COMBATING HIV/AIDS RELATED STIGMA IN EGYPT:

Situation Analysis and Advocacy Recommendations

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
FGD	Focus Group Discussion
HCW	Healthcare Worker
HIV	Human Immunodeficiency Virus
IDUs	Intravenous Drug Users
MARPs	Most at Risk Populations
MENA	Middle East and North Africa
MOH	Ministry of Health
MSM	Men Having Sex with Men
NAP	National AIDS Program
NGO	Nongovernmental Organization
PLHA	People Living with HIV and AIDS
STD	Sexually Transmitted Disease
S&D	Stigma and Discrimination
TOT	Training of Trainers
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UNGASS	United Nations General Assembly Special Session
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
VCT	Voluntary Counseling and Testing

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Report Background

In November 2009, the Cairo-based US Naval Medical Research Unit No. 3 (NAMRU-3) invited representatives from several institutions and organizations involved in HIV/AIDS-response to build a national forum consisting of partners from different sectors to combat stigma and discrimination against people living with HIV and AIDS (PLHA) in Egypt. *The Egyptian Anti-Stigma Forum* was then created as part of the Ford Foundation-funded project entitled "Promoting HIV/AIDS Human Rights and Challenging Stigma and Discrimination in Egypt." The forum is the umbrella under which several organizations gather to conduct joint actions aimed at fighting stigma in the community.

Stigma and discrimination deeply affect the lives of people living with HIV around the world. The burden of these attitudes is even heavier in conservative countries such as Egypt. Interventions to combat stigma and discrimination require a rights-based approach involving multi-disciplinary joint action by a broad array of actors and a focus on different groups. But more importantly for any advocacy action to produce the desired outcome -- it must include effective participation by PLHA. With this in mind, members of the forum were chosen following a strict and vigorous selection process that ensured the involvement of civil society actors, media experts and non-governmental organizations concerned with social, healthcare, educational and legal issues, along with broad participation on the part of PLHA themselves.

In the months that followed, members of the Egyptian Anti-Stigma Forum met regularly to receive the appropriate training; exchange experiences and develop the necessary tools to raise awareness, sensitize the community and break the silence surrounding HIV-related stigma and discrimination in Egypt; and develop an anti-stigma advocacy plan. The plan currently underway includes activities ranging from information sharing and community education and awareness to advocacy for policy changes.

The Forum's work has been guided and enriched by the participation of PLHA who have provided input and firsthand accounts of their experiences with stigma and discrimination. This has been particularly valuable given the relative scarcity of studies exploring HIV-related stigma in Egypt. This report aims to fill the existing gap in knowledge by examining ways in which PLHA are stigmatized and discriminated against by various actors in their respective social milieus. We hope that this report will represent a starting point for continuous and extensive dialogue on the topic.

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Members of The Egyptian Anti-Stigma Forum:

Al Shehab

Care International

Caritas

Coptic Evangelical Organization for Social Services (CEOSS)

Egyptian AIDS Society (observer)

Egyptian Initiative for Personal Rights (EIPR)

Egyptian Society for Population Studies and Reproductive Health (ESPSRH)

El Rowad Association for Social Development

Family Planning Association in Alexandria

Family Planning Association in Cairo

Freedom Program

Friends of Life

International Federation of Medical Students' Associations (IFMSA)

Media-Arts for Development (MADEV)

U. S Naval Medical Research Unit- 3 (NAMRU-3)

Refuge Egypt Clinic

Introduction

An estimated 11.000 people are currently living with HIV or AIDS in Egypt (UNAIDS, 2009). As of the end of 2009, 3919 HIV cases has been detected in Egypt, among which 1078 (27.5 %) developed AIDS (UNAIDS, 2010). Although a low-prevalence country (below 0.1% in 2009), there is evidence that Egypt is facing growing concentrated epidemics among most at-risk populations (MARPs), such as intravenous drug users and men having sex with men. All classes of MARPs are vulnerable to HIV in Egypt, as they often exhibit multiple-risk behaviors, including unprotected sex, numerous sexual partners, forced sex, and intravenous drug use. They also represent a bridge population that could potentially transmit the disease to the general population (FHI, 2011).

