



Thammasat University

Bachelor of Economics

Sociocultural Stigma Surrounding AIDS in Africa

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EE406: Contemporary Economic Issues

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Abstract

The origins of HIV are found in Africa continent, the person who is infected by HIV will cause failure in the immune system. Nowadays, there are no vaccines or medication methods to cure the patients from HIV but only to maintain the body from immune failure. As we see that in Africa continent, the major public health is HIV because it is not effective to cure and it leads to a cause of death, as estimated 69 percent of all people living in sub-saharan Africa are living with AIDS.

The sociocultural stigma surrounding AIDS in Africa could be the main factors causing the failure of prevention of the disease. The factor that we focus on is stigma, it is recognized as a mark of shame and disgrace. There are two types of stigma which are internal and external. In this study, we want to know each type of stigma that is affected by failure of HIV prevention. We will analyze each types of stigma such as community, women, religion, gay, sex work, and geographical location of those infected.

Lastly, we will discuss the results, it shows that the sociocultural factors that lead to stigma are leading poor HIV/AIDS prevention. Education and the aid from foreign countries may help to decrease the rate of HIV infection. However, with the foreign aids and education may not help to eradicate if the stigma is eradicated by the surrounding AIDS in Africa.

Introduction

The human immunodeficiency viruses (HIV) is a type of retrovirus that infects humans. There are two species of Lentivirus that can infect humans. The person who is infected by HIV will have their immune system fail because the virus causes "Acquired Immunodeficiency Syndrome" which is famously known as AIDS. The failure of the immune system will allow life-threatening opportunistic infections and cancers to thrive. The average survival time of the infected people is estimated to be 9 to 11 years without treatment, depending on the HIV subtype. According to the World Health Organization's research, most people get infected by contact with or transfer of blood, pre-ejaculate, semen, and vaginal fluids. In other words, HIV is a sexually transmitted infection.

Once people get infected by HIV, they will have it for life because there is currently no effective cure. According to the Global Burden of Disease study, almost 1 million people die from HIV each year and almost one million (954,000) people died from HIV/AIDS in 2017. To put this into context, this was just over 50% higher than the number of deaths from malaria in 2017 and in some countries it's the leading cause of death. Most of HIV casualties are from Sub-Saharan Africa, where the disease has had a massive impact on health outcomes and life expectancy in recent decades. The majority of HIV researchers agree that HIV evolved at some point from the closely related Simian Immunodeficiency Virus (SIV), and that SIV or HIV (post mutation) was transferred from non-human primates to humans in the recent past.

In most of African countries, HIV is a major public health concern and cause of death. The rate of Acquired Immunodeficiency Syndrome (AIDS) varies dramatically although the majority of cases that are concentrated in these countries. Although the continent contains more than two-thirds of the total infected worldwide, the continent is home to only about 15.2 percent

of the world's population. Sub-Saharan Africa alone accounted for an estimated 69 percent of all people living with HIV. According to 2011 research about HIV, Sub-Saharan AIDS death is more than 70 percent of all deaths. Also, AIDS has raised death rates and lowered life expectancy among adults in Sub-Saharan Africa between the ages of 20 and 49 by about twenty years. Moreover, the life expectancy decline in most parts of Africa as a result of the impact of HIV/AIDS epidemic which also cause life-expectancy in some countries reaching as low as 34 years.

Almost all African countries seem heavily affected by the outbreak of HIV, but the countries in North Africa and the horn of Africa have significantly lower prevalence rates This happens due to their population typically engaging in fewer high-risk cultural patterns that cause the virus outbreak in Sub-Saharan Africa. The southern regions of Africa seem opposite to northern Africa, since their population is the worst affected region on the continent. As highest AIDS death ratio and highest number of HIV infected populations. According to 2011 research about HIV outbreak, HIV has infected at least 10 percent of the population in Zimbabwe, Lesotho, Mozambique, Malawi, Namibia, Eswatini, South Africa, Zambia, and Botswana.

