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Factors Influencing Stigma and Inequality in Accessing Health Services for HIV/AIDS Sufferers

Muliana[1], Ridwan Yamko[1], Sukri Palutturi[2], Noer Bahry Noor, Amira Bin Seh Abubakar[3], Al Azhar Muhammad[4], Anwar Mallongi[5*]

[1,2,3,4] *Doctoral Students of Public Health Science Study Program, Faculty of Public Health, Hasanuddin University, Indonesia,*
[1,2,3,4] *Lecturers at the Ministry of Health Polytechnic of Ternate, North Maluku, Indonesia*
[5] *Lecturers of the Faculty of Public Health, Hasanuddin University, Indonesia*

*__Corresponding Author:__ rawnaenvi@gmail.com

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ABSTRACT

AIDS is now the fourth deadliest disease worldwide. There are approximately 39.0 (33.1 - 45.7) million people living with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) (PLWHA) globally in 2022. The emergence of the HIV/AIDS epidemic, fear, stigma, and discrimination have also been identified as important barriers to an effective response to HIV. This study aims to further examine the factors that influence stigma and inequality in accessing health services for people with HIV/AIDS. Method: Literature review was conducted by searching and analyzing journals from the Pubmed and Schimago portals with predetermined inclusion and exclusion criteria. Key search terms were identified using truncated words (in this case *) with words such as stigma * AND discrimination * AND/OR HIV/AIDS* AND/OR inequalities *, AND/OR*ART. Policies and regulations, socio-cultural factors, and demographics influence access to health services for HIV/AIDS sufferers. Sociocultural stigma is a major barrier for people with HIV/AIDS in accessing health services, exacerbating existing inequalities. This inequality is also influenced by demographic factors, such as remote location and low socioeconomic status. Synergy across policy, sociocultural, demographic, and health service innovation aspects is needed to overcome barriers and create inclusive and supportive access.

Keywords: Access to Health Services, HIV/AIDS, Inequality, Stigma

INTRODUCTION

Acquired Immunodeficiency Syndrome (AIDS), which originates from HIV infection, was first identified in the United States in 1981 and has become one of the greatest challenges in global health. [1] AIDS is now the fourth deadliest disease worldwide. [2] There are an estimated 39.0 (33.1 - 45.7) million people living with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) (PLWHA) globally in 2022. [3] VVFACT Although much progress has been made in the care of HIV/AIDS patients, various challenges still lie ahead. The intersectionality of HIV/AIDS is rooted in structural and environmental factors such as underdevelopment and poverty, instability of the legal and policy environment, and social stigma that negatively impact the physical and mental health of PLWHA, especially among identified key populations, including men who have sex with men, prisoners, people who inject drugs, sex workers, and transgender people. [4]

With the emergence of the HIV/AIDS epidemic, fear, stigma, and discrimination have also been identified as significant barriers to an effective response to HIV. [5] The Joint United Nations Programme on HIV/AIDS (UNAIDS) defines HIV-related stigma as "the process of devaluing people living with or associated with HIV and

AIDS." [6] There are two types of stigma: internal stigma refers to the shame and expectation of discrimination that prevent people from speaking about their experiences and stop them from seeking help. External stigma refers to experiences of unfair treatment by others. [7]

