

The Battle against HIV/AIDS

STIGMATIZATION AND GOVERNMENT POLICY IN MOROCCO

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ith the first identified case in 1981 in the United States of America, the human immunodeficiency virus infection (HIV) and the acquired immune deficiency syndrome (AIDS) became an increasing problem because of denial, stigmatization, and inaction. In the 1980s, HIV/AIDS was a death sentence for any who had it. Today, while treatments have improved, HIV/AIDS remains a serious social epidemic. Misconceptions, particularly that homosexuals or prostitutes are the only groups affected, have contributed to an increase of HIV/AIDS cases throughout the world. Many forgo testing because they do not fit into these stigmatized categories and they do not believe it is possible for them to have HIV/AIDS. Furthermore, people with HIV/AIDS are discriminated against in the workplace, education system, and government services.

NGOs and governments alike have battled these social problems by expanding HIV/AIDS education and improving the lives of affected populations. Middle Eastern and North African (MENA) countries, however, have approached HIV/AIDS differently. Even though these countries, which comprise 5% of the world's population, represent only 1% of the world cases, the region has experienced an increase of HIV/AIDS cases. Governments in these countries have not acknowledged the issue or monitored high-risk groups. Public discourse in the Middle East rarely addresses sexual health issues, exempting governments from taking action.

Compared to other MENA countries, Morocco has taken a promising approach. Since the 1990s, the Moroccan government, in conjunction with NGOs, has worked to battle the stigmatization of HIV/AIDS. This is largely due to political, cultural, and economic changes during this decade, such as improved relations with the West and the role of a new monarch. Morocco is an example of a MENA country that has reduced the stigmatizations of people with HIV/AIDS.

While many reports focus on the spread of HIV/AIDS in Morocco, none emphasize the social context of the disease. Furthermore, none explain why Morocco implemented changes in the early 1990s, or why it was one of the first countries in the MENA region to do so. This paper will provide an integrated approach of detailing Morocco's history, political systems, and culture in regards to HIV/AIDS, detailing when, how, and why Morocco changed.

HIV/AIDS and Stigmatization

Human immunodeficiency virus (HIV) is a retrovirus that can infect humans and is responsible for causing the condition known as acquired immunodeficiency syndrome (AIDS). HIV attacks T-cells and CD4 cells in a body, destroying them and replacing them with copies of itself. Eventually, HIV destroys so many of the CD4 cells that the body can no longer fight infections. This leads to AIDS, the final stage of HIV infection. People at this stage have damaged immune systems, putting

them at a higher risk of opportunist infections. Such infections normally have a minor effect on the human body, but are deadly in a person with such a low CD4 cell count. Because HIV is found in bodily fluids, it is most often transferred through sexual contact, childbirth/breastfeeding, injected drug use, and blood transfusions.¹ Of the two variations of the virus, HIV-2 evolves more slowly than HIV-1 and is less transmissible. This is the kind prevalent in most countries of the world, though HIV-1 is more common in Morocco.²

HIV/AIDS is less prevalent in the MENA region than in the rest of the world with only 480,000 cases. This is compared to the most affected regions, sub-Saharan Africa at 25 million cases and South-Southeast Asia at 6.5 million cases.³ Scholars have linked the low prevalence to behaviors associated with Islamic culture. Middle Eastern society condemns high-risk behaviors, such as injected drug use, prostitution, multiple sexual partners, and male-to-male sex.⁴ In 2009, Moroccan women reported low levels of risky behavior, with only 20% reporting to have had more than one sexual partner and only 3% more than three partners. Of this, only 2% have reported having non-spousal relations.⁵ Moreover, studies have linked male circumcision, which is practiced in Islamic culture, to low HIV/AIDS rates.⁶

Although HIV/AIDS is not an epidemic in the MENA region, the spread of the virus has the potential to accelerate and should not be ignored. In 2004, the Joint United Nations Programme on HIV/AIDS estimated that there were 200,000 to 1.4 million actual cases in the MENA region. The uncertainty comes from a lack of testing practices and HIV/AIDS studies in the countries.⁷ Yet HIV/AIDS continues to be a debilitating health risk, with 24,000 to 46,000 infected in 2008 alone.⁸ In the early phases of the HIV/AIDS crisis in the 1980s, many in this region denied the magnitude of HIV/AIDS, considering it a low priority compared to other crises in housing, employment, and education.⁹ Other countries continue to show a substantial inability to identify high-risk groups and to debate HIV/AIDS policy.¹⁰

