AIDS-related stigma and female vulnerability in sub-Saharan Africa: a critical review of the mechanisms of symbolic violence and the undermining of marital relationships

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Abstract

In sub-Saharan Africa, HIV/AIDS serves as a barometer of social vulnerability. Having become a chronic condition thanks to advances in treatment, HIV/AIDS is a powerful indicator of social and gender inequalities. Women living with HIV face issues of stigmatisation and exclusion. This situation affects the marital, family, and social trajectories of these women. This is why, through rigorous literature review, this article seeks to examine the mechanisms by which HIV/AIDS contributes to stigma, symbolic violence, and the increased vulnerability of women within couples and families. The findings have shown that HIV/AIDS-related stigma constitutes a source of violence. This violence manifests itself through the blaming of women, moral condemnation, suspicions of infidelity, the undermining of women's position, and marital breakdown.

Keywords: *HIV/AIDS, stigma, symbolic violence, marital relationships*

Résumé

En Afrique subsaharienne, le VIH/sida est un révélateur de vulnérabilité sociale. En devenant une maladie chronique grâce aux progrès thérapeutiques, le VIH/sida est un puissant révélateur d'inégalités sociales et de genre. Les femmes vivant avec le VIH sont confrontées à des formes de stigmatisation et d'exclusion. Cette situation affecte les trajectoires conjugales, familiales et sociales de ces femmes. C'est pourquoi à travers une recherche documentaire rigoureuse, le présent article cherche à rendre compte des mécanismes par lesquels le sida contribue à la stigmatisation, à des violences symboliques et à la vulnérabilisation des femmes dans les couples et dans les familles. Les résultats ont montré que la stigmatisation liée au VIH/sida constitue une source de violence. Cette violence se manifeste à travers des culpabilisations, des disqualifications morales, des soupçons d'infidélité, des fragilisations et des ruptures conjugales à l'égard des femmes.

Mots-clés : *VIH/sida, stigmatisation, violences symboliques, conjugalité*

Introduction

Social perceptions of HIV/AIDS are characterised by narratives aimed at stigmatising people living with HIV/AIDS (PLHIV), despite advances in modern medicine regarding antiretroviral treatment. Medical advances have not prevented AIDS from being perceived as a marker of moral deviance, sexual transgression or social disorder (Desgrées du Loû, 1998; Simbayi et al., 2007; Zidouemba and Lingani, 2025). This situation contributes to the creation of forms of stigmatisation and discrimination. This calls for an understanding of the contemporary mechanisms of exclusion and the increased vulnerability of women living with HIV/AIDS.

Illness, as a social experience, reshapes individual life courses and social relationships. Bury (1982) analyses chronic illness as a biographical rupture insofar as it contributes to the transformation of the identities and social roles of those affected. In this context, the social challenges of HIV/AIDS affect family and marital dynamics, where social norms regarding sexuality and procreation are dominated by male power.

E. Goffman's (1975) work on stigmatisation demonstrates that certain social conditions lead to a devaluation of individuals' social identity. Within this framework, HIV/AIDS constitutes a stigmatising attribute that can have a profound impact on social interactions within the marital sphere of women living with HIV/AIDS. In the same vein, Bourdieu (1998) highlighted the mechanisms of symbolic violence through social gender norms. It is through these norms that women's specific roles regarding sexuality, fidelity and procreation are established.

In sub-Saharan Africa, several studies have highlighted women's biological vulnerability to HIV/AIDS. At the same time, it has been shown that, in addition to this biological vulnerability, there are also unequal gender relations (Vidal, 2000; Rwenge, 1999). Indeed, women are often economically dependent and are influenced by social norms regarding female sexuality that limit their ability to negotiate preventive practices or manage their HIV status. In such cases, the diagnosis of HIV/AIDS can lead to damaging consequences such as marital conflict, family breakdown

and social exclusion (Desgrées du Loû, 2011; Korbéogo & Lingani, 2013; Lingani & Korbéogo, 2015; Lingani, 2020).

