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

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Migration is a process that is linked not only to positive aspects such as remittances, socio-cultural changes initiated by the diaspora communities, but also negative consequences such as integration problems, and the rapid spread of infectious disease. Migration is associated with diseases were migrants are perceived as carriers of vectors. Migrants, tourists and expatriates who cross international borders move with diseases that are not easy to detect by receiving countries medical personnel. More so, such diseases require culturally appropriate treatment plans considering migrants are transmitters and recipients of HIV infection. Migrants are in most cases moving from countries where such diseases are highly prevalent to countries with low infection rates. Estimates of 80,000 people are living with HIV in Germany with 4,400 seropositive persons in the State of Lower Saxony which counts amongst the high HIV prevalence states in Germany. It is worth mentioning that, many sexually active people do not know their HIV status. In so doing, HIV-related stigma stands a major barrier in seeking voluntary counselling and testing 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 behaviours 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 & McLane, 2004). Intersectionality is an ideal framework for analysing complex health inequalities that occurs among HIV-infected subgroups especially African Women whose experiences are different from their male counter parts. 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 intervention.

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Health literacy needs of women living with HIV/AIDS

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Women in Sub-Saharan Africa are disproportionately affected by the HIV and constitute 60% of the total HIV/AIDS infections in this region. The study explored the health literacy needs of women living with HIV through semi-structured interviews. The findings revealed that the women expressed a need to increase their knowledge about HIV/AIDS. The knowledge they needed ranged from basic pathophysiology about HIV/AIDS, to the impact of HIV/AIDS on their health, to an awareness of the modes of HIV transmission and methods of protecting others from being infected. Other important health literacy needs related to self-care and correct antiretroviral use. A need for psychosocial skills was also identified in order for women to build and maintain their relationships. The involvement of people living with HIV in the development of educational programmes specifically for people living with the virus have proven successful. Recommendations were made for nursing practice, education and further research, based on these findings.

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