

STIGMA OF HIV POSITIVE EXPRESSED THROUGH VEILED PREJUDICE

ESTIGMA DO HIV POSITIVO EXPRESSO POR MEIO DO PRECONCEITO VELADO

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ABSTRACT

Introduction: The term *stigma* was coined by the ancient Greeks to refer to signs made in the body meaning something bad on the morale of those who had them. **Objective:** To verify the presence of discriminatory attitudes of users of Unified Health System regarding HIV-positive individuals, as well as the perception about the possibility of acquiring some kind of disease during dental treatment. **Methods:** The data collection instrument consists of a semi-structured questionnaire. This study included interviews asking the following questions: individuals agree to be treated by a HIV-positive dentist, after the treatment of a HIV-positive patient or an inmate; the perception of the possibility of acquiring illnesses in a dental office; concern regarding sterilization of materials used and the manner of sterilization. **Results:** Two hundred individuals were interviewed, 142 would accept to be treated after a HIV-positive patient and 160 after an inmate. Moreover, 162 would be available for treatment by a HIV-positive dentist. However, when questioned about the preference, 93 would prefer to be treated before a HIV-positive patient and 60 before an inmate. **Conclusion:** Patients showed discriminatory attitudes toward seropositive people, expressed sometimes in a veiled manner, and the perception about the possibility of getting some kind of infection during dental treatment.

Keywords: prejudice; HIV seropositivity; acquired immunodeficiency syndrome; health personnel; sexually transmitted diseases.

RESUMO

Introdução: O termo estigma foi criado pelos gregos da Antiguidade para referirem sinais feitos no corpo que evidenciavam algo ruim sobre a moral de quem os apresentava. **Objetivo:** Objetivou-se verificar a presença de atitudes discriminatórias de usuários do sistema público de saúde em relação a indivíduos HIV positivo, além da percepção dos mesmos sobre a possibilidade de contraírem algum tipo de doença durante o tratamento odontológico. **Métodos:** O instrumento de coleta de dados consistiu de um questionário semiestruturado. Realizaram-se entrevistas com perguntas relacionadas à concordância do indivíduo ao atendimento por um cirurgião-dentista HIV positivo, após o atendimento de um paciente soropositivo, ou um presidiário; a percepção da possibilidade de se contrair alguma doença no consultório odontológico; preocupação com relação à esterilização dos materiais utilizados e conhecimento sobre a forma de esterilização. **Resultados:** Foram entrevistados 200 indivíduos, sendo que 142 afirmaram que aceitariam ser atendidos após um paciente HIV positivo e 160 após um presidiário. Ainda, 162 se dispunham ser tratados por um cirurgião-dentista HIV positivo. Entretanto, quando questionados em relação à preferência, 93 prefeririam o atendimento antes de um indivíduo soropositivo e 60 antes de um presidiário. **Conclusão:** Conclui-se que os pacientes apresentam atitudes discriminatórias em relação a pessoas soropositivas, expressa às vezes de maneira velada e a percepção sobre a possibilidade de contrair algum tipo de infecção durante o tratamento odontológico.

Palavras-chave: preconceito; soropositividade para HIV; síndrome da imunodeficiência adquirida; pessoal de saúde; doenças sexualmente transmissíveis.

INTRODUCTION

The term *stigma* was created by the ancient Greeks to refer to signs in the body that meant something bad about the morale of those who presented them. People who had particular requirements, approved by the society, were called by Goffman⁽¹⁾ as “normal.” On the other hand, attitudes that the “normal” showed, many times without thinking, with people with a stigma, were discriminatory. An ideology to explain the danger they represent, using specific stigma terms, as retarded⁽¹⁾ or crippled, and nowadays “aidético” for individuals with acquired immune deficiency syndrome.

Prejudice is a way of thinking in which the person comes to a conclusion that prejudges, and the term “veiled” relates to what is hidden, obscure or concealed. Thus, we can understand the concept of veiled prejudice as the one that people know, but deny having it⁽²⁾. Currently, in Brazil, there are laws that punish discrimination and prejudice against HIV-positive individuals⁽³⁾, and probably many

people hide their true feelings for fear of punishments that they might have to suffer.

