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HIV STIGMA IN SOCIETY: THE PSYCHOLOGICAL IMPACT OF SOCIAL STIGMATIZATION ON THE QUALITY OF LIFE OF PEOPLE LIVING WITH HIV IN THE CONTEXT OF UZBEKISTAN

Amangeldiev Sirojiddin Nurgalievich
Teacher of the Department of Social Sciences and Foreign Languages
Chirchiq Branch of Tashkent State Medical University
E-mail: sirajiddinamangeldiev@gmail.com
Phone: +998 99 826 11 09
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Abstract: This article examines the phenomenon of social stigmatization of people living with HIV (PLHIV) within the context of Uzbek society. HIV-related stigma remains one of the most significant psychosocial barriers preventing timely access to medical care, adherence to antiretroviral therapy, and successful social adaptation of patients.

The article analyzes the main forms of HIV stigma — external (social) stigma and internalized stigma (self-stigmatization) — and their impact on psychological well-being, self-esteem, and the quality of life of HIV-positive individuals. Particular attention is paid to the cultural and religious factors of Uzbek society that intensify stigmatizing attitudes and create a specific psychological burden for patients.

Based on the analysis of domestic and international studies, the article substantiates the necessity of developing psychological interventions aimed at reducing stigma, fostering tolerant attitudes within society, and strengthening the psychological resilience of people living with HIV. The findings of the study may be useful for clinical psychologists, social workers, and public health specialists.

Keywords: HIV stigma, social stigmatization, self-stigmatization, quality of life, people living with HIV, psychological well-being, antiretroviral therapy, psychological interventions, Uzbekistan, cultural factors, tolerance, social adaptation.

INTRODUCTION

Since its emergence, HIV infection has remained not only a medical issue but also a serious social and psychological problem. Despite significant progress in antiretroviral therapy, which enables people living with HIV to lead full and productive lives, social stigmatization continues to be one of the major barriers to effective treatment and psychological well-being.

In the context of Uzbekistan, this issue acquires particular significance. Traditional values, religious norms, and the collectivist structure of society create a social environment in which HIV-related stigma becomes deeply rooted. HIV-positive status is often associated in public consciousness with socially condemned behaviors such as drug use and promiscuity, resulting not only in the isolation of the patient but also in feelings of shame experienced by the entire family.

According to the Republican AIDS Center of Uzbekistan, thousands of new HIV cases are registered annually. However, the actual situation may differ significantly from official statistics because fear of disclosure and public condemnation prevents many individuals from seeking timely medical assistance and HIV testing. Thus, stigma becomes not merely an individual psychological issue but also a serious obstacle to public health.

From a psychological perspective, stigmatization has a destructive impact on a patient's personality. It undermines self-esteem, increases anxiety and depression, damages social relationships, and reduces adherence to treatment. Individuals who experience internalized stigma are especially vulnerable, as they begin to accept negative societal attitudes as part of their own identity and develop feelings of shame toward themselves.

The relevance of this article is determined by the insufficient study of the psychological aspects of HIV stigma in Uzbek society and the absence of systematic psychological interventions adapted to local cultural realities. The purpose of this study is to analyze the mechanisms of the formation and manifestation of social stigma in the context of HIV infection and to evaluate its impact on the psychological condition and quality of life of people living with HIV in Uzbekistan.

LITERATURE REVIEW

The theoretical foundation for the study of stigma was established by the American sociologist Erving Goffman, who in his classic work *Stigma: Notes on the Management of Spoiled Identity* (1963) defined stigma as a deeply discrediting attribute that reduces an individual "from a whole and usual person to a tainted and discounted one." In relation to HIV infection, this concept was further developed in subsequent decades.

Modern scientific literature identifies three major forms of HIV stigma:

1. **Social (external) stigma** — negative attitudes, prejudice, and discriminatory behavior directed toward people living with HIV.
2. **Internalized stigma (self-stigmatization)** — the acceptance of negative societal judgments by the individual and their application to oneself, resulting in shame, self-blame, and low self-esteem.
3. **Anticipated stigma** — the expectation of negative reactions from society, causing individuals to conceal their HIV status and avoid medical care.

This classification was proposed by American researchers Valerie Earnshaw and Sonya Chaudoir in 2009 and is currently one of the most widely used conceptual frameworks in HIV stigma research.

