

*Full Length Research Paper*

# Personal responsibility for human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) infection

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**Personal responsibility for human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) infection led to the aim of this study by investigating the belief that those who live with HIV/AIDS have only themselves to blame for their calamity. Participants were drawn from high school and university students in America, Kenya, South Africa and Tanzania. The method used in the analysis of data was quantitative and qualitative in the form of descriptive statistics, comprising frequency, percentage, Chi-square and probability. The results showed that majority of participants rejected the statement that HIV/AIDS persons have only themselves to blame. This was in contrast with what most researchers have reported in the recent past. It was concluded that taking the position that HIV/AIDS infected persons are not to blame is dangerous, irresponsible and flawed, given its implications.**

**Key words:** Human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), infection, blame, accountability, defence mechanism, personal responsibility.

## INTRODUCTION

For the past three decades, there has been controversy as to who should be held accountable for the transmission of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) (Mwamwenda, 2013; Barton, 2012; Plot, 2012; Zugar, 2010). Personal responsibility for the infection of HIV/AIDS seeks to investigate the answer to this issue on the basis of literature review and empirical analysis of participants' responses.

Rodlach (2006) relates HIV/AIDS to a witch's curse, an imperialist conspiracy and a racist theory. Furthermore, it is pointed out that from a small village to an international system, explanation is provided where it originates, who is infected and those who die as a result; all of which may be associated with political agenda, religious beliefs and the psychology of devastating grief. It is his view that, such explanations are in conflict with some and clash

with prevention and treatment programmes. He sums this as constituting the culture of blaming others for the occurrence of HIV/AIDS. Pape (2005) elaborates on this, as he argues that by blaming someone for engaging in what is considered unacceptable, society disassociates with such behavior, and therefore is not held accountable for their behaviors and whatsoever may be expected in the form of healthcare.

HIV/AIDS is frequently associated with fear, denial, discrimination and stigma. Stigma is associated with HIV/AIDS as a result of people's limited knowledge, given that they perceive it as life-threatening; people are scared of being infected by such disease (Viser, 2007; Plot, 2012; Speaks-Lewis, 2011). In most cases, those living with HIV/AIDS are blamed for contracting it. It is regarded as engaging in promiscuity for which the HIV/AIDS infected are divinely punished (Phiri, 2004; Barton, 2012).

As a matter of fact, it can be argued that, people have a propensity to blame those who are HIV/AIDS infected. According to Zugar (2010) each person has a portion of mind, which is inclined to react to illness of any kind with anger, disbelief as well as a quest for blame. "We cannot experience illness without casting around for blame" (Zugar, 2010). She further argues that "majority of people have grown up with the knowledge that sensible people play safe and therefore in the event sexually transmitted disease catches up with your life, you have no one else to blame except yourself" (Ibid)

Along a similar train of thought, McClean (2005) argues that, there is inclination for people who are ill to either blame themselves or others for their ill-health. To illustrate such an assertion, he cites both the UK and US where people hold the view that people are responsible for their health well-being. The implication being self-control and self-mastery. As a result, people who are ill will do their best to have their normal health restored.

Watson et al. (2012) in a sample of 971 university students asked, as regards HIV/AIDS infected people, whether they would avoid meeting in proximity, pronounce judgement and blame them and avoiding personal intimacy. The results indicated that judgement, blame and intimate avoidance were high in the event HIV/AIDS was contracted as a result of engaging in unprotected sex. In a study of 1,450 tertiary education students, Akande et al. (2011) reported that in Africa, HIV/AIDS is perceived as a disease of such shame that, it is concluded that those who are HIV/AIDS positive are held responsible for their calamity.

Similarly, Ekstrand et al. (2012) made a study of 1,076 on-HIV/AIDS Indian patients in India regarding blame, symbolic stigma and HIV misconceptions. The results showed that, 82% respondents were of the view that a person infected with HIV/AIDS was served right to have had the infection. As a result of stigma and blame, those living with HIV/AIDS undergo more suffering than warranted. In fact, it becomes a deterrent to the quest for counselling and testing and their desire to divulge their infection to others and seeking medical help (Sayles et al., 2007; Viser, 2007). Such behavior may continue to prevail to the extent that the disease may develop resistance to intervention and what would otherwise have been beneficial and therapeutic.

