

# Critical Literature Review on Social Stigma and Vulnerable Groups' Access to Basic Services

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## ABSTRACT

The social stigma attached to vulnerable groups such as people with disabilities, people with mental health disorders, ethnic minorities, and individuals with low economic status has long been an obstacle to the fulfillment of their basic rights. This research aims to examine how social stigma shapes and affects vulnerable group access to health and education services. Through a literature review approach, this research explores critical thinking from various disciplines, including social representation theory, legal discrimination, and public policy dynamics. The results of the research show that social stigma is not only formed from negative views of the community, but also legitimized by regulations and institutional structures. This condition creates a cycle of inequality that is difficult to break without structural and cultural intervention efforts. Various academic references are used to strengthen the argument. This research also shows that access to education and health is not merely a technical issue, but is closely related to how the community and the state interpret a person's 'eligibility' for services. The results of this research are expected to serve as an academic and policy reference in developing an inclusive approach based on social justice and human rights.

## INTRODUCTION

Social stigmatization of vulnerable groups has long been a prominent social issue in various spheres of life. In an increasingly complex society, groups such as people with disabilities, HIV/AIDS sufferers, indigenous peoples, and gender minorities, often face unequal treatment stemming from discriminatory social constructions. This treatment does not just take the form of social rejection, but also manifests in structural barriers that affect their existence and participation in a social system that should be inclusive. In many cases, these negative stereotypes and labels lead to systematic social exclusion. This experience has a long-term impact on their quality of life, especially in obtaining basic rights such as health and education (Williamson et al., 2014).

This condition becomes even more concerning when social discrimination is absorbed indirectly into public policies that are supposed to be universal. Stigma against vulnerable groups is not only rooted in individual behavior, but also manifests in public service systems that make access difficult for those who need special protection. For example, people with mental health disorders are

often perceived as dangerous or untrustworthy, so their right to proper mental health services is often ignored. Even in the field of education, children from vulnerable communities often receive differential treatment that results in learning disabilities. These inequalities reflect that social justice has not been fully implemented in the country's basic service system (Sartorius, 2007).

The reality of stigma-based discrimination shows that the issue of equality is not just a matter of norms, but also a matter of practical implementation. Access to health and education services is an important benchmark in assessing the success of the state in realizing social justice. When access is hampered by perceptions and labels that corner vulnerable groups, there has been a dysfunction in the principle of distributive justice that should be the basis of public services (White, 2010). A service system that is not sensitive to the diverse needs of community groups actually perpetuates marginalization in a subtle but systemic way. It is important to further examine how social stigma not only creates social boundaries, but also creates structural barriers in accessing basic services (Levy et al., 2014).

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This problem cannot be underestimated as it threatens holistic human development. When certain individuals or groups are constantly positioned as “the other”, it breeds conditions that undermine self-confidence, self-esteem, and motivation to participate in the community. The long-term consequence of ignoring the issue of stigma is the reproduction of injustice that will continue to be passed on across generations. Stigmatized groups will find it increasingly difficult to access education, employment, health services and other spaces for social participation. Without proper intervention, social structures will remain biased against those perceived as different, and the gulf of social inequality will widen (John et al., 2015).

The stigma attached to vulnerable groups has been empirically proven to lead to reduced access to essential services. Based on Goffman (1990), stigma is an attribute that is highly discrediting and results in a person being excluded from the community. This negative attribution causes individuals from stigmatized groups to experience fear of accessing health services for fear of being labeled or treated unfairly. Link and Phelan (2001) also state that stigma operates through processes of labeling, stereotyping, segregation, and discrimination that are institutionalized in social structures. This process creates systemic barriers that are difficult for stigmatized groups to break through, exacerbates inequalities in access to services, and ultimately worsens their health and well-being. In education, Heath (1991) notes that students from stigmatized backgrounds, such as racial minorities or low economic status, experience social pressure and low teacher expectations, which then reduce their academic performance. Stigma in education not only affects learning outcomes, but also hinders the development of students' self-identity and long-term aspirations.

Other problems arise from the structure of public policies that are less inclusive of the needs of vulnerable groups. Although there are various regulations that claim to be non-discriminative, their implementation often does not accommodate the social realities of marginalized groups. For example, Schulz et al. (2000) show that even in some developed countries, health systems still show significant disparities in services to black communities compared to white communities. This is an indicator that health and education service structures often fail to respond fairly and equitably to social diversity. As a result, vulnerable groups continue to face barriers, not only because of a lack of facilities, but also because of systemic failures to understand and respond to their needs.