Stigma and discrimination are serious obstacles standing in the way of effective HIV/AIDS prevention and care. Fear of discrimination often keeps people from seeking treatment and care for AIDS, or from openly disclosing their HIV status. Those infected with HIV, or suspected of being infected, can be refused medical care, housing and employment, insurance, or entry into a foreign country -- and they are often abandoned by friends and colleagues. In some cases, their own families drive them out of their homes, while their spouses often file for divorce (Bond et al, 2002; Chesney & Smith, 1999; Kalichman et al, 2003; Kalichman et al, 2005; Kalichman, 2006; Nyblade et al, 2000; Madan et al, 2006; Campell et al, 2005; Liu H et al, 2006; Smith et al, 2006).

This document reviews existing information about stigma and discrimination against PLHA in Egypt, with a view to making recommendations for the mitigation of the phenomenon and the promotion of the rights of PLHA.

Methodology

This is a desk review of existing information available about S&D against PLHA in Egypt. The review primarily uses the findings of the report entitled "Situation of Research on Stigma and Discrimination against PLHA in Egypt," prepared by the Egyptian Society for Population Studies and Reproductive Health. Other sources of information include additional published reports, as well as unpublished reportage on PLHA in Egypt based on focus-group discussions with them.

The report is divided into seven sections describing the different groups identified by PLHA in Egypt as often being promoters of S&D.

- *HIV and Stigma as Perceived by PLHA* looks at the people living with HIV/AIDS and how self-stigmatization often affects their own well-being and their reception by others in the community.
- *The Healthcare Sector* was consistently identified as a major source of S&D. The healthcare sector is of paramount importance due to the role of HCWs in caring for HIV-positive patients.
- *The Media* is seen both as a source of S&D and a potentially valuable tool for education and advocacy.
- *The Egyptian Government*'s policies regarding HIV/AIDS are examined in this section. By enforcing existing policies and ending unjust practices, the government could play a role in alleviating HIV/AIDS-related S&D.
- *The Workplace* is a significant location. Work colleagues can serve as bridges to the wider community, while employers can implement policies to prevent S&D.
- *Family and Community* cut across several of these sectors, but have been addressed directly by programs working with HIV/AIDS-related S&D.
- *Female PLHA* have their own section due to Egypt's social environment, which makes women particularly vulnerable to HIV/AIDS-associated stigma.
- *Religious Leaders* and their role in propagating S&D, which has largely been overlooked in Egypt until now, is examined in this section.

Manifestations and Recommendations

HIV and Stigma as Perceived by PLHA

Only a handful of studies have been conducted among PLHA to explore S&D-related issues in Egypt (Kabbash, 2006; UNIFEM, 2007). These studies highlight the fear of stigmatization, anxiety, hopelessness and depression among PLHA, all of which bear a negative psychosocial impact on the sufferer. Studies have shown that self-stigmatization and self-isolation can be just as damaging as conventional discrimination (Avert, 2009). The table below illustrates the extent of both the external and internal stigma felt by PLHA.

Table 1. Stigmatization and discrimination against PLHA (Kabbash, 2006)

Variables	Total (no=153)	
	N	%
Feel stigmatized	79	51.6
Sensed changes in people's view of them	66	43.1
Feel isolated	65	42.5
Isolated him/herself	102	66.7
Sensed changes in relatives> behavior	68	44.4
Themselves changed towards others	81	52.9
Feel useful in the community	71	46.4
Are optimistic about the future	**70**	**45.8**

PLHA believe that the reasons for S&D are related to the infection's associations with fatal disease, death, sex and perversion. People also tend to perceive HIV as a punishment by God; the personal responsibility of the infected party. PLHA also believe that people are generally loath to deal with them because they fear becoming infected or because HIV/AIDS is widely perceived as a new, sexual disease -- serious, fatal and potentially infectious. In addition, PLHA believe that

most people despise and look down on them because they are seen as having pursued unorthodox or abnormal lifestyles, or as being homosexuals.(Kabbash 2006)