Changing cultural practices and population

movement may also contribute to the rise of an epidemic of HIV/AIDS in the MENA region. Premarital sex among youth has become more prevalent, which may have adverse effects because of a lack of HIV/AIDS education.¹¹ There has also been an increase in drug use, which presents another means of transmission. Studies have shown that sexually transmitted infections (STI) are also at a high, meaning practices have been changing while education has not. War, migration, and displacement have also caused a significant population movement in MENA, which may increase exposure of populations throughout the region to HIV/AIDS.¹²

One of the biggest hindrances to battling the global HIV/AIDS situation is stigmatization. Stigmatization is the severe stereotyping of a group or individual person on social characteristics that distinguish them from other members of society. In Erving Goffman's highly influential *Stigma: Notes of the Management of Social Identity*, Goffman analyzes the idea of stigmatization and provides an understanding of what it means to be "normal" and the "other."¹³ He elaborates on how people conceal their true identities to remain in the category of "normal." Additionally, Goffman argues that stigma pertains to the shame one may feel when belonging to the "other." He asserts, "Society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of each of these categories."¹⁴ A person who is stigmatized is reduced in the mind of the "other."¹⁵

HIV/AIDS stigmatization comes from preexisting fears of disease. Early HIV/AIDS metaphors—death, horror, and punishment—have exacerbated these fears and contributed to their perceived legitimacy.¹⁶ People also link HIV/AIDS to sexual stigmas because a sexual minority—namely gay men—was initially affected. HIV/AIDS is also associated with gender, race, and class.¹⁷ Further, different cultures extend their existing stigmas to incorporate HIV/AIDS. Such examples include HIV/AIDS being perceived as a women's disease in some places and as a "gay" disease in others.¹⁸ Stigmatization and discrimination also affect

populations in a legal context. In some countries, affected persons have no right to anonymity and are subject to compulsory testing. In schools and workplaces, those who are HIV positive can be victims of harassment and even undeserved unemployment. More often than not, society blames the victim for contracting the disease.¹⁹

HIV/AIDS stigmatization is much more pronounced in the MENA region because of traditional cultural, societal, and religious beliefs. Since illicit sexual activity is already socially castigated, contracting the disease from such acts is highly detrimental to one's reputation.²⁰ Some contemporary theological texts even label HIV as a divine punishment, only expediting stigmatization.²¹ Furthermore, certain behaviors associated with the contraction of HIV/AIDS are illegal. Homosexual intercourse, for example, is illegal in all MENA countries except Jordan, and in many countries, such activities are punishable by the death penalty.

Stigmatization leads to complications and misinformation. For conservatives and fundamentalists, the only acceptable solution to HIV/AIDS is abstinence.²² Testing only comes from screening for migration or for blood transfusions.²³ Some governments, including Morocco's, have tried to increase condom usage as a tool for preventing an epidemic; however, conservative groups have criticized the government for allegedly applying Western practices and ignoring that they are a country of Islamic values.²⁴ In their belief, because contraception is not explicitly addressed in the Qur'an, Islam prohibits it. However, the substantial decline of the fertility rate in Morocco since the 1970s contradicts this assumption that Islam is incompatible with reproductive healthcare.²⁵ Even then, condom usage is still low because of a lack of education on the prevention and contraction of HIV/AIDS.

Why Morocco Changed

Morocco, as noted earlier, went through a series of changes in the late 1980s and early 1990s, including a push for more human rights and a campaign against the spread and stigmatization

of HIV/AIDS. By 1994, Morocco's government discussed HIV/AIDS publically for the first time, making Morocco one of the earliest Islamic countries to begin this conversation.²⁶ Morocco's shift came about because of major changes in the country's politics and society. Furthermore, Morocco was and continues to be a leader in the battle against HIV/AIDS in the MENA region because of access to substantial foreign funding.