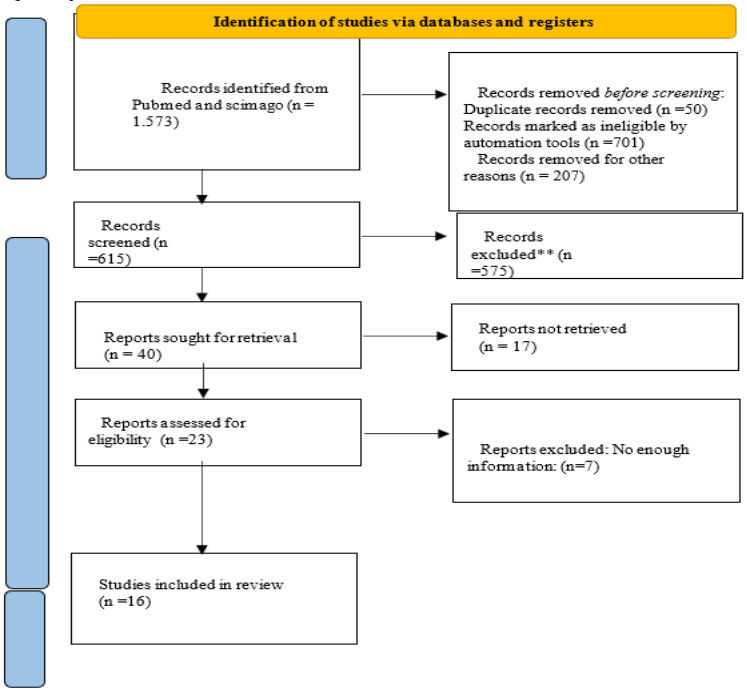
Stigma is a social phenomenon known to have a negative impact on the lives of people living with HIV (PLWHA). [8] Although previous research has examined the relationship between stigma and HIV treatment, including unequal access to HIV services. [9,10] Stigma can further lead to active discrimination, defined as "unfair and inappropriate treatment of a person based on their actual or perceived HIV status," [11] Overall, negative judgments and actions toward people living with HIV tend to stem from pre-existing beliefs [12] and result in gender inequality and unfairness in accessing health services, compounded by biological and socioeconomic vulnerabilities, making women more vulnerable to HIV. [13] This study aims to further examine the factors that influence stigma and inequality in accessing health services for people with HIV/AIDS.

MATERIALS AND METHODS

The method used in writing this article is a literature review, namely research by examining several international articles. The literature sources in this study are primarily online database journals that provide journal articles in PDF format, such as Pubmed and Scimago. To ensure the information remains accurate,up-to-date, the literature used mainly comes from literature collected during the last 7 (years) (range 2018 to 2025).

Based on a search through the PubMed and *Scimago databases* , 16 articles were obtained that met the inclusion criteria, namely: 1) quantitative and qualitative research types and other relevant research; 2) the target population is HIV/AIDS sufferers; 3) published between 2018-2025; 4) articles using English; and 5) articles in full text form. The key search terms were identified using truncated words (in this case *) with words in the form of *stigma* * AND *discrimination* * AND/OR HIV/AIDS* AND/OR *inequalities* *, AND/OR*ART

Data is taken from articles that meet the inclusion criteria and requirements and then presented in a table with columns in the form of author, year, country, research reference, objectives and, type of study and research results related to stigma and inequality in HIV/AIDS sufferers.



RESULTS AND DISCUSSION

A total of 16 articles met the requirements, and as a final result were obtained for review. The characteristics of the studies in the research from 16 journal articles were identified based on 4 (four) main variables including Policy and Regulation (3), Social and Cultural Factors (4), and Demographic Factors (6), Health Factors and Health Services (4).

Policies and Regulations

Title	Author, Year, Country Reference	Objective	Study Design	Results
A qualitative analysis of factors influencing the implementation of antiretroviral treatment adherence policy in Ghana: stakeholder perspective	Martha Ali Abdulai, wt al, 2023, Ghana [14]	explores individual and environmental factors (interpersonal, community and structural) that influence the implementation of HIV treatment policies by stakeholders in Ghana.	Qualitative exploration	Individual and environmental factors such as attitudes towards the policy, awareness of HIV treatment policies, training received regarding policy implementation, difficulties related to patient factors, alternative sources of HIV care, inefficient policy decision-making, monitoring and evaluation of HIV treatment policies, lack of training in HIV treatment policy implementation, poor availability of logistics, policies and guidelines, infrastructure, training organization, and staff availability can hinder successful implementation of HIV treatment policies.
Sustainable Funding for HIV/AIDS Programs in Africa: The Role of Local Government Support in Comparative Perspective	Nambi Namusisi H, 2025, Africa [15]	to explore the contribution of local government to funding in Africa through a comparative perspective, focusing on successes, challenges, and opportunities to strengthen the role of they	Qualitative exploration	Research on measuring intersectional HIV-related stigma and discrimination currently focuses on high-risk environments and generally focuses on the intersectionality of two identities (e.g., race and gender). Efforts are needed to broaden the application of intersectionality appropriately in the development, adaptation, and use of measures of intersectional HIV-related stigma and discrimination.
Closing the equity gap: A call for policy and programmatic reforms to ensure inclusion Effective HIV prevention, treatment and care for persons with disabilities in Eastern and Southern Africa	Dzinamarira, Tafadzwa et al, 2024, South Africa [16]	to address the exclusion of people with disabilities from essential HIV prevention, treatment and care services, a situation that has profound implications for their health, social inclusion and economic productivity.	Qualitative exploration	Bridging the HIV health care gap for people with disabilities in ESA requires concrete actions including increased funding, accessible infrastructure, trained health care workers, and meaningful engagement of people with disabilities.

