Proceedings of ICEIPI 2025 Symposium: Understanding Religious Identity in Educational Contexts
DOI: 10.54254/2753-7048/2025.ND25119

A Study of the Stigmatisation of the Image of People Living with HIV in Social Media

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Abstract. This study focuses on the stigmatisation of the image of HIV patients in social media. This takes the form of discrimination, offensive remarks and rumours at the verbal level; visually, by reinforcing negative impressions through inappropriate content; and stereotypically, by equating people with HIV with the morally corrupt, the vulnerable, or a dangerous source of infection. Stigma harms mental health and hinders socialisation and treatment for the individual patient, and hinders prevention, treatment and care in the AIDS response; It has a certain impact on social cohesion and exacerbates social inequalities and group antagonisms. The reasons for this include public perception bias and lack of knowledge, traditional attitudes and socio-cultural constraints, and social media communication characteristics. To reduce stigma, strategies such as strengthening social media health education, playing the role of the media and opinion leaders, and establishing patient support communities and psychological intervention mechanisms can be used to promote social understanding and tolerance of people living with HIV, and to promote the prevention and treatment of AIDS.

Keywords: HIV patients, image stigma, prevention and treatment strategies, social media

1. Introduction

The term "stigma" initially referred to the Greeks' painting of elements on the body that signalled something morally abnormal or bad, such as slaves, criminals and traitors. The concept was first introduced by sociologist Goffman and is known as stigma in English and "stigma" in Chinese. In English, the meaning of the concept has shifted considerably, with stigma originating in Ancient Greece and originally referring to an identity mark used to indicate the status of the person carrying it as a slave, criminal or traitor; By the time of the Christian era, the word had added two more references: the mark of Jesus and the medical term for the scars on the hands, feet, heart, etc., of the patient as a result of a disease, similar to the injuries Jesus suffered on the cross; and in today's day, it has become a reference to shame in the purest sense of the term

In the digital age, social media has become an important platform for information interaction. With more than 5 billion active users worldwide, according to data released by global media monitor Meltwater and social media agency We are Social, the impact on public perception has been significant. However, AIDS (HIV), a serious infectious disease caused by HIV infection, is a global public health problem with a large number of infected people worldwide. As of the end of June

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DOI: 10.54254/2753-7048/2025.ND25119

2024, the country had reported a total of 1,329,000 cases of HIV infections and patients, and 474,000 deaths. AIDS has become a major global public health problem. The number of infected persons in China has also exceeded one million. Human Immunodeficiency Virus (HIV) is a virus that infects white blood cells and weakens the body's immune system, while Acquired Immunodeficiency Syndrome (AIDS) is a set of disease symptoms that occur in the later stages of immunodeficiency caused by HIV infection. The virus can be transmitted from mother to baby through sexual contact, sharing needles for injecting drugs and during pregnancy, childbirth or breastfeeding [1]. The virus is not spread by air or water, saliva, sweat, tears, closed-mouth kissing, insects or pets, or by sharing toilets, food or drink [2]. (a) Despite continued medical advances in the fight against AIDS, patients continue to be heavily stigmatised. People living with HIV are often stigmatised and experience avoidance behaviours (e.g. refusing to share food, hold hands or sit nearby), gossip and verbal abuse, and social exclusion (e.g. rejection, loss of respect and status) [3]. Social media is even more rife with discriminatory comments, which not only hampers prevention and treatment efforts. It also undermines the dignity of patients and affects public health and social cohesion, as patients are prone to psychological problems and concealment of their illnesses, and the public is prone to fear and misunderstanding. There is a paucity of research addressing the stigmatisation of people with HIV in social media, and the growing influence of social media necessitates relevant research. This study will dissect the stigma manifestations, causes, etc., and make recommendations for improvement to provide ways to de-stigmatise people living with HIV.

2. Forms of expression

2.1. Speech level

Verbal stigmas against people with HIV are ubiquitous in all corners of social media. In news and information platforms, when there are reports about HIV patients, the comment section is less unfriendly, but in social forums and communities, the discussion boards about HIV patients often have malicious words.

