HIV-AIDS AND TODAY'S SOCIETY

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Abstract: *The studies carried out so far regarding the evolution of HIV/AIDS have had as a starting point clinical research enhanced by biomedical and behavioural scientific assessment designed to prevent and treat this disease. Over the years, sociologists have largely contributed to this field through research that focused on the analysis of the institutional and cultural factors that influence individual behaviour. Whenever we talk about the issue determined by HIV-AIDS we should not exclude risk behaviours that might become widely spread and include professional drivers or international workers who might disseminate HIV infection through commercial sex practices. The change of HIV-AIDS from a death sentence into a chronic disease has determined the coming out of new social and cultural realities that have influenced the dynamics and the way HIV infection and AIDS spread at present. The internalized stigma of HIV infection frequently determines a turmoil of guilt, fear of revealing the diagnosis, isolation and despair.*

Keywords: HIV, society, theories, evolution, interdisciplinarity.

1. Human immunodeficiency virus in today's society

1.1 HIV-AIDS pandemic – social implications

People increasingly talk about a new generation not affected by AIDS pursuant to the use of the resources of developed countries, such as those belonging to the United States of America. The experts in the field of HIV-AIDS, through a joint effort, would like to put an end to HIV-AIDS pandemic. Despite the contribution of sociologists to outlining policies and community responses able to deal with the pandemic, this very important domain still falls within the periphery of mass sociology. The sociological approach of HIV infection and AIDS originates in year 1980, when pioneers like Judith Auerbachet, Benjamin Bowser, Martin Levine, Beth Schneider and Rose Weitz began to publish AIDS-determined issues in social sciences magazines. Also, during this period, yearly sessions focusing on the problems this disease generated and meetings of various sociological associations were organized; in addition, the network of sociologists in the field of AIDS was founded in collaboration with the American Sociology Association (ASA). The network intended to use the perspectives offered by sociology in studying and preventing HIV-AIDS through increasing the degree of inclusion of HIV-AIDS preoccupations within all the branches of sociology and to become a community resource for the sociologists that were active in the domain.

Nonetheless, the scientific articles on HIV-AIDS were pretty rare in the emblematic sociology magazines; such articles have started being published only during the last decade (Watkins-Hayes, 2014).

At the level of the society, political intervention appears to play a key role in the manner in which HIV epidemic evolves and the manner it may affect individuals and communities (Auerbach, 2022).

Budhwani, author of various studies in the field of medical sociology, describes in a study published in 2022 the manner in which the implementation of the strategies for preventing and treating HIV through integrating the new digital health technologies might

contribute to the dissemination of the information and to providing assistance with a view to monitoring the present tendencies of HIV infection (Budhwani, 2022).

The efforts made towards acknowledging the structural factors of HIV infection through specific programs enable the integration of these factors in the category of individual or group risk behaviours and moral responsibility. The prevention of the infection appears to be obstructed by the willingness of the person affected to speak or not about his/her serological status due to embarrassment and guilt feelings (Barrow, 2013).

We increasingly witness a tendency of directing the attention on the pandemic caused by HIV-AIDS towards the social issues that represent the foundation of the decisions for implementing public health programs. Due to such circumstances, the sociological analysis of the disease should be studied in relation to the political answers and the health systems that are involved in the analysis and monitoring of epidemics (Weitz, 1992).

People also increasingly speak about the need to understand the manner in which the pandemic determined by HIV-AIDS changes in space and time. The epidemic in the USA began in the subpopulation of males having intercourse with other males (MSM); although it has largely decreased during the last two decades, poor young gay black males are still particularly exposed to the risk (Buot, 2014).

The negative social consequences of HIV infection require the supporting of the efforts towards normalizing life with AIDS, which becomes a real challenge in preventing HIV, especially in the case of sexual minorities (Zimmermann, 2021). In spite of the various programs carried out over the years with a view to prevent the infection with the human immunodeficiency virus among the sexual minorities, the increased infection exposure risk is still associated with the risk of social and medical exclusion (Cáceres, 2008).

