# The Layering of HIV-Related Stigma within a Community


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# Overview of the presentation

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# Background

- **HIV/AIDS-related stigma is often complicated by other socially stigmatizing characteristics of the groups most afflicted by the epidemic.**

- **This accentuates both the exclusion and devaluation of PLWHA leading to double or multiple stigma (i.e., "super-stigmatization"**

- **Thus, stigma is therefore said to be frequently layered over other forms of social inequalities such as race, gender, class, sex work, homosexuality, religion, xenophobia, transgender, drug use, mental and/or physical disability, caste, disease, etc.**

# Background (contd)

- According to the social control model, stigma is a complex social process that acts to reinforce existing social inequalities.
- Thus, stigmatization can be seen as a process intimately linked to the reproduction of power structures in society.
- The presentation:
  - provides a few examples of such layered stigma from South Africa, India and the USA to illustrate the concept and
  - concludes by suggesting the need for group focused interventions to sensitize the general public to the problem of super-stigmatization and its complex social dynamics and also emphasizing that everyone is at risk of HIV infection in a generalized epidemic like that in South Africa irrespective of their perceived safe social space.

# HIV/AIDS-related stigma and race

- **In both South Africa and USA, HIV prevalence is highest among Blacks (i.e., Black Africans and African Americans respectively).**
  - **Historically Blacks have been discriminated upon in both countries.**
  - **In both countries Blacks also generally poor accessibility to health services.**
  - **There have been claims that HIV originated in Africa**
  - **The racist link between sexual promiscuity and African-ness have also served to reinforce the prejudice against Blacks who are HIV-positive.**

# HIV/AIDS-related stigma and race (contd)

- White people especially in South Africa see HIV/AIDS mainly as a Black disease.
- In fact, South Africans from different racial backgrounds blame each other as either being the source of HIV or being responsible for spreading the disease.
  - Whites accuse Blacks, and Blacks accuse Whites, of having brought AIDS into South Africa.
- This finger pointing creates a false sense of security through denial of one's own racial group's exposure and vulnerability to HIV.

# HIV/AIDS-related stigma and gender

- In South Africa and India, and also to a lesser extent in USA, there is a preponderance of women among PLWHA than men.

- The HIV/AIDS-related stigma is particularly more severe for women than for men due to both gender and economic inequalities found in most cultures across the world.
  - On average, Black South African women have a lower social status than men, have less access to safe housing, and are often dependent on their male partners as breadwinners for support. This may render some vulnerable to sexual abuse.

- Women living with HIV are often blamed by society for the spread of HIV as they are often seen aas sexually promiscuous, as loose, as prostitutes, and as dirty and immoral while men living with HIV are culturally absolved of blame for the high incidence of HIV infection and actually praised at times for being masculine.

# HIV/AIDS-related stigma and gender (contd)

- **Indeed, even deaths due to AIDS have exacerbated scape-goating and the re-stigmatizing of women, who may be blamed both for their husbands' HIV-related deaths.**

- **This is partly because more women than men discover their HIV status as part of the antenatal care (ANC) programmes when they become pregnant.**

- **Often men do "proxy HIV testing" by relying on the status of their spouses especially if they are HIV negative but not undergoing any HIV testing themselves.**

# HIV/AIDS-related stigma and sex work

- In both South Africa and India there is a big connection made between being HIV-positive and being a sex worker.
- Sex workers are generally looked down upon because of the nature of their work.
- When a woman is HIV positive it is also immediately assumed that they are HIV-positive and she often experiences some double stigma.

# HIV/AIDS-related stigma and religion

- In South Africa, religion is sometimes also used to mask forms of racial prejudice. For example,
  - a Hindu is almost always a person of Indian origin,
  - a Muslim is almost always someone of Asian origin, and
  - a Jew is usually of White or European origin.

- As with race, HIV/AIDS is never associated with any of these three religions.

- Also certain religions are looked down upon and due to the predominance of Africans, some people who are HIV-positive experience stigma also based on their religion.

# HIV/AIDS-related stigma and homosexuality

- In all the three countries, homophobia  is common and I indeed homosexuality continues to be viewed as the source of AIDS especially in the USA.
- This is in spite of legalization of homosexuality including recently in India.
- HIV-positive MSM often  hide their HIV status for fear of outing as homosexuals, rejection and isolation.
- This exclusion or separation increases the stigma load borne by HIV-positive MSM.
- Indeed the early identification of HIV/AIDS among White gay men fuelled the homophobia implicit in many community responses.

# HIV/AIDS-related stigma and xenophobia

- Internationally and throughout the course of the HIV epidemic, a large number of countries have sought to place the blame for HIV and AIDS on foreigners.

- For example, the USA, Cuba and India are countries that have had policies that prescribe selective testing for people that come from countries that are considered high risk for HIV infection. The USA recently lifted the travel ban by PLWHA from other countries even though they has more reported cases of HIV and AIDS than in countries from which some PLWHA came from.

- Similarly, xenophobic mindset is also to be found within the South African context.

# HIV/AIDS-related stigma and xenophobia (contd)

- Due to the fact that the epidemic in South Africa is younger than in several African countries to the north of the country such as Uganda, Zambia and Zimbabwe, there is a tendency to blame ‘outsiders’ for the arrival of HIV infection in South Africa. even though South Africa has more reported cases of HIV and AIDS cases than in the countries being blamed combined.

- This has been coupled with some genuine concerns by some South Africans about excessive competition for jobs between then and the foreigners. This has fuelled the xenophobia implicit in many community responses.
  - Two years ago over 60 foreigners were murdered during riots directed against other Africans living in Black townships and informal settlements throughout the country.

# Conclusions and recommendations

- We can see that HIV/AIDS-related stigma is indeed layered over other forms of social inequalities.
- Super-stigmatization of PLWHA enables some non-marginalized groups to live with a false sense of security and to feel that they can continue to ignore AIDS as something out there in 'other' communities, and not their own.
- Reducing stigma is likely to require group-focused interventions to sensitize the general public to the problem of super-stigmatization and its complex social dynamics.
- The message should be that everyone is at risk of HIV infection in a generalised epidemic like that in South Africa and in concentrated epidemics found in parts of both India and USA irrespective of their perceived safe social space.

# Useful references


- **Deacon, H., Prosalendis, S., & Stephney, I. (2004). *Understanding HIV/AIDS stigma: A theoretical and methodological analysis.* Cape Town: HSRC Press.**
  - **The publication is available for free downloading from www.hsrcpress.ac.za**
- **Petros, G., Airhihenbuwa, C.O., Simbayi, L., Ramlagan, S. & Brown, B. (2006). HIV/AIDS and 'othering' in South Africa: the blame goes on! *Culture, Health & Sexuality,* 8(1), 67-77.**

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