Some users will discuss patients' conditions in a flirtatious and mocking manner, or even fabricate false stories to discredit the patient community. For example, some people may post rumours on social media platforms such as ‘a person with HIV intentionally spreads the virus in public’. This kind of unfounded false information spreads rapidly on the Internet, and may also increase public fear and misunderstanding of people with HIV.

There are also a lot of inappropriate remarks about HIV patients in group chats of some communication software. Many of the users in the group have no qualms about expressing discriminatory views about patients, and such comments often trigger others to chime in, which creates an atmosphere of prejudice in the group. This verbal stigma spreads quickly and has a wide impact, causing great damage to the psychological and social image of people living with HIV.

2.2. Visual dimension

The stigmatisation of the image of people living with HIV is evident in some content on social media. On some photo-sharing platforms, some users post images that associate people with HIV with negative elements. For example, photographs of patients are colour-coded, rendered, and made to release a red flag in and of themselves. In some cases, because of skin diseases, some people post photos of patients with moss on top of their localised skin on social media platforms linked to the topic of HIV, (even if some of the patients are not HIV carriers). This creates a visual cue that the

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patient himself is an extremely dangerous being. This stigmatisation creates a ‘danger-pollution’ metaphorical system in the media. Making scientific facts symbolically distorted. This visual presentation subconsciously influences the public's perception of HIV patients, causing the public to subconsciously fear and reject them. On video platforms, some videos about AIDS also contain inappropriate portrayals of patients. Some videos, in pursuit of clicks and topicality, will use exaggerated and distorted techniques to show the living conditions of patients. They will deliberately highlight the pain and despair of the patients, instead of ignoring the positive aspects of their lives. There are also videos that use eerie and scary background music and screen tones when introducing AIDS, creating a depressing and dangerous atmosphere that further reinforces the public's negative impression of HIV patients. There is also inappropriate use of images of HIV patients in published advertisements and some publicity brochures and posters. In order to attract attention, they use HIV patients as a ‘warning’ element and present them in a condescending and discriminatory light, which not only fails to serve as proper publicity, but also exacerbates the discrimination against patients in society.

2.3. Stereotype level

Multiple stereotypes of people with HIV have been formed on social media. One of the most common stereotypes is equating people with HIV with morally corrupt people. Bystander public reactions to stigmatising behaviour on social media mainly stem from the influence of people's judgements about the seriousness of criminal behaviour. The general public perception that most people with HIV are infected with the virus because of sexual indiscretions is deeply entrenched by the spread of social media. However, there are actually various ways of HIV transmission, such as blood transmission, mother-to-child transmission, and so on. And in this way it is not difficult to see that the patients are even more innocent victims, who have already suffered uncontrollably and now instead have to suffer injustice because of this stereotype. In fact, the media's coverage of AIDS issues greatly influences the public's perception of people living with HIV. However, due to the lack of knowledge about AIDS in the media, the coverage is prone to scientific errors. Under the combined influence of misinformation and lack of knowledge, the image of people living with HIV portrayed by the media deviates from reality, resulting in a one-sided and distorted image of the subject in the scientific coverage of AIDS.

There is a stereotype of people with HIV as vulnerable. While it is true that people living with HIV face a lot of distress from the disease, this stereotype ignores the diversity of individual patients and their positive qualities. On social media, patients are often portrayed as objects in need of pity and assistance, while their strong, courageous and upbeat positive side of life is rarely shown. This stereotype not only limits the public's full understanding of people living with HIV, but also creates an obstacle to the positive integration of people living with HIV into society.

There is also a stereotype of people with HIV as a source of dangerous infections. From some perspectives, the news media, in reporting on AIDS-related topics, have largely misled the public perception, spawning and reinforcing prejudices, stereotypes and unfair discriminatory attitudes towards AIDS among the general public. With the spread of social media, the public is fearful of daily contact with HIV patients, believing that the virus can be contracted with the slightest contact with a patient. This excessive fear and misunderstanding lead to the patient being ostracised everywhere in social life and unable to participate in normal social activities.