Morocco's government is an authoritarian constitutional monarchy tightly linked to Islam. The king, as the commander of the people because of his prophetic lineage, has a monopoly on the state. Most importantly, he can mobilize Islamic communities.²⁷ Moroccan politics, as well, have a tradition of both exclusion and inclusion.²⁸ In the 1980s, Morocco's government was very repressive. This repression resulted in the formation of numerous political parties and movements. Namely, political Islam gained prevalence during this period and continued to rise into the 1990s.²⁹

By the 1990s, many Moroccans began to view this repression as ineffective. During this time, King Hassan II accepted that Morocco needed urgent reform, as Morocco's economy was in shambles, there was a lack of human rights, and the 1990 December riots in Fes were the third violent mobilization in a short period.³⁰ In 1992, King Hassan opened up the political system to more political parties. The constitutional reform of 1992 also gave a vote of confidence by parliament that the government had to be held accountable and answer for its actions.³¹ During 1996-1997, he also legalized the Islamic party, Parti de la Justice et du Développement (PJD, Party of Justice and Development)—a party arguably similar to the Muslim Brotherhood.³²

In 1999, with the election of the new king, King Mohammed VI, King Hassan's changes were accelerated even admitting to problems persisting despite all of the work for human rights. As a representative of a new generation, King Mohammed, the "King of the Poor," introduced many changes in Morocco.³³ King Mohammed focused heavily on fixing human rights and even supported a socialist prime minister. King Mohammed worked

to limit the monarchy, giving more democracy to the people. He even reinvigorated the Conseil de la Jeunesse and the Conseil Consultatif de Droits de l'homme (Council of the Youth and the Council for Human Rights).³⁴ By 2002, the first relatively free elections were held in Morocco, though there were many absentee ballots and no mainstream parties won a majority.³⁵

Social changes are another reason Morocco moved towards battling HIV/AIDS much earlier than other MENA nations. Morocco's identity is a mixture of Islam, Arab, Berber, Jew, and European culture.³⁶ Furthermore, Moroccans view their country to be far more Western than other Muslim nations as it continues to have major French and Spanish influences. However, because of its connection to the West, Morocco also received considerable pressure to improve human rights in the country. Morocco's record for human rights from 1970 to the 1990s was very poor due to problems including political prisoners and prolonged detention.³⁷ Morocco faced criticism when the United Nations and France began chastising the country and withholding some financial aid because of its human rights violations.³⁸ In 1990, "Temps du Maroc" (Time of Morocco), was published promoting French-Moroccan relations. It became a rallying point for human rights organizations in Morocco, as many Moroccans viewed this connection with France as a means to push for more Western human rights in Morocco.³⁹ Morocco found itself in a huge human rights scandal in 1990. Gallimard, a major French publishing house, published Giller Perrault's expose on the Moroccan government causing a crisis for France and Morocco. *Notre Ami: Le Roi (Our Love: The King)* criticized France heavily for turning a blind eye to the human rights violations in Morocco.⁴⁰ Because of these scandals, Morocco improved its human rights along with its political changes. Though there is little to suggest that Morocco made these changes in the early 1990s voluntarily, these changes began the process of Morocco's improved response to HIV/AIDS.

Overall, Morocco changed earlier than most MENA countries to battle HIV/AIDS for a few

reasons. For one, Morocco went through major political shifts during this period. The government opened in 1992 after a period of repression. A new, more modern king came to power in 1999. Both of these resulted in improving human rights in Morocco. Furthermore, Morocco went through a scandal with France resulting in many countries pushing Morocco to improve human rights there. Morocco also had the ability to change because of foreign aid from many nations. With its connection to the West, Morocco has been one of the few countries to receive financial aid from the United Nation and United States to battle HIV/AIDS. Because of these three things, Morocco is a unique country in the MENA region in its campaign to fight HIV/AIDS during the twenty-first century.

Moroccan Plans, 2000s

Morocco was one of the earliest MENA countries to have a national strategy to combat the spread and stigmatization of HIV/AIDS. Much of the success and innovativeness of the policy comes from the work of civil society and the government.