As far as sexuality is concerned, let's mention that it had been a tabu for quite a long time, which, nonetheless, was subject to a series of radical changes during the centuries. In addition, the occurrence of HIV infection and AIDS has determined a turmoil worldwide, while the problems caused by HIV-AIDS appear not to have a short-term solution (Kontomanolis, 2017).

The existence of at least two factors contributes to the probability of HIV infection: individual risk and social vulnerability. Individual risk of exposure to HIV-AIDS is influenced by what people know and understand, by what they feel with respect to certain human relations or situations. Sexual behaviour is, probably, one of the most important factors that contribute to the vulnerability of the exposure to HIV infection and also to the evolutional pandemic impact of HIV-AIDS. In most societies, gender constructions and ideologies mainly determine what is considered to be a proper behaviour, while asserting strong differences between men and women. The gender-determined roles have an impact upon the manner in which sexuality is interpreted by women and men. They determine what and how men and women know about the issues that regard sexual behaviour (Mane, 2001).

In addition, the dominant gender ideologies and constructions frequently determine a series of practices that contribute to the HIV exposure risk and vulnerability. For instance, the highly praised virginity in certain cultures might encourage older men to look for younger women or might encourage single women to resort to anal sex with a view to protect their virginity, which, in the end, might double the risk of getting infected (Weiss, 2000).

Unfortunately, the women living with HIV-AIDS are frequently stigmatized and this stigma still persists and manifests through embarrassment and guilt feelings that determine low self-esteem. Women possess, owing to their anatomic and functional structure, the capacity of giving birth; nonetheless, the pregnant women affected by HIV-AIDS end up facing depression, which, in certain cases, might lead to suicide attempts (Kumar, 1997).

These circumstances that increase the vulnerability of the girls and women both to HIV infection and to other sexually transmitted infections (STIs), to violence and unwanted

pregnancies clearly show that women's reproductive health should represent a priority. This is especially valid in the case of the women living with HIV-AIDS, due to the fact that they have to face a wide range of problems. For instance, it appears that the women who disclose their HIV serologic status have an increased risk to be physically abused by partners, family or community (Ellsberg, 2005).

HIV-related suicides appear to be similar to the suicides among the consumers of injectable drugs or among the persons with psychological disorders (Cooperman, 2005).

All diseases acquire, at a certain moment, a certain social stigmatizing that might influence social and personal interaction, especially among those persons who suffer from permanent disabilities (Gannon, 2007).

Whenever we talk about HIV infection or AIDS, we should consider the social, economic and demographic impact of the disease. The economic impact of the AIDS epidemic is most of the time analysed along several coordinates, starting from the costs of the disease treatment and ending with research and prevention (Danziger, 1994).

From a demographic perspective, mortality and fertility are directly affected by the HIV-AIDS pandemic. The direct effects upon mortality are the result of the fact that AIDS determines death both among children and adults. The effects upon fertility are indirect and smaller, though they might influence the existence or absence of a pregnancy. The direct consequence is an increase of mortality, which, without an efficient and early treatment, will determine death during a time frame between 7 and 10 years. In non-industrialized world or in the countries on the verge of poverty, treatment is expensive and the means for diagnosis and treatment are not easily accessible for the vulnerable population, most of the time (Barnett, 2001).

Sexual behaviour and HIV-infection risk vary a lot among the subgroups of a population. The groups displaying the highest risk include men who have intercourse with other men (MSM) and the women who practice commercial sex (Bongaarts, 1989).

As far as chronic diseases (HIV-AIDS belong to this category, too) are concerned, sociology mainly focused on their consequences on daily life as part of the relation between the individual and the society. In addition, mass-media portrays HIV-AIDS as an epidemic that threatens the relations of an individual with the others due to its transmissibility (Pierret, 2000).