These three studies provide important insights into HIV/AIDS policy and program implementation across various contexts. The table below shows that policy implementation in Ghana highlights individual and environmental factors that influence the success of HIV treatment policies in Ghana. The study found that training, logistical availability, and inclusive decision-making were critical to successful implementation.[is] in line with other research that shows that appropriate decision-making influences the effectiveness of prevention programs and health services for HIV/AIDS sufferers . [17]

Meanwhile, research related to local government policies in Africa regarding funding HIV/AIDS programs emphasizes the important role of local governments in sustainably funding HIV/AIDS programs in Africa. This study shows that fiscal decentralization and innovative financing mechanisms can help reduce dependence on international donors. [15] This is in line with research in Kenya which found that local government involvement in community fundraising can improve access to health services. [17,18] A third study highlights disparities in access to HIV services for people with disabilities in Eastern and Southern Africa. This study emphasizes the importance of policy reforms to ensure inclusiveness. [16] Addressing the social and structural inequalities that drive greater HIV prevalence and burden requires community-led and adequately resourced responses that are fully integrated into national and global HIV initiatives. [19]

The success of HIV/AIDS programs depends heavily on an integrated and inclusive approach, involving training, sustainable funding, and policies responsive to vulnerable groups. Local government involvement, community empowerment, and the removal of structural barriers are key elements to ensuring effective and equitable implementation. By understanding the local context and creating inclusive policies, HIV prevention, treatment, and care efforts can be more equitable and have a significant impact on communities, including marginalized groups such as people with disabilities. The integration of effective policies and local empowerment is a crucial foundation for global efforts to address the HIV/AIDS epidemic.

Social and Cultural Factors

Title	Author, Year, Country Reference	Objective	Study Design	Results
Knowledge, attitudes and practices related to HIV stigma and discrimination among healthcare workers in Oman	Samir Shah et al, 2020, Oman [20]	to assess knowledge, attitudes, and practices related to HIV among health workers health services (HCW) in Oman.	Cross Sectional Study	The high level of HIV-related stigma among health workers in Oman must be addressed to achieve the 90-90-90 targets set by the Joint Programme United Nations on HIV/AIDS.

Title	Author, Year, Country Reference	Objective	Study Design	Results
Stigmatization and discrimination against people living with HIV/AIDS: Knowledge, attitudes, and practices of healthcare workers in the primary healthcare centers in Medina, Saudi Arabia, 2022	Hani H et al, 2022, Saudi Arabia [21]	to assess the level of stigmatization and discrimination against PLWHA by health workers (HCWs) and their knowledge, attitudes, and practices (KAP).	Cross Sectional Study	The study found that stigmatization and discrimination were less common among health workers who had good knowledge of HIV and had received in-service training for people living with HIV. These results highlight the importance of ongoing education and training opportunities for health workers. health to provide effective and appropriate care for PLHIV.
Global research on quality of life of patients with hiv/aids: Is it socio-culturally addressed? (gapresearch)	Vu et al, 2020, Vietnam [22]	to identify emerging trends and topics among research on the Quality of Life of People Living with HIV/AIDS (PLWHA).	Systematic Review	Cross-national collaborations are largely regional in nature. While coverage of topics related to Quality of Life (QOL) in PLWHA is quite comprehensive, there is a clear lack of research focusing on sociocultural factors and their impact on QOL in those infected with HIV. Further research should consider investigating these factors. the role of socio-cultural factors, especially when involving long-term care.
Prevalence and Factors Affecting Discrimination Towards People Living With HIV/AIDS in Indonesia	Sadarang, Rimawati Aulia, 2022, Indonesia	to identify behaviors related to discrimination against people with HIV/AIDS (PLWHA) in Indonesia and to find out the factors that influence this discrimination. Method:	Cross Sectional Study	Overall, 68.9% of the 21,838 individuals reported experiencing discrimination against PLWHA. The odds of discrimination were lower among women (aOR, 0.63; 95% CI, 0.55 to 0.71), residents rural (aOR, 0.81; 95% CI, 0.75 to 0.89). The model consisting of these variables explained 69% of the variance in discrimination.