In the United States of America, HIV was first outbreak in 1960 but first noticed in 1981 which virus is already widespread. Treatment of HIV is not effective, where they primarily used a "drug cocktail" of antiretroviral drugs, and education programs to help people avoid infection. Initially, infected foreign nationals were turned back at the U.S. border to help prevent additional infections. The number of U.S. deaths from AIDS have declined sharply since the early years of the disease's presentation domestically. In the United States in 2016, 1.1 million people aged over 13 lived with an HIV infection, of whom 14% were unaware of their infection. In 2018, more than 700,000 people have died because of HIV in the United State of America since it was first outbreak in 1960 which duration is 58 years and the average death per year is 12,070 people per year. But the death rate is declining in early years due to the improved treatments and better prophylaxis against opportunistic infections.

The other big region is Asia, where the HIV rate of this region is lower than the previous regions mentioned before. Compared with other regions, notably Africa and the Americas, national HIV prevalence levels in South Asia, Southeast Asia is very low and the ratio is much lower in East Asia and West Asia. national HIV prevalence levels in South Asia and Southeast Asia are very low which is 0.3% in the adult and 0.1% in adult for East Asia and West Asia. However due to the large number of people in this region, the 0.1% or 0.3% still means that more people lived with HIV and most of them are Sex worker, Injection drug users, Gays people and the client of sex worker.

These two regions of Asia and North America differ from Africa, not just in funding and capital to combat the AIDS disease, but also in many socio culturally relevant ways. In this paper, we will primarily be looking at the effect of stigma on the unmitigated spread of AIDS/HIV in the continent of Africa. The stigma can have major effects on testing, prevention, and policymaking. The impact of stigma on policy making has been severely understated in African nations. Jonathan Mann, the World Health Organization's Global Program on AIDS founder outlined three major phases of an AIDS/HIV epidemic. The first stage was an initial silent spread

of the virus, followed by an outbreak of ill health. The final stage, according to his words, was the stage of social impact. This is primarily associated with stigma of the disease leading to shame and isolation. However, what he failed to mention was the effect of this stigma on policy making as well as economic development.

Stigma surrounding this disease is both the cause and effect of secrecy and denial. These two factors can contribute immensely to the spread of HIV. Stigma will lead to fear and a desire to avoid HIV testing. Without testing, a substantial period of time can pass, leading to possible further complications with the disease, as well as possible transmission of the virus. As such, fear of stigmatization can greatly limit the effectiveness of policies. In a study conducted regarding African NGOs and their services for AIDS/HIV prevention, 33% of the NGO directors answered that stigma was one of the key challenges to their work.

Types of Stigma

Stigma is generally recognized as a mark of shame or disgrace. In a social context, it can refer to the disapproval of/discrimination against a person due to perceivable social characteristics which may differentiate them from other members of society. In this case, that mark is not externally identifiable, but the infection of HIV. Stigmatization is meant to separate the affected parties from the “normal” social order. It is a social construct that is based off of prejudice and discrimination.

There are two key types of stigma that people may encounter, internal and external. External stigma is actual experience of discrimination. Internal stigma is more personal and involves how a person perceives themselves and their surroundings. It acts as a type of imagined or felt stigma. In this case, it is the shame associated with having HIV/AIDS and the fear felt by those affected of being discriminated against. These two types of stigmas can be influenced by one another. Internal stigma can be created as a byproduct of external stigma as internalized fear or shame can lead affected people to behave or think in such a way to protect themselves from external stigma. For example, the refusal or denial of a HIV, the unwillingness to disclose an HIV positive diagnosis, or a refusal of external help are all behaviors developed in response to internal stigma, which was in turn created as a survival mechanism against external stigma. This internal stigma is extremely prevalent in surveyed people living with AIDS. A study of 2306 adults in Cape Town revealed that 10% of those surveyed believed that people with AIDS are dirty. 26% of the people with AIDS felt that they were dirty. 16% of the total sample believed that they should be ashamed of their condition, compared to 38% of the respondents comprised of those with AIDS. Lastly, those affected had 41% of people say that they felt guilty contracting the disease, compared to only 13% of the total sample that said that those infected must have done something to deserve their condition. This would likely refer to a belief that those with HIV have engaged in activities such as: sexual misconduct, sexual deviancy, or having multiple partners. Overall, it shows us that internal stigma amplifies and magnifies actual thoughts of external stigma to a significant degree.

