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Prejudice, discrimination and exclusion in health

Confronting prejudice and discrimination that affect vulnerable social groups is fundamental for combating social exclusion and promoting equity in the access to health services. Discrimination can be defined as behavioral action, omission, or response, which treats people or social groups who are perceived as socially and negatively differentiated because they receive stigmatizing and prejudiced attributes[1]. Stigma and prejudice are in fact similar processes that involve categorization, labeling, stereotyping, and social rejection and can lead to discrimination and social exclusion. While prejudice involves broader social viewpoints, stigma triggers elements of these views in contexts of social interactions, negatively affecting identities.

Studies of social discrimination generally analyze the systemic and structural dimension of these phenomena, focusing on their presence in the social reproduction of inequalities in access to goods and services. Parker[1] draws attention to the importance of understanding these phenomena in the interrelationship between culture, power, and broader structures of social inequality. The impact of the experience of discrimination on health has been well described in the literature, being associated both with anxiety disorders, depression, post-traumatic stress, alcohol and tobacco abuse[2], as well as negative impacts on access to health care and services.

Stigma addresses not only given population segments, but also health diseases, actions, and needs. This is proven by the concept of structural racism and denounced by the mere existence (and reversely positive labeling) of "neglected" diseases. This is a dual phenomenon that challenges (non)existent health policies, programs and actions, and that negatively impacts the quest for therapeutic help and adherence to treatment – as in the case of Chagas disease, leprosy or leishmaniasis[3]. These situations involve complex relations between stigma suffered and internalized and/or anticipated stigma, when one introduces the expectation of being subjected to stigmatization, which can even be expressed in self-stigmatization[3].

Currently, there is evidence of an increase in the theoretical-methodological and thematic plurality of studies on prejudice, stigma, and discrimination. Vulnerability studies analyze the processes and contexts in which social actions and structures are articulated, increasing risks and damage to health and decreasing access to techniques and resources to deal with these "increased exposures." The intersectional perspective highlights the need and theoretical-methodological gain of advancing in more complex analyses that focus on the articulations between different systems of oppression. The discrimination suffered by a disabled, black, and transgender woman is qualitatively different from the discrimination suffered by a disabled, white, and cisgender woman. Decolonial studies analyze the historical process of "dehumanization" and "bestialization" of certain bodies (women, indigenous, handicapped, black...), in a project of modernity that universalizes a particular worldview. These and other theoretical-political movements that problematize and contest the transformation of difference into a lever for social subordination claim broader and more inclusive senses of social justice, which enrich the social experience of all through the effective valorization of diversity and the promotion of well-being as a common good.

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