By 2002, the Moroccan government developed a national plan to control HIV/AIDS in the general population.⁴¹ The 2002-2004 National Strategy Plan for Morocco implemented through GFATM (The Global Fund to Fight AIDS, Tuberculosis and Malaria) with \$4.74 million in support of this plan. This plan facilitated the development of Morocco's national response to HIV/AIDS from 2005 onwards.⁴² Some of this came from UNAIDS announcing in 2001 that ART should be given to all in need.⁴³ Morocco has also led the MENA region by holding two substantial HIV/AIDS awareness conferences, one as early as 1999: International Symposium on HIV, Leukemia, and Opportunistic Cancers and the 5th French-Speaking Conference about AIDS in 2010.⁴⁴

As of 2010, the Moroccan government developed a new plan with a new communication strategy with HIV/AIDS information in television and radio commercials,

at summer festivals, and through art and movie projects. The government has placed HIV/AIDS awareness in the religious sphere by training imams and continues to reach youth through sports and education programs. The government in particular focused on IDU use and worked with high risk communities.⁴⁵ They conducted an assessment of IDU use in Morocco and developed harm-reduction policies and integrated them into the national strategic plan, such as with its safe drop centers for used needles.⁴⁶ Furthermore, the government has updated hospitals, particularly CHU Hassan II in Fes, to improve conditions for Moroccans and has placed information systems for managements of ART in the best hospitals. Moreover, the government has developed programs to improve the mental well being of people living with HIV/AIDS.⁴⁷ The government also worked to combat HIV/AIDS at some of its major sources by helping to end violence against women and fighting against poverty and gender inequality. It has created a day of awareness to battle stigmatization and discrimination as a means to protect people living with HIV/AIDS.⁴⁸ Lastly, there have been outreach programs for MSM as of 2010, giving them condoms, information about prevention services, and accompanying them to VCTs.⁴⁹

Morocco's current national strategic plan, created in 2012 and to be implemented through 2016, shows even more progress to combating HIV/



Family planning brochures in El Kelaa des M'Gouna. © John & Lisa Merrill/Corbis

AIDS. The plan's goal is to “educate [the] general population, use [the] Internet so people know where to get tested, promote testing areas, supply rapid tests, [and] make more places to get tested.”⁵⁰ This plan is of high priority because the government recognizes that there may be an extremely high rate of undiagnosed HIV/AIDS cases.⁵¹ It calls to develop programs for youth and women in vulnerable situations, a plan for social marketing of condoms, and the creation of thirty new testing centers. The goal is to reach 80% of those needing treatment and reduce HIV/AIDS cases 50% by 2016.⁵² UNAIDS considers Morocco’s plan as a model for the MENA region in terms of progress for treatment and prevention in the fight against HIV/AIDS.⁵³ Furthermore, in 2012, Morocco took part in the World Day Against AIDS with the “Aim: Zero” goal of having no new infections.

In 2014, the Moroccan government reaffirmed “solemnly its strong commitment to promoting the rule of law, respect for human rights and is committed to work for their consolidation, both nationally and internationally” as well as its commitment to multilateralism in being “respectful of the rules and principles of international law in the context of the United Nations.” Furthermore, Morocco improved human rights by reforming the Family Code of 2001 to empower women, creating a new constitution giving citizens more rights, and launching a National Initiative for Human Development in 2005.⁵⁴ In 2014 Morocco updated its strategic plan in accordance with recommendations from UNAIDS. By the end of 2015 the plan hopes to reduce the modes of transmission by 50% to youth and women, reduce the modes of transmission to IDU by 50%, end mother-to-child transmission, and fight stigmatization and discrimination.⁵⁵

Conclusion

Morocco is a leader in the Middle East and North Africa region in the battle against the stigmatization and spread of HIV/AIDS. Morocco was one of the earliest countries in the MENA region to begin combating HIV/AIDS. Many of

the reasons why Morocco did this were a result of major changes in Morocco’s politics and society. Also, Morocco had the ability to change because of economic help from foreign nations. Morocco has made major strides in improving the HIV/AIDS situation in hopes that it will not become an epidemic. While Morocco still has a long way to go, the national strategic plans show promise of a better life in Morocco for people living with HIV/AIDS and promise of improved education programs for the general population.

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