



Towards a strengthened prevention of HIV Campaign in South Africa: Eclectic contexts

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ABSTRACT

The purpose of this article is to discuss various strategies for strengthening HIV prevention modus operandi. This is due to the prevalence of the HIV disease that increases the burden of disease, as well as the apparent unsustainable cost of ARVs. The article used a traditional literature review methodology to collect data from various data engines, such as EBSCOhost, Web of Science, Scopus, Education Resources Information Centre (ERIC), ProQuest, and Google Scholar. The findings reflected the following strategies: Revisiting the erstwhile IEC 2001-2010 HIV messaging strategies to the whole country; an introspection of the dwindling resources to fund access to ARVs for PLWHA in South Africa; mainstreaming/integrating HIV into all HEI curricula in South Africa; working on stigma and stigmatisation to raise HIV awareness and reducing alcohol intake to step up the HIV prevention modus operandi. The article concludes that due to a heavy disease burden on account of the high costs of the ARVs, an indication of more cure than prevention, it is therefore topical and relevant that the country strengthen its HIV prevention strategies. The article leverages scholarship on public health education to accelerate response in South Africa. It also adds theory to assist other researchers in the field of HIV/AIDS.

Keywords: HIV Prevention; Disease Burden; ARVs; People Living with HIV and AIDS (PLWHA).

INTRODUCTION

South Africa needs to revisit its prevention intervention campaign from the first decade of the 21st century (2001-2010). This is because, at that time, people from various contexts across the country were sensitized through various available forums, including meetings, print, and electronic media.¹ Apparently, today, the robust campaign modalities appear to have slowed, or their momentum has gone down (Mukenge, 2020). With a high prevalence of HIV in the country in the tune of close to 8.5 million people living with HIV (Kang'ethe, 2024), this researcher recommends the government and other HIV campaign friendly bodies such as the NGOs to revisit the erstwhile information, education and

¹ Clemenciana Mukenge, "An Exploration of the Communicative Efficacy of HIV/AIDS IEC Materials Among Secondary School Teenagers in Harare," *Journal of Creative Communications* 15, no. 3 (November 7, 2020): 289–317, <https://doi.org/10.1177/0973258620952273>.

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communication (IEC) HIV messaging strategies to ensure the importance of prevention is strengthened.² There should be an introspection of the windfall resources to fund access to ARVs for the people living with HIV/AIDS. The government and other HIV friendly bodies should strongly work collaboratively to overcome the drivers of the disease, such as stigma and stigmatisation, and importantly, persuade society to lower their drinking habits that raise their risky behaviours. This is due to the empirical reality of a rich relationship between alcohol intake and HIV prevalence. The researcher is optimistic that these factors, if applied effectively, will enhance the country's HIV response.

Moreover, the heavy statistical preponderance of HIV in South Africa poses an awe-inspiring phenomenon as it poses both pernicious and perfidious repercussions of increased fatalities and the fact that the country runs the most expensive antiretroviral (ARV) programme in the world.³ This poses a serious economic implication in that the country is forced to spend billions and billions of taxpayers' money to sustain the lives of those living with HIV through the purchase of ARVs.⁴ In 2015, for example, the country spent \$1.34 billion to run the ARV programme.⁵ This was against an uncertain economic situation in the country.⁶ Research by Kang'ethe reflects that the country allocates approximately R30 billion (approximately \$1.6 billion USD) annually to its HIV response.⁷ This imposes a compelling need for the government and the people of South Africa to increase their coping resilience, capacities, and prevention.⁸ Although the country's ability to provide PLWHA with ARVs is an important indicator of the country's success in the HIV campaign, this researcher considers it paradoxical, as an increase in the number of people taking ARVs, though desirable from a human rights perspective to save lives, could be a sign of an ineffective or weaker HIV campaign in prevention. Ultimately, prevention efforts must be increased to reduce the consumption of ARVs. This researcher believes that for prevention to increase, the campaign tempo that the country engaged in over the last but one decade (2001-2010) needs to be revisited. Therefore, the country must examine and analyse what it is not doing enough in its campaign terrain to suppress the drivers of the disease, such as stigma and its concomitant impacts.⁹ This is because stigma remains a stumbling block to prevention. Since prevention is better than cure, the country must work hard to raise its prevention modus operandi in prevention rather than cure the disease, which is paradoxically very expensive. Apparently, the high prevalence of the disease is evidence that the country is not doing well to raise or maintain a modest prevention modus operandi.¹⁰ Fortunately, the country needs to return to its campaign tempo of the last but one decade (2001-2010), which saw a great deal of information disseminated in various corners of the country.¹¹

Perhaps casting the statistical preponderance of the disease could help us position the risks that the country faces and justify the need for a concerted prevention campaign that can skew the HIV statistics geometrically downwards. According to the South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM) VI, as of 2023, an estimated 7.8 million

² Simon Murote Kang'ethe, "Paradoxes of Selected Cultural Interventions in the Fight against HIV in South Africa: An Autoethnographic Reflection," *Social Work/Maatskaplike Werk* 60, no. 4 (2024), <https://doi.org/10.15270/60-4-1402>.

