Public Reactions to AIDS in the United States: A Second Decade of Stigma

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Introduction

The stigma associated with the acquired immunodeficiency syndrome (AIDS) has threatened the physical and psychological well-being of people perceived to be infected with the human immunodeficiency virus (HIV). It also has impaired society's ability to provide treatment to people with AIDS and to prevent further transmission of HIV. The research described here measured the pervasiveness of stigmatizing attitudes and beliefs concerning AIDS among the American public as the epidemic's second decade began.

Methods

Respondents

Data were collected from two samples. Random-digit dialing techniques were used to draw a general adult sample from the population of all English-speaking adults (at least 18 years of age) residing in households with telephones within the 48 contiguous states. Of the 768 households in the sample, 653 (85.0%) were successfully enumerated (i.e., information was obtained about the name and race of all household members over age 18). Of these, interviews were completed with 538 (82.4%), yielding a response rate (enumeration rate × completion rate) of 70.1%. The cases were poststratified by race and gender with 1990 census data.

The second sample consisted of English-speaking African-American adults. It was drawn from census tracts where the density of Black households was 30% or higher. Of the residential households in the sample, 1343 (88.2%) were enumerated. Excluding non-Black households left 794 eligible homes, from which 607 interviews (76.4%) were completed. Because one goal of our project is to monitor reactions to AIDS among Black Californians, this group was oversampled, representing 263 of the 607 completed interviews. The response rate for the African-American sample was 67.4%. The cases were poststratified by gender and geographic region with 1990 census data.

Procedures

Computer-assisted telephone interviews were conducted by the staff of the Survey Research Center at the University of California at Berkeley between September 12, 1990, and February 13, 1991. No limit was set on the number of recontact attempts. Upon reaching an adult living in the household, the interviewer enumerated the first name and race of each household member 18 years or older. The interviewee was selected randomly from this list.

Measures

Four different manifestations of stigma were assessed: (1) negative feelings toward persons with AIDS (the extent to which respondents felt angry at them, afraid of them, and disgusted by them), (2) support for coercive AIDS-related policies (quarantine and making public the names of people with AIDS), (3) blame for persons with AIDS, and (4) intentions to avoid a person with AIDS in four different situations. Beliefs about HIV transmission through five types of casual contact and beliefs that AIDS is inherently linked to so-called “risk groups” (even in the absence of HIV infection) were also assessed. A detailed description of the methods, samples, and survey items is available from the first author.

Results

As shown in Table 1, various aspects of AIDS-related stigma are manifested by a significant minority of the American public. In addition, a disturbingly large proportion of respondents believed that HIV can be transmitted through various kinds of casual contact (Table 2). Many
appeared not to understand the mechanisms through which HIV is transmitted; instead, they seemed to equate male homosexual behavior or drug use with HIV transmission, even in situations where such transmission would be impossible.

Similar trends were observed in the African-American sample, as shown in Tables 3 and 4. For comparison purposes, the responses from Whites in the general adult sample (n = 436) are also presented. Because different methods were used to draw the samples, these comparisons should be interpreted with caution.

It appears that Blacks were more concerned about possible transmission of HIV, whereas Whites held more negative feelings toward persons with AIDS. Blacks expressed greater support for measures that would keep people with AIDS separate from others (quarantine, publishing names) and were more likely to say that they would avoid people with AIDS under various circumstances. In line with this pattern, Blacks also were more likely to overestimate the risk of HIV transmission in a variety of situations; this finding is consistent with data from other survey research.8 Whites, in contrast, expressed more negative feelings toward persons with AIDS and a greater willingness to blame them for their illness.

To assess overall trends in these differences, five Likert-type scales7 were constructed by summing responses to conceptually related items. Scale scores were analyzed by two-way analyses of covariance; race (Black, White) and gender (female, male) were the independent variables. Respondents' highest level of formal education (coded on a six-point ordinal scale) was entered as a covariate.

Comparison of the scale scores (Table 5) confirmed the general pattern observed for the individual items. Blacks scored significantly higher than Whites on the coercive policies scale, whereas Whites scored higher on the negative feelings scale and the individual blame item. Blacks also scored significantly higher on both scales measuring beliefs about HIV transmission. A significant racial difference was not observed for the avoidant behaviors scale.

As shown in Table 5, significant gender differences were observed in scale scores for coercive policies and avoidant behaviors. (A series of χ² analyses of individual items revealed that, regardless of race, men were significantly more likely than women to support quarantine [46.4% of African-American men and 41.4% of White men, compared with...
35.8% of African-American women and 25.6% of White women) and to report that they would avoid a neighborhood grocer with AIDS (64.8% of African-American men and 57.9% of White men, compared with 51.7% of African-American women and 39.1% of White women). In addition, White men [24.7%] were more likely than White women [14.7%] to say that they would avoid a coworker with AIDS or that they would encourage their child to avoid a schoolmate with AIDS (20.1% vs 10.4%). Significant gender by race interactions indicated that White women were the least likely of any group to anticipate that they would avoid persons with AIDS or to overestimate the risks of casual contact. No gender differences were observed for the other stigma scales.

Finally, an overall index of stigma was computed by counting the total number of stigmatizing responses each person gave to the items concerning negative feelings, coercive policies, blame, and avoidant behaviors. The distributions of scores on this 10-item index were similar for Blacks and Whites. Women tended to score lower than men. Only 16% of Blacks (19% of women, 13% of men) and 22% of Whites (25% of women, 18% of men) did not give any stigmatizing responses. A full 35% of Black respondents (35% of women, 36% of men) and 32% of Whites (27% of women, 37% of men) gave stigmatizing responses for at least one third of the index items, and 17% of Blacks (13% of women, 21% of men) and 16% of Whites (16% of women, 19% of men) gave stigmatizing responses for at least one half of the items.

**Discussion**

The results indicate that AIDS-related stigma remains a serious problem as the United States enters the second decade of the epidemic. Reducing stigma and fostering compassion toward persons with AIDS should be integral components of AIDS education and prevention programs.

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This paper is dedicated to the memory of Dr. John Martin.

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