Numerous international studies demonstrate a direct relationship between the level of stigmatization and the quality of life of people living with HIV. A systematic review conducted by Sergio Rueda and colleagues in 2016, which included more than 64 scientific studies, found that high levels of stigma are strongly associated with depression, anxiety disorders, social isolation, and reduced adherence to antiretroviral therapy.

Research conducted in Sub-Saharan Africa, a region with the highest prevalence of HIV, showed that stigmatization is one of the key factors preventing timely HIV testing and access to healthcare. Similar patterns were identified in Southeast Asia and Eastern Europe, where cultural and religious norms significantly influence public attitudes toward HIV-positive individuals.

British sociologists Richard Parker and Peter Aggleton emphasized that HIV-related stigma is inseparable from existing forms of social inequality and discrimination based on gender, sexual orientation, and drug use, which intensifies its psychological impact on patients.

Central Asia, including Uzbekistan, possesses specific sociocultural characteristics that shape HIV stigma. Studies conducted in Kazakhstan, Kyrgyzstan, and Tajikistan demonstrate that in collectivist societies stigma extends beyond the individual and affects the entire family. The HIV-positive status of one family member is often perceived as a source of shame for the whole family lineage.

Islamic values, which play a central role in the cultural identity of Uzbekistan, are frequently used to morally condemn people living with HIV because the modes of HIV transmission are

associated with socially unacceptable behavior. At the same time, researchers emphasize that religion may also serve as a protective factor by providing spiritual support and community solidarity when religious leaders participate in educational and anti-stigma initiatives.

According to regional reports of UNAIDS, high levels of stigmatizing attitudes remain widespread in Eastern Europe and Central Asia. A significant proportion of respondents express unwillingness to have contact with HIV-positive individuals in everyday life or in the workplace.

From the perspective of clinical psychology, stigmatization activates destructive psychological mechanisms. A special role in understanding this process belongs to the minority stress model developed by Ilan Meyer in 2003. According to this model, chronic exposure to social stigma leads to:

- persistent psychological stress,
- the formation of negative cognitive schemas,
- impaired emotional regulation,
- reduced social activity,
- deterioration of interpersonal relationships.

Research by Jennifer Sayles confirmed that internalized stigma is a stronger predictor of depression and anxiety than external stigmatization. This finding is particularly important for psychological practice because internalized attitudes can be corrected through psychotherapeutic interventions, especially cognitive-behavioral therapy and acceptance and commitment therapy.

It should be noted that in Uzbek scientific literature, the psychological aspects of HIV stigma remain insufficiently studied. Existing publications are primarily epidemiological and clinical in nature and rarely address the psychosocial mechanisms of stigmatization. Research devoted to the development and testing of culturally adapted psychological interventions for reducing stigma in Uzbek society is almost absent.

Overall, the analysis of national and international literature demonstrates that HIV stigma is a complex socio-psychological phenomenon that negatively affects quality of life, mental health, and treatment adherence among people living with HIV. In Uzbekistan, this phenomenon is intensified by cultural, religious, and collectivist factors, which necessitates specialized psychological research and the development of culturally sensitive support programs.

DISCUSSION

The analysis of theoretical sources and available empirical data indicates that the formation of HIV stigma in Uzbek society is determined by the interaction of several interconnected factors: cultural, religious, social, and informational. Understanding these mechanisms is essential for the development of effective psychological interventions.

Cultural Factors

Uzbek society is traditionally based on collectivist values in which family honor and community reputation occupy a central position. In such a context, HIV-positive status is perceived not as an individual medical condition but as a moral flaw that affects the reputation of the entire family. This creates the phenomenon of “double stigma,” where the individual experiences condemnation not only from society but also from close relatives who themselves fear social exclusion.

As a result, the family — which should normally serve as the primary source of emotional support — may become an additional source of stress for HIV-positive individuals.

Religious Factors

In Uzbekistan, Islam significantly influences moral norms and social judgments. HIV infection is frequently associated with behaviors condemned from a religious perspective, such as drug use and extramarital sexual relations. Consequently, people living with HIV are often viewed as "sinners" deserving punishment rather than patients in need of medical and psychological assistance.

This moralization of disease substantially complicates the development of tolerant attitudes and prevents the successful social reintegration of HIV-positive individuals.