Few works have sought to observe the patient’s perception regarding the subject addressed.

OBJECTIVE

To observe the discriminatory attitudes of the Unified Health System (SUS) users concerning the dentists and other seropositive individuals, as well as their perception of the possibility of being infected with some kind of disease during odontological treatment.

METHODS

The research was approved by the Human Research Ethics Committee within the standards required by Resolution 466/12, under the case number FOA-02411/2011.

The study is a descriptive, transversal character research, with a quantitative approach. Initially, the Secretary of Health of the municipality was contacted to be informed about the purpose of the study, and the subsequent use of the data collected to obtain their support

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for the research. Subsequently, the adjustment of the questionnaire was accomplished by a pilot study to a different Health Centers (HC) of the municipality.

The study population was composed of the users of the public system of oral health in the city of Araçatuba, São Paulo, Brazil, which was informed of the goals as well as the confidentiality of the information. Individuals who have agreed to participate signed a free consent term.

The map of the city was split in five sectors, one central and four peripherals, with the purpose to obtain a sample of HC patients with different socioeconomic characteristics.

The interviews were conducted by a trained researcher so that the questions had no influence on the answers.

A period of two months for data collection was stipulated, occurring between January and February 2014. The interview was conducted in a private room, inside the HC, in the day scheduled for the patient, every day of the week, causing no interferences in the normal local activities.

The instrument of data collection consisted of a semi-structured questionnaire, composed of open and closed issues, with questions on demographic factors such as gender, age, and education; the perception of the risk of acquiring some type of illness during the dental treatment; concern with the cleaning and sterilization of the material; personal protective equipment used by dental surgeon; perception of a disease whose transmissibility is biggest (AIDS or hepatitis); acceptance and preference of care after a patient with AIDS or a convict; and agreement to be treated by a dentist with AIDS.

A group of inmates were included due to the existence of prisons in the neighboring towns and because these individuals receive dental treatment in the Public Health System. Studies show that there is a high rate of inmates that show sexually transmitted diseases; among them, positive serology for HIV and syphilis, in addition to injectable drug use and blood transfusion history^(4,5), encouraging discriminatory attitudes toward those groups of individuals.

The collected data were tabulated by the Epi Info™ 7, statistically analyzed by BioStat 5.0⁽⁶⁾ software, through the test for comparing two proportions with a significance level of 5% and presented in absolute frequencies and percentages.

RESULTS

The research universe was composed of 254 individuals, and 54 (21,3%) of them did not accept to participate in the survey, even after they were informed of the confidentiality of the data obtained, which denotes the taboo involving the subject under study. Of those individuals surveyed, 143 (71.5%) were women. Concerning the individual acceptance or non-acceptance to be treated after a patient with AIDS or a convict, 142 (71%) said that they accept the treatment after a HIV- positive patient and 160 (80%) after a convict. However, when questioned about the preference for treatment before or after an HIV-positive patient or a convict, 93 (46.5%) preferred the treatment before an HIV-positive individual, and 60 (30%) before an inmate.

Among the individuals interviewed, 162 (81%) informed that they accepted to be treated by a HIV positive dentist.

Regarding the possibility of acquiring some type of infection in the dental office, 171 (85.5%) believed that it could occur, and

166 (83%) were concerned whether dental material was autoclaved; however, 147 (73.5%) did not know how it was performed.

There was a significant statistical difference between individuals who initially accepted treatment after a HIV-positive patient or a convict, and those who claimed to prefer to be treated before them.

DISCUSSION

The different forms of stigma and discrimination in relation to HIV/AIDS occur due to the characteristics of the disease that manifest themselves causing large impacts in the lives of the carriers⁽⁷⁾, resulting in the self-stigmatization, where individuals tend to accept the society's negative beliefs and isolate themselves from social contact, which is considered the most difficult stigma to overcome⁽⁸⁾.