Furthermore, the sociology of the family demonstrates that marriage constitutes an important sphere of social recognition, closely linked to biological reproduction and social continuity (Segalen, 2000; Dozon, 1986). However, the emergence of HIV/AIDS has called into question the logic of social reproduction in the sense described by Bourdieu (1972). Within this dynamic, HIV/AIDS contributes to reshaping marital relationships to the detriment of women, who are more exposed to implicit accusations and symbolic violence.

Against this backdrop, this literature review aims to examine the mechanisms through which HIV/AIDS-related stigma generates symbolic violence and contributes to the fragility of women's marital relationships in sub-Saharan Africa. Based on a critical review of the scientific literature, the forms of social vulnerability experienced by women living with HIV/AIDS will be analysed and highlighted. Furthermore, the social dynamics of marital and family exclusion will be examined.

The aim of this article is to draw on the theoretical and empirical contributions of existing research to gain a better understanding of how HIV/AIDS serves as a barometer of gender relations within the marital sphere. To this end, this study employs qualitative research to conduct a literature review based on the analysis of books, academic articles, and institutional reports on HIV/AIDS, stigma, and gender relations.

The article focuses on three main themes: HIV/AIDS as a social construct and a source of stigma; women's vulnerabilities in the context of HIV/AIDS; and the erosion of marital relationships due to symbolic violence and social gender norms.

1. Research methodology

This research adopts a qualitative approach. It draws primarily on a review of the literature to analyse the scientific evidence regarding the links between HIV/AIDS, stigma, symbolic violence and women's vulnerabilities in sub-Saharan Africa.

1.1. The critical literature review

The method adopted follows the approach of qualitative research. A literature review enables the synthesis, comparison, and interpretation of findings from various studies (Grant & Booth, 2009). This method aims to provide a comprehensive analysis of social phenomena by linking theoretical concepts with empirical findings. Similar to an integrative review, this approach combines theoretical and empirical work to construct a comprehensive understanding of a complex social phenomenon (Whittemore & Knafl, 2005).

1.2. Documentary corpus and selection criteria

The documentary corpus consists of academic works, peer-reviewed journal articles, institutional reports, and academic research on HIV/AIDS, stigma, and gender relations in sub-Saharan Africa. The selected documents relate to the social sciences, the sociology of health, public health, HIV/AIDS, and its social implications. Particular attention was paid to work from sub-Saharan Africa. The documents were selected on the basis of relevance and reliability. Consequently, some documents were excluded because they fell purely within the field of medical science. Others were also excluded because they were not from valid scientific sources.

1.3. Literature review strategy

To ensure that documents were sourced from reliable sources, the literature review was conducted using reputable academic databases, employing keywords relating to HIV/AIDS, gender, marital relationships, symbolic violence, and sub-Saharan Africa. This strategy is based on that proposed by Arksey and O'Malley (2005), who recommend a broad and systematic exploration of sources in order to identify major trends in the literature.

1.4. Method of analysing documentary data

All the documents used were analysed using thematic content analysis. This analysis enabled the identification of the main themes for understanding the phenomenon under study. It involved coding the textual data to identify recurring analytical categories, in accordance with Bardin's (2013) recommendations.

This analytical approach builds on the work of Goffman (1975). He emphasised that stigmatisation must be understood through everyday social interactions. It also forms part of the analysis of symbolic violence as examined by Bourdieu (1998).

1.5. Methodological limitations

This research, based on literature reviews, has its limitations in that it does not draw directly on empirical evidence. Nevertheless, it offers an interpretation informed by existing scientific literature. It provides a comprehensive theoretical perspective on the phenomenon by transcending the limitations of localised field studies and offering a comparative analysis of the social dynamics associated with HIV/AIDS in sub-Saharan Africa.

2. HIV/AIDS as a target of stigma and symbolic violence

2.1. The social construction of HIV/AIDS

Beyond its biomedical reality, HIV/AIDS is, to a certain extent, a social construct. This social construct of HIV/AIDS is shaped by collective representations linking the disease to sexuality, transgression and deviance (Zidouemba and Lingani, 2025). From the outset of the epidemic, AIDS has been interpreted as a 'disease of the other', associated with behaviours deemed immoral, notably sexual promiscuity and infidelity (Herek, 1999).