Informational Factors

Insufficient public awareness regarding HIV transmission and modern treatment possibilities contributes to the persistence of irrational fears and myths. Misconceptions such as transmission through casual contact or the belief that HIV is a "death sentence" reinforce stigmatizing attitudes and create an atmosphere of fear surrounding infected individuals.

Psychological Consequences of Stigma

HIV-related stigma has a destructive impact on the psychological condition of people living with HIV.

Depression and Anxiety Disorders

Chronic exposure to social stigma acts as a powerful stress factor that exhausts an individual's psychological resources. Research consistently demonstrates significantly higher levels of depression and anxiety among HIV-positive individuals subjected to stigmatization compared to those who have supportive social environments.

Internalized Stigma and Identity Destruction

Internalized stigma represents one of the most psychologically dangerous forms of stigmatization. Individuals adopt society's negative image and begin to identify themselves with it. This leads to persistent feelings of inferiority, shame, and the belief that the disease is a "deserved punishment."

Such destructive identity formation undermines motivation for treatment and social participation.

Social Isolation

Fear of disclosing HIV status forces many patients to conceal their condition from relatives, colleagues, and friends. This inevitably narrows their social circle, destroys trust-based relationships, and intensifies loneliness. In Uzbek society, where interpersonal relationships play a particularly important role, social isolation is experienced especially painfully.

Reduced Treatment Adherence

One of the most serious practical consequences of stigma is avoidance of timely medical care and poor adherence to antiretroviral therapy. Patients often avoid healthcare institutions due to fear of recognition and social exposure, postpone scheduled medical visits, or discontinue treatment entirely.

This not only worsens the health of the individual patient but also poses a serious threat to public health.

Post-Traumatic Manifestations

Some patients who experience open discrimination — including denial of medical care, family rejection, or dismissal from employment — display symptoms characteristic of post-traumatic stress disorder, including intrusive memories, avoidance behavior, and emotional numbness.

Such patients require specialized psychotherapeutic support.

Protective Factors

Despite the destructive nature of stigma, scientific literature identifies several protective factors capable of reducing its psychological impact.

Social Support

The presence of at least one supportive and accepting individual — whether a family member, friend, or healthcare professional — significantly decreases internalized stigma and improves psychological well-being.

Peer Support Groups

Participation in support groups for people living with HIV contributes to normalization of experience, reduction of isolation, and formation of a positive identity.

Psychological Flexibility

Studies in acceptance and commitment therapy demonstrate that psychological flexibility — the ability to accept one's experiences without avoidance and act according to personal values despite stigma — is an effective coping mechanism.

Awareness and Psychological Literacy

Patients possessing accurate knowledge about HIV infection and access to reliable information demonstrate higher levels of self-acceptance and are less likely to internalize stigma.

CONCLUSION

This article examined one of the most urgent and insufficiently studied issues in modern clinical and social psychology in Uzbekistan — the phenomenon of HIV stigma and its psychological impact on the quality of life of people living with HIV.

The theoretical analysis and literature review allow several conclusions to be drawn. HIV stigma is a complex, multi-level socio-psychological phenomenon deeply rooted in the cultural, religious, and social structure of society. In the Uzbek context, this phenomenon becomes especially intense due to collectivist social norms, the significant role of religion, and insufficient public awareness regarding HIV.

Stigmatization negatively affects all major areas of life of HIV-positive individuals. Psychologically, it contributes to depression, anxiety disorders, internalized stigma, and identity destruction. Socially, it results in isolation, discrimination, and loss of interpersonal relationships. Medically, it reduces treatment adherence and negatively affects both individual health and public health outcomes.

At the same time, protective factors such as social support, peer groups, psychological flexibility, and educational interventions can significantly reduce the impact of stigma.

The study highlights the urgent need for culturally adapted psychological programs aimed at reducing HIV-related stigma in Uzbekistan. Overcoming stigma is not only a professional responsibility of psychologists and healthcare workers but also an issue of human dignity, social justice, and public health.

Uzbek society possesses deep traditions of compassion, solidarity, and respect for human life. These values should become the foundation for developing a culture of acceptance and support for people living with HIV. The role of psychologists is not limited to assisting individual patients but also includes educating society, training healthcare professionals, and promoting humane attitudes toward one of the most vulnerable groups of the population.

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