HIV-related stigma is the severe individual, family, and community shame or disgrace associated with HIV. People living with HIV are blamed for getting the disease and are punished by exclusion, isolation, prejudice, and discrimination. They are often reduced to stereotypes—drug users, gay men, sex workers—with no regard for their individual experience. In the Asian & Pacific Islander (A&PI) community, HIV-related stigma is so powerful that people avoid talking about sex or HIV entirely. This silence feeds the fear about HIV and misconceptions about how it’s transmitted. For A&PIs, an HIV-positive test result can shame and disgrace the individual as well as the family and community.

LOW HIV TESTING RATES

**ASIANS**

- 66.5% tested for HIV

**NATIVE HAWAIANS & OTHER PACIFIC ISLANDERS**

- 43.1% tested for HIV

66.5% of Asians and 43.1% Native Hawaiians and Other Pacific Islanders have never been tested for HIV (2015).

**APIs LIVING WITH HIV/AIDS**

- At the end of 2014, CDC estimates there were 12,370 Asian American and 881 Native Hawaiian and other Pacific Islanders living with HIV in the U.S. and 6 dependent areas. This number may be unreliable, as many cases amongst A&PIs are unreported or miscategorised.

- Between 2005 and 2014 the Asian population in the United States grew around 24%, more than three times as fast as the total U.S. population. During the same period, the number of Asians receiving an HIV diagnosis increased by nearly 70%.

- It is estimated that 1 in 5 A&PIs living with HIV don’t even know it. Nearly one-quarter of adult and adolescent NHOPi living with HIV do not know it. By comparison this is the highest among all racial or ethnic groups with about 13% of all persons living with HIV in the U.S. are undiagnosed.

- NHOPi had the fourth-highest estimated rates of HIV diagnoses (10.6 per 100,000 people) in the United States by race/ethnicity, behind blacks/African Americans, Hispanics/Latinos, and those of multiple races.

**Stigma in the field: DR. TRI DO’S STORY**

A 27 year old Filipino male patient came into the emergency room, complaining about shortness of breath. After running diagnostic tests, we found that he had non-Hodgkin’s lymphoma and his HIV antibody test—his first ever—was positive.

In the past, he had seen doctors who were homophobic about his “unhealthy gay lifestyle.” He was scared and avoided getting tested because he didn’t want to find out he was HIV-positive.

He was admitted for treatment. I assured him he was in a gay-friendly environment, but his fear and shame of being “found out”—of people discovering he was gay or HIV-positive—was so severe that he would not allow staff to tell his family about his sexuality or HIV status. We had to tell his family he had a normal pneumonia.

I worry about him. Not being able to disclose important matters like this to his family will likely worsen his health. He needs a support system in place to help him stay on his HIV medication schedule. He needs someone to monitor his status in case his condition worsens. And, we know that psychological stress hastens HIV progression.

**STIGMA CONTRIBUTES TO THE RISE IN HIV INFECTION RATES**

- Health providers believe A&PIs are “low risk” for HIV infection, due to the lack of data focused on A&PIs. They consider HIV testing for A&PIs unnecessary and do not offer HIV tests.

- A&PIs are afraid to get tested for fear of rejection by family and community. Getting tested might expose a secret, such as sexuality or drug use, both heavily stigmatized in the A&PI community.

- HIV-related stigma increases HIV risk. The intense fear and shame associated with HIV can lead to depression and isolation, often causing people to engage in unsafe behaviors such as unprotected sex or drug use.
HOW DOES HIV-RELATED STIGMA AFFECT THE A&PI COMMUNITY?

HIV-related stigma permeates every level of society, from the individual and family to the community and health care providers.

**Employment:** Co-workers and employers can socially isolate people living with HIV/AIDS, and may even terminate employment when they learn someone is HIV-positive due to fear.

**Community:** Attitudes about HIV/AIDS can restrict where people living with HIV live, go to school, or get treatment. People may mistakenly believe they can get HIV by sharing eating utensils or by casual contact like kissing or hugging.

**Health Care Settings:** Doctors or health professionals may discourage HIV testing because they believe their patients are not at risk for HIV (such as A&PI women). These issues are also compounded by language barriers, as A&PIs speak over 100 different languages.\(^1\)

**Family:** Family members often provide support for those who are sick. However, families will sometimes reject or disown relatives who are living with HIV or seek to hide the truth about their HIV status.

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**TAKESHI’S STORY**

In June of 2004, I tested positive for the HIV virus. I informed my bosses, I remember how they took the news with surprising calmness. They simply said, “sorry to hear that,” and continued about business as usual.

Several days later, however, my supervisor summoned me outside. He handed me an envelope with my paycheck inside and told me that they were letting me go. I began to wonder if the reason for my dismissal was due to the fact that I revealed I was HIV positive. Could it be that they were afraid I might be a liability to them?

**ADAM’S STORY**

“The government should put everyone with HIV on an island and blow it up.” These very words were said by a man I chose to date. At the time, he was not aware that I was HIV positive. When I was emotionally prepared to reveal my status to him, he reacted with shock and anger. I was accused of tricking him into liking me. My status suddenly became his personal epidemic: “I accidentally used your toothbrush and my gums were bloody. I kissed you after I brushed my teeth.” After months of testing, he is not HIV-positive. The fact is, I know my status and I know how to practice safe sex. But I have no other solution of combating HIV stigma in the world of love.

**NAINA’S STORY**

I knew that I had been in a few risky sexual situations, so I wanted to get an HIV test. I went to my doctor, but he told me as an Asian woman, I wasn’t really at risk. “Don’t worry about it,” he said.

I tried to get tested three different times. Finally, I got an HIV test in another country. I was HIV-positive.

**HENRY’S STORY**

When I was diagnosed with HIV, my mother wanted to come home so she could take care of me. At first, I was relieved, but I soon realized that “taking care of me” really meant she wanted to keep me hidden. She wanted to sweep me and the shame of my HIV status under the rug. I know so many people who tested positive and ended up leaving the Bay Area for other cities just so their friends and families won’t find out they are living with HIV.

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**REFERENCES**

7. Ibid (1).

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Watch true stories about HIV and stigma at www.banyantreeproject.org