In the study of reversing the culture of blame among seafarers in the Philippines, Plot (2012) asserts that HIV/AIDS attracts prejudice together with stigmatization and exclusion of those who happen to be living with the most dreaded disease in human history. Seafarers as other employees do go through such pathetic experience. In general, prejudice of employers in the form of denial of work availability and employment benefits are difficult to secure for those living with HIV/AIDS. Plot (2012) advances the argument that HIV/AIDS is referred to as self, a work related disease, and for that reason, it cannot be compensated. Seafarers living with HIV/AIDS are also

not eligible for compensation. In fact, seafarers living with HIV/AIDS are declared and identified as "guilty of notorious negligence for having inflicted the illness upon themselves" (Plot, 2012).

Sayles et al. (2007) in a study of 48 HIV/AIDS respondents of low income in Los Angeles, America, participants expressed that they were blamed for being HIV/AIDS and that they also judged themselves for having contracted the disease. Those living with HIV/AIDS were condemned for their behavior which led to their current state of affair, "considered to be deserving of HIV because of their behavior or high risk behaviours" (Sayles et al., 2007).

In Jordan, blame is expressed in various ways (Enns, 2011). To begin with, it is forbidden to say the word "AIDS". Should one have contracted it, the end results are: one loses his/her job; disowned by one's family; and rejected by friends. As such, there is strong resistance to being tested for HIV/AIDS. Should one find out that he or she has contracted it, he/she is very unlikely to divulge it to anyone, including the closest relatives. In fact, contracting HIV/AIDS is interpreted to mean, "it- serves-you-right".

There are three types of blame, namely internal, external and societal (Speaks-Lewis, 2011). Internal blame is based on the cause of the event linked to the person as an individual, such as physical traits, moral and lack of ability. These are interpreted as instrumental in the behavior of a person subjected to blame and stigma. External blame emerges when perception of intent is assigned to situational variables. Whereas the behaviour or circumstance is given due recognition, the actor is not blamed. Societal blame entails an association between the causes of event/circumstance with societal factors, such as a lack of resources or simply discrimination.

Consequently, the observer does attribute blame to the person, if the event/circumstance is externally and societal based. In the case of an HIV/AIDS person, he/she is perceived to have flawed personality, which accounts for contracting HIV/AIDS. In this context, there is school of thought which attributes contracting HIV/AIDS to being involved in morally bad behaviour (Enns, 2011; Sayles et al., 2007; Watson et al., 2012).

In summary, there is ample evidence that HIV/AIDS infected persons are held accountable for having contracted the disease. In their being held accountable for such behavior, it is insinuated that this is a recompense for their divinely unacceptable sexual activity. Both conclusions are controversial in nature without accompanying clarity. Hence, the rationale for the present investigation regarding personal responsibility for HIV/AIDS transmission.

## METHODOLOGY

The sample of the present investigation comprised adolescents drawn from high school students based in Nairobi, Kenya and

**Table 1.** Frequency percentage Chi-square and probability (N=581).

S/N	Country	Frequency	%	$\chi^2$	P
1	America (N=58)	2	0.03	97.7	0.001
2	Kenya (N=102)	44	43	46.9	0.001
3	Kenya (High School, N=157)	60	38	151.2	0.001
4	South Africa (N=164)	63	38	43.5	0.001
5	Tanzania (N=100)	20	20	68	0,001

People who live with HIV/AIDS have only themselves to blame.

university students consisting of American, Kenyan, South African and Tanzanian participants both males and females. The total number of participants added up to 581 with a distribution of 157 Kenyan high school students, 102 Kenyan university students, 164 South African university students, 100 Tanzanian university students and 58 American college students.

### Measuring instrument

The questionnaire comprised one question soliciting a response on the basis of three options, namely "Yes, No, Don't Know". All that was expected was to tick the option that was descriptive of what they knew about HIV/AIDS. The question read as follows: "People who live with HIV/AIDS have only themselves to blame".

### Procedure

Since the researcher could not be in all places at the same time, arrangement was made for university lecturers to be responsible for administering the questionnaire to their respective students. This was done after meeting what was expected of them by their respective institutions in administering such a questionnaire. The responding to the questionnaire was preceded by the lecturer concerned explaining to the participants what was expected of them. They were also advised that they had the choice of responding to the questionnaire, if they so wished. In addition to the statement, participants were to fill in their gender and date of birth. For the purpose of confidentiality, participants were not permitted to write their names or institution of affiliation. On completion of the questionnaire, the lecturers collected the papers which were sent to the researcher in New York for scoring and analysis.