³ Simon Kang'ethe, "Perceptions of Stakeholders on Drivers of Stigma Subjected to People Living with HIV/AIDS (PLWHA) in Alice Town, Eastern Cape: Implications for Human Rights and Social Service Professions," *African Journal of Social Work* 13, no. 1 (March 1, 2023), <https://doi.org/10.4314/ajsw.v13i1.4>.

⁴ Simon M Kang'ethe, "Coping Opportunities and Deficits Displayed by People Living with HIV/AIDS (PLWHA) in Alice Region, Eastern Cape, South Africa: Social Work Implications.," *African Journal of Social Work* 12, no. 3 (2022).

⁵ Mark S Blecher et al., "HIV and AIDS Financing in South Africa: Sustainability and Fiscal Space," *South African Health Review* 2016, no. 1 (2016): 203–19; UNAIDS., "AIDS INFO," October 10, 2019, <https://www.unaids.org/en>.

⁶ Cyprian M. Mostert, "Macroeconomics and Health: Understanding the Impact of a Declining Economy on Health Outcomes of Children and Young Adults in South Africa," *SSM - Population Health* 22 (June 2023): 101404, <https://doi.org/10.1016/j.ssmph.2023.101404>.

⁷ Kang'ethe, "Paradoxes of Selected Cultural Interventions in the Fight against HIV in South Africa: An Autoethnographic Reflection."

⁸ Kang'ethe, "Coping Opportunities and Deficits Displayed by People Living with HIV/AIDS (PLWHA) in Alice Region, Eastern Cape, South Africa: Social Work Implications."

⁹ Kang'ethe, "Perceptions of Stakeholders on Drivers of Stigma Subjected to People Living with HIV/AIDS (PLWHA) in Alice Town, Eastern Cape: Implications for Human Rights and Social Service Professions."

¹⁰ Firoza Haffjee et al., "Factors Influencing the Adoption of HIV Prevention Measures in Low Socio-Economic Communities of Inner-City Durban, South Africa," *SAHARA-J: Journal of Social Aspects of HIV/AIDS* 20, no. 1 (December 31, 2023), <https://doi.org/10.1080/17290376.2023.2185806>.

¹¹ Kevin M. De Cock, Harold W. Jaffe, and James W. Curran, "Reflections on 40 Years of AIDS," *Emerging Infectious Diseases* 27, no. 6 (June 2021): 1553–60, <https://doi.org/10.3201/eid2706.210284>.

people in South Africa lived with the human immunodeficiency virus (HIV), while 5.8 million are estimated to be on antiretroviral treatment (ART).¹² Despite global HIV numbers standing at 39 million and with 25 million people believed to be refugees from sub-Saharan Africa, about 8.45 million are in South Africa.¹³ This means that the country faces a daunting and challenging task in fighting the scourge. The need, therefore, for a more pronounced prevention-based campaign is compelling. Although HIV/AIDS data segregated by district are not available, KwaZulu-Natal (27%) led other South African provinces in 2017, followed by the Free State (25.5%), with the Eastern Cape Province taking third position (25.2%) in terms of HIV prevalence.¹⁴ For adults aged 15 to 49 years, an estimated 19.6% of the population was HIV positive in 2022. This meant that one in five of the 15-49 group was living with HIV/AIDS. Further, in 2022, the estimated number of deaths from AIDS in South Africa reached 85,796. This marked some significant improvement compared to the number of year 2021, when the AIDS-related deaths in the country reached nearly 88,000. This is a great improvement, considering that the country in 2017 experienced 270,000 new infections and 110,000 deaths from AIDS-related illnesses.¹⁵ On the contrary, these statistics imply the need for a strengthened campaign to raise HIV prevention modus operandi.