Symptoms of depression were also significant and greater compared to the general population, as seen in South Africa. Around 29% of the general population reported that they felt

depressed in the past year, compared to 42% of the people with AIDS. For a narrower time frame, around 30% of HIV infected individuals indicated symptoms of depression in the past week.

A study conducted in Zimbabwe by Duffy in 2005 exploring HIV stigma specified three forms of key forms of stigma. The first was labelling, which referred to labels being attached to people with an advanced stage of HIV infection. These would include physical changes such as skin changes or weight loss. People took these changes as signs or physical manifestations of immorality or sexual deviancy. The second type was blaming and shame, which is primarily a form of internal stigma. HIV positive individuals fear for the consequences of disclosing their positive status and blame themselves for contracting the disease. It is accompanied by shame, embarrassment, self-victimization, suspicion, and isolation from their community. The last form was silence and secrecy. This is usually a direct result of the two previously mentioned types of stigma. The stigmatized person will choose to self-isolate themselves or stay silent about their HIV status because of fear of the other two types of stigma. It can also be an effect of external stigma from previously having experiences in which they were stigmatized.

Analysis: Community

Fear of stigma can lead to a denial to the self and to others of having the disease. This denial can be very dangerous in controlling the spread of the disease. Newspaper obituaries actively avoid mentioning HIV/AIDS as a cause of death because of this denial. Condom usage may also be inhibited due to denial of having the disease.

A fear of HIV related stigma can lead to negative social impacts for those whose status is made known. For example, individuals may be forced in isolation from their family, hidden away from visitors, or required to eat alone. Entire families may also be stigmatized by the community for fear of infecting others. In African culture and villages, community is very important. These people usually grow up with each other and have lived closely for many generations. Gossip can travel fast and affect the social standings of those affected by the disease. All these social factors can have disastrous economic consequences for those afflicted with AIDS/HIV. Neighbors and other customers may refuse to do business with people associated with HIV. In impoverished areas, this is greatly impactful to the economic livelihood of a family or anyone associated with an infected person.

Analysis: Women

Stigma in the family and fear of being found out as HIV/AIDS positive is further compounded by the traditional role of women in the family. In much of sub-Saharan Africa, women are a subordinate group who have to follow their husbands. This is because of the male-centric traditionalist culture in Africa. Women are expected to bear children, cook for the family, and submit to the husband's sexual desires.

Husbands have beaten or abandoned their wives after finding them to be HIV positive, despite being the ones who gave them the disease. These same women can also be subject to violence from their husbands due to refusing his sexual advances, requesting an HIV test, or

asking to use a condom. Many cultures believe ignorance and a lack of sexual knowledge to be representative of purity. As such, women may be hesitant to seek information regarding sex and how to have it safely. However, even if they have the knowledge, they would not be able to reject the man from practicing unsafe sex for fear of violence. Thus, women are fearful of stigma and violent punishment within the family, leading to trying to deny or hide the fact that they have the disease.

In addition to violent punishment, the livelihoods of women greatly revolve around their husbands. In Sub-Saharan Africa, women depend on the males in their family to provide for food, shelter, and clothing. Thus, disclosing their HIV positive status would be extremely detrimental in the minds of these women, because they have everything to lose. Many women would prefer to reject testing, and those who do opt in and find a positive status would try and hide their diagnosis. A study conducted in Ghana revealed that the main reasons for not disclosing HIV status were: fear of stigma and divorce, fear of losing confidentiality, women's low decision-making power, and the husband/male partner's attitude towards testing and counselling. These all contribute to hiding HIV positive status or avoiding testing altogether.

This can lead to further spread of the disease, either through continued sexual relations or mother-to-child transmission through: pregnancy, labor, delivery, or breastfeeding. Pregnant women may avoid HIV testing and will be forced to expose their children to HIV infections due to denial and stigma. Stigma also prevents these mothers from seeking alternative feeding methods for fear of arousing suspicion in the community. Mother-to-child transmission is the main mode of HIV transmission in children under 15 years of age. This is especially significant in Africa, where more than 80% of children living with HIV are found.