In African contexts, this construction is reinforced by highly moralising social norms surrounding sexuality. Within this dynamic, HIV/AIDS has become a marker of social fault beyond its health-related aspect. This social dimension of HIV/AIDS has been extensively analysed by Desclaux and Raynaut (1997). This situation shows that the disease is embedded in systems of social representations that influence the behaviour of those involved. It is within this framework that HIV/AIDS is analysed as a socially charged issue, where the disease is not exempt from moral judgement.

2.2. Stigmatisation, discrimination and social exclusion

Stigmatisation linked to HIV/AIDS, in line with Goffman's (1975) theory, corresponds to a process whereby an individual's identity is devalued, reducing them to a socially disqualifying attribute. The trait or stigmatising trait is defined as a deeply

discrediting attribute capable of transforming an individual's social identity (Goffman, 1975). In the context of HIV/AIDS, this situation manifests itself in the form of fear of social rejection, the breakdown of family and marital ties, discrimination in social and professional settings, and the self-exclusion of people living with HIV. According to Simbayi et al. (2007), in sub-Saharan Africa, HIV/AIDS-related stigma remains high despite access to antiretroviral treatment. This situation perpetuates the phenomenon of social exclusion of PLHIV. This exclusion is not limited to individual attitudes. It is structural and is embedded in social power relations and deeply internalised social norms.

2.3. Focus on stigmatisation and symbolic violence

The works of Goffman (1975) and Bourdieu (1998) are particularly helpful in understanding the phenomena of stigmatisation and symbolic violence. Goffman's work (1975) has highlighted the strategies used by stigmatised individuals to manage their social identity. These strategies consist precisely of keeping one's HIV status secret and concealing it (Zidouemba & Lingani, 2025; Soubeiga, 2011). These strategies, developed by PLHIV, demonstrate that they are genuinely afraid of social exclusion.

With regard to symbolic violence, Bourdieu's work (1998) highlights the relations of domination imposed by social norms dominated by masculinity. For him, the concept of symbolic violence refers to a form of domination exercised with the complicity of the dominated. The various patterns of perception that foster this domination are socially internalised (Bourdieu, 1998). In the context of HIV/AIDS, symbolic violence manifests itself through the blaming of women, the normalisation of gender inequalities and the legitimisation of accusations of infidelity (Zidouemba & Lingani, 2025). These are all factors that make HIV/AIDS a revealing indicator of symbolic violence.

3. Gender, HIV/AIDS and women's vulnerability

3.1. Gender relations and inequalities in the context of HIV/AIDS

To better understand women's vulnerability to HIV/AIDS, gender inequalities must be taken into account. Gender relations are structured by a power imbalance that limits women's ability to negotiate their sexuality and control infection. According to Vidal (2000), women's vulnerability to HIV is biological, economic and social. In most situations, women are economically dependent on men. These situations of economic dependence reduce their autonomy in marital negotiations. Similarly, Rwenge (1999) has shown that power relations within couples in sub-Saharan Africa severely limit condom use and the ability to refuse sexual intercourse.

3.2. Social norms regarding sexuality, marriage and motherhood

In African societies, sexuality is strongly shaped by social norms that value fidelity, discretion, and motherhood. Indeed, marriage and procreation form the very foundations of women's social recognition (Segalen, 2000). According to Desgrées du Loû (2011), HIV/AIDS seriously disrupts these norms. Thus, medical and social constraints linked to HIV/AIDS contribute to challenging the social norms that govern women's social recognition. AIDS has imposed medical constraints related to sexuality and biological reproduction.