This researcher, who has been involved in the HIV campaign in the Southern African region since 2000, laments that the HIV campaign messaging process of the 2000s has declined or lost its former momentum.¹⁶ Facts attest that in the beginning and later years of the 21st century, South Africa engaged most of its print and electronic media to process and pass HIV prevention messages to all the people of the country, both in urban and rural areas, and the results were forthcoming as the tide of the number of people who were dying enmasse subsided (Treatment Action Campaign (TAC)).¹⁷ Although the country narrowly failed to meet the UNAIDS targets of '90-90-90' by 2020, it managed to score '84-87-90'.¹⁸ Perhaps a brief explanation of this statistic will help the reader understand the implications. According to this target, 90 % of those living with HIV know their status, 90 % of those diagnosed should have received ART, and 90 % of those on ART should have achieved viral suppression by 2020 ('90-90-90'). Pitted against this WHO-derived target, it means that South Africa scored "84-87-90. This means that at the end of 2020, 84% of people living with HIV knew their HIV status, 87% of people living with HIV who knew their HIV status were accessing antiretroviral therapy, and 90% of people on treatment were virally suppressed (Kang'ethe, 2023; UNAIDS, 2022) (see Figure 1). This makes it imperative that South Africa work hard to achieve the UNAIDS target of 95-95-95 by 2030.¹⁹ This implies that 95% of South Africans living with HIV would know their HIV status, 95% of those diagnosed with HIV will receive ART and 95% of those on ART will achieve viral suppression.²⁰ However, since this statistic is based on the success of accessing ARVs to those living with HIV, it does not necessarily indicate the success of a prevention-based campaign. This needs to be emphasised so that the number of people getting infected can significantly drop and thereby reduce the country's disease burden.²¹

¹² SABSSM, "The South African HIV Prevalence, Incidence & Behaviour and Communication Survey (SABSSM)," 2023.

¹³ UNAIDS., " AIDS INFO."

¹⁴ UNAIDS Data, "Joint United Nations Programme on HIV/AIDS," 2018, http://www.unaids.org/sites/default/files/media_asset/unaid-data-2018_en.pdf.

¹⁵ UNAIDS, " Ending AIDS: Progress towards 90- 90- 90 Targets," *Joint United Nations Programme on HIV/AIDS*, 2017.

¹⁶ De Cock, Jaffe, and Curran, "Reflections on 40 Years of AIDS."

¹⁷ De Cock, Jaffe, and Curran, "Reflections on 40 Years of AIDS" ; TAC (Treatment Action Campaign), "Government Leadership on HIV/AIDS Irrevocably Defeats Denialism! Implement a New Credible Plan with Clear Targets! ," 2007, <http://www.tac.org.za/AIDSDenialismIsDead.html>.

¹⁸ UNAIDS, "Global HIV/AIDS Statistics," 2022, <https://www.unaids.org/en/resources/fact-sheet>; Kang'ethe, "Paradoxes of Selected Cultural Interventions in the Fight against HIV in South Africa: An Autoethnographic Reflection."

¹⁹ David C. Spencer, "Southern African Journal of HIV Medicine August 2021," *Southern African Journal of HIV Medicine* 22, no. 1 (October 15, 2021), <https://doi.org/10.4102/sajhivmed.v22i1.1309>.

²⁰ Spencer, "Southern African Journal of HIV Medicine August 2021."

²¹ Philimon N. Gona et al., "Burden and Changes in HIV/AIDS Morbidity and Mortality in Southern Africa Development Community Countries, 1990–2017," *BMC Public Health* 20, no. 1 (December 5, 2020): 867, <https://doi.org/10.1186/s12889-020-08988-9>.

Table 1

WHO/UNAIDS Target by 2020	90 % of People Living with HIV know their status	90% of the PLWHA are on ART	90% of People on ART Achieved Viral Suppression
SA Situation in 2020	84% South Africans living with HIV knew their status	87% of South African PLWHA who knew their status were on ART	90% of South Africans on Treatment had suppressed their virus

Based on the literature, this article aims to provide a thematic discussion and present strategies that can strengthen HIV prevention in South Africa. The findings are presented after the methodology section (Table 2).