Any person diagnosed with HIV is perceived by others to be immoral. This is due to the sexually transmitted nature of the disease. People believe that those with AIDS have had numerous sexual partners or other such indecent sexual behavior. Thus, they are unfairly judged as sinful, especially in Africa which is a predominantly Christian continent. Women are frequently blamed for being spreaders of HIV transmission, despite studies that say the contrary. Regarding gender bias in stigma, a study conducted in Kenya showed that 56% of women are more likely to be targets of stigmatization, relative to 12% for men. Men in African society are freely allowed to pursue polygamous relationships and extramarital affairs. Women are expected to be monogamous. However, this will not prevent the spread of AIDS if the husband already has more sexual partners and does not practice safe sex with them.

Analysis: Religion

Another cultural factor that contributed to the spread of HIV in Africa is religion. Almost 50% of Africans are Christians. Christianity is a religion that frowns upon the use of contraceptives such as condoms for sex, as they believe that the role of sex is to create life. As such, this factor also plays a role in limiting the effect of policies created which revolve around the use of contraceptives in Africa. Religious institutions have been found to link immorality and sin with sex and AIDS. In Zambia, churches sometimes implement mandatory HIV testing before allowing marriage. Those with AIDS have been excommunicated from churches

previously due to being labeled as sinners. This furthers the stigma of the disease and plays a pivotal role in hampering any preventative or educational policies. In addition, homosexuality is grave sin in some Christian and Islamic beliefs or sects. As HIV had a previous connection to homosexual activity, coming out with a positive diagnosis can lead people to associate the two. This can cause some internal stigma. Internal stigma is the shame associated with HIV/AIDS and a fear of being discriminated against. With highly religious people, they may feel more shameful or “dirty” from contracting the disease as it is associated with homosexuality, sin, and immorality.

It is also common for African cultures to hold beliefs that illnesses are a result of spirits or supernatural forces. In the South African traditional belief systems for health and disease, people become ill because they anger God or the spirits of their ancestors. In a survey conducted, around 4% of South Africans believed that AIDS were definitely caused by witchcraft, with 14% being not entirely sure. These traditional beliefs are more prevalent in rural areas as well. In a study conducted in Zambia,, 25% of the people surveyed believed that sexually transmitted infections were caused by spirits and witchcraft. It is believed that this contributes to stigma due to misconceptions and misinformation. In addition, a study conducted in Cape Town, South Africa found that those who believed that AIDS were caused by spirits were more likely to have never used a condom before. This is significant because these people would also contribute to the spread of AIDS due to lack of knowledge and ignorance of preventative measures like contraceptives. These same people were more likely to agree that people with AIDS: should be ashamed, are dirty, and should feel guilty. As they tie AIDS to religious or spiritual beliefs, these people believe that the people infected deserve punishment for something or have brought the condition upon themselves. The punishment can be due to perceived sexual deviancy due to the nature of the disease’s transmission.

Analysis: Men who have sex with men

Stigma surrounding homosexuality and AIDS is even more dangerous in African nations because in many African countries, because there are laws criminalizing homosexuality. The UN’s 2014 report on AIDS found that globally, gay men are 19 times more likely to be living with HIV than the general population. Specifically in Africa, the risk of infection can rise to up to 20 times higher than the general population. According to statistical data, people who engage in homosexual activity often acquire HIV early in life as well. In total, out of 54 states recognized by the United Nations, 32 countries make it illegal to have homosexual relations. In Somalia, Somaliland, Mauritania, and northern Nigeria, homosexuality is punishable by death. In Uganda, Tanzania, and Sierra Leone, its is possible for offenders to receive life sentences for homosexual acts. These policies dissuade gay populations from seeking treatment for AIDS for fear of exposing themselves and health care providers from offering treatments for AIDS or HIV.

The Global Commission on HIV and the Law convened by the United Nations released a report in 2012 that demonstrated a higher rate of HIV among men who have sex with men in countries where such activity is illegal. Aside from the law, these gay men also face pressure from fear of physical, psychological, or sexual violence due to homonegativity and homophobia. Such threats include: extortion, humiliation, discrimination, and violence. The anti-homosexual

laws serve only to reinforce this stigma and discrimination. Thus, the cumulative effect of laws as well as preexisting homophobic tendencies is highly detrimental and counterproductive for policies aimed at prevention and treatment of the disease.