The disease acquires, as a result, cultural and labelling significations, the individual becoming defective, affected, stigmatized and associated with behaviours that are considered deviant and immoral; the individual becomes very dangerous for the community. Contrary to the mechanisms of the social stigma associated to HIV-AIDS, people believe that the stigmatizing associated with cancer is mainly determined by the fear of the illness or by the perception that "it could happen to me, too", cancer being considered less dangerous for the community (Fife, 2000). The prevailing attitude to the HIV-AIDS-affected people was and still is, generally, a hostile one due to the fact that the disease itself is contagious and not curable, and the presence of the diagnosis involves the stigma given to drug addicts, homosexuals or black people (O'Hare, 1996). Most of the time, fear is a negative emotion, associated to a high level of anxiety and is caused by a personal threatening of the individual (Terblanche-Smit, 2010).

Although largely spread, the status of being a HIV-infected person still determines both the fear of being rejected once the diagnosis is known by the community and a negative influence upon interpersonal relations (Evangeli, 2016). Not infrequently, the fear of revealing the serologic status of a person, even inside his/her family, might determine a denial of the diagnosis and delaying to get medical services and specific treatment (Wolf, 2014). For instance, in the case of the women in Africa, poverty, the lack of health education and the stigma determined by the HIV infection led to a late starting of the specific antiretroviral treatment and

a decreased adhesion to the treatment, which might easily determine maternal-foetal transmission in case of a pregnancy (Alhassan, 2022). The disease must be studied from a bio-psycho-social perspective (Alonzo, 1995). The importance of studying diseases from a social perspective is possible nowadays owing to a branch of sociology called medical sociology, which involves the converging of two completely different disciplines: medicine and sociology. During the 1930s and the beginning of the 1940s, sociologists such as M. Davis and Bernard J. Stern were interested in health, illnesses and medical systems as a whole. The consolidation of the National Institute for Health, at the end of the 1940s, in America, and the foundation of the National Institute for Mental Health gathered researchers in the biological and social domains, while academicians in these fields could work together (Hollingshead, 1973). They further asserted that when using the concepts of self and identity in order to describe the physical and social reality of the disease, people describe, in fact, the manner in which the chronic disease brings changes to the self and to the manner in which the other perceive and define us (Kelly, 1996).

Georg Simmel describes human society as a complicated network of multiple relations among people constantly interacting with each other and displaying standards, values, social and spatial circumstances, and joint assertions and opportunities. For instance, the persons who live near tropical forests are exposed to mosquito bites and, implicitly, to the increase of getting sick of malaria; in such a case, the finding out of a series of prevention and treatment strategies become absolutely essential (Amzat, 2014).

1.2 Social representations and HIV-AIDS

The spreading of the HIV infection may be decreased through the so-called primary prevention that involves educating the population, while considering the behaviours that regard sexuality and drug consumption, which both have a biological and a social substrate determined by resistance to change (Fineberg, 1988). The negative symbolism of HIV infection and AIDS has been determined by a series of cultural processes that draw boundaries between "the healthy, me, and the unhealthy"; the unhealthy is ill, contagious, full of addictions and sexually deviant (Green, 2008). A useful theoretical perspective that might help understanding the social and cultural factors that represent the basis of the increase of the HIV-AIDS epidemic in Europe is the theory of social representations. Representations are defined as a "structured mental content about phenomena that are socially relevant and that take the form of day-to-day images or metaphors among social groups" (Goodwin, 2003). The researches in the field of social representations have pin-pointed, in time, complex and provoking social phenomena belonging to the area of HIV-AIDS, mental illnesses and human rights (Moloney, 2014). An overview of social representations shows that HIV-AIDS mainly affected the social environment and racial/ethnic groups that also suffered from discrimination previously. In the 1980s social representations showed an angle of morality and moral panic. The marginalization of the AIDS-affected persons and the identifying of the disease as a "homosexual plague" were important influences during the period 1982-1985, which was mainly characterized by a rapid escalation of fear in mass-media as well as by a general public hysteria, the HIV-AIDS issue being displayed as a consequence of certain behaviours that determine God's punishment of the immoral world. Mass-media articles criticised the social policies developed by the social institutions, in the mid-1980s, when, after a period of being ignored, the HIV-AIDS topic suddenly became an eye-opener (Gillett, 2003). Fear and HIV stigma were more and more present although the transmission channels were not yet clearly settled in the '80s. The existence of opinion shakers that used to assert that the disease was transmitted through ordinary social contact, made things even worse for the disease that was considered terminal at the time (Gary, 2021).