METHODOLOGY

While methodology connotes different aspects of a research study and details a systematic methodological terrain, as well as systematically heralding the process and steps the researcher takes to deliver a scientific piece of writing, this article employed a qualitative literature review that collected data from various data engines such as EBSCOhost, the Web of Science, Scopus, Education Resources Information Centre (ERIC), ProQuest and the Google Scholar.²² Importantly, a literature review explicates research value and contribution, directing studies towards addressing gaps in the literature and practice. According to Kajiita and Kang'ethe and Snyder, a literature review design is a qualitative sub-method that allows exploratory inquiry questions to answer the why and how aspects of the phenomenon under study.²³

This literature review methodology involved a discussion on strengthening HIV prevention in South Africa. This is because the current HIV statistics indicate a higher prevalence of the disease, thus contributing to a higher disease burden. With the current cut in HIV funding by the US, this article is important to motivate more HIV prevention-leaning modus operandi. With forty searches conducted on Google Scholar, EBSCOhost, and ResearchGate, using keywords related to HIV prevention in South Africa, the study yielded four important themes, which are discussed below. The article has also immensely benefited from the researcher's intuitive experiences from the HIV campaign in the last two decades (2001-2020)

Strategies of Strengthening the HIV Prevention Campaign in South Africa

Table 2: Thematic Findings

1.5.1	Revisiting the erstwhile IEC 2001-2010 HIV messaging strategies to the whole country
1.5.2	An introspection of the dwindling resources to fund access to ARVs for PLWHA in South Africa
1.5.3	Mainstreaming/Integrating HIV into all HEI curricula in South Africa.
1.5.4	Working on stigma and stigmatisation to increase HIV awareness
1.5.5	Reducing alcohol intake to advance the HIV prevention modus operandi

Revisiting the erstwhile information, Education and Communication (IEC) 2001-2010 HIV messaging strategies in South Africa.

This researcher believes that the country needs to revisit and strengthen its erstwhile 21st-century campaign tempo, focusing on facilitating robust messaging on various mechanisms of prevention.²⁴ This is critical if the number of people getting infected is to attain a desirable geometric downward curve.

²² E. Babbie and J. Mouton, *The Practice of Social Research* (Oxford: Oxford University Press, 2011).

²³ Robert Mutemi Kajiita and Simon Murote Kang'ethe, "The Dynamics Embedded in COVID-19 Pandemic Responses in South Africa: Implications for Public Healthcare Delivery," *Interdisciplinary Journal of Social Studies* 4 (May 28, 2024): 1–16, <https://doi.org/10.38140/ijss-2024.vol4.09>; Hannah Snyder, "Literature Review as a Research Methodology: An Overview and Guidelines," *Journal of Business Research* 104 (2019): 333–39.

²⁴ De Cock, Jaffe, and Curran, "Reflections on 40 Years of AIDS."

Even though the country has done well in accessing people living with HIV with ARVS, as the country in 2020 nearly achieved the WHO target of '90-90-90' by scoring, '84-87-90', this is only one facet of the campaign, which may also point to weakened prevention methodologies.²⁵ This is because a successful prevention modus operandi would result in a decrease in the number of those infected, thereby reducing the country's disease burden in the near future.²⁶ Imperatively, more prevention-based messaging and strategies must be relaunched or strengthened. During the height of the disease in the early 2000s, one would see a lot of HIV information being displayed in many public places, while people were strongly sensitised about prevention modalities, such as using contraceptives, such as condoms in all sexual encounters.²⁷ HIV prevention marketing strategies could be seen in every corner of villages, towns, cities, and even on public transportation. Imperatively, the fact that HIV has not reached its declining threshold means that such strategies need to be revisited and reinvigorated. Perhaps, with the world becoming more digital is an opportunity to come up with more digitised information and education, and communication (IEC) strategies that will assist in accessing HIV information to the ubiquitous corners and facets of the country seamlessly.²⁸

An introspection of the dwindling resources to fund access to ARVs for PLWHA in South Africa

There is a need for a thorough introspection regarding the financing of ARVs in the country, as the economy has not been performing well, and one wonders whether financing ARVs is feasible and sustainable.²⁹ The recent National AIDS Spending Assessment, covering the financial years 2017/18 to 2019/20, revealed that the South African government funds approximately 76% of the HIV programme from domestic sources, while external funding has remained stagnant in recent years.³⁰ According to Tomlinson, an estimated \$25 billion is spent annually on the country's HIV response – primarily by the South African government, with substantial contributions from the US President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria.³¹ This researcher doubts the sustainability of this expenditure, especially after the current US declaration to cut its HIV budget to South Africa. In the researcher's opinion, the South African government should hold public discussions to raise awareness of the public burden that access to ARVs imposes on the country.³² Although the public believes the government has a responsibility to supply medication to all citizens, the public also needs to understand that it has a responsibility to aid the government through concerted behavioral change, which will soon result in decreased HIV infections.³³ Fortunately, there should be a healthy partnership between the public and the government, with the public showing goodwill in acknowledging the disease burden presented by ARVs.³⁴ Apparently, today, this public responsibility for the cost that ARVs present to the country is on the decline. However, empirical evidence holds that the country spends R30 billion (about \$1.6 billion USD) annually to finance the access of ARVS to its people, about 5.8 million people living with HIV. This scenario imperatively justifies the need for the

²⁵ Kang'ethe, "Paradoxes of Selected Cultural Interventions in the Fight against HIV in South Africa: An Autoethnographic Reflection."