Anti homosexuality laws will lead to a restriction to services and limit the provider's efficiency. It has been documented that healthcare providers will stop or reduce the scope of their care to men who engage in sex with other men. Only 10% of this population will receive a basic package of HIV prevention interventions. In Sub-Saharan Africa, 31 of 45 countries reported that they did not spend at all on programs dealing specifically with gay men.

In the Africa nations that are not Christian, they are predominantly Islamic. This is important to consider in the concept of homosexuality and law because according to Sharia law, homosexuality is a sin that can be punished by the death penalty. Even with these laws not being actively enforced in some of these countries, awareness of these laws and the threat of possible enforcement can be highly damaging to those affected. It can fuel greater internal and external stigma, as when as fear. This will detract from policies that are meant to help AIDS as people will be unwilling to test or indicate their positive status for fear of physical or legal retaliation.

In research conducted by Lane McIntyre, and Morin in 2006, it revealed that gay black men in South Africa were highly vulnerable to HIV infection due to high risk sexual behavior. In addition, they are a highly marginalized population and usually neglected in current HIV prevention campaigns and research. Internal stigmatization of being gay and fearful of a positive diagnosis were shown to be barriers to the infected parties using the available services offered for voluntary HIV testing, as well as counselling services. The research was quantitative and involved anonymous surveys to be completed by 422 HIV infected men in Cape Town, 92 of which have engaged in sexual activity with men. One key factor that separated these two groups was payment for sex. The 28% of the homosexual men reported having received money in exchange for sex, relative to 6% for the heterosexual men. This only adds to the stigma felt, as some of the gay men acted as sex workers, which would likely increase their internal stigma. The paper found that internal stigma was high across both surveyed groups, as 57% of them reported that they hid their positive status from others. Around 47% of those surveyed said they felt guilty about being HIV positive and 43% were ashamed for being HIV positive. In terms of internal stigma, there were no significant differences between both parties. However, the homosexual men reported greater external stigma or discrimination from their HIV positive status, such as loss of job or place of residence. Moderate levels of depression symptoms were found in both groups.

Analysis: Sex workers

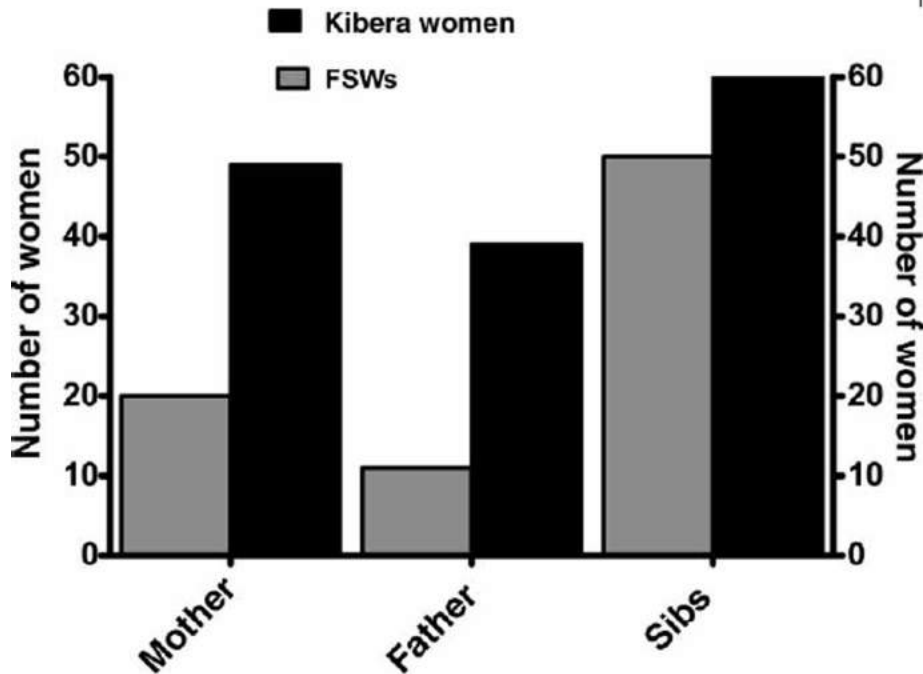
The relationship of economic growth and sex trade workers is inverse. As the economy becomes more developed, people will not need to resort to sex work to provide for their families. In areas with low economic security, as well as low levels of food security, sex work can be seen as the best option. In South Africa, women who were interviewed sold sex to support their

children or relatives. In Nigeria, a study found that hunger and food insecurity were the main driving factors. Sex work is one key aspect that can increase the spread of AIDS.