3.3. Processes leading to the vulnerability of women living with HIV

The vulnerability of women living with HIV/AIDS stems from a combination of several factors. These include, in particular, stigma, economic dependence, pressure to have children, and social control over female sexuality. The work of Korbéogo and Lingani (2013) has shown that HIV-positive women are particularly vulnerable to domestic violence and family breakdown. It is within this context that Korbéogo and Lingani (2013) demonstrated that AIDS leads to the impoverishment of the families of those affected before triggering marital changes such as widowhood:

> « Dans la plupart des cas (soit 9 sur 15), les époux ont développé la maladie avant elles. Pour assurer leur traitement traditionnel et antirétroviral, ces derniers ont vendu les biens domestiques (maison, mobylette, vélo, bétail) sans pour autant pouvoir survivre à la maladie. Ils ont finalement été ruinés et emportés par le sida, laissant derrière eux les veuves séropositives et les orphelins dans un extrême dénuement matériel. Le témoignage de Lina, une femme de 30 ans vivant avec le VIH, répudiée par son mari après la découverte de l'infection, est symptomatique du drame social que vivent les femmes séropositives de Ouagadougou. » (Korbéogo & Lingani, 2013 : 15)[1]

In the same vein, Lingani (2012) demonstrated, through the weakening of marital bonds caused by the stigma associated with AIDS:

> « La découverte de la séropositivité chez la femme comme événement perturbant la vie conjugale a d'importantes conséquences négatives sur son existence. Son incidence immédiate se traduit par la remise en cause des liens matrimoniaux car, le poids de la maladie fragilise la position sociale de la femme dans le champ familial. Avant la survenue du sida dans la vie conjugale, elle avait contribué à la vie conjugale en tant qu'agent total dans son fonctionnement. » (Lingani, 2012 :88)[2]

This vulnerability is primarily structural and results in life trajectories characterised by exclusion and marital instability.

[1] Our own translation into English: 'In most cases (9 out of 15), the husbands developed the disease before their wives. To pay for their traditional and antiretroviral treatment, the husbands sold their household possessions (house, moped, bicycle, livestock) but were still unable to survive the disease. They were ultimately ruined and taken by AIDS, leaving behind HIV-positive widows and orphans in extreme material deprivation. The testimony of Lina, a 30-year-old woman living with HIV, who was repudiated by her husband after his discovery of her infection, is symptomatic of the social tragedy faced by HIV-positive women in Ouagadougou. (Korbéogo & Lingani, 2013: 15)

[2] Our own English translation: 'The discovery of a woman's HIV-positive status, as an event that disrupts married life, has significant negative consequences for her existence. Its immediate impact is felt in the form of a challenge to the marital bond, as the burden of the illness undermines the woman's social position within the family. Before the onset of AIDS in married life, she had contributed to married life as a fully functioning partner." (Lingani, 2012:88)

4. The weakening of conjugal relationships due to stigmatisation

4.1. Challenges in accessing marriage and remarriage

HIV/AIDS acts as a disqualifying factor in the marriage market. People living with HIV (PLHIV) regularly face significant difficulties in accessing marriage or remarrying following a break-up. According to Bourdieu (1980), the marriage market is based on selection criteria rooted in social and symbolic capital. From this Bourdieusian perspective, the HIV status of PLHIV constitutes a form of negative capital that reduces their chances of marrying. For women particularly affected, HIV/AIDS makes them less socially desirable.

4.2. Marital conflicts and symbolic violence

HIV/AIDS is a major source of marital tension. Marital tensions are often linked to the disclosure of HIV status, accusations of infidelity, mutual suspicion, and the blaming of women. According to Lingani (2012), the discovery of HIV/AIDS frequently leads to a decline in the woman's social status within the couple. These conflicts reflect forms of symbolic violence in which male domination is expressed through mechanisms of devaluation and social control.