Most PLHA are reluctant to disclose their HIV-positive status to others, including family members and friends. One's HIV-positive status is more often revealed to a close family member, such as a parent or sibling, rather than to a friend. Male PLHA, meanwhile, generally disclose their HIV-positive status to friends more than females do. Many PLHA have described the negative reactions to such disclosures on the part of family members, while most know at least one person who does not want to be around them due to their HIV-positive status.

A recent study also highlighted how perceived stigma can also influence the use of ARTs, with over half of the respondents expressing reluctance to take the medication in public . Support groups, meanwhile, have been recognized as a source of comfort by many PLHA, as such groups allow them to openly discuss their concerns with fellow sufferers, thus mitigating their tendency to resort to self-stigmatization (Khattab, 2010).

Specific Recommendations:

- ◊ Empower PLHA by providing them with greater access to ARTs, healthcare services and support from the HIV-positive community;
- ◊ Link newcomers to the community with more experienced PLHA so they can learn how to deal with S&D-related issues through one-on-one meetings;
- ◊ Teach PLHA how to deal with self-stigma through participation in support groups, while raising their sexual awareness via workshops that provide accurate information about the virus;
- ◊ Support organizations that implement the People Living with HIV Stigma Index in their communities, while training such organizations on how to utilize the results of their research to defend and promote the rights of PLHA;
- ◊ Establish training programs and workshops that bring together different groups of PLHA and which promote acceptance of the other with the aim of reducing self-stigma and encouraging positive coexistence;
- ◊ Combat external stigma by linking media institutions with organizations that support PLHA, while training articulate spokespeople to represent PLHA in the media.

The Healthcare Sector

Stigma and discrimination by healthcare workers is arguably the most significant form of S&D in terms PLHAs' general health and well-being, with healthcare settings representing the "predominant locations where stigma occurs" (Mbwambo, 2003).

Recent qualitative studies on HIV/AIDS related S&D in the healthcare setting pursue similar findings. A study that examined specifically different forms of S&D concluded that denial of care, breach of confidentiality, non-consensual testing, poor quality of care, and gossip and blame were all frequent features of Egypt's healthcare setting. Due to the prevailing climate of HIV/AIDS-related S&D, many PLHA said they would rather suffer minor health problems than attempt to obtain healthcare (Lohiniva et al, 2011).

Another study reported isolation, differential treatment, denial of care, mandatory HIV testing, disclosure of serostatus without consent, and verbal abuse or gossip occurring frequently to PLHA in the healthcare setting. Fear of being expelled from doctors' offices and dental clinics is common (Khattab et al, 2010). Furthermore, many PLHA report having been denied other care services, such as surgery and normal deliveries, in most Egyptian healthcare institutions. One case of negligence and denial of care even resulted in the death of a female PLHA (EIPR (a) , 2007).

Recent studies on the obstacles to care for PLHA found that physicians and nurses were often reluctant to provide PLHA with health services due to their lack of knowledge about infection prevention; doubts as to the effectiveness of prevention measures; moral stigmas against illegitimate sex; fears of being stigmatized by the community; misconceptions about care and treatment of PLHA; and the generally negative connotations associated with HIV/AIDS (Lohiniva et al, 2011).

Studies conducted in Egypt have also found that proper training and education on how to treat PLHA have the potential to change the attitudes of HCWs towards PLHA and improve the quality of care they are provided with (Khattab et al, 2010; Abul-Seoud, 2009). Studies carried out elsewhere have further indicated that the implementation of anti-stigma policies can serve to reduce stigma, while interactive and participatory interventions hosted by healthcare facilities -- rather than outside agencies, such as governmental or non-governmental organizations -- can also be effective (Avert, 2009).