On average, sex workers are 13 times more likely to be infected with HIV, relative to others. They account for around 9% of the total number of new HIV infections. Especially in eastern and southern Africa, there is a high prevalence of HIV among female sex workers. More than 50% of sex workers are living with HIV in the following countries: Zimbabwe, South Africa, Malawi, Lesotho, and Eswatini.

Sex workers are more sensitive to social and legal factors surrounding HIV infection. They are usually criminalized, stigmatized, and marginalized in society. This makes them more vulnerable to HIV and less likely to be affected by policies to control and prevent HIV infection. The law rarely protects sex workers, so they can be at risk from law enforcement, partners, family members, or clients who would discriminate against them. This lack of protection makes sex workers more susceptible to abuse, violence, and rape, which creates an environment which can further HIV transmission. The stigma they face makes it hard for them to find help in the form of testing or social services. They fear discrimination if their status is made known.

Familial and social support is lacking as well in Sub-Saharan Africa for these sex workers. A study conducted in the informal settlement of Kibera in Nairobi demonstrates how these factors make sex workers more vulnerable to HIV infection. The research conducted compared the sex workers to women of similar age who were reported as never engaging in commercial sex work. The female sex workers reported fewer family members at 15 years of age relative to their counterparts who never engaged in sex work. They also reported fewer male and female guardians, while having a significantly earlier age of last contact with these guardians. This means that they had less familial connection and their family left them at a younger age relative to those who did not engage in sex work. As a result, the female sex workers reported less opportunity to borrow money from family members when they needed it or were in a financial crisis.



Aside from stigma, the nature of sex work means higher probabilities of getting infected, as they have a comparatively higher number of sexual partners compared to others. This is important to note in Africa because of the lack of use of condoms. Sex workers are also put in less advantageous positions than their clients. The clients can demand sex without a condom and the sex workers will be powerless to refuse. Violence or an unwillingness to pay can lead to unprotected sex. A study from Ghana showed the factors that led to unprotected sex, which include: client refusal (73%), receiving a higher payment (33%) and client brutality (43%). In a survey conducted in Kenya for female sex workers, 17% of those interviewed reported assault in the past month and 35% reported previously being raped by male clients. Around 1 in 5 sex workers in Antananarivo, Madagascar reported that in the past month (from the time of being surveyed) they wanted clients to use a condom, but were too scared to ask. Among those who asked, nearly $\frac{3}{4}$ of these clients denied their request to use a condom. Clients may also pay more for unprotected sex. In Kinshasa, Democratic Republic of Congo, it was reported that around a quarter of sex workers reported having unprotected sex for up to 3.5 times more money than usual. These all contribute to the lack of use of condoms. Thus, HIV/AIDS spreads much more easily amongst sex workers, especially in Africa, where the threat of physical violence is higher.

Mathematical models predict that in Benin, Burkina Faso, and Kenya, 14-38% of all HIV infections for the next 20 years could be caused by sex work. Without focused programs, this number can skyrocket to 58-89%. This is also in part due to migration. Sex workers looking for work are highly mobile and move along major transport routes or urban areas looking for customers. West African studies show that sex workers in a country are usually not nationals of that country. This can be due to factors such as economic and political instability. In Benin, 58%

of interviewed sex workers only lived there for less than six months. The widespread migration amongst sex workers contributes to the spread of AIDS/HIV in the African continent.

A key issue that hinders the effectiveness of policies is also the lack of data regarding these women who engage in sex work. As of 2015, 28 African countries do not have sufficient or reliable data on the population of female sex workers. Surveys regarding HIV among the female sex workers have only been performed in 19 out of 47 Sub-Saharan African countries. Worldwide figures indicate that an estimated two-thirds of countries lack data on HIV prevalence among these sex workers.