²⁶ Gona et al., "Burden and Changes in HIV/AIDS Morbidity and Mortality in Southern Africa Development Community Countries, 1990–2017."

²⁷ Thabile J. Ketye, Gbotemi B. Babatunde, and Olagoke Akintola, "How Do South African Policies Address Provision of Contraception among Adolescents?," *African Journal of Primary Health Care & Family Medicine* 16, no. 1 (February 16, 2024), <https://doi.org/10.4102/phcfm.v16i1.3966>.

²⁸ Louisa Manby et al., "Effectiveness of EHealth Interventions for HIV Prevention and Management in Sub-Saharan Africa: Systematic Review and Meta-Analyses," *AIDS and Behavior* 26, no. 2 (February 24, 2022): 457–69, <https://doi.org/10.1007/s10461-021-03402-w>; De Cock, Jaffe, and Curran, "Reflections on 40 Years of AIDS."

²⁹ Nwanneka E. Okere et al., "Exploring Sustainability in the Era of Differentiated HIV Service Delivery in Sub-Saharan Africa: A Systematic Review," *JAIDS Journal of Acquired Immune Deficiency Syndromes* 87, no. 4 (August 1, 2021): 1055–71, <https://doi.org/10.1097/QAI.0000000000002688>.

³⁰ South African National AIDS Council, "National AIDS Spending Assessment plus (NASA+) HIV and TB Spending in South Africa: 2017/18-2019/20," 2022, https://sanac.org.za/wpcontent/uploads/2022/10/SA-NASA-REPORT_2017-18-to-2019-20.pdf.

³¹ C. Tomlinson, "Analysis: Amid Budget Constraints, Tough Choices for SA's HIV Response," 2023, <https://www.spotlightsp.co.za/2023/11/29/analysis-amid-budget-constraints-tough-choices-for-sas-hiv-response/>.

³² Gona et al., "Burden and Changes in HIV/AIDS Morbidity and Mortality in Southern Africa Development Community Countries, 1990–2017."

³³ Alexandra Andrawis et al., "Applying Behavioural Insights to HIV Prevention and Management: A Scoping Review," *Current HIV/AIDS Reports* 19, no. 5 (October 5, 2022): 358–74, <https://doi.org/10.1007/s11904-022-00615-z>.

³⁴ Gona et al., "Burden and Changes in HIV/AIDS Morbidity and Mortality in Southern Africa Development Community Countries, 1990–2017."

country to strengthen its prevention modus operandi to see HIV statistics skew downwards. Amid budget constraints for running public services, this expenditure on ARVs is awe-inspiring, especially when one considers its sustainability and feasibility.³⁵ This is especially in the wake of the decreasing donor support for the HIV campaign in general.³⁶

While the government has majorly been sourcing this money from the US President's Emergency Plan for AIDS relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria in the past, this funding may not be forthcoming after the US in 2025 cut of over \$430 million in HIV-related funding.³⁷ This has led to service disruptions, with the possibility of key health services being closed and patients being diverted to already strained public facilities. This, some experts warn, could result in more than 500,000 additional deaths in South Africa within the next decade. This proves beyond doubt the need to strengthen HIV prevention methods that were active in the 2001-2010 period but apparently slowed or suffered abandonment in the current epochal dispensation. This researcher would like to see emphasis on the erstwhile campaign messaging, such as the consistent and correct use of condoms and reducing factors such as higher alcohol intake that are believed to aid infections.³⁸

Mainstreaming/Integrating HIV into all HEI curricula in South Africa.

This researcher believes that effective mainstreaming of HIV education into all higher education institutions can strengthen HIV prevention education.³⁹ This researcher does not see adequate integration of HIV into the curricula in some institutions of Higher Learning, with many modules having no opportunity to integrate HIV. Even if the government had launched a HIV mainstreaming, there are apparent gaps in some institutions that need to be addressed. This robs the country of an opportunity for the younger people to be well-versed in prevention modalities. It is sad, for example, to fathom that most institutions of Higher Learning do not adequately sensitise their staff and student membership to embrace the global AIDS day that is commemorated every 1st December every year. This would be an opportunity to increase HIV response to institutions of Learning.⁴⁰