4.3. Sexuality, reproduction and marital tensions

Sexuality within a couple is profoundly transformed by HIV/AIDS. The use of condoms, fear of transmission, and medical advice alter the sexual practices of people living with HIV. It is in this sense that Desgrées du Loû (1998) argued that managing sexuality in serodiscordant couples is a source of significant tension. Procreation is also a major factor fuelling marital tension. Indeed, the disruption of biological reproduction creates tensions within couples and calls into question the marital status of some people living with AIDS. One of the social functions of this marital status is reproduction. Through Desgrées du Loû's research, we understand that sexual and reproductive health remains a reality in the African context, even though his work was conducted in Côte d'Ivoire:

> « […] avoir une activité sexuelle sans risque devient, dans le contexte du sida en Afrique, difficile ; désirer une grossesse devient aussi problématique, lorsqu'un des deux partenaires est séropositif; donner naissance à un enfant bien portant, lorsqu'une femme sur sept qui arrive en consultation prénatale (comme c'est le cas en Côte d'Ivoire par exemple) est séropositive, est loin d'être évident; et enfin, le nourrir au sein peut être dangereux si la mère est séropositive puisque le virus peut être transmis par le lait maternel. » (Desgrées du Loû, 1998 : 702).[3]

Thus, the inability to have children directly affects marital stability in a social context where great importance is attached to motherhood.

4.4. Separations, divorces and blended families

HIV/AIDS contributes to the weakening of marital relationships and to an increase in separations and divorces. Indeed, with repeated conflicts, mutual suspicion between spouses, fertility problems, and stigma, couples eventually break up. According to Dozon (1986), social changes in contemporary Africa have also contributed to the weakening of family structures. Consequently, HIV/AIDS merely reinforces these dynamics.

5. Discussion

5.1. HIV/AIDS as an indicator of mechanisms of social stigmatisation

This literature-based study has confirmed that HIV/AIDS remains a highly morally charged stigma despite medical advances. From Goffman's (1975) perspective, HIV/AIDS appears as an attribute that discredits those affected by it. This situation transforms the social identity of PLHIV and shapes their social relationships.

[3] Our own translation: "[…] engaging in safe sex becomes difficult in the context of AIDS in Africa; wanting to become pregnant also becomes problematic when one of the partners is HIV-positive; giving birth to a healthy child, when one in seven women attending antenatal clinics (as is the case in Côte d'Ivoire, for example) is HIV-positive, is far from straightforward; and finally, breastfeeding can be dangerous if the mother is HIV-positive, as the virus can be transmitted through breast milk." (Desgrées du Loû, 1998: 702).

This stigmatisation is rooted in collective perceptions in which the disease is associated with sexuality, transgression and moral fault (Herek, 1999; Zidouemba & Lingani, 2025). In sub-Saharan Africa, these social representations are reinforced by strong social norms surrounding sexuality and marriage. This contributes significantly to the persistence of discrimination against people living with HIV (PLHIV). Thus, the stigmatisation of PLHIV, particularly women living with HIV, becomes a structured social process. This process, in turn, produces lasting effects of social and marital exclusion for HIV-positive women. This observation echoes that made by Simbayi et al. (2007) regarding the fact that HIV/AIDS-related stigma remains high despite a context characterised by high levels of medical coverage.

5.2. Gender, symbolic domination, and the vulnerability of women

A second key finding of this research is the importance that must be attached to gender relations in the process by which women's vulnerability to HIV/AIDS is created. The scientific literature has shown that women occupy a structurally disadvantaged position in marital relationships. This situation limits their ability to negotiate prevention and to control their sexual health.

According to Vidal (2000), this vulnerability is multidimensional. It combines biological, economic, and social factors. Rwenge (1999), following the same line of reasoning, highlighted power asymmetries within African couples. This reduces women's ability to insist on safe sexual practices in accordance with medical recommendations.

From this perspective, male domination manifests itself through forms of symbolic violence, in line with Bourdieu's (1998) view. For him, symbolic violence consists of socially internalised mechanisms of domination. This is why accusations of infidelity, the blaming of women, and their moral disqualification contribute to the reproduction of gender inequalities within this dynamic. This analysis aligns with the work of Korbéogo and Lingani (2013), who demonstrated that women living with HIV/AIDS in Burkina Faso are particularly vulnerable to domestic violence and social exclusion.

5.3. Marriage as a space of tension and social reconfiguration

The second contribution of this research concerns the fragility of marital relationships under the combined effect of stigmatisation and social gender norms. The academic literature has shown that marriage in sub-Saharan Africa is a space strongly shaped by the dynamics of social reproduction, sexuality, and motherhood (Segalen, 2000).

