



# HIV-RELATED STIGMA AND DISCRIMINATION: RACIAL & ETHNIC MINORITIES

Stigmatisation and discrimination are not new to migrant communities, and the AIDS epidemic has played into and reinforced existing racism and xenophobia. Ethnic and racial groups are often perceived and judged as a group, rather than as individuals. They are stereotyped as being "aggressive", "unqualified", "uneducated", or "criminal". There is abundant evidence to refute each of these stereotypes.

## RACE AND HIV STIGMA

Three main factors have contributed to the association of HIV with ethnic minorities such as Black Africans and Afro-Caribbeans in the UK.

Firstly, some of the first cases of AIDS were reported in Africa. Today AIDS is one of the leading causes of death in Africa, especially sub-Saharan Africa, which remains the worst-affected region in the world, with 28.5 million people living with HIV and AIDS. In the Caribbean, AIDS is already the primary cause of death among young men and women.

Secondly, black Africans living in the UK are disproportionately affected by HIV. The rate of new HIV diagnoses amongst the African community in the UK continues to rise, and is one of the most serious challenges posed by the HIV epidemic in Britain.

Thirdly, because of the extent of the epidemic in Africa and amongst African communities in the UK, together with distorted perceptions of African sexual behaviour, the AIDS epidemic has also triggered racist assumptions about "African sexuality".

## ETHNIC MINORITIES, HIV INFECTION AND DISCRIMINATION

Because of HIV stigma and pre-existing negative assumptions, people from ethnic minorities experience a double discrimination: discrimination on grounds of race, and discrimination on the basis of actual or imputed HIV status. For example, a black job applicant may be denied employment because of his/her race and/or because of his/her perceived HIV status.

Racism and discrimination directly impact on equal access to health services by excluding or limiting racial and ethnic groups' access to health care. In the UK, Caribbean men are less likely to be registered with a general practitioner than white men.

HIV-related stigma and discrimination linked to race and ethnicity, increases vulnerability to HIV infection in the following ways:

- Those who are HIV positive are more vulnerable to the effects of HIV because they are less likely to access treatment and health services, or choose not to seek treatment for fear of being stigmatised and discriminated.
- Those who are not yet infected run a higher risk of acquiring HIV because HIV stigma can prevent people from accessing information and education about HIV transmission.

Cultural taboos linked to sex and sexually transmitted diseases in black and ethnic minority communities can also impact on peoples access to HIV prevention and education, and thus directly increase the vulnerability to HIV infection of those who are not infected. HIV stigma and discrimination also exist in African communities, and people who are HIV positive some times hide their HIV status from people in their own communities. This increases stress and social exclusion. Those who have disclosed their HIV status may face discrimination and find themselves shut out from their community.

## ORGANISATIONS:

### African HIV Policy Network

Tel: 020 7017 8912

[www.ahpn.org](http://www.ahpn.org)

### BIG UP

Black gay men's group, which provides support, support and information.

Tel: 0207 501 9264

[www.bigup.co.uk](http://www.bigup.co.uk)

### Commission for Racial Equality

Tel: 020 7828 7022

[www.cre.gov.uk](http://www.cre.gov.uk)

### Naz Project

Tel: 020 8741 1879

[www.naz.org.uk](http://www.naz.org.uk)

### Race on the Agenda

Tel: 0208 983 7144

[www.rota.org.uk](http://www.rota.org.uk)

# ARE YOU HIV PREJUDICED?

For more information visit the campaign website at [www.oneyouhivprejudiced.org](http://www.oneyouhivprejudiced.org)

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