Based on the table presented previously, it shows that the results of a study in Oman revealed that health workers have varying understandings of HIV stigma, which can affect the quality of services provided to patients. Other studies have shown that stigma in health facilities remains a major barrier to access to treatment for HIV patients. [20] The same thing happened in Indonesia, where it was explained that discrimination against people living with HIV/AIDS (PLHA) in Indonesia is still quite high, with a prevalence of 68.9% of the 21,838 individuals surveyed. Knowledge about how to reduce the risk of HIV/AIDS, how HIV/AIDS is transmitted, and willingness to care for infected relatives is actually associated with higher levels of discrimination.

A concerning situation also occurred among primary care health workers in Medina, where they had discriminatory attitudes towards HIV/AIDS patients. This study shows that discrimination in the health sector is often rooted in a lack of education and awareness about HIV. [21] Other studies highlight how the quality ofThe lives of HIV/AIDS patients are often influenced by social and cultural factors. Other research shows that a culture-based approach to HIV care can improve patients' quality of life. [22]

Thus, previous research indicates that stigma and discrimination against individuals living with HIV/AIDS remains a complex global challenge, encompassing social and cultural dimensions, as well as levels of knowledge and understanding related to HIV/AIDS. A multidimensional approach that considers social, cultural, and professional aspects is essential to addressing HIV/AIDS stigma.

Demographic Factors

Title	Author, Year, Reference Countries	Objective	Study Design	Results
Navigating cultural and gender aspects of stigma among women living with HIV in Vietnam	Chunqing Lin et al, 2024, Vietnam [24]	to navigate cultural and gender aspects of stigma among women living with HIV in Vietnam	Qualitative exploration	The complex interactions between gender, culture, and HIV stigma underscore the importance of developing culturally appropriate and multifaceted approaches to engaging families and peers, modifying gender-based discriminatory social practices, and enhancing self-efficacy and empowerment of women in Vietnam.
Gender-based stigma and the prevention and treatment of HIV/AIDS among older women: A scoping review protocol	Thu Vu et al, 2024, Australia	to identify and synthesize evidence related to how experiences of gender-based stigma impact HIV prevention and care in elderly women	Systematic Review	The relationship between gender-based stigma and HIV-related outcomes among older women. In addition, we will identify gaps in the existing literature and discuss potential areas for future research in the area of aging and HIV as it relates to older women.
HIV stigma and moral judgment: Qualitative exploration of the experiences of HIV stigma and discrimination among married men living with HIV in Yogyakarta	Mahamboro , Dionius B et al, 2020, Indonesia [25]	to explore factors contributing to stigma and discrimination against HIV-positive men married to women in Yogyakarta, Indonesia	Qualitative exploration	This external stigma is expressed in a variety of discriminatory attitudes and behaviors by health professionals, community members, and families. Similarly, participants experienced anticipated stigma as a result of HIV stigma and discrimination experienced by others living with HIV. Individual moral judgments linking HIV status to immoral behavior and participants' negative self-evaluations were determinants. perceived stigma.
Discrimination against HIV/AIDS patients and associated factors among women in East African countries: using the most recent DHS data (2015– 2022)	Terefe, Bewuketu et al, 2024, Africa [26]	to determine the prevalence of discriminatory attitudes towards HIV/AIDS patients, and its associated factors among women in East African countries	Cross Sectiona l Study	In this study, 32.73% (95% CI 34.48–32.97) of respondents held discriminatory attitudes toward HIV/AIDS patients. In multiple logistic regression analysis, being in an older age group, having a higher level of education, coming from a wealthy household, having employment status, having ANC follow-up, institutional delivery, exposure to mass media, and having a female head of household were associated with higher odds of not having discriminatory attitudes toward HIV/AIDS patients. However, being unmarried and living far from a health facility were also associated with higher odds of not having discriminatory attitudes toward HIV/AIDS patients. associated with