The issue of stigma is also exacerbated by institutional cultures that are unresponsive to experiences of discrimination. In many institutions, complaints or grievances from vulnerable groups are often not taken seriously, and are even seen as destabilizing the system. This unresponsiveness reflects an internal resistance to change, as well as a lack of commitment to creating a system that is inclusive and fair for all. In fact, reports such as Parker and Aggleton (2003) show that negative perceptions of certain groups are at the root of weak public services, as service personnel tend to internalize stigmatizing values. As a result, the services provided are unequal and discriminatory, even if the formal rules of the institution guarantee equal treatment. Such a culture reinforces social exclusion in the formal system, creating persistent and intractable service inequalities.

In an increasingly pluralistic community, allowing the system to continue producing stigma means ignoring the essence of social justice. Every individual, regardless of social background, deserves to be treated equally before public services. If stigma remains an unconscious variable in the service system, then various social programs will fail to achieve their goals. Stigma hidden in policies, procedures, or attitudes of service providers will continue to create inequalities that restrict certain groups from accessing their basic rights. Analyzing the forms and mechanisms of social stigma in the health and education systems is very important, because this is where the root causes of discrimination can be understood structurally. Without collective awareness and serious improvements in the policy system, vulnerable groups will continue to be in an endless cycle of marginalization. In a diverse society, justice cannot be built only through formal equality, but must be realized in practices that are inclusive and reflective of social realities.

Given that the influence of stigma is broad and deep, an understanding of how stigma is formed and how it operates in the social system needs to be thoroughly examined. Discrimination does not always come in explicit forms, but can appear in the way the system works that indirectly hinders access for certain groups. A thorough understanding of these dynamics allows us to see that they are part of the social mechanisms that can perpetuate systemic inequality and discrimination. Literature research can reveal common patterns of discrimination that arise from the process of stigmatization, as well as the implications for basic human rights. This knowledge is crucial not only for academics, but also for policymakers who want to develop justice-based interventions.

This research is important to show the extent to which the current social system has normalized the exclusion of vulnerable groups. By exploring various theoretical and empirical studies, we can understand that stigma is not just a matter of perception, but part of the power relations that infiltrate the institutional order. Critical and systematic analysis is needed to see how public policies and services reflect or even reinforce existing stigma. Without this critical effort, realizing an inclusive social system will be difficult to achieve.

This research aims to examine how social stigma affects vulnerable groups' access to health and education services through a literature review approach. By examining various relevant scientific studies, this study seeks to reveal patterns of systemic discrimination and structural barriers faced by marginalized groups. The results of this study are expected to be a theoretical and practical contribution in encouraging the reformulation of public service policies that are more inclusive and socially just.

## **RESEARCH METHOD**

The research method used in this study is a literature study (library research) that focuses on reviewing various scientific papers, journal articles, books, and research reports relevant to the issue of social stigmatization of vulnerable groups, especially related to access to health and education services. This approach allows researchers to examine theories, concepts and empirical findings from various disciplines, such as sociology, public health and social policy. The research is very useful to get a full picture of how stigma is formed, develops, and impacts the lives of vulnerable groups. Based on Machi and McEvoy (2009), literature review is not just a reading activity, but a systematic process of constructing a solid theoretical foundation and building sharp scientific arguments. This research utilizes thematic synthesis and content analysis techniques on a variety of sources systematically collected from reputable publications.

The procedure in this research involved selecting literature based on inclusion criteria that included sources that addressed social stigma, inequality in public services, and the rights of vulnerable groups. Next, a content analysis process of relevant texts was conducted using a descriptive qualitative approach. As explained by Creswell (1998), a qualitative approach helps researchers to interpret the deep meaning of published scientific narratives. Through this technique, data from various literatures were compared and critiqued to find common patterns that became a common thread in the issue of stigma and accessibility of basic services.

Data validity is maintained by referring to primary sources that have gone through a peer-review process and have a recognized academic reputation. By using a research approach, it is hoped that this research can make theoretical and practical contributions in understanding and responding critically to issues of systemic discrimination faced by vulnerable groups.

## **RESULT AND DISCUSSION**

Social stigma is a social construct that shapes the way the community views certain groups that are considered different, deviant, or outside the dominant norm. This concept has long been studied in sociology and community health literature as a form of symbolic power that creates covert discrimination in everyday life. Goffman (1963) in his classic work refers to stigma as a "highly discrediting attribute", which changes the community's perception of individuals or groups to be morally and socially inferior. In public services, such as health and education, social stigma can narrow the space for vulnerable groups to access their basic rights equally. As a result, many individuals from marginalized groups, such as people with disabilities, PLHIV, the poor, and minority groups, experience multiple social exclusions (Dziwota, 2014).