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3. Impact

3.1. Effects on the individual patient

In terms of mental health, this stigma is extremely damaging to the psyche of people living with HIV. Many patients are afraid to disclose their condition for fear of discrimination and ostracism. This will cause them to be in a state of anxiety and depression for a long time, worrying that they will be treated unfairly and looked at differently by people around them in case their identity is exposed. This will put them under great psychological pressure and seriously affect their quality of life. People living with HIV are often stigmatised and experience avoidance behaviours (e.g., refusing to share food, hold hands or sit nearby), gossip and verbal abuse, and social exclusion (e.g., ostracism, loss of respect and status) [3]. Some patients even experience suicidal thoughts or behaviour because they cannot bear the psychological burden.

In terms of social life, these patients are likely to face severe social isolation, which will deter them from participating in social activities, fearing that others will know about their condition and that they will lose friends and their social circle. This will not only make patients feel lonely and helpless, but also pose a great obstacle to their working life. Many patients choose to give up job opportunities for fear of being discriminated against, and then they will fall into financial difficulties and their living standard will plummet. Several studies have reported that parents, siblings, relatives, or in-laws often stigmatise PLWHAs within the family [4]. They may even be discriminated against by healthcare professionals [5].

In respect of medical treatment, some patients are afraid to seek medical treatment or receive treatment on time for fear of being discriminated against by onlookers and having their privacy disclosed in hospitals. Not only does it delay the treatment of their condition, but it also increases the risk of spreading the virus. Sometimes it is difficult for them to receive due respect and care in the process of seeking medical treatment, which inevitably delays the effectiveness of treatment and the recovery process. This undoubtedly has a negative impact on patients' healthcare behaviour.

3.2. Impact on the AIDS response

Stigma poses a serious obstacle to HIV prevention. Some high-risk groups are afraid to take the initiative to get tested for AIDS. It becomes difficult to detect AIDS at an early stage, and when effective prevention and control measures cannot be taken in a timely manner, it leads to further spread of the virus among the population. This also makes it impossible to implement preventive measures that are already very effective, such as the promotion and use of condoms. Patients then refuse to use condoms for fear of being perceived as ‘immoral’, and the risk of contracting AIDS is greatly increased.

With regard to AIDS treatment and care, some patients are reluctant to disclose their illnesses for fear of being discriminated against, and they are reluctant to disclose their illnesses, thus failing to obtain support and assistance from society. They face financial, psychological and other difficulties in the course of treatment, which can affect the efficacy of treatment and recovery. This has even led to a lack of social commitment to the prevention and treatment of AIDS and an uneven distribution of resources, which undoubtedly causes patients to sacrifice their actual needs.

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3.3. Impact on social cohesion

The stigmatisation of people living with HIV on social media, once established, can have a negative impact on social cohesion. It can exacerbate social inequalities and discrimination and further marginalise the vulnerable group of people living with HIV. While such inequality and discrimination undermine social harmony and stability, they are, in my opinion, even more contrary to the principle of fairness and justice in society.

Stigmatisation can antagonise and contradict society, with some people holding discriminatory and prejudiced attitudes towards patients, while others call for the elimination of discrimination and respect for patients' rights. Such antagonisms and contradictions can easily lead to social division and instability, affecting the cohesion and centripetal force of society. Anthony Giddens and others have pointed out that social inequality is one of the three main centres of sociological research today, and that bearing stigma is an important manifestation of suffering inequality. An inclusive and harmonious society should respect the rights and dignity of every individual, while the stigmatisation of HIV patients reflects the inadequacy of society in terms of civilisation. Eliminating stigma is an inevitable requirement for the progress of social civilisation and an important step towards building a harmonious society.

4. Causes

4.1. Public perception bias and lack of knowledge

Although AIDS has been widely publicised and reported, there are still many people who do not have enough basic knowledge about how it is transmitted and how it is treated. Public perception bias and lack of knowledge are also one of major reasons why stigmatisation occurs. For example, many people believe that AIDS can only be transmitted sexually, and they lack knowledge about blood transmission, mother-to-child transmission and other means. Unnecessary panic and misunderstanding are then born out of this cognitive bias.

There are also misconceptions about the current state of treatment for AIDS. Some people believe that AIDS is a terminal disease that cannot be cured, and that once infected, it means the end of life. As a matter of fact, medical technology is advancing continuously, and AIDS can already be effectively controlled through drug treatment, and the life of patients is no different from that of ordinary people. But instead, this correct information has not been widely disseminated, which in turn has led to the public still having a negative attitude towards AIDS patients.