Working on stigma and stigmatisation to increase HIV awareness

The government and other HIV friendly bodies in South Africa need to work strongly on the drivers that aid HIV infections, such as stigma and stigmatisation.⁴¹ Imperatively, all the mechanisms of subduing stigma must be unleashed. This is because, despite stigma and stigmatisation showing a downward trajectory, the phenomenon of stigma in South Africa has been identified as one of the biggest hurdles besetting a successful behavioural change process.⁴² Inopportunistically, stigma remains an important barrier to seeking care and assistance among the PLWHA as it dissuades people from accepting the disease, and promotes denialism and fear as coping mechanisms.⁴³ Stigma undermines PLWHA's right to prevention. Due to states of stigma and its concomitant stigmatisation, people living with HIV/AIDS

³⁵ Okere et al., "Exploring Sustainability in the Era of Differentiated HIV Service Delivery in Sub-Saharan Africa: A Systematic Review."

³⁶ South African National AIDS Council, "National AIDS Spending Assessment plus (NASA+) HIV and TB Spending in South Africa: 2017/18-2019/20."

³⁷ M Brotherton, "The Cautionary Tale of USAID Cuts: Resources for HIV Treatment and Prevention Programmes," *South African Journal of Bioethics and Law* 18, no. 1 (2025): 3–6.

³⁸ Kang'ethe, "Paradoxes of Selected Cultural Interventions in the Fight against HIV in South Africa: An Autoethnographic Reflection."

³⁹ Zukiswa Theodorah Dasheka et al., "Exploring the Views of Academic Staff on HIV/AIDS Integration into the Curricula: A Case Study of the University of Fort Hare," *SAHARA-J: Journal of Social Aspects of HIV/AIDS* 18, no. 1 (January 1, 2021): 98–104, <https://doi.org/10.1080/17290376.2021.1951342>.

⁴⁰ Jaffar A. Al-Tawfiq et al., "2022 World AIDS Day: Past Achievements and Future Optimism," *New Microbes and New Infections* 51 (January 2023): 101067, <https://doi.org/10.1016/j.nmni.2022.101067>.

⁴¹ Kang'ethe, "Perceptions of Stakeholders on Drivers of Stigma Subjected to People Living with HIV/AIDS (PLWHA) in Alice Town, Eastern Cape: Implications for Human Rights and Social Service Professions."

⁴² Ayisha Dadiso Mavhunga, "Ramifications of Status Non-Disclosure by People Living with HIV/AIDS in Alice, Eastern Cape" (University of Fort Hare, 2018).

⁴³ Peter S. Nyasulu et al., "Factors Associated with High HIV-Related Stigma among Commuter Populations in Johannesburg, South Africa," *SAHARA-J: Journal of Social Aspects of HIV/AIDS* 18, no. 1 (January 1, 2021): 149–55, <https://doi.org/10.1080/17290376.2021.1989022>.

shun disclosing their status as well as engaging in aspects of positive living.⁴⁴ In fact, stigma is both the cause and effect of secrecy and denial, perpetuating HIV transmission.⁴⁵ This affects the HIV/AIDS campaign in that people living with the disease are shunned by society, deterring them from seeking help. Unfortunately, stigma prevents people from disclosing their status, resulting in a reduced need for behavioral change.⁴⁶

Reducing alcohol intake to advance the HIV prevention modus operandi

Importantly, HIV prevention modalities such as moderating alcoholism or completely refraining from taking it must be strengthened for HIV prevention to be raised.⁴⁷ Empirical evidence abounds that alcohol intake influences decision-making related to HIV prevention.⁴⁸ This is sad because alcohol remains a leading cause of risky sexual behaviours such as unprotected sex and sex with multiple partners.⁴⁹ These behaviours can lead to unintended pregnancies and sexually transmitted infections (STIs) such as human papillomavirus (HPV) and HIV.⁵⁰ Unfortunately, South Africans have deepened into a culture of alcoholism that exceeds the African alcohol consumption statistics.⁵¹ Specifically, the country shows an alcohol consumption per capita of 7.21, which is much higher than average consumption in Africa. Indeed, substance abuse, with alcohol being predominant among younger people in South Africa, has become a major dilemma, and a cancer destroying the youths' lives.⁵² Alcohol intake is in violation of HIV prevention methodologies. Since alcohol remains the substance with the highest burden of harm in South Africa, national interventional campaigns must be strengthened to lower alcohol consumption per capita. This could soon reduce the number of infections and lower the national economic burden imposed by the purchase of ARVs. The table below shows the countries with the most alcohol consumption, with South Africa in 2019 displaying a consumption index of 7.21

Table 3: Alcohol Consumption Per Capita: Top Ten African Countries 2019 Estimates

Position	Country	Alcohol Consumption Per Capita	Global Average
1	Seychelles	9.48	6.2
2	The United Republic of Tanzania	7.81	
3	Eswatini	7.68	
4	Burkina Faso	7.28	
5	South Africa	7.21	
6	Uganda	6.82	
7	Gabon	6.47	
8	Rwanda	6.35	
9	Equatorial Guinea	6.11	
10	Botswana	5.98	

Source: African continent Alcohol consumption Ranking 2019.