However, the emergence of HIV/AIDS disrupts marital equilibrium insofar as it is accompanied by medical, social, and moral norms. This reality has contributed to a significant reconfiguration of marital relationships. According to Desgrées du Loû (1998), both seroconcordant and serodiscordant couples face significant tensions related to sexuality, procreation, and risk management. It should nevertheless be emphasised that tensions are more acute among serodiscordant couples where the woman is HIV-positive. Furthermore, attention has been drawn to the increase in marital conflicts and couple break-ups linked to mutual suspicion. This may also result from the identification of a supposed person responsible for the infection. These dynamics reflect an erosion of the bond of trust within the couple, which forms the basis of marital instability.

5.4. HIV/AIDS and the transformation of social norms within the family

The final point addressed in this article concerns the role played by HIV/AIDS in the transformation of contemporary families in Africa. Dozon (1986) had already highlighted that family structures in Africa were undergoing significant changes linked to economic and social transformations. Returning to the context of HIV/AIDS, it is particularly important to highlight the weakening of marital structures, with an intensification of patterns of suspicion, separation and family reconfiguration. Couple separations, widowhood, and single-parent families are thus becoming increasingly common social configurations in the life trajectories of people living with HIV/AIDS. This situation has demonstrated that the disease does not merely produce individual effects but contributes to the overall transformation of marriage and marital relationships under the weight of social norms and gender relations.

Overall, this literature review has demonstrated that HIV/AIDS constitutes a total social phenomenon insofar as it simultaneously involves health, moral, social, and marital dimensions. Stigmatisation appears to be an unavoidable mechanism for the production of inequalities, whilst gender relations shape the differential distribution of vulnerabilities. Finally, it should be emphasised that marital relationships provide a prime setting for observing the social effects of HIV/AIDS through conflicts, break-ups and family reconfigurations.

Conclusion

This literature review aimed to analyse the scientific literature on the relationship between HIV/AIDS, stigma, symbolic violence and women's vulnerabilities in sub-Saharan Africa. It sought to place particular emphasis on changes in marital relationships. The methodological approach adopted enabled the mobilisation of a rich body of literature to understand the social mechanisms underpinning the lived experiences of PLHIV, particularly HIV-positive women. The results of this research showed that HIV/AIDS remains heavily laden with negative social representations that contribute to the creation of moral and social stigmas, in line with the theory developed by Goffman (1975). Although there have been medical advances in care in recent years, AIDS continues to be associated with moral judgements regarding sexuality, fidelity, and social transgression. This stigmatisation has lasting effects on the life trajectories of PLHIV. It manifests itself through processes of exclusion, social disqualification, and marital and family breakdowns.

The research has also highlighted the fact that HIV-positive women constitute a particularly vulnerable group due to biological, economic, and social factors. Gender relations are marked by power imbalances within marital relationships. This situation limits their autonomy in managing their sexuality and preventing. In such a context, social norms expose women to specific forms of symbolic violence (Bourdieu, 1998).

Furthermore, marriage appears to be a significant arena in which the social effects of HIV/AIDS manifest themselves. The literature review has highlighted the fact that the disease

contributes to the fragility of marital relationships through increased conflict, mutual suspicion, tensions related to sexuality and procreation, as well as divorce. These dynamics reflect a restructuring of family and marital structures within a social context characterised by the significant importance attached to procreation (Segalen, 2000; Dozon, 1986).

Ultimately, this article highlights the fact that HIV/AIDS constitutes a total social phenomenon that reveals gender inequalities, mechanisms of symbolic domination, and the processes of transformation of family structures in sub-Saharan Africa. Stigmatisation is a key factor in the process of creating vulnerabilities.

These findings call for greater consideration of the social and gendered dimensions of HIV/AIDS in public health policies and in support mechanisms for people living with HIV. They also open up avenues for future research into contemporary forms of resistance, resilience, and the reconfiguration of marital relationships in the face of stigma.

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