Fully aware of these issues, the Egyptian National AIDS Program (NAP) has made substantial efforts to reduce S&D within the local healthcare environment. According to the UNGASS progress report, 1100 Egyptian physicians and nurses received training on HIV care and support services, leading to significant improvements in terms of awareness-raising (UNAIDS, 2010).

Specific recommendations:

- ◊ Encourage and support continued research in the area of S&D, link ongoing academic research to the work and priorities of civil society, and create an accessible forum for the results of such research;

- ◊ Provide healthcare facilities with improved infection-control programs and training on medical ethics with the aim of establishing effective anti-stigma policies;

- ◊ Focus on medical education and the integration of a comprehensive view of HIV/AIDS into medical curricula -- with a specific concentration on its relation to medical ethics -- with the aim of reducing S&D. This can partly be achieved through cooperation with Egypt's Ministry of Higher Education;

- ◊ Promote and advocate for partnerships and cooperation between the National AIDS Program, the Egyptian Medical Syndicate, the Ministry of Health, and medical academia to discuss means of creating a comprehensive national system that encourages doctors and other health professionals to take on and follow up on HIV/AIDS cases. The establishment of a national reporting system and telephone hotline to receive PLHAs' complaints and enquiries about service providers is also recommended;

- ◊ Highlight the hospitals and health service delivery points that implement particularly effective and comprehensive infection-control protocols and present them as examples to be emulated;

- ◊ Follow up on the training of nurses and doctors and equip healthcare services for HIV-positive patients with monitoring systems that allow instances of abuse, negligence and malpractice by HCWs to be reported. Such reports should be followed up by investigations and, if necessary, disciplinary action.

The Media

In Egypt, the media represents an important source of general health information, with both the message and the mode of transmission strongly shaping public perceptions about health issues, including HIV/AIDS.

A content analysis of newspapers in nine Arab countries, including Egypt, was conducted by HARPAS 2007, which looked at news articles published from December 2006 to March 2007. The study found that HIV/AIDS was generally seen as a topic of minor interest to most Egyptians, further noting that the articles in question tended to adopt a stigmatizing vocabulary when addressing the issue. (HIV Media Watch, 2007)

Another thematic analysis, "HIV-Related Stigma in Print Media in Egypt" (Benkirane and Lohiniva, 2011), which examined news articles published between January 2008 and December 2009, tracked various messages related to HIV-associated stigma. This study found that the local print media tended to sensationalize the disease and therefore misinform readers, frequently describing HIV/AIDS as "fearful" and "deadly" and linking it to scandal, criminality and immoral behavior.

According to the same study, several news articles attributed the epidemic to foreign "conspiracies" aimed at destroying the health of Egyptian youth. The study also found that PLHA were usually portrayed in print media as "victims," "sinners," "martyrs" or "criminals," whose identities could be disclosed without any regard for confidentiality. Some articles also contained inaccurate information regarding modes of transmission, demonstrating the prevailing lack of knowledge about the virus on the part of many media professionals (Benkirane and Lohiniva, 2011).

In addition to print media, Egyptian television programs and films have also shaped public perceptions about HIV/AIDS, portraying it as a disease that primarily afflicts drug addicts, MSM, promiscuous men who sleep with foreign women, or sex workers (UNIFEM, 2007). Television programs and films designed to raise awareness, meanwhile, called on viewers to avoid such behavior, which served to both mislead the public about modes of transmission and increase the stigma associated with the disease (UNIFEM, 2007).

PLHA have expressed concern about the media's role in informing the public about HIV/AIDS. 74.4% of women in one particular ESPSRH study said that all of their knowledge about HIV/AIDS came from television, while the majority of participants found media coverage about the virus to be both negative and misleading (Khattab, 2010). In focus group discussions conducted by Caritas Alexandria, representatives of the Friends of Life NGO said that they felt that local media strongly contribute to HIV-related S&D.

