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Socio-cultural construction of HIV/AIDS stigma among african migrant women in lower saxony, Germany

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An estimate of 80,000 people are living with HIV in Germany with 4,400 sero-positive persons in the State of Lower Saxony which counts amongst the high HIV prevalence states in Germany. Yet, many sexually active people do not know their HIV status. In so doing, HIV-related stigma stands a major barrier in seeking VCT especially within the African communities. Gender and culture play a significant part in the aftermath of the infection. Women are more likely to be blamed for the transmission of HIV compared to men. All these complicate the disclosure of infection and prevention of HIV transmission. HIV prevention efforts are slowed down by societal and cultural factors that largely lead to stigmatization of infected individuals.

The current research therefore examines the socio-cultural constructions of HIV stigma and dilemmas as African-migrant Women struggle to cope with the challenges posed by HIV/AIDS in their day to day lives. The social context of HIV-related stigma is reflected in negative behaviors including discrimination, denial, secrecy and self-blame.

Most HIV infections are through heterosexual transmission, a mode of transmission closely linked to promiscuity and the resultant HIV-related stigma. The complexity surrounding HIV-related stigma cannot be ignored considering the fact that, it is layered amongst other stigmas such as gender and promiscuity (Skinner & Mfecane, 2004). Intersectionality is an ideal framework for analyzing complex health inequalities that occurs among HIV-infected subgroups especially African Women whose experiences are different from their male counterparts. Multiple factors often precipitate stigmatization experiences and their social identities at the individual level such as being female, ethnic minority, low economic status which interlocks with oppressive forces at the macro level e.g classism or sexism which creates social injustice. It is vital to examine the underlying aspects creating and re-enforcing HIV-related stigma in order to design culturally sensitive interventions. Thus, redefining HIV/AIDS from the social perspective which initially created stigma needs to be addressed in order to eradicate it.

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