⁴⁴ Simon Murote Kang'ethe, "The Prospects of Social Entrepreneurship in South Africa: Lessons for Social Development Practitioners," *Journal Of Human Ecology* 69, no. 1–3 (January 2, 2020), <https://doi.org/10.31901/24566608.2020/69.1-3.3202>.

⁴⁵ Sumaya Mall et al., "Changing Patterns in HIV/AIDS Stigma and Uptake of Voluntary Counselling and Testing Services: The Results of Two Consecutive Community Surveys Conducted in the Western Cape, South Africa," *AIDS Care* 25, no. 2 (2013): 194–201.

⁴⁶ Taddese Alemu et al., "Experience of Stigma and Discrimination and the Implications for Healthcare Seeking Behavior among People Living with HIV/AIDS in Resource-Limited Setting," *SAHARA-J: Journal of Social Aspects of HIV/AIDS* 10, no. 1 (2013): 1–7.

⁴⁷ Panagiotis Vagenas et al., "The Impact of Alcohol Use and Related Disorders on the HIV Continuum of Care: A Systematic Review," *Current HIV/AIDS Reports* 12, no. 4 (December 28, 2015): 421–36, <https://doi.org/10.1007/s11904-015-0285-5>.

⁴⁸ Kang'ethe, "Paradoxes of Selected Cultural Interventions in the Fight against HIV in South Africa: An Autoethnographic Reflection."

⁴⁹ Vagenas et al., "The Impact of Alcohol Use and Related Disorders on the HIV Continuum of Care: A Systematic Review."

⁵⁰ Riley J. Steiner et al., "Moving the Message Beyond the Methods: Toward Integration of Unintended Pregnancy and Sexually Transmitted Infection/HIV Prevention," *American Journal of Preventive Medicine* 54, no. 3 (March 2018): 440–43, <https://doi.org/10.1016/j.amepre.2017.10.022>.

⁵¹ Kang'ethe, "Paradoxes of Selected Cultural Interventions in the Fight against HIV in South Africa: An Autoethnographic Reflection."

⁵² Karl Peltzer and Nancy Phaswana-Mafuya, "Drug Use among Youth and Adults in a Population-Based Survey in South Africa," *South African Journal of Psychiatry* 24, no. 0 (April 13, 2018), <https://doi.org/10.4102/sajpspsychiatry.v24i0.1139>.

DISCUSSION

The high incidence of HIV in South Africa poses a serious public health concern.⁵³ This is due to the heavy public burden it places on the government and other HIV-supportive stakeholders to fund essential services for people living with HIV/AIDS (PLWHA), with the provision of antiretroviral drugs (ARVs) being a top priority.⁵⁴ The situation is particularly concerning given the gradual decline in global assistance to PLWHA.⁵⁵ Consequently, the researcher in this article makes a strong appeal for South Africa to intensify its HIV prevention strategies if it is to achieve the UNAIDS 95-95-95 target.⁵⁶ Although the country has made notable progress in some key areas—such as reducing stigma and discrimination⁵⁷ and lowering HIV-related deaths from 110,000 in 2017 to 85,796 in 2022—the researcher argues that these numbers can be reduced further if prevention efforts are strengthened.⁵⁸

Furthermore, the researcher emphasizes that winning the battle against HIV requires individuals to take personal responsibility for behavioural change.⁵⁹ The era of relying solely on government intervention should end; instead, communities should form mutual and meaningful partnerships with government structures. People living with HIV/AIDS must also take deliberate steps to prevent transmission by using contraceptives consistently and correctly such as condoms.⁶⁰ In addition, the country should revitalize earlier prevention campaigns that promoted abstinence, secondary virginity, and other morally grounded approaches—such as engaging in religious practices that encourage abstinence or sex exclusively within marriage. Individuals should be encouraged to associate sexual activity with fidelity between two committed partners. This aligns with the Christian teachings in Proverbs 5:15–16, which advise, “Drink water from your own well; share your love only with your wife. Why spill the water from your springs into the streets, having sex with just anyone?” and 1 Corinthians 7:2, which instructs, “But because there is so much sexual immorality, each man should have his own wife, and each woman her own husband”.⁶¹ This approach is especially relevant given that most HIV infections are attributed to sexual immorality and multiple concurrent partnerships.⁶²