Due to the fragmented and inaccurate nature of information on social media, such dissemination can exacerbate public perception bias. Information on AIDS is often fragmented and one-sided, and there is no lack of false information. Then, in the face of a huge information network, the public cannot often discriminate and is easily misled, thus further deepening the misunderstanding and prejudice against HIV patients.

4.2. Traditional attitudes and socio-cultural constraints

In people's traditional view, illness is often associated with some kind of negative feedback, not to mention AIDS, which is subconsciously perceived as the result of personal moral corruption or unclean behaviour. This perception is particularly evident in the case of AIDS.

Socio-cultural conservative attitudes towards sexuality can exacerbate the stigmatisation of people living with HIV. Since AIDS is closely linked to sexual transmission. In traditional society

DOI: 10.54254/2753-7048/2025.ND25119

and culture, sex is a sensitive topic; people talk about sex, AIDS is also known as sexually transmitted diseases (STDs), and related to it will trigger a sense of shame, touching on the thinking of moral corruption. As a result, when people refer to AIDS, they associate it with impure sexual behaviour, which leads to discrimination and prejudice against HIV patients.

The social and cultural herd mentality also contributes to stigmatisation to a certain extent. When the majority of people hold discriminatory attitudes towards people with HIV, even if some people do not agree with them in their hearts, they still choose to follow such attitudes out of fear of being isolated or ostracised. This herd mentality perpetuates and spreads stigma in society.

4.3. Fuelled by the communication properties of social media

The open and anonymous nature of social media allows stigmatising speech to flourish. Here, anyone can speak freely, and many platforms are even anonymous. Then some users are not held accountable for their statements, thus allowing them to make discriminatory and offensive statements with impunity. The interpersonal experience of stigma stems from human interaction. This can be particularly problematic in virtual environments, where greater anonymity can reduce the influence of normative beliefs and subjective norms on an individual's decision to engage in cyberbullying [5-8]. In addition, as there are no restrictions on the release and dissemination of information, some undesirable information can spread rapidly and have a wide range of effects.

On social media, information spreads extremely fast, and a negative message can be seen by a large number of users in a short time. The algorithmic recommendation mechanism pushes relevant information based on users' interests and behavioural habits. Users are more likely to be exposed to negative information that agrees with their views, which further reinforces their biases and misconceptions. Therefore, its fast spreading nature and algorithmic recommendation mechanism also exacerbate the degree of stigmatisation.

In some social media groups, when there are discriminatory remarks against HIV patients, it often triggers other members to echo and support also a kind of herd following heart, forming a group prejudice atmosphere. When this group polarisation phenomenon occurs, it will make the stigmatising speech continuously strengthened and spread in this group, and it is difficult to be effectively corrected. In short, the phenomenon of group polarisation on social media also contributes to stigmatisation.

5. Strategies

5.1. Strengthening health education and knowledge dissemination

Awareness-raising and education play a key role in eliminating the layers of stigma associated with HIV. Awareness and education play a key role in destigmatising the layers of stigma associated with HIV, promoting empathy, dispelling myths and empowering individuals and communities. Unmasking HIV Disseminating accurate information about HIV, its transmission and treatment is at the heart of destigmatising HIV. Accurate information on transmission and treatment. Educational activities should prioritise the provision of clear, science-based information. Educational activities should prioritise the provision of clear, scientifically sound information to dispel misconceptions and challenge stigmatisation [9].

The use of social media platforms to carry out comprehensive and systematic AIDS health education activities is necessary to reduce stigma. Through the publication of authoritative scientific articles and the production of interesting short videos by official or relevant scholars and

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organisations, the public can be made aware of the basic knowledge of the ways in which AIDS is transmitted, the methods of prevention, and the current status of treatment. A series of short videos on popularising AIDS can be produced, using easy-to-understand language and graphic animation to demonstrate knowledge about AIDS, while experts are invited to give explanations, taking into account the credibility and authority of the information.

Interactive health education activities, such as online quizzes and knowledge competitions, were carried out to enhance public participation and learning. Through these activities, the public is given a more comprehensive and accurate understanding of AIDS, their cognitive biases are corrected, and fears and misconceptions about HIV patients are eliminated.