### RESULTS

Descriptive statistics in the form of frequency, percentage, chi-square and probability were used as a method of data analysis as displayed in Table 1.

The response to the statement that those living with HIV/AIDS have only themselves to blame for their state of health, the response in percentage for America was 0.03%, Kenya high school 38%, Kenya university 43%, South Africa 38% and Tanzania 20% who supported the statement that those who live with HIV/AIDS have only themselves to blame. Each one of the five diverse groups rejected the statement. In terms of chi-square, the results were as follows:  $\chi^2$  (2df, N155)=151.2,  $p < 0.001$  Kenya high school;  $\chi^2$  (2df, N100)=46.9,  $p < 0.0001$  Kenya

university;  $\chi^2$  (2df, N162)=84.5,  $p < 0.001$  South Africa;  $\chi^2$  (2df, N98)=79.7,  $p < 0.001$  Tanzania;  $\chi^2$  (2df, N56)=97.7,  $p < 0.001$  America. All the values of the chi-square were statistically significant in favour of those who rejected the statement that HIV/AIDS infected persons have only themselves to blame.

In summary, the analysis of data showed that adolescents at high school level as well as at university are in unison that those who are HIV/AIDS are not responsible for their state of health and misfortune. If this is so there is silence as who is supposed to be accountable for it other than the implied fate.

### DISCUSSION

In view of the various controversies that have risen regarding the perceptions and interpretations of HIV/AIDS, personal responsibility for HIV/AIDS transmission sought to verify the position taken in many societies that, people who have contracted HIV/AIDS have themselves to blame. Such stance has serious implications for those suffering from such disease and society, which has the responsibility for caring for such people. In response to the questionnaire administered to 581 respondents drawn from America, Kenya, South Africa and Tanzania, the results were overwhelmingly opposed to the statement that people living with HIV/AIDS have on themselves to blame. Such findings were in contrast to the vast majority of research findings which have repeatedly confirmed that, indeed HIV/AIDS persons are to blame for the disease they have inflicted on themselves.

It is assumed that, when it is argued that HIV/AIDS people are accountable, this is so concluded on the understanding that they were knowledgeable enough to know that they were taking a risk engaging in activities, that would predispose them to contracting HIV/AIDS. If this is the basis for the statement, then it makes sense. The problem with HIV/AIDS is that in both secular and religious circles, the disease is associated with morality, and therefore it is interpreted as a divine punishment for engaging in what is interpreted as law of morality. Such interpretation is unwarranted.

In terms of other findings, as reported in the review of

literature, the researchers are unanimous in emphasizing that indeed an individual is accountable for his well-being and if she/he fails to do this successfully, then she/he has no one else to blame except him/herself.

According to Zuper (2010), human beings find themselves restless, until they have an external explanation for why they are ill, so that someone else is blamed for it. Very seldom do they internalize the source of the existing problem. Similar position has been expressed in Speaks-Lewis (2011). Plot (2012) cites the experience of seafarers who were categorically held accountable for having negligently contracted HIV/AIDS, since they knew better than contracting the disease. Other researchers have also forcefully expressed similar findings based on their studies, without implying that they themselves subscribe to such position (MacClean, 2005; Enns, 2011; Pape, 2005; Akande et al., 2011; Viser, 2007).

Despite all the evidence in support of the view that HIV/AIDS infected persons be beheld accountable for it, the findings of the present investigation support the view that HIV/AIDS persons are not to be blamed for their state of health, implying that whatever happened to them was beyond their control. Such argument is flawed in so far as everyone is expected to exercise self-control and self-mastery in life. Denying that one is responsible for the contracted HIV/AIDS is but a defence mechanism that is inherently flawed.

## Conclusion

Based on the findings of this investigation, majority of the respondents rejected the belief that people living with HIV/AIDS have only themselves to blame. As empirical as this conclusion maybe, it cannot be left unchallenged, given its implication in human behavior. Taking such position means people should not be concerned about contracting HIV/AIDS, since they are not are responsible for it. Such a position would be dangerous and irresponsible. As rational beings we can do better than that. HIV/AIDS is real, and it cannot be combated by burying their heads in the sand.

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