Specific recommendations:

- ◊ Highlight credible media productions available through social networks and the internet, while maximizing cooperation and networking between such resources;

- ◊ Support traditional media -- which generally lacks accurate information, HIV-sensitive terminology, and sufficient levels of interest in HIV/AIDS -- by:

- ◊ Training and educating media students and young journalists on HIV/AIDS and the S&D associated with it;

- ◊ Encouraging greater cooperation between organizations that focus on HIV/AIDS-related issues and the media, in tandem with a partial allocation of project budgets to media work;

- ◊ Organizing an annual contest for young journalists and media professionals that do work on the issue of HIV-related S&D. -Follow-up studies, meanwhile, should continue to monitor media coverage of HIV/AIDS in terms of topic, language and tone. Additional studies that monitor the use of stereotypes and derogatory depictions of PLHA should also be carried out.

The Egyptian Government

Several Egyptian government policies violate international agreements on the treatment of PLHA. According to UNAIDS, 52 governments impose some form of restriction on the entry and residence of PLHA in their respective countries. This includes Egypt, which is also one of five nations that continue to deny even short-term visas to PLHA and one of 23 nations that deport foreign nationals if they are found to be HIV-positive.

The Egyptian Constitution is in accordance with international laws stipulating that local legislative authorities cannot issue laws forcing PLHA to take medical testing without their consent, yet the authorities make frequent exceptions. Article 43 of the Egyptian Constitution is derived from Article 7 of the *International Covenant on Civil and Political Rights*, which explicitly prohibits non-consensual medical testing on PLHA. Article 43 states: "No medical or scientific test may be performed on any person without his informed consent." In practice, however, there are exceptions to this rule[1].

For example, Egyptian law, along with directives issued by the Ministry of Health, state that all institutions, both private and state-run, must test all donated blood. These regulations are based on Law 178/1960, which regulates the storage of blood. Thus, some 750,000 samples are screened annually in both public and private blood banks.

What's more, selected groups of vulnerable populations are regularly tested for HIV, with or without their consent. According to Article 8 of the *Universal Declaration on the Rights of PLHA*, no testing should be undertaken, under any circumstances, without the direct consent of the individual concerned. Those groups that are subject to mandatory testing include:

a. Those suffering from sexually-transmitted diseases
b. Prisoners convicted of drug-related crimes
c. Non-Egyptians intending to stay in Egypt for work or study
d. Intravenous drug users in rehabilitation centers

1 Article 310 of the Criminal Code prescribes punishment for those who disclose patient information, excluding those cases, which are exceptional according to the law and except for the case of contagious diseases.

Additional groups that are regularly subject to periodic check-ups and testing include:

a. Blood transfusion patients

b. Tourism employees

c. Fever patients

d. Prisoners

The Egyptian police, meanwhile, conduct mandatory testing on people who have been arrested and are suspected of being HIV-positive. Since October 2007, 12 men have been subject to criminal prosecution and, in two separate trials in January and April 2008, nine of them received prison sentences of one to three years each on charges of "habitual debauchery." Most of them were subject to involuntary forensic anal examinations and HIV testing. Five of them tested positive for HIV and were kept in hospital, chained to their beds, for several months. Other cases of mistreatment, meanwhile, often go unreported due to a reluctance to disclose serostatus or from fears of further abuse (Amnesty International, 2008).

According to the report on Legal Framework of HIV and Human Rights in Egypt, cases like that mentioned above contravene Article 41 of the Constitution, which states: "Individual freedom is a natural right that should not be violated. No person may be arrested, inspected, detained or have his freedom of movement restricted in any way, except by an order necessitated by investigations or the preservation of public security. This order can only be given by a competent judge or by the Public Prosecution, and must be in accordance with the provisions of the law."

Limiting the rights of PLHA also violates international human rights laws, which the Egyptian government has committed itself to implementing (El Shazli, 2005).