Usually, we can observe the prejudice through the declination of the treatment by the dental surgeon to the immunodeficiency carrier patient, with the most absurd motives, such as: "I'll take a vacation for an indefinite period" or "I have a problem with my equipment." Regarding other health professionals, the bad service to the virus carrier is justified by the possibility that the professional might acquire the disease⁽⁹⁾. The difficulty to obtain service in the health area for HIV carriers is 11.7 times greater. Despite the professionals in this area are much more informed about the disease, they are unprepared to deal with this situation⁽⁹⁾.

Our research showed that some of the interviewees prefer the treatment before a convict, and this occurs due to the stigma that revolves around this population. It is estimated that 20% of the Brazilian convicts are HIV carriers, which is the result of overcrowded, precarious, and unhealthy jails, which make prisons a favorable environment for the spread of epidemics and infection, especially due to the occurrence of homosexuality and sexual violence practiced among the inmates as well as the use of injectable drugs⁽¹¹⁾.

Sometimes prejudice is not shown in a clear way. A research carried out with adolescents asked about their way of discrimination, and one of the answers was the following: "I don't do anything, I don't exclude nor treat bad, but I'm always distrustful," demonstrating that prejudice is not evident, but it is expressed in a veiled way⁽¹²⁾, which probably occurs due to the punishment that the individual may suffer, as the Brazilian law 12,984 prohibits all forms of discrimination⁽¹³⁾. According to this law, discrimination against carriers of human immunodeficiency virus and AIDS patients is a crime punishable by up to four years in prison and fine⁽³⁾.

The prevention of cross-transmission of the AIDS virus and hepatitis is a crucial aspect in odontology, where preventive measures must be used during treatment⁽¹⁴⁾. A survey carried out with students of odontology showed that it is the main danger to the patient, as they confessed to failing in the cleaning and the decontamination of material and equipments used during the procedures⁽¹⁵⁾; this highlights a failure in the training of future professionals.

There is a real risk, though minimal, of health professionals transmitting AIDS virus to their patients. This is an extremely delicate issue, because on one side there is the concern of the patient whether he is at a minimal risk of acquiring the disease from the dentist, and on the other side there is the right of the professional to preserve his serology, protecting himself from personal, professional, and social discrimination⁽¹⁶⁾.

As for the possibility of contracting some type of infection in the dental office, most of the interviewers believed that it could occur, in corroboration with another study⁽¹⁶⁾, and many individuals showed concern as to whether the dental materials were sterilized, as many of them did not even know how the sterilization was performed. This interest derives from the concern about HIV transmission in the dental office, by the social representation that the disease presents and that is linked to behaviors not accepted by the society, hatching the misconception of “risk groups”⁽¹⁷⁾. It is important to point out that regarding accidents this risk is small, and depends on the type of accident and the patient’s viral load. The risk of HIV infection is much smaller than the risk of hepatitis virus infection, with estimates 0.3% for HIV, 1% to 10% for hepatitis C and 40% for hepatitis B⁽¹⁰⁾.

Despite the consistent efforts of the Ministry of Health to disseminate the guidelines regarding the disease through the national program for STD/AIDS⁽¹⁸⁾, lack of access to information and knowledge concerning HIV contamination and transmissibility causes the attitudes of the population to stay attached to myths, beliefs, emotions, and discussions of everyday life, not taking into consideration the scientific knowledge, which provides information of the true ways of transmission and prevention of the disease.

Further studies need to be carried out involving larger populations, so that the existence of different forms of prejudice to users of the Public Health System in relation to HIV-positive individuals can be confirmed. The implementation of educational strategies should be proposed to eradicate any form of discrimination.

CONCLUSION

Although the result of the research cannot represent the opinion of all the users of the Public Health System, the study suggests that there is prejudice and discrimination in relation to HIV carriers, often expressed in a veiled manner and also the perception of the possibility of acquiring some kind of infection during odontological treatment.

Conflict of interests

The authors reported no conflict of interests.

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