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First of its kind study shows new approach needed to combat HIV-related stigma in South Africa

Globally, external HIV-related stigma is a major threat to all HIV prevention, care and treatment interventions – including the recently launched Universal Test and Treat strategy in South Africa and the [90-90-90 targets set by UNAIDS for the global response by 2020](#) (the 90-90-90 targets are put in place to track the progression from HIV testing to durable viral load suppression among people living with HIV).

According to research by University of Cape Town PhD graduand Vuyelwa Mehlomakulu, there is a need for the development of new, innovative and effective interventions to reduce external HIV-related stigma in communities.

Mehlomakulu's study, *An assessment of external HIV-related stigma in South Africa: implications for interventions*, is the first of its kind in South Africa and her research is thus an important platform to reduce external HIV-related stigma in the country as a pathway to effectively fight and contain the spread of HIV infection, as well as to ensure continuity in the care cascade.

"There have not been many efforts to reduce HIV-related stigma in South Africa. External HIV-related stigma still exists despite previous success in massive anti-retroviral therapy rollout, HIV counselling and testing campaigns, and most recently test-and-treat programmes, which were arguably thought to have a parallel effect in the decrease of HIV-related stigma.

"The focus on individualistic health structural approaches that do not generally have stigma-reduction as a specific aim is likely to undermine the successes achieved in the fight against HIV thus far," shared Mehlomakulu.

In her study, external HIV-related stigma was defined as the presence of one or more of the following attitudes and behaviours: rejection, avoidance, intolerance, stereotyping, discrimination, and physical violence towards people living or perceived as having HIV.

Her findings showed that overall external HIV-related stigma was found to exist among 38.3% of adult South Africans in 2012 and that predictors of external HIV-related stigma were race, sex, education level, self-perceived risk of HIV infection and HIV knowledge.

Some races were found to be more likely to report some external HIV-stigma than others; females were less likely to report external HIV-stigma than males; those with primary education were more likely to report some stigma than those with secondary, matric, and post-matric education; those who perceived themselves to be at high risk of HIV infection were less likely to display some stigma than those who believed they were at low risk; and those displaying incorrect HIV knowledge were also more likely to report some stigma than those who displayed correct HIV knowledge.

The study did not find any significant associations between HIV testing or awareness of HIV status with external HIV-related stigma. The exact magnitude of HIV-related stigma trends over the years and correlates have not been explored fully at a national level, hence Mehlomakulu's present study known as Stigma Assessment Study in South Africa (SASSA) which explores the external HIV-related stigma magnitude and its trends between 2005 and 2012, as well as the associated factors which influence its prevalence in South Africa at a national level.

Mehlomakulu used secondary data obtained from three South African national population HIV surveys which were conducted in 2005, 2008 and 2012 and a nationally representative sample of a total of 16 140 individual respondents from the 2005 survey, 13 134 from the 2008 survey and 30 748 from the 2012 survey in the study and included these in the SASSA analysis. Given the size of the population sample used, the findings of this study can be generalised across the South African, and potentially other resource-limited settings.

"There is a need to develop innovative holistic interventions which are specifically intended for HIV stigma reduction. These should be inclusive of both social institutional elements and health structural elements to address the challenge of external HIV-related stigma," she shared.

Mehlomakulu will graduate with a PhD in Psychiatry on 14 July 2021 at the Faculty of Health Sciences virtual ceremony. "I am so happy that the late nights and early mornings are finally over. As a mother of two boys my journey was not easy as I had to juggle my mommy duties with a full-time job and still carve out time for my PhD studies. I need to thank my family for understanding when I could not spend enough time with them.

"I also need to thank my supervisors Professor Leickness Simbayi, Professor John Joska, and Professor Peter Nyasulu for their academic support. I am looking forward to this new chapter as I share my academic work within the relevant spaces with the aim of making a difference in the lives of my fellow South Africans," she shared on her PhD journey.



Vuyelwa Mehlomakulu

Photo: Supplied

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