Specific recommendations:

◊ Establish safe and consequence-free ways for PLHA to report abuses by the government or government agencies to ensure their basic human rights;

◊ Establish means of holding the government accountable for proven violations of PLHAs' rights;

◊ Put HIV/AIDS on the political agendas of all government ministries in a coordinated manner rather than addressing the virus solely as a public-health issue;

◊ Urge the Egyptian government to examine the ways other countries have protected citizens' rights, especially as they pertain to PLHA. Calls to this effect could in turn prompt other governments to follow suit.

The Workplace

HIV/AIDS-associated stigma is rampant in the Egyptian workplace, which affects the ability of PLHA to provide for themselves and their families and undermines their emotional well-being. As in the healthcare sector, there is evidence that education and training have the potential to alleviate S&D in the workplace. (Abul-Seoud, 2009).

A couple of studies have documented the experiences of PLHA in the workplace, but no studies have focused specifically on this aspect of HIV/AIDS-associated stigma. In one study fewer than 30% of study participants said they would consent to work with someone they knew to be HIV-positive. Approximately 50% of participants, meanwhile, were opposed to the right of confidentiality regarding HIV status (El Sayeed et al, 2008).Another study conducted in 15 corporate settings showed that 53% of participants "would not feel comfortable" working with someone they knew to be HIV-positive. Only 35% believed that PLHA should be allowed to work, while only 36% said they would share a room with a colleague who was HIV-positive. (Abul-Seoud, 2010).

Furthermore, people living with HIV in Egypt are regularly denied positions within the police, army, or the Suez Canal Committee. They are also occasionally subject to harassment in the workplace or coerced into quitting their jobs in the event that their serostatus is revealed (IDLO, 2010).

Egypt also applies HIV-related travel restrictions on foreign nationals seeking residence in the country. Foreigners applying for work permits, for example, are required to take HIV/AIDS tests. If they test positive, they are categorically denied a work permit solely on the basis of their HIV status, according to Decree 700/2006 issued by the Ministry of Manpower and Immigration[2] (EIPR (b) , 2007). This policy violates the internationally-recognized right to employment for PLHA, as outlined by the International Guidelines on HIV/AIDS and Human Rights (UNAIDS, 2006).

The Egyptian Minister of Labor has expressed a willingness to revise these policies and abolish mandatory HIV testing for employment purposes (UNAIDS, 2010), in

2 According to Article 2 of the *Decree of the Minister of State for Labor Powers and Training* number 469 (1995), non-Egyptians who wish to work must submit *"a certificate proving the non-Egyptian to be free from AIDS."* Those exempted from this criterion are: monks and nuns coming from abroad, non-Egyptians who have lived in Egypt, without leaving, for 10 years, non-Egyptians married to an Egyptian (their children are also exempted).

accordance with international human rights obligations. The National Composite Policy Index from the UNGA's 2001 Declaration of Commitment on HIV/AIDS can help the Egyptian government assess its progress regarding anti-discrimination legislation designed to protect PLHA in the workplace.

In the ESPSRH study, many PLHA reported how they had been subject to a change in their respective employment status as a direct result of their HIV-positive status, while more than half of the respondents had quit jobs due to their infection. Several had even been fired by their employers, while others had been forced to leave their jobs due to frequent mistreatment (Khattab, 2010).

Specific recommendations:

- ◊ Call for the repeal of official policies and legislation that leads to HIV-related S&D in the workplace;
- ◊ Oblige employers to develop and implement internal regulations that prohibit and punish HIV-related S&D in the workplace;
- ◊ Promote further HIV-related study and research in Egypt's informal work sector;
- ◊ Launch awareness campaigns aimed at encouraging employers and decision-makers to create S&D-free work environments;
- ◊ Encourage employers to provide health education sessions for employees with a view to providing accurate information about the virus and its modes of transmission;
- ◊ Hold awareness sessions devoted to the rights of PLHA in the workplace.

Family and Community

Family members can represent a prime source of stigma for PLHA, who are more likely to tell family members about their infection than friends and neighbors. Men are more likely to get support from their immediate families than women (Khattab, 2010), however, while women tend to be more dependent on the family structure.