Title	Author, Year, Country Reference	Objective	Study Design	Results
Experiences of Stigma and Discrimination of Women Living with HIV/AIDS in Health-Care Settings of Kashmir	Sabah Jan et al, 2023, India	to find out the Stigma and Discrimination against Women Living with HIV/AIDS in Health Facilities in Kashmir	Mix Method	The stigma is socially constructed and has little medical or logistical basis. Verbal abuse, gossip, expressions of distrust and hostility toward healthcare workers, discriminatory attitudes such as wearing multiple surgical gloves, refusal of care and treatment, and disclosing HIV-positive status without consent to family and others have been studied. These experiences in healthcare institutions, including WLHA, include gender stereotypes and inequalities in the healthcare environment, and discriminatory approaches by some healthcare practitioners toward women are key barriers. in accessing HIV prevention, treatment, and support services.
Socio-demographic, clinical and service use determinants associated with HIV-related stigma among people living with HIV/AIDS: a systematic review and meta-analysis	Armoon et al, 2021, Canada [27]	to determine self-reported and overall HRS with socio-demographic and clinical determinants	Systematic Review	Based on a meta-analysis of 31 studies with 10,475 participants, it was found that this stigma was influenced by several factors, including age over 30 years, marital status, CD4 levels below 200, adherence to treatment, access to health services, and to health services, and time since diagnosis.

The table shows that research in Vietnam highlights how stigma against women living with HIV in Vietnam is influenced by cultural and gender factors. Women often face greater discrimination than men due to social norms that associate HIV with behavior considered immoral. Other studies show that gender-based stigma against HIV remains a major challenge in various countries. [24] This includes Indonesia, where a study revealed that men living with HIV are often associated with moral judgment. This study found that external stigma occurs in health facilities, communities, and families, with discrimination perpetrated by medical personnel and community members. In addition, anticipated stigma makes individuals fear discrimination, so they tend to conceal their HIV status. Moral judgments that associate HIV with immoral behavior also exacerbate the stigma they experience. [25]

A study in Africa found that 32.73% of women in the region held discriminatory attitudes toward HIV/AIDS patients. Factors such as older age, higher education, better economic status, and access to health services were associated with a lower likelihood of having HIV/AIDS. Discriminatory attitudes. Conversely, unmarried women who live far from health facilities are more likely to exhibit discriminatory attitudes. [26] Research on the experiences of women living with HIV/AIDS in accessing health services in Kashmir found that stigma and discrimination are major barriers to women obtaining quality health services. This stigma not only impacts their well-being but also increases the number of HIV/AIDS cases due to lack of access to treatment and prevention. [13]

Gender appears to intersect with mental health stigma in HIV/AIDS patients, influencing its severity. Certain mental health issues are perceived as masculine (e.g., addiction, antisocial personality disorder) and others as feminine (e.g., eating disorders), and public stigma toward issues perceived as masculine appears to be higher than toward those perceived as feminine. [28] There are also gender differences in perceived stigma, with men likely experiencing greater stress related to disclosing mental health issues than women. [29]

In addition to gender, age is also a discriminatory factor. The study highlighted that women aged 50 and over are often less involved in HIV/AIDS research, even though they face unique challenges in accessing health services. [30] HIV-related stigma is influenced by demographic factors (age, marital status), clinical factors (CD4 levels, treatment adherence), and access to health services. This stigma negatively impacts HIV prevention and treatment, so evidence-based interventions are needed to reduce stigma, especially among health workers. [27]

Intersecting stigma occurs when individuals are "marked" with multiple stigmas. For example, older women living with HIV experience gender-based stigma, HIV stigma, and age stigma simultaneously. [28] Gender- and age-based stigma can hinder their engagement in HIV care, necessitating a more inclusive approach to improving access and quality of services for this group.

It has been shown that stigma against people living with HIV/AIDS, particularly women, is strongly influenced by social, cultural, gender, and access to health services factors. This stigma not only impacts individual well-being but also hinders broader HIV/AIDS prevention and treatment efforts. Therefore, interventions targeting stigma change must consider social and structural aspects that reinforce discrimination, and provide greater support for vulnerable groups. Awareness, education, and inclusive policies are key to reducing stigma and ensuring that every individual can access healthcare without fear or discrimination.