The impact of stigma on access to health services can be seen from various studies that show that stigmatized groups tend to avoid health facilities for fear of being judged or treated unfairly. Parker and Aggleton (2003) assert that stigma towards HIV/AIDS, for example, causes many sufferers to choose not to seek medical attention or take treatment for fear of being shunned by the social environment. This is a serious problem because delays in medical treatment can worsen health conditions and increase the burden on the public health system. In some developing countries, health services even structurally reflect this social bias, where medical personnel show discriminatory attitudes towards patients who are considered morally or economically "problematic" (Ablon, 2002).

In education, stigma has long-term effects that are often invisible but destructive. Children from poor families, children with disabilities, or those from ethnic minority groups, often receive unequal treatment at school. Based on research by Bourdieu and Passeron (1990), the education system tends to reproduce social inequality through "symbolic violence", the subtle inculcation of dominant values that discredit the culture of subordinate groups. This leads students from vulnerable groups to feel excluded from the education system, reducing motivation, increasing dropout rates, and limiting social mobility opportunities. (Goldberg, 2017).

Discrimination born out of stigma also creates administrative and bureaucratic barriers that often go unnoticed. In many cases, vulnerable groups face difficulties in accessing services due to a lack of official identity documents or understanding of bureaucratic procedures, which is rooted in systemic social marginalization. As Link and Phelan (2001) explain, stigma is not just a matter of negative perceptions, but a complex social process involving power, stereotypes and institutional exclusion. This means that stigma creates structures of injustice that make basic services no longer neutral or inclusive (Budjeva, 2019). When public service institutions or systems are designed without considering the diversity of people's backgrounds, they indirectly reinforce existing inequalities. A bureaucratic system that is not adaptive to the conditions of vulnerable groups will continue to maintain their exclusion and keep them away from their basic rights.

Stigma reinforces the cycle of poverty and underdevelopment as access to education and health are the main foundations of human development. When individuals or families are unable to obtain these services due to stigma, their potential to develop socially and economically is severely limited. As Sen (1999) explains, development is not just about economic growth, but about expanding substantive human freedoms, including the freedom to live healthy and knowledgeable lives. Stigma is a factor that curbs such freedoms, as it creates fear, exclusion, and invisible barriers that make individuals reluctant or unable to utilize the services to which they are entitled. If left unchecked, this condition will continue to reproduce inequality between generations.

The psychological effects of stigma cannot be ignored either. Individuals who constantly experience discrimination and negative stereotypes can experience emotional distress, anxiety, depression, and loss of meaning in life (Schmitt et al., 2014). This condition not only hinders the individual's ability to develop personally, but also interferes with their social functioning in the family, school or workplace. Based on Corrigan and Watson (2002), internalized stigma (self-stigma) is even more harmful as it makes individuals believe that they do not deserve equal treatment. Self-stigma creates psychological barriers that are more difficult to overcome than external discrimination because it is embedded in the way a person views themselves, reducing the ability to seek support or change (Armstrong & Brandon, 2020). In the long-term, this creates self-isolation and social withdrawal that further exacerbates the isolation of vulnerable groups from a public service system that is supposed to be inclusive.

In many communities, especially those with hierarchical social structures, stigma is part of the social mechanism to maintain inequality. Stigma is part of a social mechanism that is intentionally or unintentionally used to differentiate, control, and exclude certain groups from access to resources and opportunities. This explains why inclusive policies often do not work, as there is strong cultural resistance to the idea of equality. As Navarro (1999) showed, the ideological power attached to public institutions often maintains the logic of exclusion through language, symbols and norms that stigmatize certain groups. As a result, legal or administrative interventions are insufficient without fundamental structural changes. Policy reform must go hand in hand with the cultural transformation of institutions and society at large, including through critical education, fair representation in the media, and active involvement of marginalized groups in decision-making processes. Building an inclusive society requires a commitment not only to procedural justice, but also to substantive justice that transforms the way we understand and treat difference.

Social stigma is not only shaped by ordinary people, but also reinforced by mass media and educational institutions that reproduce negative narratives about vulnerable groups. These biased and insensitive representations of social diversity keep stigma alive and transformed in various forms. Hall (1997) explains that social meanings are formed in representations, and when representations of vulnerable groups are always negative, a "social reality" is formed that influences society's policies and actions towards them. This suggests that approaches to addressing stigma must deeply engage the cultural and symbolic dimensions. Reforming dominant harmful narratives can build a more inclusive and just understanding of social diversity, thus weakening entrenched stigma.