RECOMMENDATIONS

Higher Education Institutions (HEIs) must strengthen their curricula on HIV prevention curricula. Unfortunately, most university programmes in South Africa do not include a dedicated HIV module that educates students on strategies to strengthen HIV prevention. This researcher commends the Centre for Continuous Education (CCE) of the University of Botswana, which requires all its students to complete a module on HIV before obtaining their diplomas or degrees. It is recommended that all faculties at South African universities incorporate a similar module into their curricula to ensure that every student receives a comprehensive HIV prevention education prior to graduation. Such prevention efforts can also be enhanced through multi-sectoral collaboration.

The government should develop stronger policies that promote HIV education in the workplace, where crucial information—such as the correct use of contraceptives—can be emphasized. The private sector also plays a pivotal role, particularly in the areas of Information, Education, and Communication

⁵³ SABSSM, “The South African HIV Prevalence, Incidence & Behaviour and Communication Survey (SABSSM).”

⁵⁴ Blecher et al., “HIV and AIDS Financing in South Africa: Sustainability and Fiscal Space.”

⁵⁵ Shih-Yeh Chen, Wei-Cheng Chen, and Chin-Feng Lai, “Generative AI as a Reflective Scaffold in a UAV-Based STEM Project: A Mixed-Methods Study on Students’ Higher-Order Thinking and Cognitive Transformation,” *Education and Information Technologies* 30, no. 17 (November 4, 2025): 24787–814, <https://doi.org/10.1007/s10639-025-13758-4>.

⁵⁶ Spencer, “Southern African Journal of HIV Medicine August 2021”; Kang’ethe, “Paradoxes of Selected Cultural Interventions in the Fight against HIV in South Africa: An Autoethnographic Reflection.”

⁵⁷ Kang’ethe, “Perceptions of Stakeholders on Drivers of Stigma Subjected to People Living with HIV/AIDS (PLWHA) in Alice Town, Eastern Cape: Implications for Human Rights and Social Service Professions.”

⁵⁸ Kang’ethe, “Paradoxes of Selected Cultural Interventions in the Fight against HIV in South Africa: An Autoethnographic Reflection.”

⁵⁹ Natasha Khamisa, Maboe Mkgobi, and Tariro Basera, “Knowledge, Attitudes and Behaviours towards People with HIV and AIDS among Private Higher Education Students in Johannesburg, South Africa,” *Southern African Journal of HIV & Medicine* 20, no. 1 (March 24, 2020), <https://doi.org/10.4102/sajhivmed.v21i1.991>.

⁶⁰ Simon Kang’ethe, “Attitudes of PLWHA and Other Selected Communities in Tsabong towards Operationalising Biomedical and Traditional Therapies in Tandem to Face the AIDS Epidemic,” *Social Work/Maatskaplike Werk* 48, no. 1 (2012); Kang’ethe, “Paradoxes of Selected Cultural Interventions in the Fight against HIV in South Africa: An Autoethnographic Reflection.”

⁶¹ John Jusu, *Africa Study Bible* (Oasis International Limited, 2016).

⁶² Kang’ethe, “Paradoxes of Selected Cultural Interventions in the Fight against HIV in South Africa: An Autoethnographic Reflection.”

(IEC), given the significant costs associated with such initiatives. Furthermore, all public institutions should adapt HIV prevention messaging to local cultural, linguistic, and socioeconomic contexts to ensure relevance and effectiveness.

Traditional leaders in South Africa should also be central in the fight against HIV, as they have considerable influence and respect in many rural areas. The Department of Social Development, through its social workers, should facilitate community dialogues and debates to ensure that no one is left behind in understanding how to respond effectively to the HIV epidemic.

CONCLUSION

A stronger HIV prevention campaign in South Africa is essential to reduce the high incidence of HIV. This requires an eclectic, inclusive, and adaptive framework that integrates diverse approaches to improve prevention efforts. These approaches should include biomedical interventions, behavioural change strategies, socio-economic empowerment, and cultural sensitivity. It is also crucial that individuals and communities adopt and sustain HIV-proof behaviours through tailored and context-specific efforts. The success of such a campaign depends on strong community ownership, effective collaboration between government and HIV-focused stakeholders, and an active and supportive role from the private sector.

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