During the period 1985-1989, the need for managing the crisis determined by the excessive media coverage of the disease and deaths was evident, especially when actor Rock

Hudson died from AIDS. The social representations of HIV-AIDS during the 1990s seemed to describe the disease as being specific for those sick with haemophilia, for homosexuals, drug consumers and Haitians, labelled as the club of 4H. Much later this theory was struck down as HIV infection also spread among heterosexual persons (Labra, 2013). Population feared a lot and, due to the political power of gay men, health authorities abandoned the traditional approaches of the control of transmissible diseases for civil liberties (Smith, 2010).

The limitation of sociological studies referring to HIV-AIDS prevention is due to the fact that the main theories used to fight AIDS are psycho-social theories that focus on the individual for changing behaviour (Bowser, 2002). Due to the number of persons with AIDS or HIV-infected and to the impact and reactions HIV-AIDS determines in society, AIDS may be called a social disease, even more than alcoholism, tuberculosis of classic sexual transmission illnesses (syphilis, gonorrhea, etc.) (Velimirovic, 1987). The individuals living with this disease often become activists as a response to the society stigma; they also plead for legislative changes and support each other with a view to fulfilling this goal (Earnshaw, 2016). The campaign-mobilizing of scientific knowledge during the periods previous to the HIV-AIDS epidemic was accelerated by the crisis of the so-called "plague years", when HIV meant a death sentence. During this period, the activists fought for determining awareness of the impact of the disease and for efficient prevention strategies, access to treatment, research and social solidarity as well as support for those affected by this disease (Colvin, 2014). For the seropositive persons, the existence of support groups and community services targeting the disease created a mutual supportive environment (Brashers, 2002).

One of the most intriguing aspects of the social, psychological and historical implication discourses on AIDS was the change of the narrative about social responsibility, morality, and sexuality, promoted by researchers, political-decision factors and governments as response to this disease. The sociology of the dynamics of the epidemic and AIDS conceptualization turned AIDS into a subject that was avoided in the discourses on sexuality, race and gender and included the disease in the political area (Govender, 2017).

The issues debated by the public health policies, such as smoking in open spaces or chronic diseases, are not perceived as being so problematic, but rather seen as general issues (Ornstein, 1992). One of the controversial problems of the informing and awareness-raising programs in the last 20 years appealed to fear in their messages and educational campaigns, which mainly relied on controlling sexual behaviour through decreasing the number of partners and using condoms (O'Grady, 2006).

HIV serologic status played, during the years, an essential role in choosing partners with a view to avoiding the transmission of the infection from one partner to the other. In accordance, a potential partner may be accepted or rejected based on a singular characteristic, as HIV status rules out all other characteristics (Koester, 2018). Another aspect that may influence the manner in which this disease is perceived involves issues that regard the ethics and the ideology of the fundamental values existing in democratic societies, which isolate seropositive individuals to the periphery of the society (Moatti, 1988).

2. Models and theories approached in relation to HIV-AIDS and society

2.1 The model of health beliefs

The model of health beliefs was the result of several independent researches within the public health departments during the period 1950-1960 (Rosenstock, 1974). It was initially formulated with a view to explaining health preventive behaviour and defined by Kasl and Cobb as follows: "*health behaviour involves all the activities a person who thinks he/she is healthy and who wants to spot all illnesses in an early, asymptomatic stage with a view to prevent getting sick"* (Rosenstock,1974). In order to get a perspective upon the theory of health beliefs, they pin-pointed the fact that most of the events during an individual's life gravitate around the ideas of

well-being and being ill. These events placed between the two extreme poles and labelled as health behaviour show an individual beginning to ask himself questions about his/her behaviour once the first signs of a disease appear (Kirscht, 1974). As early as the starting of the HIV-AIDS pandemic, the studies analysing the individuals mainly showed their sexual behaviour. Researchers assumed that once people knew their seropositive status, their behaviours would change with regard to the transmission of the virus. As usually known, most of the time, HIV transmission is determined by behavioural factors. At an individual level, the personal beliefs that concern the disease may be changed through acquiring correctly documented data; these data will determine the change through minimizing the risk of exposure to the illness (Elvis, 2015, pp.1-8)

