

# **ZERO DISCRIMINATION, ARE WE THERE?**

## **SUMMARY**

Although HIV/AIDS is a manageable disease, related stigma and discrimination is still a major public health problem. Discrimination against people living with HIV/AIDS (PLWHA) in the areas of employment, education, individual liberties, access to medical care, social security, access to bank loan, insurance, is observed in various settings, Cameroon included. This slowed the potential of the national AIDS control committee to achieving its goal of “Zero Discrimination” in 2015. Cameroon’s future response to AIDS related discrimination requires strong political commitment and the allocation of financial resources at all levels.



## **INTRODUCTION**

As soon as the Acquired Immuno-Deficiency Syndrome (AIDS) was discovered in Africa in the 1970s-1980s, it was perceived as a disease that defied science and wrongly associated with immoral behavior. Scientists first of all looked for the agent responsible and focused on the biological mechanisms of action of the virus, the natural history of the disease and the epidemic, the means of prevention, care and treatment. Given the urgency of the situation, issues of social ethics and rights of the infected individual were not given immediate attention. Disease stigma consequently is the social link between a disease and negative behaviors towards a person or group with that particular disease within the social sphere. People Living with HIV/AIDS (PLWHA) were and are still suffering from great ordeals of rejection, ostracism, moral judgments, in addition to the daily traumatizing burden of their physical and psychological experience. This situation has intensified their feeling of isolation and pushed them into despair. Although the use of Antiretroviral therapy (ART) has changed the perception of HIV/AIDS from a fatal to chronic and potentially manageable disease, HIV-related stigma and discrimination is still a major public health problem, especially when considering access to medical care, social security, individual liberties, access to bank loan and insurance.

## HIV-RELATED STIGMATIZATION

In 2007, antiretroviral (ARV) treatment became free in Cameroon, in part to fight a common belief that people with HIV were condemned to death and improve their quality of life. It has also changed the view of People living with HIV/AIDS and their relatives as they see their infected relatives living longer and healthier lives. However, the Stigma they experience leads to self-discrimination and trauma on carriers, and most people will die of stress and trauma-related causes and not of HIV/AIDS because stigma fuels discrimination. Diagnosis of HIV infection has considerable psychological effects (state of shock, denial, anger, suicidal tendencies, fear, depression, isolation, guilt, anguish, etc).

About 90% of HIV infections in Cameroon are through unprotected sexual transmission, a mode of transmission closely linked to sexual promiscuity and the resultant HIV-related stigma<sup>1</sup>. The consequences of HIV-related stigma includes failure to disclose one's infection status, isolation, discrimination and interference with access to health care services among others<sup>2, 3</sup>. The stigma of HIV and AIDS is one social process that has been broadly assumed to adversely affect multiple facets of engagement in HIV-related care as well as other factors that may undermine ART adherence, including HIV serostatus disclosure, social support, and mental well-being<sup>4</sup>. Therefore, HIV prevention on the African continent where HIV/AIDS is endemic necessitates a critical focus on HIV-related stigma and discrimination at all levels of society. AIDS stigma leads to discrimination at a personal level, structural discrimination in the social realm and self-stigmatization where stigmatized people accepts labels attached by the society<sup>5</sup>.

## THE FIGHT AGAINST STIGMATIZATION IN CAMEROON

With the aim to fight what occurs behind the scene and what is responsible for what PLWHA are experiencing, From December 1st 2011 right up until 2015 UNAIDS envisioned that different regions and groups will each year choose one or all of the Zeros that best addresses their situation. «Getting to Zero.» Zero New HIV Infections. Zero Discrimination and Zero AIDS-Related Deaths. In Cameroon, all three zeros were objectives of the National AIDS control program from 2011-2015 showing how determined the country is in the fight against HIV/AIDS and its associated infirmities. Despite the government's efforts to make ARV treatment free, decentralize treatment centres and establish HIV/AIDS support programmes for patients, there are still widespread myths and discrimination associated with the disease as in most hospitals where there are treatment centres, the AIDS care unit is usually isolated. Although this is important for proper care and management of PLWHA attending these centres, it contributes to stigma as those leaving these facilities are labeled as "HIV patient" by the community. There are no laws protecting people living with HIV from discrimination.

### The "AIDS sufferers"

In Cameroon, stigmatization is so high and self-marginalization so powerful that even in structures and projects that propose free tritherapy treatment, very few PLWHA accept it. This is because they do not want to reveal their HIV-positive status. A project by "Doctors without borders" (Swiss branch) proposed to offer 150 free tritherapy treatments for five years for a contribution of CFA 50000. However, at the end of one year, they did not even receive 30 patients. Some medical doctors still refer to their patients who are PLWHA as «AIDS sufferers». With regard to HIV testing, it was observed that in hospitals, whatever the nature of the disease,

doctors systematically subjected patients to HIV testing. The results were either not communicated to the person concerned or they were announced without pre or post-test counseling, or transmitted in an envelope. In the best of cases, the candidates were sent to Ambulatory Treatment Centres (ATCs). In some cases, the first test was not followed by confirmation tests, due to lack of money, lack of information or simply because they did not exist. Stigma and discrimination discourages PLWHA from joining support groups which have gone a long way to provide spouses to PLWHA and counseling for couples on how to live with the disease and still make HIV negative babies. In most cases, friends of members of HIV support groups tend to suffer from stigmatization themselves as they are seen as someone with the disease since they associate with them. Those with a sero positive status for HIV are not called patients but the term People/persons living with HIV/AIDS is used as opposed to “HIV patient” used before in most treatment centres which makes them not to feel more comfortable.

## CONCLUSION

HIV/AIDS discrimination should be eminent when it comes to efforts to eliminate some confounding causes in the lack of achievement of the objective of antiretroviral therapy in Cameroon - increasing quality of life. The fight must be a combined effort of PLWHA themselves, the health workers and the government in general.

### Proposed actions

Cameroon's future response to AIDS related discrimination requires strong political commitment and the allocation of financial resources at all levels. The government, civil society, and international partners have integral and complementary roles to play in the development of a sustainable national response. Learning from Other African countries allows us to make the following recommendations for Cameroon: include a comprehensive list of topics related to HIV to school curriculum, including the basic facts about HIV transmission and prevention, alongside more complex issues such as stigma and gender-based violence. The government can vote an antidiscrimination law which secured the rights of people living with HIV, protecting HIV-positive employees from unfair dismissal and from mandatory HIV testing:

- Strengthening associations of PLWHA to make them more autonomous and active
- Putting in place a quick and free legal procedure for resolving conflicts between employers and their employees suffering from HIV/AIDS;
- Putting in place «Ethics, Law and HIV/AIDS» networks, where they do not exist, and strengthening those existing already;

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