When stigma is allowed to develop, the existence of vulnerable groups will be increasingly marginalized, not only socially, but also in terms of constitutional rights. Vulnerable groups such as people with disabilities, people with mental health disorders, ethnic or gender minorities often experience barriers in accessing public services such as health, education and employment. In fact, within the framework of human rights, the state has an obligation to ensure that every citizen, without exception, has access to basic services. WHO (2001) affirms that health is not only the absence of disease, but a state of physical, mental and social well-being, which means there is no place for discrimination in health services. Similarly, in education, UNESCO's Salamanca Declaration (1994) states that education should be inclusive and respect diversity.

Unfortunately, many national legal systems are still not fully adaptive in eliminating stigma-based discrimination. General regulations often fail to protect specific vulnerable groups because they do not recognize the structure of social inequality inherent in the community. As argued by Fredman (2001), legal equality does not mean literal equal treatment, but fair treatment that takes into account differences in social conditions. In other words, the legal system must be able to break the chain of stigma and create a truly equal and just public space. To create a truly inclusive and equitable public space, the legal system must be reformed to be responsive to the diversity of social conditions. This includes explicit recognition of the existence of stigma, the formulation of affirmative policies, and monitoring and enforcement mechanisms that favor substantive justice. Without these steps, the law will become an instrument that silences rather than liberates vulnerable groups from structural injustice.

There has also been criticism of the lack of intersectional perspectives in public policy. Vulnerable groups don't just face discrimination based on a single identity such as gender, race or disability, but a combination of them. Vulnerable groups often have multiple identities, such as poor women with disabilities, who experience multiple stigmas and increasingly unfair treatment. Crenshaw (1991) showed that injustice cannot be understood from one dimension alone, but must be seen from the intersection of various forms of oppression that reinforce each other. Social and legal structures tend to fail to capture the complexity of injustices experienced by individuals at the intersection of multiple social identities. Ignoring intersectional dimensions in health and education policies will only exacerbate social exclusion.

Looking at the complexity of this problem, it becomes clear that social stigma is a multidimensional obstacle to the fulfillment of the basic rights of vulnerable groups. It exists in the form of perceptions, social structures and policies, and has a direct impact on their access to health and education services. As a result, groups such as people with disabilities, gender minorities or the poor are often marginalized from essential services such as health and education, not because of a lack of need, but because the system is not designed to reach them fairly. The approach to this issue must be interdisciplinary, involving sociological, psychological, legal and public policy analysis. Only then can reforms in social services truly reach those most in need. Policy changes must be based on comprehensive data that reflects the reality of vulnerable groups' lives, not just the assumptions of policymakers.

By considering the various dimensions of social stigma - in the cultural, structural and symbolic realms - it can be concluded that its effect on vulnerable groups' access to health and education services is very significant. Stigma creates distance between vulnerable groups and public service institutions, making them further away from the fulfillment of their basic rights. Understanding the mechanism of social stigma is very important in formulating policies that truly favor social justice. A partial or generalized approach will only increase the social burden faced by vulnerable groups. A holistic, data-driven policy approach is needed, involving direct participation from affected groups. This approach can be a means of designing health and education services that truly favor social justice and are able to reach those who have been marginalized by the system.

## **CONCLUSION**

Social stigmatization of vulnerable groups has proven to be a serious barrier to achieving equitable access to health and education services. Through the analysis of various perspectives-sociological, legal, and the structural- it is revealed that stigma is not only attached to the social identity of individuals, but also institutionalized in the policies and culture of public services. As a result, groups that are already economically and socially marginalized are increasingly experiencing exclusion in terms of basic services. Integrated legal and social studies are needed to reframe the power relations and structures that reinforce the cycle of discrimination.

This finding confirms the importance of reformulating public policies that not only prioritize formal equality of access, but also identify and eliminate symbolic and systemic forms of stigma. Educational institutions and health facilities need to realize that inclusivity cannot be achieved through administrative approaches alone, but must be supported by revamping paradigms and institutional culture. This research opens up opportunities for cross-sector collaboration to create a service ecosystem that is truly friendly and sensitive to diverse social needs.

The government, academics, and public service practitioners should start using the results of this study as a basis for developing policies that are more responsive to marginalized groups. Further locality-based research is highly recommended to identify specific forms of stigma that develop in certain cultural and social spheres. There is a need to increase the capacity of public service officers through continuous training that is not only technical, but also touches on aspects of social ethics, empathy, and critical awareness of structural inequality.

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