The Demographic Health Survey, conducted to determine levels and manifestations of HIV-related S&D among the general public (El Zanaty , 2009), issued the following findings:

- That women sympathize more readily with PLHA than men;
- That men are more likely to avoid PLHA, report suspected HIV cases to police, and isolate PLHA from society than women;
- That the extent of negative attitudes towards PLHA often depends on whether or not the infection is seen as the fault of the infected person. If it is believed that the infected person did nothing immoral, he/she is treated more sympathetically than if he/she is thought to have contracted the virus due to unprotected sex or intravenous drug use;
- That the wider public continues to suffer from numerous misperceptions about HIV/AIDS;
- That general knowledge about HIV/AIDS is especially poor among young people and women, with only 5% of young female respondents and 18% of young male respondents showing a comprehensive and accurate understanding of the virus.

Specific recommendations:

◊ Raise public awareness about HIV-related S&D through training seminars and the production of audio-visual and print materials.

◊ Promote a culture of human rights in the formal and informal education sectors based on input from civil society representatives, decision-makers, media professionals, boards of trustees of academic institutions, etc.

◊ Work on changing the prevailing culture of male domination and gender discrimination (behavioral and legal) via seminars, awareness campaigns and informed religious discourse.

- ◊ Support and train specialized counseling units devoted to PLHA and their families to work in both the governmental and non-governmental sectors.
- ◊ Document new HIV cases and follow up on the difficulties they face while also providing access to support and counseling facilities.

Female PLHA

Women are often economically, culturally, and socially disadvantaged in Egypt, making them more vulnerable to S&D. Therefore, female PLHAs are less likely to be aware of their rights (UNIFEM, 2007). What's more, in Egyptian society, men are likely to be forgiven for the behavior that led them to infection, whereas women are often blamed for their condition -- despite the fact that, most reported female HIV cases were infected by their husbands (Khattab, 2010).

Limited access to information among female PLHA increases the likelihood of self-stigmatization, with many female PLHA isolating themselves from their families so as not to infect their loved ones. Such manifestations of self-stigmatization tend to lead to "self loathing, self blame and self-destructive behaviors" (Khattab et al, 2007). The perceived stigma can be exacerbated by a number of socio-cultural factors that specifically affect women. A significant number of widowed participants, for example, had been abandoned by their families and in-laws (UNIFEM, 2007), leaving them with little if any opportunity to support themselves and their children (Khattab et al , 2007).

Specific Recommendations:

- ◊ Empower female PLHA through training seminars and workshops with a view to strengthening their capabilities and motivating them to seek viable employment;
- ◊ Link empowered female PLHA with those who have recently learned of their HIV-positive status;
- ◊ Establish and promote support groups specifically devoted to the needs and concerns of female PLHA.

Religious Leaders

Religious leaders can be especially instrumental in eradicating the S&D faced by people living with HIV and AIDS. Religious leaders are key to mitigating the epidemic because they are trusted and respected members of society and are influential in shaping social values and public opinion. Moreover, they can help find resources for spiritual and social care and promote action through their presence in local communities in every country (ICASA 2003; UNICEF 2003).

No studies have yet been conducted in Egypt examining the role of local religious leaders in the campaign against HIV/AIDS and HIV-related S&D. However, some PLHA have sought help from local religious organizations -- with varying degrees of success -- leading some researchers to recommend that religious leaders be approached to assist in education and awareness campaigns (Khattab et al, 2010).

Specific recommendations:

- ◊ Work on breaking the silence about HIV/AIDS within the local religious establishment through enlightened and non-discriminatory religious discourse, both in the media and on a grass-roots level;
- ◊ Raise awareness about the virus and the rights of PLHA by promoting a culture of acceptance within religious academic curricula;
- ◊ Encourage the leaders of local religious charities to provide support services for PLHA and to network with other like-minded organizations;
- ◊ Encourage religious institutions to participate in prevention efforts, such as encouraging pre-marital counseling through a moderate discourse that balances traditional notions of chastity against modern, non-discriminatory values based on acceptance and coexistence.

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