A Socio-Criminological Analysis of the HIV Epidemic

by

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Introduction

Health, and especially human immunodeficiency virus (HIV), has become a global issue which requires solutions that all countries can agree upon. The majority of global infections in 2018 were among key populations and their sexual partners. Key populations constitute a small percentage of the general population, but they are most at risk of acquiring or transmitting HIV, regardless of the legal and policy environment. Available data suggest that the risk of HIV acquisition among gay men and other men who have sex with men was 22 times higher in 2018 than it was among all adult men. Similarly, the risk of acquiring HIV for people who inject drugs was 22 times higher than for people who do not inject drugs, 21 times higher for sex workers than adults aged 15–49 years, and 12 times higher for transgender people than adults aged 15–49 years (UNAIDS 2019, 9).

Based on the above, it follows that the expansion of the drug and sex markets has played an essential role in the spread of HIV to almost every corner of the world, thus prompting international organisations to take initiatives on a global scale (WHO 2019; WHO 2015). The international community has operated directly through the action of specialised bodies, such as the World Health Organization (WHO) (Kim 2015). It has also succeeded in having the health theme added to the agendas of international summits and major international conventions, as well as to some documents of the United Nations Secretary-General. In this context, the theme of quality in healthcare systems is gradually assuming universal proportions. In most countries, quality has become pivotal in the realisation of adequate social and health service policies. International organisations have had an important role in the promotion of qualitative health-service development projects in low-income countries (Beigbeder 2004, 1–7).

The global dimension of HIV can be inferred by the spread of the virus throughout the world. At the end of 2018, there were 37.9 million [32.7 million–44.0 million] people living with HIV. Of these, about 61 per cent are in Sub-Saharan Africa, the region hardest hit by the epidemic (UNAIDS 2019, 16–17). The number of HIV-positive people is rising as more people are living longer because of antiretroviral therapy, alongside the number of new HIV infections which, although declining, is still very high (Ghys et al. 2018). Globally, new HIV infections among young women aged 15–24 years were reduced by 25 per cent between 2010 and 2018. These encouraging data, however, are not able to gloss over what remains unacceptable, namely the fact that every week 6,000 adolescent girls and young women become infected with HIV (UNAIDS 2019, 2).

HIV remains one of the most feared viruses in society and often fuels the so-called AIDS phobia which is the irrational fear of getting infected with HIV or the fear you have already been infected despite evidence to the contrary. From this phobia, collective reactions of hysteria and panic can sometimes arise because HIV is the virus that causes the deadly disease AIDS (Hood 2013). However, these reactions do not justify unfair attitudes towards those social groups which are already socially-excluded because of their risk-taking behaviours, especially in developing countries (Chingwaru and Vidmar 2018). This tagging process can lead to being suspicious about any individual who comes into contact with key populations at higher risk of HIV exposure and is influenced by a sentiment of repulsion for the modes by which a healthy individual can be infected by an HIV-positive person (Mawar et al. 2005). Moral disapprovals not only affect those who display a precarious state of health, but end up also including those behaviours which most increase the risk of transmitting or being infected by the virus, namely high-risk sexual behaviours such as having unprotected vaginal, anal, or oral sex (Kalichman et al. 2007), having multiple and casual sex partners without using a condom during sexual intercourse (Steffenson et al. 2011), having unprotected sex with a partner who injects drugs (Chikovani et al. 2013), and having unprotected sexual intercourse with sex workers (Mulieri et al. 2014).

In everyday life, from media-watching to pub talk, HIV is rarely out of public consciousness. The volume of coverage diverges quite a bit from country to country. In the 1980s, the media's initial excessive interest in the disease soon seemed to wane. Later, at the beginning of the 1990s, news accounts tended to put on a more sensationalised and extreme tone than in the past. This new trend contributed considerably to making it appear increasingly and unequivocally evident that the most exposed to the infection were those populations which, well before the advent of HIV, were already discriminated, socially-excluded and stigmatised within each society such gay men and other men who have sex with men, sex workers, transgender people and people who inject drugs (Aggleton et al. 2005).

HIV-related stigma and discrimination negatively affect people living with HIV who are considered dangerous because of their disease status (Phillips and Saewyc 2010, 369–370). Consequently, the reduction of HIV-related stigma and discrimination may dramatically improve the lives of people who are more vulnerable to HIV infection by implementing an effective social-inclusion programme that facilitates a process of optimisation of the investments in HIV prevention, care and treatment (Carr et al. 2010).

HIV is a significant social issue which has also mobilised the scientific interest of numerous researchers. Medical research is experimenting a multiplicity of strategies in the hope of either totally eradicating HIV from the body (a sterilising

cure) or limiting it to such a low level that the immune system can retain control without antiretroviral drugs (a functional cure). Most researchers seek to discover a successful vaccine against HIV while others experiment with a range of drugs in order to find an effective treatment (Highleyman 2011). Medical scientific research has undoubtedly made enormous steps forward, while in the social research field, the route is still at the initial stages and many await a satisfactory response. However, with the overcoming of a cultural climate typical of emergency situations, the social sciences, and particularly sociology, have begun to produce several significant works on HIV (Watkins-Hayes 2014).

This volume offers a comprehensive analysis of the multifaceted socio-criminological dimensions of the HIV epidemic and positively contributes to the ongoing sociological debate on infectious diseases. The author intends to create an independent and original epistemology of HIV to explicate the social forces that impact and determine the course and experience of the epidemic and also seeks to reframe the popular discourse on HIV to reflect sociological conceptualisations (Lemelle Jr., Harrington, and LeBlanc 1999). This step leads to identifying the concept of social interaction as an appropriate tool for highlighting the complex social nature of the virus (Derlega and Barbee 1998).

The book is composed of six chapters. The first summarises all of the main aspects of the HIV epidemic and offers a detailed source of information readily available. The second chapter focuses on the sociological analysis of HIV with particular reference to Parsons' concept of the 'sick role'. The deviance issue related to health emerges not only in this context but also when taking the children orphaned by AIDS into consideration. The third chapter examines the effects of HIV-related stigma and discrimination on children made orphans by AIDS, and other children made vulnerable by HIV and on how to promote a strategy that draws these minors into social protection schemes and programmes. The fourth chapter addresses the links between violence against women and children and the risk of HIV infection by taking into consideration the South African reality as an illuminating example. The fifth chapter illustrates the potential association between the harmful aspects of widow inheritance, virginity testing, female genital mutilation, and HIV transmission in adolescent and adult females. This chapter significantly contributes to the multifaceted field of the victimology of human rights. The sixth chapter investigates the linked issues of HIV, crime, security and governance. It recognises that 'health' is part of the fabric of what constitutes a country's security, not only due to the impact that a disease can pose to a state's stability, but also to the state's ability to maintain internal stability and external security.

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List of acronyms

AIDS	Acquired Immunodeficiency Syndrome
AIS	AIDS Indicator Survey
ART	Antiretroviral Therapy
CDC	Centers for Disease Control and Prevention
DHS	Demographic and Health Survey
DPKO	Department of Peacekeeping Operations
FDA	Food and Drug Administration
GRID	Gay-Related Immunodeficiency
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
KDHS	Kenya Demographic and Health Survey
LGBT	Lesbian, Gay, Bisexual, and Transgender
LEAHN	Law Enforcement and HIV Network
OHCHR	Office of the High Commissioner for Human Rights
PCP	Pneumocystis Pneumonia
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
SAPS	South African Police Service
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCHR	United Nations High Commissioner for Human Rights

UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
VOCS	Victims of Crime Survey
WHO	World Health Organization

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