+ENG.pdf>
4. Declan Keogh. What it's like to be HIV-positive. *NOW Magazine*. 2017. Available from: <https://nowtoronto.com/news/being-hiv/>

Produced By:



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555 Richmond Street West, Suite 505, Box 1104
Toronto, Ontario M5V 3B1 Canada
Phone: 416.203.7122
Toll-free: 1.800.263.1638
Fax: 416.203.8284
www.catie.ca
Charitable registration number: 13225 8740 RR

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