

Stigmatization and Discrimination against those Living With HIV/AIDS

Written by U.S Immigration News

Friday, 07 October 2011 20:27 - Last Updated Saturday, 08 October 2011 04:18



Few years back, an international Non Governmental Organization on Health and Development had an HIV/AIDS sensitization outreach in Ejigbo, a small town in South West, Nigeria. At the end of the program, several people who expressed willingness to know their HIV/AIDS status were counseled and subsequently tested. An alarming number of them were discovered to be living with the virus. They were therefore taken through series of counseling and assigned to a support group with trained public health workers deployed to help them manage their health condition.

Most of the members of that support group did not make it beyond the year. No doubt majority of who were women, did not die from the virus. They were well aware that they could still live healthily with the virus for many more years, and at that point, there was no imminent fear of death. Yet they could not hold on to life again. What killed those people before the infection could progress to the terminal stage was the fear of the stigma that comes with living with a deadly communicable virus like HIV/AIDS and the fear of alienation by people, especially members of their families.

The victims' fears are not unfounded. There is a prevalent socio-cultural notion that People Living with HIV/AIDS (PLWHA) are morally irresponsible and that they got what they deserved. Contracting HIV is thus considered nature's recompense for the victim's waywardness. This is especially true if the victim is a woman, either married or single.

One of the initial challenges a PLWHA faces is dealing with the effect of their status on their family members and close associates. Testing positive to the virus that causes AIDS has far reaching impact on the family members of the infected. Where a member of a family contracts the disease, such member is considered to have brought disgrace upon the entire family. All the members of the family will suffer the stigma one way or the other.

Just as young unmarried men and women are usually warned not to marry from families where there is a history of mental illness, there is also an unspoken rule about relating with close family members of PLWHAs. Unmarried members of families of PLWHAs may have difficulty

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attracting suitors or maintaining a prospective relationship. The parents of these PLWHAs, especially the mothers are also not spared from the stigmatization. If close family members of a PLWHA refuse to openly dissociate themselves from the victim, they risk losing their friends and social status within their community.

In certain localities within the West Africa region, the status of the PLWHA becomes a descriptive adjective for every member of the affected family. School age children from the family drop out of school. Some of the aged ones become depressed. The artisans among them lose clientele, while the entrepreneurs lose their investments. In some instances, some of the family members are forced to go on exile. These and many more explain the alienation of People living with HIV/AIDS by the members of their families and their close associates.

Although religious bodies have been long identified as being a formidable force in combating stigmatization and discrimination against PLWHAs, it is disturbing that some of the religious groups are still not open to treating PLWHAs right, much less educate their members to desist from acts of discrimination against PLWHAs. Because of the prevalent view that HIV/AIDS is more often than not contracted through illicit sexual affairs, PLWHAs and their family members suffer rejection and condemnation by people within their religious circle.

One would wonder why, in spite of the magnitude of human and financial resources expended into sensitization of members of the public about HIV/AIDS particular the demystification of the myths about how the disease could be contacted, people still remain in the dark as regards the unrivaled mysteries of the disease. The truth is that, a considerable part of the African society still regards People Living with HIV/AIDS as menace to uninfected members of society.

Since they cannot be banished outright, members of the society who are in the know about the status of PLWHAs avoid relating to them as much as possible. It is a truism that action speaks louder than voice. When People living with the virus hear the unspoken words of rejection from the people in their world, they retreat and retreat until nothing in life seems worth living for. People cave in more to the pressure from the stigma than to the opportunistic infections that kills persons living with full blown AIDS.

PLWHAs in the West African region often suffer from economic exploitation by spiritualists and trado-medical practitioners who boast they have permanent cure to the ailment. PLWHAs are very vulnerable in this regard as consulting such self acclaimed healers allow them a more discreet attempt to solve their health problems rather than joining the conspicuous queues at

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the Government Hospitals to access the Anti Retroviral Therapy. As a matter of fact, some PLWHAs complain of experiencing stigmatization even at these hospitals.

Most PLWHAs are fighting with their backs to the ground. Besides dealing with their medical and emotional challenges on a daily basis, PLWHAs have to struggle against poverty, prejudice, and social elimination. The very few ones who insist that their fundamental human rights be respected have not recorded much success as even the judicial systems have not been able to come to their rescue. For instance, in Nigeria, several suits filed by human rights organizations and even PLWHAs themselves have become unduly protracted with no end in sight. The society less overtly and more covertly kills the spirit of PLWHAs and makes them more vulnerable to the opportunistic infections and socio economic oppression.

PLWHAs and other people affected by their status are caught in the web of hypocrisy and ignorance which is the mainstay of stigmatization and discrimination against them in Africa.

While the good majority of the African populace is seemingly paranoid about contacting HIV/AIDS by relating **civilly** with PLWHAs, a teeming number of its young populations continue to engage in risky sexual behaviors. More people are getting infected but we really cannot know, since the society is most likely to hand a death sentence to whoever is courageous enough to make his / her positive status known. The general disposition these days, especially among vulnerable groups is not to get tested as one seems to be 'better off' not knowing his or her HIV/AIDS status, whereas, we all should know.

Within the African context, the stigma and discrimination against people living with HIV/AIDS is real and sad, more deadly than the disease itself. It, therefore, remains the major factor accountable for the slow progress being made in combating the ailment in Africa. The fear of stigmatization and discrimination has discouraged voluntary testing and assessing of drugs by patients particularly in West Africa where the disease seems to be comparably less prevalent.