2.2 The model of decreasing the exposure risk to AIDS

The change of the high-risk behaviours plays an important role in preventing HIV-AIDS. The development of proper prevention programs represents a significant challenge for the scientists both in the social field and in the public health field. The model starts from the assertion that to avoid HIV infection, the individuals with a risky sexual behaviour should become aware of the risk through labelling it and should assume a commitment that would determine behaviour changes. In order that the change process occurs, first it is necessary that the person concerned gathers data on the AIDS phenomenon and the social factors that contribute to the change process, mainly through a better documenting that regards the way the infection is transmitted (Catania, 1990). In the case of men practicing intercourse with other men (MSM) and of bisexual individuals, the study of informative stuff regarding the decrease of the risks is also required (Siegel, Grodsky, 1986).

Risky sexual behaviour cannot be easily monitored as we frequently encounter condom use rejection. In addition, even those who perceive that HIV infection is a serious one use to negotiate the use of condoms during intercourse with their partners (Dinoff, 1999).

Considering that we still notice practices that increase the risks of exposure and getting sick, the approach of a series of methods able to stimulate the change of such behaviours should remain a priority for the behavioural and social sciences in their fight against AIDS (Fisher, 1992).

Social sciences experts and educators may play an important part in slowing down the spread of HIV, especially in those areas where there are a lot of vulnerable groups. The model of decreasing the exposure to AIDS may determine the development of the abilities to correctly choose sexual partners, which, at its turn, supports the approaching of the model (Lanier, 1996).

2.3. HIV-AIDS and globalization

The social reality of a global society may be exhaustively analysed both through geographic delineations, economic life, cultural or language delimitations and through psychological features (Otovescu D., 2009: 289). The founders of the French school of sociology, starting with Durkheim and his successors to the German sociologists at the beginning of the 20th century carried out comparative analyses between contemporary societies and the societies from various epochs with a view to explaining social phenomena (Martin, 2006). Until the beginning of the 21st century, the concept of globalization earned its place within the social sciences and debates were more explicitly directed to the theoretical significance of globalization (Robinson, 2011).

Beginning with WWII, people witnessed a constant ascendant trend of globalization within societies. Nonetheless, the consciousness of a global society did not result in a world state, but rather determined interdependence manifested through the global movements for controlling national features, where the social actors come under social control within their own societies. (Meyer, 2007). Robertson raises awareness upon globalization as a topic of

interest in the area of social theories, especially that this one approaches the relation between the homogeneity and the heterogeneity in which we live (Mathias, 2007). With a view to characterizing globalization in terms of incertitude and risk as it is revealed by authors like Bauman, Beck and Giddens, they consider it does not bring novelty in the domain of the social as each epoch was influenced by such expressions. Today, sociology should be able to understand and explain the changes that determine the transformation of modern society into a transmodern society, under perpetual change (Pierpaolo, 2012).

Globalisation is nevertheless a key concept, which is defined by Held as "*a transformation of the spatial organizing of social relationships and transactions, evaluated from the perspective of their magnitude, intensity, speed and impact that determine transcontinental or inter-regional activity fluxes and networks interacting and exerting their power".* (Ampuja, 2012).

Diseases accompanied the expansion of globalization from the ancient times alongside the development of trade. In year 430 BC, plague affected Athens, which killed one third of its population. The black rats that transmitted bubonic plague throughout Europe during 1347 were probably carried by trading vessels. Three hundred years later, the State-towns in Northern Italy developed the first national systems of public health through lockdown in their attempt to stop the recurrent episodes of the illness (Deaton, 2004). As far as the relation between globalization and the HIV infection is concerned, we may notice a series of elements that help us understand, both scientifically and socially, the dynamic of this global epidemic (Michael, 2012). Social and economic changes have influenced people's life and human interaction. These changes ultimately influence negatively the manner in which HIV-AIDS spreads globally. The identification of the means by which this happens helps us understand the ways we can decrease the negative impact determined by HIV infection, AIDS or other diseases (Friedman, 2009).