Health Service Factors

Title	Author, Year, Country Reference	Objective	Study Design	Results
Assessing HIV/AIDS patients' access to antiretroviral drugs using the healthcare accessibility framework: a cross-sectional study from Shandong, China	Fan, Zhixin et al, 2025, China [31]	describe the five abilities of HIV/AIDS patients in Shandong Province in understanding, seeking, reaching, paying for and being involved in accessing antiretroviral drugs and the related factors with him.	Cross Sectional Study	In general, access to antiretroviral drugs for HIV/AIDS patients is relatively good, while their ability to afford and afford them is less than satisfactory. Greater attention is needed to health education interventions and the geographic accessibility of antiretroviral drugs in healthcare institutions. Policies should focus on the impact of social discrimination and drug toxicity. regarding access to antiretroviral drugs.
Health system responsiveness for hiv/aids treatment and care services in shewarobit, north shewa zone, ethiopia	Asefa, Getachew, 2021, Ethiopia [32]	assessing the responsiveness of the health system to HIV/AIDS treatment and care services and related factors in public health facilities in Shewarobit town, Ethiopia.	Cross Sectional Study	The results showed that the overall level of health system responsiveness was **55.3%** (95% CI: 50.6–59.8). High responsiveness was found in the domains of confidentiality, respect, and communication, while low responsiveness occurred in the domains of prompt attention and choice. Factors such as participant age, perceived health status, history of visits to traditional healers, and patient satisfaction influenced system responsiveness. health.

Integrating HIV services and other health services: A systematic review and metaanalysis	Bulstra, Caroline A et al, 2021, Germany [33]	the impact of service integration on the HIV care cascade, health outcomes, and cost-effectiveness.	Cross Section al Study	Integration of HIV and other health services is likely to improve health outcomes and health systems. Despite some scientific limitations, global evidence suggests that service integration can be a valuable strategy for improving the sustainability of the HIV response and contributing to the goal of 'ending AIDS by 2030', while also supporting progress towards coverage. universal health.

The previous table presents healthcare accessibility to evaluate the ability of HIV/AIDS patients to access antiretroviral drugs. The results indicate that while access is generally quite good, there are barriers related to geography and cost. Policies that focus on social discrimination and drug toxicity are recommended to improve accessibility. [31]

The responsiveness of the health system to HIV/AIDS services in Ethiopia shows mixed results. Domains such as confidentiality and communication performed well, but prompt attention and choice of services remained low. Factors such as age, perceived health status, and visits to traditional healers were also significant influence this responsiveness. Recommendations include training, supervision, and integration of traditional healers into modern health systems. [32]

Integrating HIV services with other health services, such as maternal and child health or tuberculosis treatment, has been shown to improve health outcomes and improve cost-effectiveness. Studies have shown that integration increases HIV testing coverage, ART initiation, and retention in care. However, evidence on costs and effectiveness remains limited. [33]

The interconnectedness of elements within the healthcare system, particularly for people living with HIV, is crucial. Easy, inclusive, and sustainable access to healthcare services is key to supporting their quality of life. With a holistic approach, such as utilizing telehealth technology that enables remote consultations and monitoring, we can overcome geographical barriers, social stigma, and mobility limitations. This demonstrates that collaboration and innovation in healthcare not only provide medical benefits but also support the comprehensive psychosocial aspects of people living with HIV.

CONCLUSION

Sociocultural stigma is one of the biggest barriers for people living with HIV/AIDS in accessing adequate healthcare. This stigma often exacerbates existing inequalities, especially when policies and regulations do not fully support the protection of the rights of those living with HIV/AIDS. Demographic factors also play a significant role, with people living in remote areas or with low socioeconomic status being more vulnerable to unequal access to healthcare. Innovations in healthcare access, such as telemedicine, can be a solution, but technological and educational gaps remain challenges that need to be addressed. Therefore, synergy between policy, sociocultural, demographic, and healthcare access aspects is needed to reduce inequalities and overcome the stigma that continues to hinder people living with HIV/AIDS from achieving their right to a healthy and dignified life. This approach is not only about physical access, but also about creating an inclusive and supportive social environment.

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