Abstract

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This study was about the self-perception of the stigmatized people living with HIV/AIDS. In particular, to what extent such perception was varied by individual characteristics. By purposive sampling, 108 people diagnosed as having HIV/AIDS were selected. These people were registered as outpatients at Maechan Hospital, Chiangrai Province during April to May 2002. Data were collected by using both self-written questionnaire and semi-structured interview. The questionnaire divided into two parts: the social and individual characteristics part and the test of self-perception of stigma due to having HIV/AIDS. Data about the selected social and individual characteristics and the self-perception of stigma were analyzed by t-test, Kruskal-Wallis Test, and One-way ANOVA with the Scheffe method for multiple comparisons. The relationship between these factors was then analyzed by Pearson's Product Moment Correlation.

The main results of this study indicated that

1. In terms of the perception of social prejudice, most of the respondents reported the social perception of having HIV/AIDS as a result of infected persons' immoral behavior. In terms of the social interaction, most of the respondents reported that their neighbour refused their participation in some community's activities such as cooking and preparing food. In addition, most of the respondents perceived bad luck in association with having this disease.

2. With particular reference to the perception of stigma in relationship to the selected individual characteristics, the significant difference of the perception of stigma was found between the respondents who were widowed, divorced or broken engagement and those who were married (p-value = 0.048). Such difference was also found between those who had different levels of education. That was, those who graduated in the high school level had the higher level of the perception of stigma from those who were illiterate (p-value = 0.027).

In response to the stage of this disease relating to the perception of stigma, the apparent signs and symptoms of HIV/AIDS were also the important factors. The respondents whose bodies presented the symptoms of HIV/AIDS obviously such as skin rash, perceived the level of stigmatization significantly different from those who were asymptomatic (p-value = 0.001). Moreover, those who developed larger number of overt signs and symptoms of HIV/AIDS perceived the higher level of stigma significantly than those whose smaller number of symptoms developed (r = 0.309, p-value = 0.001). Furthermore, the perception of stigma of those who infected HIV from having sexual relationship with the others (not their spouse) were significantly different from those who got it from their spouse (p-value = 0.002).

In conclusion, this study indicated that the stigma perception of people who graduated in the high school level was higher than that of those who were illiterate. Those being in the high level of education may have high self-confidence and then avoid perceiving the negative perception from the other. In order to maintain their self-image, these people may attempt to hide their HIV status. They may then avoid receiving proper medical and health care. It is noticed that health professionals should be aware of these people since some of them may decide to live on their own and their disease could deteriorate quickly. In addition, since the study found the relationship between the number of obvious signs and symptoms and the perception of stigma, improving the accessibility to appropriate medical and health care may delay the occurrence of the obvious symptoms and thus alleviate the suffering of these stigmatized people.