In carrying out health education, attention should be paid to the characteristics and needs of different groups, and different communication methods and contents should be adopted. For example, for young people, education can be conducted in a more lively and interesting way, such as producing cartoons and holding campus lectures, etc.; for the elderly, publicity can be conducted in a more accessible language and manner, such as distributing publicity brochures and holding community activities.

5.2. Utilising the guidance of the media and opinion leaders

The mainstream media should uphold the principles of objectivity, fairness and comprehensiveness when reporting on AIDS-related events, and avoid disseminating discriminatory content. The media should actively publicise the positive energy of AIDS prevention and treatment, show the positive side of HIV patients who face life and fight against the disease, and guide the public to look at AIDS patients correctly. The new achievements and new technologies of HIV prevention and treatment research, the good therapeutic effect of patients, or the contribution of patients in the society, let the public see the value and dignity of patients, and at the same time pay attention to the protection of the privacy of patients' information.

Opinion leaders have to play an active role in guiding. They can use their influence to spread the correct concept of AIDS prevention and treatment and the value of respecting patients. They can release microblogs and jittery videos to popularise AIDS knowledge among the public and call for the elimination of discrimination against HIV patients. At the same time, such opinion leaders can also set an example by actively participating in public welfare activities for the prevention and treatment of AIDS and set an example for eliminating stigma.

In addition, hospitals, the media and opinion leaders can also organise online and offline public welfare activities, such as public welfare seminars and volunteer activities, to guide the public to pay attention to people living with HIV and enhance the public's sense of social responsibility and compassion.

Leveraging the reach of online platforms and social media can help to reach a global audience. Engaging, easy-to-share content, infographics and interactive campaigns can extend reach, encourage open dialogue and challenge stigmatising narratives in virtual spaces. Stigmatising narratives in virtual space. Partnering with influencers, celebrities and HIV advocates can expand the reach and impact of awareness campaigns. Public figures can use their platforms to challenge stigma, share educational content, and promote dialogue to change societal attitudes about HIV [10].

5.3. Establishment of support communities and psychological intervention mechanisms

A support community for HIV patients is established on social media to provide a platform for patients to communicate and help each other. In the community, patients can share their treatment

DOI: 10.54254/2753-7048/2025.ND25119

experience and life insights, and encourage and support each other. At the same time, the community can also invite professional doctors and psychological counsellors to provide online advice and guidance to patients, helping them solve problems encountered in treatment and life.

In addition, a psychological intervention mechanism for HIV patients should be established. As a result of long-term stigmatisation, many HIV patients suffer from psychological problems, such as anxiety and depression. Therefore, professional psychological counsellors are needed to provide psychological counselling and treatment to patients to help them relieve psychological pressure and rebuild self-confidence and a positive attitude towards life. Convenient and effective psychological services can be provided to patients through a variety of ways, such as online psychological counselling platforms and offline psychological treatment institutions.

At the same time, society should strengthen its support and assistance to families of HIV patients. The family members of patients are often under great pressure as well, and they need the understanding and support of the society. Family care activities and financial assistance can be carried out to help patients' families tide over their difficulties, so that they can feel the warmth and care of the society.

Through the above multi-faceted strategies, the stigmatisation of the image of HIV patients in social media can be effectively reduced, promoting social understanding and tolerance of HIV patients, promoting the smooth implementation of AIDS prevention and treatment, and building a more harmonious and better society.

6. Conclusion

Stigma is an aberrant aspect of social interaction, and as mentioned above, the stigmatisation of people living with HIV is a social issue that involves the interaction of complex factors at multiple levels. From a macro point of view, it also has a negative impact on social stability and medical development. Breaking the stigma of AIDS patients requires the concerted efforts of all sectors of society. Only through the joint efforts of the whole society can we gradually break the stigma of AIDS and build a social environment that respects human rights and is full of humanistic care, so that people living with AIDS can integrate into the society on an equal footing and obtain the dignity and support they deserve, and at the same time create favourable conditions for the development of the cause of AIDS prevention and treatment, but it is not easy to do so. The road to preventing and combating the stigmatisation of people living with AIDS may still be a long one.

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