

## Spotlight

# Stigma rife in Uganda's schools

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An article from the HDN Key Correspondent Team

It is mid morning and the African sun is unleashing its full heat on the Ugandan capital, Kampala. Over 100 HIV stakeholders have gathered in a small conference hall to witness the launch of the annual HIV status report. Judging from the face of the presenter Dr Kihumuro Apulli, director general of the Uganda AIDS Commission, one can tell that all is not well. The prevalence of HIV has stagnated at 6.4% for the fifth year running. This is low compared to the epidemic Uganda was facing just ten or so years ago, but hopes that the decline in HIV levels would continue have been dashed, for now at least.

However, in the midst of relative gloom some good news brings some relief to the uncomfortably warm conference hall. In the last year Uganda has scaled up antiretroviral (ARV) treatment almost four-fold from 10% to 56% of those in need of the drugs. The lives of many PLHIV have drastically improved.

"I have been on treatment for the past sixteen years and I have over the years seen my friends and family members access free treatment and live a better quality of life... we have at least made some progress here," exclaims Joyce, an HIV-positive mother.

What is missing from this picture, however, is the stigma and discrimination still suffered by PLHIV in Uganda, regardless of whether they have been granted access to treatment.

Joyce has a twelve-year-old son. John\* has twice returned from boarding school this term and threatened not to go back.

"He first refused to take his medication to school at the beginning of the second school term. I asked him why and he simply said he didn't need it. I begged him to take them and after a lot of pleading he obliged," Joyce says with her voice almost breaking.

Towards the end of the term he fell seriously ill. As a friend went through his school trunk to pack some of his personal items to return home, he found the medication untouched. When Joyce found out, she asked John why he had not taken his pills. It was then that John confessed that he had not wanted his peers to see him take his medicine as they were already making comments that his mother (whom they regularly see on television) has 'slime' - a local word for HIV.

Stigmatisation often leads to discrimination, which refers to any form of distinction, exclusion, or restriction affecting a person by virtue of a personal characteristic - in this case living with HIV. In many schools in Uganda, ARVs are referred to as 'drugs that make PLHIV grow fat like pigs' or 'Genetically Modified Medicines' (GMMs), in reference to their ability to improve the health of PLHIV.

John is just one of the many HIV-positive youth who live with the reality of stigma and discrimination on a day-to-day basis at school. While a lot of effort and innovation has been put into the national HIV response, little, if anything, has been done about tackling stigma in schools.

The problem of HIV stigma doesn't originate from students alone. Teachers are equally ill-prepared to deal with HIV-positive students and the reactions of others. "If you tell them [teachers] the sero-status of the child they quickly go and tell their colleagues, who soon leak it to the students," says Joyce.

However, Jacob, a head teacher at a private secondary school, criticises parents who do not disclose the positive sero-status of their children to the school administration. "We can't support them because we have no clue whether the allegations being made by other students are true or not," says Jacob. However, Joyce is adamant that once the administration learns that a child is HIV positive they start giving them preferential treatment, which in turn generates interest and curiosity from other students. This positive discrimination, she argues, reinforces stigma in the child.

For young people, being known to be HIV positive will earn you a stigmatising nickname, isolation and rejection by peers. In many instances, ignorance, fear and inadequate understanding of the modes of HIV transmission reinforce HIV-related stigma. To a lesser extent people still associate HIV with sexual 'perversion' and some believe the disease is a punishment for shameful behaviour.

However, it is inaccurate to see misconceptions and judgemental attitudes as the sole causes of HIV stigma and discrimination in schools. After all, over 90% of students in primary and secondary schools can invariably recite the modes of HIV transmission. A significant additional factor is the failure to address needs and concerns of young people living with HIV. Most interventions in the areas of treatment and care focus almost entirely on the very young or adults - adolescents have been almost entirely left out. This has created fertile ground for some of the worst forms of stigma and discrimination.

Stigma may not be present at an institutional level, where young PLHIV are denied admission to schools based on their positive sero-status. But parents with HIV positive school children are increasingly opting for day schools to avoid the vicious stigma and discrimination of the boarding schools. However, with numbers of young PLHIV increasing every year this is an issue that has to be addressed head-on. Unless national actors dedicate time and resources to address it, HIV-related stigma and discrimination (as they manifest in the school environment) will only get worse.

Young PLHIV need to be empowered so that they are able to challenge the discrimination and stigma that they meet in school. Institutional and other monitoring mechanisms can enforce the rights of young PLHIV and provide a powerful means of mitigating the worst effects of discrimination and stigma in schools. However, it is worth noting that school and national policies alone, or even laws, cannot combat this form of stigma.

A more enabling environment needs to be created to increase the visibility and perception of young PLHIV as a 'normal' part of society. We need to challenge and end fear-based messages and the biased social attitudes they generate, so as to reduce the discrimination and stigma of our young PLHIV.

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