Even if data is available in some countries, it is reported that only around a third of those affected will be able to receive adequate and sufficient HIV prevention interventions in the Sub-Saharan Africa region. Less than a third of the total female sex worker population will have access to treatment, care, and support if the methods of prevention fail. As a comparison to the rest of the world, UNAIDS has estimated that under 50% of sex workers globally will have access to HIV prevention programs. While this is quite low, it shows that Africa is greatly lagging behind the rest of the world in terms of adequate availability of prevention and care for female sex workers.

Analysis: Rural vs. urban stigma

The geographical location of those infected also affects the level of stigma that they may face on a day to day basis. This is due to a perception that urban and rural communities have different social structures, as well as divergent previous experiences. Thus, both internal and external stigma developed as a result of these sociocultural differences should be considered as well. Stigma is highly dependent on society as a whole, cultural values, and different types of community. Rural communities are highly personal and interconnected, so having anonymity and confidentiality is more difficult relative to urban communities. It can also be observed that due to this, support for people with HIV should be higher due to rural societies being more based on familial connections and relationships.

In order to fully analyze this effect on stigma, a study was conducted in five African countries to explore the experiences of stigma of people living with HIV and nurses. The countries included in the study were: Lesotho, Malawi, South Africa, Swaziland, and Tanzania. A total of 251 participants were included, with 44% being people living with HIV, 45% being nurses, and 10% being volunteer members. The study found that there was a significant difference in the urban and rural groups regarding the level of stigma that they receive. The people living with HIV in urban areas reported more frequent incidents of being a victim of stigmatization. This was theorized by the researchers to be because of socioeconomic factors such as access to healthcare services. In urban areas, people are expected to be able to avoid infection due to the higher level of care available for them. As such, by defying these expectations with an HIV positive diagnosis, people are more likely to judge them and stigmatize them for the perceived difficulty in acquiring the disease. This is relative to rural areas, where there is a general expectation for higher levels of sickness due to poverty and diminished access to healthcare. In urban areas, it was also found that there was greater

awareness of social and cultural issues. As a result, internal stigma in infected rural communities would be higher because they are expected to be more aware of social issues, health issues, and have better access to healthcare services. This can be summarized by one participant's statement, which was: "one ought to know better", so urban areas report higher levels of stigma against HIV/AIDS infected populations.

Discussion

In summary, the sociocultural factors that lead to stigma in Africa aggravate already poor HIV/AIDS prevention. HIV positive people are continually subject to stigma by family, friends, community, and society. Stigma plays a great role in restricting the effectiveness of prevention policies or limiting the full potential of foreign aid. However, there is widespread belief that stigma is diminishing over time. Research implies that feeling empathy for an individual of a stigmatized group can improve perception and attitude toward the entirety of the group. Making people living with HIV more visible and garnering sympathy for their struggles can be one method to combat the stigma in Africa.

Some African countries have taken steps to raise awareness regarding HIV by creating media campaigns. Most of the campaigns target society as a whole or the general public. However, while they are becoming more and more common, it is uncertain whether campaigns are proving to be effective. Education and investment in human capital can go a long way towards combating stigma because much of the discussed sources of stigma are due to ignorance or a lack of knowledge. For example, the belief that AIDS is caused by spirits can be addressed through a proper education. Some other media campaigns are addressing the youth because it is very difficult to change an adult's mindset regarding HIV positive individuals. This education is being conducted at a young age in order to correct misconceptions at an early age.

Despite all of this, it will be extremely difficult to eradicate all the stigma surrounding AIDS. Factors such as misogyny or homophobia are deeply rooted cultural biases that are near impossible to correct. Stigma is hard to correct due to it being an intangible concept based on people's thoughts and actions. As a whole, the HIV/AIDS epidemic has improved in Africa due to increased foreign aid, but it would most likely remain hindered by stigma. In order to change the attitudes regarding HIV and the infected, it would be up to society and the individuals that live in it to make a change themselves. Governments would need to enforce and fight against stigmatization by drafting anti-discrimination legislation or enforcing laws regarding domestic violence which can directly have an effect on women. Women should also be empowered in society and understand their rights in order to aid in preventative measures by using contraceptives. Foreign aid used to help educate and correct misconceptions regarding AIDS, in addition to the already existing aid to fund preventative measures like free contraceptives or free testing, would be beneficial as well.

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