The American historian William McNeill raises awareness on the role of epidemics throughout human history. The influence of globalization on public health is pin-pointed by, at least, two lines of action. A first vision of the influence of globalization upon health condition determines the increasing desire of the nations to work together with a view to attempting at improving the systems of public health as this serves their own interest. This represents an optimistic scenario of the analysis of the benefits of globalization, especially in the case of poor countries, both through increasing the accessing of the new technologies and through accepting and implementing joint human rights worldwide. In contrast, there is also the pessimistic scenario that regards globalization as a phenomenon that determined the loss of sovereignty and collaboration among the states, especially as far as resources are concerned.

The relationship between HIV-AIDS and globalization has led to the development of pharmaceutic industry that mainly focused on developing the treatment in rich countries. Generating increased profits in the area of rich countries has determined the decrease of the interest for poor countries due to a defective medicines market (Barnett, 2002: 9-11).

The problems determined by this disease are mainly experienced through the unequal distribution of the benefits of globalization as only a few countries are privileged. Inequities emphasize injustice and global political and economic injustice caused by the uneven distribution of the antiretroviral treatment (Johnson, 2005).

With the sponsoring of clinical research, multinational pharmaceutic companies carry out several clinical studies outside the worldwide primary market regions. Private clinical research determines a clinical globalization, which is a term employed with a view to show the manner in which politics, industry, groups and individuals interact at a global level in health research and the manufacturing of pharmaceutic products (Claire, 2008).

Lately, countries have begun to get support for dealing with the HIV-AIDS issue through global partnerships in the field of health, such as the Global Fund for Preventing AIDS,

Tuberculosis and Malaria (GFATM), the emergency plan of the President of the United States for Preventing AIDS (PEPFAR); the Multinational AIDS Program of the World bank, World Health Organization (WHO), co-sponsors of the United Nations Joint Program regarding HIV-AIDS (UNAIDS). Even under such circumstances, due to the pressure exerted by HIV-AIDS, there are health systems unable to give care to those affected by the disease, which determines opportunistic infections, lack of primary care and the increase of maternal and infant deaths. For instance, before the coming out of the ART therapy, half of the health hospitalizations in sub-Saharan Africa were AIDS-affected persons. In a series of countries in Eastern Africa, such cases reached 80%. Such circumstances exerted pressure on the health systems and hospitals were not able to give care for those who had other pathologies (Dongbao, 2008). The real cost of the pandemic is almost incalculable. Its impact is increased by the general economic environment, political and social context as well as certain cultural practices influenced by the growing unemployment, general poverty and the negative consequences of structural adjustment, which all strongly undermine Africa's capacity to compete on the global market (Livingston, 2009). The negative effects of globalization generally include an increase of absolute poverty and of relative poverty (Benatar, 2002).

AIDS epidemic actually becomes an effect of economic development, population moves, increased internationalization of trade, liberalization of commercial sex, and access to injectable drugs (Altman, 1998). During the last decades, public health policy and practice were increasingly disputed by globalization, even in spite of health global funding. (Labonté, 2011).

3. Conclusions

HIV-AIDS is, essentially, the longest pandemic in modern history, which yearly determines high costs for each country and requires proper responses. The efforts sustained by the stated affected by this pandemic require interdisciplinarity based on international collaboration and agreements. Joint international programs and social theories elaborated up to now have determined a better understanding of the phenomenon, which entails an improved cooperation between the social sciences specialists and the health sciences specialists.

HIV infection and AIDS still represent the scourge of 21st century, while the ill-fame of the disease is mostly experienced in the area of social relations, of the groups affected by the disease and of communities, in general. Although there is visible progress in managing this pandemic, the aim toward "*a world without AIDS*" is far from having been reached. The disparity of financial resources among the world states turns this disease into an "*unjust battlefield*" for the poor or under development countries, which strive to access health programs meant to provide antiretroviral treatment (ARVT) specific for HIV-AIDS required to slow down the progress of the disease.

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